A PHENOMENOLOGICAL EXPLORATION OF EXPERIENCES OF TRAUMA-TRAINED K-12 TEACHERS PRACTICING TRAUMA-INFORMED CARE APPROACHES WITHIN THEIR CLASSROOMS

By

Christine Otiang'a McCasey

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Approved by:

_____
Dr. Henry L. Harris

_____
Dr. Sejal P. Foxx

_____
Dr. Tabitha Haynes

_____
Dr. Teresa L. Scheid

_____
Dr. Tehia Starker Glass

ABSTRACT

CHRISTINE OTIANG'A MCCASEY. An Exploration of Experiences of K-12 Teachers Practicing Trauma-Informed Care Practices Within Their Classrooms. (Under the direction of DR. HENRY L. HARRIS)

Trauma-informed care (TIC) has been the subject of numerous scholarly studies in various contexts for nearly four decades. Thus, TIC practices have been shown to reduce educators' stress (Jaycox et al., 2019), increase teacher awareness of student trauma experiences (Kuhn et al., 2019; McIntyre et al., 2019), and improve teachers' self-confidence in engaging with and helping students with trauma (Gruman et al., 2013). However, while research has focused on how school personnel can implement trauma-informed practices, no research has examined the experiences of K-12 trauma-trained teachers who implement TIC intervention strategies in their classrooms. This study aimed to explore the experiences of trauma-trained K-12 teachers who have incorporated TIC intervention strategies within their classrooms to help understand their perceptions of the impact of trauma training and the use of TIC intervention strategies. The researcher used a purposive sampling and semi-structured interview format to investigate the experiences of six trauma-trained K-12 teachers using TIC intervention approaches in their classrooms. Following Moustakas's phenomenological analysis and coding using NVivo analysis software, the interviews generated four major themes: The Impact of Training, Implemented TIC Strategies and Practices, Factors and Practices Contributing to Trauma-Informed Education, and Challenges. All the themes were fundamental to answering the research question related to trauma-trained teachers' experiences and perceptions. In an endeavor to address ACE among K–12 students, this study provides implications and recommendations for future research that may improve the efficacy of TIC intervention strategies among teachers.

DEDICATION

To my daughter Fiona Akoth McCasey, the best daughter ever, and all my other children because you were patient and waited as Mama worked. I hope my work inspires you to see that place and time are not concerns because our Lord moves with us regardless of our location. To my father, Elias Otiang'a, who died smiling just as I was starting this program, I know I will see you again. My mother, Margaret Awino Otiang'a, for raising me and urging me to do well at school. Mama, know that your work was not in vain…, and to my loving husband, David McCasey, for opening an avenue for me to meet Christ Jesus as we walked through uncharted territories.

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CHAPTER ONE: INTRODUCTION

Childhood is a precious time for children to develop, grow, and become fully functioning adults. However, many events in their lives, either positive or negative, will impact how they relate to their environment and others throughout their lifetimes. Evidence suggests that adverse childhood experiences (ACE) compromise children's daily lives and threaten their chances of becoming healthy adults. Many traumatic experiences manifest in health concerns and disruption in healthy development (Oral et al., 2016). Felitti et al. (1998) define ACE as traumatic events in children's lives that are likely to produce anxiety, depression, and anger, with a potential for the children to adopt coping behaviors that include smoking, drug, or alcohol use.

Exposure to ACE has risen in children's life experiences and is considered a major health concern among the U.S. population (Meeker et al., 2021; SAMHSA, 2014). According to the 2017-2018 National Survey of Children's Health (NSCH, 2020), thirty-three percent (33%) of children aged 0-17 had suffered at least one ACE. In addition, fourteen percent (14%) of children experienced at least two ACEs during their first 18 years (NSCH, 2020). Data from the Children's Mental Health Initiative indicates that eighty-two percent (82%) of youth who seek mental health services have experienced at least one ACE, forty-six percent (46%) have suicidal thoughts, and twenty-three percent (23%) have attempted suicide (NSCH, 2020). Due to the pervasiveness of ACE, individuals working with children must be equipped with skills to respond to these children's emotional or behavioral concerns.

The original ACE exposure measurement tool assessed childhood abuse and household dysfunction categories (Felitti et al., 1998) for middle and upper-class children. Childhood abuse included psychological abuse, sexual abuse, and physical abuse. In contrast, household dysfunction consisted of exposure to substance abuse in the home, living without a parent or family member due to incarceration, witnessing a mother or stepmother treated violently, and

living with an adult experiencing mental illness (Felitti et al., 1998). However, the scope of ACE is immense and continues to increase with each estimation and definition of what "hurtful events" are in childhood. This study examined the experiences of trauma-trained teachers using TIC intervention strategies within their classrooms.

Research further suggests that ACE continues to impact future generations of children and parents in a manner that compromises the health and well-being of the entire family for generations (Schofield et al., 2013; SmithBattle et al., 2018). Because of its negative impact, the prevention of ACE is essential to public health. Prevention of ACE helps eliminate intergenerational trauma that ACE otherwise poses to families over a lifespan (SmithBattle et al., 2018). In addition, children need support and interventions to help them adjust, heal, and meet developmental milestones despite stress related to ACE exposure. Children spend much of their time in school, which may be one of the places that feel safe for some. As a result, children need school support, and this is critical because most families do not take their children to see counselors in private practice (Dombo & Sabatino, 2019). However, children can see the school counselors in school, often through referrals from the teachers. Therefore, it seems warranted for teachers to be involved in prevention and intervention strategies that foster children's well-being within the school environment.

Historically, scholars have spent limited time and effort studying the impacts of early childhood trauma exposure, making efforts focused on promoting intervention strategies lag significantly behind (De Young et al., 2011). A common fallacy previously held that infants and children lacked the awareness, intellect, and social maturity to recall or comprehend painful situations (Buss et al., 2015). In addition, counselors had been reluctant to diagnose trauma-related mental illness in young children to avoid stereotyping children. Sometimes, when a child

is diagnosed with a mental disorder, society focuses on the diagnosis rather than the child, concealing the underlying difficulties. Today, it is widely accepted that children may perceive and recall traumatic events that occur during childhood (De Young et al., 2011; Oral et al., 2016; Shonkoff et al., 2012). From birth, a child's sensory and auditory sensitivities are comparable to those of an adult, indicating that children can encounter stressful conditions and that, although the child may not recollect the experiences, the body may recall early trauma (De Young et al., 2011).

School counselors and mental health counselors are often the first to be consulted in a school when a student faces emotional, behavioral, or mental health concerns (Berger & Samuel, 2020; Garner et al., 2015). According to the American School Counselor Association (ASCA), school counselors are systems' change agents, which include counselors, leaders, advocates, consultants, and collaborators (ASCA, 2019). As collaborators, school counselors are expected to create safe environments that enable all children to succeed, including those who have experienced adversity and trauma (Henry et al., 2017). Thus, school counselors work with teachers, community members, school psychologists, school-based mental health clinicians, and administrators to provide comprehensive school programs. This may help create school environments that are responsive to the success of all children (Chen-Hayes et al., 2014; Henry et al., 2017). In addition, school counselors and support teams may be able to identify students who struggle with trauma and initiate trauma interventions (Berger & Samuel, 2020; Garner et al., 2015).

Trauma-informed care approaches may assist teachers in optimizing results for students exposed to ACE (Carello & Buttler, 2015). In addition, responding to ACE through TIC school environments is reported to increase the chances for children to learn how to cope (Substance

Abuse and Mental Health Services Administration (SAMHSA, 2014). Therefore, teachers' utilization of TIC approaches within the classroom provides an opportunity to support youth prone to emotional or behavioral concerns from adverse experiences. Furthermore, there is an increased call for teachers to change teaching approaches and facilitate understanding of students' behavior, emotions, and cognitive functioning (Chafouleas et al., 2016; Mortensen & Barnett, 2016; SAMHSA, 2014). Trauma-informed care programs help to create proactive environments. Those environments allow teachers and school counselors to understand ACE and trauma related to ACE. Teachers and school counselors who are in daily contact with children would likely benefit from receiving trauma training and support using intervention strategies to meet the needs of students who have experienced ACE.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA,2014: 9), trauma-informed care (TIC) is a comprehensive, layered program that changes the way people deal with trauma and is defined as follows:

> A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system, and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

In the process of TIC strategies, emphasis is placed on the four Rs: realization, recovery, recognition, and avoiding re-traumatization. The goal is to assist educators, school counselors, and teachers when integrating knowledge and methods that work to benefit students exposed to ACE. It is expected that all students will benefit from TIC approaches as well. In addition, trauma training helps to enhance understanding of the impacts of ACE on child development.

Although TIC was introduced over ten years ago (SAMHSA, 2014), it is unclear how many schools or services have implemented a whole-school approach to TIC. School personnel and human services providers agree that TIC approaches in schools and other programs with large numbers of children served are crucial (Donisch et al., 2016). Trauma-informed care and well-timed, efficient intervention practices engage an entire school community. The interventions have been proven to provide healing to children exposed to trauma through a supportive approach (Sciaraffa et al., 2018).

Recent literature indicates that the multifaceted nature of TIC approaches may make it complex for school personnel to understand what strategies to adopt for their students' needs (Luthar & Mendes, 2020; SAMHSA, 2014). Immediate trauma concerns often manifest as emotional or disruptive behavior, which seems to challenge the teachers' knowledge of the impacts of ACE on student development (Alisic et al., 2012; Souers, 2018). It is possible for teachers and others faced with behavior concerns among their students to be unaware that trauma may have caused the behavior. Instead, they may blame the children for their lack of self-control or believe that children could change their behavior if only they tried harder (Overstreet & Chafouleas, 2016; Zarnello, 2018). However, TIC practices enhance teachers' knowledge of how to work with and handle students at risk of trauma and regulate their stress (SAMHSA, 2014). Therefore, it aids teachers' ability to recognize physiological or behavioral responses to stress that children may exhibit.

Thus, teachers are entrusted with creating a safe and nurturing environment within their classrooms for all children to thrive (Baker et al., 2018; Mortensen & Barnett, 2016; SAMHSA, 2014). Knowledge of TIC interventions helps them and other school personnel understand how trauma impacts those exposed to it and recognize signs and symptoms of trauma (SAMHSA,

2014). This knowledge and a foundation incorporating care systems within schools support the needs of families and impacted children. In addition, research suggests that positive and consistent supportive relationships increase children's resilience in coping with trauma and adversity. This makes supportive relationships the most critical factor in helping children heal (Sciaraffa et al., 2018).

Thus, it is not surprising that teachers are included in discussions on identifying and responding to trauma symptoms in students. The inclusion is done despite schools' lack of defined trauma training or agreed-upon structure on trauma-informed approaches (Thomas et al., 2019). Teachers are expected to create consistent, calm, and supportive environments for their students to feel safe. Knowledge of TIC heightens the teacher's effectiveness in helping the children build trust, minimize stress, and experience positive connections with others (Dombo & Sabatino, 2019). In addition, teachers may gain the ability to recognize and respond to students with trauma symptoms without retraumatizing them (Cavanaugh, 2016). Despite the importance of TIC, we know little about how teachers have utilized TIC in their classrooms.

Purpose of Study

The purpose of this study is to understand the experiences of K-12 teachers who utilize TIC interventions within their classrooms. In addition, the study aims to deepen an understanding of their perception of the impact of trauma training and the use of TIC intervention strategies.

Research Questions

The overarching question guiding this study is: What are the experiences of trauma-trained K-12 teachers who have incorporated TIC intervention strategies within their classrooms?

The four sub-research questions are:

(a) What are the teachers' perceptions of the comprehensive trauma training received during their TIC intervention training?

(b) What training and intervention strategies were most effective?

(c) What training and intervention strategies were least effective?

(d) What suggestions do the teachers have for the school counselors, mental health counselors, and other stakeholders based on their experiences?

Need for the Study

This study aims to understand the experiences and perceptions of K-12 teachers who received trauma-informed training and utilized TIC intervention strategies within their classrooms. Findings from these experiences will help start a discussion on how to develop responsive intervention strategies for all personnel involved with children within school settings. Existing research and literature have focused on TIC implementation, attitudes toward TIC, ways to assist teachers in using TIC, methods to help school counselors and school mental health counselors working with traumatized children, and awareness of ACE as a critical public health concern (Chafouleas et al., 2016; Felitti et al., 1998; Kagan, 2020). However, at this time, no study has addressed the actual experiences of K-12 teachers who use TIC intervention strategies within their classrooms.

The study may help enhance the efficacy of interventions by revealing to various school stakeholders how best to support and assist teachers and the role of counselors in working with the teachers concerning trauma interventions. Additionally, the findings may support counselor educators in their efforts to produce graduates well-versed in ACE and can promote the use of TIC approaches.

Operational Definitions

Teachers trained in trauma-informed care are those who self-report that they have received trauma training provided by the Public School Forum of North Carolina (PSFNC) and the North Carolina Resilience and Learning Projects.

Teachers in this study are those who:

- Self-report that they are licensed teachers in North Carolina.

K-12 schools will be identified as:

- Per self-report, elementary through secondary schools or grades kindergarten through 12 (5-to 18 -year-olds).

Assumptions

The assumptions made in this study are:

- Participants will understand the questions asked.
- Participants will answer the questions honestly.
- The information teachers share will deepen the researcher's understanding of the experiences of trauma-trained K-12 teachers who use TIC approaches.

Delimitations

This study was delimited by the following:

- Participants are K-12 licensed teachers.
- Participants are trained in TIC by PSFNC and utilize TIC approaches within their classrooms.

Limitations

The limitations of this study are:

- The number of participants may represent a small percentage of the total number of K-12 trauma-trained teachers.
- The use of a convenience sample of volunteer participants from schools that use TIC interventions is limited to those willing to take part in the study.
- The principal investigator is aware of her role as a former clinician, teacher, school counselor, and someone who has actively worked with children and families exposed to ACE and that this may impact the research process.

Summary

Chapter One provided an overview of ACE, its impact on childhood development, and the use of TIC approaches to advance coping mechanisms for students predisposed to adversity. Research demonstrates that ACE impacts children daily; therefore, teachers and school counselors need to understand ACE and how to utilize TIC intervention strategies to work with students to minimize the impact of former trauma. This chapter explained the need and purpose of the study. Next, the chapter concluded with the research questions, theoretical framework, and operational delimitations. Finally, the chapter discussed assumptions, delimitations, and limitations. This study aimed to fill the gap in the literature by exploring the lived experiences of K-12 teachers trained in trauma who use TIC interventions within their classrooms.

CHAPTER TWO: LITERATURE REVIEW

This chapter includes the theoretical framework, adverse childhood experiences (ACE), ACE among adults, ACE among adolescents, ACE among children, trauma, and definition of trauma-informed care (TIC), TIC in schools, effects of trauma training on teachers, TIC on academics and teacher support, TIC training, impacts of TIC interventions on teachers, and chapter summary. This chapter aims to provide a detailed review of the relevant literature to argue for the significance of this research study.

Theoretical Framework

Social support theory is the theoretical framework used to guide this study is the theoretical framework that was used to guide this study. Social support theory arose from the writings of Don Drennon-Gala and Francis Cullen (Hupcey, 1998). They drew from various theoretical backgrounds, hypothesizing that using different examples to show that connecting youth who were perceived as juvenile offenders with social support effectively boosted their confidence that they could reintegrate into society successfully (Hupcey, 1998). Further, the social support theory indicated that larger communities with much social support for youth with troubled pasts generated a structure that enhanced healing, leading to behavior change in the children. Social support is a core component of TIC.

The primary premise of the social support model is that informational, emotional, and instrumental support decreases the chances of delinquency and behavioral challenges. The theory emphasizes the role of supportive environments, stressing that supportive communities and relationships are vital components of children's health and overall well-being (Lin et al., 1979; Meeker et al., 2021). In addition, it provides intentional validation of the individual situation and opportunities for acquiring new coping skills to adjust their life experiences (Meeker et al.,

2021). According to Cobb (1976), social support is the knowledge that leads individuals to believe they are cared for, loved, respected, and valued as members of the community or a group. Knowledge enhances the basic needs that individuals strive to achieve, including autonomy, relatedness, and competence. For instance, giving advice, volunteering to drive an individual to a doctor's appointment, or lending needed resources can all be examples of social assistance. This is referred to as instrumental support. Thus, being cared for in the case of youth suggests having a relationship with those interested in the child's well-being with challenges showing that the students matter and there is a connection, thus enhancing individual usefulness (Cobb, 1976; Epel et al., 1998). TIC is a potential source of social support, not only for children but teachers as well. According to Hepsey (1998), social support alleviates the risks of emotional and physiological difficulties, which frequently arise in response to traumatic events and stress that occur in individuals' lives. In addition, it is hypothesized that an absence of social support may cause adverse emotional problems, such as anxiety, depression, or emotional disparities (Cohen & McKay, 1984).

The process of receiving support starts when the individual who could provide intervention determines that the person who could receive assistance has problems (Lin et al., 1979). Therefore, it is expected in social support that individuals experiencing stress notify their support system or potential help providers of their concerns. However, it is common for individuals with challenges not to understand how to explain their difficulties, especially in cases of trauma and adversity (Felitti et al., 1998; Sell, 1970). In addition, other variables, such as gender, race, ethnicity, and age, may influence the individual's willingness to seek support (Fisher et al., 1988). In the case of trauma-trained teachers within a school environment,

recognizing trauma symptoms or supporting students exhibiting trauma symptoms is more accessible due to the teachers' trauma training and TIC intervention skills (SAMHSA, 2014).

According to Canavan et al. (2000), social support can help people cope effectively with their challenges under stressful situations. Social support can also help reduce the destructive emotions caused by a problem circumstance rather than truly solving the problem. Encouragement, empathic listening, and displays of compassion and concern are examples of 'nurtured support.' Social support is essential for family support, continuous initiatives, and policies that help people develop and progress. Ideally, social support is characterized by behaviors that aid individuals undergoing challenging life situations in effectively coping with their problems.

Additionally, social support can be directly relevant to problem resolution, such as providing advice, offering to transport the individual to a doctor's appointment, or lending the individual necessary resources (Canavan et al., 2000). This type of assistance is known as instrumental assistance. Social support can also help alleviate the adverse feelings caused by the problem circumstance instead of solving the problem itself. This type of assistance, also known as "nurtured support," includes encouragement, empathic listening, and expressions of concern and care (Canavan et al., 2000). Both types of social support are pertinent to family support, continuing programs, and policies that help others progress and develop their potential. Theoretically, social support theory highlights the role of teachers as social support sources in the classroom and school community. Ideally, TIC would certainly help support teachers in the classroom and can be seen as a source of social support.

Often, stressful circumstances create feelings of helplessness and increase threats to one's self-effectiveness. Stress emerges when a person perceives a situation as dangerous and

overwhelming yet has no suitable coping mechanism to address the problem, even when they know that an immediate response is necessary (Wilcox, 1981). As a result, individual behavior may not reflect self-sufficiency. In addition, the interrelatedness of mood disorders may impact physiological and mental health systems that contribute to susceptibility to behavioral challenges that increase the risk for other diseases in individuals exposed to overwhelming difficulties or trauma (Cohen & McKay, 1984; Sells, 1970). When stress is heightened, which happens in the case of trauma, children may reach out to their social support within the school system when they know teachers understand their needs. A lack of social support may result in undesirable psychological concerns, including anxiety, depression, or emotional disparities (Cohen & McKay, 1984). Ideally, social support counteracts the risks of emotional and physiological challenges, which frequently develop in reaction to adverse experiences and stressful situations (Hepsy, 1998).

Flourishing in the face of diversity means that individuals can develop beyond their baseline, withstand stressors, and adopt a renewed sense of potential in life (Epel et al., 1998). Thus, social support theory emphasizes that those who understand adversity are willing to communicate, listen, and provide environments that can reduce stress and promote healing. In addition to highlighting stress buffers as factors that reduce stress, social support theory includes features designed to help individuals whether or not they are under stress (Cohen & McKay, 1984). This study aimed to explore the experiences of trauma-trained teachers who use TIC interventions within their classrooms. Teachers in the classroom are regarded as a community of support for pupils in the school, and TIC is a form of social support for students and teachers.

Adverse Childhood Experiences

Background knowledge of the effects of ACE on individuals' well-being establishes the underlying significance of this research study. Further, it helps to move the argument into understanding TIC and justifying further knowledge and understanding of the experiences of teachers who use TIC in their classrooms.

Adverse childhood experiences are hurtful experiences between the ages of 0 and 18. These experiences may have life-long harmful impacts on the overall well-being of individuals that can increase health risk factors into adulthood (Meeker et al., 2021). Therefore, ACE is considered an expanding public health threat (McLaughlin et al., 2015; Meeker et al., 2021).

Adverse Childhood Experiences Among Adults

Researchers have established that ACE can contribute to multiple disorders over a lifetime, and adults who have experienced ACE, regardless of the type, may experience a range of illnesses (Felitti et al., 1998). These difficulties include substance use and addiction (Hughes et al., 2019; Mersky et al., 2013; Westermair et al., 2018), suicide (Merrick et al., 2017), poor socioeconomic status, and early death (Metzler et al., 2017), poor mental health (Downing et al., 2021; Merrick et al., 2017), diabetes, chronic diseases, and stroke (Westermair et al., 2018). In addition, research has explored the relationship between ACE and adult quality of life (Downing et al., 2021; Felitti et al., 1998). Research has established that ACE correlates with future health problems in adulthood.

Felitti et al.'s (1998) seminal research study by doctors at Kaiser Permanente's San Diego Health Appraisal Clinic explored the prevalence and impact of childhood trauma on adult health outcomes using a large sample of (n = 17,000) white and middle- or upper-class participants, establishing the first retrospective ACE study. The study centered on seven general adversity categories in the United States, including child abuse and neglect, witnessing a mother

or stepmother treated violently and parental separation, substance abuse, parent or family member incarceration, living with an adult experiencing mental health or substance abuse, and household dysfunction. Exposures to these adverse experiences were used as a 1- 10 scale measurement for ACE, with one exposure being the least and 10 the highest. Individuals who had experienced up to four or more exposures, compared to those with zero experiences, revealed a four hundred percent (400%) to twelve hundred percent (1200%) increased health risk for alcoholism, drug abuse, depression, and suicide attempt. In addition, there was a two hundred percent (200%) to four hundred percent (400%) increase in smoking, poor self-rated health, increased vulnerability to sexual partners, and sexually transmitted diseases. Also, this study found that ACE was related to cancer, chronic lung disease, skeletal fractures, and liver disease in adults (Felitti et al., 1998).

In a study examining ACE exposure and adult mental health outcomes, Merrick et al. (2017) reported that high exposure to ACE correlated with heavy drinking, depressed affect, drug use, suicide attempts, and self-reported mental health consequences in adults. In the study, 80% of individuals showed exposure to one ACE type and experienced mental health concerns identical to adults with multiple ACEs. The research findings suggested that ACE related to physical neglect significantly correlated with drug use during adulthood. In addition, ACE related to emotional abuse and neglect is associated with increased mental health and suicide. However, the study's findings were similar to related studies, indicating that increased ACE exposure suggested increased mental health concerns. The researchers drew attention to ACE types and their effect on mental health in adults to highlight different kinds of adversities and risk outcomes. They recommended examining ACE types independently to help mental health workers connect adversities with adult risk consequences (Merrick et al., 2017).

Metzler et al. (2017) examined the relationships between ACE and adult education, income, and employment. The study was carried out in 10 states in the United States and included (n = 27,834) adult participants reporting varied ACE exposures. Compromised education and literacy contributed to the lack of adults fully participating in life opportunities that included jobs or engaging with their communities. Further, the study revealed that poor education and a lack of income contribute to lower achievement in adults across the lifespan (Metzler et al., 2017).

Westermair et al. (2018) examined three ACE dimensions, household dysfunction, sexual abuse, and maltreatment, among (n = 396) participants in an outpatient psychiatric unit. The findings reflect similar disorders, including major depressive disorder, alcohol dependency personality disorder, and posttraumatic stress disorder, among the identified mental health concerns. Among the participants, lifetime psychiatric morbidity was sustained, with fifty-three percent (53%) reporting major depressive disorder and thirty-three percent (33.8%) reporting a previous suicide attempt. Additionally, the researchers noted that ACE was a predictor of a range of somatic risk factors, mental health concerns, and behavioral concerns, including compromised income capacity and emotional dysregulation. Finally, the researchers highlighted the importance of exploring cumulative and single ACE results to enhance understanding of adult health risks as effects of ACE (Westermair et al., 2018).

This literature suggests that a great deal of information exists about the future of ACE and its impacts on adults. In addition, some researchers have discovered that ACE impact may manifest into multiple disorders over a lifetime, and adults who have experienced ACE, regardless of the type or number, can experience a range of illnesses (Downing et al., 2021; Felitti et al., 1998; Merrick et al., 2017; Metzler et al., 2017; Westermair et al., 2018). Together,

this body of research demonstrates the overall impact of ACE on the future health of adults and the debilitating effects of ACE on adult life outcomes, and it expresses the need to continue the discussion about the impact of ACE.

Adverse Childhood Experiences on Adolescents

Researchers have explored the impact of ACE on adolescents, demonstrating the relationship between ACE and vulnerability to mental health problems (Liu et al., 2021; Vaughn-Coaxum et al., 2020) and suicidal ideation (Meeker et al., 2021). ACE has been identified to be correlated with cognitive impairment and compromised functioning (Flaherty et al., 2013; Liu et al., 2021), behavioral problems (Hein et al., 2020), and depression (Lee et al., 2020; Vaughn-Coaxum et al., 2020). Also, research indicates that hurtful events experienced early in life can develop into mental health concerns (Kim et al., 2021), potentially interfering with children's behavioral and academic achievement (Vaughn-Coaxum et al., 2020). Ultimately, the prevalence of ACE among adolescents has increased awareness of the need for intervention and the establishment of healing environments (Foltz et al., 2013; Meeker et al., 2021).

Kim et al. (2021) utilized a large study sample (n = 21,496) from the National Survey of Children's Health (NSCH) 2017-2018 to investigate the independent and cumulative impacts of ACE on a subgroup of 12-17-year-olds with anxiety and depression disorders. Their findings suggest that having many family members with severe mental illnesses is associated with the development of depression or anxiety in adolescents. In addition, the results indicated that the more ACE the youth had, the more likely they were to suffer from depression, anxiety, or both. Lastly, the researchers suggested that those who work with adolescents of this age implement early interventions and preventive measures for possible comorbidity concerns. Besides, schools are ideally situated to identify at-risk adolescents and equip them with the necessary skills to

reduce trauma symptoms, especially among students from disadvantaged social groups and with adversity concerns (Kim et al., 2021).

Vaughn-Coaxum et al. (2020) examined the influence of economic deprivation and physiological threats, such as physical or sexual abuse, on depression among adolescents. Findings indicated that both physical threats and economic deprivation were linked to depression. As such, it is essential to assess economic deprivation and physical/sexual threats during this vulnerable developmental period when working with adolescents (Vaughn-Coaxum et al., 2020).

In another study, Hein et al. (2020) examined the impact of childhood violence exposure and social deprivation on adolescent brain function in a longitudinal study. A lack of supportive caregiver interactions in the home, caregiver neglect, and supportive community relationships characterized social deprivation. Participants were (n = 167) adolescents from the Fragile Families and Child Wellbeing Study and were asked to view different faces to identify emotions such as happy, sad, terrified, and angry faces. The faces were randomly shown to students for about 250 minutes, with a 20-minute blank space between each face's emotions. In addition, researchers explored amygdala activity and student reactions to angry and frightening faces. Violence-related ACE was substantially linked to amygdala activity. In addition, students identified more with angry face options than other faces. The results have implications for individuals who work with adolescents to understand types of adversity and create environments that enhance students' social adjustment and healing. Notably, when analyzing how early adversity affects mental health outcomes, many sources of early adversity, such as social deprivation and physical threats, can alter the brain's function, which may impact a person's development (Hein et al., 2020).

Using an online survey, Liu et al. (2021) investigated experiences of feelings and behaviors among adolescents ages 9-18 during the COVID-19 lockdown period in China. The survey was done after the adolescents had returned to school two months after the lockdown. Adversity during this time manifested as deprivation of social encounters with peers, a lack of extra family time for the students, and more children witnessing domestic violence during confinement. Findings revealed increased depression, anxiety, and suicidal ideation among the students. In addition, some students experienced difficulties focusing on virtual learning during the pandemic. The study was replicated in Beijing, London, and Shijiazhuang, with similar results. The researchers reported that even after schools reopened after the lockdown, students still felt sad and worried (Liu et al., 2021).

Meeker et al. (2021) analyzed differences between adolescents with self-reported mental health problems, adolescents without a history of ACE, adolescents with one self-reported ACE, and adolescents with two or more self-reported ACE to determine the influence of ACE on adolescent health risks. Participants (n = 1532) completed the Risk Behavior Surveillance Survey. The study included only those adolescents present on the survey day because the authors hypothesized that student absenteeism and school attendance could reflect trauma issues among adolescents. Findings indicated that ACE was associated with more severe mental health problems, including adolescent substance abuse and suicidality. In addition, suicidality was more prevalent among adolescents who reported multiple ACEs than those who reported a single ACE exposure. The findings also revealed that the rate of a single ACE exposure among the participants was more significant than the rate previously reported among adults with a single ACE exposure, sixty-two point seven percent (62.7%) for the current report versus fifty-seven point five percent (57.5%) for the previous report for adults with single ACE exposure. The

researchers also highlighted the aspect of absenteeism, which may have affected the results, given those students prone to absenteeism often experience some form of adversity. Overall, the study's results reinforce the necessity for a comprehensive approach to adolescent care based on trauma-informed practices. In addition, the increase in the number of ACEs reported among adolescents suggests widespread concern about ACE as a public health threat that requires attention (Meeker et al., 2021).

These studies illustrate ongoing concerns over ACE and its effects on student mental health and academic outcomes. In addition, there is evidence that hurtful events, such as dysfunctional families, child maltreatment, and physical and sexual abuse, infiltrate the lives of children (Felitti et al., 1998; Meeker et al., 2021). Understanding the impact of ACE on adolescent functioning enhances the need for the participation of all personnel working with children. In addition, the knowledge of the effects of ACE on adolescents contributes to the development of modalities that may assist professionals who work with adolescents, thereby facilitating access to intervention and treatment. Ideally, professionals who work with adolescents may take the role of social support within the community.

Adverse Childhood Experiences Among Children

Researchers have investigated risks associated with ACE among children (Bethell et al., 2014; Bethell et al., 2017; Blodgett, 2018; Flaherty et al., 2013; McKelvey et al., 2018; Meeker et al., 2021; Oral et al., 2016) since the inception of the ACE study (Felitti et al., 1998) and reported a variety of concerns relating to early child adversities. Together, these researchers have established some of the risks associated with ACE exposure among children, including compromised academic performance (Blodgett, 2018; Flaherty et al., 2013; McKelvey et al., 2018), childhood obesity (Heerman et al., 2022; Mehari et al., 2020), depression and anxiety

(Haynes et al., 2020), headaches (Mansuri et al., 2020), behavior problems that include attendance concerns (Blodgett, 2018; Clarkson, 2014; Gilliam & Reyes, 2018), and poor health concerns (Flaherty et al., 2013). In addition, according to the National Survey of Children's Health (NSCH), ACE has been associated with less adaptive behavior among children between ages 6-17, with increased externalized behavior depending on ACE's exposure count (Bethell et al., 2014).

Knowing ACE risk is valuable in providing effective awareness of children's vulnerability. In addition, knowledge of ACE helps children cope after exposure and during this crucial time in their development. Finally, it is necessary to understand the interrelatedness of ACE to other health concerns (Kim et al., 2021; Oral et al., 2016).

Flaherty et al. (2013) conducted a longitudinal study investigating the relationship between ACE and child health in pre-adolescence. Participants were children ages 4 and 14 (n = 933). The children completed a questionnaire on eight exposures: physical abuse, physiological maltreatment, neglect, caregiver substance use, caregiver depression symptoms, criminal behavior in the household experienced in the first six years of life, sexual abuse, and caregiver treatment violently. The children also completed a health outcome questionnaire. This study acknowledged ACE exposures as relevant negative experiences with possible expected outcomes of poor health and illness requiring the children to see a doctor (Flaherty et al., 2013).

The findings of this study indicated a strong association between adverse exposures and health problems, including child maltreatment, poor child health, and somatic concerns. The researchers noted remarkable results that twenty-seven percent (27%) of the children had issues related to poor health. In addition, the researchers revealed that fifty-seven percent (57%) of the children had experienced three or more exposures to neglect and caregiver depression. Only

eight-point seven percent (8.7%) of the children had not experienced exposure to ACE in their first six years of life. However, ninety percent (90%) of the children had experienced at least one ACE between ages 0 and 14 (Flaherty et al., 2013).

Blodgett (2018) explored using school personnel to examine and report the relationship between ACE and academics among elementary school students. The study targeted ten schools consisting of 2,101 children. The study assessed the risks manifested through behavior, academic performance, and teachers' ability to correlate ACE exposure with risks. Findings suggested that ACE exposure was strongly correlated with educational outcomes, noting that academic failure was prevalent with increased ACE exposure. Forty-four percent (44%) of the children in the study were reported to have a high prevalence of ACE, with thirteen percent (13%) of the students experiencing two to three ACE exposures (Blodgett, 2018). In addition, an increasing number of ACE exposures was also associated with higher rates of academic failure, school behavior problems, and attendance concerns after controlling for other variables like race or gender. Thus, ACE appears to be a theoretical threat even for those students who may not meet a diagnosis for mental health treatment (Blodgett, 2018).

For instance, McKelvey et al.'s (2017) study revealed that ACE strongly correlated with parents' reports of children struggling with academic achievement, holding back a grade, and having external and internal behavioral concerns. In addition, the study indicated that ACE affected children's social and educational outcomes early in their development. This study collected data from parents during the first three years of the children's lives and later at age 11. At the onset, the sample size for this study was (n = 2250) and (n = 1469) at age 11. Parents reported ACE exposures during the periods identified. This study suggests early intervention and assessment for ACE, understanding that some ACE questions may not be inquired about by

parents, or parents may hold back divulging the information for fear of incrimination. However, the impact of ACE was apparent, and the call for intervention to start early in children's lives was made evident (McKelvey et al., 2017).

In a different study, Haynes et al. (2020) explored the role of parental ACE exposure and its impact on their children experiencing anxiety and depression. The researchers also aimed to investigate the intergenerational associations of ACE among parents who reported more than four ACE exposures and the odds of their children developing anxiety and depression. Their findings suggested that caregivers who experienced higher exposure to ACE showed a high correlation to their children experiencing anxiety and depression. Results also showed that depression and anxiety increased three-fold among children whose parents had been exposed to higher ACE (Haynes et al., 2020).

Another study explored the relationship between ACE, poverty, and obesity among children with neurodevelopmental delays (Mehari et al., 2020). The researchers aimed to examine the relationship between ACE and obesity among children ages 2 and 7. Their findings indicated that children who experienced both ACE and poverty had a significantly higher propensity for obesity than children who experienced only ACE (Mehari et al., 2020).

Similarly, in another study, Heerman et al. (2022) explored the relationship between ACE and childhood obesity. The researchers utilized secondary data from a cross-sectional survey by the 2016-2018 National Child Traumatic Stress Network (NCTS). Findings suggested that children with more than one ACE had higher odds of obesity and overweight in addition to other health concerns, particularly among children with additional healthcare needs (Heerman et al., 2022).

Today, NCTS reports additional forms of adversity: bullying, community violence, extreme economic hardship, and school violence (NCTSN, 2015). Other types of adversity identified in more recent literature include traumatic loss of loved ones, life-threatening childhood illness/injury, sudden and frequent relocations, serious accidents, exposure to or participation in prostitution, terrorism, natural disasters, refugee camps, kidnappings, and torture (Karatekin & Hill, 2018; Kessler et al., 2010; NCTSN, 2015; Oral et al., 2016).

These research studies reveal that ACE is a concern, especially among students, impacting their behavior (Bethell et al., 2014), school attendance, and academic development (Blodgett, 2018; Flaherty et al., 2013; McKelvey et al., 2017). Further, the literature review suggests the importance of knowledge about ACE and its impact on children (Blodgett, 2018; Flaherty et al., 2013; Haynes et al., 2020; McKelvey et al., 2017; Mehari et al., 2020). Unaddressed ACE among students may ultimately threaten their academic achievement, future well-being, and community roles. Also, teachers who work with students may need to understand ways to help children meet their full potential despite exposure to ACE. Therefore, other than understanding the impacts of ACE on children, there is a need to fill the gap in understanding the lived experiences of teachers who use TIC as part of the process to help children adjust and cope. Besides, it is relevant to understand teachers' perceptions of working with children exposed to ACE and their actual experiences using TIC intervention programs.

Overview of Trauma

In recent years, there has been worldwide interest in understanding adversity and childhood trauma. Consequently, professionals working with children must recognize the characteristics of traumatic stress and respond to students exhibiting these signs to enhance healing (SAMHSA, 2014). The original medical term for trauma was "the result of a blow," or

the damage is done, followed by periods of nervousness, inability to function, and sometimes hopelessness (Erikson, 1991, p. 455). There appears to be substantial controversy over the definition of trauma. According to Meszaros (2010), the meaning of trauma or traumatic events has been muddled due to experts' attempts to give it significance and create a common ground of comprehension. Physicians, neurologists, and psychologists have recently adopted the term "trauma" to comprehend and adopt the best vocabulary to describe the psychological state that follows tremendous adversity (Wilson et al., 2013). However, most people believe that the unchangeable aspects of trauma include pain or events so overwhelming that regular coping mechanisms may no longer be effective (Ross, 2000). From a historical viewpoint, trauma and culture frequently connect with historical events, including race or ethnicity, gender, language, and place. Yet, trauma remains an actual event for those who go through it (Mészáros, 2010). It is crucial to stress that not all features of trauma imply that vulnerable people must have experienced trauma (Cohen et al., 2017).

SAMHSA (2014: 7) defines trauma as

> Individual trauma results from 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 wellbeing.

The description appears less aligned with the current *Diagnostic and Statistical Manual of Mental* Disorders (DSM-5; American Psychiatric Association [APA], 2013) definition of traumatic stressors. Traumatic stressors are defined in the DSM-5 glossary of technical terms as "any event (or events) that may cause or threaten death, serious injury, or sexual violence to an individual, a close family member, or a close friend" (p. 830).

The DSM-5 concept of trauma is criticized for being too narrow in reflecting the types of experiences that prompt a trauma reaction or define the basic trauma response (Cohen et al., 2017). The argument persists even though the most recent description in the DSM-5 appears to be broader in describing trauma as "experiences that a child may directly experience, a child may witness in a person, or a child may learn about the occurrence of the traumatic event from a caregiver" (APA, 2013, p. 272). Thus, each traumatic event in a child's life elicits reactions unique to that child, sometimes dependent on factors such as a child's developmental level (Cohen et al., 2017). Irrespective of a child's diagnosis or the definition of traumatic stressors, trauma-related issues significantly affect children's ability to function and may necessitate interventions.

According to the National Child Traumatic Center (2020), a trauma-informed system acknowledges the accumulative effects of structural inequalities and is sensitive to the unique requirements of diverse populations. Therefore, nurturing cultural competence and humility is essential for accessing and enhancing the care levels for traumatized children, households, and entire communities (SAMHSA, 2014). In addition, prioritizing the need to improve safety associated with trauma and healing is an essential practice organized and centered around families and children, involving experts and research studies (SAMHSA, 2014).

There is a general recognition that trauma does not happen in a vacuum; therefore, there is a need for a community perspective and approach to addressing aspects of trauma (SAMHSA, 2014). The recovery of children and their families is facilitated through working with everyone engaged with them, maximizing psychological and physical safety, and encouraging and supporting staff wellness within a community, thus enhancing culture development and shift (National Child Traumatic, 2020).

Trauma-Informed Care

The Felitti et al. (1998) research study report triggered a need to develop a comprehensive approach to service provisions in which children's services and program practices adopt policies that recognize the impact of trauma (National Child Traumatic, 2017). Thus, although TIC approaches have their roots in the medical field, utilization of the four R's has helped to achieve a collaborative and community approach in working with children who experience trauma. Understanding trauma and TIC increases the chances that others will adopt knowledge and skills in working with traumatized individuals. Trauma-informed care is a multilevel organizational framework constructed to comprehend and respond to the impact of trauma on both those exposed to trauma and service providers (Oral et al., 2016; SAMSHA, 2014).

Trauma-informed care interventions are fundamentally scientific ways of adopting healthy developmental strategies for vulnerable children impacted by adversity to allow children to experience healthy development (Bartlett et al., 2016; SAMHSA, 2014). However, translating trauma therapies into cultural practices relevant to each individual and what appears to work during evidence-based practices in the trauma area continues to present obstacles (Matter et al., 2010). In addition, how to culturally adjust each intervention for each individual experiencing trauma or ensure that what works for one culture group may be safely adapted for another culture group remains a concern (Matter et al., 2010). Therefore, understanding different cultures and asking pertinent and challenging questions about cultural perspectives of trauma and the roles of events that may lead to adversity is essential for adapting practical approaches to manage trauma concerns (Matter et al., 2010). In addition, there may be a need for racial literacy about self if

most counselors and teachers are from one ethnic group while supporting students from different backgrounds and experiences.

Lastly, although children's responses to traumatic experiences vary, pain is universal. Thus, TIC approaches allow caregivers, teachers, and counselors to learn skills that support children's behavioral and emotional regulations, identify triggers, and cope while preserving healthy development. In addition, teachers, counselors, and other providers within the school who may have experienced trauma may experience tremendous stress when working with children who have experienced trauma. Therefore, TIC interventions and trauma training organized by professional learning address the needs of those within the system to promote ways to identify, react, and use healthy coping mechanisms (Anderson et al., 2022; Bartlett et al., 2016).

Trauma-Informed Care in Schools

School counselors are trained to conduct informed evaluations of children's emotional and behavioral issues (ASCA, 2019). Ideally, the school counselor position enhances deliberation and interaction with other school stakeholders, such as teachers and school mental health professionals. Thus, school counselors more fully understand the effects of trauma on students' attitudes, which is considered advantageous for assisting counselors in their work with students and teachers.

Researchers have studied the vulnerability of traumatized students and the role of school counselors and mental health counselors in educational settings (Berger & Samuel, 2020; Wells, 2022). In addition, researchers have investigated the purpose of professional training and development for school counselors and school mental health counselors, as well as educators' use of TIC (Anderson et al., 2015; Arnold et al., 2020). Finally, researchers present guidelines

for people who work with children and emphasize the necessity of understanding ways to help children who have experienced trauma.

Wells (2022) investigated school counselors' perspectives and knowledge of TIC practices and their training in their counseling programs. Participants (n = 131) were middle and high school counselors. Findings indicated that school counselors received limited training in TIC techniques throughout their graduate education and those who received training concentrated on ACE and how to identify trauma symptoms. In addition, participants indicated that after receiving their counseling degrees, they frequently sought trauma training, which they acknowledged as essential, to aid with their work. However, findings suggest that the counselors did not feel competent in collecting data to analyze trauma-informed programs within their schools. The implications were that despite the lack of a uniform method for all school counseling programs, some individual school programs had expanded trauma-informed practices and professional developments within their schools. In addition, counselor educators can include trauma-informed training in current courses to encourage local schools to reach a consensus regarding the role of TIC practices. Finally, if more counselor educators added trauma training to their curricula, local schools would be inclined to establish a standardized program to address student trauma concerns (Wells, 2022).

In a pre-post survey, Anderson et al. (2015) investigated the university model of teaching trauma-informed techniques to school personnel. The study was an innovative method for enhancing staff knowledge of trauma and how to engage with children who have experienced adversity. Participants (n = 36) included elementary school educators who taught in 25 classrooms within the same school, and ninety percent (90%) of the identified school population came from underprivileged backgrounds. First, the researchers conducted a needs assessment of

all the participants, after which each individual shared thoughts about their most pressing need. Second, during a staff meeting, the researchers presented a brief seminar on the effects of trauma, the physiological changes associated with trauma, and how trauma impacts cognitive performance and development. The researchers then spent four months presenting a series of four workshops in which staff members were instructed on various approaches, such as stress reduction strategies, to aid them in interacting with students who had experienced trauma. Findings indicated that eighty percent (80%) of the participants agreed that the trauma training provided at the workshop was relevant to their work as teachers. In addition, ninety-four percent (94%) of the teachers agreed that exposure to toxic stress could be the reason for students' disruptive behavior. Depending on the student's trauma source, findings indicated that teachers could easily trigger students' trauma during interactions in class and within the school. The implication was that more attention needs to be paid to the use of trauma-informed techniques across the whole school (Anderson et al., 2015) when planning and putting together professional development for all school staff.

Using a qualitative research design, Berger and Samuel (2020) utilized a semi-structured interview schedule to assess school mental health staff's experiences with student trauma, ongoing support and training, and the need for more training to manage student trauma. The participants were school staff (n = 55), including school counselors, mental health workers, and wellness staff. Sample questions asked about what experience participants had with students and trauma, how they discussed student trauma with coworkers if they ever did, and their perceptions of working with adolescents who had experienced trauma. Findings indicated that mental health professionals were frequently approached when a student was presented with emotional, behavioral, or mental health difficulties. This was indicative that school counselors and mental

health practitioners require trauma-focused knowledge that targets trauma exposure in students. Participants advocated for a more robust school-wide trauma policy and enhanced trauma training for all personnel. Participants reported that a lack of support and communication, a lack of trauma training, or training with inadequate knowledge of trauma led to increased emotional burdens among school mental health staff. The implication was that school mental health personnel need team engagement, supervision, and support from others within the school to help reduce the emotional strain of working with traumatized students (Barger & Samuel, 2020). Therefore, studying teachers' experiences with their students using TIC approaches may lead to effective methods aiding children who have experienced trauma.

Arnold et al. (2020) investigated the factors that influenced the implementation of a trauma-informed universal mental health intervention in schools. Within the context of a school-based prevention experiment, the participating school administrators decided to implement a preventative mental health intervention called Relax, Be Aware, and Do a Personal Rating (RAP). The researchers interviewed 15 participating school administrators who implemented RAP in the trial with eighth graders. RAP Club involved students participating in twelve 45-minute sessions offered within a year. The sessions delivered trauma interventions that included mindfulness, cognitive behavioral therapy skills, and psychoeducation to students impacted by trauma-related stress. Findings indicated that the most frequently mentioned reason for RAP Club acceptance was the favorable perception of the intervention as an efficient means of addressing student stress and trauma exposure. In addition, by adopting RAP clubs, administrators demonstrated their commitment to utilizing a program to promote students' mental health. Leadership structure and staff expertise were viewed as influencing the success of the programs. However, participating school administrators mentioned a shortage of trauma-

informed mental health staff when adopting the RAP Club. This study further indicated that principals are often considered critical decision-makers in most school programs.

Furthermore, to increase effective school programs, it remains essential for researchers to have the support of school administrators and include them in research. Regardless of a school's decision-making process, understanding teachers' lived experiences in implementing trauma-informed programs is essential (Arnold et al., 2020). This study attempted to fill the gap in the literature by understanding teachers' experiences and perceptions of using TIC strategies. In addition, the study explored teachers' lived experiences working with students using TIC intervention strategies.

Effect of Trauma Training among Teachers

Researchers have proposed that trauma-related training for teachers is essential (Alisic et al., 2012; Brown et al., 2022), pointing out that teachers feel inadequate when working with students who have been through trauma (Alisic et al., 2012). As reported earlier, teachers report a lack of trauma training or may receive training with insufficient knowledge of trauma (Barger & Samuel, 2020). Fortunately, research indicates that teacher training on trauma-related concerns equips teachers with sufficient working knowledge of students with emotional and behavioral challenges (Brown et al., 2022; Dorado et al., 2016; von der Embese et al., 2018). Daily encounters with students expose teachers to the social and economic challenges pupils bring to school. In addition, teachers see numerous behaviors, emotions, and effects of adversity students encounter outside of school.

Alisic et al. (2012) investigated how teachers who work with students aged 8 to 12 express concerns regarding the support of children exposed to trauma. The study was conducted in 6926 elementary schools in the Netherlands that the Dutch Department of Education

registered. Participants (n = 765) were teachers randomly selected from the schools. The researchers observed that teacher competency in trauma-related training was lacking. Eighty-nine percent (80%) of the teachers had directly worked with children, yet only nine percent (9%) of the teachers had participated in any trauma training. Analysis revealed that many teachers struggled to balance their roles or understand what they could do as teachers when a student required assistance coping with trauma. Other teachers noted difficulties with emotional attachment while working with traumatized children and problems supervising interactions between children. Although limited to self-reporting, the findings revealed that teaching experience and trauma training significantly impacted how teachers interacted with children who had experienced trauma, and this enhanced teacher confidence (Alisic, 2012).

Brown et al. (2022) explored the effect of trauma training on teacher trainees. Participants (n = 180) were teachers-in-training in an urban public university's practicum. The practicum students were trained on trauma intervention strategies to assist them in recognizing and employing the techniques learned to help students. In addition to recognizing trauma symptoms in their pupils, practicum students became more interested in learning about intervention strategies for working with traumatized students. Furthermore, the practicum students learned how to work with students with trauma histories. The implication was that teacher trauma training enables teachers to assess trauma symptoms in their students and provide ongoing supportive interventions (Brown et al., 2022).

Dorado et al. (2016) utilized a program evaluation to explore promoting whole-school success for trauma-informed, safe, and supportive schools. The study was funded by research focusing on five schools serving marginalized students in San Francisco communities and schools with students who demonstrated poorer academic achievements. The program labeled

Healthy Environment Responses to Trauma (HEARTS) was conducted for five years. Participants included students from all five schools, administrators, teachers, social workers, counselors, and special education teachers. First, students engaged in the HEARTS intervention sessions delivered by the school personnel, and afterward, the school personnel participated in the surveys. The intervention strategies involved a system of support grouped into three tiers. Tier one consisted of support for all students. Tier two consisted of specific interventions for students who required more help than tier one provided, and tier three consisted of more intensive support than in tiers one and two. Tier three intensive work included trauma-specific interventions by on-site clinicians with the identified student, the student's parents, and teachers while focusing on attachment, self-regulation, and competency models to help the student and everyone involved heal. In addition to supporting the teachers, three HEARTS clinicians worked in each school three days a week, creating trauma-sensitive environments for the students and enhancing whole-school TIC success. Following the trauma training and administration of TIC intervention strategies, teachers witnessed a significant decrease in student physical aggression, which reduced office referrals. Other challenging behaviors improved, including the inability to regulate emotions, attachment difficulties, and the development of healthy relationships. In addition, teacher stress decreased as they learned different methods to help children self-regulate their emotions. Furthermore, the teachers developed compassion and enhanced positive student-teacher relationships. Conclusively, the researchers demonstrated that knowledge of trauma, utilization of TIC techniques, and trauma-trained teachers create environments that mitigate the effects of trauma among students and reduce stress on educators (Dorado et al., 2016).

The researchers in the studies advocate for more schools to embrace teacher trauma training by highlighting the favorable effects of trauma training and the use of intervention

measures (Alisic et al., 2012). Hence, teacher trauma training offers a secure environment for teachers and pupils. Additionally, Social Support Theory gives teachers and students social support in that using TIC techniques assists in achieving and fostering a healthy school climate for everyone. These articles reveal some research that explores teacher experience with TIC in the classroom. Still, there is no literature on the experiences of whole-school trauma-trained teachers using TIC techniques. This study plans to fill this gap by exploring the experiences and perceptions of K-12 teachers who utilized TIC intervention approaches within the classroom.

Trauma-Informed Care on Academics and Teacher Support

Research indicates that when students feel trusted and respected (Dimitropoulos et al., 2021), this type of relationship helps them develop prosocial behaviors, do well in school, and feel good about themselves (McKelvey et al., 2017). In addition, research has revealed that trauma exposure can be healed by implementing timely interventions, having teachers collaborate with students, and providing role models to help students respond to interventions that enhance their coping skills (Mann et al., 2014). This literature demonstrates the role of TIC in schools and the impact of trauma intervention strategies on students and teachers in the school setting.

Dimitropoulos et al. (2021) examined school personnel's perspectives on supporting students with mental health concerns. Participants (n = 48) included classroom teachers, school counselors, school psychologists, support staff within the school, and school administrators from two Canadian secondary schools. The most effective strategy was establishing a strong and trusting relationship with teachers. Participants believed that trust increased the safety of the learning environment for students with trauma. Teachers thought they could provide timely support, identify the student's possible trauma risk factors and triggers, and recognize trauma

symptoms if they had earned their trust. Timing and interventions were therefore considered critical when working with children exhibiting trauma effects. Researchers noted that empathic listening helped teachers facilitate timely access to students' crises and eliminate mental health stigma. Collaboration between the teachers and the school counselors was reported as an intervention skill through informing the school counselor of student concerns. Finally, the results indicated that those who interact with students must be trained in trauma to understand how to handle the mental health needs of students who have experienced trauma. There was a call for organized school policies that could help improve the success of teacher training, help both teachers and students and help teachers learn more about students' mental health and trauma. In addition, the researchers theorized that the amount of training provided to staff aided the teachers in gaining confidence while working with adolescents who had experienced trauma. Also, teachers cared for and paid attention to each student after trauma training, which helped build relationships and trust (Dimitropoulos et al., 2021).

In longitudinal research, Mckelvey et al. (2017) investigated the timing and length of ACE exposure that children from low-income homes experienced in longitudinal research. The researchers aimed to see if a pattern in exposure made children particularly vulnerable. Participants (n = 2250) were ethnically diverse children from an early head-start program. Using a low-income, community-based group, researchers validated the detrimental consequences of ACE in toddlers and children on subsequent child development. The data revealed that children exposed to higher levels of ACE had the lowest-ranked development. In addition, the study results suggested that exposure to ACE at any time throughout childhood development is detrimental. However, these researchers also determined that prompt intervention and a

supportive environment improved the development and outcomes of traumatized children (Mckelvey et al., 2017).

Mann et al. (2014) explored the effect of adverse life experiences on pupils to identify the different ways adversity may affect young adolescents' mental health and learning readiness. The researchers used data from the Youth in Iceland survey of middle and high school students (n = 7291) aged 13 to 19. Their findings revealed that students were more susceptible to trauma exposure in middle school than in high school, with a greater percentage of the students displaying emotional difficulties from recent trauma exposure. In addition, the results indicated that adverse life events were higher indicators of anger, depression, and anxiety in adolescent girls than in boys, with adolescent girls reporting ongoing emotional issues. The findings have implications for educators and those who foster student academic success by preparing educators to recognize the consequences of early adverse experiences on student behavior, mental health, and educational outcomes. In addition, adults who spend time with students should be aware of the student's emotional vulnerabilities and work to boost their confidence. Thus, fostering respect to increase student involvement and cultivating compassion may encourage healing among traumatized students and aid their academic performance (Mann et al., 2014).

These studies illustrate that understanding how to interact with children who have experienced trauma is crucial for teachers and other school personnel. In addition, the researchers recommend that adults who work with children cultivate timely, trusting, and healing relationships with students who have experienced trauma. According to studies, educators and teachers need knowledge and skills to comprehend and assist children in traumatic situations (Perfect et al., 2016). However, when examining the efforts of adults who work with children exposed to trauma, no study focuses on the lived experiences of teachers who work in trauma-

informed schools and utilize TIC intervention skills. Consequently, there is a gap in the literature regarding teachers' actual experiences and perceptions of the effects of TIC techniques. This study looks to fill this gap.

Trauma-Informed Care Training

The Substance Abuse and Mental Health Services Administration (SAMHSA) established the National Center for TIC in 2005 to provide evidence-based training to teachers and other employees interacting with children and families (SAMHSA, 2014). The idea was founded on the necessity of educating those who worked with children about the impact of adversity on childhood development. Lack of trauma response knowledge (Reinke et al., 2011) manifested as an absence of sensitivity to best practices for responding to children exposed to ACE (Anderson et al., 2022). In addition, insufficient knowledge of TIC techniques is a significant barrier to assisting students who have experienced trauma (Maclean & Law, 2022). However, research suggests that teachers desire trauma training and knowledge of mental health to support their pupils and make appropriate counselor referrals (Maclean & Law, 2022; Reinke et al., 2011; von der Embse et al., 2018).

Reinke et al. (2011) examined teachers' perceptions of needs, barriers, and roles regarding their schools' mental health practices and interventions. Participants (n = 292) were elementary school teachers from five districts. According to the findings, many teachers reported working with disruptive pupils, children with low attention spans, and hyperactive students. The analysis identified similarities between teachers' concerns and other research showing that teachers need additional training in engaging with students who present externalized behavioral difficulties, classroom management, and how they should talk to parents of those students. The study indicated that 89 % of teachers believed it was part of their obligation as a school

community to care for their students' behavioral and emotional needs. However, only 34% of the teachers had confidence in helping their students in all three domains. Lack of trust was based on a lack of knowledge of trauma impacts and TIC intervention skills to address student needs (Reinke et al., 2011).

In a similar study, Maclean and Law (2022) investigated teachers' perceptions of their roles, abilities, and barriers in supporting the mental health needs of students in schools. Participants (n = 179) were primary school teachers in Scotland. Participants described the mental health problems they had witnessed in their students, with behavioral issues being the most prevalent, followed by anxiety, depression, and attention difficulties. According to the findings, teachers expressed a desire to assist their students. In addition, the study revealed that teachers saw their role as engaging students and aiding them with their mental health issues. However, the lack of support-specific training and knowledge hindered the teachers' desire to support their students. Inadequate knowledge and trauma training demonstrated the necessity for teacher professional development in TIC intervention skills (Maclean & Law, 2022). Thus, understanding teachers' experiences enables us to understand their challenges and provides teachers with the necessary knowledge and training to address students' trauma and mental health needs. This study addresses the knowledge gap by examining teachers' experiences employing TIC interventions in the classrooms.

Anderson et al. (2022) examined K-8 teachers' trauma-informed professional development targeting a Title I public school in an urban setting. The researchers partnered with a local university to explore teachers' concerns about increased trauma exposure among their students. The additional aim of the study was to enhance the quality of student-teacher relationships through trauma interventions. Participants were (n = 7) school teachers and one

suspension coordinator within the community who worked with the school, primarily teachers of color, six females and one male. The intervention process focused on having trained professionals help teachers process immediate concerns and act as resources during the interventions. The study's findings indicated that most teachers struggled to comprehend their students' academic struggles and stress. However, as teachers learned how trauma affects students' learning ability, they stopped taking students' behavior personally and began responding with compassion and support instead of discipline and punishment. In addition, teachers adjusted how they interacted with students based on their training at the school and became more sensitive, tolerant, and calm. For example, the teachers became more receptive to listening to students talk about their stressors and implemented a process where students documented their concerns in a "worry box" daily. Finally, the teachers learned the language and skills to address trauma concerns, which increased their awareness and desire to participate in the trauma training. Ultimately, trauma training increased teachers' understanding of students' backgrounds and the effects of trauma. The understanding minimized the teachers' focus on student behavior, reducing emotional distress for teachers and distress for students as they continued to work together and build trust (Anderson et al., 2022, p. 68).

These researchers indicated teachers' awareness of their students' struggles with mental health concerns and highlighted the teachers' needs regarding their ability to support their students (Maclean & Law, 2022; Reinke et al., 2011). In addition, the researchers demonstrated the significance of teacher professional development in TIC approaches (Anderson et al., 2022) and how the training translates to beneficial outcomes when communication and stress management skills are used. Arguably, teachers respond well to teacher-professional development that enhances their knowledge and skills to work with students exposed to trauma

(Anderson et al., 2022; von der Embse et al., 2018). TIC training benefits teacher knowledge and helps to improve student academic outcomes and trauma stressors. We do not, however, comprehend the lived experiences of trauma-trained teachers who routinely use TIC interventions within their classrooms. Understanding teachers' experiences and perspectives can help bridge the knowledge gap in school-wide TIC and increase conversations on intervention plans for school-wide TIC approaches and the teacher's role as support for the students. The purpose of this study is to fill this gap.

Impact of TIC Interventions on Teachers

SAMSHA (2014) identifies six fundamental tenets essential to TIC approaches. They include (1) safety for everyone involved, (2) trustworthiness and transparency, (3) peer support, (4) collaboration and mutuality, (5) empowerment, voice, and choice, and (6) cultural, historical, and gender concerns. Therefore, in developing TIC strategies, evaluation and conceptualization of the different tenets may serve as the blueprint of each school or individual working with children. All six principles are essential when talking about trauma and trying to help children get well by making their environment safer.

The impact of trauma-informed intervention strategies has been shown to reduce educators' stress (Jaycox et al., 2019), increase teacher awareness of trauma experienced by students (Kuhn et al., 2019; McIntyre et al., 2019), improve teachers' self-confidence in their ability to engage with traumatized children (Gruman et al., 2013), and increase teachers' confidence in using TIC intervention skills with pupils who have been exposed to trauma (McIntyre et al., 2019). In addition, implementing trauma interventions enhances student-teacher relationships, provides avenues for students to access mental health treatments, and provides opportunities for teachers to engage with students in alleviating emotional distress. According to

these research studies, TIC intervention skills improve students' learning environments, enabling students and teachers to succeed.

Gruman et al. (2013) used a case study to generate an in-depth understanding of the use of TIC intervention in a high-school community struggling to meet students' mental health needs. The study was carried out over six years. Participants were high school students (n = 715) in grades 9-12, with a student population that qualified for free or reduced meals. As part of the study, the counselor took time to meet with each student at least twice a year to discuss the student's overall engagement with plans for intervention where needed. The classroom teachers and subject teachers identified students at risk for trauma, after which relevant interventions were made to meet student needs. The school counselors generated a data audit to update all stakeholders on student progress. As a result, TIC intervention was altered, allowing the school counselor to attend to all students' emergent mental health concerns throughout the school. The school counselor became the school's leading partner and coordinated students' services and needs. Other participants of the intervention strategy were parents and teachers who provided access and support to the student. As a result, the data showed increased mental health treatment referrals as part of the intervention plans coordinated by the school counselors and teachers. In addition, all school personnel implemented and utilized mental health and other services as needed for students. Later, the school counselor was responsible for collecting data as part of the intervention strategy and sharing it with other stakeholders in the school. Changes were noted across the board through program modifications that affected nearly all students, and family referrals to family resource centers increased (Gruman et al., 2013).

As part of a TIC training initiative, Kuhn et al. (2019) investigated the use of TIC intervention strategies in helping school personnel address trauma concerns in the lives of

families and children. The intervention techniques included motivational interviewing (MI), screening, brief intervention, and referral to treatment (SBIRT). The program was a statewide project in Tennessee that provided TIC intervention training to teachers and school employees. In addition, the participants were involved in pre-post curriculum training to implement MI and SBIRT when working with students affected by trauma and trauma-related stress. Results demonstrated significant improvement in all domains, including increased awareness and knowledge of traumatic stressors and teachers' and students' efforts to implement behavioral and emotional modification (Kuhn et al., 2019).

Jaycox et al. (2019) used a pre-post survey to teach students how to deal with traumatic stressors by focusing on their physical, emotional, and mental health symptoms. Participants were a diverse ethnic-racial population of students from five different urban high schools. The interventions involved supporting the youths by initiating access to mental health services, educating students on how to access mental health services already in existence, and teaching coping skills related to emotional and behavioral concerns. As part of the intervention techniques, teachers and other school personnel encouraged students to adopt positive thoughts whenever there was a display of distorted thinking. Findings indicated improved behavioral and emotional changes, improved coping mechanisms, self-efficacy, and less negative thinking among students. In addition, researchers suggested that most pupils met the criteria for elevated symptoms of adverse experiences, indicating that teachers adequately assessed trauma symptoms among students. Finally, the researchers recommended more involvement with the students and more time to maximize students' access to the programs and promote recovery. The implication was that a team approach involving all stakeholders was a valid criterion for identifying and

meeting students' needs and delivering appropriate interventions to meet those needs (Jaycox et al., 2019).

Using a pre-post survey, McIntyre et al. (2019) explored training teachers in knowledge about TIC and teaching them how to respond to student trauma symptoms by utilizing SAMHSA's six fundamental principles of TIC approaches (SAMHSA, 2014). The researchers selected thirteen schools based on the inclusion criteria that the schools have established emotional learning curricula and well-positioned leadership roles to assure all participants' commitment to adopting TIC intervention efforts. Findings suggest that teachers' awareness of trauma-informed techniques increased significantly between pre- and post-training, with teachers viewed to adopt the implementation of trauma interventions. Moreover, the experience and TIC techniques proved to work best in a broader collaborative context in which system participants collaborated. In addition, the results indicated that students' coping skills and social acceptability had improved, enhancing overall self-efficacy. Furthermore, established policies and teacher support assisted in promoting teacher learning. Finally, teachers accepted their roles in implementing TIC strategies based on school-wide support (McIntyre et al., 2019).

The findings of these researchers illustrate the efficacy of TIC interventions. Teachers' implementation of TIC intervention approaches improves student-teacher relationships, improves student wellness, and increases TIC techniques' effectiveness (Gruman et al., 2013; Jaycox et al., 2019; Kuhn et al., 2019). These may stimulate significant changes in the students and the teachers, thereby reducing trauma-related stressors. In addition, TIC intervention strategies have improved student-teacher relationships due to teachers' increased understanding of the reasons for their students' emotional and behavioral concerns, lack of trust, and possibly low academic motivation (Opiola et al., 2020).

These articles discussed teachers, children, and schools and the benefits of using trauma-informed intervention strategies for teachers and students. The research demonstrated the impact of TIC training and interventions on children's learning and well-being. However, the teachers' experiences and perceptions of TIC approaches and their experience working in a TIC environment are not presented. This study aims to fill a gap in the literature about teachers' real-life experiences as classroom TIC users.

Summary

This literature review demonstrated that numerous studies had linked ACE to psychological, physiological, and cognitive issues. Furthermore, the evidence suggested that ACE continues to impact individuals through adolescence into adulthood without intervention. According to research studies, using TIC techniques provides children exposed to trauma with coping and healing mechanisms. At the same time, staff and school personnel are relieved of the fatigue-related stress caused by a lack of trauma training (Baker et al., 2018).

This study sought to fill the gap in the literature by examining the experiences of K-12 trauma-trained teachers who use TIC approaches and their perceptions of TIC strategies and suggestions for working with school counselors and other school personnel. This literature review was done to increase awareness of the impact of ACE on the general population, the impact of TIC approaches, the effects of TIC training, and the outcome of using TIC interventions by teachers and other professionals working with children. The following chapter provides a detailed description of the methodology used for the study.

CHAPTER THREE: METHODOLOGY

This qualitative study aimed to explore the experiences of K-12 trauma-trained teachers who utilize trauma-informed care (TIC) intervention strategies within their classrooms. The Public School Forum of North Carolina (PSFNC) provides trauma training to identified teachers by using a whole-school approach or training a team of teachers from a school. Following trauma training, individual schools adopt action plans and intervention strategies that align with students' needs in each school. This chapter includes the following main sections: (a) Specific of North Carolina trauma training (b) research questions, (c) subjectivity statement, (d) research framework, (e) phenomenological design, (f) research design, (g) sampling and recruitment, (h) data collection procedures, (i) data analysis, (j) verification procedures, and (k) risks, benefits, and ethical considerations. The final main section includes a summary.

Specific of NC Trauma Training

The North Carolina Resilience and Learning Project (NCRLP) is a joint effort between the Public School Forum of North Carolina (PSFNC) and the North Carolina Department of Public Instruction (NCDPI) to promote and help trauma-informed schools all over the state. The project team works directly with cities and schools to meet the needs and goals of each school. They offer professional development and ongoing coaching. The NCRLP and PSFNC aim to make changes at the system level by changing the attitude and mindset of the entire school. One of the major goals is for teachers and staff to perceive the child's behavior in the context of their entire life, considering past trauma or stress response system triggers. The process is also designed to help teachers change their ideas about relationships, classroom structure, social-emotional learning, and punishment to make classrooms safer and more supportive. Setting high standards for behavior and academics is additionally emphasized. In reality, the training first

prioritizes the health and happiness of teachers and staff to ensure their needs are met. As a result, they may be able to be more effective in meeting the needs of the students. Even though the pandemic impacted how the model is used and the collection of data, several school systems in North Carolina are investigating the effectiveness of the model.

The Resilience and Learning Project is a brainchild of The Center for Child and Family Policy (CCFP), a central institute of Duke University's Sanford School of Public Policy; under the direction of Jennifer Lansford, the Center's director, CCFP endeavors to promote the welfare of children and families through engagement, research, and education. CCFP engages in innovative research to develop and test exciting interventions, advance evidence-based practices and policies to improve children's lives, and disseminate research findings to policymakers and public agencies. CCFP also functions as an interdisciplinary hub for researchers from across the university, including more than 40 faculty affiliates whose work focuses on the well-being of children and families.

The Center was founded in 1999 as a branch of the Sanford School to apply the university's knowledge and research to essential issues in child and family policy. The Sanford Dean charged CCFP to "Make a difference!" which has been CCFP's mission for more than two decades, with notable achievements including NC Resilience and Learning: In partnership with the PSFNC, CCFP researchers have developed a framework to construct trauma-sensitive schools that will improve behavioral, academic, and social-emotional outcomes among students. When the North Carolina Resilience and Learning Project and PSFNC begin working with a new school, they conduct an initial all-staff introductory training with as many staff members as possible. The school principal is asked to invite all administrators, student services staff, all classroom teachers, TAs, front office staff, custodians, and bus drivers to (what are they invited

to? Introductory meeting and then what? Because of the schools' varying schedules, The Resilience team often has to perform separate training for specific groups of employees, such as TAs and bus drivers. The goal is to ensure that every staff member who comes into touch with children undergoes their fundamental training.

This initial training lasts typically two hours and covers the following topics: (1) A brief overview of trauma and ACEs, (2) a Definition of a trauma-informed school, (3)The effect of trauma on the brain and brain development, (4)-Toxic stress and the stress response system's function, (5) How the stress response system affects learning and behavior in the school context, (6) Shifting to resilience, and What is resilience?, (8) Staff wellness and self-care as essential components of being a trauma-informed school, (9) Categories of resilience in a trauma-informed school, and (10) Creating supportive relationships, structures, and routines, and socialization for students, emotional learning and self-regulation skills instructions.

After the trauma training, the team assists school principals in forming their own Resilience Team that ideally consists of five to ten members, depending on the number of staff. It includes staff/teachers who represent a variety of roles and school areas. The group then begins engaging with The Resilience Project Coach to initiate the coaching, which typically occurs twice monthly for the school year. The group receives additional training from the Project Coach, who provides more examples and a more in-depth understanding of the information surrounding the resilience-building areas so that the school teams gain other ideas to incorporate into their action-planning process.

The main goal of the team is to take the work to the next level, beyond education and knowledge gained from the all-staff training, and work to effect change. In addition, the staff is educated on the research behind trauma and what must be done to foster a safer and more

supportive learning environment for all students in the school. The objective of this team and the mentoring is to assist the group in conducting a needs assessment to determine what is working well and where trauma-informed practices are lacking at their school. The coach then guides the team in identifying objectives and areas of emphasis, around which they develop a customized action plan for implementing new trauma-informed strategies in their school. Each school is unique, so the coach must empower the team to create this plan independently.

The Resilience Center has worked in numerous schools over the past six to seven years, allowing the trainers to collect ideas or examples of what other schools have implemented to share with schools just beginning the process. After identifying one to two priority areas and strategies, the team typically devotes the second half of the school year to implementing these modifications. After implementation, facilitators work with teams to ensure that they monitor outcomes and success indicators using various data measurement or tracking techniques. The Resilience coaches work with teams toward the end of the school year to develop a sustainability plan, which includes identifying team leaders (staff at the school and on the team) to continue the work with less coaching support into the following school year.

Research Questions

This study's research questions were informed by a pilot study that helped develop questions that encouraged participants to provide detailed descriptions of their personal and collective experiences as K-12 teachers who utilize TIC interventions. There is one main question and four sub-questions.

The main research question that guided this study: What are the experiences of trauma-trained K-12 teachers who have incorporated TIC intervention strategies within their classrooms?

The sub-research questions include:

(a) What are the teachers' perceptions of the comprehensive trauma training received during their TIC interventions training?

(b) What training and intervention strategies were effective?

(c) What training and intervention strategies were ineffective?

(d) What suggestions do the teachers have for the school counselors, mental health counselors, and other stakeholders based on their experiences?

Positionality Statement

My connection to this research stems from different experiences over the years. I was born and raised in East Africa. I witnessed and endured excessive childhood adversity, including primary and secondary trauma. However, I did not have a name for it then, nor was I aware that people lived differently. In contrast, I do not know how participants relate to the phenomenon under study. Therefore, I wanted to conduct research that could give me a platform to inform others that resilience and healing are possible in our lives. Yet, despite similarities, I recognize that every story is different, so I am aware of the necessity to distinguish my account from my participants.

My experience as an outpatient mental health clinician at the Department of Human Services as a counselor in rural communities in the Midwest United States expanded my understanding of trauma and its impacts on individuals. For example, I observed that many mothers brought their children to therapy, with children receiving diagnoses and psychotropic medications to address their concerns. I also noticed that drug prescriptions for behavioral and emotional issues were a part of the children's lives. However, the medicines did not seem to perform as intended. I also listened to and worked with many individuals regarding their

thoughts about their medications for depression, often related to trauma. When I heard these stories, I recognized that most of the harm occurred in childhood.

My personal trauma experience and my profession as a mental health therapist working with people who have experienced trauma increased my interest in the subject. In addition, my previous experience as a teacher and school counselor provided me with exposure to this vulnerable population. I believe the situation worsens when less is done to address the ongoing effects of ACE, which are currently deemed a public health concern in our nation. I consider TIC strategies to be the most viable approach presented to us for healing children. It allows young people to address their pain early, heal, and meet their full potential. I am interested in how those entrusted with helping children perceive their roles. This awareness attempts to understand how they use these efforts and what parts those collaborating with them can take. The goal is that if using TIC is beneficial, how can it be accessible to all children, given the high prevalence of childhood adversity in the United States today?

Research Framework

A qualitative study aims to understand the critical meaning as seen by participants and developed through interpreting their lived experiences (Creswell & Poth, 2018; Patton, 2002). The development is then achieved through in-depth interviews. This study utilized a qualitative research design to understand factors facilitating participants' experiences and perceptions of the phenomenon. Qualitative research is shaped to answer questions about participants' experiences, meaning, and perception of a phenomenon within a study context (Ravitch & Carl, 2019). In particular, I utilized a phenomenological framework.

Phenomenological research focuses on lived experiences and explores the fundamental nature of a phenomenon to allow the researcher to experience the phenomenon from the

perspective of the participant who lived it (Creswell, 2013; Moustakas, 1994). Thus, the researcher attains a nonjudgmental active participant role, asking the participants their perceptions of their experiences with the phenomenon as the knowledge unfolds (Moustakas, 1994). Therefore, a phenomenological research design was appropriate for this study to allow the researcher to understand the experiences of individual participants as they expressed them in a back-and-forth method way utilizing interviews (Mertens, 2015).

This study investigated the experiences of K-12 trauma-trained teachers using TIC intervention strategies in their classrooms. The researcher asked the participants the overarching questions of what and how (Moustakas, 1994): What is your experience working as a trauma-trained teacher in your classroom? How has your trauma training influenced your perception of trauma as a TIC teacher?

A significant concern in qualitative research is researcher objectivity due to the researcher's relationship with the phenomenon. Hence, the researcher with experience with the phenomenon employed the necessary measures to bracket and limit personal experiences to decrease their views regarding the experiences. Bracketing is a process where the researcher refrains from making personal opinions about the phenomenon to gain perspective of the experience from the participant's viewpoint (Sutton & Austin, 2015). Therefore, the researcher was mindful of personal experiences with the phenomenon and instead focused on the participant's perception of the experience. Further, the researcher focused on empathic and mindful listening, which facilitated capturing the participant's view and experience with the phenomenon. Hence, the qualitative phenomenological interview process was appropriate for this study to understand the experiences of K-12 trauma-trained teachers using TIC intervention strategies in their classrooms.

Further, as a researcher with experience with the phenomenon, bridling helped the researcher adopt a reflective process for openness and awareness of how they may influence or be influenced by the phenomenon. A bridling attitude necessitates that the researcher is cognizant of the phenomenon's unfolding as experienced by the participants and limits interference by avoiding opinion (Dahlberg et al., 2008). Sutton and Austin (2015) argue that qualitative research requires that researchers reflect on their position on the phenomenon. The reflection is not done to erase the researchers' perceptions and relationship with the phenomenon but to allow the participants to understand the filters through which the researchers formulated the research questions and engaged in data collection. Therefore, I refrained from inserting personal beliefs or understanding of the phenomenon during the interview, even as I journaled. Instead, the researcher allowed the participants to describe their experiences from their perspective and relationship with the phenomenon.

Methods

Participants

The participants of this study were all K- 12 teachers in North Carolina who taught in urban schools. Eligibility was determined through identification by the director of the PSFNC resilience program as having received trauma training provided by them and utilizing TIC intervention strategies within their classrooms. Seven female participants volunteered for this study (n = 7), and (n = 6) participants agreed to participate. They had years of teaching experience ranging from 6 to 45. years. Demographically, the sample consisted of African American (n = 2), White/Caucasian (n = 3), and Native American (n = 1). All participants worked at schools considered inner-city in the southeastern region of the United States. One school had more than 200 students and was considered a Title I school. Most of the students enrolled in Title 1 schools are from low-income families and receive free and reduced lunch.

Participants reported that most students at their particular school had endured significant trauma and lived in poverty with unstable housing and low income. Three participants were from the same school, and the remaining three were from different schools. All the participants (n = 6) acknowledged to have attended trauma training offered by the PSFNC resiliency program and continued to engage with the resiliency team. Additional information about the participants' demographics is discussed further in the coming chapter. Below is an illustration of the demographics in the appendix (Appendix C).

Table 1. Participant Demographic Information

Name	Race	Gender	Years Teaching	Years Taught Trauma Trained	Current Grade	Previous Trauma Grade Taught
Joyce	African-American	Female	6	1.5	1	0
Ann	Caucasian	Female	45	2	1	3
Grace	Caucasian	Female	10	8 months	3	1
Hope	Caucasian	Female	28	7	2	3
Lynnette	Native American	Female	28	1	4	1
Margaret	Caucasian	Female	20	1	Kindergarten	Pre-K
N = 6			Avg =22.8	Avg= 2.16		

Sampling and Recruitment

This study utilized purposive sampling that targeted trauma-trained K-12 teachers in North Carolina whose schools have used TIC intervention strategies in their classrooms. Purposive sampling is used in phenomenological research as an intentional attempt to target participants who have experienced a specific phenomenon and can provide context-rich descriptions of their experiences with the phenomenon (Moustakas, 1994; Patton, 2015; Ravitch & Carl, 2019). The researcher invited K-12 teachers previously identified to meet the study inclusion criteria (Appendix D). The identification of potential participants was made available to the researcher by the Director of the North Carolina Resiliency & Learning Projects, which is part of the Public-School Forum of North Carolina (PSFNC).

The researcher sent the recruitment email to participants through the Director of the North Carolina Center for Resiliency and Learning Project (Appendix F). All participants were identified as having participated in the PSFNC trauma training programs. The emails included information about the purpose of the study, inclusion criteria, the process to ensure confidentiality, the scope of the study, the expected period and length for the interview, any known risks and benefits of participation, and other relevant information to facilitate participants' informed decision to participate in the study (Appendix B). In addition, there was information to request permission to audio/video record the interview, an explanation of the benefits of participation, and participant rights to withdraw from the study (Creswell & Poth, 2018). The teachers who participated in the study responded to the emails by directly contacting the researcher, expressing their interest and willingness to participate (n = 6).

The participants met the following inclusion criteria: (a) identified as K-12 teachers in North Carolina, (b) teachers identified to have participated in trauma training by PSFNC and used TIC interventions and (c) teachers who responded "yes" to using TIC interventions within their classrooms.

In qualitative research, choosing the sample size depends on what the researcher wants to know and the credibility of that knowledge, with no set rules about the number of participants for the study (Patton, 2002). However, Creswell and Poth (2016) suggested that the acceptable range for phenomenological inquiry should be 5-25 participants. Furthermore, most recent discussions suggest that the quest for a large sample size tends to lose the participants' voices and minimize the phenomenon's social context (Bartholomew et al., 2021). Therefore, it is essential to effectively answer the research question by getting multiple perspectives on lived experiences.

Data Collection Procedures

Once the University of North Carolina at Charlotte's Institutional Review Board approved the study (Appendix A), the researcher contacted the North Carolina Resilience & Learning Projects Director to disburse recruitment material to potential participants. The director agreed to disseminate recruitment material through email to potential participants. The emails contained information about the purpose of the study, eligibility criteria, and information necessary to facilitate informed consent. In addition, the recruitment package included informed consent, allowing potential participants to review the information about the study, ask questions about the study, and give informed consent before agreeing to participate. Interested participants later sent an email request to the researcher, expressing interest in participating in the study. Next, the researcher followed up with the participants to establish the interview time and date. Once an appropriate date and time were established, participants were sent a Zoom link for the interview.

On the scheduled interview day, the researcher reviewed the informed consent with participants, reminding them of the request to record the Zoom session. Once the informed consent was reviewed, the researcher started the interview with the demographic questionnaires. The questions included gender, ethnicity, number of years as a teacher, years as a trauma-informed teacher, previous grades taught, and current level K-12 teaching grade. The researcher proceeded with the interview process by utilizing the prepared semi-structured interview protocols to guide the interview. Participants were reminded that a copy of the transcribed interview would be sent to them for member checking. In addition, participants were informed to prepare for a possible follow-up interview should they express additional information or request the need to change some items from the transcripts.

This study utilized a 45-60-minute semi-structured interview protocol (see Appendix E) designed by the researcher, which allowed for follow-up questions to guide the conversation and explore the research questions that guided this study. Semi-structured, in-depth interview questions are grounded in the theoretical tradition of phenomenological research and help the researcher access the direct experiences described by the participants (Marshall & Rossman, 1995). The researcher used a UNC Charlotte Zoom link with a password accessible only to the researcher to record the interviews. The researcher immediately deleted the video file and retained only the audio file for transcription. After transcription, each interview was stored under the participant's pseudonym. Participants received an anonymized interview transcript through email for review. If corrections were necessary, participants were requested to return the transcript via email within one week. None of the participants requested that their transcripts be amended, and after the finalization of all transcripts, the interview recordings were deleted.

Data Analysis

In qualitative research, data analysis requires iterative immersion in the data to allow the researcher to comprehend the lived experiences of individuals in the phenomenon studied (Eberle, 2015; Saldana, 2021). During qualitative research, the researcher has numerous coding options; the first is a priori theme, which is identified by the literature and the theoretical framework Social Support Theory used to support the study (Saldana, 2019). Thus, first-order coding involves determining the codes before the data collection phase. Then, the researcher reflected on the research sub-questions, the literature review, and the themes that emerged as the data analysis began and proceeded. The second part is 2nd cycle coding, which allows the data to be condensed, reducing the large number of codes from the first cycle to develop over-arching themes and subthemes.

During the data analysis process, the researcher maintained a reflexive journal to write down any thoughts during the transcription and while reading the transcript for further familiarization. First, the researcher identified several options or codes close to the research question and sub-questions. Next, the researcher identified several potential identifiers or ideas using information from the literature on TIC interventions and participants' experiences, giving words equal value (Moustakas, 1994). Finally, the researcher conceptualized some potential indicators, such as *the* role *of trauma training, types of intervention strategies,* and *the impact of training on teachers and students.* After collecting the data, the researcher reviewed the automatic interview transcript via Zoom, reviewing and editing each for accuracy using the audio recording. Finally, transcribed and reviewed transcripts were emailed to respective participants for member checking before the analysis proceeded. After member checking and all transcripts were reviewed and finalized, the recorded interviews were deleted from the UNC Charlotte Google Drive.

The researcher utilized NVivo for coding. NVivo is a software program for qualitative data analysis that visually displays data on the computer screen. The visual display allows easier access to similar data from different interview transcripts. The researcher imported the transcribed data into NVivo software one group at a time to continue with data analysis. While utilizing an inductive data analysis approach, each transcript was first analyzed individually, starting with the initial coding for each transcript. Next, each code was refined, followed by a new coding structure to develop themes.

Analysis proceeded by placing similar data in a Node container, essentially starting a code book or initial coding/a priori themes (Saldaña, 2021). A codebook keeps track of essential topics in the data. The codes were subdivided into preferred groups with related ideas to prevent

similar ideas or concepts from getting scattered. The researcher constantly compared data, moving back and forth, looking at each category to check for similarities and matching, merging, or consolidating themes and subthemes. The second-order coding helped to collapse and combine some themes in the codebook. Thus, different codes were used to code for related themes as essential themes emerged throughout the data analysis process.

The data were carefully reviewed and scrutinized to eliminate repeated statements in the codebooks. In addition, the researcher checked ideas irrelevant to each study question and those that reflected significant differences in codes. The aim was to answer research questions and allow for any new ideas that emerged during the data analysis. During this process, in-vivo codings, or specific statements expressed by participants, were utilized for emphasis (Charmaz, 2006).

The researcher identified emerging themes that were continuously developed and reviewed and later compared those themes with what the peer coder had generated. These emerging themes constituted the final part, where the researcher utilized more abstract codes to help make sense of the data. The research and sub-research questions were used closely to clarify the focus of the data analysis as themes and sub-themes developed. Finally, themes were generated to answer the research questions and serve as the basis for discussion and findings.

Verification Procedures

Validity, rigor, and trustworthiness are used in qualitative research to affirm that participants' voices were established in the study's findings and that their experiences were captured (Ravitch & Carl, 2019). Therefore, the researcher utilized a variety of procedures to ensure the trustworthiness and credibility of the study. First, audio recording during data collection provided the data's dependability, so the researcher missed nothing. Second, the

researcher invited all the participants to engage in member checking to increase accuracy (Brinkman & Kvale, 2015; Moustakas, 1994). The researcher emailed each participant a de-identified Word document of their interview for member checking. Participants were encouraged to evaluate the document for accuracy, provide feedback to the researcher, and verify whether their experiences had been accurately documented. None of the participants emailed the researcher with modifications to the transcript. Next, the transcripts were completed, and the data processing commenced. The researcher then obtained transferability by only interviewing participants who met the inclusion criteria for the study. Next, the data analyzed was descriptive, contextually rooted, and authentic (Ravitch & Carl, 2019). Thus, the data presented accounts of participants' authentic experiences aligned with the research questions. Lastly, the researcher maintained a personal journal containing reactions to the data and other thoughts presented during the data collection and familiarization. The personal journal allowed the researcher to examine the data against the interview transcripts, objectively scrutinize participant experiences, and bolster the validity of the findings. To avoid personal agendas or biases, the researcher provided a subjectivity statement to increase awareness of how the researcher's biases could interfere with the data or findings.

Risks, Benefits, and Ethical Considerations

There were minimal risks associated with this study. Each participant was made aware of any unpleasant feelings related to trauma and suffering and any knowledge about trauma-related policies and application challenges they may have experienced. It was acknowledged that any risks were not different from what the participants experienced as users or implementers of trauma intervention strategies. Participants were allowed to stop and not answer questions with which they felt uncomfortable. Although there were no direct benefits to participating in this

study, it was noted that teachers might benefit from sharing their lived experiences. It adds to the body of knowledge about how to help children currently and support future generations of children exposed to trauma. Understanding the experiences of teachers who are actively engaged in the programs also increases knowledge about effective intervention strategies and shortcomings in interventions undertaken in whole-school approaches to TIC.

Summary

Chapter three addressed the methodology guiding this phenomenological study. As previously stated, the study seeks to fill the gap in the current literature by understanding the lived experiences of K-12 trauma-trained teachers who practice TIC intervention strategies within their classrooms. The first part explained the research design and phenomenological methodology. The participants were K-12 teachers from North Carolina who were sampled using purposive sampling. The eligible participants were invited to a 60-minute interview through the Zoom conferencing platform, where the discussion started with a demographic questionnaire.

This chapter also included data collection procedures, including recruitment and semi-structured interviews, a description of data analysis using the NVivo software, and verification procedures. Common phenomenologically based approaches were utilized throughout data analysis, such as bracketing and bridling the researcher's experiences, producing significant statements, developing themes, summarizing textual and structural descriptions, and synthesizing the data. In addition, the researcher implemented many validation and verification techniques to improve accuracy and reliability. Finally, the issue of this research study necessitated a discussion of risks, rewards, and ethical considerations in addition to the subjectivity statement.

CHAPTER FOUR: FINDINGS

This study explored the experiences of K-12 trauma-trained teachers practicing TIC intervention strategies in their classrooms. Semi-structured interview questions were used to collect data to answer the main research objective: What were the experiences of K-12 teachers using trauma-informed strategies in their classroom? More specific research questions include: (a) What are the teachers' perceptions of the comprehensive trauma training received during their TIC intervention training? (b) What training and intervention strategies did they find to be most effective? (c) Which intervention strategies did they find to be least effective, and (d) What suggestions do the teachers have for the school counselors, mental health counselors, and other stakeholders based on their experience?

This chapter begins with an introduction to the lives of each participant, followed by an introduction and discussion of the identified themes and subthemes. Four main themes emerged from the data analysis while utilizing inductive qualitative analysis: The impact of Training, Implementation of TIC Strategies and Practices, Factors and Practices Contributing to Trauma-Informed Education, and Challenges. The final part of this chapter provides the summary, creating room for discussion of the findings in the last chapter.

Participants

This section summarizes the six study participants based on the information collected from their completed demographic questionnaires. Pseudonyms were chosen by participants and used throughout the data transcription and analysis process. In addition, each participant provided a brief description of themselves during the data collection procedure, and some information was altered or removed during data analysis to increase participant confidentiality. The participant description includes their chosen names, gender, ethnicity, years worked as a

teacher, years worked as a trauma-informed teacher, and grades taught currently and previously as trauma-trained teachers (See appendix E).

Participant 1: Joyce

Joyce identifies as an African-American woman with six years of experience as a teacher. She has a background in psychology and previously worked as a case manager for children and families dealing with mental health and addiction. Joyce has worked as a trauma-trained teacher for one and a half years, teaching first grade; this is her first class in this capacity and as a full-time teacher. Joyce reported no previous teaching experience as a trauma-trained teacher and was pursuing an advanced education degree.

Participant 2: Ann

Ann is an African-American female educator with 45 years of teaching experience. She is a substitute teacher and enjoys working with children. Ann has two years of experience as a trauma-trained first-grade teacher and previously taught third grade as a trauma-trained educator.

Participant 3: Grace

Grace is a White female with ten years of teaching experience; she began as a teaching assistant before obtaining her teaching license. She has eight months of experience as a third-grade teacher with training in trauma. Grace formerly taught first grade as a teacher with training in trauma.

Participant 4: Hope

Hope is a White female with 28 years of teaching experience, including seven years as a trauma-trained educator. She has recently begun teaching second grade as a trauma-trained educator.

Participant 5: Lynnette

Lynnette is a fourth-grade teacher with 28 years of experience and training in trauma. She previously taught first grade as a trauma-trained educator and identified as a Native American female.

Participant 6: Margaret

Margaret is a White female with 20 years of experience as a teacher. She implemented TIC interventions with her kindergarten students this past year. Previously, Margaret taught Pre-K as a TIC teacher. She is also a cancer survivor and has had severe adult trauma in addition to experiencing complex trauma.

In summary, the demographic characteristics of the sample revealed that all participants were female (n = 6) and consisted of African American (n = 2), White/Caucasian (n=3), and Native American (n = 1). Additionally, all the participants had varied years of teaching experience, which may have impacted their perspectives as K-12 trauma-trained teachers., which is essential as it shows the significance of their viewpoint.

Discussion of Major Themes and Sub-Themes

Following extensive analysis and peer debriefing with a cohort member, the data resulting from the overarching research question and four sub-questions resulted in the following four themes: 1) The impact of the Training, 2) Implemented TIC Strategies and Practices, 3) Factors and Practices Contributing to Trauma-Informed Education, and 4) Challenges. First, the Impact of the Training theme produced sub-themes that included the impacts of trauma on the children and the teachers. The second theme, Implementation of TIC Strategies and Practices, created sub-themes that included a) Providing a Safe Space, b) Providing a Choice of Activities and Stimuli, c) Fostering Openness and Transparency about Emotions, d) Paying Attention to Language, e) Being Consistent in Treatment, f) Showing Love and Care, and g) Working in

Small Groups. Third, the Factors and Practices Contributing to Trauma-Informed Education/Practices theme produced the a) Good Practices and b) Institutional and Structural Factors subthemes. Finally, the fourth theme, Challenges, created several sub-themes that included a) Workload and Lack of Time, b) Lack of Parental Involvement, c) Lack of Additional Support and Resources, d) Parents' Limited Knowledge and Understanding of Trauma, e) Challenges Related to the Covid-19 Pandemic, f) Handling the Different Roles as a Teacher, g) Teachers' Lack of Training and the Resulting Poor Practices, and h) Each Class, and Each Child are Different. This final thematic framework is presented in Table 1 below.

Table 2: Interview Thematic Framework

(Themes generated from the data analysis)

Theme/Sub-theme Name	Number Participants	Total
1) Impact of training	**6**	**50**
On the children	4	8
Sense of safety	3	3
Improved academic performance	2	3
Improved self-esteem and self-confidence	1	1
Improved understanding of self	1	1
2) On Teachers	**6**	**42**
Increased patience, understanding, and empathy	5	10
Improved understanding and confidence in dealing with trauma	4	12
Improved understanding of factors influencing the child's behavior	4	6
Improved skill set to deal with trauma	3	7
Being able to spot the problem better	2	3
Helps reflect on your approach and practices	2	2
It helps you understand yourself and deal with your traumas	2	2
3) Implemented TIC strategies and practices	**6**	**36**
Providing a safe space	5	9
Providing a choice of activities and stimuli	4	8
Fostering openness and transparency about emotions	4	7
Paying attention to language	3	4
Being consistent in treatment	2	3
Showing love and care	2	3
Working in small groups	2	2

Table 2: Interview Thematic Framework (Continued)

(Themes generated from the data analysis)

4) Factors/practices contributing to trauma-informed education	**6**	**82**
Good practices	**6**	**58**
Collaboration between teachers and counselors	6	9
Trust and relationship building between children and teachers	5	11
Collaboration at all levels among the school employees	4	13
Collaboration between teachers and parents	4	9
Devoting time to relationship building with the parents	4	7
Making an effort to understand each child's background	4	5
Mutual support and collaboration between the teachers	3	3
Being able to separate personal life from professional	1	1
5) Institutional and structural factors	**6**	**24**
Trauma-trained staff	4	14
Facilities and resources to work with traumatized children	3	3
Patience and time	2	5
Increased number of staff	2	2
6) Challenges	**6**	**37**
Workload and lack of time	4	9
Lack of parental involvement	4	5
Lack of additional support and resources	3	6
Parents' limited knowledge and understanding of trauma	3	5
Challenges related to the COVID-19 pandemic	3	4
Handling the different roles of a teacher	3	3
Teachers' lack of training and the resulting poor practices	2	3
Each class and each child are different	2	3

Theme One: The Impact of Training

The primary objective of this study was to investigate the experiences of trauma-trained teachers who employ TIC interventions in their classrooms. The first theme addresses the primary research question regarding the effect of trauma training. In addition, social support theory highlights the function of teachers as social support sources in their students' lives and within the school community. The theme, *Impact of Training,* refers to the participants' perceptions of how trauma training influenced how they worked with students to address

behavior and emotional concerns and the changes they encountered in their relationships following the training. As evident in Table 1, the participants were aware of the various forms of impact on both the children and the teachers themselves. Each participant's perception and explanation of the training's effects centered on how it broadened their understanding of trauma, the impact of trauma on their students, their reactions to any emotional or behavioral concerns exhibited by the children, and what they intended to do whenever they perceived a problem with a student. In addition, participants described how their responses affected both the students and them as educators. Consequently, this theme produced two subthemes, which are discussed below.

Impact of Trauma Training on the Children

The impact of trauma training on the children as a sub-theme was discussed and demonstrated to enhance the *sense of safety* that the children experience due to trauma-informed care and intervention strategies within the classrooms. Joyce described this approach to working with the children and noted that this form of teaching approach and education communicates that the school “is a safe place for them where they get to learn, and they flourish, and they grow as a person.”. Based on the importance of showing the students that they were welcome in school no matter what their feelings and dispositions were, Ann shared that trauma-trained teachers "can address [the students'] feelings a little bit more effectively, helping the student understand that they are safe, helping them understand (…) that they do have some self-worth". Participants regarded the safety of students within the school as one of the factors that would improve guidance, given that some students were already experiencing fear in their home environments. The participants noted the children’s feeling of safety portrayed in their participation in class as

requiring constant improvement. With the trauma training, the teachers were able to utilize some of the skills to create a sense of safety among the students, as Joyce expressed in this statement:

> So, the trauma training gives us some language to use. So, I think that is something that has worked for me. Because you know, even when I am getting at my kids about something, I am correcting them with love or in a state of love, so two minutes later, you know, you are asking me, am I being good now? Is this what you want me to do now? Because kids naturally want to please and be praised, you must find that fine line between keeping them in place at their desks without making them feel less of a person.

Joyce's statement sheds light on the teachers' ongoing efforts to use strategies that demonstrate care and love for the students so that they feel safe and secure and a part of the classroom community.

Students' interaction with teachers rises as a direct result of teacher preparation in trauma work., In addition, training ultimately contributed to *improved self-esteem and self-confidence* of the students, which may be partially due to the *improved understanding of the self.* As a result of students being in an accepting environment, they had time to understand themselves, their emotions, and their behaviors. For example, Grace shared that the children learned to understand themselves and their emotions better so that following an outburst, “they may realize that what they did was (…) not respectful” and “may come back and apologize.”

Finally, the training may also bring about *improved academic performance*. Furthermore, Lynnette stated that “nurturing children and paying attention to their other concerns” gave the students a clearer focus, encouraging them to become more involved in their work. The teachers’ evidenced confidence gave students a sense that, as Hope stated, “they can do it no matter what they are going through at home.” Participants believed that when children feel safe and secure in

the classroom, they can likely overcome some of the trauma symptoms with the assistance of care and nurturing. Lynnette stated:

> Because some children don't know how to verbalize things like adults do, so with my help, you know, even if it's just to listen, I think it' helps, because (…) at least I guide them to a direction where they can get help.

Lynnette's comments emphasize the teacher's role in helping a child find guidance in the classroom. Because of the warm and supportive relationship established, the students may trust the teacher's encouragement and improve their academic performance. When students perceived that teachers did not understand their situation, this negatively impacted them. Grace noted, "Children do not want to learn that a teacher shared what they said in confidence."

Impact of Trauma Training on the Teachers

Regarding the impact of the training on the teachers, the most discussed changes were *increased patience, understanding, and empathy*. Participants discussed how the training changed their perception of every child's emotion or behavior and increased their ability to be more compassionate, patient, and understanding by looking past a child's behavioral or emotional difficulties. The participants felt the training helped them "see the potential in students and what else they can do beyond the struggles they bring from home" (Joyce). Joyce further explained, "I learn to get to the level of the children and look less at their struggles, but how they can go past a bad day or difficulty." In addition, the training improved their understanding of their students and changed their perception of them. Hope reported that it increased her empathy in general. She further stated, "I can use the training with the people you work with" to "try to understand them better and help them if they struggle." So, the training, as Hope shares, worked both for her students and also for other people, including colleagues.

The improved understanding of the children is also related to *an improved understanding of factors influencing the child's behavior*. The participants articulated their ability to look beyond any behavioral or emotional concerns the children may exhibit in the classroom. Grace reported understanding "how trauma can impact the whole child" and "knowing things that trigger the child" as essential outcomes. As a result of the training, Hope indicated that teachers could now "think about what the student is dealing with at home before you just jump to your normal style of discipline in the classroom." *Being able to spot the problem better* is another related skill; Grace stated that the training results in "knowing the signs to look for and knowing those things that could trigger." Margaret shared the following concerning the trauma training:

> It helps me understand more why the students behave as they do, instead of feeling like, you know, you've told them how they should behave, and instead of just thinking they should do it because the teacher has said to do it or, instead of thinking that you know that why has the family, the parent is not instructing them the right way to behave, it has helped me look in a different light (…), but there are teachers at my school, you know, that don't. And there are people that don't think about why students are behaving the way they do. A lot of teachers just feel like, (pause), you know, they are not listening. They don't try to understand the root of the issue, so knowing how it feels, I feel empowered to help these students more.

This statement sheds light on the inability to comprehend students' behavioral difficulties when others or teachers are not trauma-trained, as the focus may be on the student's unwillingness to behave as expected. The participants noted that after becoming aware of trauma symptoms, it is crucial to be able to address them. Therefore, the *improved skill in dealing with trauma* is

another reported outcome; participants became aware of certain strategies and practices they could implement (see Theme 2).

The training provided an overall *improved understanding and confidence in dealing with trauma*. Participants described the experience as eye-opening, providing them with in-depth knowledge of the trauma they did not have before. Some participants, such as Ann, discovered that trauma training encompassed more than knowing how to respond to a child in the classroom. She further stated:

> You learn more about what trauma is, how trauma affects the child, and how it affects the whole child, not just the emotional or the mental. You know how it affects the academic, the whole child as a whole. And the more that we know, of course, the more we're able to learn about how to help that child as a whole.

Teachers perceived the impact of trauma training on students as an opportunity to gain the knowledge necessary to care for the whole child, extending beyond the classroom. Grace noted that the training gave a sense that "I'm able to help the child better, to help the student." Two participants also pointed out that the training *helps reflect on their approach and practices* and, if necessary, modify this approach. Lynnette stated, "I see that the children cannot verbalize their feelings like adults do, so when I see that I can't help immediately, I try to think how to guide them." At the same time, Margarette noted, " I have to think hard about each behavior I see in a child; sometimes, I think I need to involve the school counselor." Understanding elements of trauma, including trauma triggers, was seen as vital in planning time with the children, as Grace further explained:

> Knowing how to help, knowing the strategies, knowing the signs to look for, and knowing those things that could trigger, you know, if you didn't know the signs, if you

> didn't know what some of the triggers could be, well, (…) Those kinds of things, you know, could affect that student's response to the activity, to the assignment. And so, when I know, when I've been trained now to know some of the signs, to know some of the things that can trigger those kinds of things, then I can sort of plan with that in mind.

Grace viewed her understanding of trauma and how it manifests in students as a positive aspect of her teaching position. Most teachers are familiar with trauma due to their training. In addition, the training enabled them always to plan accordingly and be prepared for any eventuality. The teachers' readiness correlated with the training, which increased their understanding of their students' behaviors.

Finally, for the teachers who have experienced trauma themselves, the training *helps them deal with their traumas.* Participants noted that trauma training equally helped to look out for each other as staff and colleagues. Joyce stated: "We're able to sort of share with others, you know. If there's a teacher next door who's having some difficulty, and maybe what they're trying is not working, you know. Maybe I'm able to share to help". Margaret shared, "The training helped with personal trauma" and further indicated personal trauma, for example, that may include losing a loved one or experiencing difficulties unrelated to work. Hope further stated:

> Well, all the training I went through, you can apply to anything, not just children. I mean, they tell us to be aware of what children are dealing with at home. I think it goes the same with adults and the people you work with at school, you know, I can use the training with the people you work with sometimes someone you are working with, another adult at work could be having a bad day. So instead of just thinking, they are not just doing her job or, I don't know, you know, maybe they are going through something at home, or they are having something going on at home that is causing them to behave the way they

> are behaving, and so being a little bit more understanding about what possibly they could be going through.

This powerful statement emphasized how the trauma training aided teachers in supporting one another, avoiding negative assumptions, and considering alternative possibilities that could be helpful to a colleague exhibiting unusual emotional or behavioral changes at work. Participants were keenly aware of their obligation and commitment to support and care for their students and empower each other. This is important to note because of the exhaustive nature of caring for those who have experienced trauma. Margaret stated, "The training has inspired me to reach out to others dealing with stressors."

Theme Two: Implemented TIC Strategies and Practices.

The second theme illustrates *Implemented TIC Strategies* a*nd Practices* as a result of teachers' newly acquired knowledge and skill sets. Each participant (n = 6) discussed the second theme a total of 36 times. This theme answered the research question about the types of effective and ineffective intervention strategies teachers utilized in their classrooms. Of the six subthemes generated, fifty percent (n =3) discussed them, while the remaining three were discussed by thirty-three percent (n = 2) participants, each per sub-theme. As previously stated in Theme One, because of the training participants received, they were asked to specify their TIC intervention strategies.

Providing a Safe Space

When participants were asked about strategies and practices they used in the classroom, the most mentioned was the importance of *providing a safe space* for children. Participants (n = 5) discussed a safe space in the form of a designated physical space where children may go "if they get upset and (…) need some time out" (Ann). This "common corner" (Grace) or "calm-

down area" (Hope) is helpful to "those students that just need that space" (Grace). However, Margaret stated: "some kids don't want to go in that corner because they feel like they'll be picked on." It is, therefore, important to adopt such strategies flexibly and critically, bearing in mind that every student is different. In addition, Joyce commented on the significance of creating a classroom environment for students to work freely. Similarly, Hope expressed:

> Well, the children are gonna notice that teachers care about them and that they are going the extra mile to get to know them and show them that they care about them, whereas they might not be getting that at home. So, I think trauma-informed and trained teachers let students know that they care about them, that school is a safe place to come and share things, and that they should feel comfortable sharing things with the teachers.

Hope's statement highlights the significance of the classroom being a safe environment where children feel safe, accepted, and free to share each time they walk into the classroom, mirroring the tenets of Social Support Theory concerning safe environments for children (Cobb, 1976). A safe space was also provided in the form of an area where the child has the option to remain near the teacher, allowing the child to feel comfortable discussing concerns with the teacher without attracting undue attention from the rest of the class.

Providing a choice of activities and stimuli

The concept of engaging students with activities or stimuli seemed to resonate as participants indicated that *providing a choice of activities and incentives* was another approach that worked to engage the student; this was often provided in the common corner, where some teachers keep "different types of like fidget spinners" (Grace), as well as "charts, games, beanbags, tools for drawing" (Margaret) or "sensory toys" (Lynnette). This kept some children occupied, helped them relax, and allowed them to reflect on their emotions. Some cards and

charts give children options to choose from to express their feelings. The provision of choice of activities leads to another discussed practice: *fostering openness and transparency about emotions.* Several participants stressed the importance of freedom of verbalization of feelings, as Ann stated, "Let [the children] verbalize what they're feeling." Margaret commented on the need to work with children in small group settings to help children "get it off their chest before the day starts." Checking on students before the start of the lesson was perceived as an integral part of instruction. Most participants discussed strategies they employed to ensure that students were in a good position before the class began. Hope further elaborated:

> So, one strategy we learned that we do quickly we may be in our morning meeting, we have morning meeting time where we can start the day off and talk to the students and see what is going on with them, and you know we see what is happening for the day. So, we discussed different things during our morning meeting. But we can sometimes say like, well, how are you feeling today; you can hold up a finger, like #1 you are feeling, not so good, okay, two fingers or three fingers, they can just put it out against their chest, so not everybody sees them, and that's a quick way sometimes, to find out how your students are doing. And then you will maybe know who you need to talk to, or when they feel like sharing, you know, why did you say you are not doing well? So, if they would like to share with the class, which helps them get it off their chest before the day starts, then maybe they can focus on their learning.

This statement further demonstrated how the training helped Hope to create a safe environment that helped children openly express their concerns with some degree of privacy despite the presence of the entire class.

Working in small groups was preferred because it helped the teacher monitor students more effectively and sent the students a message, as Grace noted, that reflected support and care. Some teachers considered the group setting an opportunity to help the children build self-confidence. This practice demonstrated *showing love and care;* Hope stated, "If you put the trust in the student and let them have high expectations and let them know that you care about them, then they are gonna do it." In addition, all participants stressed the importance of *being consistent in the treatment* of children by communicating love and care or telling them how proud you were of them.

Another aspect of consistent treatment addressed specific rules and how different children were being treated. For example, when dealing with an autistic student, Joyce shared:

> I know I have said the importance of consistency a few times. Still, I think by being consistent, I am not going to allow, for instance, I am not going to let a child wander around the classroom just because they probably have some diagnosis. Because kids can think that far, so to them, it would be like, "Hey, wait a minute, why do I have to be in my seat while he's walking around the class," and so having those conversations with my kids and being transparent is essential I have to do. So, you see, if my kid is doing something like this, I have to call on them, for example, as in this case, I would say so, I say, you already know the rules in class (…). The other children sometimes can chime in, meaning I am consistently treating them all the same, diagnosis or not.

This approach reflected a fair and inclusive strategy to help students develop the emotional freedom and self-awareness necessary to support each other. The final subtheme of choice and stimuli presented in *paying attention to language* was commented on by three participants. Paying attention to language refers to talking to the children and their parents using language to

promote understanding and care. For example, when talking to the students, Ann shared that it was critical to let students know that she trusted and believed in them. She further explained that rather than asking the child, “What’s wrong with you? Ask what happened to you”. Likewise, when talking to the parents, Joyce explained that it is crucial to avoid using accusatory language that implies that parents were doing something wrong” Similarly, Lynnette stated: “Once we've reached a point where they can trust me, we can work on other aspects of their daily lives within the classroom and beyond.” The choice of words or language used to address the students was necessary to build a trusting relationship with parents. Thus, effective communication was one of the most discussed practices, which participants believed is essential for providing trauma-informed education.

Theme Three: Factors and Practices Contributing to Trauma-Informed Education

The theme, *Factors, and Practices Contributing to Trauma-Informed Education,* outlined the information provided by teachers that, in their opinion, contribute to the successful implementation of trauma-informed approaches. Theme Three generated two sub-themes: *Good Practices* and *Institutional* Structural *Factors.* This theme was developed when participants responded to the interview question, "What do you consider the most effective components of trauma training intervention strategies?" This supports the research sub-question (d) that explored teachers' suggestions for school counselors, mental health counselors, and other stakeholders based on their experiences. The teachers provided recommendations addressing what was working for them and their experiences. To capture the essence of the teachers' experience, participants' responses were divided into good practices rather than suggestions and institutional and structural factors.

Good Practices

The subtheme *Good Practices* arose when participants began to reveal specifics about factors that promoted the successful use of TIC intervention strategies within their classes. *Good Practices* were discussed by all participants and mentioned a total of 58 times. Most of the good practices addressed were based heavily on various modes of communication, collaboration, and mutual support. At the level of school employees, for example, *the collaboration between teachers and counselors* was perceived as *essential* and was discussed by all participants (n = 6. In addition, the participants discussed collaboration between teachers and counselors a total of nine times. Most participants perceived that teachers and counselors need to work as a team, described by Margaret as “like a lock in a key” and performing “hand in hand.”

Ann believed that the school counselors “should be supportive” of teachers and “should have a lot of information about (…) how to communicate with the parents and more about the trauma that children go through” (Hope). Ideally, participants expressed that school counselors are always “helping support the teachers or stepping in when we need to understand” (Joyce). In addition, participants said that their relationship with the teachers "should be that of coordinating, helping, and working with others as a team." Notably, those who commented on this subject were happy with their relationship with the school counselors, describing them as being "wonderful" (Ann) and "very helpful" (Hope) and praising them for their proactiveness and availability in supporting the teachers when needed. So, even as participants reflected on their school counselors as helpful, they did not hesitate to highlight roles they thought school counselors or school mental health workers needed to embrace within schools concerning trauma interventions. Lynnette stated:

> The school counselors need more resources for children because they can have an outsider, and some of the children may need more help because (…) I want to see the child get better even though they go through whatever may be bad things. It can be something that they'll need outside help. And so that you know, the counselors have more resources for the children. Or for the child or whatever the child may be experiencing.

This concept supports the perspective that school counselors should have more resources to refer children outside the school for assistance when schools are not able to meet the child's comprehensive requirements. The participants perceive school counselors as the experts within the schools in meeting the needs of the students beyond classroom teaching.

In addition to the relationship between teachers and school counselors, *collaboration among school employees is needed at all levels*. Participants perceived that this collaboration should include constant communication and cooperation between school principals, teachers, trauma-trained teachers, school counselors, and mental health professionals. Participants indicated that collaboration between school counselors and mental health social workers will increase trauma knowledge. Ann noted: "And then you know, how the school counselor, as I said, they'll bring up different ideas that might help with (…) behavior things that maybe we haven't thought about as teachers in ways like that". Ann further commented:

> I think the school counselor should be very supportive. They should also be able to identify students affected by traumas. We have a wonderful school counselor who, you know, she taught (…). We can talk to her about things and sit down and discuss things. So, just being supportive and being a listening ear is very important, and offering suggestions or things that I haven't thought of. You know, their expertise as a counselor

> or as a mental health person, something that I may not even have thought of or ideas or things, yeah, just being supported and being there to lend that helping hand.

Even though all participants had received trauma training, school and mental health counselors were viewed as experts. Participants continued to elaborate on good practice and what makes practice effective. Participants also thought that good practice should involve *mutual support and collaboration between the teachers*, who should be willing to help each other and share their knowledge and good practices to help their colleagues. Grace indicated, "We can all learn from each other," Joyce further shared, "We all work together to be one team." Margarete added to this perspective, stating, "It is nice that we back each other one hundred and ten percent (110%), (…) focus on the purpose which is to help the child." Hence, collaboration and support meant providing a heads-up on student wellness even if the counselor or social worker did not divulge everything about a child they had seen. The teachers remarked they like recognizing when the child has problems and may need more care. When referring to their experience relating to the school counselor, Ann shared:

> Okay, yeah, she'll just let me know. The other day, I saw so and so in the hall, and they were upset. I took him to my office and did; she doesn't need to go into detail because she wants the child to trust her, but she'll just let me know. I talked to her [the child] yesterday, and if she seems a little upset, this is why, and you know. Okay, I'd say that's good. And then usually, if I've seen something, I'll say, okay, well, I thought such and such, or she's been moody. So yeah, stuff like that. But she doesn't break the confidence of the child.

These comments align with the other participants, who stressed the need for school counselors to collaborate with the teachers. Lynnette stated:

> I'm seeing the school counselor on a whole lot new level. We have a very good working relationship because we first tried to debrief ourselves about things going on where she may know a child, and I may send them down there to talk to her. We debrief as much as we can on what we know about the child, and you know, what can we do to help as far as what it is the child is experiencing at home? What are they hearing? What are they doing? You know things of that nature so that we can best help the child do better within the school.

Regarding the students themselves, *trust and relationship building between children and teachers* was commented on several times, with the word "trust" appearing ten times in these comments. Hope shared, "If you don't have a relationship with the child so the child can trust me, it will not work for the child and me." Several teachers valued building a positive, trusting relationship with children. Ann explained that it is crucial to let them know "that they can come to me at any time" and "building that (…) rapport, that reputation" is "the key to everything else.". This suggests that without an open invitation based on trust and inclusion, it is difficult to envision the children having a positive relationship with the teacher and trusting them, making trust a vital aspect of building relationships.

Building such a positive relationship requires understanding each child's background beyond school. Margaret stated, "For instance, if there was a conflict or something happened at home that morning, they may not be able to concentrate on what they are learning for the rest of the day." It is essential to know as much as possible about the student, including what they like and do not like or what they are good at, and Grace shared "a little history of the child." Finally, understanding more about the student may help the teacher build the relationship that helps them connect with the child. Hope echoed this sentiment:

> Establishing rapport and finding out as much as you can about the student and the family, you know, is so important so that you will know what the child is dealing with. You will know how best to teach them and understand their behavior issues at school so that you can understand a little more. And then the child will want to behave if you have taken the time to get to know that student and you have taken the time to get to know their family and understand what they are going through. Then, when they do have a behavior issue, it's going to be solved a lot easier because you showed them ahead of time that you cared.

This statement emphasizes the significance of establishing rapport with students and the importance of building a positive connection with them for the child to see that you care about them, which motivates them to trust you and make the changes you may ask of them.

Another form of essential collaboration that may contribute to developing a good understanding of each child is *a collaboration between teachers and parents*. Joyce shared, "Parent is key to understanding how children respond to school or learning." Several other participants discussed the importance of collaborating, communicating with parents, and working as a team to assist the child. Participants also believed that parents were the custodians of information regarding their children and that collaboration with them was necessary. They explained that it is essential to learn from parents about the child's background and context and to share information with parents about their child's school performance and progress. Grace further stated that it was also "important for family members (…) to understand how trauma affects a child (…) to cope with trauma at home." Thus, parents may need to learn from teachers and school counselors about trauma to be more helpful to their children. However, this may cause additional issues because some parents may be the source of trauma for their children. Thus, the teachers' attempts to communicate with the parents may generate a conflict, so school

counselors trained in conflict resolution may be better equipped to coordinate and communicate with the child's parents.

Grace further stated, "If we work together at school and we work together at home, (…) [this will] have a better effect on helping the child who has been exposed to trauma". Considering the above, it is clear why *devoting time to relationship-building with the parents* was also discussed as a viable practice. Relationships with parents was emphasized by participants, who also shared the different ways they connected with parents, including regular phone communication, the use of apps for parents, and organizing special evenings and events. Joyce noted, "Parents are welcome to come in [and] talk about various things that are going on at school."

Finally, one practice that has to do specifically with the teachers *being able to separate personal life from professional life;* this is vital considering that dealing with trauma may have a strong psychological effect on the teachers. In addition to these various practices, specific resources and structures must be in place for a school to effectively help students who have experienced trauma. Therefore, it is crucial to have *trauma-trained staff* to ensure they all understand trauma and know how to address it as it manifests in children. Ideally, the entire school must speak the same language, regardless of position within the school.,

Institutional and Structural Factors

All six participants discussed the subtheme of *Institutional and Structural Factors*. There was a total of twenty-four references to institutional and structural factors. Staff with knowledge of trauma were viewed as an essential factor within the school community that would encourage collaboration. In addition, participants felt that trauma-trained staff should all speak a common language regarding trauma. Several participants stressed the importance of having more

workshops and trauma-focused training and were pleased with the training they received. They believed as Grace suggested, " it is important that we have the continued support that we need, and to continue with professional development opportunities" and not only for the teachers but also for school counselors and mental health workers, who, according to Joyce, "need to know more about trauma and how it affects the students."

Other institutional and structural factors that the participants mentioned were increasing f*acilities and resources to work with traumatized children* and *increasing the number of staff* knowledgeable in trauma and trauma impacts. Hope stated:

> (…) when I first started teaching, or even when I began teaching in this school, the assistants were able to take students out for recess, or the assistant could take them out to lunch; they could do anything to help, you know, to give the teacher a break. But now they don't allow that. So, the teacher is not getting any extra time. It is not that we need a break, but if I need to pull a student aside, I remember the first time I started. If I needed to pull a student to the side and my assistant would take them outside, I could pull them to the side and talk to them if I needed to establish that rapport or to find out, you know, what went on this morning at home that is upsetting you. I feel like I had a little more time to do that with an assistant teacher. I talk to the students individually and I don't feel like I have that time now. Sending them to the school counselor at this time does not help because the child will come back to class to be with me, so I need the child to know to trust me that I can be of help to them.

In addition to the desire for additional trained personnel, the previous comments highlight the lack of time to provide the teachers with the extra attention required to attend to the child when there is no spare hand in class and no time. Teachers lacked the time to alter the ratio between

teaching and providing individual student attention based on daily concerns. The time allocated to the teacher can only be used to teach the lessons, leaving less time for the teacher to address the daily learning barriers children exposed to trauma face.

Finally, *patience and time* are needed. Joyce explained, "It takes a lot of time to establish trust with a child," so everyone involved should be patient regarding the results of working with these children. Those who commented appealed to school principals, explaining that while the school system can be, as Hope stated, "very rigid about time," and not conducive to the students that (…) have trauma". Lynnette also agreed that while everyone would like to see the "results" as soon as possible and conclude that it does not work "because I don't see the results," the participant asserted, "it's going to work," but it does take time.

Theme Four: Challenges.

Challenges emerged as a common theme when participants discussed difficulties experienced implementing TIC practices and intervention strategies in their classrooms. The theme was derived from the interview question, "What challenges do you confront as a trauma-trained educator?" Although, as noted at the end of Theme Three, time is needed to address the needs of traumatized children. *Workload and lack of time* were the most discussed challenges the teachers faced. Participants raised concerns about the amount of required administrative work; this prevented them from devoting the time needed to building relationships with the students and their parents or monitoring and working closely with individual children. Hope shared, "It takes a lot of time to establish trust with a child so they can open up to you." To expand on the aspect of time, Grace stated:

> Well, time (…), and managing that time is always a challenge, you know, if you have that response if you have a reaction from a child who has been exposed to trauma. You know,

> having the time to give to that child to help that child, you know, in whatever trigger they may be having, whatever feeling, whatever, break down, whatever emotional response they may be having, the time to address that, and fully address that versus teaching, having also that time of managing the assigned work, the teaching part with the other students. So, you have those challenges in the classroom. Time becomes an issue.

The content in this section elaborates on the importance of time when assisting a child experiencing a trauma trigger in the classroom. Since a teacher must also attend to the other pupils in class, time is frequently challenging. In addition, assisting students who have experienced trauma is difficult because Hope stated they "cannot be rushed." Some teachers blamed poor practices on a lack of time, preferring to engage children rather than attend follow-up training, therefore occasionally missing out on newer intervention strategies.

Lack of additional support and resources was also a related issue. Grace commented about the need for additional support to help when assistance is needed. Lacking assistance in the classroom was constantly perceived as a challenge. Participants acknowledged the need for extra resources because some devices become outdated, and children respond differently to different activities. Therefore, it was indicated that providing children with various stimuli would be highly advantageous.

Additional *challenges related to the COVID-19 pandemic* were also discussed with two participants. For example, Margaret shared, “This whole global event was a factor inducing trauma.” Anne concurred that "staffing has been an issue since Covid." Joyce reported during the pandemic, "You are leaving the education in the parents' hands,” and “some parents were simply not involved enough in their child’s education.” The *lack of parental involvement* was also discussed, which is unsurprising considering the previously discussed results demonstrate

parental involvement as necessary. At the same time, however, some parents are, as Ann stated, "more or less just sending [their children] to school and expecting the teacher to do it all." Some participants perceived parents' lack of interest in collaborating with the teachers, partially due to *parents' limited knowledge and understanding of trauma.* This extract by Margaret expressed concerns about the parent's lack of knowledge and understanding of trauma as contributing factors to struggles and challenges in attempting to engage them. She further stated:

> The traumatic stressors need to go to give us equal balance. So, I think that you know, because we do let our parents feel like they are welcome, that we engage with them, and that we want more parental involvement. But to me, we can do all these parent involvements; we can engage the parents to feel like our school is welcoming parents all the time. But if the parents don't understand traumatic stressors, there is a disconnect and disservice for some kids. So, yeah, our balance is not going to equal it, will it?

Hope elaborated on the apparent divergent between parents and children's trauma and stressors:

> I have spoken to some of the parents, and it wasn't about the trauma, or I just, you know, I've noticed so and so is, you know, have changed when it comes or has been acting out more or something like that. And I say, well, is there anything that you know that could have caused any of this to go on? And they'll say, well, their grandparent or the grandma, grandpa, somebody you know, passed away. You know, and I say, well, you know that, and they'll say, but no, that's been, you know, two years ago, but that still could have that same effect on them. Where the parent doesn't, you know, understand because it's been two years, they're supposed to forget about it? You know what I'm saying? But that doesn't necessarily happen with the child!

In addition, Hope discussed the lack of connection from the parent between recent hurtful events in a child's life and the child's current behavior or emotions.

Parental engagement and limited collaboration were areas of concern, and Margaret shared:

> I think our most challenging thing right now is if we could get the parents on board with something. I think County-wide, every County needs to do traumatic training, a Webinar workshop for these parents, or something to educate the general population on trauma. Because maybe if we had somebody to come in and give them the talk that we got with this training. It may help at home with their life stresses, but see, they don't know how to deal with it. Besides, one turns to drugs, to teenage parenting, you know, feeling like they have nobody or nowhere to go. You know. I think we need to get County people taught people in on this trauma training as well, to branch it out and get our parents more involved. But I think the biggest challenge we face is parents not knowing.

This participant expressed concern and suggested that each County do some form of trauma training to help parents understand trauma and the effects of trauma on the people within the community, enhance knowledge, and foster an inclusive approach to helping families. The statement seems to imply that this participant has not witnessed any form of trauma education or the effects of trauma in her community, prompting this remark.

Consequently, participants viewed trauma ignorance and its effects on students as a challenge.

There are also challenges related to teachers themselves, such as the task of *handling the different roles of a teacher*. Joyce explained that a trauma-trained teacher is in some ways an extension of the parent". Lynette further shared, "Sometimes we play the role of some parents, some lawyers, some doctor, some nurse, some counselor, some of everything." At the same time, *each class and each child are different.* According to Joyce "with any classroom, you are

going to have a different amount with different personalities [and] different children.". Joyce and Lynnete seem to express the sentiment that supports their diverse roles within the classrooms, making it even more challenging to address different students' needs. Finally, *teachers' lack of training and the resulting poor practices* can pose a problem, especially considering that, as Ann noted, "you have some older teachers who don't want to change."

Summary

This study aimed to explore the experiences of trauma-trained K-12 teachers who practice TIC intervention strategies within their classrooms. One main research question was developed with four sub-questions to respond to this inquiry. This chapter described the study's findings, addressing the main research question: What are the experiences of K-12 teachers using trauma-informed strategies in their classroom? Sub-questions: (a) What are the teachers' perceptions of the comprehensive trauma training received during their TIC intervention training? (b) What training and intervention strategies were most effective, (c) Which intervention strategies were least effective, and (d) What suggestions do the teachers have for the school counselors, mental health counselors, and other stakeholders based on their experience? Semi-structured phenomenological interviews conducted with six participants generated four themes: (1) *The Impact* of *Trauma*, (2) *Implemented TIC Strategies and Practices*, (3) *Factors and Practices Contributing to Trauma-Informed Education*, and (4) *Challenges*. Data analysis was done using an inductive approach guided by the social support theory.

Based on data collected through a semi-structured interview, data suggested that the first theme, *The Impact of Training*, reflected that the participants appreciated and discussed the impacts trauma training had on the teachers and *children*. The two sub-themes, *impact on the teachers* and *impacts on the children,* were discussed by all participants (n = 6) a total of 50

times and 42 times, respectively. Theme Two outlines the *Implemented TIC Strategies* and *Practices* resulting from the newly acquired knowledge and skillset due to the training the teachers received. Participants perceived collaboration, communication, and engagement between teachers, counselors, and other stakeholders as essential in improving future practices. Theme Three reviews factors *and practices contributing to trauma-informed education*. The factors were divided into *good practices* and *institutional and structural factors*. Subsequently, the fourth and final theme, *Challenges,* was explored by participants (n = 6) and discussed a total of 37 times. Challenges contribute to understanding the ideal and desired TIC practices and what issues may arise when implementing trauma-informed teaching or approaches. The findings suggest that all participants (n = 6) participated in the revealed themes and sub-themes. Thus, the themes represent the shared characteristics between the individual experiences of each participant about the phenomenon under analysis. The following chapter will incorporate the suggestions discussed here into the implications of this study's findings.

CHAPTER 5: DISCUSSION

Even though the number of children who experience traumatic events continues to rise, educational professionals must still educate students who have experienced trauma. Therefore, TIC training continues to be encouraged among school personnel and human service providers with programs that work with children (Donisch et al., 2016). According to SAMHSA (SAMHSA, 2014), TIC is a comprehensive, layered program that changes the way people deal with trauma, with a view that teachers' utilization of TIC approaches within the classrooms provides an opportunity to support youth prone to emotional or behavioral concerns from adverse experiences (Sciaraffa et al., 2018).

This qualitative research study explored the experiences of trauma-trained K-12 teachers who use TIC in their classrooms. The main research question was: What are the lived experiences of K-12 teachers who use trauma-informed strategies in their classrooms? Four sub-questions were included: (a) What are the teachers' perceptions of the comprehensive trauma training received during their TIC intervention training? (b) What training and intervention strategies were most effective, (c) Which intervention strategies were least effective, and (d) What suggestions do the teachers have for the school counselors, mental health counselors, and other stakeholders based on their experience?

Semi-structured interviews were conducted with six participants, all trauma-trained teachers meeting the inclusion criteria as having been trained by the Public School Forum of North Carolina. An in-depth exploration of the participants' experiences resulted in the following four themes: 1) The Impacts of the Training, 2) Implemented TIC Strategies and Practices, 3) Factors and Practices Contributing to Trauma-Informed Education, and 4) Challenges. In addition, subthemes were also identified for each of the themes. Both the themes and subthemes

worked to answer the main research question: What are the experiences of K-12 teachers using trauma-informed strategies in their classroom? Hence, the themes provided insight into the role of trauma training for K-12 teachers, the use of trauma-informed strategies and interventions in the teachers' classroom interaction with their students regarding trauma, and highlighting some challenges or barriers to working as K-12 trauma-trained teachers.

The findings of this exploratory study also confirm the importance of TIC as a critical source of social support for teachers and their students. More specifically, the participants also provide insight into how TIC can be enhanced to be more effective and the barriers surrounding implementing TIC intervention strategies within schools. Therefore, this final chapter consists of the subsequent (a) summary and discussion of the findings, (b) implications of the findings, (c) limitations of the study, (d) recommendations for future studies, and (e) conclusions and contributions.

Summary and Discussion of the Findings

This study aimed to explore the lived experiences of trauma-trained K-12 teachers who use TIC interventions within their classrooms. All participants (n = 6) were trauma-trained K-12 teachers who use TIC intervention strategies within their classrooms. Semi-structured interviews were conducted with all the participants (n = 6) who met the inclusion criteria of receiving trauma training provided by the PSFNC under the Resilience Program. Before the design and implementation of the study, the researcher conducted a comprehensive review of the empirical literature and theoretical conceptualization, considering the scholarly literature surrounding ACE and TIC intervention approaches for this population. The literature review provides a theoretical framework based on social support theory. The literature review also provided literature/context on ACE among adults, adolescents, and children through the lens of social theory. In addition,

the literature review examined trauma, TIC in schools, the effect of trauma training on teachers, TIC on academics and teacher support, trauma and culture, TIC training, and the impacts of TIC interventions on teachers.

All four emerging themes and subthemes were consistent with the social support theory principles. Social support theory states that humans need others. Proponents of social support theory used diverse theoretical foundations to illustrate how connecting juvenile offenders with social assistance increased their confidence that they might reintegrate into society (Hupcey, 1998). According to social support theory, larger communities with high levels of social support for disturbed youngsters create a structure that helps them heal and modify their behavior. Social support reduces delinquency and behavioral issues. According to the social concept, supportive communities and relationships are crucial to children's health and well-being (Lin et al., 1979; Meeker et al., 2021). This perspective was supported by the participant responses throughout the themes that emerged throughout this study. TIC intervention strategies function as social support elements the participants used with students in their classrooms to address trauma concerns.

The Impact of the Training.

The first theme, the impacts of training, was discussed a total of 50 times by all six participants. This theme has two sub-themes. The first subtheme, Impact of Trauma Training on Teachers, indicates how the training impacted the teachers as implementers of TIC interventions, while the second subtheme, the Impact of the Training on Students, shows the changes that occurred in students due to contact with trauma-trained teachers. Trauma training was one of the main inclusion criteria used in this study to select participants. As a result, the training appeared to play a significant role in the teachers' discussions of their experiences and contacts with students. Literature concerning training in trauma-informed practices demonstrated the

importance of receiving training not only in how to implement trauma-informed strategies but also in comprehending what trauma is and how it can affect youth (Bartlett et al., 2016; Blodgett & Doraldo, 2016; Carello & Buttler, 2015; SAMHSA, 2014).

According to the participants in this study, trauma training increased their understanding of the student's emotions and behavioral issues. The training also helped the teachers consider students' lives outside the classroom. Due to trauma training, the participants indicated they developed an increased awareness of symptoms that resulted from traumatic experiences. Even though the teachers realized that most students did not comprehend the rationale for their behavior, the trauma training allowed them to be more attentive to students, particularly those struggling with behavioral or emotional concerns. Literature suggests that student teachers who received trauma training using SAMHSA's fundamental principles of TIC approaches had a greater understanding of their student's behavior, were more receptive to reviewing student trauma history, and assisting them in reaching their full academic potential (McIntyre et al., 2019; SAMHSA, 2014). The findings of this study indicate that teacher training enhanced students' self-awareness and, consequently, their academic performance and self-esteem.

According to Alisic (2012), a lack of trauma training among teachers dealing with students aged 8 to 12 has contributed to a lack of knowledge on how to respond to students who require assistance coping with trauma. Similarly, in this investigation, some participants reported that the training inspired them to want to make a difference in a child's life. The students did not know how to verbalize their emotions, and the teachers' training helped them alter their perceptions of traumatized students and their responses to behavioral issues. The teachers reported greater understanding and confidence in coping with traumatized students within their classrooms. Responding calming to situations, allowing students to express their emotions, and

creating a safe classroom climate to help children recover from emotional breakdowns are associated with fostering empathy and assisting teachers to develop a better skill set to help students.

These findings support literature suggesting that positive and consistent supportive relationships are critical in students' lives because they increase children's resiliency in coping with trauma and adversity (Sciaraffa et al., 2018). TIC thus provides the teachers with the required knowledge to create environments where they can support traumatized children because of the increased ability to recognize signs and symptoms of trauma (SAMHSA, 2014). In addition, when teachers learn to be emphatic listeners, they provide timely support to their students, which is critical when working with students exhibiting traumatic symptoms (Dimitropoulos et al., 2021).

The results of this study further support the current literature that indicates that teacher training in TIC interventions increases teacher awareness in many domains (Kuhn et al., 2019; McIntyre et al., 2019). The training increases teacher awareness and knowledge of traumatic stressors, increase teacher confidence in using TIC interventions, and enables teachers to implement behavioral and emotional modification (Gruman et al., 2013; Jaycox et al., 2019; Kuhn et al., 2019).

In addition, findings indicate that the sub-theme, Impact of Trauma Training on teachers, helped them comprehend why students behaved as they did and why they frequently did not respond to requests to alter expected behavior. Thus, the teachers noted that the training improved their ability to recognize the problem while utilizing the most effective strategies and practicing how to help their students without further triggers. Therefore, the findings contributed to the current literature by demonstrating an increased understanding that the trauma training

teachers received made it easier to look beyond the surface level of student behavior and reduce teacher frustration. They could comprehend the behavior as a manifestation of other traumatic events in that student's life and respond compassionately to help them deal with trauma more effectively. From these findings, four teachers (n = 4) noted 12 times that trauma training increased their awareness of elements impacting the student's conduct. As teachers learn how trauma affects students' learning ability, they avoid personalizing student behavior and respond with compassion and support instead of discipline and punishment (Anderson et al., 2022; McIntyre et al., 2019).

Furthermore, this study's findings indicated that trauma training helped the teachers, particularly those who disclosed their personal trauma experiences, better understand themselves and how to relate more effectively with their students. This finding supports previous literature that focused on teachers' desires for additional training to engage with students experiencing behavioral difficulties, identifying trauma symptoms, and engaging with traumatized students and their parents (Maclean & Law, 2022; Reinke et al., 2011).

The subtheme, Impact of Training on Children, illustrated how teacher training contributed to students' emotional awareness in a receptive environment. The training allowed teachers to engage with students in a manner that demonstrated understanding, concern, and support. These themes are consistent with components of Social Support Theory, which emphasizes the need for a supportive environment and communities where relationships are crucial in sustaining children's wellness and overall well-being (Lin et al., 1979). The teachers demonstrated that they understood the students' emotional behaviors and were working to support them. In addition, this subtheme includes a sense of safety for students, improved self-

esteem, and increased self-confidence; this was considered part of the enhanced understanding of self and acceptance within the classroom environment.

Lastly, this subtheme enabled students to concentrate better, increase their confidence, and improve their academic performance. Studies suggest that ACEs have been associated with cognitive impairment and compromised functioning (Flaherty., et al., 2013; Liu et al., 2021; Lee et al., 2020) and interferences with behavioral and academic performance (Flaherty et al., 2013; Hein et al., 2021; Lee et al., 2020; Liu et al., 2021; & Vaughn-Coaxum et al., 2020). Therefore, the fundamentals of the teachers' actual experiences of using TIC interventions add to the literature in hearing their voices as users of TIC strategies and their roles as social support agents to their students. Thus, making social support theory a complementary theory to this study's findings.

Implementing TIC Strategies and Practices

The second theme, Implementation of TIC Strategies and Practices, focused on the role of classroom teachers as implementers of TIC intervention strategies for pupils. For instance, the teachers discussed the need to provide a safe environment for their students to enable them to function more effectively in the classroom despite a history of trauma. Five participants mentioned providing a secure location for the pupils nine times. In addition, it was considered crucial to improve strategies for accommodating students' needs by providing stimulating activities to meet their diverse responses. Some participants acknowledged that the selection of activities did not work for all students and cautioned against generalization.

The participants recognized the unique nature of each student's needs, which contributed to the teachers striving to be more objective and open-minded as they responded to student needs. In addition, they worked hard to understand the unique ways students responded to help.

Maclean and Law (2022) propose that a lack of support-specific knowledge on assisting individual student needs can cause teacher obstacles. The teachers also promoted calmness, affection, and language by observing how they spoke to each student. As a component of trauma training, the use of allied practices is supported in the literature; scholars have discussed the use of varied emotional skills, restorative practice skills, and self-regulation skills (Arnold et al., 2020; Brown et al., 2022; Dorado, 2016; Jaycox et al., 2019; Kuhn et al., 2019).

Similar to the TIC intervention strategies discussed in Chapter Two, in-depth comprehension of the use of TIC intervention strategies assists in meeting students' needs (Gruman et al., 2013), improving students' learning environments, and reducing teacher stress (Jaycox et al., 2019; McIntyre et al. 2019). Implementing TIC intervention strategies is essential in helping students and parents meet challenges and the manifestation of trauma (Kuhn et al., 2019). Some participants indicated that sending a child to the office was not an option because teachers were aware of the effects of trauma and how they could demonstrate concern for their students within the classroom.

Students were permitted to articulate concerns due to the consistency of care and application of intervention strategies. They were working in smaller groups as a strategy that allowed teachers to pay closer attention to students and monitor their progress when a problem was identified. Participants also mentioned the significance of consistency in attending to the emotions and conduct of students. According to one participant, students are keenly aware of how students are treated in class and will complain to the teacher if they feel a discrepancy or favor; therefore, it is the teacher's responsibility to treat all students equally and consistently. This connection to care or treatment consistency is congruent with the findings of (Kuhn et al., 2019), suggesting that teachers react well to professional development that improves their

knowledge and skills to work with students with trauma (Anderson et al., 2022; von der Embse et al., 2018). In addition, this consistency appeared to encourage students' emotional honesty, which essentially promoted teacher confidence in using the TIC strategies and acknowledging the need to tailor systems to meet individual student needs even as they balance approaches that show honesty for all.

Factors and Practices Contributing to Trauma-Informed Education

The theme of Factors and Practices Contributing to Trauma-Informed Education had two main subthemes that included good practices and institutional and structural factors. The first subtheme, good practices, was mentioned a total of 58 times by all six participants. Regarding good practice, the collaboration between teachers and counselors was discussed nine times by all participants. Most teachers described the school counselor's role as promoting the accommodation of all critical players in the students' lives, including teachers, parents, administrators, and the community.

In addition to trauma-trained teachers, participants emphasized the need for school counselors and mental health social workers to understand trauma and its impact on students. This understanding may help school counselors coordinate more effectively with teachers and parents. According to the American School Counselor Association (ASCA), school counselors are "change agents" in the sense that they serve as counselors, leaders, advocates, consultants, and collaborators within their respective school systems (ASCA, 2019).

Good practices indicate that teachers and parents are tasked with fostering collaboration. The teacher’s primary concern was collaborative communication with parents, and most of them emphasized the significance of parental involvement in the student’s education and wellness.

Furthermore, all teachers agreed that collaboration at all levels among all professionals who dealt with students at the school was a best practice that should be replicated.

Other than building relationships and trust with the students and other teachers, good practices include fostering these qualities with other educators. Trust and relationship building between children and teachers aided in promoting trust. Five participants mentioned the trust and relationship between students and teachers eleven times. In addition to establishing relationships with the parents and learning about each child's background, effective practice involves devoting time to these activities.

Previous literature has implied that teachers are tasked with creating a safe and nurturing classroom environment where all students can flourish (Baker et al., 2018; Mortensen & Barnett, 2016; SAMHSA, 2014). In addition, knowledge of TIC interventions enables them and other school personnel to comprehend the effects of trauma on students and identify symptoms of trauma (SAMHSA, 2014). This knowledge will help build a foundation incorporating care systems within schools to support the needs of families and children who have been adversely impacted.

The second subtheme in factors and practices contributing to trauma-informed education was institutional and structural factors. This subtheme was mentioned by all participants a total of 24 times. The importance of trauma-trained staff was the primary concern in this subtheme, which was discussed 14 different times by four teachers. They were concerned about the availability of facilities and resources for working with traumatized children, noting that children respond differently to various stimuli and strategies. Thus, patience and time were additional components of this theme. Most participants cited a lack of sufficient time to attend to students' needs, noting that students exposed to trauma require much time and cannot be rushed because

each day is unique. Time is also reflected in the amount of work that teachers must complete. Lack of time led to the need for a teacher's assistant in the classroom to support the teacher and give the teacher more time to adjust to meeting the trauma-exposed students' needs. As a result, one of the institutional and structural factors noted was the need for additional teachers and teacher assistants in the classroom.

Previous research supports this study's finding concerning institutional and structural factors. According to Dimitropoulos et al. (2021), organized school policies are necessary in helping to improve the success of teacher trauma training to help both teachers and students. In addition, Arnold et al. (2020) indicated that increasing school programs and policies related to student mental health require favorable perceptions of the intervention as an efficient means of addressing student stress and trauma intervention. In this study, the shortage of personnel and programs promoting mental health among students led to critical decisions made by administrators that failed to promote student mental health. Administrators must demonstrate commitment to utilizing programs that promote mental health. However, participating school administrators have mentioned a shortage of trauma-informed mental health staff (Arnold et al., 2020).

Challenges

During the data analysis, it was evident that although the challenges theme was discussed as frequently as the other three themes, most teachers still expressed a positive experience based on their gratitude for having received trauma training. Nonetheless, this topic was discussed 37 times by all the participants. Most participants were concerned about the burden and lack of time to attend to students, even when it was evident that a student with issues required additional attention. Time was perceived to be required when addressing the needs of traumatized students,

as participants believed that traumatized students require more time to establish rapport and trust and gain engagement. Additionally, time was needed to engage parents, so time became a challenge that four participants discussed nine times. Time and workload were also associated with the need for teacher assistance; consequently, the absence of additional support and resources led to a challenging problem in the classroom. Kim et al., (2021) study indicated that schools are well situated to identify at-risk children and equip them with the necessary skills to reduce trauma symptoms, especially among students from disadvantaged social groups. However, the results of this inquiry indicated that a lack of time, teacher workload, and lack of teacher assistance as challenges perceived by participants may impede their ability to attend to students who have been exposed to adversity and trauma.

The theme challenge also captured the subtheme of lack of parental involvement. Four participants discussed the lack of parental involvement in the student's work and well-being. They noted that parents' lack of engagement with school and students' work increased frustrations, possibly due to parents' lack of knowledge of trauma or lack of parental collaboration. In addition, participants perceived that it was frequently difficult to access the parents. Gruman et al. (2013) study revealed that when school counselors coordinated services with all personnel who interacted with students, including the community and the parents, there was increased awareness of trauma concerns. This also helped students with mental health concerns use suggested mental health services. Also, knowledge of ACE is valuable in providing effective awareness of children's vulnerability, thus aiding vulnerable children. Previous research shows ACEs correlate significantly with parents' reports of their children's academic difficulties and grade retention (McKelvey et al., 2017). In addition, research suggests that school

counselors receive limited training in TIC techniques throughout their graduate studies, and those who receive training concentrate on ACE and identifying trauma symptoms (Wells, 2022).

This study highlighted the participants' call for community or family understanding of trauma and the need to collaborate with teachers, counselors, and school personnel who deal with trauma-exposed students. Additionally, the study is in line with other literature that suggests more attention must be paid to using trauma-informed techniques across the whole school (Anderson et al., 2015) when planning and putting together professional development for all school staff. Notably, some ACE concerns may not be asked of parents, and some parents may even withhold information out of fear of incrimination (McKelvey et al., 2017). It is, however, possible that parents may be the source of trauma their children experience. This is a significant point because, according to the American SPCC (2023), 4 million childhood maltreatment reports were received in 2021, and ninety-one percent (91%) of them were mistreated by one or both parents. School counselors trained in conflict resolution may be better suited to coordinate and communicate with the child's parents than teachers, thus eliminating the teachers' desire to have parents actively involved in their children's education and trauma concerns.

According to Social Support Theory, when the individual who could provide intervention determines that the person who could receive assistance has problems, the process of receiving help begins (Lin et al., 1979). Thus, there could be anticipation that individuals experiencing stress will inform their support system or potential help providers of their concerns. However, it is not uncommon for individuals with challenges, particularly those who have experienced trauma and adversity, to be unable to articulate their difficulties, especially children (Felitti et al., 1998; Sell, 1970). Consequently, it is not surprising that in this study, participants identified parents' limited understanding of trauma and its effects as a significant cause for concern. As a

result, some teachers questioned how parents could be made aware of trauma so that parents and teachers could be on the same page regarding trauma's challenges and provide the necessary support. Lack of trauma knowledge by parents was reflected in challenges when some teachers discussed their roles, observing that each class and child is unique and that children react differently to trauma.

The overview of the findings emphasized that all educators, counselors, and school employees must engage in ongoing trauma training and continue to learn how to engage parents in working with the students. Studies suggest that parental awareness of how their children were doing before and after a single traumatic event in the child's life aids both the child and the parent in developing and working through the child's traumatic concern, as well as improving the relationship to help the child cope and heal from the hurtful event (Alisic et al., 2012). Thus, more parental involvement was considered, even as some teachers reported workload and lack of time as challenges. One participant noted that, due to a lack of time, there might be a tendency for trauma-related training to be neglected. Studies show that ACE compromises children's daily lives and jeopardizes their chances of becoming healthy adults (Flaherty et al., 2013).

Traumatic childhood events are associated with health issues and disruptions in normal growth and behavior (Blodgett, 2018; Oral et al., 2016). In addition, increased adversity within homes continues to find its way to schools and the community. In contrast to previous research, this study concentrates on expanding the understanding of trauma intervention strategies that are more inclusive to reduce student trauma. Prior research has centered on delineating the effects of trauma on students and how trauma affects their daily lives.

Implications

This study explored the experiences of trauma-trained K-12 teachers who practice TIC strategies in the classroom. The findings revealed how trauma training affects teachers' approaches to education, their interactions with students, and how the students are affected by the new skill sets teachers acquire due to trauma training. This study has several implications for school counselors, teachers, and counselor educators. The study highlights that parents and school community members may not understand how trauma impacts students. Thus, the study's results could, as such, serve as a starting point for dialogues amongst school counselors, mental health professionals, and counselor educators about traversing structures and increasing community knowledge of adversity and the impact of trauma. Understanding the impact of trauma on child development may help facilitate a more effective team approach and decrease the frustration teachers and school counselors feel.

Counselor-in-Training

Given the prevalence of traumatic events in society (Felitti et al., 1998), the significance of teachers continuing to experience apprehension while working with students with trauma-related issues will likely increase. The increase in trauma-related cases necessitates that counselors-in-training be competent in addressing trauma-related problems through collaboration with teachers and parents. This implication influences how school counselors receive education in trauma and how counselors are prepared to assume the role of collaborator in school-based trauma initiatives. Ideally, increasing trauma-training education among teachers equally increases the potential for teachers to advance knowledge in trauma and sensitivity to best practices for responding to children who are exposed to adversity (Mclean & Law, 2022), which

could also help teachers make appropriate counselor referrals (Mclean & Law, 2022; Reinke et al., 2011; von der Embse et al.,2018).

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) favors including trauma education, community resources, and referral resources in the CACREP curriculum (CACREP, 2024). However, the school counselor's role as the lead person in helping teachers and other school personnel in matters related to trauma education must be clearly articulated. Yet, the school counselor's role is often determined by the school principal, and this varies from school to school (Dahir et al., 2010). Some school principals view the school counselor's role as the school activities coordinator, and others as roles ambiguous, lacking a clear job description (Dahir et al., 2010; Ruiz et al., 2018). Therefore, integrating training efforts to increase competence in trauma-related issues is worthy of implementation for school and mental health counselors employed in schools.

Teacher Trauma Knowledge

The study results indicated that trauma training allows teachers to identify trauma symptoms and develop confidence in helping students with emotional and behavioral concerns. Therefore, the implication of this study could be extended to teacher education. The extension would assist in preparing teachers knowledgeable about the history of trauma and the impacts of adversity on students' growth and development, which would work to improve TIC education in the face of workforce shortage. Teachers are overwhelmed and often overburdened with studies indicating difficulties in working to fill teacher positions in schools year after year (Ingersoll and Tran, 2023). Therefore, increasing teacher collaboration with school counselors on trauma-related students could allow teachers to devote more attention to their students.

Teacher Trauma-Training

In terms of the impact on teacher training, the findings of this study have implications that highlight the need for teacher trauma training, as the evidence suggests that teachers who received trauma training develop an increased ability to recognize trauma symptoms in students (Alisic, 2012; Anderson et al., 2023; Dorado et al., 2016).

In addition, knowledge of trauma-informed intervention reduces teacher stress (Jaycox et al., 2019) and increases sensitivity to best practices for working with students with ACE (Anderson et al., 2022). Teachers also become more attuned to emotional maturity in understanding what student's behavior may show (Opiola et al., 2022). Lack of knowledge and training in the impact of trauma with already often overburdened teachers increases lack of awareness of students' flight, which could also lead to hesitation in working with students experiencing emotional or behavioral challenges. The study findings indicated that teachers also utilized the intervention strategies learned to improve the relationships and well-being of their students. In addition to gaining self-confidence, teachers quickly made beneficial decisions concerning their students regardless of their emotional or behavioral makeup, which fostered classroom settings where all students felt supported.

Teacher Assistants

Three participants from the same school presented an upbeat approach to what they did, especially having support within the classroom through teacher assistants and school administrators. Notably, teachers who reported having a teacher assistant in their classrooms did not perceive time constraints as a significant issue. Thus, the implication is that planners of education or financing should reconsider having classes with teacher assistants in all schools in the face of the current limited funding seen in many schools. The move would help alleviate the

teachers' workload, creating time for teachers to attend to students who have experienced trauma as part of their everyday interactions.

Counselor Education Programs

An additional role of this study has implications for the possible outside resources for students. Thus, counselor education programs are encouraged to provide training focusing on school counselors taking on a significant role in coordinating communications with parents and coordinating how a student needing extra help can access resources beyond what the teachers can provide in class. Most teachers believed that the school counselor or mental health workers should help or coordinate additional support for specific students or where further assistance is needed. The school counselor should thus be well-positioned to play roles beyond those that the teachers can take, given the lack of time, workload, and teacher assistance in some cases. From a training perspective, counselor education programs should provide counselor training emphasizing integrating trauma knowledge and collaboration in response to some of the issues schools encounter today (Ingersoll & Tran, 2023). Ideally, school and mental health counselors are encouraged to increase their collaboration efforts with teachers and other school community members.

School Counselor Role

Additionally, the implications are that school counselors are well placed to undertake the lead in advocating for a TIC approach to education that meets the needs of all students. Teachers perceived that school counselors and other mental health counselors need to know more about trauma and work as experts in trauma-related concerns within the school. They also held that schools and other mental health counselors must understand how trauma affects students and work together to support trauma-trained teachers.

Training Content

Therefore, this brings attention to counselor training and what counseling students learn about trauma. The suggestion is that if counselor students are not taught about trauma, they might not be as confident in their roles as collaborators and coordinators of mental health practices in the school or community. ASCA encourages professional school counselors to use leadership skills to promote students' academic and behavioral skill development and advocate for workplace equity (ASCA, 2019a). As such, counselor educators may be encouraged to produce graduates who are well-versed in ACE and can promote using TIC approaches. Furthermore, studies suggest that the capacity of school personnel to recognize the relationship between ACEs and educational outcomes among students (Blodgett, 2018) reduces risks that manifest through student conduct and academic performance, necessitating trauma training.

Collaboration

The findings of this study yielded data regarding the importance of collaboration to ensure that required knowledge of trauma as part of intervention practice is well-coordinated to parents to help children heal. Teachers recognized parent participation as one of the most challenging hindrances. Thus, given the high number of trauma histories and because ACE is considered one of the public health threats in the United States (Fellitti et al., 1998; Garner & Shonkoff, 2012), the implication is that attending to teachers' needs to advocate for parent knowledge and understanding of trauma is critical. Research suggests that parent knowledge of trauma and impact of trauma on children is essential in advancing empathy and understanding between a parent and a child (Alisic et al., 2012). Therefore, increasing parental support and parental knowledge of the impact of trauma on a child is necessary.

Leadership

In addition, there is a need for leadership in trauma-related matters and coordination of services and events for students with trauma exposure, which teachers perceive as obstacles that, if met, could be viewed as reducing challenges that impede their ability to attend to students. Hence, the implication is that school counselors might discuss adversity's emotional and behavioral effects with parents or guardians. Research suggests that trauma symptoms significantly increase in children whose parents have experienced trauma (Haynes et al., 2020). Consequently, all school and mental health counselors would benefit from training on behavioral, emotional, and how to engage parents in discussions about trauma and its effect on student development.

School and Community

Lastly, there is a need for counselors to be able to navigate structures that will allow for this knowledge to be dispersed to the rest of the community through school-community resource personnel. Ideally, an inclusive education would let school counselors and mental health workers collaborate with the teachers and parents and help the counselors find a place within the school environment (Cinotti, 2014). The perception that parents need to develop knowledge about trauma and engage with those who work with their children, including teachers and counselors, suggests that helping individual children or students overcome trauma could be futile without parental and community engagement.

Limitations

The findings of this study must be examined in the context of a few limitations. First, the fact that the sample size of six participants included in this study was purposefully recruited may have introduced potential bias, limiting the generalizability and transferability of the findings.

This limitation is not uncommon in qualitative research but is worth mentioning. Second, using a convenience sample of trauma-trained teachers who taught in elementary schools may not compare to other grades, including middle or high schools, thus creating the potential for minimized variation in participant experiences. Thirdly, recruiting participants from a single city in the southeastern region of the United States may also be considered a limitation, as this study's findings may not apply to all southern region schools. Fourth, years of experience working as K-12 trauma-trained teachers could be designated the following limitation: eight months as the least experienced and seven years as the most experienced. However, the researcher did not specify the requisite experience range for this study. Fifth, all the participants were female. This limitation appears significant because it would have been interesting in that it is possible the findings may have been different had the study engaged a male participant. The last limitation is the researcher's personal experience with trauma as a former teacher and mental health counselor, which may be viewed as a limitation. However, several verification methods were employed to increase the data's credibility and reliability. In addition, a peer reviewer was utilized throughout the data analysis process to provide external verification of the process and enhance the credibility and reliability of the data.

Recommendation for Future Research

This study examined the six participants' perceptions of their experiences as trauma-trained K–12 teachers implementing TIC interventions in their classrooms. Thus, the findings contribute to the literature on TIC intervention approaches. However, one principal recommendation for future study would be to replicate the study with a larger and more diverse group of trauma-trained teachers. Despite my efforts to construct reliable research, all studies contain bias and reflect the researcher's interpretation based on who they interviewed.

Consequently, a larger study or one with a greater diversity of participants conducted by another researcher could probably identify additional themes surrounding the implementation of trauma-informed interventions within classrooms.

A second recommendation for future research is that since this study mainly focused on trauma-trained teachers who taught elementary schools, a different study that concentrates on middle and high school teachers is suggested. Because higher grade level students may experience trauma differently, thus providing a different experience to implementers of TIC interventions.

A third recommendation for future research should focus on the recruitment of elementary and middle school teachers using a larger group of participants. Although the focus of this study was to explore the experiences of trauma-trained teachers, it would be interesting to compare the experiences of teachers who work within elementary schools and those who work with middle school students. The assumption is that middle school students may be able to verbalize their experiences differently.

A fourth recommendation for research is related to researchers conducting a quantitative study that examines teachers' perceptions of the effectiveness of TIC strategies within their classrooms. This recommendation is viable in that some participants noted that as they continued to implement TIC interventions, they felt that unless variables like trauma education to parents or the community by the state or counties were made accessible, their work in classrooms could be futile.

Even though the sample was ethnically diverse, it would be fascinating to investigate the experiences of participants who identified as trauma survivors. A few participants discussed their struggles with adversity and how the training has helped them be more empathetic toward

students' plights and more committed to their work assisting students who have experienced trauma. Therefore, interviewing survivors of trauma would broaden the scope of the study and highlight the voices of trauma survivors in their new roles as implementers of TIC interventions.

Conclusions and Contribution

This qualitative study explored the experiences of K-12 teachers who practice TIC interventions within their classrooms. In response to the main research questions, what are the experiences of trauma-trained K-12 teachers who practice TIC intervention strategies within their classrooms? Four themes were developed in this study. All four themes provide insight into how the teachers engaged in their work as trauma-trained teachers implementing TIC strategies within their classrooms.

All the teachers discussed their experiences as K-12 trauma-trained teachers within their classrooms. The impact of trauma training is seen to increase teacher awareness and knowledge about trauma, which, as a result, impacts how they identify and relate to students with trauma struggles. In addition, the training increased the teacher's confidence in working with students exposed to trauma, even as it highlighted some challenges faced. Discussions revealed that teachers developed an expanded skill set that includes empathy for student struggles, recognizing signs of trauma, and comfort in working with those students exhibiting emotional or behavioral concerns within the class. In addition, teachers identified obstacles that impede student well-being, such as a lack of parental involvement in school and parental knowledge of trauma.

Teachers shared their perspectives on enhancing the work they are already doing to support children who have experienced trauma while expressing confidence in their work. Regarding the subtheme addressing the perception of school counselors, participants viewed school counselors and mental health professionals as individuals who should assume a leadership

role in advocating for all personnel involved with students experiencing trauma. In addition, participants identified barriers to student well-being, such as a lack of parental involvement in school and parental ignorance of trauma, which were viewed as additional areas where school counselors could collaborate with stakeholders. Finally, teachers' perception was evidenced while also sharing their perspectives on how to enhance the work they are already doing to support children who have experienced trauma by discussing certain shortcomings. In response to some of the challenges faced as teachers in this capacity, Lynnette gives an example of a challenge:

> There's not enough time, right? Right? So yeah, I mean. I just feel like we play the role of some parents, lawyers, doctors, nurses, counselors, and everything. So, we just do it, and then we have to also, you know, try to be creators of different ways of, you know, getting the parents involved. That's probably the hardest thing, you know, is the lack of parental involvement.

Participants acknowledged feeling overwhelmed due to having so much to do as teachers, having the desire to actively engage with students who required support due to trauma exposure, and having the time to meet all essentials in addition to their teaching responsibilities. Ideally, participants wished for increased parental involvement in schools. Regardless of participants' agreed-upon desire to support the students, there were concerns regarding using a uniform approach to assisting students based on activities or methods, given that students react differently to various stimuli.

This study is the first to explore the experiences and perceptions of K-12 teachers who received trauma training and utilized TIC interventions within their classrooms. The findings contribute to the literature on TIC interventions by shifting the focus from consumers of TIC

intervention strategies to implementers of the TIC strategies in understanding the actual experiences of teachers who practice TIC strategies. Consequently, the results fill a gap in the existing literature by providing insight into how teachers who have adopted trauma-informed approaches have responded to the circumstances in the classroom. In addition, this study reinforces the importance of trauma training for those who work with children, particularly school counselors and mental health counselors, to address the needs of children who experience ACE. The study helps boost confidence in those who work with children and provides an opportunity for every child to thrive. Finally, the findings start a significant discussion on the role of school counselors and school mental health counselors and their working relationships with others within school communities to improve mental health. All the participants (n = 6) demonstrated the importance/impact of trauma training on their role as teachers within their classroom. Also, the findings highlight the role of TIC strategies teachers use as social support entities for students faced with trauma and all students within the school.

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APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL

To:	Christine McCasey University of North Carolina at Charlotte
From:	Office of Research Protections and Integrity
RE:	Notice of Exemption with Limited Review
Approval Date:	21-Dec-2022
Exemption Category:	2
Study #:	IRB-23-0170
Study Title:	A Phenomenological Exploration of Lived Experiences of K-12 Teachers Practicing Trauma-Informed Care Approaches within Their Classrooms

This submission has been reviewed by the Office of Research Protections and Integrity (ORPI) and was determined to meet the Exempt category cited above under 45 CFR 46.104(d). In addition, this Exemption has received Limited Review by the IRB under 45 CFR 46.111(a)(7). This determination has no expiration or end date and is not subject to an annual continuing review. However, you are required to obtain approval for all changes to any aspect of this study before they can be implemented and to comply with the Investigator Responsibilities detailed below.

Important Information:

1. Face masks are optional on UNC Charlotte's campus. This includes classrooms and other academic spaces. Researchers conducting HSR activities in other locations must continue to adhere to local and state requirements in the setting where the research is conducted.
2. Face masks are still required in healthcare settings. Researchers conducting HSR activities in these settings must continue to adhere to face-covering requirements.
3. Organizations, institutions, agencies, businesses, etc. may have further site-specific requirements such as continuing to have a mask requirement, limiting access, and/or physical distancing. Researchers must adhere to all requirements mandated by the study site.

Your approved study documents are available online at the Submission Page.

Investigator's Responsibilities:

1. Amendments must be submitted for review and the amendment must be approved before implementing the amendment. This includes changes to study procedures, study materials, personnel, etc.
2. Data security procedures must follow procedures as approved in the protocol and accordance with OneIT Guidelines for Data Handling.
3. Promptly notify the IRB office (uncc-irb@uncc.edu) of any adverse events or unanticipated risks to participants or others.
4. Five years (5) following this approval, ORPI will request a study status update.
5. Be aware that this study is now included in the Office of Research Protections and Integrity (ORPI) Post-Approval Monitoring program and may be selected for post-review monitoring at some point in the future.
6. Reply to ORPI post-review monitoring and administrative check-ins that will be conducted periodically to update ORPI as to the status of the study
7. Complete the Closure eform via IRBIS once the study is complete

Please be aware that additional approvals may still be required from other relevant authorities or "gatekeepers" (e.g., school principals, facility directors, custodians of records).

This study was reviewed in accordance with federal regulations governing human subjects research, including those found at 45 CFR 46 (Common Rule), where applicable.

APPENDIX B: INFORMED CONSENT

Department of Counseling
9201 University City Boulevard, Charlotte, NC 28223-0001

Consent to be part of a Research Study

Title of the Study: Phenomenological Exploration of lived experiences of K-12 teachers practicing trauma-informed care interventions within their classrooms
Principal Investigator: Christine McCasey, M.Ed., LPC, UNC Charlotte
Dissertation Chair: H. L. Harris, Ph.D., LMHC UNC Charlotte

You are invited to participate in a research study. Participation in this research study is voluntary. The information provided is to help you decide whether or not to participate. If you have any questions, please email me at cmccasey@uncc.edu.

Important Information You Need to Know

- The purpose of this study is to explore lived experiences of K-12 teachers practicing trauma-informed care interventions within their classrooms
- If you choose to participate, you will be asked to participate in an individual interview session that will require 45-60 minutes of your time.
- You will be asked to fill out a demographic questionnaire at the beginning of the interview
- Risks or discomfort from this research are minimal and may include some discomfort or none.
- Participants participating in this study may benefit by developing an increased awareness of their role as trained trauma-informed teachers and gaining increased familiarity with working as trauma-informed individuals.
- If you choose not to participate, you will not complete the demographic and survey information.

Please read this form and email researchers (cmccasey@uncc.edu) any questions you may have before you decide whether to participate in this research study.

Why are we doing this study?
This study aims to understand the experiences and perceptions of K-12 teachers who had trauma-informed training and utilized different intervention strategies within their classrooms.

Why are you being asked to be in this research study?
You are being asked to be in this study because you qualify in your role as a teacher who received trauma training provided by the North Carolina Center for Resilience & Learning, the Public School Forum of North Carolina.

What will happen if I take part in this study?
If you choose to participate in this study, you will proceed to sign this informed consent form and email it back to the researcher. Then, the researcher will schedule an interview session with you at a time convenient for you. Your time commitment will be 45- 60 minutes on a Zoom platform.

What benefits might I experience?
You will not benefit directly from being in this study. However, others might benefit from the knowledge gained from this research.

What risks might I experience?

There is minimal risk to this interview. You may experience some discomforts, such as thoughtfulness and self-reproach, as you reflect on your experience related to trauma-informed care intervention approaches and training. However, we believe this will occur to a minimal degree or rare.

How will my information be protected?
We plan to publish the results of this study. The researcher will make every effort to protect your privacy. The interview will be audio recorded, and the recording will be stored on the UNC Charlotte Google Drive, with access only to the research team. To further protect your privacy, the recordings will be coded using the pseudonyms you chose or the researcher on the demographic questionnaire. The recordings will be transcribed by the researcher using your assigned pseudo-name and will be deleted at the end of the study. Any related memos will stay under a locked cabinet during the study transcription, and all the transcriptions will be in password-locked files on the UNC Charlotte Google Drive. When the results of this study are published, the participants will be referred to by their pseudonyms. You consent to receive an email with the transcription. Although I cannot guarantee confidentiality by email, I will email the transcriptions using your chosen pseudonyms.

How will my information be used after the study is over?
Data will be deleted once the study is completed and manuscripts have been finalized. After this study is complete, study data will be utilized to publish our results. Therefore, the data we share will NOT include information that could identify you.

Will I be paid for taking part in this study?
Participants will receive a $20 VISA gift card compensation for participating in the study after completing their interview.

Who can profit from this study?
This study can help start a discussion on how to develop responsive intervention strategies for all personnel involved with children within school settings. In addition, the study will help to enrich intervention efficacy and improve implications for teachers and school counselors regarding how they can best support teachers.

What are my rights if I take part in this study?
Your participation in this study is voluntary. You will not be treated any differently if you decide not to participate in the study. If you decide to participate in the study, you may change your mind and stop anytime.

Who can answer my questions about this study and my rights as a participant?
For questions about this research, you may contact Christine McCasey at 608-963-2538 or cmccasey@uncc.edu or Dr. H. L. Harris, hharris2@uncc.ed

In addition, if you have questions about your rights as a research participant and wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher, don't hesitate to get in touch with the Office of Research Compliance at 704-687-1871 or uncc-irb@uncc.edu.

Consent to Participate
By electronically signing this document, you agree to participate in this study. Make sure you understand what the study is about before you sign. You are encouraged to print a copy of this consent form for your records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read the consent form and have been given a chance to ask questions; I understand the study and agree to participate.

APPENDIX C: DEMOGRAPHICS QUESTIONNAIRE

Assigned name_____

1. What is your gender? _____

2. What is your ethnicity? _____

3. How many years have you worked as a teacher? _____

4. How long have you worked as a trained trauma-informed K-12 teacher?

_____ Years _____ Months

5. What grade level do you currently teach: _____

6. What other grade levels, if any, have you taught as a trained trauma-informed teacher?

_____

_____

_____

APPENDIX D: PARTICIPANT DEMOGRAPHIC

Participant Demographic Information

Name	Race	Gender	Years Teaching	Years Taught Trauma Trained	Current Grade	Previous Trauma Grade Taught
Joyce	African-American	Female	6	1.5	1	0
Ann	Caucasian	Female	45	2	1	3
Grace	Caucasian	Female	10	8 months	3	1
Hope	Caucasian	Female	28	7	2	3
Lynnette	Native American	Female	28	1	4	1
Margaret	Caucasian	Female	20	1	Kindergarten	Pre-K
N = 6			Avg =22.8	Avg= 2.16		

APPENDIX E: INTERVIEW QUESTIONS

This study explores the lived experiences of trauma-trained K-12 teachers who use different trauma-informed care (TIC) intervention strategies within their classrooms.

Warm-up questions:

1. Tell me a little about yourself
2. What interested you in volunteering to participate in this study?

Experience working as a trauma-informed teacher

3. What is your perception of trauma?
4. What is your experience as a trauma-trained teacher within your classroom?
5. What is your understanding of TIC intervention strategies?
6. What are some of the challenges you face as a trauma-trained teacher?
7. How do you address some of the challenges you face?

Trauma training interventions and strategies:

8. What does trauma-informed care training mean to you based on your experience?
9. Tell me about the TIC intervention strategies you use within your class.
10. What do you think are the most effective parts of trauma training intervention strategies?

Suggestions to counselors, mental health workers, and other school personnel from school trauma-informed trained teacher

11. What role should a school counselor or a mental health counselor play in a trauma-informed school?
12. How would you describe a working relationship between a trauma-informed teacher and a school counselor?
13. What suggestions would you want to give to the administrator concerning policies related to school TIC?

Suggestions and impact of TIC on students' academic performance

14. What items would a trauma-trained teacher need to improve the use of TIC interventions with their students?
15. What would you identify as some of the impacts of TIC on children as members of this school environment?
16. How did trauma training impact you personally?
17. How did the trauma training impact you professionally?
18. Did trauma training impact your perception of students, if so, what can you share about it?
19. What are other suggestions you like anyone else to know about your role?
20. What questions did you wish I had asked you that I did not ask?
21. What else would you like to share with me?

APPENDIX F: RECRUITMENT EMAIL

Hello,

My name is Christine McCasey. I am a doctoral student at the University of North Carolina Charlotte Counseling Department. I am in the process of completing the requirements for my academic fulfillment by conducting this research study. My research aims to explore the lived experiences of K-12 teachers who practice trauma-informed care approaches within their classrooms. The significance of the study is to help understand the experiences of trauma-trained teachers, including deepening our understanding of the perception of the impact of trauma-training intervention strategies among these teachers.

You have been identified to meet the inclusion criteria for the study, as explained below.

Individuals who are K-12 teachers in North Carolina have been trauma-trained by the NC Center for Resilience & Learning, the Public School Forum of North Carolina work at a school that has implemented an action plan and intervention strategies. In addition, they have worked or continue to work as a trauma-trained teacher in their classroom.

Your participation will involve being virtually interviewed by me. A semi-structured interview that lasts 45-60 minutes will be conducted using the UNC Charlotte-Zoom platform. The interviews will be videotaped, and the videos will be destroyed shortly after the interviews. The audio will be deleted after transcription, and the data will be destroyed once the study is finalized. I will provide you with transcribed transcripts through UNC Charlotte Google Drive within four weeks of our discussion to ensure that I have accurately captured your experience. The confidentiality of your name and other identifying information will be maintained. You will be assigned a pseudonym of your preference, which only the researcher will know. You will receive a $20 VISA gift card for your participation.

If you are interested in participating in the study, you can get back to me through this email or my phone number below. You will receive an email or a phone call from me, whichever is your preference, to review details regarding the study and schedule our virtual interview session.

Your agreement to participate in this study will be entirely voluntary.

Disclaimer: This research study has no affiliation with the North Carolina Center for Resilience & Learning or any other research studies. I only talked with the NC Center for Resilience & Learning team to help me identify educators who had been part of the trainees by NC Resilience & Learning and are currently practicing as trauma-trained teachers.

Thank you very much for your time and interest.

Sincerely

Christine McCasey, M.Ed., LPC

The University of North Carolina at Charlotte

Doctoral student, Counselor Education

608-963-2538

APPENDIX G: NORTH CAROLINA TRAUMA-INFORMED TRAINING AND PROFESSIONAL LEARNING

North Carolina Center for Resilience and Learning-Public School Forum of NC

https://resilienceandlearning.org/