Understanding the Perspectives and Experiences of a Teacher Utilizing Trauma-Informed Strategies - A Qualitative Case Study

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ABSTRACT

This qualitative case study focuses on a high school teacher's perspectives and experiences as she teaches students using trauma-informed strategies. The research questions focused on how the teacher conceptualizes building relationships through the use of trauma-informed strategies and what supports and/or challenges she receives from outside sources in teaching using those strategies. Data collected included a screening questionnaire for participant selection, semi-structured interviews, and field notes collected during classroom and whole day observations. The analysis focused on using data gathered from data collection along with literature to develop themes that answered the research questions posed.

Key findings identified several trauma-informed strategies that can be utilized by teachers to assist students struggling with trauma such as: providing structure and consistency through lesson schedules, communication, and with clear and concise instructions; providing breaks; focusing on building relationships with students; creating a comfortable and respectful environment; and allowing student choice with flexibility from the teacher. In addition, receiving support from other teachers, administration, and the school district can have a large positive impact on a teacher's ability to provide support to students struggling with trauma. This research offers insight into how one single teacher navigates teaching students struggling with trauma in addition to her required curriculum. Recommendations are offered for teachers that want to better understand students struggling with trauma and how to better meet their needs utilizing a variety of strategies. Also included in the study are discussions for future research regarding the utilization of trauma-informed strategies within the classroom environment.

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Chapter 1: Problem of Practice

Introduction

Being an educator is something that I believe is one of the most important roles that someone can take on. It is an educator's job to teach the subject or class they are assigned; however, the role that they play in students' lives goes so much further. Teachers teach students life skills that they do not learn elsewhere; they support them in areas beyond academics such as sports or clubs; and teachers provide support when students need it. I strive each day to be the light that so many educators have been in my life, and I know that students who have faced an abundance of trauma need that support in order to not only survive but to thrive. “Adverse childhood experiences (ACEs) are traumatic events (e.g., sexual abuse, physical abuse, emotional abuse) or chronic stressors (e.g., neglect, parental separation) that are uncontrollable to the child” (Corcoran, 2018, p. 297). Trauma is something that many individuals may struggle with on a daily basis and something that many students battle alongside while progressing through school to gain a diploma. It is because of this need that schools have begun offering training for their teachers on trauma, ACEs, and trauma-informed strategies. This study seeks to gain an understanding of how teachers employ what they have learned and experientially know about trauma-informed approaches. The impact of the study is to inform and increase the knowledge base of other teachers and educators as they implement trauma-informed strategies in their own classrooms and schools. Research on the impacts of trauma may have started in the medical field through attempts to operationalize ACEs, but the field of education is now benefiting from learning more about how trauma affects the students that come through our schools each and every day. This includes learning about strategies that can be utilized within schools and classrooms to benefit these students.

This research is significant due to the daily impact that trauma has on students. Students attempt to juggle school, work, social lives, and many other things while also attempting to navigate their own trauma, hoping to find healing. Educators can have a tremendous positive impact on students with traumatic histories, and this research can help assist teachers as they learn about how to better meet students' needs within their classrooms and schools. It can also help assist teacher educators as they seek to support teachers working with students with trauma.

Statement of the Problem

Teachers are responsible for ensuring the academic success of students who have experienced ACEs or other trauma; doing so, however, can prove challenging. Research from the medical field shows clearly the negative outcomes associated with ACEs (Felitti, 1998), which include a greater chance of having alcoholism, depression, heart disease, poor work performance, financial stress, sexually transmitted disease, unintended pregnancies, poor academic achievement, as well as an array of other negative outcomes (Felitti, 1998; Smith, 2020). There are ways to mitigate negative outcomes such as: early detection of ACEs, early intervention, self-efficacy training for the children, and added support, which can teach students resiliency and confidence, resulting in a more successful future (Barnett, 2020). Teaching using trauma-informed instruction, which is defined as an approach to learning by addressing the psychological, social, emotional, physical, and academic impacts trauma causes, is another way that negative effects could be mitigated (Mills, 2020). Classroom teachers can play a critical role in supporting students in these ways, but in order to mitigate the negative outcomes associated with trauma, teachers must understand how to address the unique needs of students struggling with trauma.

Educational research on ACEs focuses primarily on the relationship between ACEs and students' struggles in school, behavioral problems, drop-out rates, standardized test scores, as well as other outcomes (Barnett, 2020; Hattie, 2012; Sporleder, 2016). More recently, education researchers have sought to move beyond simply identifying the ACEs students have experienced. Instead, studies (e.g., Maynard, 2019; Pate, 2020; Rahimi, 2021; Sciaraffa; Wilson-Ching, 2023) document how trauma-informed education can be a pillar for teachers to stand on within their buildings and classrooms that can benefit students in their education and lives. Trauma-informed practices within classrooms "are powerful ways to mitigate the effects of trauma and to promote resilience in children and youth" (Pate, 2020, p. 1). Resilience is vital in those that are struggling with trauma as it relates to overall health. For example, "the association between ACEs and depression was stronger among individuals with low resilience relative to those with high resilience" (Poole, 2017, p.89). In addition, core protective systems are associated with positive adaptation leading to resilience in children and broader societal benefits that result " when ACEs are reduced and individuals are raised in thriving families and communities" (Sciaraffa, 2017, p. 343).

Despite this promising line of research, there is an inadequate amount of research within a specific educational context as it relates to high school students and their trauma. More indepth research with teachers who have successfully supported students struggling with ACEs and trauma within their classrooms is needed so that others can learn from them. The strategies that these teachers use within their classrooms could prove vital to identifying more effective instructional practices for students who experience trauma as they and their teachers seek to navigate both their studies and their trauma.

Purpose and Significance of the Study

The purpose of this qualitative case study was to better understand the perspectives and experiences of a teacher on the trauma-informed strategies they utilize within their classroom and school as they teach those impacted by ACEs and trauma. Specifically, I interviewed and observed a high school teacher within the Henderland (pseudonym) school system, specifically a teacher that has an understanding of ACEs and/or trauma-informed instruction. In addition to ACEs I also focused on trauma, which I define as, "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 well-being" (SAMHSA, 2014). Relatedly, trauma-informed instruction can be seen as an approach to learning by addressing the psychological, social, emotional, physical, and academic impacts trauma causes (Mills, 2020). The two definitions and reasoning for their inclusion will be further explained in Chapter 2 of this dissertation.

Pate (2020) described the importance of trauma-informed strategies writing, "Trauma-informed practices — such as creating safe and supportive learning environments and helping students develop consistent, positive relationships with peers and adults — are powerful ways to mitigate the effects of trauma and to promote resilience in children and youth" (Pate, 2020, p. 1). Pate (2020) described in detail how teachers may utilize strategies such as Bruce Perry's 3R's (Regulate, Relate, and Reason) to better reach students that have experienced trauma. The Neurosequential Model of Therapeutics (NMT), developed by Perry and colleagues, was created in response to a growing need to help provide better therapy to those affected by trauma. Perry realized that, "children growing up in chaos, neglect, and threat do not have the

fundamental developmental experiences required to express their underlying genetic potential to self regulate, relate, communicate, and think" (Perry, 2006, p.28). Thus NMT was developed and has since been used by a wide array of institutions to help children affected by childhood trauma. As it pertains to the 3R's, first a child must feel regulated, meaning that the environment that they are in has them feeling safe and calm. Although all three R's are paramount to successfully reach and positively impact those affected by trauma Perry states, "successful treatment with traumatized children must first regulate the brainstem's sensitized and dysregulated stress response systems" (Perry, 2006, p.50). Second, a child must "relate" to the others around them, feeling like they have developed relationships with peers and teachers. Lastly, students are able to reason, meaning that they are ready to learn and engage once they feel comfortable and safe in the environment and with the people around them (Pate, 2020).

This research study sought to utilize Sciaraffa et al.'s (2017) theory of promoting resilience within students through the use of positive protective systems by focusing on the voice of a teacher impacting students each day and understanding how they use their knowledge of trauma alongside their instructional strategies. Theories related to protective systems and trauma-informed instruction can be impacted through in-depth research of how one knowledgeable teacher approaches their practice working with students who may have a high number of ACEs. I focused specifically on relationship building, the second of Perry's three R's (relate), because I wanted to better understand how a teacher goes about building relationships and what positive benefits may come from this. I believe that the school as a whole, along with multiple teachers within it and not just a single teacher are responsible for creating an environment that students feel safe in (regulate). Focusing on how a teacher utilizes relationship building within their classroom may shine light onto how teachers can move through the 3 R's to

reach the final R, reason, where students feel comfortable within their environment and ready to learn and engage. This may be significant to the field of education for two main reasons: (1) there is not currently enough research into teaching students with high amounts of ACEs and trauma, especially from a teacher's perspective and (2) this research could provide findings that help teachers who struggle with connecting with their students, providing them with strategies or resources that can be utilized to better meet the needs of the students that they work with. Whether these strategies help with students struggling with ACEs and associated trauma or those from differing backgrounds (based on race, gender, class, etc.) that may come to school with their own traumas, this research can provide insights and strategies that benefit all students.

Research Questions

The following two research questions will guide this study:

- RQ1. How does a teacher conceptualize building relationships through the use of trauma-informed strategies?

  —RQ1a. Why does the teacher conceptualize in these ways?

  —RQ1b. How do those relationships play out in teacher-student interactions inside and outside of the classroom?

- RQ2. How does a teacher describe factors, within and beyond the classroom, that support and/or constrain their use of trauma-informed strategies?

In relation to RQ1, this research question narrowed down the focus of this research to specifically utilizing relationship building as a trauma-informed strategy by the teacher participant with her students. Some teachers use a trauma-informed approach to mediate issues that they may encounter in their classrooms and better understand the students that they are

teaching. Relationship building is one such approach that is paramount as a trauma-informed strategy used by teachers wanting to positively impact traumatized students. Relationships and relationship building was a priority of the teacher participant and used as a trauma-informed strategy in collaboration with other strategies/priorities of the teacher. RQ1a and RQ1b were used in conjunction to help answer the main research question. RQ1a provides insight as to why relationships and building relationships is such a priority to the teacher (which was explored during the interview). RQ1b was answered while conducting observations, where I was able to see the teacher using different strategies to develop relationships with students during class and outside of the classroom (hallway, lunchroom, etc.). The combination of these two sub questions helped answer RQ1 and provided information on how the teacher conceptualizes building relationships within a trauma-informed approach.

There has been research conducted showing that utilizing specific strategies can have a positive effect on students, such as the research by Pate showing that utilizing trauma-informed practices can mitigate the effects of trauma and help create resilience in children (Pate, 2020). In addition, the research done by Sporleder (2016) showed an increase in achievement in both areas of academics and behavior when trauma sensitive practices were implemented in schools. Benefit can come from understanding the processes and techniques that a teacher uses to better meet the needs of their students. These findings can add to the growing literature on trauma-informed instruction and provide schools and educators alike with ways in which classrooms can further educate those students struggling with ACEs and trauma. It is important to add to the growing literature on strategies that create positive outcomes for those dealing with trauma and help mitigate the negative effects.

In relation to the second research question, there is a need for discovering what specific factors teachers face when attempting to assist their students. Thus, it is important to better understand what these factors are and the impact they have. The main goal with this research question is gaining an understanding of what challenges and supports a teacher faces when attempting to support students that have traumatic histories, whether those challenges and/or supports come from the students themselves or from other places/peoples (district level, administrators, etc.). Meaning, is there something about the nature of specific traumas that presents challenges that teachers are unprepared to address? Are there supports teachers receive that have a lasting positive impact on the students with traumatic histories? Are the main challenges teachers face when attempting to support students with ACEs coming from outside sources such as principals, parents, the community, laws, etc.? Do these teachers lack the resources required to meet the needs of their students? Do these teachers lack the learning opportunities needed to better meet the needs of their students? Do these teachers lack support from parents, principals, other staff, or even parents or have they witnessed an amazing amount of support for their strategies and teaching? These questions were explored through RQ2 in order to gain a better understanding of why teachers that may want to help create more equitable learning environments, or even those that have attempted it, are unable to do so. It was also important to explore whether these challenges are even being addressed, and if they are, then how they are being addressed and to what extent.

Background of the Study

The definition of ACEs within an educational context as defined by Substance Abuse and Mental Health Services Administration's (SAMHSA) from the *Concept of Trauma and Guidance for a Trauma-Informed Approach* is:

> 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 well-being (SAMHSA, 2014, p. 7).

The original study for ACEs done by Dr. Vincent Felitti at the Kaiser Permanente in the 1980s is known as the first official ACE study and had the primary goal to figure out what types of abuse or neglect in childhood may lead to death in adult years (Felitti, 1998). In educational research ACEs have been studied, with many findings showing the negative impacts that ACEs have on the education of students. A main focus of these ACE studies has been on the student's struggles in school, behavioral problems, drop-out rates, standardized test scores, as well as many others. The implications for ACEs in education have gone far beyond simply identifying the ACEs students have experienced. Instead the focus now is on creating a place where trauma-informed education can be a pillar for teachers to stand on within their buildings and classrooms that can benefit students in their education and lives.

The relevance of addressing ACEs in educational settings is clear, and research shows that education is the perfect place to study ACEs (Barnett, 2020). Teachers interact with students experiencing these ACEs for hours each and every day. Thus, teachers are one group of adults that can identify the students dealing with ACEs, teach these students skills and equip them with knowledge to better their situation, and hopefully make the world all the better for it. In addition to teachers there are counselors, social workers, parents, faith leaders, and many others that interact with students each day and can positively impact those dealing with trauma. Teachers must be willing to be one of these resources for their students, a resource ready to assist with the needs of those affected by trauma. In their paper on promoting resilience for those struggling

with ACEs, Sciaraffa et. al. (2017) identified three interrelated core protective systems: a person's individual capabilities, attachment to a caregiver or sense of belonging with caring people, and a protective community that can positively impact a student with significant ACEs. Teachers are positioned to contribute to these systems by serving as caregivers who help develop students' capabilities within positive classroom environments. Thus, teachers willing to be caring and positive influences can help assist in this resilience building, thus lessening the negative outcomes of ACEs.

This research study can impact this theory by focusing on the voice of a teacher impacting students each day and how they can use their knowledge of trauma along with their own strategies to better their own practices. The research is clear that a higher number of ACEs has a negative effect on health later on in life (Felitti, 1998). There are things that teachers and schools could be doing to help benefit students dealing with ACEs and trauma. However, I believe that the theory of ACEs can be further impacted by including research on teachers that have already found success teaching and reaching students that may have a high number of ACEs. Knowing what these teachers are doing to impact their students struggling with trauma in their classrooms may shed light onto what could be done in education to improve the outcomes for countless struggling students.

Researcher's Positionality

I would like to present my own positionality and reasons for conducting this research from both a personal and professional viewpoint. I believe that truly grasping both the importance and motivation for conducting this research is paramount.

My own positionality as it relates to ACEs is important, as without a passion and desire to help those in similar situations as to what I experienced growing up, I would not be studying

this phenomenon. I am someone who answers yes to 8 out of the 10 questions on the ACE questionnaire. I come from a background of abuse, both physical and emotional, whose earliest memories are all of terror. I am someone from a lower socioeconomic class who was constantly surrounded by those from a higher class growing up. This caused lots of embarrassment as I was one of the only students receiving free breakfast and lunch at school, wearing clothes from lesser known brands than my friends, and unable to share similar experiences of those I knew unless I was willing to accept a handout. I understand that my lower socioeconomic status may have caused additional trauma beyond those associated with a simple ACE score and given me experiences growing up that someone from a higher class did not experience. I am also a white male. This means that until later on in my life, I grew up not knowing about the inequities as it relates to gender or sex, not out of arrogance but out of ignorance. I do not and cannot understand what it is like to be from a non-dominant race or gender as someone that has experienced privilege at the intersection of race and gender.

From a professional position I have been a high school math teacher for the last 7 years and I deeply care about helping each of my students, not just academically, but in their own lives. In my own classroom the way I always begin using trauma-informed strategies is to first realize that I have no idea what my students may have experienced as it relates to trauma, to what degree, and how that trauma has impacted them. This means giving students the benefit of the doubt when problems may arise and addressing the students in an environment in which they feel safe and secure. How do I do this? One example is if a student is being disruptive, I may ask them to stop the behavior, as most teachers would. If the student continues to exhibit inappropriate behavior or wants to engage in disruptive behavior with me (talking back, outbursts, etc.), I will simply ask the student to step out in the hallway. Where I believe there is a

difference between teaching with and without trauma-informed strategies is what happens next. When I step outside into the hallway I first assure the student that they are not in trouble and that my goal is to not discipline them, regardless of what the behavior was. The last thing I want is for a student to immediately get defensive or in a position where they feel they must fight (verbally or physically). I then always ask the student what is going on. I ask them if there is something they want to tell me, if they would like to talk to a principal or guidance counselor, or if they would like a moment alone to gather their thoughts and take control of their feelings, making sure that I don't focus on the behavior itself at first. In doing this I give the student a chance to take control of the situation without fear of punishment or repercussion and determine where they would like the situation to go. What I have found out over the years is that more often than not the disruptive behavior has more underlying causes, and in focusing on the child over the behavior, I can gain trust and build a positive relationship which will then reduce the disruptive behavior and prevent future issues from arising. I do also recognize that this method will not work with all students, as stepping outside in the hallway to be alone with a teacher and away from their peers may make them feel less safe and secure. It is always important to get to know my students early on and build those relationships so that students know that I am a support for them and not someone they should fear. This is how I see utilizing trauma-informed strategies within my own classroom, by recognizing that students are people with real issues and focusing solely on the material that I am expected to teach, such as geometric proofs or algebraic equations, may not be all that important in their current lives and situation.

Another strategy I have found useful is to actually discuss trauma and ACEs with my students about a month into the school year (after I have built rapport). This is not something that I have witnessed my colleagues do. The reason I go over ACEs is that I believe students need to

understand that trauma they have experienced and are currently experiencing may have a negative impact on their life, but there is hope and resources that they have access to. I go over the ACE questionnaire (Appendix G) utilizing the one created by the California Surgeon General's Clinical Advisory Committee and used by ACEs Aware, an initiative that screens patients for ACEs to help improve and save lives (California, 2023). I go through each question, reading it aloud, and then when all questions are asked I share my own experience with the questionnaire. I let them know that although I answer yes to 8 out of the 10 questions I have found ways to persevere. I then speak on the teachers and counselors that had positive impacts on me throughout my adolescence and provide students with resources that they can access. I have had several students throughout the year speak to me afterwards (sometimes weeks or months later) and share how much this positively impacted them. I do understand that this approach is not the best approach for all students, as bringing up a discussion on trauma can force students to think about issues that they would rather not think about. Each time I discuss trauma I do preface it by giving students a heads up of what the conversation will focus on and allow students who would rather not participate to step out or to put in their headphones and tune it out. I believe that discussing trauma with students and providing them with resources can truly benefit those that believe that they are alone or need help but are not sure how to receive it.

I have thoroughly considered both personally and professionally how trauma may affect an individual through development and into adulthood, although I acknowledge that my perspectives and experiences cannot be generalized to all those from similar backgrounds. This means that I cannot assume what others have experienced, and I cannot write about their experiences adequately from my own point of view. When writing my dissertation I want to make sure that this is fully expressed in my writing.

I believe that although sharing my own experiences, both from a personal and professional perspective, could have a positive impact on other teachers seeking to utilize trauma-informed strategies within the classroom, I believe that it is insufficient. Being able to focus on another teacher and her students allowed me to approach the topic more objectively, relying on data collected during interviews and observations rather than my own individual thoughts and feelings. The knowledge gained from this data and subsequent analysis was far more beneficial than what could have been shared solely from my own experiences. This will be further elaborated on in Chapter 4 with the findings.

Summary

This chapter focused on introducing this qualitative study, which is to better understand the perspectives and experiences of a teacher utilizing trauma-informed strategies as they teach students struggling with adverse childhood experiences and/or trauma. The problem was discussed and why this research must be conducted. Following the problem, the purpose of this study as well as its significance was discussed. This study is significant because it will help provide strategies that educators can use within their classrooms and schools to help mitigate the negative effects of ACEs and trauma and push for more positive futures for their students. The research questions that will help guide this research were then shared, focusing on assessing the needs of students dealing with trauma, discovering what challenges teachers may face as they attempt to assist these students, and providing strategies that teachers have used that led to more successful outcomes for their students. Finally, I shared my own positionality as it relates to this research, intending to provide the motivation for this study from both a personal and professional perspective.

In the next chapter, I discuss and synthesize the existing research on ACES and trauma, providing the definitions, history, and theories as they relate to trauma within an educational context. This will include a discussion of the roles of race, gender, and class as they relate to trauma. It will be followed by a section focused on teaching and the outcomes of teaching utilizing trauma-informed strategies. Next, Chapter 3 discusses the methodology, research design, data sources and the methods by which they were collected, and the processes of data analysis. Chapter 4 presents the results of this study, and finally, Chapter 5 provides a summary, discussion, and recommendations for future studies.

Chapter 2: Literature Review

Introduction

This chapter provides a review and synthesis of the literature on trauma and ACEs, broadly, and specifically as they relate to the field of education. I begin by tracing the development of trauma and ACEs across research from a historical perspective before discussing research on trauma within the context of education. In this section the roles of race, gender, and class as they relate to trauma from a historical and current perspective are shared. The conception and studies of trauma over time is followed by a section focused on trauma in educational research and practice. The literature discussed focuses on assessing trauma in education (how this is currently done and how it can be done), teaching in trauma-informed ways (what are the current strategies that can be implemented in classrooms and schools), and the outcomes of using trauma-informed approaches according to the research available. This chapter ends with a summary of the chapter and a look ahead towards the next chapter.

Conceptions and Studies of Trauma Over Time

Knowing where and how studies of trauma began is important for understanding how conceptions of trauma have changed over time. Why these changes were needed as well as why it is important to continue conducting research will also be shared. In the next several sections, I summarize early perspectives on trauma focusing on how trauma studies began and more specifically how studies on ACEs began. I then focus on current research and perspectives on trauma, emphasizing different theories of trauma and the current definition of trauma that I utilize throughout this study. Finally, I end by discussing the roles that race, gender, and class play in the context of trauma and why attending to these groups is important within my research.

Early Perspectives on Trauma

It is impossible to discuss where trauma research is without first discussing where it has been. The history of trauma research is vital to understanding why trauma studies in today's society are so important and why researchers must continue to conduct research with trauma and trauma-affected individuals. The history of trauma as a scientific area of study is split into three main foci/periods of psychological trauma as described by psychiatrist Judith Lewis Herman (1997) which are: (1) hysteria; (2) shell shock or combat neurosis; and (3) sexual and domestic violence (p. 9). In the following three paragraphs, I summarize Herman's analysis of distinct foci/period, while bringing in information from Black (2021) to further elaborate on these periods.

Sigmund Freud, an Austrian neurologist, discovered that hysteria was not something that women were born with, as previously believed, but instead a, "condition caused by psychological trauma" due to what they had experienced as children and adults, and yet he abandoned his findings for fear of the public backlash that may ensue (Herman, 1997, p. 12). As Herman (1997) stated, "to study psychological trauma is to come face to face both with human vulnerability in the natural world and with the capacity for evil in human nature" (p. 7). Freud had realized that women and children with "hysteria" had been physically, sexually, and emotionally abused by those in their lives from a very young age. Due to such abuse, they had developed issues that were often written off by society at large as "hysteria". Despite these findings, Freud refused to publish them because he could not accept that the trauma faced by children and women in his society was caused by the abuse that they experienced and not by an innate deficiency in their biology. In doing so he would have to admit that there were atrocities being done daily to these populations by men and that would turn society on its head.

Next, the period focused on shell shock or combat neurosis shifted the attention to Soldiers and their experiences during and after war. Soldiers during World War I were considered cowards or "morally invalid" if they experienced symptoms of Post-Traumatic Stress Disorder (PTSD; Herman, 1997, p. 21). These Soldiers were experiencing what Black (2021) describes as, "a variety of somatic complaints - chest pain, heart palpitations, anxiety, fatigue, tunnel vision, and nightmares," which had been aptly named *Soldier's Heart* (p. 121). Similarly to how "hysteria" was viewed as a problem women were born with, this framing of PTSD situated the problem within Soldiers. This framing failed to acknowledge that Soldiers had faced atrocities within war, which may cause the average person to develop symptoms as a means of coping or dealing with what they have witnessed. Instead Soldiers with PTSD were written off as "broken" and made to continue serving or face severe consequences. This view of PTSD shifted across multiple decades as individuals and groups, such as W.H.R Rivers, (describe who he is), and the Rap Groups, formed by veterans of the Vietnam War, fought for a Soldier's mental health. Thanks to these efforts men and women that fight for our country are no longer positioned as the problem. Instead, they are now taken care of after their sacrifice and treated with respect while given the care that they desperately need.

Finally, the period of sexual and domestic abuse, with roots in the women's liberation movement of the 1970s, shifted conceptions of trauma to recognize "that the most common post-traumatic disorders are those not of men in war but of women in civilian life" (Herman, 1997, p. 28). During the women's liberation movement, the atrocities Freud had uncovered and refused to publish with his research were brought to light, and the trauma experienced by generations of children and women were recognized. Although it was much later than it should have been, the majority of the improvements for women began during the 1970s with groups

fighting to end sexual and domestic abuse for all. This last period was instrumental in creating the final shift towards an agreement within scientific communities where trauma responses became a topic of research to improve the health of those affected by it and no longer simply a deficiency. But, instead trauma responses were seen as some "problem" external to the person beyond their control. With the recognition that experiences cause trauma and not the individual deficiencies, the next logical scientific step is to find a way to identify who is at risk for trauma based on their experiences.

Current Research and Perspectives on Trauma

Thanks to the different movements mentioned above, trauma became a major focus of research with different individuals and groups set on trying to define it, research it, and develop methods of treatment that can assist those that experience it. This focus has led to where trauma research and its accompanying theories are today. Research such as that of Black and Flynn (2021), discusses four different theories that they believe lay the foundation for our current understanding of trauma: biological, developmental and neuro-biological, behaviorism, and cognitive. I now focus on each of these theories mentioned by Black and Flynn, describing each in detail before providing an example of how they could be utilized in relation to trauma.

Biological. Black and Flynn (2021) described biologically based theories of trauma as those that focus on, "personal and environmental factors, their interactions, and human development to explain the relationships between extreme stress, individual vulnerabilities and predispositions, environmental factors, and psychological distress and disorders" (p. 133). Simply put, trauma, to some extent, is biological in nature. There has been research conducted into how different genes within the human body may interact with trauma and/or cause a person to experience trauma to a different extent. The human brain responds to stress and trauma in

several different ways that can range in intensity and degree but can have many negative effects whether it is an increase in anxiety or fear, a delay in development, or an additional alteration. When writing about how the brain responds to stress and trauma Black and Flynn (2021) wrote, "a stressor or threat is perceived; in response, the hypothalamus signals the pituitary, which signals the adrenal glands to release hormones—adrenal, epinephrine, and cortisol—which increase glucose levels and heart rate" (p. 134). In other words, the brain is constantly responding to trauma and those that experience it more often, especially at a younger developmental age, are having their brains and bodies flooded with these hormones over and over again, which may lead to the body changing and adapting accordingly. The last point that Black and Flynn (2021) wrote on with their biological theory is that there is historical trauma that has been studied, and there is research being conducted on how those with historical trauma have had their bodies molded and changed biologically due to this trauma. Meaning that a person several generations removed from trauma, such as a Holocaust survivor or Native American descended from those that were forcibly removed from their lands during the eighteenth and nineteenth centuries, may be experiencing the effects of trauma biologically with alterations made to their genes and their very beings. This idea of historical trauma will be discussed in greater detail in the section of how the roles of race, gender, and class relate to trauma.

Developmental and Neuro-biological. This theory of trauma focuses on how trauma affects those during different stages of development. There is research conducted in many different fields that focuses on how individuals go through development in different stages, and during these stages of development individuals mature and eventually become fully functioning members of society. The research in this theory focuses on what happens during these different stages of development when trauma occurs. Do the individuals have a support system in place

that allows them to continue developing "normally," or does the trauma have a lasting effect that causes the development to cease or perhaps alter in response to the trauma?

Neuroscientist Bruce Perry's work focuses on the brain itself during these different stages of development and how the brain responds to different stimuli, writing, "all neurons change the molecular function in a use-dependent fashion. Therefore, patterned sensory input leads to patterned changes in neuronal systems" (Black 2021, p. 136). As it relates to trauma specifically Perry added, "an awareness of human brain development and functioning provides practical insights into the origins of the abnormal functioning seen following adverse developmental experiences" (Perry, 2006, p.27). What Perry explained is that the brain develops patterns in response to different stimuli, especially those stimuli that may come during paramount times of development. For instance, when a child is physically abused their body and mind go into "fight, flight, or freeze" mode as a way to protect itself. The more the child is abused, the more often these processes are activated and the brain within the child develops a pattern in response to the abuse. Then, as the individual continues to develop and grow into an adult who feels threatened, those processes and patterns will automatically activate to protect the individual in response to whatever may activate them. The theory focuses on understanding how development is affected by trauma and how those individuals during development can be helped so that their development may continue even after experiencing trauma.

Behaviorism. The main ideas of behaviorism that have blended into trauma research are the ideas of classical and operant conditioning. Classical conditioning, according to Rehman (2023) is, "the process in which an automatic, conditioned response is paired with specific stimuli" (p.). Classical conditioning is most commonly associated with Ivan Pavlov and his experiment with dogs. Pavlov would ring a bell before serving food to the dogs and note that

they would salivate, and even later when he rang the bell with no food present the dogs would still salivate due to the association of the bell and food (Reham, 2023). Operant conditioning, according to Staddon (2003) is, "the study of reversible behavior maintained by reinforcement schedules" (p. 115). The basic idea is how to influence behavior using both positive and negative reinforcements.

Combining behaviorism with Perry's research the focus becomes how to properly condition a brain and body after experiencing trauma to get it back to a healthy state so that the individual can move forward. It is widely accepted within trauma theory that the age at which the trauma occurs is the developmental stage a child is stuck in, with Perry stating that children who have experienced trauma need, "patterned repetitive experiences appropriate to their development needs, needs that reflect the age at which they missed important stimuli or had been traumatized, not their current chronological age" (Black 2021, p. 138). The theory of behaviorism focuses on discovering what methods can/should be used to best help get a child to match their developmental stage with their chronological age.

Cognitive. "Cognitive theories hypothesize and describe how humans process information. The process involves our perception, selection, and attention to personal experiences and how we store, organize, and retrieve those memories" (Black 2021, p. 138). As it relates to traumatic experiences, cognitive theory focuses on how individuals process the trauma that they experience. When traumatic experiences happen individuals question themselves, the world, and others in order to find meaning and understanding (Black, 2020). The focus and goal of cognitive theories is to help those that have experienced traumatic experiences to see themselves, others and the world in a realistic way (correcting misunderstandings or faulty

logic) in order to better understand and process the experienced trauma and move forward in a healthy way.

Current definition of trauma. Throughout the last several years there have been several individuals and organizations that have defined trauma in the way they believe it to be or how it relates to what their research focuses on. The definition that I will utilize as it relates to ACEs within an educational context comes from Substance Abuse and Mental Health Services Administration's (SAMHSA) *Concept of Trauma and Guidance for a Trauma-Informed Approach.* SAMHSA (2014) defined 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 well-being (SAMHSA, 2014, p. 7).

This definition connects three of the four theories above by bringing attention to how a body may respond to trauma (biological), how trauma results in lasting effects (developmental/neuro-biological), and how an individual sees/processes the trauma (cognitive).

SAMHSA conducted research and created their definition by blending information from a variety of methods. They first conducted research focused specifically on trauma, compiling a list of resources that they could utilize when creating their definition. Next, they met with a group of national experts with real practice-generated knowledge about trauma interventions. This group included practitioners from a variety of fields, researchers whose work focuses on trauma and trauma interventions, and policymakers in the field of behavioral health. Finally, SAMHSA met with those that have been affected by trauma and learned from the lessons articulated by survivors of traumatic experiences who have had involvement in multiple service

sectors (SAMHSA, 2014). From all of this a working definition was created, vetted by multiple government agencies, and scrutinized by the public, allowing SAMHSA to make revisions before publishing the working definition written above. They completed this project stating, "It was expected that this blending of the research, practice and survivor knowledge would generate a framework for improving the capacity of our service systems and public institutions to better address the trauma-related issues of their constituents" (SAMHSA, 2014, p. 4).

The reason that this definition was utilized within this study is that it captures the importance and need of utilizing trauma-informed strategies within schools and classrooms. This definition stresses to teachers that students who have experienced trauma have experienced something truly physically and/or emotionally damaging. It is because of this trauma that those affected have lasting effects that can impact them in a multitude of ways. I believe that this definition of trauma captures the key components of trauma while stressing how that trauma is still impacting those that experienced it. In the world of education it can sometimes be difficult to remember that those impacts surface in different ways, at different times, and in a lasting manner. For these reasons it has been chosen as the definition of trauma utilized within this study.

As pointed out in the above definition given by SAMHSA, there are three major components of trauma; the event, the experience of the event, and the effect that it has on the individual. Each of these components are now discussed in further detail along with how they connect to the four theories of trauma discussed above.

The Event. In order for something to be classified as traumatic the event must have included physical or psychological harm, or at least the threat of it (SAMHSA, 2014). The event may have been a single occurrence (e.g., sexual assault, natural disaster.), or may have occurred

several times over the course of an individual's life. It is important to note that there are traumatic events that may not be traumatic to an individual based on the experience or effect on that individual. However, in order for something to be defined as trauma there must be some event that occurs.

The Experience. How individuals experience different events can be processed very differently, and it is important to note that some experiences may be traumatic to one individual but not to another that experienced the same event. Examples may include war veterans that were both deployed to active war zones and one comes back with many psychological issues while another Soldier does not. A car crash for example may leave one individual traumatized, causing them to have nightmares, or an increase in anxiety and stress when riding in a car in the future. This individual may develop a fear of riding in vehicles all-together, which may differ from lots of people that experience car crashes and have no lasting effects. SAMHSA (2014) wrote, "How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic" (p. 8). What is most important to note when regarding whether or not trauma has been experienced is that it is determined by the individual and not by an outside source. If the individual believes that the experience is seen and felt as traumatic then it is.

The Effect. The final component of trauma is what effect it leaves on an individual. Each individual that experiences trauma experiences effects of some sort that may occur immediately following the events, may occur much later on (after the body and mind have had time to fully process the trauma), or may slowly show themselves in the coming days, weeks, or years. Each individual may experience different effects and to different extremes based on their personal experiences. SAMHSA (2014) wrote on these varying degrees of effects: "Traumatic effects,

which may range from hypervigilance or a constant state of arousal, to numbing or avoidance, can eventually wear a person down, physically, mentally, and emotionally" (p. 8). Regardless of what the effect is it seems that trauma leaves an impact on an individual that will alter them to some varying degree over time.

Connecting definition to theoretical perspectives. An event, experience, and effect on an individual that may lead to trauma looks very different through the different lenses of the theories discussed above. I will now use the example of a hurricane in Florida to examine the different theories.

Biologically speaking, events and how the brain responds to them can differ from individual to individual depending on certain personal or environmental factors. For example, someone visiting Florida may see reports of a level two hurricane, which triggers a fear response in the brain as a result and causes high levels of stress and anxiety about the upcoming event, which in effect leads to trauma that alters their brain and how it reacts to hurricanes now and in the future. Someone who lives in Florida, however, may be used to hurricanes of a much higher level and see a level two hurricane as nothing more than a little rain. Biologically speaking this individual may not produce any hormones associated with stress, anxiety or fear and overall this event leaves no lasting effect (i.e. not traumatic). These experiences are very different for the two individuals as a result of where they are from and how they have grown up.

From a developmental/neurobiological stance the event, level two hurricanes, can cause different levels of trauma depending on the stage of development of the individual. A five year old may experience a level two hurricane and because it is their first one it may be quite scary, resulting in trauma that makes each future hurricane a trigger. However, an individual may experience their first level two hurricane as an adult and because they were able to research the

event, talk to others and form their own conclusions prior to it happening, the hurricane will likely not result in trauma or a delay in a stage of development (as they are already through their developmental stages).

In regards to behaviorism, our five year old may be experiencing the level two hurricane and will need to be conditioned to respond appropriately. Maybe each time a hurricane is forecasted the house and windows are reinforced, the electric and gas are shut off, and outside items are anchored. This is something that may seem quite traumatizing the first time it is seen/done, however after this process is repeated tens or hundreds of times in the future it may be seen as just another thing to do for a hurricane. The original effect may be that of experiencing a traumatic event, but through the use of conditioning each future event may cause less trauma until it is such a normal occurrence that it no longer results in any trauma experienced.

Finally, from a cognitive perspective an event such as a hurricane is a natural part of this world, even more so for those that live close to major bodies of water. This theory would guide therapy for someone who is traumatized by the event, helping them realize that this is natural, and focusing on how to understand and process the trauma so that they can move forward in a healthy way without being overly fearful of future trauma.

ACE Questionnaire/Expanded Questionnaire

The original study of ACEs done by Dr. Vincent Felitti at the Kaiser Permanente in the 1980s is known as the first official ACE study and had the primary goal to figure out what types of abuse or neglect in childhood may lead to death in adult years (Felitti, 1998). The ACEs Questionnaire, developed by Dr. Vincent Felitti and his team at the Kaizer Permanente in the 1980s is a 10-item measure used to measure childhood trauma. The questionnaire assesses 10 types of childhood trauma measured in the ACE Study. Five are personal: physical abuse, verbal

abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who is an alcoholic, a mother who is a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment (Felitti et al., 1998). This questionnaire has been the basis of many research studies since its' creation, including those within the field of education.

In recent years there has been a call for the ACE questionnaire to be expanded due to its inability to account for issues of race, gender, class, and others. These issues are too important to ignore or continue to be pushed to the side. I will speak more in-depth about the roles race, gender, and class play in trauma in a later section. Cronholm et al. (2015) wrote, "the Kaiser ACEs data have been limited to a sample of insured, primarily white, educated participants" (p.355). They suggested that the ACE questionnaire and research surrounding it should be expanded to include "the concept of childhood adversity to include community-level indicators such as experiencing racism, witnessing community violence, living in an unsafe neighborhood, experiencing bullying, and having a history with foster care" (p. 355). This is not the only research focused on the idea of expanding ACEs, as Karatekin and Hill (2018) voiced their concerns writing, "limiting the definition of ACEs to maltreatment and household dysfunction risks misdirecting the focus of intervention efforts for ACEs to only family dysfunction and parenting practice" (p.289). Karatekin and Hill (2018) believed that if the definition of ACEs and the research surrounding them were to be expanded then a broader list of solutions would be made available to address the structural roots of unemployment, community violence, and limited educational opportunities (p. 300). This new expanded definition would focus on a model

with four interrelated factors: maltreatment, household dysfunction, community dysfunction, and peer dysfunction/property victimization (Karatekin, 2018, p.289).

Roles of Race/Gender/Class

ACEs are very specific forms of trauma that a child experiences, and do not cover all forms of trauma that one may experience throughout life, specifically as it relates to race, gender, and class of an individual. Cronholm (2015) wrote that, "large, enduring, macrosocial factors such as poverty, racism, and classism have been associated with poor health disparities"(p.359) Race, gender, and class may relate to ACEs in two very specific ways. First, members of a particular racial, gender, and socioeconomic group are more likely to answer yes to certain questions on the ACE questionnaire due to factors beyond their control that will be discussed in greater context in the following sections. Second, these groups may also have different types of trauma besides ACEs, such as historical trauma passed down from generation to generation. It is for these reasons that researchers such as Cronholm (2015) and Karatekin (2018) have called for an expanded definition of ACEs and the ACE questionnaire, in order to more adequately account for these diverse groups.

Race. When beginning to discuss how race may relate with ACEs the idea of historical trauma and how those of many different races have experienced (and currently experience) historical trauma must be discussed. Antonio Estrada in his paper titled *Mexican Americans and Historical Trauma Theory: A Theoretical Perspective* speaks on Historical trauma, defined it using another's definition, " Brave Heart (1999a) defines historical trauma as "... cumulative trauma over both the life span and across generations that results from massive cataclysmic events…" (p. 111). Estrada (2009) then continued by speaking on how this historical trauma may manifest itself stating that some of the ways it surfaces is through, "depression, self-destructive

behavior, substance abuse, identification with ancestral pain, fixation to trauma, somatic symptoms, anxiety, guilt, and chronic bereavement'' (p. 111). Sotero (2006) added to these quotes by focusing on how difficult it may be for those affected writing, "The primary feature of historical trauma is that the trauma is transferred to subsequent generations through biological, psychological, environmental, and social means, resulting in a cross-generational cycle of trauma" (p. 95).

Black, Indigenous and People of Color (BIPOC) have to deal with an additional trauma that many white people will never have to deal with and that is historical trauma. Native-Americans, African-Americans, Mexican-American and many other groups of people have historical trauma that seeps into their lives and into our society that is added onto the trauma that one may experience with ACEs. This is important to note because there is more to unpack with BIPOC individuals in relation to trauma, as they experience trauma to an extent that other groups may have never experienced it.

In the book *My Grandmother's Hands* author Resmaa Menakem spent a great deal of writing on how white bodies have been conditioned to fear Black bodies saying, "When such sensations are embedded in a white body, that body experiences discomfort and a lack of safety in the presence of a Black body, especially an unfamiliar one" (Menakem, 2021, p. 91). His belief is that over the past several hundred years that the trauma that Black bodies have experienced has been passed down and the fear white bodies have for them has been passed down as well (both biologically and socially/learned). Author Kathleen Brown-Rice echoed this idea of historical trauma for Native-Americans in her article *Examining the Theory of Historical Trauma Among Native Americans* writing:

> the removal of children from their families is considered one of the most devastating traumas that occurred to the Native American people because it resulted in the disruption of the family structure, forced assimilation of children, and a disruption in the Native American community (Brown-Rice, 2013, p. 119).

Brown-Rice spoke on historical trauma and how, because of what has been done to Native Americans was so terrible, it has echoed throughout the generations. Because of the trauma endured by Native Americans they are, "at a greater risk of experiencing feelings of psychological distress and more likely to have poorer overall physical and mental health and unmet medical and psychological needs"(Brown-Rice, 2013, p. 117). This trauma that is passed down throughout generations in a way that affects each individual in biological, psychological, and social ways must be devastating. Finally, Estrada (2009) spoke on historical trauma, but chose to focus on Mexican-Americans instead stating that, "historical trauma has laid the foundation for the socioeconomic characteristics of Mexican-Americans, including poverty, underemployment, and low educational attainment, through structured and institutionalized oppression, discrimination, and racism" (p. 335). Once again, those that are not "White Bodies" as Menakem would say are at a disadvantage because they are facing not only individual traumas, but traumas passed throughout generations resulting in inequities that are abundant. Each of these groups and their historical trauma is something that they have to contend with and persevere through before even beginning to understand the ACEs they may also have.

The ACE questionnaire and how race may relate to it is important and a focus must be placed on how there are several questions that BIPOC children will answer yes to simply due to the increase in likelihood due to their race. The very first question of the ACE questionnaire is, "Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to

protect or take care of you?" (California, 2023) This question is very much asking about living in poverty. According to the National Center for Education Statistics (NCES) 34% of African-American children, 34% of Native-American children, and 28% of Hispanic children live in poverty compared to 11% of White children (NCES, 2019). This means that BIPOC children are more than three times as likely to live in poverty, and thus more likely to answer yes to this question, than their white counterparts. The second question of the questionnaire asks, "Did you lose a parent through divorce, abandonment, death, or other reason?", attempting to discover whether or not the child lives in a single-parent home. The American Community Survey gathered data focused on single family households, specifically Children under age 18 who live with their own single parent either in a family or subfamily. The data showed that 64% of African-American children, 49% of Hispanic children, and 42% of Hispanic children lived in a single-parent household compared to 24% of white children (AECF, 2023). Once again the numbers are staggering that BIPOC children are much more likely to come from single-parent households, meaning that they are 2-3 times more likely to answer yes to question two simply because of the race that they belong to. The final question that I want to point out is question six, which asks, "Did you live with anyone who went to jail or prison?" According to *Incarceration and Social Inequality*, "African American children are more likely to have an incarcerated parent, with 11.4% of black children having an incarcerated parent compared to 3.5% of Hispanic children and only 1.8% of white children" (Western & Pettit, 2018). This reveals that African-American children are almost three times as likely to answer yes to this question than Hispanic children and almost six times as likely to answer yes to this question as white children are.

The reason all of this is important to know is so that we understand what population is more likely to have a higher ACE score and be prepared to help with not only their ACE's, but also the additional trauma that they may be carrying as well. It is also important to note that it is not a choice of these diverse populations to live with the trauma associated with their race. This means that there is a larger societal issue at play that results in these populations enduring more trauma then white people, for instance, and should be researched more in-depth. Race plays a huge role in ACE studies and must be considered when researching and carrying out research as researchers and educators need to be prepared to assist the populations affected as needed.

Class. Similar to those of different races, those of a lower socioeconomic class also often struggle with the historical trauma stemming from generations of poverty that many feel is impossible to escape. Hardy (2019) spoke on the inequities that those in poverty face stating, "poverty is an integral part of a well-tuned system that makes escaping it a lifelong endeavor" (p. 60). This society is designed to keep the poor poor and the rich rich and rising above one's current socioeconomic status is often a daunting task that many may believe is impossible. New York Times author Jason DeParle (2012) wrote on the ability of Americans to move between socioeconomic classes, "One reason for the mobility gap may be the depth of American poverty, which leaves poor children starting especially far behind." He also shared information regarding generational wealth in America, "65 percent born in the bottom fifth stay in the bottom two-fifths" (DeParle, 2012). This lack of rising above your current class standing only adds to the trauma that those in poverty may face.

In addition to the historical trauma that those in poverty may experience they are also more likely to answer yes to several of the questions on the ACE questionnaire simply because those living in poverty have higher rates of poverty and higher rates of incarceration, as well as

many other issues that accompany a lower class. The first question asked, “Did you feel that you didn’t have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?” is an easy one to answer yes to when all you have ever known is poverty. Poverty affects many other questions on the ACE questionnaire as well such as question six which asks, “Did you live with anyone who went to jail or prison?” (California, 2023). A study by the Prison Policy Initiative found that, “in 2014 dollars, incarcerated people had a median annual income of $19,185 prior to their incarceration, which is 41% less than non-incarcerated people of similar ages” (Rabuy, 2015). Meaning, children answering these questionnaires are more likely to answer yes if they live in poverty or come from households of lower SES.

When researching ACEs it is important to bring class into the conversation because similar to race, those from a lower SES are more likely to answer yes to questions dealing with ACEs as their peers from a higher SES simply because of how much money their families bring in each year. This means that trauma is more likely and more prominent in these situations and must be considered by educators and researchers alike as they study ACEs and related trauma. Once again, there is a much larger issue at hand that must be tackled. At a a societal level, those from a lower class have no choice of being in their situation and very little resources that truly assist them in rising above their situation.

Gender. How does gender relate to ACEs and does one’s gender make it more likely that they will experience trauma and/or ACEs? Is there a specific gender that has experienced generational or historical trauma? Gender plays a vital role when researching trauma and ACEs as there are questions that women may be more likely to answer yes to simply because of their gender. Although women as a collective may not fit the typical definitions of historical trauma

described above, there is a type of historical trauma that they have experienced and had to overcome that men cannot relate to.

The history of trauma as a scientific focus is split into three main focuses/periods of psychological trauma as described by Herman (1997) which are: hysteria, shell shock or combat neurosis, and sexual and domestic violence (p. 9). Two of these periods that relate specifically to the trauma that women have had to deal with are the periods of hysteria and sexual/domestic violence. Herman (1997) and Black (2021) spoke on the research conducted by Freud during the late nineteenth century and how it did not matter because it was so influenced by society and politics at the time. Freud discovered that hysteria was not something that women were just born with, but instead a condition caused by psychological trauma due to what these women had experienced as children and adults (abuse and the way they were treated and seen by men and society at large) (Herman, 1997). As Herman (1997) stated, "to study psychological trauma is to come face to face both with human vulnerability in the natural world and with the capacity for evil in human nature" (p. 7). Freud could not accept that the trauma faced by children and women in his society was real because he would have to admit that there were atrocities being done daily to these populations and that would turn society on his head, so he gave up on this notion.

Moving onto the latest movement focused on trauma of women was during the period of sexual and domestic abuse where "not until the women's liberation movement of the 1970s was it recognized that the most common post-traumatic disorders are those not of men in war but of women in civilian life" (Herman, 1997, p. 28). It was not until this movement in the 1970s that research and improvements began for women that experienced trauma due to rape, sexual assault, and harassment. The fact that it took until the 1970s to truly begin work to help women

that had dealt with all of this trauma is both saddening and sickening. Although these instances may not fit the definitions of historical trauma listed in the race section of this section, it certainly seems like the additional trauma and associated fear that women have to live with, which men do not, should be a focal point of research related to ACEs.

As it relates to the study of ACEs, similar to the race and class sections above, there is a question women are more likely to answer yes to on the ACE questionnaire simply because of their gender. Question ten asks, "Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?" (California, 2023). According to an article published in the *Journal of Adolescent Health*, "One in 9 girls and 1 in 20 boys under the age of 18 experience sexual abuse or assault" (Finkelhor, 2014, p. 331). This means that 11% of all women and girls will experience sexual abuse or assault compared to 5% of men and boys (more than double). This statistic does not even fully answer the question on the questionnaire as question ten is much broader, asking about any unwanted sexual contact. Without further research on the subject it is impossible to speculate how much higher the numbers may truly be. Solely based on their gender,, women are more likely to answer yes to at least one question as it relates to ACEs.

Summary. Overall, race, class, and gender all relate to ACEs and/or trauma in one way or another, causing children to answer more of the ACE questionnaire questions with yes simply due to something they have no control over. Researchers and educators must account for this additional trauma when studying ACEs and consider ways that it may impact the children and their current situations.

It is the idea of intersectionality that researchers must also consider as it relates to the inequity within our society. We must conduct research that fights for equity within all contexts so

that those with less voice and less power are given voice and power. This idea of intersectionality within the context of trauma is a goal of this study, as it speaks on the importance and need of scholarly writing such as that called on by Esposito and Evan-Winters (2022) where they wrote, "qualitative research that centers intersectionality calls for more meaningful scholarships that simultaneously seeks to understand how race and gender overlap and constructs individuals and social groups' memories, stories, and perceptions about reality" (p. 188). As mentioned above, the roles of race, gender, and class play a significant role in the amount of trauma that one experiences and their intersectionality should not be overlooked or ignored when conducting research in the fields of education and trauma studies.

Trauma in Educational Research and Practice

I have shared research on trauma and ACEs in a general context in the above sections, and will now focus on them within an educational context below. In the next section I share how assessment of trauma within education is done and its need. I then focus on the current research on how teaching in trauma-informed ways is done utilizing a variety of strategies. Finally, I end with discussing the current research on the outcomes of trauma-informed teaching within schools and classrooms and why additional research on these outcomes is needed.

Assessing Trauma in Education

Identifying trauma in children and adolescents is complex work. However, using the theories and research mentioned above, many children and adolescents may have signs and symptoms associated with trauma that make trauma more easily identifiable to teachers and school staff. Some of these signs and symptoms may include students that display immaturity in relation to their chronological age due to the pause in their development at the time that they experienced trauma. Other signs and symptoms may include disattachment, under-reacting,

overreactions, bursts of anger or sadness, depression, severe anxiety, or a number of other issues. Rahimi (2021) discussed several of the behaviors exhibited by students that have exhibited trauma:

> include disruptive external behaviors such as defiance and aggression, bullying, self-harm, unsuccessful peer relationships, and antisocial behaviors. Students who have experienced trauma may also exhibit less obvious internalized behaviors, such as problems with focused attention, poor academic performance, poor school attendance, anxiety and depression, social and familial withdrawal, disrupted eating patterns, and physical ailments unrelated to physical illness (Rahimi, 2021, p. 74).

The difficult part for teachers and school staff is to determine whether or not these signs and symptoms are related to past-trauma or something entirely different, and for most teachers there simply is not enough time to have these conversations (nor are teachers qualified to do so). This would be something that further research, perhaps research focused on professional developments and/or training offered by qualified professionals, could seek to assist educators with.

A main focus of ACE studies has been on the student's struggles in school, behavioral problems, drop-out rates, standardized test scores, lasting negative effects, as well as many others (Avery, 2020; Barnett, 2020; Cronholm, 2015; Maynard, 2019; Thomas, 2019). The implications for ACEs in education have gone far beyond simply identifying the ACEs students have experienced, instead to a place where trauma-informed education can be a pillar for teachers to stand on within their buildings and classrooms that can benefit students in their education and lives.

Barnett (2020) stated that education is the perfect place to study ACEs as "educators are often left to intervene with behaviors and developmental concerns associated with adverse childhood experiences" (Barnett, 2020, p. 2). Additionally, Maynard et al. (2019) suggested that schools are perfect places to aid in trauma recovery stating that with their, "high rates of youth exposed to traumatic events and the negative impacts of those traumatic experiences on academic achievement and life course outcomes, schools represent a natural system in which to help prevent and reduce the adverse effects of trauma" (p. 7). Teachers interact with students experiencing ACEs for hours each and every day. This uniquely positions teachers as the adults that can identify students dealing with ACEs, teach students skills and equip them with knowledge to better their situation, and hopefully make the world all the better for it. In their paper on promoting resilience for those struggling with ACEs, Sciaraffa and her colleagues (2017) identified three interrelated core protective systems: a person's individual capabilities, attachment to a caregiver or sense of belonging with caring people, and a protective community that can positively impact a student with significant ACEs. Teachers willing to be caring and positive influences can help assist in this resilience building, thus lessening the negative outcomes of ACEs.

Teaching in Trauma-informed Ways

The ability to assess trauma is based on many factors, and there should be an assumption that many teachers will not know what types of trauma have impacted students or if they have experienced any trauma. However, teachers can focus on utilizing trauma-informed strategies to better support students that may have experienced trauma. In addition, by teaching all students utilizing trauma-informed strategies, teachers may be able to better help students regardless of whether they have experienced trauma. Teachers have the ability to make a positive impact on a

student's life, and ignoring the problems that students deal with or pretending that the class that they teach is the most important thing in their students' lives does not benefit students in any way. Teachers that are willing to have difficult conversations focusing on building positive relationships, provide resources to students struggling in order to build their self efficacy, and see their students as more than just students are approaching teaching using a trauma-informed mindset (NEA, 2023).

Pate (2020) emphasized the importance of trauma-informed strategies stating that teachers should focus on creating safe and supportive learning environments and helping students develop consistent, positive relationships with peers and adults. She stated that these strategies are powerful ways to mitigate the effects of trauma and to promote resilience in children (Pate, 2020). All too often teachers jump straight into instruction on day one due to the increase in testing and the focus on test scores in the last several years, meaning that building relationships with students falls down the list of priorities. Teaching from a trauma-informed stance teachers MUST focus on building these relationships, realizing that students dealing with trauma will not be able to learn and connect with the material until they feel comfortable and safe within the classroom and with the teacher.

Sciaraffa (2017) suggested that there are three "core protective systems" that are associated with positive adaptation leading to resilience; a person's individual capacities, attachment to a nurturing caregiver and a sense of belonging with caring and competent people, and a protective community (including faith and cultural processes) (p. 346). Building from this, Sciaraffa (2017) suggested several ways to help develop self regulation in young children (strategies), such as recognizing their distress in a timely and sensitive manner, providing a predictable, dependable schedule of routines, modeling emotional regulation, and taking the

child's emotions seriously (p. 346). Pate (2020) suggested several similar strategies that teachers can utilize to better teach their students, especially those who have experienced trauma. These strategies are explained further in the following sections.

Create structure and consistency through lesson schedules, regularly scheduled communication, and clear, concise instructions. When teachers provide structure and consistency to their lessons and classes this allows it to be predictable. When students are able to predict how class will go they are able to come to class fully prepared physically, mentally, and emotionally. For those that have struggled with past trauma, this predictability can reduce anxiety and stress and allow them to enter a situation without the fear they may experience in unpredicted situations. The Trauma Responsive Educational Practices (TREP) project is one that focuses on serving educators and schools by providing resources to those that serve children growing up in "neighborhoods that have high levels of toxic stress, such as violent crime, concentrated poverty, concentrated foster care involvement, and housing instability" (TREP, 2023). When speaking about the benefits of structure and consistency they wrote, "investing in consistency and predictability will substantially reduce the likelihood that students will become dysregulated because they are anxious and uncertain about what comes next" (TREP, 2023). They then went on to discuss how these predictable schedules make it easier for students to "internalize the progression" and to change from one activity or task to another (TREP, 2023). They listed several ways this can be done such as posting schedules, utilizing the same phrases when switching from activity to activity, posting behavioral expectations in the classroom and being consistent with all children in the way discipline is handled, etc. All of these strategies can assist students that have had a history of trauma because they allow for them to predict how each

class will flow and properly prepare themselves for these classes, reducing any fear or anxiety of the "unknown" that they may have previously had.

Create even more opportunities than usual for breaks and physical activities. Although the research seems inconsistent to how long the average student can stay engaged, depending on the teacher, class, method of delivery, etc, any teacher can agree that keeping all students engaged for an entire class would be quite a challenge (Bradbury, 2016). Providing a break half-way through class that allows students to move, talk, and disconnect from the material gives them something to look forward to (especially during dry lessons) and allows them to mentally recharge so that they can finish class strong. Although providing breaks can assist all children in the classroom, those with histories of trauma can benefit even more as these breaks allow opportunities for these students to develop relationships with their peers and teachers. This time away from material and spent growing and nurturing relationships is a great way to help mitigate the negative effects of trauma (Pate 2020).

Consider how you perceive and respond to challenging student behaviors. If a teacher's first reaction is to engage with disruptive behavior by raising a voice, embarrassing a student, or trying to "win" the situation, then they may need to rethink their approach, especially when dealing with students who have experienced a lot of trauma. Students dealing with trauma are rarely "bad" just because they want to be. There are many things going on in a student's life that a teacher is unaware of, and teacher's must approach challenging student behavior with understanding, compassion, and a desire to help the student.

Reduce workloads for yourself and your students. In a 2019 report conducted by the PEW Research Center, it was reported that overall, 15-to-17- year-olds spent on average an hour a day on homework throughout the school year (Livingston, 2019). Although this may not sound

like much, for students that live in trauma intense situations, this may feel quite overwhelming or even impossible.. Students that come from traumatic experiences and trauma-filled homes may come to school out of necessity due to the requirements enforced by state and national laws, but this time at school may be the only time that they are able to be kids and find some sort of peace. When teachers work students all day and then give them hours of homework to complete at home, this is a failure on an educator's part to not consider what a student deals with outside of the classroom. Students may be going to work after school to help provide for their families; they may be going home to an abusive mother or father with little to no time to work on school; or a number of other situations. This does not mean that teachers should not expect students to work for them within their classrooms and give their best, but in reducing the workload, specifically unnecessary amounts of homework for homework sake, such as assigning twenty math equations a night because "that's the way it's always be done," students with trauma have the opportunity to focus on life outside of school and give more of themselves without being at a disadvantage compared to their peers.

Outcomes of Trauma-informed Teaching

A focus of this research study is to determine which strategies current teachers are utilizing within their own classrooms and schools when teaching students affected by trauma and to determine how they perceive those strategies have impacted students. When reviewing the literature on current outcomes of trauma-informed teaching strategies, it was overwhelmingly apparent how needed a more universal framework is for trauma approaches within schools. Thomas (2019) wrote, "there is no dominant or formally agreed upon framework for trauma-informed practices, as well as no consistent determination of effectiveness" (p. 443). There have been many schools claiming that they use trauma-informed approaches, but to what

extent they use such approaches and for what outcomes is still unknown. In their systematic review of the literature Maynard et al. (2019) determined that there were no studies that truly met the criteria to be included in a study on the effects of trauma-informed approaches in schools stating, “we simply do not have the evidence (yet) to know if this approach works” (p. 3). The criteria for inclusion of studies were: (1) must have used a randomized or quasi‑experimental study design, (2) must have been conducted in a school setting serving PreK‑12 (or equivalent) students, (3) must have assessed effects of a trauma‑informed approach, (4) must have measured a student‑level outcome related to trauma symptoms/mental health, academic performance, behavior, or socioemotional functioning, and (5) must have been studies published in the last five years (Maynard, 2019). Moreover, the authors cautioned educators to step back and evaluate what approaches are being used and whether or not they should continue. “We also do not know if implementing trauma-informed approaches in schools could have unintended negative consequences for traumatized youth and school communities” (Maynard, 2019, p. 3). There seems to be a clear need to continue research on what approaches are being used (and why) in schools and what outcomes they have on students, teachers, and schools.

There are two works in particular that show some positive results of utilizing trauma-informed approaches done by Avery et al (2020) and Wilson-Ching (2023). Avery et al’s (2020) work focused on current trauma-informed approaches in schools that work to heal, grow, and change schools impacted by trauma. Wilson-Ching’s (2023) work focused on one specific type of trauma approach; relationship building strategies. Both of these works suggest that utilizing trauma-informed approaches within a school system can have positive impacts on students, staff, and/or the school as a whole.

Based on their study of utilizing trauma-informed school-wide approaches, Avery et al. (2020) found there were three core elements that were consistent across studies: staff professional development, organizational-level changes, and assessment of trauma and provision of therapy. Those studies that used trauma-informed approaches concluded that these elements were essential to creating positive change within their school environment. First, professional development on the concept of trauma was needed for teachers and staff. Many teachers may feel uncomfortable or unknowledgeable about trauma, especially how to best handle their students dealing with it. Second, organizational-level changes were seen, especially with a focus on changes made to how discipline is handled. Those affected by trauma (as discussed) have higher rates of discipline problems, many of which stem from the trauma that they have experienced. The schools in these studies realized this and made it a priority to change the way discipline was handled, focusing less on the individual act and more on the student and possible trauma they have. Finally, these schools realized that an assessment of trauma was needed and the schools needed to provide therapy for students and staff. Without understanding what students have gone through it can be difficult to understand what they may need.

The main trauma-informed strategy focused on by Wilson-Ching (2023) was relationship building. It was found that, "predominantly positive outcomes relating to relationship building strategies" (Wilson-Ching 2023, p. 3481). When relationship building became a focus within a school, outcomes related to students within the schools saw improved relationships with teachers, better relationships with other students, greater use of relationship building practices, an increased willingness of teachers to develop better relationships with their trauma-affected students, and improved relationships with families of students (Wilson-Ching, 2023). It seems

that the more relationship building strategies are utilized within schools the more positive outcomes can be achieved.

It is clear that trauma-informed strategies should be used within schools in order to help those affected by trauma. It is also apparent that additional studies on what approaches to use, which approaches lead to positive outcomes, and which strategies may need to be avoided due to negative outcomes are needed.

Theoretical Framework

There are two different works that I have found that I have used as theories or frameworks and that I utilized to help me "see" the data and make sense of how it informs what we currently understand about trauma-informed teaching. The first is the Trauma-informed Equity-minded Asset-based Model (TEAM) framework for social justice-oriented educators and the second being different models of Trauma therapy. Both of these sources will provide a better understanding of what is researched and how to better see the data as the process of analysis begins.

TEAM Model

Ramasubramanian, Riewestahl, and Landmark (2021) developed the TEAM framework specifically for equity within media literacy; however, using their six R's strategies in collaboration with Perry's NMT, I believe can assist those trying to research how to provide care to students with traumatic histories within an educational context (Perry, 2006; Ramasubramanian, 2021). The six R's are as follows: (1) Realizing that dominant ideologies are embedded in educational systems, (2) Recognizing the long-term effects of systemic trauma on learners from aggrieved communities, (3) Responding to trauma by emphasizing safety, trust, collaboration, peer network, agency, and voice within learning environments, (4) Resisting

retraumatization within learning environments, (5) Replacing egalitarianism with equity-mindedness and (6) Reframing deficit ideology with an asset-based lens to learners. (Ramasubramanian, 2021, p.29).

As it relates to the first R, those wanting to conduct educational research must first realize that dominant ideologies are embedded in educational systems by the dominant culture themselves. It is no surprise that those within education are educated by the dominant culture, which are white, middle-class educators. This "whiteness" as Ramasubramanian (2021) wrote, is not something that we can or should ignore, so the first step is recognizing it and bringing it into the limelight.

Second, we must recognize the long-term effects of systemic trauma on learners from aggrieved communities. I believe this ties in very well with the historical trauma I spoke on for those BIPOC communities, women, and those from a lower SES. These individuals that bring their own trauma to the table by no fault of their own must be considered with conducting research and attempting to enact positive change. Each of these groups has effects of trauma that they bring to schools each and every day and it must be recognized by all before beginning the work of change.

Third, we must respond to trauma by emphasizing trust, collaboration, peer network, agency, and voice within the learning environment. In order to engage with students of all backgrounds, educators and researchers alike must develop relationships centered on trust with Ramasubramanian (2021) stated, "Creating a safe environment centers support and healing in order to foster individual and collective growth" (p. 37). Once trust is earned and built then relationships can begin to develop and improve within the classroom. It is also important as Ramasubramanian (2021) stated to give voice within the learning environment to those of

minority groups, not just by letting them speak, but by bringing in the voice of their cultures and community into the learning environment and prioritizing it and its level of importance. The difference this can make to a child could engage and elevate their voices.

Fourth, we must resist retraumatization within learning environments whether intentional or not. Ramasubramanian (2021) suggested that, "Educators should be aware of contemporary forms of subtle racism such as colorblind racism and abstract idealism that place the emphasis on individual rather than societal factors" (p. 38). In doing this educators and researchers continue to provide a safe place for students of all groups to develop and grow in a positive way. I also believe that this means that educators must be willing to conduct a thorough self-examination of any possible racism, sexism, or bias that they may have. In doing so they may become aware of bias they did not know existed and be able to better refrain from retraumatization within the learning environment of their schools and classrooms.

Fifth, we must all replace egalitarianism with equity-mindedness. Meaning that the focus is on providing an equity-minded environment for all instead of one that reaffirms the dominant culture. In order for classrooms and research to be equitable it must give voice to all groups, not the dominant one alone. I suggest training centered around equity-mindedness for educators and schools so that this is encouraged and each individual understands the expectations and responsibility of creating an equitable environment.

Lastly, reframing deficit ideology with an asset-based lens to learners means seeing those from groups that may have experienced more trauma (BIPOC, low SES, or gender) not as deficits to the learning environment but as assets. There is nothing "wrong" with individuals simply because they have experienced more trauma or come from different backgrounds, they instead have experiences and viewpoints that should be seen as assets. Their viewpoints and

experiences enhance, nuance, and deepen conversations in the learning environment. I believe the TEAM framework will elucidate the data and better understand trauma-informed teaching, especially as it relates to minority youths.

Trauma Therapies

A better understanding of trauma therapies, both what they are and their uses, will better assist in illuminating the phenomenon and the data, thus better understanding trauma-informed teaching. It will help in better understanding how teachers attempting to better the outcomes of their students facing trauma utilize these therapies. Some of the examples of the therapies suggested by Black and Flynn (2021) will now be presented along with a discussion of how understanding these as an educator and researcher could assist when researching trauma within the classroom.

The Neurosequential Model of Therapeutics. This approach developed by Perry (2006) focuses specifically on the brain by looking at where the brain/child have been (when did trauma occur), where they currently are (focusing on the developmental age and not the chronological age of the brain/child), and where the brain/child need to go in order to be developmentally and chronologically in sync (Black, 2021). All too often within education students that are seen as "immature" may be placed in lower level classes, written off as "troubled-children", or not given the attention that they deserve. Perry (2006) explained how trauma impacts children during development stating, "traumatic and neglectful experiences during childhood cause abnormal organization and function of important neural systems in the brain, compromising the functional capabilities mediated by these systems" (p. 28). Understanding trauma and how it can halt the development of a brain and the child can provide understanding to educators as they try to assist these children and catch them back up to their peers. The neurosequential model of therapeutics

provides research that backs up this assumption and helps provide the understanding that educators and researchers need.

Play Therapy. Play therapy is a form of therapy, "defined by Kottman as, 'an approach to counseling young children in which the clinician uses toys, art supplies, games, and other play media to communicate with clients using the 'language' of children - the 'language' of play'" (Black, 2021, p. 144). The idea here is that children, especially those that are younger, may have a difficult time expressing their thoughts and feelings through spoken words to a clinician. Instead, children are able to express themselves through play, even "playing" out their trauma with their clinician. This may benefit even older children (high school age) as they may be much younger developmentally than their chronological age and need therapies focused on those earlier developmental times. I want to be clear that I am not asking (or expecting) educators to become trained in play therapy or to utilize techniques that they are not trained for on their students. The value I see in understanding play therapy however, is that teachers can focus more on how their students play, draw, etc. and take note of instances that may show trauma that they have experienced. I believe understanding that children share much more than we may have realized during their play time should be noted and more attention from educators should focus on play.

Cognitive Behavioral Intervention for Trauma in Schools. The final therapy that I believe could assist researchers and educators alike would be Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Black and Flynn (2021) wrote, "CBITS is a 10-session, school-based group intervention, developed for children and adolescents to reduce symptoms related to PTSD, complex trauma, depression, and general anxiety" (p. 145). Without going into details about what each session contains, I believe the takeaway is that there exists an

intervention specifically for school use to assist those that have dealt with trauma. Understanding that this allows educators and researchers to advocate for its use as a way to improve the emotional and psychological health of the students facing trauma.

Understanding that there are therapies out there specifically designed to help children with trauma better helped me "see" the data I encountered and understand trauma-informed instruction. I do not believe that these therapies necessarily benefit specific races, genders, or classes more than others as the TEAM framework does. My research can add to the theories mentioned throughout this chapter by focusing on the voices of the teachers impacting students each day and how they can use their knowledge of trauma along with their own strategies to better their own practices. The research is clear that a higher number of ACEs has a negative effect on health later on in life. However, there are things that teachers and schools could be doing to help benefit students dealing with ACEs. Teaching using a trauma-informed approach is one way that negative effects could be mitigated (Mills, 2020). However, I believe that the theory of ACEs can be impacted by including research on teachers that have already found ways to positively impact students that may have a high number of ACEs. Knowing what these teachers are doing to impact their students struggling with trauma in their classrooms may shed light onto what could be done in education to improve the outcomes for countless struggling students.

Chapter Summary

This chapter began by reviewing the definitions of trauma and ACEs and discussing the history of trauma throughout the years. Next, the current research on trauma and ACEs was shared including a history of the ACE questionnaire and its shortcomings as well as a call for an expanded questionnaire that better captures the trauma that all children may experience. Following the questionnaires the roles of race, gender, and class were discussed as a way to bring

focus to groups that have their own types of trauma that go beyond those specific to ACEs. The literature review then discussed where the current research of trauma within an educational setting is and how teachers can both identify trauma and utilize a variety of strategies to best reach and teach students struggling with trauma. Finally, a theoretical framework combining the TEAM model and different types of trauma therapies was discussed that will be used as a way to guide the research throughout this study. The next chapter with focus on the methodology used for this dissertation.

Chapter 3: Methodology

Introduction

As discussed in the review of the literature in Chapter 2, ACEs are traumatic events that children, defined as anyone under the age of 18, experience, and these experiences tend to lead to negative outcomes in adulthood. The aim of this study is to better understand the perspectives and experiences of a teacher on the trauma-informed strategies they utilize within their classroom as they teach those impacted by ACEs and trauma. The research questions guiding this study are as follows:

RQ1. How does a teacher conceptualize building relationships through the use of trauma-informed strategies?

—RQ1a. Why does the teacher conceptualize in these ways?

—RQ1b. How do those relationships play out in teacher-student interactions inside and outside of the classroom?

RQ2. How does a teacher describe factors, within and beyond the classroom, that support and/or constrain their use of trauma-informed strategies?

This chapter focuses on the research design and data analysis methods for this research study. The chapter begins with a discussion of the research design utilized for this study: a qualitative case study. Then, I describe the research setting and participants. The section that follows details the multiple data collection methods and the data analysis.. This chapter concludes with a summary of the materials presented and an introduction to subsequent chapters.

Research Design

Before describing my qualitative case study design, I will describe the epistemological and ontological perspectives that guided my decisions about design and methods. Epistemologically, I believe we know what we know due to the education we seek. The more we seek out help, knowledge, and information from those who know more or those that have experiences that predate ours, the more we can know about what we know. People use an abundance of places and resources to add onto their knowledge. Accordingly, in this research study, I take a constructivist approach to knowledge production, meaning that I attempt to construct meaning alongside my participant. This approach involves "engaging with participants in order to uncover their beliefs, values, and perspectives, which then become the basis of the research" (Dovetail, 2023).

Ontologically, I think certain truths are absolute, and I place those in a box called "science." Examples from this box include things that have been proven true and are not up to interpretation (e.g., what is the atmosphere made of, what are the properties that make up humans, how does pollination work). Although I believe these to be absolute truths, I also acknowledge that if scientists discover something that needs to be added to our understanding of these truths, those revisions do not change the absolute nature of that truth. By this, I mean that absolute truths are truths we should all hold to as of right now. Outside of "science", I believe almost everything else is a relative truth and is so subjective in nature that it is up to an individual as to what "truth" is. This belief about reality and existence aligns with my overall constructive paradigm as described above, which is highly compatible with qualitative research. The assumption that truth is subjective and reality can be constructed from individuals and groups working together as a social construct is why qualitative researchers may seek to

understand an individual or groups perspectives in qualitative research. In doing so, we can better understand their truths and share these truths with others, thus increasing understanding for all. There is an incredible depth of knowledge that can be gained from learning from individuals; their experiences, their perspectives, their truths, their views, and their understanding of the world in which they live. These findings, being shared with others, can allow us to grow as a society as we attempt to learn and understand from those that make up the world we live in. For these reasons, I am researching the perspectives and experiences of a teacher as they teach those affected by trauma using trauma-informed strategies. These truths are specific to the individual teacher, and a teacher's truth may have changed over time as they encountered new information and new experiences. This underlying paradigmatic perspective guided me to prioritize teacher voice throughout my research design as I am concerned with the individual perspective and experiences of the teacher and their "truths".

Case Study Design

The study is guided by a case study of qualitative design because it prioritizes teacher voice while also providing a detailed account of the specific topic to be explored (Johnson, 2020). I chose to follow Merriam's (1998) approach to case study methodology because I believe that approach best aligns with my own paradigm. Merriam's qualitative research approach takes up constructivism epistemological commitments (Yazan, 2015). In this approach a case study is defined as, "an intensive, holistic description and analysis of a bounded phenomenon such as a program, an institution, a person, a process, or a social unit" (Merriam, 1998, p.xiii). My case study focuses on an individual and their specific perspectives and experiences as they relate to trauma-informed strategies. In terms of the design of the case study Merriam (1998) followed a

five-step approach: (1) conducting a literature review to gain a better understanding of the phenomenon being researched; (2) constructing a theoretical framework that will aid the researcher throughout the research; (3) identifying a research problem that will be the basis of the research project; (4) crafting and sharpening research questions; and (5) selecting the sample through purposeful sampling so that research can continue and data collection can be done. I have designed my study in this way because it allowed for the two foci to be on trauma and on the utilization of trauma-informed strategies within the classroom and school. I have set up my next steps to focus on gathering data, mirroring Merriam's description of gathering data through the use of interviews, observations, and document analysis as described by Yazan (2015). After these data are gathered, the researcher's focus then turns towards analysis, which Merriam described as, "the process of making sense out of the data [which] involves consolidating, reducing, and interpreting what people have said and what the researcher has seen and read – it is the process of making meaning" (1998, p 178.). Analysis can use a variety of techniques, but the goal is to make sense of the data collected.

This approach to case study research is especially appropriate for answering my research questions because each of the questions is concerned with understanding a teacher's perspective, experience, and knowledge of trauma experienced by students while utilizing trauma-informed strategies. Using a case study of qualitative design allows the teacher to become a focus for data collection and analysis and allows their voice to become the focal point for analysis. The overall goal is to learn from a teacher, directly, perspectives and experiences that can further the knowledge that we currently have as it relates to teaching students with ACEs and trauma. Thus,

this dissertation is a study of a case of one teacher's perspectives of and experiences with trauma-informed teaching.

It is also important to note that because of the sensitive nature of this study and a duty to report neglect or abuse at home for those under the age of 18, the study focused on teachers instead of the students who have been affected by the trauma. This will be further elaborated on within the limitations section of Chapter 5. To account for this, I used data given by the National Council of State Legislators (NCSL) to justify the assumption under which this study was conducted. Namely, research was conducted under the assumption that over 30% of students have experienced one ACE and over 15% have experienced more than one (Garcia, 2021). This allowed me to conduct research under the assumption that the teacher I chose as a participant had experience teaching students with ACEs.

In Appendix H, I have inserted a figure of the qualitative case study design that I have used for this study. This design allowed me to study the case of a single teacher's perspectives and experiences with trauma-informed teaching, conceptualized utilizing three main works: Barnett (2020) with her work on teacher beliefs in relation to ACEs; Sciaraffa et al's (2017) work on understanding and promoting resilience in ACEs; and Ramasubramanian's (2021) work on the TEAM model.

Conceptual Framework for Trauma-informed Teaching

Here, I bring ideas from Barnett (2020), Sciaraffa et al. (2017), and Ramasubramanian (2021) together as a way to conceptualize how teachers can approach teaching in a trauma-informed way that benefits their students and themselves. For an individual summary of each of the three works, refer back to Chapter 2. Trauma-informed teaching relies on evidence that adults can assist students in increasing their physical health and mental well-being for ACEs

(Sciaraffa et al., 2017). Some of the examples include allowing students time to play and explore in a safe environment, providing a secure relationship, and working collaboratively with parents. This conceptual framework applies those ideas and strategies to teaching by recognizing that in order for students affected by trauma to thrive, their physical health and mental well-being must be prioritized, which can support students' to develop resiliency. Individual beliefs of each teacher and their mental health, however, can influence attempts to promote resiliency (Barnett, 2020). Teachers must believe in something or see it as important in order for students to benefit from approaches, such as trauma-informed strategies to assist students. Thus, in addition to specific pedagogical strategies, teachers benefit from developing their own self-awareness of resiliency, sensitivity, and self regulation (Barnett, 2020). Thus teachers' attitudes and beliefs are essential in developing a framework for trauma-informed teaching. Accordingly, the final piece of this framework uses "an asset-based model that urges educators to avoid deficit ideologies to frame marginalized communities" (Ramasubramanina, 2021, p. X). As I stated throughout Chapter 2, the role that race, gender, and class plays as it relates to trauma is an essential component that cannot be overlooked. The TEAM model (Ramasubramanian, 2021) offers six guiding strategies that attend to race, gender, and class and reduce the chance of adding to the trauma that students from these groups may have experienced. Taken together, trauma-informed teaching can be conceptualized as teaching that positively impacts the physical health and mental well-being by increasing the resiliency of students who have experienced trauma. Such teaching relies heavily on teachers' attitudes and beliefs, namely those that support attention to the relationships between trauma and race, gender, and class, and takes care not to add to trauma experiences based on students' social identities.

Research Context and Participants

The following sections focus on the data collection processes and methods utilized. This starts with site and participant selection, where I describe how I found the school and teacher participant for the study. This is followed by sections pertaining to the data collection methods used in this research study; a screening questionnaire, interviews, observations, field notes, and analytic memos. In each section the selected data collection measure is described in detail, explaining why each was picked and how it was utilized to aid in answering the research questions presented. I will now begin with describing the school selection process.

School Selection

The goal of school/site selection was to find a school that had certain demographics relating to race, gender, and class. I searched for counties and schools with a high percentage of BIPOC students, schools that were Title 1 (or had higher rates of poverty) and schools where the ratio of boys to girls was very similar. This was due to the relationship between trauma and race, gender, and class described in Chapter 2. Once I had district approval, I analyzed the high schools in a similar fashion and selected a site based on demographics. The selected school is a Title 1 school with a large population of students (more than 1,000), with roughly 60% white students and 40% students of color at the time of the study. The male to female ratio is 1 to 1.

When looking at how well the school performs on state measures of academic outcomes, the selected school outperformed the state average on both reading and mathematics statewide tests. Amongst its underserved students, defined as those that are Black, Hispanic, or economically disadvantaged, this school outperformed the state average on end of year tests. In

addition, the graduation rate of this school is slightly higher than the state average at 91% (TDOE, 2023). I believe it was important to include the above information as it provides some context as to the success that the school has experienced, due perhaps in part to the strategies that it and its teachers have implemented.

As it relates to trauma, the school selected and its district do not currently have trauma-informed policies in place or expectations for its teachers to teach from this approach. However, the participant selected does speak on the district beginning to offer professional developments on trauma-informed teaching and practices during the past summer. She explained that this is something the county is trying to implement and the teachers had access to more and more sessions throughout the year on teaching using a trauma-informed approach. This will be discussed more within the findings section of Chapter 4.

Participant Selection

Finding a Teacher. Teachers served as the primary group of participants for this study because I sought to understand their processes, experiences, and perspectives. More specifically, I purposefully selected a single teacher as my participant because the research questions focused on what a teacher does within their classroom and school as it relates to trauma-informed strategies as they teach those affected by ACEs and/or trauma. Specifically, answering the research questions required that the selected teacher understood what ACEs are and how to teach students within their classrooms struggling with them well enough to offer a perspective on the relationships between teaching, learning, and trauma/ACEs. Thus, I sought to recruit a teacher with knowledge of ACEs, knowledge of trauma-informed teaching, and experience using

trauma-informed strategies within their own classrooms. This could come from professional development offered by the county or some additional source, college classes the teacher took while obtaining a degree, or a different source indicated by the teacher. Teacher recruitment proceeded as follows.

First, I gained IRB approval for the study from the University of Tennessee IRB. This included providing information on several different aspects of the research including: the purpose of my research, intended data collection methods, recruitment process, and how I would ethically conduct the research study. The proper documentation was submitted, and I was given approval by the University to conduct the research study. The next step was requesting permission to conduct research within specific school districts by contacting human resources for the districts and the district's superintendent. Once I received the approval from human resources and the superintendent, permission was requested from the Head principal of the school. All of this was required prior to recruitment of a teacher participant.

After permission was obtained to conduct the research from all sources described above, a recruitment email with a link to a questionnaire was sent out over school email (see Appendix A for Recruitment Email) to all teachers at the school. The screening questionnaire was utilized to narrow down the list of potential participants from all those that responded to one single participant. I sent the recruitment email to the principal of the high school and had him disseminate it to the teachers. Based on the responses obtained, or lack thereof as only one teacher responded (will be discussed in the limitations section of Chapter 5), I narrowed down the list to one individual that stood out based on having experience with ACEs and/or trauma-informed strategies, as well as available time to conduct interviews and observations. The

first page of the questionnaire email is a consent form (found in Appendix C) which gives the researcher permission to conduct the research with the participant. This consent form was completed by the participant prior to any data collection. I then had the participant sign another consent form stating that they were willing to participate in two or three interviews, allow their classes to be observed multiple times throughout the months of April and May (researcher and classroom teacher decided which class periods), allow a minimum of one complete day to be observed (from start to end of the day based on teacher contract hours), and allow all information collected to be used in this research study.

Description of Teacher. Dr. Carly Brown (pseudonym) was selected as the participant for this study. She is a white female in her thirties. She is a science teacher that has almost a decade of experience teaching at multiple high schools within and outside of her current district. During that time she has taught different sections including some special education and some honors classes. Dr. Brown holds multiple degrees including a Bachelor of Science, a Master of Arts in Teaching, an Educational Specialist, and an Educational Doctorate. Dr. Brown has prior knowledge of ACEs and trauma that she gained from classes she took while gaining her degrees and through her experience teaching. She also utilizes trauma-informed teaching within her classroom, stating, “it involves creating a safe environment, building relationships, and supporting students’ self efficacy.” I would add to Dr. Brown’s description by stating that she is a kind woman that truly has a passion for teaching and assisting each and every student that she comes into contact with. She is able to have fun with her students, often joking and laughing with them, but she is also able to maintain a professional teacher-student relationship where

students seem to admire and respect her. I will further elaborate on Dr. Brown's interactions with her students in Chapter 4.

Data Collection Methods

The data collection involved a screening questionnaire, interviews with the selected teacher, two different types of observations, field notes, and analytical memos. There were multiple interviews conducted with the selected participant in order to gain a better understanding of what experience the participant had with trauma and trauma-informed strategies in teaching. Observations took place both in specific class periods in order to see how the teacher and students interacted within a classroom setting and outside of the classroom in order to observe how the teacher interacted with students outside of a classroom setting. Field notes were created for data collection during the observations as a way to capture interactions between the students and teacher. Analytical memos were used throughout data collection as a preliminary analysis strategy to capture emerging ideas on things seen, heard, and thought of during interviews and observations.. These means have been selected because they follow Merriam's (1998) approach to qualitative case studies and allow the two research questions proposed to be addressed more effectively while data collection is still ongoing. I asked the participant during each interview about how they utilize trauma-informed strategies, specifically emphasizing relationship-building, (RQ1) and why those strategies are such important aspects of trauma-informed teaching (RQ1a). I also asked about any support or challenges they experience when assisting students affected by trauma (RQ2). The observations allowed me to create field notes that aided in my understanding of how the teacher uses trauma-informed strategies, specifically relationship-building, and gave me insight as to how this looks in practice for this

teacher and their students (RQ1b). I will now describe the questionnaire, interview, and observation protocols in greater detail.

Questionnaire

The main goal of the questionnaire was to narrow down the list of teachers at the high school selected to one ideal participant. This questionnaire was given to all teachers, and based on answers given, one participant was chosen to become the focus of the study. The questionnaire in its entirety can be found in Appendix B of this dissertation. Although data were collected through the screening questionnaire, the specific responses were not analyzed as data for this research study. Instead, the interviews and observations allowed the participant to further expand upon ideas and topics presented in the screening questionnaire, resulting in data that were included in analysis.

I sent a questionnaire through email to the principal of my selected school, asking the principal to then share it with all of his teachers. This questionnaire (Appendix B) asked about the following: basic demographic data, familiarity with ACEs and use of trauma-informed strategies; and willingness to participate in interviews and observations for the purpose of this research study. I selected a teacher who responded “yes” to participating in the research and has familiarity with ACEs and trauma-informed strategies. I narrowed down the list to one individual that stood out based on having experience with ACEs and/or trauma-informed strategies, as well as available time to conduct interviews and observations. I prioritized selecting a teacher who demonstrated an asset-based view of students from racial, gendered, or class backgrounds that experience higher levels of trauma.

Students are a secondary group of research participants because of the methods used to answer the research questions. More specifically, observations of teacher and student interactions were documented as a way of generating evidence for RQ1. Students were recruited using an opt out form (Appendix E) that was sent from the teacher to the parents. Parents needed to sign and return the opt out form to the teacher, who then gave it to me, in order to declare that their student would not be included in any of the observational field notes and/or the study.

Interviews

Interviews were a crucial method used for the data collection within this qualitative research study. I chose interviews as the primary method because doing so foregrounded teacher voice and perspective. I interviewed the selected teacher using a semi-structured approach (see Appendix F for Interview guidelines and questions for both Interview 1 and Interview 2) as this approach "allows researchers to acquire in depth information and evidence from interviewees while seriously considering the focus of the study" (Ruslin, 2022, p.22). I approached the initial interview with several questions in mind; however, the interviewee had opportunities to control most of the interview and was encouraged to go in directions that they felt the questions lead them. As Ruslin (2022) pointed out, this is a benefit of the semi-structured interview because, "it allows flexibility and adaptability for researchers to hold their track as compared to an unstructured interview, where its direction is not fully considered" (p. 22). This allowed for questions and responses during the interview that were previously unthought of to become known as well as for the interviewee to speak their mind. The interview questions were created to assist in answering the two research questions, with multiple of these "sub-questions" allocated to each of the two main research questions. Interviews were conducted in-person and

lasted no longer than 60 minutes. Each interview was recorded using both an audio recording device and a video recording device (Zoom). I also took notes throughout each interview. These notes were focused on things that the interviewee said that I felt would further the research study, I wanted to make sure that I paid closer attention to as I am transcribing the interview, or I wanted to create additional questions to ask the interviewee about. The first interview was conducted during the first meeting with the teacher in the month of April, prior to any observations. There was a second interview at the end of April, once all observations were completed. Unlike the first interview, the second interview protocol was created based on specific themes identified during observations, questions that the first interview brought up that I wanted the teacher to elaborate on, or new questions that I thought could aid in answering the two research questions. Before the start of each interview and observation verbal and written (only during initial interview) confirmation was obtained to make sure that the participant was still willing to participate.

Observations

I observed the selected teacher five separate times within their classroom. Two of those observations only focused on one class and lasted for an entire class period of approximately 75 minutes, and three of the observations were whole day observations where I observed from before school to the end of the day. Before the observations began, I spent some time at the school to meet the classes, introduce myself, and explain the purpose of my research and what I would be doing. In addition, I allowed students to ask any questions they may have as it pertained to the research study. These are things I did to build rapport with the school and with the teacher and their students to provide some level of comfortability. During observations I sat

in the back of the classroom away from students and the teacher and acted as a passive participant observer. This means that the students and teacher knew that I was there but the goal was to create as little of an impact as possible in order to create an atmosphere that is typical in each classroom (Frey, 2018). Siegel (2018) wrote on passive participation stating that it is when researchers are present by not actively involved in the activities. The goal being to observe an event and take notes without necessarily being immersed in the situation (Siegel, 2018). In addition to the classroom observations, I also conducted full-day observations to gain a better sense of how the teacher and their students interacted outside of a classroom environment. I believe that relationship building with students is not constrained to a classroom environment and full day observations were utilized to explore this.

Field notes were taken during each observation and later coded using qualitative software. I used Emerson's (2011) work as a guide to taking field notes during the observations. The goal of these observations was to learn how the teachers and students interacted and common themes that appeared throughout each class. I wanted to take notes on any ways I noticed the teacher assessing trauma in her students, any trauma-informed strategies used by the teacher, and how the students reacted to any of these different strategies. In terms of documenting teacher and student interactions, field notes were taken that focused on what the teacher said to students as well as expressions and mannerisms of both the teacher and her students. The primary information collected on students was their reactions, both through their words and body language/expressions in response to their teacher. Names, demographic information, or any identifiable information was not collected for students, as the goal was to get a sense of how the teacher utilized trauma-informed strategies and how students responded to

their use. Field notes were also utilized to document information pertaining to the school environment as a whole. I wanted to gain a better understanding of the school environment, which has an influence on the classroom environment, teacher, and their students.

Data Analysis

An important element of this research study was the level of analysis taken into consideration. For the level of analysis used for this study, three different levels were taken into consideration and explored similar to that of De Clerq's (2021) analysis: the micro-level focusing on individual teacher experiences and perspectives; the meso-level focusing on the learning environment and individual institution; and the macro-level focusing on the wider education system and community. Emphasizing the micro-level allowed the teacher to be the focus, which allowed the participant's experiences and perspectives to answer my research questions. Focusing on the meso-level allowed me to gain a better understanding of how the school environment was set-up in a way that centers trauma-informed teaching within each classroom and in what ways it can be used to support or constrain the teachers use of trauma-informed strategies. This level is very much tied to research question two, which begins to explore the challenges that teachers face when trying to support those affected by trauma. Finally, the macro-level allowed me to look beyond the individual teacher or school and see how the educational system is impacting trauma-related studies. However, as I analyzed the data and the findings became clearer, I realized that data were insufficient to identify themes at the macro-level and that the macro-level was not an essential part of this particular study. Instead, the analysis stopped at the meso-level, and I presume that the findings related to this meso-level apply beyond, to the macro-level (however this is beyond the scope of this particular study).

Thematic analysis through coding was used for this research study, as the focus is on discovering similar themes from each interview, observation, and teacher. This specific type of coding "involves reading through a data set (such as transcripts from in depth interviews or focus groups), and identifying patterns in meaning across the data to derive themes" (Delve, 2020). I hoped to discover what strategies teachers utilize in order to better understand and assist those students that struggle with ACEs, and thematic analysis coding helped aid in this process.

On the micro-level, data from the specific teacher chosen for the interviews and observations were analyzed. This was the specific participant, and thus the majority of analysis focused on the interactions and responses of this individual. I analyzed the data collected during the observations and interviews that related specifically to the teacher's experiences and perspectives as well as their interactions with students. This means that I looked for certain patterns that existed in the data as they related to each of the two research questions. I noted processes that the teacher used to develop relationships with their students (RQ1), any challenges the teacher believed that they faced when supporting students affected by trauma (RQ2), and any trauma-informed approaches utilized by the teacher. I utilized a deductive coding approach which, " involves creating codes prior to data analysis and applying those codes to the data" (Bingham, 2023). These codes were created prior to data collection based on the literature, developed research questions, the conceptual framework, and some of my preconceived notions about the utilization of trauma-informed teaching.

The next level taken into consideration was the meso-level, which is the school itself. The school informs the research and the participant by its very existence and how the participant reacts within it. All students and teachers have to follow the rules and regulations laid out by the administrators and the schools that exist within the communities where they are located. This

meso-level focus helped me answer each research question by examining how a teacher conceptualized building relationships through the use of trauma-informed strategies (RQ1) and how a teacher described factors, within and beyond the classroom, that support and/or constrain their use of trauma-informed strategies (RQ2). I analyzed these data by utilizing coding that recognized instances where the teacher either spoke on the school (during interviews) or interacted with the school environment (during observations). My conceptual framework helped guide this analysis of the meso-level by helping me develop codes prior to collection.

Once I had coded each of the interviews and field notes from the observations, I began to look for patterns throughout the codes that could lead me to findings. I first counted the codes, determining the number of times each code occurred. This led me to creating a code frequency table, an excerpt of which can be found in Appendix I. I was able to utilize this code frequency table to determine which codes appeared most often and in what specific context. From this list of codes I created a codebook that defined each of the codes I had found and offered meaning and context to each of them. This allowed me to see instances in which I could combine codes, rewrite codes, or delete codes, which led to subsequent rounds of coding in order to get to a place where I believed the codes most accurately represented the data collected. An excerpt from my final round of coding for this codebook can be found in Appendix J. I then created a table of co-occurrence, found in Appendix K, which allowed me to see which codes appeared alongside other codes and how often this occurred. Utilizing the codebook, code frequency table, co-occurrence table, and several rounds of coding, I was able to find patterns that led me to larger findings, or themes. Each of these findings will be discussed further in the following chapter.

Chapter Summary

This chapter presented the methodology utilized throughout this research study. I included information regarding the proposed research setting and participants. I then shared the research design guiding this study, including the conceptual framework for trauma-informed teaching that I believe influences my work as a researcher and educator. The final section focused on data collection methods and data analysis that I utilized and felt was most appropriate for this research. In the next chapter I will present the results of the research study.

Chapter 4: Presentation of Research

Introduction

This chapter presents findings from the analysis of the data collected through observations and interviews with Dr. Carly Brown and her high school science classes, as detailed in Chapter 3. Using the methods for coding described in the previous chapter the major findings of the study will be presented in the form of six themes as they relate to the research questions posed by this study. These six themes are: (1) Availability, Awareness, and Respect Leads to Flourishing Relationships; (2) Student Choice and Relationships with Peers Leads to a Comfortable Environment; (3) Breaks Allow for Relationship Building; (4) Focusing on Student Needs Leads to Engagement; (5) Lack of Training is the Biggest Obstacle; and (6) Staff Buy-in Could Mean More Trauma Support. This chapter will focus on describing each findings, presented alongside evidence from the analysis that supports each. I will describe how the themes are used to answer the two research questions (and their subquestions) posed: (RQ1) How does a teacher conceptualize building relationships through the use of trauma-informed strategies?; (RQ2) How does a teacher describe factors, within and beyond the classroom, that support and/or constrain their use of trauma-informed strategies? The chapter will conclude with an overall summary of all six themes and a look ahead to Chapter 5, which will focus on discussion of the limitations and implications as well as recommendations for future research.

Findings on Trauma-Informed Strategies

A vital part of the analysis was determining which trauma-informed strategies were utilized by Dr. Brown. Using my familiarity with the literature discussed in Chapter 2, I identified that Dr. Brown used three main strategies during her classes, and all three strategies

were confirmed by her during the interviews. These three trauma-informed strategies were: (1) providing structure and consistency through lesson schedules, communication, and with clear and concise instructions (TREP, 2023); (2) providing breaks (Pate, 2020); and (3) focusing on building relationships with students (Pate, 2020). Dr. Brown described providing structure and consistency as a vital strategy: “I don't catch them off guard with anything, and if I know something's gonna be different ahead of time, I'll tell them” (INT2). She also stressed the importance of breaks: “I feel like they're beneficial because they can't work for 90 min straight, there's no way and anybody would get tired” (INT2).

Another important strategy utilized by Dr. Brown was building relationships with students. This allows her to better understand her students and what they might be going through so that she can better meet their needs. She spoke about this during interview two. “I don't pry. But I have had students that come up to me in tears. Just to be like this is what I'm going through. I just wanted to let you know. My mind is not here, and I'm struggling” (INT2). This level of comfortability that students have, to share their struggles with Dr. Brown, shows evidence of relationship development between students and their teacher. These strategies were discussed in length during Chapter 2 of this study and will all be described throughout the findings sections of this chapter using evidence from data collected and presented in a way that answers the research questions posed.

In addition to the three strategies mentioned above, there were also two additional trauma-informed strategies added to the list by Dr. Brown. She believed these strategies should be included as trauma-informed strategies based on her own experience and perspective, and they include: (1) creating a comfortable and respectful environment; and (2) allowing student

choice with flexibility from the teacher. Creating a comfortable environment may be one of the most important strategies a teacher can utilize within their classroom, as Dr. Brown explained:

> Like, I said. I want them to feel comfortable, and they may have a really stressful life at home, and I don't want my classroom to add to that stress. I want it to be a safe place where they can be themselves, and maybe take a break from home life (INT1).

In addition to a comfortable environment, the environment must also be respectful. In order to have an environment conducive to learning and growing, respect must be cultivated, starting with the teacher. Dr. Brown stated, "starting from the beginning, like we build a respectful culture like. I don't yell at them because that doesn't solve anything" (INT 2). When a teacher creates an environment where students can feel comfortable and respected, relationships flourish. Part of that comfortability relates to allowing students choice within their environment and having flexibility as a teacher to be okay with what students choose. When it comes to where students position themselves within the classroom and who they position themselves with, Dr. Brown created an environment that respected those choices. I witnessed during observations that students were able to decide where they sat and who they sat next to. Dr. Brown later confirmed in conversation that this freedom was granted unless students began to act up, in which case it could be taken away. Student choice goes beyond simply their position within the classroom as it also includes choice of assignments and choice within those assignments as well as many others that will be further elaborated on within the sections to follow.

Evidence of these trauma-informed strategies is presented throughout the remaining sections of this chapter in relation to the themes that appeared during analysis. Strategies already written about in previous chapters are presented alongside the ones Dr. Brown felt needed to be

included; both will be discussed in greater detail below within each of the sections for the six themes.

Availability, Awareness, and Respect Leads to Flourishing Relationships

A teacher that is available for students, constantly has awareness, and creates a respectful environment that sets up opportunities for relationships with students to flourish. There were many strategies that Dr. Brown utilized with her students that I was able to ask about during interviews and observe during my different observations. What I concluded was that it was not one simple strategy that led to relationships flourishing, and instead there were three different strategies that Dr. Brown used to set up opportunities to build relationships

Availability for Students

One of the first codes that emerged during data analysis was Dr. Brown's availability for her students. She was always available to answer student questions, assist with work, or converse with them. I saw evidence of this availability in her presence throughout the classroom, in which she was always moving from student to student and throughout the room. When asked about the importance of being available to students and how this might relate to utilizing relationship building within trauma-informed strategies, Dr. Brown commented on the importance of being available: "Just being present, like, if they need to talk, they know that I'll listen and give advice when needed and stuff" (INT2, RQ1a). This played out during class time as observed during observation 5 as, "Dr. Brown did interact when students would ask questions or talk to her (never saw her shut any of that down and always gave students undivided attention)" (OBS5, RQ1b). This extended past just the classroom, as she always spent time in-between classes in the hallways welcoming students and conversing with anyone who wanted to talk. Making sure to always be available created opportunities for Dr. Brown to develop relationships with students,

giving them a trusted adult to talk to, receive school assistance from, or ask for personal advice (RQ1).

Teacher Awareness of Students

In always being aware of what students are doing, what their needs are (to the extent that she could) and how best to allow for relationship building, Dr. Brown was able to better anticipate the needs of her students and react accordingly. This awareness was showcased in several different ways with one of the most common ways being that Dr. Brown was always aware of what students were doing on their computers using software installed on student computers. Dr. Brown stated the usefulness of the program during an interview: "I usually check in with them to make sure they know what they're doing, and I can see their screens (using Dyknow) and kind of see if they're stuck. And if I need to help them get back on task" (INT2, RQ1a). DyKnow was not just useful for making sure students were on task, but it allowed Dr. Brown to know who was stuck or needed extra attention so that she could provide the assistance. It is important to note that although Dyknow could be utilized in several different ways, such as to spy on students or as a means of identifying inappropriate behavior resulting in punishment by the teacher or school, this was not its purpose in Dr. Brown's classroom. This program was utilized as an awareness tool by Dr. Brown so that she could better understand when student's needed more time on assignments, if they were stuck and needed assistance, or even as a means of communication that allowed for more privacy between students and Dr. Brown (private messages could be shared from computer to computer using the software). I was able to observe during class that Dr. Brown's awareness of students also allowed her to know when to offer her own input into student conversations and when best to allow students to develop their own relationships with their peers. "I noticed for a lot of the student conversations Dr. Brown listened

and observed, but didn't offer her own comments or inputs unless/until prompted by those students involved (gave students freedom to develop peer-to-peer relationships)" (OBS5, RQ1b). Prioritizing awareness within her classroom allowed Dr. Brown to more successfully build relationships with her students (RQ1).

Respectful Environment

The last strategy that Dr. Brown used to successfully create opportunities for relationship building within the context of trauma-informed teaching was creating a respectful environment. Creating an environment where Dr. Brown gave respect to her students and students in return respected her and their peers allowed for less time to be spent on behavioral issues, redirection of students during class time, or reteaching of policies and procedures, and instead more time could be dedicated to required material and relationship building. Dr. Brown spoke at length on the importance of building a respectful environment from day one stating:,

> starting from the beginning, like we build a respectful culture like. I don't yell at them because that doesn't solve anything, and it makes them resentful most of the time. If they're doing something I can just ask or redirect them, and they'll do it. I don't have any trouble with defiance. Just because I try to set that up from the beginning (INT2, RQ1a).

I was able to observe this over and over again during observations, as Dr. Brown had no behavioral problems and any time she asked students to do something it was always met with respect. There were many instances that I noted such as during observation one, "As soon as Dr. Brown began speaking the students stopped talking, faced the front, and began listening/taking notes (seemed like the students really respected her)" (OBS1, RQ1b).

Student Choice and Relationships with Peers Leads to a Comfortable Environment

Allowing students choice within their environment and opportunities to develop relationships with peers can lead to a more comfortable environment where students are willing to build relationships with teachers and buy into trauma-informed strategies.

What I witnessed throughout observations and heard during interviews with Dr. Brown was the importance of allowing students the freedom to be themselves within their environment. During the first observation, I saw Dr. Brown give her students many different opportunities that allowed students choice within their environment and gave them opportunities to develop relationships with their peers and with her. I was able to observe in each observation that students were able to freely pick where they sat within the classroom, who they sat next to, and who they could converse with. I wrote that, " In doing so she was able to create a more comfortable environment for students, one in which building a relationship with Dr. Brown and buying into her teaching/use of strategies became easier" (OBS1, RQ1b). I was able to witness this comfortability in all of my observations as the students were able to work with their peers on their final papers, specifically to bounce ideas off of each other or to provide feedback on others' work. Dr. Brown further elaborated on the importance of student choice and what allowing students freedom within the classroom can lead to, stating,

> Yeah, I try to get to know them, and like they'll tell me their interest. And a lot of times they'll talk about what's going on in their life and stuff, and I'm always here to listen, and I feel like, for the majority of them, they are comfortable with me, and I try not to be intimidating so that they will still talk to me (INT2, RQ1a).

This freedom given to students during class leads to a sense of responsibility and respect that allows them to feel comfortable making decisions and even mistakes. Such freedom is necessary

to create an environment centered on comfort. When students are comfortable in their environment and comfortable expressing themselves this can make building relationships with an adult, such as Dr. Brown, that much easier (RQ1).

The second factor that appeared to add to this idea of a comfortable environment was the opportunities to develop peer to peer relationships. During my first observation, I was able to see how peer to peer relationships developed during a review game writing, " Even in their new groups students were speaking to, laughing with, and working together with each other (this really did not seem like the first time students had worked together)" (OBS1, RQ1b). The key takeaway here was not only that students were working with their peers, and seemed quite comfortable doing so, but that it was apparent that Dr. Brown creates constant opportunities for students to work together. In doing so, students are able to become familiar with all of their classmates (to some extent), developing more relationships, hopefully better and stronger from day-to-day, which has led to an environment where students feel comfortable with the majority of their classmates and thus their classroom environment as a whole. I witnessed similar interactions from different classes and on different days throughout my data collection period.

Due to Dr. Brown creating an environment where students feel comfortable, these students seemed to be more comfortable and willing to develop relationships with her, as noted by a note from my fourth observation where I describe what happened as students finished their assignment for the day, "some started socializing and talking with Dr. Brown (one spoke with her about her job and all the overtime she got, Dr. Brown spoke about her first job at Starbucks, the two got to know each other a little better)" (OBS4, RQ1b). Because of this level of comfortability, relationships between students and Dr. Brown seemed to flourish and allowed Dr. Brown a better opportunity to use trauma-informed strategies within the classroom (RQ1).

Breaks Allow for Relationship Building

Utilizing formal and informal breaks inside and outside of the classroom allows for student/teacher and student/student relationships to flourish, thus building relationships. A prominent theme was the way in which Dr. Brown utilized breaks as an opportunity to build relationships with students and for students to build relationships with each other. Some of these breaks were formal, such as breaks in-between classes, during school-wide study hall period, or stated out-loud by Dr. Brown such as announcing that students had a couple minutes at the end of class to themselves. Other breaks were more informal and students took this time as they wanted/needed it, such as when waiting on peers to login to a review game, transitioning from one activity to another, or working on their assignments. Dr. Brown capitalized on these times by utilizing them to ask students questions about their personal lives. Examples of this include when Dr. Brown asked about prom, meals shared with families, clubs/sports students were involved in, first jobs, and a variety of other topics where students seemed excited to share with Dr. Brown. I witnessed these breaks become the main opportunities to build relationships with students. When asked why these breaks are needed and such an important trauma-informed strategy Dr. Brown commented,

> I know that it (breaks) is necessary cause they're gonna get fatigued and they're just gonna stop. If I give them a few minutes to rest, maybe I can get some more work out of them after. And just being present (during these breaks), like, if they need to talk, they know that I'll listen and give advice when needed and stuff (INT2, RQ1a).

This statement highlights how Dr. Brown believes that breaks are not only beneficial for students' learning and motivation, but they also provide an opportunity to engage students in important conversations outside of the normal “school” talk.

I witnessed this play out during each of my classroom observations in which Dr. Brown utilized these breaks in ways that seemed to benefit students and her classroom goals. For example, in my fourth observation, breaks were used as a tool for motivation for students to perform necessary work, “If y'all can work for 15 minutes I will say that that is sufficient for the day and give you the last bit of class to relax and do what you want” (OBS4, RQ1b). I witnessed during many of the observations that students would socialize with peers or even ask Dr. Brown questions (personal in nature) during many of the shorter informal breaks given. It seems very clear that Dr. Brown allowing students to take breaks both informally and formally benefited the development of student to student and student to teacher relationships in addition to giving students much needed rest from the monotony of school (RQ1).

Factors Leading to First Three Themes

I would now like to describe factors that attributed to the first three findings and allowed Dr. Brown the ability to implement her strategies before moving on to the last three findings. I believe the following factors also show ways in which Dr. Brown is supported at her school, thus also answering RQ2.

Firstly, pertaining to Dr. Brown’s availability for her students, I believe that this is due in some part to the autonomy that she is granted within her classroom from her administration. During one of the conversations I had with Dr. Brown, she mentioned that administrators allow teachers to have control over their classrooms stating, “But a lot of times they just let you handle your own classroom,” emphasizing the freedom she has to run her classroom like she wants without worry of interference. This allows her to be more present and available with the students inside of her classroom.

One crucial aspect of the awareness that Dr. Brown has of her students, is the ability to utilize Dyknow to observe what students are doing while on their chromebooks. In order to utilize this technology so that she could use it as a strategy within her classroom the school had to first become 1-to-1. Because of the additional funding that the school receives for being a Title 1 school they were able to purchase chromebooks and make sure that each student and staff member has access to one. Once students all had chromebooks administrators had to then purchase the software and have it installed so that teachers could utilize it. Having the means to be able to provide teachers with this added support is definitely something that benefits Dr. Brown as she attempts to be more aware of her students.

The last factor that contributed to my findings and Dr. Brown's ability to implement trauma-informed strategies was the school's decision to implement a formal break. I discussed this with Dr. Brown during one of my observations, the reasoning behind the school having a formal study hall period and she told me that it was designed to give students a much needed break from school and allow teachers to develop relationships with students. The school realized that students and teachers need a break from school and that building relationships was a top priority.

Focusing on Student Needs Leads to Engagement

Focusing first on student needs allows students to be more engaged within the classroom. One of the biggest challenges described by Dr. Brown was that of teaching a student with needs that cannot be met simply by a curriculum such as homelessness or lack of basic needs such as hunger and sleep (RQ2). Before a teacher can ever hope to teach or truly reach a student those needs must first be met. So, a challenge that Dr. Brown faces is that not all of these student needs can be met each and every day. However, there has been a lot of support in the last several years

within her district for one specific student need, hunger. The students are given free breakfast and lunch daily throughout the week, and there is a program that allows some students (they do not have the resources for all students) to receive food for the weekends. At the beginning of the year these students are identified by teachers and counselors through a variety of means and are able to take home meals for the weekend each Friday. Once these needs are taken care of, then Dr. Brown can focus on using strategies within her classroom to better assist students struggling with trauma. Dr. Brown spoke on the issue of hunger during our first interview,

> And if they're hungry, like you said, it's hard for them to focus. If they're hungry. We definitely try to address the hunger situation. Now, right now, we have free breakfast and free lunch for this year, so kids could eat twice at school if they wanted to for free. So we have tried to do that. And on Fridays at the beginning of the year we identify kids who we think might have food issues at home. and on Fridays we send food home with them for the weekend (INT1).

I noted how seamlessly this focus had been integrated within the normal day-to-day, noting during one observation, "Breakfast was delivered and students were able to go get their meals and eat/drink them while continuing working" (OBS5). There were no true interruptions to Dr. Brown's teaching or the classroom environment with the addition of meals within the classrooms, and instead I witnessed several instances in which student engagement peaked once students were able to consume their breakfast. During one observation students had been fairly quiet and non-commutative while playing a review game where they had been placed in groups; however, after breakfast was delivered and a second round began I noted: "During the second round more students and groups began communicating and Dr. Brown encouraged this 'remember to work together, you have to communicate in order to know who has what answer'"

(OBS5). Although students' unmet needs may present a challenge to teaching and student learning, if there is support within a school and/or district to meet some of these student needs then student engagement can increase, resulting in learning and growth (RQ2).

Lack of Training is the Biggest Obstacle

Lack of knowledge/training on trauma creates the biggest obstacle for teachers utilizing trauma-informed strategies (RQ2). One of the biggest challenges Dr. Brown described as it relates to teaching students affected by trauma and utilizing trauma-informed strategies within her school/classroom was a lack of knowledge and training on trauma and trauma-informed teaching. Dr. Brown spoke on the lack of training available, "I think this past summer was the first time I had seen any sessions on trauma in the classroom" (INT1). In several conversations with Dr. Brown the need for more training was emphasized. She explained that teachers in her county have to assume students have trauma and then utilize best practices for teachers, such as trying to utilize kindness and understanding the best they can. Evidence presented above shows that Dr. Brown utilized trauma-informed strategies, even if she did so without proper training or the knowledge of them. Yet, in both interviews she spoke on the need for more training offered by the school and district for teachers.

Dr. Brown shared that the district was responding to requests for further trauma training through a professional development centered on trauma. Dr. Brown spoke on this new training:"They have just started implementing trauma instruction in the classroom. We've had a couple of PDs [professional developments] on it, but it's just now becoming a thing in the County, how to handle it in the classroom" (INT1). Dr. Brown described what seemed to be not only a need for more training but also a desire by other teachers to learn more about

trauma-informed strategies: “It's just been so like they'll have a whole bunch of sessions, and then you can pick like 2 or 3, and those fill up really fast because it's different” (INT2).

Overall, a challenge faced by Dr. Brown and others attempting to implement trauma-informed strategies within their classrooms was a lack of training and knowledge. However, with a push from teachers and support by the administration and district, progress can be made by offering more training through the use of professional development (RQ2). With this increase in opportunities it may allow for teachers to become better equipped to support students struggling with trauma within their schools and classrooms. This concept will be further described in the recommendations section of Chapter 5.

Staff Buy-in Could Mean More Trauma Support

Staff support and buy-in could lead to more trauma-informed teaching. Consistently, across all data sources, I saw evidence that Dr. Brown felt supported by both administration and other staff as they all sought to provide the best possible experience for their students (RQ2). During our first interview together Dr. Brown described the willingness of her coworkers to help those affected by trauma saying,

> Everyone has been really open to figuring out how to help these kids. We've always known that there are issues that we don't know about, and home life can be crazy. I think everyone's been really open to knowing how to help those kids to make their life a little easier (INT1).

As this excerpt suggests, students’ experiences with trauma seemed well known. All adults within the school seemed to understand that the students coming to them came with all sorts of trauma that may or may not influence how they act and what they are like within the classroom environment. As it relates to support from administration, Dr. Brown could not be

happier with the support she receives, speaking time and time again about how amazing it has been. For example, she shared: “Definitely we have a very great Admin[istration] team, and I feel like they're very supportive of helping kids and helping us help kids. They try to provide us with everything that we need to adequately reach those kids” (INT1). This quote, and others like it, showed that Dr. Brown believed that the staff as a whole recognized that students face trauma and sought ways to better their own practices in relation to trauma so that they can better meet the needs of their students. The support facilitated utilizing trauma-informed strategies within the classroom (RQ2).

Chapter Summary

This chapter presented the findings from the analysis of data collected resulting in six themes that answered the two research questions of this study. The first three themes presented (Availability, Awareness, and Respect Leads to Flourishing Relationships; Student Choice and Relationships with Peers Leads to a Comfortable Environment; Breaks Allow for Relationship Building) combined to answer my first research question: How does a teacher conceptualize building relationships through the use of trauma-informed strategies. By analyzing information gathered from interviews, I was able to describe why and how Dr. Brown conceptualizes building relationships through trauma-informed strategies in the ways she does, and analyzing field notes taken during observations, I was able to explain how these themes played out during student-teacher interactions inside and outside of the classroom environment.

The last three themes presented (Focusing on Student Needs Leads to Engagement; Lack of Training is the Biggest Obstacle; and Staff Buy-in Could Mean More Trauma Support) combined to answer my second research question: How does a teacher describe factors, within and beyond the classroom, that support and/or constrain their use of trauma-informed strategies.

Analyzing data from interviews, I was able to describe ways in which Dr. Brown felt supported and or restricted while attempting to teach using trauma-informed strategies within the classroom.

Chapter 5 will focus on discussion of the limitations of this study. It will also discuss implications for teachers as well as the implications of this study for future research. The chapter will conclude with a section of recommendations and a conclusion of the entire study.

Chapter 5: Discussion and Recommendations

Introduction

The final chapter of this study will begin with a discussion of the findings and explanations of how each research question was answered. Next, I will discuss the limitations of this study, making an honest assessment of where the study may have fallen short based on several limiting factors. The limitations will be followed by the implications from this study relating to future research, current educators, and the teaching profession as a whole. I then discuss recommendations based on the major findings of this study and recommendations based on the two levels of analysis I discussed in Chapter 3: micro-level, focused on the classroom and the teacher; and meso-level, focused on the school and the administration. Finally, the chapter concludes with a summary of the dissertation as a whole.

Discussion of Findings

Research Question 1

The first research question I set out to answer was: How does a teacher conceptualize building relationships through the use of trauma-informed strategies? In order to answer this question two sub-questions were created: RQ1a. Why does the teacher conceptualize in these ways; RQ1b. How do those relationships play out in teacher-student interactions inside and outside of the classroom. The goal was to use data gathered during interviews to answer the first sub-question and data gathered during observations to answer the second. The combination of these two sub questions helped to paint a clear picture of how the teacher conceptualized building relationships through the use of trauma-informed strategies. What I was able to conclude was that Dr. Brown conceptualizes building relationships through trauma-informed strategies as a vital aspect of successful utilization.

Findings suggest that Dr. Brown believed that in order to successfully use trauma-informed strategies within the classroom and with students suffering from trauma she must first build relationships with the students. This focus is supported by Pate (2020) who emphasized the importance of developing positive relationships with adults as a strategy to mitigate the effects of trauma. Likewise, Wilson-Ching (2023) spoke of relationships as vital for those affected by trauma, "Connection with others and a sense of belonging is essential for student school engagement and success" (p. 3464). Dr. Brown was able to build these relationships in a variety of ways. First and foremost, she was consistently available for students, aware of not only what they were doing in her classroom but also what they needed, and by creating a respectful environment (giving students respect and setting the expectation that she was to receive it in return). The ability to recognize student needs and respond accordingly is a way that Sciaraffa (2017) suggested teachers can promote resilience for those affected by trauma stating, " [teachers who] recognize and respond to emotions facilitate children's ability to understand, express and modulate their thoughts, feelings, and behavior" (p. 351). Secondly, to build relationships Dr. Brown gave students choice within the classroom and time to build relationships with their peers, thus leading to a comfortable classroom environment where students were able to be themselves and feel at ease. Students were able to choose where to sit, who to interact with, what work they wanted to do and when, when to take needed breaks, and many other choices that empowered them within the classroom. Finally, Dr. Brown built relationships with students through the utilization of breaks. Utilizing Perry's three R's (regulated, related, reason) Pate (2020) described how breaks can fulfill a need for each of the three R's of the learning brain. Breaks can provide students an opportunity to feel calm and settled physically and emotionally (regulated), they can help students feel emotionally and

socially connected to others (related), and prepare them for formal instruction and learning (reason) (Pate, 2020). Breaks given by Dr. Brown, whether informal or formal, provided opportunities for students and their teacher to interact and discuss matters both school related and personal in nature. In these three ways Dr. Brown was able to verbalize and demonstrate how she conceptualizes building relationships through the use of trauma-informed strategies, thus answering the first research question.

Research Question 2

The second research question posed was: How does a teacher describe factors, within and beyond the classroom, that support and/or constrain their use of trauma-informed strategies? Using data collected during interviews I was able to gather information regarding how Dr. Brown believed she was supported and/or constrained in her use of trauma-informed strategies. I concluded that there were two main ways in which Dr. Brown felt supported and one main way in which she felt constrained.

First, Dr. Brown felt that the school supported students struggling with trauma by focusing first on student needs, with the biggest need described being hunger. As acknowledged by Maslow's hierarchy of needs, "Lower-level basic needs like food, water, and safety must be met first before higher needs can be fulfilled" (Mcleod, 2024, Key Takeaways Section). The school, as a Title 1 school, was able to support students struggling with trauma by offering free breakfast and lunch, as well as by providing meals for select students during the weekends. Taking care of one vital need allowed Dr. Brown to gain more engagement from students struggling with hunger. Thus, focusing on student needs outside of their education may add needed support for students that aid teachers attempting to utilize a variety of strategies within the classroom.

Second, Dr. Brown felt that a lack of training offered by the district hindered the ability of teachers to support students struggling with trauma. She did not believe that trauma-informed strategies could be properly utilized or implemented by teachers without proper training. Time and time again she voiced her concern for added training during professional developments, and felt that other teachers would benefit from more offerings as well. This need for more trauma-informed professional development appears in literature as something that leads to more successful implementation of trauma-informed strategies within schools as noted by Avery et al. (2020). Avery et al. (2020) concluded that a professional development that properly teachers the concept of trauma to teachers and staff is a must. Along with professional development the need for organizational-level changes, with a focus on how discipline is handled was a key finding. Although Dr. Brown did claim multiple times that she felt supported in how she chose to handle her students (autonomy granted by her administration), she did mention to me that other teachers could choose how to handle their own students (INT). In order for this organization-level change to happen the school as a whole must come together and decide how best to handle issues such as discipline, to make sure that all teachers and staff are on the same page. This could allow for better implementation of trauma-informed strategies within the school as indicated in Avery's (2020).

Finally, Dr. Brown felt that staff buy-in could lead to more trauma support for both teachers and students. Luckily she felt confident that her school had this support for trauma. Throughout all of my interviews, Dr. Brown consistently described how supportive her administration and other teachers were when it came to helping students, especially those impacted by trauma. This buy-in by the school staff has already led to the district beginning to

offer more training. It appears that this support by administration and staff is vital to the implementation of trauma-informed strategies within the classroom.

Relationships as a Strategy and Mechanism

This section is meant to explain how relationships are both a trauma-informed strategy (Pate, 2020; NEA, 2023; Wilson-Ching, 2023) and as a mechanism that allows other strategies to be better utilized. I was able to conclude from interviews with Dr. Brown as well as during observations that she utilizes relationships as a trauma-informed strategy. Developing relationships with her students is something that Dr. Brown strives to do. This is not simply due to relationship building being good teaching, but it is because Dr. Brown understands that students that have experienced trauma need good healthy relationships, especially with adults, in order to heal and grow. What became more apparent while analyzing the data from this study however, is that relationship building is also a mechanism that allowed for other trauma-informed strategies to be more easily utilized by Dr. Brown. Because she had developed positive relationships with her students, creating a respectful and comfortable environment where students were happy to be there and more engaged with both her and the content was easier. Thus relationship building to Dr. Brown is not just a trauma-informed strategy, but also a mechanism that allows for better utilization of additional trauma-informed strategies.

Limitations

The primary limitations of this study relate to the time of year that data collection took place and the length of time I was able to collect data. Due to both of these limitations, many factors that may have been predicted as possible constraints to Dr. Brown's use of trauma-informed strategies such as curricula, standards, and testing demands were not observed or discussed as especially salient.

Data collection took place at the end of April and beginning of May, after state testing ended. This means that I was unable to observe interactions between Dr. Brown and her students prior to state testing, during "normal" class time. From my own experience teaching in high schools, I know that the pressures of state testing leads many teachers to structure classes differently prior to these tests, as they do their best to prepare students and teach all required material. After testing ends many teachers may change how their classes are structured, focusing less on required curriculum and more on "good teaching," where students are the focus and not the material. As my study did not take place during the time where "normal" class happens, the data collected and subsequent findings may not accurately represent Dr. Brown's classes and the strategies that would most likely appear throughout the school year.

In addition to the time of year, I was restricted in the number of observations due to the timeline created for the completion of my dissertation. I was unable to observe prior to the end of April and was unable to observe past May. A less restrictive timeline would have allowed for more observations to occur with more data collected and over a longer period of time, all of which may have led to different or additional findings.

Another limitation of this qualitative case study was only having one participant, not due to a lack of generalizability (as this is not the goal of qualitative research), but for a variety of reasons related to participant selection and diversity of those observed. First, only having one participant respond to the screening questionnaire meant that there were no choices in selecting a participant. I was not able to select a "best" participant by comparing trauma knowledge, years of experience, or their use of trauma-informed strategies within their classrooms. This lack of diversity in possible participants meant that I was not able to see differences or similarities based on race, gender, or socioeconomic status (amongst others), all of which were a primary focus of

my literature review. Secondly, only being able to have one participant also meant that I was constrained in the number of students I was able to observe. I was able to observe interactions between one teacher and her students, which consisted of the same three classes and same students during each of my observations. This limited the diversity in regards to student race and class as well as difference in subjects and level (honors, AP, etc.). Finally, only having one teacher meant that I was constrained to her specific school and district. For this particular teacher and district that meant selecting a participant that has only recently been introduced to trauma-informed teaching and utilizing trauma-informed strategies within the classroom. This lack of training and knowledge meant revising certain interview questions and even research questions to make them more easily understood by the participant.

A secondary limitation of this study was only collecting data on the teacher and not from students. My first research question is based on the relationship between the teacher and students. I was able to interview the teacher and was able to observe teacher-student interactions. However, being able to survey and/or speak with students on how they felt about the relationship with their teacher and the trauma-informed strategies that she utilized could have provided greater depth of knowledge. In addition to student thoughts on relationships and strategies used, a limitation of not collecting data on students meant that I was unable to accurately portray the trauma that students have. I operated under the assumption that all students have some trauma based on Garcia's (2021) work. For the classes I observed, knowing more about the trauma students have experienced or the effect that that trauma may have on their overall school experience could have greatly enhanced this study.

Implications

This study identified many findings that have implications for both future research and current teachers as it relates to utilizing trauma-informed strategies within the classroom. Trauma-informed strategies benefit not only the students with high levels of trauma in their past and current lives, but potentially all students. This study revealed how teachers can utilize these strategies to benefit their students within the context of relationship building. Specific recommendations for teachers and administrators will be discussed in the recommendations section.

Implications for Future Research

As it pertains to future research within the field of education, this study was able to show the importance of studying trauma and utilizing trauma-informed strategies. As stated earlier, over 30% of students have experienced one ACE and over 15% have experienced more than one, meaning that students are assumed to come to school with trauma each and every day (Garcia, 2021). If there is a way we can better educate and reach these students, then it is something that should be done. There is more research that needs to be conducted focused on how students interpret building relationships with their teachers, how trauma-informed strategies impact student and teacher mental health, how trauma-informed strategies impact student behavior, test scores, etc. I believe that this study was able to showcase the importance of focusing on trauma-informed strategies and the utilization of them to build relationships with the classroom.

I believe that the biggest gap in the current research that this study identified is the lack of research pertaining to specific ways to implement different trauma-informed strategies. Many authors cited throughout this study speak on the importance of relationship building with students and the benefits of doing so (Pate, 2020; Rahimi, 2021 Wilson-Ching, 2023), however,

they fail to provide details about the practices that current teachers could use to do this. Collecting and analyzing data on how Dr. Brown built relationships with her students allowed me to view specific details of practices that she uses and strategies she implements when building relationships with students. However, there is no way to know whether or not her strategies for relationship building are the best or most beneficial to students. Future research should focus not only on which trauma-informed strategies are beneficial to students, but how teachers can implement those strategies into their own classroom.

Implications for Teachers

This research study focused on understanding the perspectives and experiences of a teacher as she utilized trauma-informed strategies within her classroom. Pertaining to teachers, I believe that this study showcased multiple ways in which teachers can utilize trauma-informed strategies to not only build relationships, but to benefit the students that enter their classrooms each day. These positive relationships must be emphasized, as they are too vital to ignore as a strategy for those struggling with trauma. As discussed in chapter 2, in the 6 R's offered by the TEAM framework, teachers must respond to trauma by emphasizing trust, collaboration, peer network, agency, and voice within the learning environment (Ramasubramanian, 2021). In emphasizing these specific concepts teachers will better engage students of all backgrounds and create an environment of safety and support that grows and heals students. I believe that this study, using Dr. Brown and her classroom, showed how focusing on the concepts offered by Ramasubramanian (2021) can create an environment where students thrive.

Recommendations

When thinking about recommendations that came from this study I want to revisit the two levels of analysis discussed in Chapter 3: micro-level, the level focusing on individual

classrooms to include the students and teachers within them; and the meso-level, the level focusing on the school as a whole with the administration and staff that make up this community. I believe that this study revealed several recommendations that pertain to each of these different levels. I would also like to point out that none of the recommendations are meant to be prescriptive instructions for individual teachers and administrators to follow. Instead, these are recommendations for those in teaching and administrative positions, who are highly educated and trained in their professions, might consider and adapt based on their own unique contexts. These recommendations are suggestions that could help teachers and administrators better understand how to teach those affected by trauma as determined through analysis of the data I collected from Dr. Brown.

Micro-level

The micro-level focuses on individual classrooms and the following recommendations are for the teachers in each of their classrooms. The first recommendation that came out of this study is for teachers to be more mobile throughout the classroom. Dr. Brown was able to show that being mobile throughout the classroom allowed her to be more aware of what students were doing and more available to students, not only to assist them but to also converse with them and build relationships when possible. Having a presence throughout the classroom is something that teachers can easily adopt in many cases.

Second, teachers must make sure that respect is a focus of their class. I was able to observe time and time again that Dr. Brown created a respectful environment by setting very high and clear expectations early on. She continually reminded students of these expectations throughout the year and as needed in individual classes or with specific students. Another way that Dr. Brown created a respectful environment was by giving students respect and not just by

expecting it from them without giving it herself. Teachers should be cognizant of how they speak to students, how they act around students, and how they treat students. If you give students respect and set clear expectations within your classroom you may better create a respectful environment.

Third, teachers should allow students choice and freedom with the classroom to make their own decisions. Allowing students the freedom and choice of where to sit, who to work with, when to take informal breaks, or the order they complete assignments in may sound trivial in nature, however, Dr. Brown was able to use this as a way to create an environment where students felt comfortable. When students feel comfortable within their environment they may engage more, be more willing to open up and share about themselves, and more willing to build relationships with their teachers and peers.

The next recommendation is to allow breaks during class both in formal and informal ways. Although some teachers might argue that breaks and other "off task" behavior detract from academic learning, breaks could serve an important purpose to actually promote learning. For example, scholars in mathematics education found that "off task" conversations during group work served to disrupt hierarchies among students and include more group members in content-based learning (Langer-Osuna et al., 2020). Teachers can allow informal breaks for students by giving a little extra time during transitions from one activity to another or by allowing students to take short breaks when needed (on their own time). Giving students these informal breaks without pushing them to go faster or to always be working on your specific subject can give students short mental breaks and small pockets of time where they can build relationships with their peers or with you. Taking formal breaks such as a couple of minutes halfway through class or at the end of the period can also be utilized as an opportunity to give

students much needed rest, used as a way to encourage engagement, or as a time to build relationships between students and their teacher. I was able to witness Dr. Brown use breaks as ways to encourage engagement from students, promising five minutes at the end of the period if all students completed a required task in time. Breaks, regardless of how they are given, seem to be something that students need and can greatly benefit them during each class period.

Finally, teachers need to be willing to discuss their personal lives and the personal lives of students in a way that builds relationships. Relationships are give and take and are hard to maintain if they are one-sided, such as students sharing their lives with teachers while teachers share nothing. This does not mean that teachers should give out private information or information that may jeopardize their professional relationship that they have with their students. Dr. Brown was able to speak with students about first jobs, sporting events that she attended, her dissertation work, and many other topics that never crossed a line into an unprofessional realm. However, being able to discuss things with students that extended past the classroom and her specific subject seemed to engage students and create happier and healthier relationships.

Meso-level

The meso-level focuses on the school level, with this section offering recommendations for entire schools and the administration/staff that run them. The first recommendation for schools is to give students mental breaks throughout the day. I was able to witness how Dr. Brown's school designated time each day (sometimes only weekly) for a break from school. This 30 minute window allowed students and teachers to take a break from the day and recharge, recconnect, and take care of needed things. Dr. Brown even mentioned that this time was utilized specifically for building relationships with students. In doing so, teachers were able to connect with students and offer advice to other teachers or staff any time that problems arose. I

recommend that schools take a page out of this book and set aside a time each day to allow for a formal break; in doing so you may too reap the benefits.

The second recommendation is for schools to raise awareness for trauma and trauma-informed strategies as best as they can. This raising of awareness can be done in several different ways. In-service days provide an opportunity where all staff attend while students are at home, and oftentimes this time is used for mandatory training or taking care of needed tasks. I recommend that schools, specifically administration, use some of this time to share information regarding trauma and the benefits of trauma-informed strategies to their entire staff. Schools could give counselors or social workers, already employed by the school, time to share this vital information, or could even bring in an expert from somewhere else. Schools could also raise awareness by placing posters on the walls with information regarding trauma and where students can reach out for support. The last suggestion here would be to offer professional development opportunities to teachers outside of normal working hours. Schools all across the United States often require that teachers attend a certain amount of hours each year in order to fulfill contract requirements. Creating a professional development opportunity for teachers to attend and learn information regarding trauma can be easily done and provide teachers and staff with vital information that can benefit students and their own teaching.

The third recommendation for schools is to work towards helping with student needs such as homelessness, mental health, and hunger. In order to focus on assisting students within the classroom using the strategies provided in this study, student needs must first be met. I witnessed in Dr. Brown's classroom that once free breakfast was provided students seemed more engaged in class and were more willing to work, speak, and participate. One of the major benefits of Covid was that it showed us what was possible such as, providing students with free

breakfast, lunch, and even meals over breaks. Focusing on ending hunger for students is something that should become a priority for schools across the country. Another student need that should be a focus is mental health, which could be addressed by providing schools with more counselors and/or social workers. I have personally taught at schools where counselors were shared by multiple schools, meaning that access to them for students was oftentimes difficult, as students would have to set-up an appointment and could have to wait days for a meeting. These positions need to be looked at not as an extra position or a luxury, but as a necessity that benefits students struggling with a variety of issues.

Another recommendation for schools is to make sure that teachers are given technology that makes their jobs easier and allows for more awareness of their students. At the school I observed Dr. Brown was able to use a service called *Dyknow,* which was an online program that allowed her to view the screens of all of her students while they were in her class. This meant that she was able to observe one screen, her own, and yet be aware of what all students were doing while utilizing their chromebooks. Dr. Brown's awareness utilizing DyKnow was not focused on behavior, as some may utilize it specifically for, but instead to keep an awareness of her students and utilize it as a tool that aided her in implementation of trauma-informed strategies. Making something like this a priority with guidance on how to best use it to support trauma-informed strategies can assist teachers as they attempt to maintain awareness of their students.

Finally, creating a school environment with support from all staff can lead to more successful implementation. School administration should be focusing on the benefits of utilizing trauma-informed strategies, which could lead to more staff buy-in. In my own experience school administration pushes new training, new curriculum, new policy, and new school foci each and

every year to teachers. It often feels easy to decide which of these new pushes that administrators truly believe in and benefit teachers and which ones simply have to be disseminated from higher up. I believe that if principals share the benefits of teaching using trauma-informed strategies and truly stand behind them, then this could increase teacher buy-in and make implementation more successful.

Conclusion

Trauma is something that affects a multitude of students each and every day, impacting their ability to learn, socialize, and grow. This study set out to examine one teacher's perspectives and experiences as she attempts to teach students using trauma-informed strategies with a focus placed on building relationships with her students. Using data collected from interviews with Dr. Brown, observations of her classes, and knowledge gained through a vast amount of literature, I was able to achieve what this study set out to do. I was able to see that this teacher conceptualized building relationships within trauma-informed strategies by: being available and aware of her students while creating a respectful environment; giving choice to students within the classroom and opportunities to build peer relationships; and by utilizing both informal and formal breaks to create opportunities to build relationships. Each of these strategies can be utilized by any teacher to benefit those that have suffered from trauma and create an environment that students feel comfortable in and excited to be a part of. I was also able to describe the supports and constraints that Dr. Brown faced and to recommend ways that schools and districts could improve. These include: giving support by focusing on student needs such as hunger or mental health; offering professional development opportunities to teachers and staff that focus on trauma and trauma-informed strategies, taught by those with the proper knowledge and expertise; and creating a school environment where the benefits of using trauma-informed strategies are

emphasized to teachers and given full support from administration as a way to increase staff buy-in. I believe that if teachers approach using trauma-informed strategies with an open mind then they will see the positive impact that this can have on their students and schools.

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Appendices

Appendix A: Recruitment Email

Greetings,

My name is Matthew Riddle, and I am a PhD candidate in the Theory and Practice in Teacher Education program at the University of Tennessee in Knoxville. I am conducting a research study focusing on trauma experienced by students and how teachers may positively impact their learning within the classroom. The purpose of this qualitative study will be to better understand the perspectives and experiences of a teacher utilizing trauma-informed strategies as they teach students struggling with adverse childhood experiences and/or trauma. If you are eligible to be a participant, I would love for you to consider taking some time to complete my study! Please see the following details regarding eligibility criteria for research participation and general information pertaining to this research study.

Participation in this study is voluntary.

Eligibility Criteria:

- You must be a current licensed high school teacher
- You must fill out the attached Google Form Survey
- You must be willing to participate in 2-3 interviews (approximately 90-120 minutes each) and at multiple classroom and full day observations

Study Details:

This study has been reviewed and approved by the University of Tennessee's Institutional Review Board and consists of the following three components:

- Completing an online screening questionnaire about demographics, teaching, and experience with trauma.
- Answering a series of questions about adverse childhood experiences and trauma-informed teaching in an individual interview.
- Allowing the researcher to observe you during your class and school day.

For more information or any questions regarding this research study, feel free to contact me at mriddle7@vols.utk.edu.

Respectfully,

Matthew Riddle

Appendix B: Screening Questionnaire

This is a screening questionnaire that will be used to select a participant for the research study, "Understanding the Perspectives and Experiences of a Teacher Utilizing Trauma-Informed Strategies - A Qualitative Case Study."

Thank you for agreeing to take this screening survey. Please read the instructions carefully.

Participation in this research study is voluntary.

Demographic Information

Please answer the following questions. On questions with "prefer not to say," you do not have to provide an answer if you do not wish.

1. Name: _____

2. Gender: _____ prefer not to say

3. Pronouns: _____ prefer not to say

4. Race and Ethnicity: _____ prefer not to say

5. Age:_____

6. Phone number: _____

7. Email: _____

Teaching Information

Please provide the following information.

1. Name of the school you teach at: _____

2. Subject/s you teach: _____

3. Years of experience: _____

4. Degrees obtained: _____

5. Do you know what adverse childhood experiences (ACEs) are? Yes No

Please explain what you know about ACEs:

6. Do you know what trauma-informed teaching is? Yes No

Please explain what you know about trauma-informed teaching:

7. Do you utilize trauma-informed teaching in your classroom? Yes No

Please explain how you utilize trauma-informed teaching in your classroom:

8. Would you be willing to take part in interviews and classroom observations? Yes No

Contact Information

If you have any additional questions or concerns related to this questionnaire please reach out to Matthew Riddle by phone: 615-498-0779 or email: mriddle7@vols.utk.edu

Appendix C: Informed Consent Form for Teachers

Study Title: Understanding the Perspectives and Experiences of a Teacher Utilizing Trauma-Informed Strategies - A Case Study

Researcher: Matthew Riddle

Principal Investigator: Dr. Frances Harper of The University of Tennessee Theory and Practice in Teacher Education

Introduction

You have been invited to participate in this research study focusing on trauma experienced by students and how teachers may positively impact their learning within the classroom. The purpose of this qualitative study will be to better understand the perspectives and experiences of a teacher utilizing trauma-informed strategies as they teach students struggling with adverse childhood experiences and/or trauma.

Information About Participants' Involvement in the Study

This study will take place at your school of record and within your classroom. If you agree to take part in this research study, you will be asked to complete 2-3 interviews as well as allow for multiple classroom observations to take place. The interviews will last approximately 90-120 minutes and will focus on trauma-informed strategies utilized within the classroom as well as challenges you may face as a teacher using these strategies. With your verbal and written consent, your interviews will be digitally recorded and transcribed for later analysis. To ensure anonymity, you will be assigned a pseudonym during the interview transcription. Observations will take place within your classroom multiple times throughout the months of April and May with the focus on how you utilize trauma-informed strategies.

Risks

Your participation in this study, including interviews and classroom observations, is strictly voluntary. If at any point during the interview or observations you feel like stopping or having the research end you may decline to answer the question(s) and/or stop participating in the study. You may also ask the investigator to cease recording at any time.

Benefits

Your participation in this study will add to the growing body of knowledge regarding adverse childhood experiences within an educational context and how trauma-informed strategies are utilized to help those students struggling with ACEs and trauma.

***There are no direct benefits to research participants.**

Payment for Participation

Participants will receive compensation for each research activity that they participate in (at the completion of that activity). The payment will be given in the form of a $75 Amazon Gift Card. Each participant will have to answer the initial questionnaire, be interviewed twice throughout the study and allow the researcher to observe their class. Participants will receive $75 per research activity: initial questionnaire + first interview ($75); 1 week of observations + informal conversation ($75); an additional week of observations + informal conversation ($75); and final interview ($75).

Permission to Record

I give my permission for Matthew Riddle to audio or video record my interview. I understand that I may request that the recording device be turned off at any time and may request that the recording or any portion thereof be erased. These recordings may not be used for any other purpose without my explicit written permission.

If you are willing to give permission for recording, please initial below.

Participant's Initials _____

Confidentiality

The information gathered in this study via interviews and observations will be kept confidential. Data will be stored securely and will be made available only to persons conducting the study unless participants specifically give permission in writing to do otherwise. No reference will be made in oral or written reports that could link participants to this study.

Contact Information

If you have questions at any time about the study or procedures or you experience adverse effects as a result of your participation, you may contact the researcher, Matthew Riddle, at 615-498-0779 or mriddle7@vols.utk.edu. If you have any questions about your rights as a participant, contact the Human Research Protection Program at utkirb@utk.edu or 865-974-7697.

Participation

Your participation in this study is voluntary. You may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed, your data will be destroyed.

***An individual's decision to participate or not will not affect his/her relationship with The University of Tennessee.**

Consent

I have read the above information, I have had an opportunity to ask questions, I have received a copy of this form, and I agree to participate in this study.

Participant's Signature _____ Date_____

Investigator's Signature _____ Date_____

Appendix D: Resources for Participants in ACEs Study

Resources for Participants in ACEs Study

The Substance Abuse and Mental Health Services Administration's (SAMHSA) *Concept of Trauma and Guidance for a Trauma-Informed Approach.* SAMHSA (2014) 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 well-being (SAMHSA, 2014, p. 7).

Participants,

I would like to thank you for giving your time to participate in this research study on Adverse Childhood Experiences and Trauma within the field of education. I understand that some of the topics we discuss in interviews, questionnaires, etc. may trigger certain reactions or emotions. Due to the sensitive nature of this study I have provided resources below that may offer assistance throughout your participation in this study. If at any time you have any questions or concerns or wish to withdraw from this study you may also contact me directly at 615-498-0779 or mriddle7@vols.utk.edu

Respectfully,

Matthew Riddle

Resources

24/7 Crisis Line: 855-CRISIS-1 or 855-274-7471

TN Department of Mental Health and Substance Abuse Services Website:

https://www.tn.gov/behavioral-health/need-help.html

National Institute of Mental Health's Website: https://www.nimh.nih.gov/

Appendix E: Parent Opt-Out Form for Students

Research Study Title: Understanding the Perspectives and Experiences of a Teacher Utilizing Trauma-Informed Strategies - A Case Study

Researchers: Dr. Francis Harper University of Tennessee, Theory and Practice in Teacher Education fharper1@utk.edu

Matthew Riddle University of Tennessee mriddle7@vols.utk.edu

Dear Parent/Guardian:

Your child has been invited to participate in a dissertation study, which will take place over the course of multiple classroom observations during the months of April and May of 2024. The purpose of this qualitative study will be to better understand the perspectives and experiences of a teacher utilizing trauma-informed strategies as they teach students struggling with adverse childhood experiences and/or trauma. The focus of each observation will be on how the teacher utilizes trauma-informed strategies within their classroom. The researcher will observe interactions between the teacher and students and take notes on trauma-informed strategies utilized by the teacher.

Alternatives and Benefits

If you consent to your child's participation in this program, we wish to use information gathered during the observations to guide the research study and better prepare teachers to use trauma-informed strategies within their classrooms. If you do not want your child to be observed during these observations or for notes to be taken from observing your child then none will be

taken. Your child's participation in this study is completely voluntary. Your child's participation in this study will help improve teaching practices for future participants. There will be no direct benefit or negative outcome for your child's participation or refusal to participate in this study. Your child will not be paid for participation or lack of participation. Your decision to not let a child be in this research study will not affect his/her relationship with the University of Tennessee.

Confidentiality

Any information about your child that is obtained as a result of their participation in this study will be kept confidential. No identifying information will be shared with anyone outside of the research team. There is a risk of loss of confidentiality, as with any study, however these will be mitigated by utilizing pseudonyms, keeping information collected confidential, and limiting the information collected to be shared with only the researcher and his team.

Risks and Discomforts

There are no known or expected risks to your child from participating in the observations.

Contact Information

If you would like to discuss problems or concerns, have suggestions related to this study, or would like to offer input, please contact Matthew Riddle at 615-498-0779 or mriddle7@vols.utk.edu. If you have any questions about your child's rights as a participant, contact the Human Research Protection Program at utkirb@utk.edu or 865-974-7697.

Sincerely,

Matthew Riddle

If you **do not** want your child to participate in the classroom observations please sign below and return to the contact above.

Printed Name of Child	**Parent/Guardian Signature**	**Date**

Appendix F: Semi-Structured Interview Protocol 1

Time of Interview: (List the time that the interview takes place)

Date: (List the date that the interview takes place)

Place: (List the location, such as specific classroom/school)

Interviewer: Matthew Riddle

Interviewee: (List the pseudonym of the person being interviewed)

Purpose: The purpose of this qualitative study will be to better understand the perspectives and experiences of a teacher utilizing trauma-informed strategies as they teach students struggling with adverse childhood experiences and/or trauma.

Purpose	**Associated Interview Questions**
Build Rapport/Dive Deeper into Questionnaire Answers	How long have you been teaching? What grade levels/classes have you taught? Are you familiar with Adverse Childhood Experiences/trauma-informed instruction (and to what extent)? What experience do you have teaching students struggling with Adverse Childhood Experiences (ACEs) or students struggling with trauma? How do you know if a student comes to your

	class with ACEs or trauma? Are there any tools or techniques that you use to assess a student's need as it relates to trauma?
Research Question (RQ) 1 Sub-Question (SQ) 1	What specific trauma-informed strategies do you utilize and/or prioritize within your own classroom or with your students?
RQ1 SQ 2	Why is it important for you to focus on these specific strategies?
RQ1 SQ3	In what ways do you believe that your trauma-informed strategies impact your students? Do you believe that it benefits students, and if so, how?
RQ2 SQ1	In providing instruction and support for ACEs, what supports (if any) do you receive from: -school system (district and state) -school leaders (administrators) -other teachers -parents

RQ2 SQ2	Are there any challenges or obstacles that you face when trying to support students that have experienced trauma? Have any of these been addressed or are they being addressed?
Wrap-Up Question/s	Is there any advice you would like to give to teachers that they could use to better assist students struggling with trauma? Is there anything else that you would like to share regarding ACEs or trauma and how a trauma-informed approach may impact students in your classroom or the way in which you teach?

Semi-Structured Interview Protocol 2

Time of Interview: (List the time that the interview takes place)

Date: (List the date that the interview takes place)

Place: (List the location, such as specific classroom/school)

Interviewer: Matthew Riddle

Interviewee: (List the pseudonym of the person being interviewed)

Purpose: The purpose of this qualitative study will be to better understand the perspectives and experiences of a teacher utilizing trauma-informed strategies as they teach students struggling with adverse childhood experiences and/or trauma.

Purpose	**Associated Interview Questions**
Build Rapport/Dive Deeper into Questionnaire Answers	How long have you been teaching? What grade levels/classes have you taught? Are you familiar with Adverse Childhood Experiences/trauma-informed instruction (and to what extent)? What experience do you have teaching students struggling with Adverse Childhood Experiences (ACEs) or students struggling with trauma? How do you know if a student comes to your class with ACEs or trauma?

	Are there any tools or techniques that you use to assess a student's need as it relates to trauma? **Question: To what extent do you feel like you use the following strategies (explain how you utilize them):** ● Create structure and consistency through lesson schedules, regularly scheduled communication, and clear, concise instructions. ● Create even more opportunities than usual for breaks and physical activities. ● Consider how you perceive and respond to challenging student behaviors. ● Reduce workloads for yourself and your students. ● Relationship building
Research Question (RQ) 1 Sub-Question (SQ) 1	How do you utilize specific trauma-informed strategies such as relationship building within

	your own classroom and with your students?
RQ1 SQ 2	Why is it important for you to focus on these specific strategies such as relationship building?
RQ1 SQ3	In what ways do you believe that some of the strategies we have discussed impact your students? Do you believe that these strategies benefit students, and if so, how?
RQ2 SQ1	In providing instruction and support for students within a context of ACEs and trauma, what supports do you receive from: -school system (district and state) -school leaders (administrators) -other teachers -parents -students
RQ2 SQ2	Are there any challenges or obstacles that you face when trying to support students that have experienced trauma? Have any of these been addressed or are they

	being addressed?
Wrap-Up Question/s	Is there any advice you would like to give to teachers that they could use to better assist students struggling with trauma? Is there anything else that you would like to share regarding ACEs or trauma and how a trauma-informed approach may impact students in your classroom or the way in which you teach? How do you feel these observations went? Is there anything that I missed that you wish I would have seen? Is there anything I was present for that you wished I hadn't been? Are there any comments or questions by students about my study that you feel are worth mentioning?

Appendix G: ACE Questionnaire

Adverse Childhood Experience Questionnaire for Adults

California Surgeon General's Clinical Advisory Committee

aces aware
SCREEN. TREAT. HEAL.

Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please add up the number of categories of ACEs you experienced prior to your 18th birthday and put the total number at the bottom. (You do not need to indicate which categories apply to you, only the total number of categories that apply.)

1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?
2. Did you lose a parent through divorce, abandonment, death, or other reason?
3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?
4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?
5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?
6. Did you live with anyone who went to jail or prison?
7. Did a parent or adult in your home ever swear at you, insult you, or put you down?
8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
9. Did you feel that no one in your family loved you or thought you were special?
10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?
Your ACE score is the total number of yes responses.

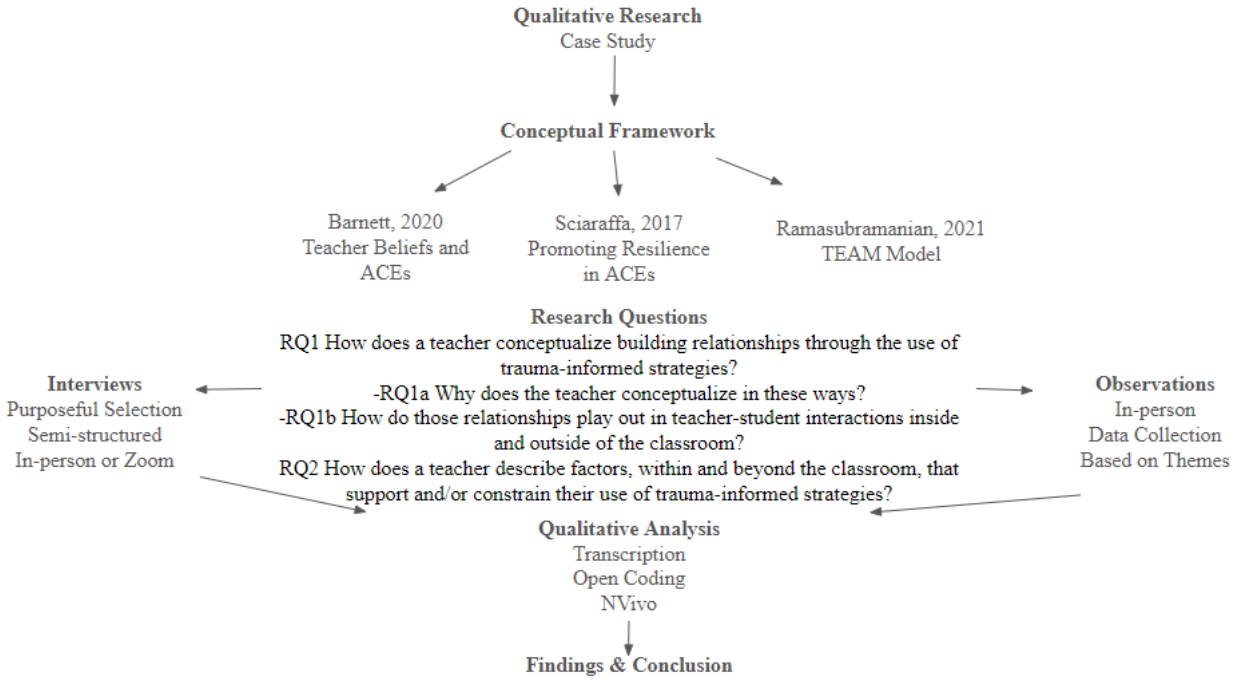
Do you believe that these experiences have affected your health? ◯ Not Much ◯ Some ◯ A Lot

Experiences in childhood are just one part of a person's life story.
There are many ways to heal throughout one's life.

Please let us know if you have questions about privacy or confidentiality.

5/5/20

Appendix H: Qualitative Case Study Design



Appendix I: Code Frequency Table

Codes	INT 1	INT 2	FN 1	VM 1	FN 2	VM 2	FN 3	VM 3	FN 4	VM 4	FN 5	VM 5	Total
Beginning stages of PD/change	3	2										1	6
Assumption all students have trauma and who has trauma	6	2											8
Examples of trauma	2	1											3
Working with staff community	2	1	1	3			2		1		2		12
Students don't offer up trauma/resistant	2												2
Desire/need for more trauma training	2	3										3	8
Need to learn more about students	1			1									2
Students assuming teachers don't know their trauma	1												1
Example of	1	6											7

trauma-informed strategies													
Need for students to be comfortable/ comfortable environment	2	1	3	3	3	3	5	3	4	2	5	2	36
Desire to not be fearful	1	1	2		1			1					6
Building relationships with students	4	4	3	2	3	1	2	3	3	1	4	2	32
Teacher freedom in classroom	2												2
Create respectful environment /culture	2	2	2	3	3		5	3	2	1	3	1	27
Create safety in classroom/school	1		1	2		1	1	2		1	2	1	12
Utilize strategies for all students	2	1				1							4
Has admin support	4	1	1	4									10
Assume parents support	1												1
Student Needs First (ex. Hunger,	2	1			1	2	1	1				1	9

sleep, etc)													
Multiple ways to assess trauma	1	2											3
Student deficit thinking of selves	1												1
Students express trauma in different ways	2												2
Multitasking	1		1	1	1	1			2		2		9
Shares own life	1	1						1					3
Teachers need to be more understandin g	2	1											3
Focus on issues not student as issue	2												2
Teachers must learn and grow	1	1											2
No discipline problems	1	2											3
Provide clarification to students as needed		1	1										2

Similar class structure (consistency)		2								1		1	4
No Surprises		3	3	2	3	1	1	1	1		2		17
Schedule Communicated		2	1	2	4	2	4	1	4	1	9	1	31
Breaks		4			2	2	4	1	3	2	5	4	27
Make Activities “Fun”		1		1					1			1	4
Student Choice		1	1	1	3	2	1			2	1	1	13
Teacher takes responsibility (no blaming)		1											1
Gives respect (no yelling) and gets respect		2	2	1	1		2	3			2	4	17
Always available to help/assist (presence known)		5	4	3	5	2	4	2	5	1	5	1	37
Work should be purposeful (connect)		1	1				1	2		2	1		8
Clear/concise Instructions		1	1	1			1						4

Teacher always aware of students		1					2	2	2	1	6		14
Redirect as needed (positive)		1				1	1	1	2		1		7
Peer to peer relationships /socializing		1	2	2	4	3	2	2	4	1	6	3	30
No deficit thinking by teachers		1				1	1	1					4
Utilizing strategies without knowing		1										1	2
Diverse Students			1		2		1						4
Clear Expectations /procedures/ policies			4	6	10	4	6	4	5	1	10	2	52
Mixing school with personal lives/socializing (with teacher)			3	1	3	1			3				11
Student Engagement			1	1	1		1		2		1	2	9
Encouragement/motivating, not criticism			2		1	2	4	1	4	1	2		17
Student			4	4	5	1	2		3	3	3	1	26

flexibility/freedom													
Welcoming Environment				4		3	2	2		1	1		13
Student Needs inside classroom				2		1	2	1	1	1	2		10
Breaking bigger into smaller chunks				1		1			1		1		4
Student Community					2		1	3	1	1	2		10
Anticipating Needs					1		1	1	1	1	2	1	8
Rewarding Students					1				2				3
Caring/compassion							2				2		4
Setting the example							2		1				3
Self Reliant							2	1			1		4

Appendix J: Codebook

Codes	Definitions/Meaning
Trauma Training	Mentions of trauma training within the school and county. Trauma training is currently in the beginning stages of development. This past summer was the first time professional developments were offered on trauma-informed teaching/strategies.
Assumptions of Trauma	Assumptions made by the teacher about trauma. This can be assumptions about who has trauma, assumptions about what trauma is, or assumptions regarding how students deal with trauma.
Staff Working Together	Examples of when staff at the school work together or with the community to identify trauma or to assist each other in different endeavors both with students and the school in general.
Trauma Challenge	Challenges associated with trauma and utilizing trauma-informed strategies. This can be challenges receiving support, challenges that the students give (refusal to deal with trauma or resistance to strategies), or other challenges.
Building Relationships with Students	Ways that the teacher attempts to build relationships with students (ex. Beginning of year questionnaire, conversations with students [non-school related], sharing personal information with students, etc).
Teacher Image	How the teacher would like students to view her/how she views herself.
Student Needs	Student needs (hunger, thirst, sleep, etc)
Comfortable Environment	Desire to create an environment where students feel comfortable with the teacher, each other, and with themselves.
Teacher Autonomy	Teacher freedom to teach in the way that they desire
Trauma Support	Support that the teacher has from others (students, parents, admin, district, etc.) both in teaching utilizing trauma-informed strategies and when

	meeting the needs of her students.
Structure and Consistency	Creating structure and consistency throughout each class period (similar schedule day-to-day and week-to-week). If something changes, communicating it with students ahead of time so that there are no surprises.
Availability for Students	The teacher makes herself available to students (commonly shown by presence throughout the classroom).
Understanding Focus	Focus on teachers being more understanding when handling students and their trauma.
Issue IS Issue, not Student	The focus is on the issue/behavior that arises, not on the student themselves. The student is not the issue, but the issue IS the issue and should be dealt with as such.
Respectful Environment	Focuses on if the environment is respectful. The students are respectful to each other and the teacher and vice versa.
Trauma-informed strategies	Examples of trauma-informed strategies being utilized (structures and consistency along with clear/concise directions, breaks, building relationships,considering how to perceive and respond to challenging student behavior, reducing workload for teacher and students)
Clear/Concise Instructions	The teacher gives clear and concise directions (very easy to understand and no useless extra added), adding clarification as needed. This includes giving directions in different ways (written vs verbal) and making available in different places (online and in person).
Teacher Awareness	The teacher always knows what the students are doing (whether observing them with eyes or online monitoring app). The teacher also aware of student needs, student understanding of course material, etc.
Redirection	When students need to be redirected (from whatever they are doing back to work) it is done, usually in a positive way with kindness/compassion and not in a

	disrespectful or demeaning way.
Breaks	Times when the teacher gives students a break from “school” and class. This can be informal, formal, short (less than a minute) or longer (more than 1 minute).
Purposeful Work	Work assigned to students is purposeful, meaning that it has meaning in a student's life and should also connect to other learning.
Student Choice	Students have choices in the order they complete things, what assignments they work on, where to sit, who to talk to, when to take breaks, and whether or not they work on assigned tasks or other things.
Clear Expectations/Policies/Procedures	There are clear expectations/procedures/policies communicated by the school and teacher (in different ways) to students that are expected to be known and followed (cell phone policy, going to the bathroom, turning in work, etc.)
Teacher Taking Responsibility	The teacher takes responsibility when messing up.
Reduced Workload	The teacher attempts to give the students less work, focusing instead on only assignments/activities that are necessary to show understanding of material and/or to improve grades (extra credit work and allowing students to redo/retake).
Physical Movement	Times when students are encouraged to move their bodies.
Student Safety	A focus on creating a safe environment for students both in the school as a whole and within the classroom. Also making sure that students have a safe place to go to discuss/deal with trauma
Building Community	The classroom and school environment welcomes visitors and students alike with a focus on building school pride.
Peer to Peer Relationships	Students socialize with each other, developing student to student relationships.
Teacher Encouragement/Motivation	The teacher either offers up words of

	encouragement or motivates using words and/or rewards.
Anticipating Needs	The teacher anticipating the needs of students (shown through communication to class, ways in which instruction is differentiated, etc.)
Student Engagement	Students fully engaged in class activities/material.
Diverse Students	Students are diverse based on gender and race (as noted within field notes).

Appendix K: Co-Occurrence Table

Co-Occurrences	INT 2	FN 1	FN 2	FN 3	FN 4	FN 5	Total
Clear Expectations AND Respectful Environment	1		1	1		1	4
Breaks AND Student Choice	1		2	3	2	2	10
Building Relationships with Students AND Student Choice	1	1			1		3
Assumption of Trauma AND Student Needs	1						1
Understanding Focus AND Teacher Image	1						1
Availability for Students AND Building Relationships with Students		1				2	3
Comfortable Environment AND Peer to Peer Relationships		1	1	1		1	4
Availability for Students AND Encouragement/Motivation		2			2		4
Purposeful Work AND Student Choice		1			1		2
Student Choice AND Peer to Peer Relationships		1			3	1	5
Student Choice AND Clear Expectations		1	1	1			3
Availability for Students AND Teacher Awareness			3	1	1	2	7
Student Needs and Clear Expectations			1	1		2	4

Purposeful Work AND Clear/Concise Instructions			1			1	2
Clear Expectations AND Structure/Consistency			1	1		1	3
Purposeful Work AND Encouragement/Motivation			1	2	1		4
Student Engagement AND Respectful Environment				1		1	2
Teacher Awareness AND Encouragement/Motivation				1		1	2
Teacher Awareness AND Respectful Environment				1			1
Respectful Environment AND Encouragement/Motivation				1			1
Clear Expectations AND Teacher Awareness				2	1	1	4
Anticipating Needs AND Structure/Consistency				1			1
Comfortable Environment AND Student Engagement				1			1
Break AND Clear Expectations				1			1
Structure/Consistency AND Encouragement/Motivation				1			1
Encouragement/Motivation AND Clear Expectations				1	1	1	3
Building Relationships with Students AND Comfortable Environment				1	1		2
Comfortable Environment AND Clear Expectations				1		2	3

Peer to Peer Relationships AND Clear Expectations				1	1	2	3
Redirection AND Clear Expectations				1			1
Clear/Concise Instructions AND Encouragement/Motivation				1	1	1	3
Student Choice AND Comfortable Environment				1		2	3
Redirection AND Teacher Awareness				1			1
Availability for Students AND Comfortable Environment				1	2		3
Building Community AND Comfortable Environment				1			1
Building Community AND Respectful Environment				1			1
Comfortable Environment AND Respectful Environment				1		1	2
Building Relationships with Students AND Teacher Awareness				1			1
Comfortable Environment AND Teacher Awareness					1		1
Anticipating Needs AND Availability for Students					1		1
Clear Expectations AND Clear/Concise Instructions					1	2	3
Redirection AND Breaks					1		1
Redirection AND Student Choice					1		1

Redirection AND Respectful Environment					1		1
Break AND Encouragement/Motivation					1		1
Comfortable Environment AND Encouragement/Motivation					1		1
Building Relationships with Students AND Peer to Peer Relationships					1		1
Student Choice AND Encouragement/Motivation					1	1	2
Building Community AND Staff Working Together						2	2
Building Relationships with Students AND Staff Working Together						1	1
Student Engagement AND Clear Expectations						1	1
Student Engagement AND Encouragement/Motivation						1	1
Structure/Consistency AND Purposeful Work						1	1
Breaks AND Peer to Peer						1	1
Student Choice AND Respectful Environment						1	1
Student Choice AND Teacher Awareness						2	2
Anticipating Needs AND Purposeful Work						1	1
Break AND Teacher Awareness						1	1

Structure/Consistency AND Student Safety						1	1
Respectful Environment AND Student Safety						1	1
Respectful Environment AND Staff Working Together						1	1
Teacher Image AND Availability for Students						1	1
Teacher Image AND Building Relationships with Students						1	1

Vita

Matthew is originally from Hendersonville, Tennessee. He graduated from Merrol Hyde Magnet School in 2013 and attended Carson-Newman University where he obtained a Bachelors of Arts degree in Mathematics in May of 2017. Knowing that he always wanted to be a high school math teacher Matthew enrolled in Carson Newman's Job Embedded Practitioner program where he obtained a Master's in Education in Curriculum and Instruction in December of 2018 while teaching Algebra 1 and Algebra 2 at Jefferson County High School. Matthew then moved to Knoxville, Tennessee where he began teaching at Hardin Valley Academy while working towards his PhD at the University of Tennessee. During his time in the program Matthew worked as a graduate assistant on two separate projects focused on data visualizations as well as a mentor for teachers in the Job Embedded Practitioner program. Matthew graduated from the University of Tennessee in August of 2024 with a Doctor of Philosophy degree in Education with a concentration in Teacher Education. His research interests include trauma, and how to better utilize trauma-informed strategies within the classroom to benefit students, as well as how to better prepare educators for teaching students with a variety of needs.