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TEACHER EXPERIENCES IN TRAUMA-INFORMED CLASSROOMS:

A QUALITATIVE CASE STUDY

By

CHRISTOPHER J. CONWAY

A doctoral dissertation submitted to the
College of Education
in partial fulfillment of the requirements
for the degree Doctor of Education
in Curriculum and Instruction

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TEACHER EXPERIENCES IN TRAUMA-INFORMED CLASSROOMS:
A QUALITATIVE CASE STUDY

by

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DEDICATION

To my wife, Vicky, whose love and support make all my dreams, plots, and schemes possible.
ACKNOWLEDGMENTS

Of course, no journey of any consequence and worth is taken alone. I am grateful to Roy Rowland, who provided the opportunity; Dr. Sarah Yates, who provided the encouragement; Dr. Janet Deck and Dr. Lisa Ciganek, who provided the guidance; and Dr. Kelly Hoskins, who provided the editing. Thank you for accompanying me to the finish line.
Abstract
The purpose of this study was to examine the experiences of teachers at a school in Central Florida that serves students exposed to multiple adverse childhood experiences (ACEs). Qualitative data were gathered from semi-structured interviews.

Keywords: adverse childhood experiences, trauma-exposed, trauma-informed
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I. INTRODUCTION

The seminal studies of Felitti et al. (1998) were the first to suggest that one’s level of exposure to traumatic events can and does have significant effects on multiple aspects of physical, emotional, and academic development. The researchers developed the theory that children exposed to trauma were more likely to carry scars into their adult lives, suffering greater hardships in health, relationships, and economic situations (Felitti et al., 1998). Over the following two decades, growing attention was drawn to the ramifications of repeated exposure to adverse childhood experiences (ACEs), a term first used by Felitti et al. (1998).

Subsequent scholars have worked to develop principles and systems to address the specific needs and challenges of children who have endured trauma to mitigate the damage from traumatic events and help them achieve healthy development (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014; Wolpow et al., 2009). Because children spend a large percentage of their waking time in school, learning institutions have become logical places to develop and implement techniques designed to address the needs of trauma-exposed students. The proliferation of trauma-informed systems has occurred relatively recently; consequently, research on the influence and success of trauma-informed methods is limited, particularly about direct teacher interactions and instruction.
Background of Study

Statistics published by the National Association of School Psychologists (2015) indicated that millions of young people in the United States face daily circumstances and experiences that may be trauma-inducing. Exposure to trauma has been shown to have a deleterious effect on the human brain, particularly children’s developing brains, which can impede their ability to regulate behavior, develop appropriate relationships, and learn (Felitti et al., 1998; Van der Kolk, 2015). When the brain is preoccupied with feelings of constant danger and threat to survival, resources for brain development are diverted to other areas, often impeding development permanently (Mueller & Tronick, 2019; Van der Kolk, 2015). The lifelong repercussions can be tragic; adverse exposure as children has been shown to lead to poor mental and physical health in adults (Crouch et al., 2019; Mueller & Tronick, 2019; Sciaraffa et al., 2018).

Social institutions have developed guiding principles and multi-level systems for care. Mainly based upon the six guiding principles to a trauma-informed approach developed by the SAMHSA (2014), trauma-informed care models have become commonplace at all levels of schools from early childhood education and elementary schools to middle schools, and even university levels (Anderson et al., 2015; Blitz et al., 2020; Tabone et al., 2020; Von Dohlen et al., 2019).

Additionally, researchers have examined the use of trauma-informed practices in varying contexts and subgroups. Martin et al. (2017) explored how these practices apply to young women experiencing adolescent pregnancy. Purvis et al. (2013) linked their study to children in the foster care systems. West et al. (2014) focused on youths involved in the court system, and Frankland (2021) limited her focus to rural communities. Studies also focused on trauma-informed practices, specific learning contexts, and instructional areas beyond the traditional learning areas,
including choir and physical education (Sauerland, 2021; Subramaniam & Wuest, 2021). With the advent of the COVID-19 pandemic, researchers have begun to consider how students and teachers have been and will be affected by this previously unstudied source of trauma (Harper & Neubauer, 2021; Sherwood et al., 2021).

The six key principles of the trauma-informed approach put forth by the SAMHSA (2014) are categorized as (a) safety, (b) trustworthiness, (c) peer support, (d) collaboration and mutuality, (e) empowerment through voice and choice, and (f) sensitivity to cultural, historical, and gender issues. Classroom behavior problems related to experiencing ACEs manifest as early as kindergarten or before (Jimenez et al., 2016). Because methods of discipline are closely linked to all of these principles and can impact the time students spend in the classroom learning, researchers have examined alternate forms of discipline outside of suspension (Baroni et al., 2020; Crosby et al., 2018). Predictably, correlations exist between exposure to ACEs and increased sensitivity to punishment (Miu et al., 2017). Likewise, researchers have chosen to use trust-based interventions as the focus of their studies (Parris et al., 2015; Stipp & Kilpatrick, 2021).

Significant research has existed in recent years on training teachers who might encounter children with exposure to ACEs. Much of the training has emphasized teacher self-care related to vicarious trauma (Anderson et al., 2015; Brunzell et al., 2019; Stipp & Kilpatrick, 2021; Subramaniam & Wuest, 2021). In contrast, research directly addressing teacher approaches in the classroom is limited (Alvarez, 2017; Morgan et al., 2015).

**Theoretical Framework**

The purpose of this qualitative case study was to gain insight surrounding practical interventions in the classrooms of a trauma-informed school in Florida and the effectiveness of
those interventions for teachers and the students in that school by examining teacher experiences and observations through the lenses of both Abraham Maslow’s (1943) hierarchy of needs and Urie Bronfenbrenner’s (1974) ecological systems theory.

Maslow (1943) initially constructed a psychological model of human motivation consisting of five distinct levels. Maslow’s original model, often depicted as a pyramid, is structured with physiological needs and safety needs on the base. At the third and fourth levels, the psychological needs, are belongingness and love, and esteem, respectively. Maslow maintained that to reach higher levels of motivation, an individual must first have the needs of the lower levels met. The lower four hierarchy levels are categorized as deficiency needs (Maslow, 1943). Lacking the prerequisites of physiological imperatives (e.g., food, water, warmth, and rest), safety, love, and self-esteem, humans cannot reach the highest level, which Maslow called self-actualisation.

**Figure 1**

*Diagram of Maslow’s Hierarchy of Needs*
Over time, Maslow (1970a, 1970b) reconsidered his original hierarchy, adding the three additional levels of cognitive needs, aesthetic needs, and, ultimately, transcendence. All three additional levels are included amongst the higher-level growth needs, whereas the deficiency needs remain unchanged (Maslow, 1970a, 1970b). Though Maslow (1987) loosened his initial rigidity as to whether all people needed to have met all low-level needs to progress to higher-level needs, a strong suggestion remains that disruptions at the lower levels can curtail progress into the higher levels, affirming research that supports that ACEs can and do impede student learning and academic achievement (Maslow, 1987; Sciaraffa et al., 2018).

Roughly three decades later, to better explain the array of relationships that surround human development, Bronfenbrenner (1974) created what he referred to as the five ecological systems. Bronfenbrenner suggested that each of the five systems contains specific subsets of human relationships and that these subsets or systems were interrelated and influenced each other.

Bronfenbrenner (1974) framed his ecological system within the context of five concentric rings around the child. Each progressively larger ring encompasses all the smaller rings within it. The mesosystem is the collection of relationships between each person with whom the child has a relationship (Bronfenbrenner, 1974). Beyond the mesosystem is the exosystem, which includes social structures that affect the child only through indirect influence (Bronfenbrenner, 1974). The penultimate ring, the macrosystem, comprises the cultural factors that impact a child, and the outermost ring, referred to as the chronosystem, contains environmental changes and life transitions (Bronfenbrenner, 1974).
Unlike Maslow’s (1943) initial models that adhered to the premise that humans only progress vertically and upward, Bronfenbrenner (1974) maintained that ecological relationships are more dynamic and interconnected, moving in both directions, which gives the observations and reactions of the classroom teacher significant importance. The four external systems provide a background for instructors to inform their classroom cultures and approaches. Analogous to Maslow’s (1943) deficiency needs that comprise the four foundational levels of his hierarchy, relationships that exist within the microsystem (first level) directly impact a young person, and logic suggests that deficiencies in this base level would prohibit relational growth in the outer levels (Bronfenbrenner, 1974). Because the microsystem includes the student, parents, teachers, and peers, this first or “individual” level provides an appropriate focus for the present study.

When the relationships in the microsystem are not healthy and do not meet the child’s...
basic needs, that child is unlikely to achieve solid and healthy relationships within the outer rings of the system. The weaker and more damaged relationships within the microsystem are presumably more likely to result in weak, if not non-existent, relationships in the mesosystem, exosystem, macrosystem, and chronosystem. Like the self-actualization level in Maslow’s hierarchy, a strong relationship with the macrosystem and chronosystem becomes virtually unachievable.

**Significance of the Study**

This study revealed tangible methods of addressing the needs of trauma-exposed students in traditional classrooms. Exploring the experiences of teachers who work with numerous students suffering from exposure to ACEs provided a perspective on the efficacy of research-suggested practices. Additionally, the results exposed new practice methods worthy of study and support. A growing focus on the needs of children who have experienced various types of adverse experiences has spurred many studies of schoolwide systematic approaches. However, a need exists for studies of specific methods that can be used effectively in an instructional setting.

**Purpose Statement**

The purpose of this study was to examine the experiences of teachers at a school in Central Florida that serves students who have been exposed to multiple ACEs. This study defines ACEs as conditions, instances, or environmental factors that expose children to violence, abuse, or neglect (SAMHSA, 2014, p. 7).

**Overview of Methodology**

The interview responses of teachers at a school in Central Florida were analyzed using a thematic approach. The thematic approach was used to analyze the narrative stories collected, examining common themes, subjects, and ideas (Creswell & Poth, 2018). Analysis was done
through the critical perspectives of Bronfenbrenner’s (1974) ecological systems theory and Maslow’s (1943) hierarchy of needs. The researcher interviewed each of the five teachers separately, using a pre-established set of questions (see Appendix A).

Research Design

The study was a qualitative case study. Permission was obtained from the appropriate institutional review boards at Southeastern University and the sample school. Teachers participating in interviews were informed that their privacy was protected and that individual or aggregate results cannot be tracked back to a single person. The teachers’ identities were protected through the use of pseudonyms. Data were secured by password-protected files stored on a password-protected computer.

The sample for this study comprises five teachers at a school that serves trauma-exposed students in Central Florida who agreed to participate in an online interview. Interviews were recorded, transcribed, and validated by each participant. Once the interviews were completed, the researcher implemented open and axial coding techniques to analyze the transcriptions that participants had previously verified.

Research Question

What are teachers’ experiences at a school in Central Florida that serves students who have been exposed to multiple ACEs?

Data Collection

The researcher analyzed qualitative data collected through the interviewing process to answer the research questions. After obtaining the Southeastern University Institutional Review Board approval, the researcher collected data by conducting individual interviews. A provided interview guide (see Appendix A) consisted of pre-constructed, open-ended questions. For
convenience, all interviews were conducted virtually. The researcher scheduled all interview sessions and obtained consent (see Appendix B) from the participants before the interviews. Opportunities for possible follow-up questions were allowed where more detail and explanation were warranted. Interviews were recorded and transcribed using the Otter AI computer application. Edited interview transcripts were presented to all participants for validation upon completion. Final transcripts were coded and analyzed for specific themes related to the research questions.

**Procedures**

The initial step in the process was to contact the head administrator at the Central Florida school by email and phone (see Appendix C). A formal introductory email (see Appendix D) was sent to all teachers working at the school from a list of names and email addresses provided by the administrator. Willing participants were asked to schedule online interviews with the researcher via Zoom software applications. All interviews were recorded through Zoom and Otter AI, which were subsequently used to create transcripts. Transcripts were edited and submitted to each interviewee for verification and approval. Once written approval was received, each transcript was analyzed and coded for specific recurring themes.

**Limitations**

The sample for this study came from a single school in Central Florida that specializes in focusing on students who have been exposed to trauma; therefore, the results may not be generalizable to other schools where some students have not experienced trauma exposure. The data consist of the perceptions of classroom interventions in classes at a school for students who have experienced trauma. These perceptions may not represent teachers’ experiences with classes with a smaller percentage of trauma-exposed students.
Definition of Key Terms

• **adverse childhood experiences (ACEs):** conditions, instances, or environmental factors that expose children to violence, abuse, or neglect. Categories can include psychological, physical, or sexual abuse, household violence against family members, or living with people who are substance abusers or mentally ill (SAMHSA, 2014, p. 7).

• **trauma:** lasting negative effects on the well-being of an individual that are the result of their experiences in physically or emotionally harmful or life-threatening situations (SAMHSA, 2014, p. 7).

• **trauma-informed:** to possess an understanding of the ways traumatic experiences have and do impact the lives of the individuals and to use that understanding when serving and accommodating trauma survivors (SAMHSA, 2014, p. 7).

Summary

Researchers in areas ranging from psychology to social work to education have placed increasing importance on the consideration of exposure to trauma on physical and emotional health. Beginning with the groundbreaking work of Felitti et al. (1998), which suggested that adults exposed to multiple ACEs were considerably more likely to face various struggles as adults, the field of study has expanded. Trauma-informed approaches are now recommended throughout numerous social systems, including schools.

Trauma-informed practices and systems have been implemented at all levels of education, from preschool to college (Anderson et al., 2015; Blitz et al., 2020; Tabone et al., 2020; Von Dohlen et al., 2019). These programs are primarily based on widely agreed-upon practices espoused by SAMHSA (2014) and the Centers for Disease Control and Prevention.
Because of the relative newness of trauma-informed care, research has been lacking to support the efficacy of these multi-tiered systems and the specific interventions and methods used by classroom teachers. The intended result of the research was to gain valuable insight into teachers’ perceptions who work with these students regularly through this study.
II. REVIEW OF LITERATURE

Although the evolving and growing study of ACEs has drawn much attention to the problem and provided a continually improving understanding of their effects on young students, further research is needed to develop more effective interventions that address the specific needs of trauma-exposed children. The intention of this study was to explore the practical application of the existing studies in the trauma-informed classroom.

Literature applicable to the research topic was studied to better understand the evolution of the study of ACEs and the suggested interventions to mediate their effects. Studies from the last 7 years and seminal works published before 2015 were included because of their foundational importance. The purpose of this qualitative case study was to gain insight surrounding practical interventions in the classrooms of trauma-informed schools and the effectiveness of those interventions for teachers and the students they teach by examining teacher experiences and observations through the lenses of both Maslow’s (1943) hierarchy of needs and Bronfenbrenner’s (1974) ecological systems theory.

Theoretical Framework

Maslow (1943) initially constructed a psychological model of human motivation consisting of five distinct levels. Maslow’s (1943) original model, often depicted as a pyramid, is structured with physiological needs and safety needs on the base. The third and fourth levels, the psychological needs, are belongingness and love and esteem, respectively. Maslow
(1943) maintained that to reach the higher levels of motivation, an individual must first have the needs of the lower levels met. The lower four hierarchy levels are categorized as deficiency needs (Maslow, 1943). Lacking the prerequisites of physiological imperatives (e.g., food, water, warmth, and rest), safety, love, and self-esteem, humans cannot reach the highest level, which Maslow (1943) called self-actualization (see Figure 3).

**Figure 3**

*Diagram of Maslow’s Hierarchy of Needs*

Roughly three decades later, to better explain the array of relationships that surround human development, Bronfenbrenner (1974) created what he referred to as the five ecological systems. Bronfenbrenner (1974) suggested that each of the five systems contains specific subsets of human relationships and that the subsets or systems were interrelated and influenced each other.
Bronfenbrenner (1974) framed his ecological system within five concentric rings around the child (see Figure 4). Each progressively larger ring encompasses all the smaller rings within it. The mesosystem is the collection of relationships between each person with whom the child has a relationship (Bronfenbrenner, 1974). Beyond the mesosystem is the exosystem, which includes social structures that affect the child only through indirect influence (Bronfenbrenner, 1974). The penultimate ring, the macrosystem, comprises the cultural factors that impact a child, and the outermost ring, referred to as the chronosystem, contains environmental changes and life transitions (Bronfenbrenner, 1974).

**Figure 4**

*Diagram of Bronfenbrenner’s Ecological Systems*


Over time, Maslow (1970a, 1970b) reconsidered his original hierarchy adding the three additional levels of cognitive needs, aesthetic needs, and, ultimately, transcendence. All three
additional levels are included amongst the high-level growth needs, whereas the deficiency needs remain unchanged (Maslow, 1970a, 1970b). Though Maslow (1987) loosened his initial rigidity as to whether all people needed to have met all lower level needs to progress to higher levels, a strong suggestion remains that disruptions at the lower levels can curtail progress into the higher levels, affirming research that supports that ACEs can and do impede student learning and academic achievement (Maslow, 1987; Sciaraffa et al., 2018).

Unlike Maslow’s (1943) initial models that adhered to the premise that humans only progress vertically and upward, Bronfenbrenner (1974) maintained that ecological relationships are more dynamic and interconnected, moving in both directions, which gives the observations and reactions of the classroom teacher significant importance. The four external systems provide a background from which classroom instructors can inform their classroom cultures and approaches. When the relationships in the microsystem are not healthy and do not meet the child’s basic needs, the child is unlikely to achieve solid and healthy relationships within the outer rings of the system. The weaker and more damaged relationships within the microsystem are presumably more likely to result in weak, if not non-existent, relationships in the mesosystem, exosystem, macrosystem, and chronosystem. Like the self-actualization level in Maslow’s hierarchy, a strong relationship between the macrosystem and chronosystem becomes virtually unachievable.

Analogous to Maslow’s (1943) deficiency needs that comprise the four foundational levels of his hierarchy, relationships that exist within the microsystem (first level) directly impact a young person, and logic suggests that deficiencies in this base level would prohibit relational growth in the outer levels (Bronfenbrenner, 1974). Because the microsystem includes the
student, parents, teachers, and peers, this first level provides an appropriate focus for the present study.

**Defining Adverse Childhood Experiences**

Felitti et al. (1998) conducted a quantitative study employing questionnaire responses from 9,508 adults who had undergone health appraisals at Kaiser Permanente’s San Diego Health Appraisal Clinic, considered one of the most extensive evaluation centers in the United States. Utilizing a follow-up questionnaire sent after an initial general evaluation, the researchers explored the relationship between adults’ medical and public health problems and their exposure to multiple and varied examples of negative behaviors and household function (Felitti et al., 1998). Because previous studies focused on the effects of single harmful factors and, to date, had neglected to examine long-term ramifications, Felitti et al. (1998) determined to look at multiple factors and their manifestations through adulthood.

The researchers named their study the Adverse Childhood Exposure Study and studied ACEs, a term that has grown to describe a variety of negative influences. In the initial study, the term ACEs was limited to three categories of childhood abuse (psychological, physical, or sexual) and four categories of exposure to household dysfunction (exposure to substance abuse, mental illness, violent treatment of mother or stepmother, and criminal behavior; Felitti et al., 1998). Whereas the initial study defined 10 possible ACEs, subsequent studies have added, subtracted, and categorized the first list (Felitti et al., 1998).

Felitti et al. (1998) sent a specifically designed set of questions to 13,494 patients whose medical history questionnaires were on file with the Appraisal Clinic. From the responses, Felitti et al. (1998) gathered information about which ACEs a patient had experienced and the number of exposures to each type. Using the Statistical Analysis System to perform a logistic regression
analysis \((p < .001)\), researchers examined the results for five relationships: between categories of childhood exposure, between childhood exposures and health risk factors, between childhood exposures and clustering of health risk factors, relationships between childhood exposures and disease conditions and dose-response relationships (Felitti et al., 1998). Over 50% of the respondents noted one or more exposure to ACEs, and more than 6% indicated four or more exposures (Felitti et al., 1998). Participants exposed to ACEs were more likely to experience exposure to additional categories \((65\% – 93\%\) for a second and \(40\% – 74\%\) for additional; Felitti et al., 1998). For participants with higher exposures, the prevalence of health risks such as smoking, obesity, depression, suicide attempts, alcoholism, and illicit drug use was also significantly higher (Felitti et al., 1998). Health risk factors and disease conditions were higher in patients with higher number of ACEs (Felitti et al., 1998). The research team concluded that limiting ACEs exposure and providing healthy coping mechanisms were vital to long-term health (Felitti et al., 1998).

An expanding number of detrimental factors have since joined the range of ACEs. Karatekin and Hill (2019) suggested expanding the scale of ACEs beyond those examined by Felitti et al. (1998) to include experiences of victimization outside the home. In contrast, Radcliff et al. (2019) considered the effects of homelessness. Few could have foreseen that the discussion of ACEs would include the consequences of a worldwide pandemic (Sherwood et al., 2021).

To better understand the long-term effects of these experiences on adults, scholars have examined a variety of factors including, but not limited to, the number of ACEs experienced, the age at which ACEs occurred, and which factors may have existed to mitigate the damage of such experiences (Freeman, 2014; Jimenez et al., 2016; Karatekin & Hill, 2019). Clarkson Freeman (2014) followed earlier examples of classifying traumatic experiences under two headings: child
abuse and neglect or household dysfunction (consisting of four different events). Child abuse and neglect were limited to exposure to assault, sexual abuse, neglect, or psychological abuse. Household dysfunction is related to the caregiver of a child who exhibits substance abuse, depression, violence, or criminality (Clarkson Freeman, 2014). Clarkson Freeman (2014) examined the prevalence of ACEs among children between birth and 6 years. Using a nationally representative sample of 5,501 children, Clarkson Freeman extracted data from the National Survey of Child and Adolescent Well-Being, a study of families involved with the child welfare system through Child Protective Services (Clarkson Freeman, 2014). Bivariate and logistic regression analyses were performed \((p < .05)\) with the use of STATA/IC software (Clarkson Freeman, 2014). The analysis indicated that roughly 70% of the students in the study had three or more ACEs and the long-term socioemotional issues associated with ACEs (Clarkson Freeman, 2014).

A similar study with pre-elementary students found deleterious associations between high numbers of ACEs and children’s language and literary skills, math skills, attention skills, social problems, and aggression (Jimenez et al., 2016). In analyzing data from a Centers for Disease Control and Prevention Kaiser study, the Fragile Families and Child Wellbeing Study (FFCWS), Jimenez et al. (2016) explored connections between early childhood ACEs exposure and behavioral issues reported by kindergarten teachers. All data regarding student academic performance were generated by teachers’ responses to a 5-point Likert scale gathered in the final month of each student’s kindergarten year (Jimenez et al., 2016). Jimenez et al. (2016) employed logistic regression to analyze the data.

Jimenez et al.’s (2016) study sample comprised 1,007 urban kindergarteners. Twelve percent of the students who participated in the study experienced at least three ACEs as self-
reported by the primary caregiver, who in 98% of the cases was the mother (Jimenez et al., 2016). By design, all participants were from homes with unmarried parents (Jimenez et al., 2016). Students with higher levels of ACEs reported having below-average language and literacy skills (adjusted odds ratio [AORs]: 1.8; 95% confidence interval [CI]: 1.1–2.9) and math skills (AOR: 1.8, 95% CI: 1.1–2.9), poor emergent literacy skills, attention problems (AOR: 3.5, 95% CI: 1.8–6.5), social problems (AOR: 2.7, 95% CI: 1.4–5.0), and aggression (AOR: 2.3, 95% CI: 1.2–4.6; Jimenez et al., 2016).

Jimenez et al. (2016) connected early childhood exposure to ACEs and an increased likelihood of below-average academic skills. When students struggle with foundational skills stunted by ACEs exposure as a child, lifetime educational and literacy levels, which are known to be linked to poor health outcomes in adults, are lowered (Jimenez et al., 2016).

Studies such as Jimenez et al.’s (2016) study, which included just over 1000 participants, commonly indicate correlation but acknowledge an inability to show causation. An agreement exists across studies that exposure to ACEs contributes significantly to children falling below school level or being unprepared to enter kindergarten. Less has been studied concerning specific functions of the brain and how traumatic experiences disrupt those functions during the early years of crucial development. More research is required before recommending more targeted interventions. In the meantime, the best recommendation has been to implement a multi-faceted approach using various remedial teaching techniques (Jimenez et al., 2016).

The growing popularity of studies related to ACEs in the 20 years after the initial findings of Felitti et al. (1998) spurred the question of not only what the proper definition of ACEs is and, therefore, which experiences should be included under the designation, but also whether some ACEs commonly occur together. Using a combination of the items from the original Adverse
Childhood Exposure Study and the Juvenile Victimization Questionnaire, Karatekin and Hill (2019) conducted two studies to explore the psychometric properties of an expanded measure of ACEs.

Karatekin and Hill (2019) reported the results from two studies. Undergraduate students in several psychology classes at a Midwestern university provided samples for both studies (Karatekin & Hill, 2019). Researchers ran factor analyses of the original and newly expanded Adverse Childhood Exposure scales to ensure their supplemented Adverse Childhood Exposure inventory’s consistency and concurrent validity (Karatekin & Hill, 2019). Test reliability for the original scale was $t = .79$ and expanded scale, $r(67) = .77$ (Karatekin & Hill, 2019). The purpose of the second study was to verify the replicability of the first study, employing an independent sample of a smaller size ($n = 75$; Karatekin & Hill, 2019). An analysis produced a reasonable value ($r = .77$) for the test-retest reliability of the sum of ACEs for the newly designed scale for the second study (Karatekin & Hill, 2018).

Results of the first study and the second validating study suggested that in a sample that displayed a surprisingly large rate of exposure to ACEs, based on random exploratory factor analysis, two items on the questionnaire did not correlate with the others (Karatekin & Hill, 2019). A confirmatory factor analysis produced a satisfactory four-factor model of child maltreatment, household dysfunction, community dysfunction, and peer dysfunction/property victimization (Karatekin & Hill, 2019). Based on their results, Karatekin and Hill (2019) argued that though agreement on one definition of ACEs does not exist, how each study defines ACEs is crucial to interpreting the results. Well-defined constructs produce systematic findings that lead to effective interventions and solutions (Karatekin & Hill, 2019). For teachers seeking appropriate interventions for trauma-exposed students, it is essential to consider a student’s
specific ACE (when possible) and a study’s specific working definition of ACEs (Karatekin & Hill, 2019).

Echoing Karatekin and Hill’s (2019) concerns about the definition and scope of ACEs, Radcliff et al. (2019) examined the connection between childhood homelessness and ACEs, suggesting that children who had experienced homelessness for even a short period exhibited a higher number of ACEs and different types of ACEs. Radcliff et al. (2019) utilized data from a sample of 7,490 adults who reported experiencing homelessness during childhood in the 2016 South Carolina Behavioral Risk Factor Surveillance System survey.

Researchers analyzed the cross-sectional, descriptive study using a bivariate analysis to compare ACEs exposure between respondents who experienced homelessness and respondents who had not experienced homelessness (Radcliff et al., 2019). More than four times the number of respondents who claimed to have been homeless during childhood were exposed to four or more ACEs (68%, $p < .0001$) compared to those who reported no homelessness but also had four or more ACEs (Radcliff et al., 2019). Furthermore, compared to each ACE ($p < .0001$), responses indicated significantly higher exposure for sample members who had been homeless (Radcliff et al., 2019). The results added to the argument that the relationships between different ACEs should be considered when studying their effects, as an understanding of their overlap may provide a better insight into the mitigation of deleterious effects, especially in cases where children have experienced homelessness (Radcliff et al., 2019). Instructors of students who have experienced homelessness for even a short period are best served by considering that, at the very least, homelessness could be considered an ACE itself or, at most, homelessness indicates exposure to multiple concurrent ACEs (Radcliff et al., 2019).
Short and Long-term Effects of ACEs Exposure

Hicks et al. (2020) suggested that despite the proliferation of research attention that ACEs have garnered since the initial studies by Felitti et al. in the 1990s, limited attention exists related to the short-term effects of ACEs. A dearth of research exists specifically on the country’s Black students, who are victimized at statistically higher rates than their White and Hispanic counterparts. Hicks et al. (2020) conducted a four-wave study involving only Black children from six schools in Southeast Michigan to address this gap.

The initial sample group of 256 students in Hicks et al.’s (2020) study was evaluated for psychological distress and externalizing behaviors during the first wave of testing. A sample of 229 returned for the second wave that measured only psychological distress. By the fourth wave, a sample of 165 students remained for the final measurement of externalizing behavior, defined for the study as delinquency and substance abuse. Hicks et al. analyzed the data using structural equation modeling.

Hicks et al.'s (2020) study was unique because it limited its sample to Black students and focused on the effects of ACEs in adolescence rather than adulthood. Hicks et al.(2020) concluded that when the psychological distress caused by ACEs is left unaddressed, children are more likely to mimic the externalizing behaviors they witnessed in their environment ($p < .05$ for both substance abuse and delinquency. Hicks et al.’s findings underscore the importance of early interventions when dealing with children exposed to ACEs, particularly Black children.

In one study of the long-term effects of ACEs, Wang et al. (2020) argued that the long-term effects of ACEs exposure from neighborhood structural and social environments remain an under-researched area of the ACEs discussion. Wang et al. conducted a study gathering survey responses from mothers. They conducted the surveys when the mothers’ children were born, then
again at the ages of 3, 5, and 15 years to explore the long-term effects of the neighborhood environment. The neighborhood environment was explicitly defined by rates of area poverty and public assistance related to family process and, ultimately, adolescent outcomes. Wang et al.’s stratified random sample consisted of 4,898 children from 20 large cities born between 1998 and 2000. The dependent variables were delinquency, behavior problems, and social skills, and the mediating variables were parenting stress and exposure to ACEs. Similar to Hicks et al.’s (2020) study design, Wang et al. (2020) used four waves of data; in this case, the data were taken from the Fragile Families and Well-Being study used in conjunction with surveys given to parents of the children.

Wang et al. (2020) analyzed the data using structural equation modeling. The results established an association between negative efficacy ($p < .01$) and adolescents’ delinquency and behavior, but no connection was established with social skills. Likewise, the findings demonstrated no direct link ($p < .01$) between concentrated poverty in neighborhoods and adolescent outcomes. Both mother’s parenting stress and early ACEs proved to be mediating factors in adolescents’ social ($p < .05$) and behavioral development ($p < .001$), as hypothesized. These results support the suggestion made by other studies, such as Lee and Markey’s (2022) study, regarding the importance of early interventions provided by programs such as Head Start.

Davis et al. (2021) drew data from students in a substance abuse program through 16 different middle schools in Southern California. The students participated in up to 11 different waves of data collection beginning in the sixth and seventh grades. The study explicitly focused on the sample ($N = 2,880$) that completed waves 8-11, done in the late teens and completed by 21. Davis et al. (2021) noted that though both the respondents who had experienced ACEs and the respondents who had not been exposed to ACEs exhibited similar patterns of substance abuse
in earlier years, the respondents who had experienced ACEs were less likely than those who had not to emerge from unhealthy behaviors as they grew into their teen years.

Another recent study of the short-term effects of ACEs considered development issues in early childhood. Lee and Markey (2022) used data from the United States Head Start Impact Study, which used a multi-stage sampling process to gather information on 4,442 children enrolled in Head Start programs. The dependent variable was a subset of chosen ACEs, and the independent variables were developmental outcomes: cognitive, socioemotional, and health. Cognitive outcomes were measured using the Woodcock-Johnson Tests of Achievement, Third Edition and the Peabody Picture Vocabulary Test, Third Edition. Other variables were taken from parental responses to the researcher’s questions.

Lee and Markey (2022) performed analysis through regression analysis. Children with higher incidents of ACEs had significantly lower scores in all three areas of childhood development (\( p < .10 \) for problem-solving skills, \( p < .001 \) for behavioral problems, and \( p < .05 \) for health outcomes), indicating an almost immediate negative impact of trauma exposure. Lee and Markey concluded from the study’s results that children in Head Start programs with higher incidences of ACEs showed significantly better problem-solving skills than their peers (\( p < .10 \)) who did not enroll in Head Start. In contrast, students with fewer ACEs who participated in Head Start showed a marginal difference in cognitive outcomes from those who had few ACEs and were not a part of Head Start programs.

Regarding social outcomes, Lee and Markey’s (2022) results indicated that Head Start students with only one recorded ACE saw better results than their non-Head Start, low-incidence counterparts. As the number of recorded ACEs increased, students with higher recorded incidences (two or three) of ACEs in Head Start programs showed decreasing differences with
the outcomes of the non-Head Start, high-incidence counterparts concerning behavioral issues. The results suggest that early and sustained exposure to home educational programs can have beneficial cognitive effects for children with high exposure to ACEs but are less beneficial regarding behavioral and social issues.

Other research exploring the effects of being exposed to ACEs was focused on substance abuse during the critical developmental period of adolescence (Marchica et al., 2022). Marchica et al. (2022) explored increased addictive behaviors and substance use rates in adolescents (continuing into adulthood), studying samples of teenagers with significant ACEs exposure. In comparison to Davis et al. (2021), Marchica et al. (2022) used data from a 2018 Alcohol, Drug, Addiction, and Mental Health Services Board/Wood County Educational Service Survey. All public-school students in the Wood County, Ohio, school district received the survey in the fifth through 12th grades (Marchica et al., 2022). Data drawn from the survey were related to ACEs and addictive behaviors, specifically using painkillers, marijuana, alcohol, cigarettes, and repeated gambling (Marchica et al., 2022).

Results of an independent sample t test ($p < .001$) showed that female participants reported significantly greater incidences of ACEs than males (Marchica et al., 2022). Likewise, the results of a one-way analysis of variance confirmed significant reporting differences in age ($p < .001$) and ethnicity ($p < .001$; Marchica et al., 2022). Marchica et al. (2022) conducted a correlational analysis to explore the connection between ACEs and later addictive behaviors. The final sample consisted of 6,896 students in grades seven through twelve. This study supported the suggestion that trauma-informed teachers should implement interventions that teach skills such as emotional awareness, identifying their emotions, and implementing different emotion regulation strategies.
ACEs and Brain Development

Many studies since Felitti et al. (1998) have focused on the connection between ACEs and adult health or behavior. Fewer studies have examined ACEs’ immediate effects on brain development and early learning implications. Quantitative studies that focused on specific regions of young brains predictably indicated that these regions’ development was negatively impacted (Luby et al., 2019).

Luby et al. (2019) sought links between ACEs and the degree and quality of maternal support during and after adverse experiences. Luby et al. collected data from the 2003 Preschool Depression Study. The sample included 211 preschool children and their caregivers. Though the data were derived from information on children 3 to 6 years in age and brain function, the focus of its usage was not on learning but rather on the mother’s role in brain recovery. Magnetic resonance imaging was used to take brain scans during multiple phases and in conjunction with the previously obtained data related to ACEs and maternal support. Using a hierarchical analysis, Luby et al. produced results that showed smaller than-average sizes in the brain regions of preschool children exposed to ACEs. Their results also indicated that maternal support increased brain region size more for preschool than school-age children, suggesting that even in cases where maternal support is present that timing is an influential factor in brain development for trauma-exposed children (Luby et al., 2019). Admittedly, childhood development is influenced by multiple factors, and more research is needed. However, this study was an essential first step in targeting specific neurological areas affected by ACEs and a single intervention that mediates those effects.

In their study on early life stress, Hambrick et al. (2019) examined the connection between the timing and type of stress experienced by children that impact neurodevelopment.
Researchers used a sample of 2,155 children between the ages of 8 and 12 years who had undergone extreme stress during one of four predetermined developmental periods. The four periods were prenatal (stipulated as 0-2 months), infancy (2-12 months), early childhood (13 months to 4 years), and childhood (4-11 years; Hambrick et al., 2019). Hambrick et al. procured data from the Neurosequential Model of Therapeutics web-based repository. The four outcomes considered were self-regulation, sensory integration, cognitive function, and relational as dependent upon a list of stressful situations. Correlation and regression analysis results suggested that adverse experiences can have damaging effects, even during the first few weeks and months of life.

Early life stresses were most damaging to self-regulation and sensory integration, but not relational functioning, suggesting that relational function might be more susceptible to damage as a child ages (Hambrick et al., 2019). Additionally, current relational health was a protective influence across all age groups (Hambrick et al., 2018). These results suggested that early life stresses influence neurodevelopment, but not always or in the same way for different children. Gaining a better understanding of the specific effects of early exposure in the future may be crucial to forming more effective interventions (Hambrick et al., 2018).

Herzog et al. (2020) conducted a study involving 68 adult females exposed to ACEs between the ages of 3 and 17 years. They implemented a combination of interview responses and magnetic resonance imaging of the subjects’ brains to explore the effects of type, severity, and timing of childhood trauma on stress-sensitive brain structures. They were particularly interested in the effect of ACEs on the amygdala, hippocampus, and anterior cingulate. To examine the relationship between the personal ACEs and the volumes of the subject’s amygdala, hippocampus, and anterior cingulate, Herzog et al. analyzed the data using Pearson correlations.
and repeated measurement analysis of variance for the reported ACEs instances. Though acknowledging the effect of ACEs on young brains warranted further research, Herzog et al. strongly indicated that both the amygdala and hippocampus are susceptible to having lower volumes, particularly under severe trauma during pre-adolescence. Additionally, the results strengthened the hypothesis that the type of trauma and timing significantly affect brain volume, making both conditions factors to consider when exploring damages to neurodevelopment.

The previously referenced similar study by Luby et al. (2019) used magnetic resonance imaging at four different ages to measure the brain volumes to explore possible connections between the timing of ACEs and caregiver support. Unlike the subsequently completed Herzog et al. (2020) study, Luby et al.’s (2019) research did not use recounted memories of ACEs from adults but instead recorded occurrences at each of the four waves of neuroimaging. Participants were, on average, between the ages of 10 and 17 years for all four waves (Luby et al., 2019). Results indicated that more significant numbers of ACEs coincided with lower volumes in the amygdala, hippocampus, and other brain regions and that maternal support indicated higher volumes (Luby et al., 2019). The general findings of magnetic resonance imaging studies conducted on children exposed to trauma are that early exposure leads to changes in their brain development in the areas of the brain responsible for stress response: the hippocampus; the corpus callosum; the cerebellar vermis; and the prefrontal, visual, and auditory cortices (Herzog et al., 2020; Luby et al., 2019; Wolpow et al., 2009).

Cprek et al. (2020) took study samples from the National Survey of Children’s Health, examining the responses of 21,139 children between the ages of 4 and 5 years. Because of the nature of the traumatic variables considered, nearly all data for recent studies were qualitative, derived from specially tailored interviews and surveys (Cprek et al., 2020; Clarkson Freeman,
2014; Hambrick et al., 2019; Jimenez et al., 2016) or gleaned from databases containing earlier survey information (Crouch et al., 2019).

Control variables for the study by Cprek et al. (2020) were poverty, parental educational level, and race). The independent variables were nine different ACEs, and the dependent variable was the risk for developmental, behavioral, and social delays (Cprek et al., 2020). Analyses from the quantitative study consisted of chi-square and multiple logistic regression (Cprek et al., 2020). Children in the early and critical years of brain development run a significantly higher risk for developmental delay as the number of ACEs increases, with the risk for those exposed to four or more ACEs being 42.2% compared to 24.2% ($p < .001$) for those who had not had any exposures to ACEs (Cprek et al., 2020). Because results indicated that early exposure to ACEs causes developmental delays in children from 1 to 5 years in multiple areas, the researchers suggested that early intervention by all stakeholders before beginning school is crucial (Cprek et al., 2020).

**Guiding Principles of Trauma-Informed Care**

To create a consistent definition that all community stakeholders could use, the SAMHSA reviewed existing examples before defining trauma as resulting from an event, series of events or a 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)

Considering this and other similar definitions, ACEs are often, but not always, trauma-inducing events categorized as happening during the developmental stages of childhood (SAMHSA, 2014). The effects (or lack of effects) of trauma are interdependent and are
influenced by the nature of an individual’s experience, direct or indirect, and the event’s nature, severity, and reoccurrence (SAMHSA, 2014). SAMHSA (2014) prescribed four key assumptions when implementing trauma-informed care and teaching. Caregivers need to understand the nature and prevalence of trauma, recognize the signs of trauma, know how to respond, and avoid causing re-traumatization (SAMHSA, 2014).

**Discipline**

West et al. (2014) interviewed 39 court-involved female students between 14 and 18 years old. Responses indicated that those interviewed viewed the Monarch Room as a positive intervention for redirecting and mitigating classroom behavior from outside circumstances. To analyze responses, West et al. uploaded transcripts into a computer application designed to code language taken directly from the participants. The transcripts were also coded by four trained researchers who worked separately. Each coding method sought common themes and ideas. West et al.’s findings supported the premise that time spent in the Monarch Room, using sensory tools and activities, was effective at helping students address inappropriate behavior and emotions and subsequently return to class.

Because discipline is predominantly swift and punitive, these children sometimes cannot view discipline as just or designed for their safety or well-being. In a study of 375 adults (333 women) between 18 and 24 years, Miu et al. (2017) compared the responses of participants who reported having experience with interpersonal trauma, non-interpersonal, or neither, regarding their attitudes to reward and punishment. Scales measuring both the behavioral activation system (BAS) and the behavioral inhibition system (BIS) were used (Miu et al. (2017). The BAS supports feelings and emotions created by reward. The BIS is connected to negative feelings and emotions induced by punishment (Miu et al., 2017). The researchers implemented the Childhood
Traumatic Events Scale (CTES) as a tool to measure participants’ experiences with trauma (Miu et al., 2017). Thirty-six participants reported interpersonal trauma and 129 participants reported non-interpersonal trauma (Miu et al., 2017).

Predictably, participants exposed to either type of trauma had significantly higher levels of depressive symptoms than those who had not been exposed (Miu et al., 2017). Also expectedly, findings showed trauma-exposed participants had both low BAS scores and high BIS scores. These findings indicated that interpersonal trauma links to an increased sensitivity to punishments in adults and decreased motivation from rewards (Miu et al., 2017), signifying that teachers need to be aware that methods of motivation that are effective for students who have not experienced childhood trauma are likely to be less successful with traumatized students (Miu et al., 2017).

In a similar study, Baroni et al. (2020) presented findings from a quantitative examination using the Monarch Room in a charter school in Dearborn, Michigan. The sample included 620 female students at the school that works only with court-involved students with a history of neglect (Baroni et al., 2020). The independent variable was the use of the Monarch Room, a quiet space designated for emotional de-escalation and self-regulation, as an alternative to traditional discipline. Dependent variables were students’ history of school suspension and Monarch Room use (Baroni et al., 2020). As previously mentioned, trauma symptoms that commonly manifest in classroom behavioral problems result in a high rate of suspensions and expulsions (Baroni et al., 2020).

Consequently, students who need maximum learning time receive significantly less time in the classroom with the instructor (Baroni et al., 2020). Baroni et al. (2020) concluded that teachers would use the newly presented alternative of the Monarch Room when it is presented as
an option to avoid suspension. Classroom interventions that encourage self-regulation are beneficial, whereas harsh punishments are damaging (Baroni et al., 2020). Previous studies conducted by Crosby et al. (2018) and Miu et al. (2017) supported the assertion from Baroni et al. (2020) that trauma-informed education should explore alternatives to typical discipline methods when addressing the classroom behavior of students previously exposed to ACEs.

**Safety**

Researchers have worked to determine circumstances that might mitigate the effects of exposure to ACEs. One study focused on the absence or existence of supporting and caring adults who intervened amid trauma (Crouch et al., 2019). Similar to other recent studies involving ACEs, the study by Crouch et al. (2019) relied on adults’ remembered feelings many years after childhood trauma (Cprek et al., 2020; Hambrick et al., 2019; Jimenez et al., 2016). Again, the standard demarcation was set between subjects who had reported (as recorded in a South Carolina state database) experiencing fewer than four ACEs and those experiencing four or more ACEs (Crouch et al., 2019). The findings showed that within groups of children exposed to ACEs, the children with a protective or caring adult in their lives were likely to have fewer traumatic experiences than those who did not (Crouch et al., 2019).

The quantitative study, using data obtained from the South Carolina Risk Factor Surveillance System, examined whether the presence of a caring adult can foster resilience and ameliorate the long-term effects of ACEs (Crouch et al., 2019). The sample was 7,079 adult responses, with the control variables being age, race, education, and income (Crouch et al., 2019). The exposure variables were the number of ACEs, and the dependent variables were health and mental distress (Crouch et al., 2019).
Sample respondents who had reported more than three ACEs had a greater likelihood of poor health than respondents who reported three or fewer ACEs (25% versus 15%; \( p < .001 \)) (Crouch et al., 2019). Sample respondents who reported more than three ACEs had a greater likelihood of mental stress than those who reported three or fewer ACEs (26.2% versus 9.9%; \( p < .001 \); Crouch et al., 2019). Sample respondents who had reported more than three ACEs were less likely than respondents who reported three or fewer ACEs to indicate the existence of a protective adult who made them feel safe (39% versus 88.3%; \( p < .001 \); Crouch et al., 2019). The presence of an adult who provides feelings of safety and security decreased the adverse physical and mental health outcomes in the sample participants (Crouch et al., 2019).
III. METHODOLOGY

The purpose of this study was to examine the experiences of teachers at a school in Central Florida that serves students who have been exposed to multiple ACEs. This study provided insights into teachers’ perceptions who regularly instruct children affected by past or current exposure to trauma. Chapter 3 explains the research design used in conducting this study and describes the approach to data collection and analysis of the results.

Research Design

This study was a case study in which qualitative methods were used to gather data from teachers in a Central Florida school designed to instruct children exposed to trauma. Creswell and Poth (2018) define the case study as the analysis of a specific case that is bounded or “described within certain parameters” (p. 97). The study’s research design involved collecting qualitative data from semi-structured interviews with four teachers employed at the school for over one full academic year. For this study, the community is teachers who instruct students exposed to early childhood trauma, and the boundary is employment at a school that teaches only traumatized students. Because the study involves the responses of several of the school’s teachers, it is characterized as a collective case study (Creswell & Poth, 2018).

Research Context

The study focused on the perceptions of classroom teachers in a school located in Central Florida. The school was selected because its mission is to educate only students exposed to
ACEs. The school has existed for 8 years and has a current student population of roughly 70 students. The school was initially founded to serve kindergarten through eighth-grade students and has expanded to include high school students. The administration plans to add a twelfth grade during the 2023-2024 academic year.

Research Participants

The population for this study consists of all teachers working in a school in Central Florida that services students with trauma. Once institutional review board permission was secured, the school’s principal provided a list of all classroom teachers currently teaching at the school who had been there during the previous academic year. A total of five teachers were emailed invitations to participate in the interview.

Interview participants were identified from affirmative responses to the email sent by the researcher asking if the respondent was willing to be interviewed. A total of five teachers expressed an interest in being interviewed, but only four participants responded to the email inviting them to participate. Two of the interviewees were female, and two of the interviewees were male. All were White teachers who had taught at the school during the 2021-2022 academic year.

The sample for this study comprised four teachers at a school that serves trauma-exposed students in Central Florida who agreed to participate in an online interview. Interviews were recorded, transcribed, and then validated by each participant. Once the interviews were completed, the researcher implemented open and axial coding techniques to analyze the transcriptions that participants had previously verified.
Role of Researcher

The researcher for the study has experience as a teacher in three different states, including teaching in a public school and two private schools, one of which was a Christian school. During his 18-year career, he taught primarily high school English literature and writing with turns as a short-term math, history, and economics instructor. The investigator was never employed at the school where the study was performed.

In the fall of 2019, the researcher moved to Baltimore, Maryland, to help open a tuition-free private middle school in one of the city’s most impoverished and underserved neighborhoods. Though the school never opened, primarily due to the COVID-19 epidemic, the experiences exposed the researcher to students living amid poverty and other trauma-inducing experiences.

Subsequent work during the pandemic serving unhoused men in transitional housing gave the researcher an understanding of the long-term implications of trauma concerning education and life-long success. Despite these experiences working with children and adults who had experienced ACEs, the researcher was able to suspend judgment and limit assumptions, to minimize researcher bias. Creswell and Poth (2018) refer to the process of the researcher’s suspending the effects of personal experiences as bracketing.

Ethical Considerations

Permission was obtained from the appropriate institutional review boards at Southeastern University and the sample school. Teachers participating in interviews were informed that their privacy would be and is protected and that individual or aggregate results cannot be tracked back to a single person. All contacted teachers received a complete description of the case study and how data would be used before they participated.
The teachers who agreed to participate signed informed consent agreements (see Appendix B) confirming that they were aware of the low risk associated with the study and could withdraw without any explanation. The teachers’ interviews were recorded and transcribed verbatim and were verified by the teachers before undergoing data analysis.

The teachers’ identities were protected through pseudonyms, and the school was referenced only in general terms, omitting specific characteristics and locations. The study’s results contained no information that would make the participating teachers, their school, or their students identifiable. Data were secured by password-protected files stored on a password-protected computer.

**Research Question**

The following question guided the present study:

What are teachers’ experiences at a school in Central Florida that serves students who have been exposed to multiple ACEs?

**Data Collection**

After approval from the institutional review boards of Southeastern University and the school was received, email invitations were sent requesting participation in the interviews. The email (see Appendix D) contained the study’s background and the researcher’s contact information. Emails were sent to prospective respondents in early August. Noticing a lack of participation, the researcher sent follow-up email invitations to participants in late August and early September. At the close of the data collection period in mid-September, four teachers responded from the school. Zoom interviews were simultaneously recorded on the researcher’s laptop and the Otter voice-recording app for iPhone as a backup. Data were secured by password-protected files stored on a password-protected computer.
The semi-structured interviews consisted of five questions aimed at delving more deeply into each teacher’s involvement with students experiencing trauma due to ACEs. Specifically, the questions were designed to address the research question: What are teachers’ experiences at a school in Central Florida that serves students who have been exposed to multiple ACEs? The teachers answered questions related to their experiences with traumatized students, the levels of support in their teacher preparation programs and their current teaching situations, and strategies for meeting the needs of students experiencing trauma. Experts on the researcher’s dissertation committee validated interview questions. The interview guide can be found in Appendix A.

Data were collected as responses to pre-constructed questions (see Appendix A) from each teacher participating in the study.

**Methods to Address Validity and Reliability**

**Validity**

To ensure the validity of the data, the researcher sought participation from as many members of the full-time teaching staff at the participating school as possible. The final number of participants was four.

When analyzing and coding the interview data, the researcher sought commonalities in the responses that corroborated shared experiences from multiple sources and outlying responses that might refute discovered commonalities. Any researcher bias would stem from the researcher’s experiences and perceptions garnered from over 20 years of working as a classroom teacher and a personal understanding of the daily challenges of teaching students who may or may not have been exposed to childhood trauma. The researcher’s collaborating chair provides a second perspective from someone with extensive experience studying ACEs’ effects on learning.
Reliability

To ensure reliability, the researcher used multiple recording applications, including Zoom and Otter AI, to provide high-quality responses that accurately capture words, inflection, and sounds. Both the researcher and the participant verified the transcriptions. Further reliability was established using only one coder (the researcher) for all interview responses.

Procedures

The researcher’s institutional review board request stated that the interviews would be conducted online by Zoom. When approval was received for online interviews, the researcher emailed the addresses provided by each of the five participants who indicated their willingness to be interviewed. The email contained the informed consent for participation in interview research (see Appendix B), and four participants responded with a signed consent and a request to schedule an interview. Once a mutually agreeable time for the interview was arranged with a participant, the researcher sent a calendar invitation with a link to the Zoom virtual conference room. A follow-up email was sent to the one survey participant who did not respond to the initial contact.

The four participants signed and returned the consent form before the interview. The researcher began each interview by reviewing the consent form, answering participant questions about the form, and confirming the participant’s agreement to be interviewed. Participants were informed that identifying information would not be included in reporting any data gathered from the interview. Using a semi-structured interview guide (see Appendix A), the researcher interviewed four teachers remotely via Zoom. The Zoom interviews were simultaneously recorded on the researcher’s password-protected laptop and the Otter voice-recording app for iPhone as a backup. The researcher subsequently transcribed each interview and sent it to the
interviewees for accuracy verification. The researcher assigned a code to each participant to protect the interviewee’s privacy and removed any reference to personal or school information from the interview transcripts.

**Data Analysis**

After participants were allowed significant time to indicate that no changes to the transcripts were required and confirm that the transcribed information was accurate, the researcher began the process of coding. For each interview, the transcript was coded and analyzed within the case context of each instructor’s experience at the school (Creswell & Poth, 2018). A cross-case analysis produced common themes among multiple interview responses (Creswell & Poth, 2018). From these themes, the researchers formed assertions regarding the implementation and effectiveness of interventions targeting trauma-exposed students.

**Summary**

This chapter described the research methods used in the qualitative case study concerning teachers’ experiences teaching students experiencing trauma due to ACEs. Chapter 3 included information about the type of qualitative research, the chosen research site, and the recruitment and selection of all participants. In addition, data collection strategies and data analysis strategies were briefly summarized. Chapter 4 provides the results of the analysis of the qualitative data gathered from the semi-structured interviews.
The purpose of this study was to examine the experiences of teachers at a school in Central Florida that serves students who have been exposed to multiple ACEs. For this study, ACEs are defined as conditions, instances, or environmental factors that expose children to violence, abuse, or neglect (SAMHSA, 2014, p. 7). The data were examined through the theoretical lenses of Abraham Maslow’s (1943) hierarchy of needs and Urie Bronfenbrenner’s (1974) ecological systems theory.

Using a qualitative approach for the study allowed for an examination of the teachers’ experiences as they endeavored to implement practical interventions in the classrooms of a single trauma-informed school in Florida and the effectiveness of those interventions for teachers and the students in that school. Data for this case study were procured through four separate interviews with classroom teachers from a single school that caters to students who have endured trauma.

**Methods of Data Collection**

After obtaining the Southeastern University Institutional Review Board’s approval, the researcher began the process of scheduling and conducting individual interviews. The initial step in this process was to contact the head administrator at the Central Florida school by email and phone, a step referred to by Creswell and Poth (2018) as gaining access through the “gatekeeper” (p. 93). A formal introductory email was sent to five teachers working at the school from a list of
names and email addresses compiled and provided by the administrator. All the invited teachers had spent at least one year as a principal classroom instructor at the school. The willing participants were asked to schedule online interviews with the researcher via Zoom software applications. A provided interview guide (see Appendix A) consisted of five pre-constructed, open-ended questions. All interviews were conducted virtually because the researcher was in Washington while the teachers were in Florida. The researcher scheduled all interview sessions. A time for possible follow-up questions was allowed where more detail and explanation were warranted.

Interviews were recorded and transcribed using the Otter AI and Zoom computer applications. Interview transcripts were presented to all interviewees to allow them to confirm consent. The researcher began each interview by reviewing the consent form, answering the participant’s questions about the form, and confirming the participant’s agreement to be interviewed.

Participants were informed that no identifying information would be included in reporting the data gathered from the interview and that pseudonyms would be used in all cases. Participants were also reminded that they could withdraw from the interview at any time for any reason, with no explanation required. The researcher interviewed four teachers remotely via Zoom videoconferencing platform. The interviews were simultaneously recorded on the researcher’s password-protected laptop and the Otter AI voice-recording app for iPhone as a backup.

The researcher transcribed each interview and then sent them to the interviewees for verification. The interviewees were provided ample opportunity to read and respond to the transcripts. The participants were subsequently identified by pseudonyms: Denise, Carl,
Rebecca, and Mike. The researcher read the transcripts multiple times to form an in-depth understanding of the data. The transcripts were coded and analyzed for themes aligning with the research question, themes connected to the five questions used in the interviews, and themes that had emerged from the professional literature.

**Research Question**

What are teachers’ experiences at a school in Central Florida that serves students who have been exposed to multiple ACEs?

**Themes**

The data were organized according to the themes from the analysis, and codebooks were formed. Table 1 presents the themes from the data analysis of the interviews. The four themes were classified as environmental conditions, interpersonal conditions, training, and self-care and self-awareness.

**Data Analysis**

After participants were allowed significant time to indicate that no changes to the transcripts were required and confirm that the transcribed information was accurate, the researcher began the process of coding. The researcher read the transcripts multiple times to form an in-depth understanding of the data. For each interview, the transcript was coded and analyzed within the case context of each instructor’s experience at the school (Creswell & Poth, 2018). A cross-case analysis produced common themes among multiple interview responses (Creswell & Poth, 2018). Final transcripts were coded and analyzed for themes aligning with the research question, themes connected to the five questions used in the interviews, and themes that had emerged from the professional literature. Four themes were described based on coding and analysis. From these themes, the researcher formed assertions regarding the implementation and
effectiveness of interventions targeting trauma-exposed students.

Table 1

*Themes Developed From Interview Analysis*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental conditions</td>
<td>Environmental conditions included facets of the teaching experience that pertained to the students and their immediate learning environments, such as the importance of creating feelings of safety and security in the classroom, of teachers having understanding and empathy with regard to students’ lives and circumstances, methods and strategies for helping students regulate themselves, and strategies for classroom management and discipline.</td>
</tr>
<tr>
<td>Interpersonal conditions</td>
<td>Interpersonal conditions included the aspects of the teaching experience that pertained to the students’ relationships with the teacher and other students. Such strategies included developing voice, empowerment, and a sense of agency in students and fostering healthy relationships in the classroom.</td>
</tr>
<tr>
<td>Training</td>
<td>Training findings explored methods of intentional training for both the teacher and the students.</td>
</tr>
<tr>
<td>Self-care and self-awareness</td>
<td>Self-care and Self-awareness examined the concepts of developing self-care and self-awareness for teachers and students.</td>
</tr>
</tbody>
</table>

**Emergent Themes From the Interviews**

The researcher identified four themes during the interview process: environmental conditions, interpersonal conditions, training, and self-care and self-awareness. Environmental conditions are defined as conditions and issues involving the individual student’s status and learning environment. Interpersonal conditions apply to the student’s status concerning the
teacher and other students. Subcategories for environmental conditions are (a) safety and security, (b) empathy, (c) regulation, and (d) classroom management and discipline, and subcategories for interpersonal conditions are (a) voice, empowerment, and agency and (b) relationships. Training pertains to intentional training for both the teacher and the students. Self-care and self-awareness pertain to developing self-care and self-awareness for teachers and students.

**Theme 1: Environmental Conditions**

*Safety and Security*

Before children with trauma are prepared to learn, they must achieve a sense of safety and security, as described in the base level of Maslow’s hierarchy of needs. Mike acknowledged this condition when he said,

We’re trying to make them feel secure because they’re not gonna bother if they don’t, right, they’re not gonna really be able to do the education, and they’re not going to be able to even follow our methods if they’re not feeling safe and secure.

When working with students who have faced trauma, teachers cannot expect learning to occur without a classroom that feels safe to their students, nor can teachers assume that those conditions will occur naturally. The study respondents spoke about several techniques they regularly employ to develop safe learning environments for their students.

Responses suggested that maintaining an atmosphere of safety requires hyperawareness from classroom teachers, as described by Denise:

They [have] got to be with it. They [have] got to be on top of everything, keeping an eye on everybody and making sure that, you know, okay, [if] I hear them over there, I better get over there. You can’t be slow with these guys. You got to get it fast, you know;
otherwise, things will just escalate before you know it.

Carl also described the need for teachers to develop a hyperawareness to maintain a safe environment recalling, “If students were getting physical (becoming aggressive), I was getting in the middle of it to make sure that nothing was happening.”

Building a safe and secure classroom environment is an ongoing process. Creating a safe classroom where learning can happen “takes a lot of time. To keep them safe, you know, where they don’t feel threatened, because these kids will feel threatened at, like, very little,” declared Mike, who characterized himself as

constantly work[ing at] fine-tuning because I don’t think we ever get there where they ever feel, I mean, they feel safe with us. I think, I think they begin to feel safe in the classroom. They begin to, but it’s hard. It’s hard work.

All respondents spoke about the importance of having and establishing “safe spaces” in the classroom and around the school grounds. Mike, Denise, and Rebecca spoke of using the “Nest” as a safe place for students to go to regulate. Mike described the Nest as

a quiet room. There are like four, three, or four spaces in there. One designed just for my lower kids has got a big teddy bear they can sit on, and you can calm them down in there. There’s a punching bag. There’s a table with some chairs around it. There’s a variety of things that they can manipulate and do, and art supplies, etc. So, you know, the para takes them there, and that really does get them regulated.

The sense of security in students needs to extend beyond just the traditional academic classroom. The school has intentionally created safe spaces inside and outside the building. Mike pointed out that the school also has “a farm on the property. We have a pond on the property. It’s multiple acres” and that the geographic location is used to help with regulation, describing how
he and his students “will skim rocks on the pond, or we’ll do something, and then they come back in, and it’s amazing how you know things like that will calm them down and get them on.” Mike also mentioned, “We have something called the sensory garden. It’s a place where we just have a bunch of logs, a sandbox, and a sensory swing that spins or goes back and forth on some stuff.”

When teachers were questioned about specific classroom strategies to foster a sense of safety and security, the teachers stressed the importance of instilling proper behaviors and interactions from the onset of the school year. Rebecca responded by saying, “[You] get them all knowing and talking about it right from the get-go at the beginning. You talk about safety. You talk about their value and how important they are.” Mike echoed those sentiments, explaining that planned and intentional behavioral training is crucial, specifically in the case of speech between students:

So, these kids come mocking each other nonstop. It’s like they walk through the door, and that’s all they do. It’s like all they know how to do is attack. So, we spend the first month of school learning how not to do that and why we are not allowed to do that. “How does that make us feel?” and “How did you feel when they said that to them?” and “How do you feel?” You know, almost ad nauseam; but, if for no other reason, they hate to do all of that, so they stop it. They knock it off, and then it becomes very safe.

Prevention of unsafe and triggering incidents and behaviors, though impossible to avoid entirely, is essential to maintaining a protective environment. Denise restated the importance of being hyperaware of what is happening in the classroom at all times and being proactive: “We try hard to catch things before they happen,” and “We try very hard to have two people in each class, especially in elementary classes.” Mike adds that school policy also requires that
there’s always somebody at the back door. Letting every kid in, greeting every child. We actually have to, either myself or my para. We actually have to stay in at the doorway and greet them when they walk through the door. So, everybody has to be greeted 100%.

Both physical and verbal communication help to build a culture of safety and security among the students. Denise listed other small physical gestures that instill feelings of safety and strengthen relationships, saying, “We hug, you know. We fist bump. We high five.” Rebecca mentioned, “The set-up of your environment needs to be attractive but not too busy.”

**Empathy**

Carl, Rebecca, and Denise all stressed the importance of developing empathy when teaching students experiencing trauma. Denise described empathy as “where you sit next to them, and you can’t change it. You can’t fix it, but you’re just there in the hole with us. We have the same hole.” She also emphasized the importance of listening: “You listen to them and their side. You get them calmed down, and then you can have that rational conversation, you know, and talk about it.” The three teachers indicated that listening helped to remind them that they were dealing with children, despite their poor behavior, and that the behavior was a direct result of the trauma, not bad intentions on the part of the child. Rebecca said, “It helped me realize where the student was coming from on their frustrations or their anger and not to take it personally.” Carl said, “You sit down with them and talk to them, and you realize, ‘Okay, this is actually, there’s, there’s just a little kid in there somewhere.’”

Denise revisited the idea that teachers need to work with them with a trauma lens, wearing trauma glasses, versus the traditional way of teaching these students. … You have to walk around with a trauma lens and understand that they’re broken. Their brains are broken. … They look normal. They look like regular
kids, but they act out when they’re dysregulated. And so, yes, it looks like they’re bad.

Yes, it looks like they’re terrible. I mean, but they’re—it’s their trauma that is coming out of them. … You know, a big thing that we have to learn is empathy. Empathy is different than sympathy.

Responses related to empathy echoed earlier suggestions that approaches and perspectives that may have been appropriate and effective with typical students achieve the same results with children of trauma. Teachers must approach each of the many decisions made during a school day, mindful of the thoughts and emotions of the traumatized child.

**Regulation**

Each teacher described a few techniques they had learned and developed to help their students avoid and recover from dysregulation. “They need breaks,” declared Denise.

We actually have what we call the Nest. It is a room where we have common things. We have, you know, a big huge teddy bear. A lot of kids like to go and jump, and even some of the big kids. I mean, it’s a ginormous teddy bear that got donated to us, and they just like to lay on it.

Many techniques designed to target dysregulation involved appealing to the senses. Some techniques followed suggestions of outside research, such as using “a lot of essential oils to help kids when they’re really on fire” or self-discovered methods like the one involving “wet paper towels” that Denise described:

She and I just walked over to the sink and got some wet paper towels. … I [said] sit here and put this on your face. And she put it on her face. And she called us, and let’s cool yourself out, you know, and she got all cooled off. … You know, paper towels fix everything; wet paper towels in first grade and kindergarten. They’re like wonders, you
know. Get a headache, have them put a paper towel on it, you know. You got an elbow bruise, put a paper towel on it, you know? And so, I just kind of, I don’t know, I just felt like that’s what I needed to do.

Similarly, Rebecca recalled that frequent breaks that focused on sensory exercises were most effective at calming her students:

The best break that I have found that works the best for the kids in the last few years that I have done is stop, and you breathe. But then you have them close their eyes and listen to a sound, and then you talk about it. “What was that sound?” And then you stop and breathe. You close your eyes. You have them smell something. you pass something around, let them smell it, and you talk about it. ... They taste something with their eyes closed.

Mike listed “a lot of calming techniques” that he uses to “regulate them as best we can” and “just give them time. We hold them. We’ll do some breathing with them.” He added that he addressed each student’s specific needs and temperament: “Depends on the kid. For some kids, that makes them even more agitated. So, we just give them some time. Give him some space.”

Mike also referred to the Nest: “A lot of times, I tried to get them in to sit on the bear, the big bear in the Nest. So that’s the first thing we do. Then, we will spend time relating with them.”

Mike also mentioned using technology as a tool for regulation, saying, “We go to websites like GoNoodle” or relying on a change of location: “If our kids are getting really squiggly wiggly, and they’re just having a hard time, we go for a walk.” Mike’s methods often referred to the concept of developing relationships:

Just spend time with them. Just calm down and spend time with them. And then, you start to ask the questions. “Is that what you really wanted there or whatever?” You just keep
asking them the questions. And it’s amazing. They really do come to these conclusions on their own.

Mike borrows from the techniques employed by the staff support in the Nest: “They’ll do something to relate to them. … Sometimes, they’ll play a game of UNO. Sometimes they’ll just sit and talk. Sometimes they’ll color with them some.” He repeats that “it depends on the kid.”

Early in her interview, Denise, unprompted, referred to Maslow’s hierarchy of needs, saying,

And we have to do our best to meet each student’s needs. For example, you know, is it Maslow’s Hierarchy? … You know, one of the basic needs is, you know, food. You know, our kids come in hungry, so if then when you have trauma on top of that, all they’re going to think about is “I’m hungry, I’m hungry.” … We eat a lot, and we keep them hydrated.

The need for sleep surfaced in multiple interviews. Denise mentioned sleep with regard to aiding regulation, articulating, “Sometimes [a student] might just go to the Nest if the lady in there is able to watch him doze out, take a little nap to get him back up, and he’s ready for the day.” Denise also referred to sleep concerning safety when she said students often “felt safe enough that they can actually sleep in our classrooms.”

_Classroom Management and Discipline_

When asked about their experiences concerning classroom management when instructing children of trauma, the respondents repeated that it was important not to rely on traditional training and attitudes. Rebecca stated, “Classroom management in a trauma-informed school is not the same as classroom management in a public school, [but] there is organization and routine in the class.” Mike described classroom management as “a lot of getting them to manage themselves, their bodies, their feelings, their reactions, their responses, and things like that.” He
also reinforced the assertion that relationships play a significant role in all aspects of trauma-informed teaching when he said, “That’s part of classroom management; we teach them how to handle other kids, right?” Denise pointed out the need to relinquish control of all aspects of the classroom: “Everybody wants to be in control, you know, and that’s the thing. You can’t argue with these kids.”

Carl and Rebecca extolled the importance of “flexibility.” Rebecca described her experiences:

You have to be very observant and be willing to be flexible. You got to be flexible to change. You know, you’ve got this plan. You’ve got this organized; this is what you want to do. But if it is not working or if somebody’s getting triggered or somebody’s getting upset, you might need to have to change it a little, change it up, be able to be flexible and change what you are doing. Do something different.

Carl referred to flexibility when discussing discipline, explaining, “You have to be able to set the line and say, ‘This is the line and no further,’” but also not be “This is the punishment every time. But being able to take context into account or whatever happens in the classroom is a huge, huge part of dealing with trauma and trauma students.” Carl followed up with the belief that “the matter of consequences, I think, is more of a case-by-case basis. The main thing I found effective is always having another chance for students.” Denise offered that “sometimes natural consequences are enough for these kids.”

When asked to describe her experiences with classroom management in the trauma-informed classroom, Rebecca replied,

[I]t’s a balancing act of letting them have fun and letting them be engaged and doing stuff and being talkative, not loud necessarily, but talkative, you know; talking and carrying
on. But yet, not disrupting another child or not triggering or setting off another student.

Mike and Rebecca mentioned the benefits of “smaller classes” and intentional preparation for all “transitions.”

**Theme 2: Interpersonal Conditions**

**Voice Empowerment, and Agency**

When asked about fostering the qualities of voice, empowerment, and agency in students who have been traumatized, Denise acknowledged that “trying to do affirmations is huge” and that “they need a lot of encouragement.” She went on to expand further, saying,

A lot of these kids…really have a hard time with this because, for example, they think they’re ugly, or, you know, they’re embarrassed, or you know, whatever. They want to hide themselves. … And so, we try really hard, you know, to just fill them with the love of God, you know, just to build them up spiritually as much as we can with just a lot of encouragement.

Rebecca’s response regarding the importance of voice, empowerment, and agency was similar to Denise’s: “Their opinion matters. Give them a voice. … Validating their importance. That’s a biggie with me. Everybody needs to be validated. You know, their opinions are important. They are important.” She later described one method she uses to encourage these qualities: “We have what we call a little circle time when we talk about different subjects, maybe that have been going on and bothering us.”

Carl spoke about offering self-directed learning options as a means of creating voice and empowerment in his students:

[What] I try to do for that is a lot of self-directed learning. … I try to give the students the opportunity to learn what they actually want and how they actually want to learn it rather
than just going chapter by chapter through the textbook. And so they’re, they’re able to take ownership of what they’re learning in that way.

Denise described what giving affirmation and encouragement to students looks like in her classroom when she said,

I will encourage them and say, “Look, I’m here. I’m going to help you with this. Okay? You’re not by yourself.” Um, that, you know, and I’ll even tell them, “You know, look, none of us are professional artists. And that’s okay. We’re just gonna come in here and do the best we can.” So, you know, we have conversations like that with the kids. And just kind of try to build them up and then and even if they do a straight line, you know, and it’s not curvy, you know, “Look at that! You did it! Awesome!” You know, you’re just trying to just build these kids up as much as you can.

Mike described several methods and strategies he uses to empower his students:

I walk them through. “You have got a voice; you have got to speak up at the right times…if there are extenuating circumstances, you have got to let us know what those are. Don’t just give up.” So, we’ve actually practiced that.

Mike also mentioned that his classes “do acts of kindness, purposeful acts of kindness. We vote on those,” and he and his classes “brainstorm on the board. We get them to contribute.” Like everything in these classrooms, he admits that it is not always easy, but “at least we try to make them feel like their voices are important and that they all have something that they can input.”

**Relationships**

The connective theme woven through the previous themes was the imperativeness of developing healthy, positive relationships with all students in the classroom. Denise explained
that traumatized students do “not trust adults because a lot of their trauma came from adults. So, relationship is a huge thing with these kids.” She also tied strong teacher-student relationships to classroom learning and productivity saying, “If you don’t have a relationship with them, you’re not going to get them to do anything at all.” As her colleagues did in their separate interviews, Denise emphasized that solid relationships were the foundation upon which trauma-informed classrooms are built: “So, here at our school, relationship is like number one, trying to get them [teachers] to have a positive relationship with kids.” Denise placed the building of relationships before academics, reconfirming other observations from teachers that traditional methods and priorities need to be released in the trauma-informed classroom. She professed the belief that learning cannot occur without healing relationships:

However, healing and that relationship piece is a bigger part. So, where most of the traditional schools are focused so much on the test, we’re focused so much more on those relationships, and, you know, helping the kids, you know, heal and get that relationship. It’s just the big thing. If you do not have that relationship, you can’t teach.

Both Rebecca and Carl tied the building of relationships to effective classroom management. Rebecca attributed a decrease in management issues over the first months of the school year to the formation of relationships in the classroom: “Because that relationship gets built, I don’t have nearly the —even now in October or in November—I guess I don’t have nearly the issues that I did at the start of the year.” Carl echoed the idea of relationships as a critical aspect of his classes: “I think the key to trauma-informed classroom management is building a relationship with them and being able to interact with them on a basis of mutual trust rather than a respect transaction.”

Though Mike agreed strongly about the invaluableness of relationships stating, “The
number one thing is relationship, relationship, relationship. Wow, I mean, [it] is really the key.” he qualified his observation that building and maintaining healthy relationships can be challenging, but fruitful: “If they love the kids and they keep that relationship going, they still get positive responses eventually.” He described ultimately seeing less frequent behavioral issues in his classroom: “Our whole thing is to just get those spread out farther and farther and farther and farther and farther apart. And that’s our goal. And it seems to do it seems to work with the relationship.” He extended the relationship role to include the staff, stating, “It really comes down to that relationship. And I think even with us teachers, the fact that the principal has to have a relationship with the teachers.”

When discussing strategies for building relationships with students subjected to ACEs, respondents discussed three essential qualities: vulnerability, humility, and authenticity. Rebecca described how vulnerability could lead to increased trust and improved communication:

So, I’m being vulnerable, learning to be vulnerable with them, honest with them, and upfront about my own rights and wrongs and emotions. You know, it helps build trust. And it’s a lot about building the relationship, building that relationship, and building that trust and building that confidence where you can communicate with them better.

Carl expressed similar thoughts about how vulnerability and humility can foster hope, suggesting

if you are able to, the way to break through that is to show them from your own life that other people have gone through this or something like this, and other people can come out to the other side. And that doesn’t mean they become perfect instantly, but there is this path forward towards healing.

He attributed the students’ feelings to the idea that “they just get in their heads that no one
else has ever experienced anything like what they’re experiencing.” He added that it helps to develop “patience.”

Denise’s experiences were similar. She said, “You have to be real with these kids. … We have to just humble ourselves and just go and apologize to the kid and say, ‘You know what? I did not behave the right way.’” Denise acknowledged that building relationships takes time and intentionality, much of which has to be planned for in the classroom setting. She suggests having frequent times to be able to play lots of games, like board games and things like that, you know, card games. You won’t believe all the talking that you can get playing a game of Uno with a couple of students and how you can build relationships with them.

**Theme 3: Training**

All four participating teachers emphasized the value of prior and ongoing training involving their classroom interactions with students experiencing trauma due to ACEs. Though each participant had traditional teacher training, and all but one had previous experience teaching in local public-school classrooms, no participant had had training specific to addressing the needs of students exposed to trauma before their employment at their current school. Carl observed that “very few people are trained in trauma-informed care. And so, we get throughout the year—we do all sorts of different training. … We took an eight-hour intensive. … We did a course once a month all together, just covering different topics.” He also described how the professional development at the school has evolved and has been ongoing:

And then the last 2 years, and that’s been a digital resource, listening to different lectures, like, going through what should you do with this scenario? So, yeah, we get lots of training throughout the year, and they’re very good. All of the information is good, and
they’re very good. All of the information is good, and very little has been repeated over the years.

Similarly, Rebecca recalled,

[ Talking about trauma-informed teaching] was very unusual when I first started because it was not something that was really covered when I was in college. It wasn’t really discussed a lot, and I didn’t really know what it was when I got into it.

Rebecca also stressed how important it was for her to release previous training and beliefs by “getting my raising and training out of the way. Getting my public-school training out of the way took a couple of years” which enabled her to address the unique needs of her trauma-exposed students. She also believed that an inability to abandon conventional ways and methods can at the least be futile and at the most damaging. She declared, “The way we have been in our culture in America, the way we’ve been raised, we can make kids with trauma escalate, you know; we just make it worse.”

Denise explained: “We do a week-long training in the summertime with our new staff, and then we do a bunch of trainings throughout the school year.” Each respondent expressed how crucial the training has been to their success and survival. Rebecca admitted, “So, my first-year experience was, like, ‘I don’t know if I can do this or not.’ But then we continue to have development and training on trauma.” Rebecca went on to express that for her, “that first year was a real struggle getting the old out and the new in,” and re-emphasized the idea that teachers of students who have been exposed to traumatic experiences must be able to let go of standard methods and beliefs:

Learning to approach it in a way where you get them to calm down. Learning to be able to throw the academics out the door for a minute, you know, take your academics and
throw it out the door for a minute. Get a child regulated and calmed down. And then you can go back to academics.

Mike mentioned specific training in safe and legal methods of restraint: “We are trained on how to restrain a kid. … So, we are all trained on restraining kids, but we try not to do that.” Denise summed up the critical nature of teacher training stating, “As an adult, you have to be prepared.”

Several similarities emerged between the training the instructors do outside the classroom and the training that the students get inside the classroom. Like the teachers, nearly all students come without a solid understanding of their situation. As Rebecca explained,

Yes, they learn to understand. We talk about brain issues. We talk about dysregulation and regulation, dopamine, and cortisol. We go over these things with the kids. So, some of them do not know it right away, and some of them have been learning it in these classes. It’s not something that most of them come with, right? They learn it here and through the process.

Much of the training focuses on the brain, explained Denise:

We do what’s called brain train activities. We try to teach them what’s happening in their brain. We show them the hippocampus. We show the head, the hippocampus. We show, you know, the limbic system and all those kinds of things, you know. “These are your emotions going on,” you know?

She explained that much of this learning is embedded in the curriculum mentioning, “We have a mind-body-spirit class that we do with middle and high school kids.” Ultimately, this preparation plays a crucial role in safety and security in the classroom; as Mike says, “That’s part of classroom management; we teach them how to handle other kids, right?”
Theme 4: Self-Care and Self-Awareness

All four of the respondents expressed the importance of personal self-care. Each respondent suggested a linkage between self-care and the quality of their relationships with their students. Rebecca spoke about how her experiences in the classroom caused deep self-reflection, saying that teaching trauma-informed students “is very character-revealing and character-developing. But, you have to be at a maturity level where when you get some characteristics of yourself that aren’t very good, you’ve got to be forgiving.” She continued by suggesting that the aspect of vulnerability is helpful to emotional well-being:

But I also have to have self-care because when I come in, and I’ve learned in my situation that if I come in frustrated or if things have been going on in my life and I’m dysregulated that I just admit it.

Denise supported the suggestion that emotional and mental awareness are vital for their school’s teachers, opining that “the most effective thing, in my opinion, is self-care. You have to be on your game. If the adult is not on their game, the kids see right through you.”

Being a faith-based Christian school, the importance of spiritual and emotional preparation, not just at the onset of employment but at the beginning of each day, emerged in separate interviews. Denise expanded upon her previous comment related to self-care:

So, we have to make sure that we as a staff are one, “prayed up;” you know, ready to go, to have our junk taken care of, you know, because we all carry our own junk too, you know? We have our traumas, if you want to call it, or we’ve got our family problems at home and all that, so we pretty much just step away and say, “Okay, my eyes are on this kid right now.” … They’ve got to be spiritually ready. They’ve got to be mentally ready.
They got to be physically ready. I mean, they’ve got to be 100% ready to work with these guys.

Three respondents explored the idea that teamwork in an environment of trauma exposure is even more critical to success and survival than at a traditional school. Mike spoke of the power of shared experience and peer support, describing the school as a place having a lot of encouragement that goes back and forth between the teachers. A lot of, I mean, we ended up having to do a lot of storytelling to each other. We have to end up doing a lot of debriefing because these kids are like nothing we’ve ever seen.

Multiple participants spoke about the role of paraeducators in the classroom and designated student “regulators” who provide support outside of the classroom. Denise discussed the situation:

You know, I’m saying do the best that you can, and just, sometimes, you have to rely on that para. Sometimes you have to just, you know, tell us, regulators, you know, “Hey, look, I’m having a rough day. I may be sending you so and so.” Ya know, and just, you know, being open and honest.

Mike spoke about his appreciation for his paraeducator and her help in his classroom, saying,

The teachers that survive also learn to use their paras really well. So, a good para is worth their weight in gold. Because they’re going to learn the kids quickly. They’re going to be able to take that kid out (of the classroom).

Denise also spoke about the value of having a safe place and an understanding person for releasing frustration:
Sometimes our staff members will come in at the end of the day, and they’ll just have to unload on us. Do you know what I mean? And so, we’ll just listen to them. And just, it’s okay to get it all out. You know, I under, you know, I understand, you know, they have to vent. They have to get it out because we have to take care of ourselves. But that’s, that’s number one.

Two habits for avoiding emotional burnout from working with children of trauma in the academic classroom emerged from the conversations. Carl and Denise both stressed the importance of developing the quality of “not taking things personally.” The second habit was having a planned and intentional rest. Rebecca warned, “You have to rest. You have to take care of yourself because you can get secondary burnout.” Carl advised that one should “set aside some time for yourself or you are going to burn out.”

Whereas the teachers must take responsibility for their self-care, intentional steps are taken within all classes to develop greater self-awareness in the students related to what is happening to them and within them. Mike described an exercise that he regularly uses to help create self-reflection and awareness in his students:

We start every day sharing about what they did the night before. Then we put ourselves on a scale of 1 to 4. There are smiley faces, and each of these four things we say, “You know, how regulated are you? Are you a 1, a 2, 3, or 4?” We coach each other. The kids encourage each other. They can all tell you things like “Oh, I’m tired today, but I’m happy.” And they’ll all say, “Hey, remember, your window of tolerance is going to be very small today because you’re tired.” That’s why they are at 3 and not at 1, you know. They all can verbalize; that doesn’t mean that they’re good at it. But they all can
verbalize it, you know? And so, we do that, and that’s actually helpful for myself and my para.

Mike continued to remark about the importance of repetition and reinforcement as he found that that routine comforts his students and helps them relax. He also acknowledged that his students often need more reinforcement of processes than average students:

So, these are routines that we just have to do over and over again. Every morning. We start with sharing our weekend and our night before, and then we go into where are you on the scale? You know, and then we just kind of, like, get together, and we talk about what’s going to happen for the day. And then we go, and we start our work. But it’s like they have to do this over and over and over. Otherwise, I don’t know. It’s almost like a blanket for them.

**Evidence of Quality**

The researcher instituted multiple strategies to ensure the vital properties of validity and credibility within the research process. The researcher began by “bracketing” (Creswell & Poth, 2018, p. 314) his experience as a classroom teacher and school administrator to avoid any lack of objectivity during the interview and analysis process. Each of the four interviews produced an abundance of “rich, thick description,” as recommended by Creswell and Poth (2018, p. 261). Additionally, the researcher sought and encouraged each interview participant to provide feedback (Creswell & Poth, 2018, p. 261) regarding the veracity of the transcribed interviews, and the researcher’s dissertation chair provided a peer review (Creswell & Poth, 2018, p. 263) of the researcher’s codebook.

The researcher maintained consistency and uniformity throughout the interviewing process to ensure the highest possible level of reliability. The protocol and the questions for each
interview were the same. Each interviewee was given the opportunity to review and verify the transcript of their interview, and each interview was performed using identical recording methods and technology.

**Summary**

Chapter 4 presented an overview of the qualitative data related to teachers’ experiences teaching students who had experienced trauma due to ACEs. The data were gathered from four classroom teachers at a Central Florida school serving only students exposed to childhood trauma. The findings indicated that the teachers had developed a sense of the invaluable qualities and habits they must acquire to help their students learn. Chapter 4 outlined and described the routines and conditions that make learning possible for students of trauma. Chapter 5 will provide a detailed discussion of the findings, limitations of the current study, implications of the findings, and recommendations for future research and practice.

The qualitative data exposed shared themes within the interview responses. The data revealed eight codes. A consideration of the codes led to the determination of four themes. The themes that surfaced from the study were categorized as environmental conditions, interpersonal conditions, training, and self-care and self-awareness. For each of the developed themes, at least two and, in some instances, all four respondents expressed similar experiences regarding the role the themes played in their classroom routines and interactions. Interviewees’ responses extolled the importance of developing routines and behaviors for the individual student and the students’ interactions with others in the classroom.
V. DISCUSSION

The purpose of this study was to examine the experiences of teachers at a school in Central Florida that serves students who have been exposed to multiple ACEs and to gain insight into the practices of those teachers who regularly instruct children affected by past or current exposure to trauma. Chapter 5 provides a discussion of the results of the analysis of responses of the four interviewed teachers and a review of the research question, a summary of findings, the significance of the study, the study’s limitations, implications for future practice, and future research recommendations.

Methods of Data Collection

After approval of the study from Southeastern University’s Institutional Review Board, permission from the school principal was sought to seek participants. Once permission was granted and a list of potential participants was received, email invitations were sent requesting participation in the interviews. The email (see Appendix D) contained the study’s background and the researcher’s contact information. Emails were sent to prospective respondents at the school in early August. Noticing a lack of participation, the researcher sent follow-up email invitations to participants in late August and early September. At the close of the data collection period in mid-September, four teachers from the school had responded.

Permission was collected, and interviews were scheduled via email with each of the responding four teachers. Interviews comprised five questions to explore teachers’ experiences
teaching students exposed to ACEs. Zoom interviews were recorded on the researcher’s laptop and the Otter voice-recording app for iPhone as a backup. Data were secured by password-protected files stored on a password-protected computer. The researcher transcribed each of the four recordings. Transcripts were emailed to the interviewees for verification and then coded and analyzed for themes.

**Discussion of Research**

The qualitative data gathered from four classroom teachers who teach at a small school for students who have experienced trauma exposure shared themes within the interview responses. Common concepts were discovered among teachers’ experiences related to preparation, classroom strategies, and the importance of relationship development. The interviews revealed the need for prior training and the intentional development of self-awareness for both students and teachers. Additionally, the interviews emphasized the importance of developing strategies that foster safe and positive relationships between the teacher and students. These strategies relate to safety and security, empathy, regulation, classroom management, and a sense of agency. In this section, each of the four themes is thoroughly discussed.

**Research Question**

What are teachers’ experiences at a school in Central Florida that serves students who have been exposed to multiple ACEs?

**Themes**

The researcher identified four themes during the interview: environmental conditions, interpersonal conditions, training, and self-care and self-awareness. Subcategories for environmental conditions are (a) safety and security, (b) empathy, (c) regulation, (d) classroom management, and (e) discipline. Subcategories for interpersonal conditions are (a) voice,
empowerment, and agency and (b) relationships. The four themes are presented in this section.

**Theme 1: Environmental Conditions**

**Safety and Security**

Respondents characterized a sense of safety and security amongst their students as a prerequisite to any possible learning. Mike (pseudonyms represent all teachers’ names) stated, “They’re not going to be able to even follow our methods if they are not feeling safe and secure,” and “These kids will feel threatened at very little.” Traumatized children often live in perpetual fear, prohibiting regular learning (Cole et al., 2005; Honsinger & Brown, 2019). Like all students, these students benefit from a physically and emotionally safe learning environment (Cole et al., 2005). Teachers should initiate interactions with a calm, respectful voice, frequently asking questions about and building upon individual strengths, talents, and interests (Cavanaugh, 2016; Cole et al., 2005; Honsinger & Brown, 2019).

Exposure to trauma creates hyperawareness of threats in students; therefore, transitions and instructions must be performed with sensitivity and care. Carello and Butler (2014) recommended several methods of presenting material to help protect students’ feelings of safety, including verbal warnings before introducing triggering material, periodic verbal check-ins, and empowering students to opt out of participation as a means of self-protection. Warning trauma-impacted students of upcoming transitions is a critical practice (Cavanaugh, 2016; McInerney & McKlindon, 2014). Clear communications and instruction and predictable routines are helpful tools for promoting feelings of safety in the classroom (McInerney & McKlindon, 2014). Listening to students’ feelings and thoughts can improve teachers’ pedagogical decisions while fostering an increased sense of safety in their students (Morgan et al., 2015; Sciaraffa et al., 2018).
Carl protects his identity as someone who “will do whatever I have to do to keep them safe, even if that means putting myself in danger.” Creating an atmosphere of safety requires hyperawareness of all aspects of the classroom; as Denise described, “They have got to be with it. They have got to be on top of everything, keeping an eye on everybody.” Additionally, teachers must be careful not to dismiss, belittle, or minimize safety concerns, as students depend on the teacher to maintain a positive, stable, non-threatening environment (Carello & Butler, 2014; Sciaraffa et al., 2018; Sherwood et al., 2021).

Intentional strategies merged from the four conversations. Rebecca spoke about how they “talk about safety. You talk about their value and how important they are.” Denise described physical strategies: “We hug, we fist bump, we high five.” Mike outlined some of the standard school procedures the school administration prescribes, saying, “There’s always someone at the back door, letting every kid in, greeting every child.” This idea is supported by Honsinger and Brown (2019), who asserted that teachers can build relationships by regularly greeting students at the classroom door when they enter each day, always using the student’s first name.

Conversations promoted the idea of creating safe physical environments. Rebecca said, “The set-up of your environment needs to be attractive but not too busy.” Teachers should pay particular attention to seating arrangements (McInerney & McKlindon, 2014). Controlling all aspects of a learning environment can be challenging, but a sensitivity to how physical characteristics of the classroom (e.g., sound, lighting, décor, seating arrangements) and the behavior of classmates can contribute to the perception of safety for trauma-sensitive students (McInerney & McKlindon, 2014; Sciaraffa et al., 2018; Sherwood et al., 2021). When space allows, teachers should design organized classrooms with spaces designated for quiet and self-regulation (McInerney & McKlindon, 2014).
Mike and Denise mentioned that classes are always limited to 12 students and that “we try very hard to have two [adult educators] in each class, especially in our elementary classes.” The school also provides safe spaces outside of the classroom to give students a variety of venues to regulate. The most commonly referenced and used by the interviewees was a room in the building referred to as the Nest. All four participants described the Nest as a critical tool in helping to calm and regulate students. Mike described it as “a quiet room [with] three or four spaces. [It] has got a big teddy bear they can sit on. … There’s a punching bag, … There’s a variety of things they can do” to help them get regulated. Outside the building on school grounds are a farm, a pond, and a sensory garden, all designed to allow students a safe place to calm themselves from dysregulation.

Safety, both emotional and physical, is recognized as a vital component of the trauma-informed classroom (Carello & Butler, 2014; Cavanaugh, 2016; Sherwood et al., 2021). Similar to the oath taken by physicians, trauma-informed teachers must first make every effort to “do no harm” to their students by avoiding circumstances, actions, and words that might trigger and retraumatize a student (Carello & Butler, 2014, 2015). If learning is the outcome of trauma-informed teaching, then protecting emotional and physical safety is trauma-informed teaching’s most fundamental principle (Carello & Butler, 2014).

**Empathy**

As with earlier references to training, the respondent teachers stressed that they could no longer view their students through the same lens as those they had taught in a traditional public-school setting. Denise said, “You have to work with them with a trauma lens, wearing trauma glasses, versus the traditional way of teaching.” Knowing more about what trauma-exposed students have experienced and how it has affected them “helped me to realize where a student
was coming from in their frustration and anger and not to take it personally.” The respondents’ perceptions concurred with the findings of Honsinger and Brown (2019), who concluded that it “is important to develop an awareness and understanding of the impact of trauma on the lives of children before we can begin to implement effective strategies that can support learning in the classroom” (p. 144).

Carl observed that his students are “either physically underdeveloped or physically overdeveloped for their age” and that “there’s the physical age, the emotional age, and the intellectual age.” Awareness of the atypical nature of these ages in children with ACEs can help address their needs. Denise advises that though the students might “look normal. They look like regular kids, but they act out when they are dysregulated.” At the same time, Carl counsels that when “you sit down and talk with them and talk to them, you realize … there’s just a little kid in there somewhere.” Denise summarized the theme of empathy, explaining that “a big thing that we have to learn is empathy. Empathy is different than sympathy.” Responses firmly suggested that teachers of traumatized students will have little success imparting learning and academics unless they develop an understanding of their students’ experiences, circumstances, and challenges. Cavanaugh (2016) stressed that it has been increasingly important that all teachers achieve an awareness of how widespread and impactful exposure to trauma is in the lives and education of their students and that they should therefore work to implement trauma-informed practices in their classrooms and learning communities.

Teachers must be sensitive and empathetic to the experiences and circumstances of their students’ lives (Koslouski & Chafouleas, 2022; Wolpow et al., 2009). Each student brings different exposures to trauma and different reactions and methods and coping with them; therefore, no single method or plan will work effectively for all trauma-exposed children of
trauma (Honsinger & Brown, 2019). Likewise, teachers need to be aware and sensitive to how the nuclear families of many students do not take the traditional family form (McInerney & McKlindon, 2014).

**Regulation**

When discussing the concepts of regulation and dysregulation, the study subjects made several direct and indirect references to the basic needs of Maslow’s hierarchy. Denise mentioned, “One of the basic needs is, you know, food. … Our kids come in hungry.” She added, “When you have trauma on top of that, all they’re going to think about is that ‘I’m hungry, I’m hungry.’” She noted that the school’s practice is that “we eat a lot, and we keep them hydrated.” Good nutrition is essential for bodies under stress, and children of trauma typically experience high levels of stress and anxiety (Wolpow et al., 2009).

Denise and Mike also mentioned the importance of sleep-related needs to regulation, another of Maslow’s most basic needs. Wolpow et al. (2009) warned that children of trauma often suffer from broken or insufficient sleep, which can impair cognitive ability and increase irritability. When a sense of safety and security has been established in the classroom, it is not unusual for students to “feel safe enough that can actually sleep in our classrooms,” said Denise. Students going to the Nest to take a short nap is also common at the school. Denise maintained that the school has “to do our best to meet each student’s needs” and referenced Maslow’s hierarchy.

Many techniques the participants described as effective with their students were related to the five primary senses. Because changes to any of the senses can trigger trauma-exposed children, soothing the senses can be helpful in regulation (Wolpow et al., 2009). Denise, Rebecca, and Mike spoke about the importance of frequent breaks in class to allow students to
calm down. Mike and Rebecca recalled using mindfulness and breathing exercises during frequent five-minute breaks. Denise told of the recently instituted use of essential oils based on research done by the school principal. Mike listed “throwing a ball” to different sides to activate different parts of their brain, playing “a game of Uno,” and having students interact with online websites such as “GoNoodle” as some strategies that he relies upon to foster regulation in his students. Rebecca recalled

that the best break that I have found, that works the best for the kids in the last few years, that I have done is stop, and you breathe, but then you have them close their eyes and listen to a sound, and then you talk about it.

She continued saying that she repeats the process for both smell and taste. Denise recommended using “wet paper towels,” a technique she discovered by trial and error when working with one challenging student who could become calm when a wet paper towel was placed upon her forehead. Since then, Denise has used the approach in other situations, including physical bumps, bruises, and scrapes. “Wet paper towels fix everything,” she joked.

**Classroom Management and Discipline**

When discussing the topic of classroom management and discipline in a classroom of trauma-exposed students, Rebecca restated the importance of not relying on the teaching methods and training that have been traditionally taught and used in general public-school settings. She said, “Classroom management in a trauma-informed school is not the same as classroom management in a public school.” Honsinger and Brown (2019) likewise concluded that when teachers depend on consequence-reliant methods to institute discipline in their classroom, students are unlikely to develop the essential skills for academic success. Teachers must be aware that behavioral challenges caused by trauma exposure should not be interpreted as
an aversion to learning or personal attacks (Harper & Neubauer, 2021; Honsinger & Brown, 2019).

Both Carl and Rebecca stressed the importance of flexibility. Rebecca stated, “You have to be very organized and very flexible. You got to be flexible to change,” but also added that “there is organization and routine in the class.” Concerning discipline, Carl explained, “You need to be able to set the line and say this is the line and no further” while also “being able to take context into account,” which he says is “a huge, huge part of dealing with trauma and trauma students,” harking back to the theme of empathy described earlier. He prefers to consider consequences on “more of a case-by-case” basis. Ultimately, what Carl claimed to have found to be most effective when disciplining students is “always having another chance” and reminding students that a moment of discipline does not signal the end of the relationship. Honsinger and Brown (2019) warned that students exposed to trauma are highly likely to exhibit inappropriate behavior. Both teachers and students benefit from understanding that outbursts will be handled with empathy and will not damage relationships (Honsinger & Brown, 2019).

Rebecca and Mike spoke of the challenges of teaching students how to deal with fellow students and employing discipline techniques “but not triggering or setting off another student.” Mike characterized classroom management in the trauma-informed class as “getting them to manage themselves, their bodies, their feelings, [and] their responses.” Instead of dispensing discipline, educators should remember that traumatized students try to modulate their behavior as best as possible in most situations, making it their primary objective to de-escalate and redirect student behaviors (Honsinger & Brown, 2019).

Denise stated that students who have been through trauma do not need more punishment and that “sometimes natural causes are enough for these kids”; instead, she recommends repeated
“affirmations.” Additionally, discipline issues should not be exclusionary, should not criminalize the students, and should be addressed privately (Honsinger & Brown, 2019; McInerney & McLindon, 2014.)

Denise also warned that creating a power struggle with these students is counterproductive as “you can’t argue with these kids.” These strategies and beliefs seem to counter the traditional methods of clear expectations and clear consequences long used in schools. Teachers must work to avoid power struggles with students who have experienced little control over their lives, as forcing power over them will exacerbate poor behavior (Wolpow et al., 2009).

Similarly, the aforementioned Nest serves the same function as the Monarch Room (Baroni et al., 2020; Crosby et al., 2018; West et al., 2014), providing a safe place for self-regulation as an alternative to typical disciplines. The responding teachers described implementing a change of scenery when necessary to help students calm down. Mike and Denise cited the Nest as an effective alternative for moving students out of an escalating classroom situation. Mike also mentioned taking walks around the farm and skimming stones across the pond on the school property as effective practices. Wolpow et al. (2009) referred to these places where students can go to regain control of their emotions as “safe zones” (p. 89).

Limited data exist regarding discipline and trauma-informed practices, though multiple studies have explored the Monarch Room intervention as a disciplinary alternative to standard school practices (Baroni et al., 2020; Crosby et al., 2018; West et al., 2014). The Monarch Room intervention utilizes a quiet and safe room for students who need to leave the room to modify their inappropriate behavior (Baroni et al., 2020; Crosby et al., 2018; West et al., 2014). In the Monarch Room, students receive trauma-informed techniques and material to help them self-
regulate (Baroni et al., 2020; Crosby et al., 2018; West et al., 2014).

Theme 2: Interpersonal Conditions

Voice, Empowerment, and Sense of Agency

When asked about their experiences regarding developing voice, empowerment, and a sense of agency in students exposed to trauma, Rebecca stressed the belief in “validating their importance” and letting them know that “their opinion matters.” Research on techniques for promoting resiliency has uncovered common and overlapping characteristics. Human resiliency requires a safe and caring environment (Davidson, 2017; Wolpow et al., 2009). Denise emphasized that trauma students “need a lot of encouragement,” so “we build them up spiritually as much as we can with just a lot of encouragement.” Because trauma-exposed children often come from home environments in which the adults and people in authority impose complete and unjust control over them, the students need to have a sense of empowerment and agency instilled in them for success (Cole et al., 2005; McInerney & McKlindon, 2014; Wolpow et al., 2009). To that end, the school institutes morning meetings, group chants, and daily affirmations designed to boost self-worth and self-esteem.

Each of the four respondents described techniques they have used in their classroom to foster empowerment in students affected by trauma. Rebecca described “circle time when we talk about different subjects, maybe that have been going on and bothering us.” Carl tries to “do a lot of self-directed learning” and “give the students the opportunity to learn what they actually want and how they actually want to learn it,” which aligns with Cavanaugh’s (2016) assertion that “finding times for students to showcase their strengths and offering choices during the day to provide opportunities for students to engage their interests are also critical” (p. 44).

Mike encourages his students to brainstorm ideas, including “purposeful acts of
kindness,” which the class votes on. He keeps running lists of student ideas that he returns to, ensuring that all ideas are heard and used. Collaborative planning and problem-solving that include the child and family (when possible) contribute to greater feelings of voice and empowerment (Cavanaugh, 2016). Mike also relies on behavioral modeling to demonstrate the right and wrong times to speak up and use one’s voice. Teachers should create opportunities to offer choices and praise students’ positive choices (Wolpow et al., 2009). Highlighting competencies, developing self-confidence, changing negative beliefs to positive ones, and nurturing autonomy help individuals impacted by trauma regain their voice (Subramaniam & Wuest, 2021). Trauma-exposed children can be exceedingly sensitive to non-verbal communication cues while at the same time missing the meaning of verbal instruction, therefore requiring teachers to utilize multiple ways to convey information and instruction (Cole et al., 2005).

**Relationships**

The most emphasized theme from the four interviews involved the concept of relationships and their importance when teaching students with ACEs. All respondents spoke about solid and healthy relationships with their students as a foundation and gateway to learning. All previous themes revealed overlapping ideas and strategies that lent themselves to building trusting relationships between teachers and students (and administrators). Each of the other four themes contributes to building relationships and their vital importance to learning in the trauma-informed classroom. Social relationships are impactful in building resiliency as a sense of connectedness and the opportunity to help others provide stability (Wolpow et al., 2009).

Denise explained that the school’s students “don’t trust adults because a lot of their trauma came from adults” and that “if you do not have a relationship with them, you’re not going
to get them to do anything at all.” Due to unhealthy relationships, trauma-exposed children are often slow to trust adults, including school personnel, administrators, and teachers (Cole et al., 2009). Fostering safe, meaningful relationships requires intentionality, time, and structure from all school community members (Cole et al., 2009). Students do not feel safe if they do not trust their teacher (Carello & Butler, 2014).

Building trusting relationships requires vulnerability, recognized Rebecca who said, “[I’m] learning to be vulnerable with them, honest with them, and upfront about my own rights and wrongs and emotions.” Carl observed, “They just get in their heads that no one else has ever experienced anything like what they’re experiencing,” so it is helpful “to show them from your own life that other people have gone through this or something like this, and other people can come out to the other side.” Denise expressed vulnerability as a means to building a relationship: “You have to be real with these kids.” When unavoidable difficulties arise, Denise advises teachers “to just humble [themselves] and just go and apologize to the kid and say, ‘You know what? I did not behave the right way.’”

With students who have endured traumatic experiences, healing and relationship must supersede academic goals and standards. Denise acknowledged that the paradigm must be reversed: “So, where most of the traditional schools are focused so much on the test, we’re focused so much more on those relationships.” Cavanaugh (2016) recommended a strengths-based approach that encourages classroom teachers to find frequent opportunities to demonstrate success and proficiency. Learning can come only after the establishment of relationships between teacher and student. Earlier themes of training, self-care, and empathy contribute to feelings of safety and security and to voice and empowerment. Teachers of trauma-exposed students must be especially aware of students’ body language, tone of voice, and overall emotional state, which
requires checking in with students frequently and looking for opportunities to build nonacademic relationships (Cole et al., 2005; McInerney & McKlindon, 2014).

These aspects work together to form the strong relationships needed to allow classroom learning in the trauma-informed classroom. Rebecca accounts for not having “nearly the issues that I did at the start of the year” to the fact that “relationship gets built.” Mike expressed the belief that despite the challenge of teaching children with ACEs, if a teacher will “love the kids and they keep that relationship going, they [will] still get positive responses eventually.” Building solid relationships requires time, so teachers must intentionally dedicate time to getting to know and connect with students (Cole et al., 2005; Koslouski & Chafouleas, 2022).

The other three participants echoed similar sentiments. Mike said, “[The] number one thing is relationship, relationship, relationship.” Carl believed, “The key to trauma-informed classroom management is building a relationship with the [students].” Rebecca said her teaching “is a lot about building the relationship, building that relationship and building that trust and building that confidence.” A trusting and caring relationship with a consistent caregiver or teacher can be the most critical mitigator of the effects of ACEs (Mortenson & Barnett, 2016; Sciaraffa et al., 2018).

**Theme 3: Training**

All respondents shared that they had not received any formal or otherwise training regarding the instruction of students who had experienced early childhood trauma before employment at their current school. The four teachers indicated that not only had they not received training specific to trauma-informed classrooms but also their experience in the classroom required them to disregard many of the standard practices and techniques they had been taught in their teacher training programs and had used in traditional classroom settings.
Respondents’ perspectives aligned with other findings that maintained that despite some school districts’ efforts, teachers remain poorly equipped to address the needs of students impacted by childhood trauma (Chafouleas et al., 2016; Subramaniam & Wuest, 2021).

Kataoka et al. (2018) suggested that school administrators should evaluate how receptive and prepared teachers are for adopting trauma-informed practices before initiating broad systems. Rebecca stated it “took a couple of years” to “get my raising and training out of the way.” The findings imply that current teaching programs would benefit from greater concentration on training teachers to establish trauma-informed classrooms. Doing so might require reconsidering the efficacy of long-held traditional methods, as a more significant percentage of traditional classrooms comprise students with ACEs. As Carl suggested, “The trauma-informed practices would probably work better for everyone than the regular practices that are done, at least the ones that I was taught when I was in college.” Morgan et al. (2015) concluded that trauma-informed teaching requires that teachers change from seeing themselves as people who facilitate the requirements of a prescribed curriculum and summarily measurable outcomes to becoming people who seek and build an authentic relationship with the students they instruct.

Furthermore, all participants expressed the value of the training before taking over as the primary teacher in a classroom of traumatized students, but also ongoing training throughout the school year and during vacations. The school administration approached training as a continuous process revisiting classroom techniques as new research becomes available. The participants indicated in more than one case that the training both before and during the school year was instrumental in helping them to make the challenging first-year transition from a traditional public-school classroom to one where all of the students had been trauma exposed.
Similarly, the respondents expounded upon the vital process of training their students to better understand their situations and challenges before undertaking academic instruction. Rebecca characterized the process by saying, “We talk about brain issues. We talk about dysregulation and regulation, dopamine and cortisol.” The teachers spoke about intentional instruction designed to provide students with an overview of their brains, how their brains function, and how their trauma has affected their brains, specifically about regulation and dysregulation. In a sense, this upfront instruction provides a type of educational scaffolding that provides terminology and language for both teacher and students to express what is happening emotionally to a student in later instances.

Student training also helps students unlearn previously developed social behaviors that may have developed from the need for self-preservation or simply lack of appropriate guidance and supplant them with healthier, more effective behaviors and patterns. Respondents stressed that teaching and repeating positive behaviors before and throughout learning is particularly important when all students in the classroom have been exposed to trauma. One child’s response to dysregulation is more likely to trigger another child. During their study of urban schools, Anderson et al. (2015) established that educators admitted being poorly prepared to address traumatized students’ needs and believed schools were hindering efforts to introduce trauma-informed practices. Davis et al. (2021) found that students exposed to ACEs were less likely than those who have not been exposed to ACEs to emerge from unhealthy and counterproductive patterns and behavior as they age, suggesting the need to unlearn old behaviors before learning new ones. The research of Lee and Markey (2022) on the effects of Head Start on students with ACEs suggests early intervention and training lead to better educational results for traumatized children.
**Theme 4: Self-Care and Self-Awareness**

Each of the four participants repeatedly stated that what they do is complex and not for everyone. The entire sample had at least one year of experience as the primary classroom instructor in a classroom, but only one had been at the school for more than 3 years, as burnout is not only common but expected. Because teaching students with ACEs requires an inordinate amount of patience and emotional stress, the theme of self-care was present in all the interviews. Rebecca admitted that, in her case, the stress of her job revealed realities about herself that required her to “be forgiving” and address her emotional issues to stay healthy for her students. Carl and Denise advised that to survive in the trauma-filled classroom, teachers must adopt an ability to “not take it personally.”

Because working with children of trauma can often lead to “vicarious traumatization” or “compassion fatigue,” teachers need to have an awareness of their internal emotional state and emotional self-monitoring (Cavanaugh, 2016, pp. 44-45). Accordingly, respondents suggested that teachers of trauma-exposed students must be intentional in their self-care methods before, during, and after teaching their students. Denise stated, “They’ve got to be spiritually ready. They’ve got to be mentally ready. They’ve got be physically ready” to address the needs of their students. Responses indicated that the teachers needed to seek opportunities for adequate rest, to have and to develop greater self-awareness to address personal issues, and to be willing to rely on colleagues for all kinds of support. Mike mentioned that the school ensures that at least one paraeducator accompanies the classroom teacher during instruction and that paraeducator support is valuable. Having a place to process and decompress after teaching was also a common suggestion from the interviewees. Denise described that “sometimes our staff members will just need to unload on us,” and Mike described “a lot of encouragement that goes back and forth
between the teachers.” He added, “We end up doing a lot of debriefing because these kids are like nothing we have ever seen.”

The concept of self-care and self-awareness concerning the students also emerged from multiple conversations. Mike described witnessing the development of self-awareness in class:

They can tell you things like, “I’m tired today, but I’m happy,” and they’ll all say, “Remember that [my] window of tolerance is going to be very small today because [I’m] tired; that’s why [I am] at 3 and not at 1.”

Training about their brain and brain function helps students develop greater self-awareness and self-reflection. The benefits are a healthier ability to see and understand the world beyond themselves, to forgive themselves for their emotional responses, which often confuse and embarrass them, and to self-advocate for their needs. Mike reflected that “a lot of them don’t look inside. They don’t look at themselves at all,” so routines and activities designed to promote self-awareness are valuable in the trauma-informed classroom. The study from Marchica (2022) supports the assertion that building self-awareness in trauma-informed students can be beneficial.

**Implications for Professional Practice**

The study was designed to examine the experiences of teachers who teach students exposed to ACEs. Teachers, in general, have increasingly been asked to serve beyond simply a classroom instructor, whether that role is psychologist, counselor, doctor, nutritionist, or legal advocate. Even the most gifted and best-intentioned teacher cannot hope to address all the issues that childhood trauma brings to the classroom. Likewise, a single case study cannot expose every strategy and technique a teacher needs to help trauma-exposed students heal and thrive. However, specific irreplaceable characteristics that must be developed in the trauma-informed classroom to improve student learning and achievement can be gleaned from the study. The
findings of the study have implications for researchers and educators of all children at all educational levels. Five recommendations for future practice resulted from this study of teachers’ experiences instructing students exposed to childhood trauma.

The responses of all four of the participants suggested that teachers are inadequately prepared to address the needs of trauma-exposed students, and that teacher preparation programs have not evolved appropriately to deal with the increasing influx of children affected by ACEs who come to schools. Studies and observation have spurred not only the growth in the number of experiences classified as traumatic but the number of people, particularly children, who have been exposed to ACEs. This growth strongly suggests that whether they know it or not, traditional classroom teachers come into contact with students who would not only benefit from but require, trauma-informed classroom practices before they are prepared to learn. The findings of this study suggest that the four themes that emerged from the interviews should be prominent parts of all teacher training programs. Furthermore, teaching practices that have been part of past teaching programs need to be reconsidered to ensure that through the lens of the trauma-informed, they are not counterproductive or, even worse, damaging. The respondents in the study recognized the need to leave behind some of the preconceived notions and strategies taught during their formal training and that their training was inadequate for their current teaching audience.

The study contributed to the body of knowledge by supporting previous trauma-informed frameworks. More importantly, the study’s findings provide tangible strategies for practical classroom practices related to the themes developed. The study established the importance of well-structured training, self-awareness, an understanding of the trauma-exposed child, safety and security, tools for regulation, and developing consistent trusting relationships. Without the
institution of these conditions in the classroom, children of trauma are unlikely to achieve an emotional state conducive to learning.

Though the study focused primarily on teachers who led classrooms that consisted only of students exposed to ACEs, the results can easily be extended to any trauma-exposed group of children. Suggestions from each of the four themes established within the study are likely to benefit not only students exposed to ACEs but all students. It is reasonable to suggest that healthy relationships fostered by safe classrooms, empathy, positive discipline, and reactions would contribute to a better learning environment for any student.

Teachers, coaches, and adult caregivers can all be taught the benefits of establishing these practices in their work and service environments and be given the tools to create these conditions during professional training. Districts and schools can encourage teachers to imbue their classrooms with the safe practices described by the teachers in this study. Schools can also be encouraged to explore alternatives to traditional discipline models such as the Nest described by the interviewees and the Monarch Room described in the literature. Professional training based on researched methods should be provided to all personnel by both school districts and individual school administrations to ensure sensitivity and awareness in all members of the learning community.

Implications of the study extend beyond the traditional schools to all organizations that work with youth. Because childhood trauma can occur at the earliest age, preschool teachers and other early childcare providers need to be introduced to the best practices of trauma-informed instructors.
Study Limitations

Though this qualitative case study produced data valuable to the perceptions of teachers who teach students previously exposed to trauma, the study has limitations. One limitation is that the sample population for the interviews was only four classroom teachers at a single school specializing in educating only students with ACEs. The sample included only educators with one or more years of experience as the principal instructor in a classroom setting. Excluding other types of educators, such as paraeducators, administrators, and other outside support professionals, might limit the generalizability of the study’s findings. That the study was conducted in only one school in a single state also limits its generalizability to other national and international demographics.

Another limitation is the specialized nature of the school where the sample was taken. This school in Central Florida is one of a few schools that enroll only children with a history of trauma exposure, unlike most public schools whose classrooms contain a combination of students who have experienced significant trauma and students who have not. Teachers cannot work with the assumption that all their students have a background of trauma, nor can teachers assume that all their students do not, which may limit the generalizability of the study’s result. The only way in which data were collected for this study was through individual interviews with classroom teachers. Each of the four teachers participated in only one interview as time and opportunity were limited.

Recommendations for Future Research

The primary recommendation is that the current study be replicated in other populations, especially those allowing for a larger sample size. Further research could include repeating the current study with a population that includes new teachers at the same school upon completion of
their first year. The same study could be repeated at other schools that serve high concentrations of traumatized students, both public and private.

Respondents expressed the belief that the practices they applied in their classrooms would benefit all students regardless of exposure or non-exposure to ACEs. Therefore, studies involving trauma-informed practices with samples of traditional students might produce significant results. Additional research could focus on the effects of the recent pandemic or target schools in highly impoverished areas to examine how public-school classroom teachers experience poverty-related ACEs.

Consideration could also be given to studying each of the themes covered in this study in isolation regarding teachers’ experiences with each of them. Researchers should also consider quantitative studies investigating the effectiveness of teaching strategies concerning the number of ACEs reported in individual students. Because the role of a caregiver has been shown to have significant mitigating effects for children of trauma, research into parental involvement in schools with trauma-informed practices is also warranted.

**Conclusion**

The evolution of student populations in classrooms indicates that a growing percentage of students are coming to class with ACEs, especially in the wake of the COVID-19 pandemic and lockdown. Because it is unlikely that the traditional public-school classroom will be bereft of trauma-induced students, teachers must understand the nature of the trauma-exposed students and the strategies needed to teach them. Increasingly, teachers will need to abandon previously effective instructional techniques, at least temporarily, until safe and secure learning environments, higher levels of self-awareness, and strong interpersonal relationships have been developed.
The current study has established the need for a more extensive training system surrounding trauma-informed instruction for all teachers inside and outside of traditional teacher preparation programs. The participants strongly expressed the irreplaceable need for prior and ongoing training to successfully teach trauma-exposed students in a classroom setting. Participants also stressed that educators working with traumatized children practice vigilant self-care practices. Ultimately, success in the trauma-informed classroom requires dedication and commitment to close monitoring of multiple factors related to environmental and interpersonal conditions, most importantly, the building of healthy, consistent relationships.
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Appendix A

Interview Guide

Interviewer: Chris Conway

Date:

Time:

Participant Number:

To Read Aloud: Thank you for agreeing to participate in this research project. The purpose of this project is to gain a more extensive understanding of the experiences of teachers who instruct students who have been exposed to trauma. This conversation will be confidential. Your name will be anonymous and not used in research. Have you read the consent form, and do you have any questions? With your permission, I am going to record the interview. Do I have your permission? You have permission to end the interview at any time. Do you have any questions?

Interview Questions

1. Tell me about your experiences in teaching students who are experiencing trauma.

2. Discuss your experiences in teaching students who are experiencing trauma with regard to classroom management and discipline.

3. Discuss your experiences in teaching students who are experiencing trauma with regard to fostering feelings of safety and security.

4. Discuss your experiences in teaching students who are experiencing trauma with regard to cultivating voice, empowerment, and a sense of agency.

5. Describe some of the most effective strategies you have learned for addressing the academic and behavioral needs of students who are experiencing trauma.
Appendix B

Email and Informed Consent for Participation in Interview Research

Title: Teacher Experiences in Trauma-informed Classrooms

Investigators: Dr. Lisa Ciganek Dr. Janet Deck Christopher Conway
Associate Professor Professor Doctoral Student
Southeastern Univ. Southeastern Univ. Southeastern Univ.
Lakeland, FL Lakeland, FL Lakeland, FL

Background Information:

What to Expect: You will answer five questions in an interview. The interview will be conducted online via Zoom. Questions are related to your experiences teaching students who have experienced trauma. You may skip any questions that you do not wish to answer. The interview is designed to last approximately 30 minutes.

Procedures:

If you agree, you will be asked to participate in an audio-recorded interview lasting approximately 30 minutes.

Voluntary Nature of the Interview:

Your participation in this interview is voluntary. If you decide to join the interview now, you can still change your mind later. If you feel stressed during the interview, you may stop at any time. You may skip any questions that you feel are too personal.

Risks and Benefits of Being in the Interview:

There is a minimal risk of psychological stress during this interview. If you feel stressed during the interview, you may stop at any time. There are no benefits to you from participating in this interview.
Compensation:

There is no compensation for participating in this interview.

Confidentiality:

The records of this study will be kept private. Research records will be stored on a password-protected computer in a locked office and only the researcher will have access to the records. Data will be destroyed five years after the study has been completed. Audio files will be transcribed and destroyed within 30 days of the interview.

Contacts:

You may contact any of the researchers at the following addresses and phone numbers should you desire to discuss your participation in the study and/or request information about the results of the study:

Dr. Lisa Ciganek  Dr. Janet Deck  Christopher Conway
laciganek@seu.edu  jdeck@seu.edu  cjconway@seu.edu
863-667-5308  360-608-8451

If you have questions about your rights as a research volunteer, you may contact the IRB Office:
IRB@seu.edu.

Participant Rights:

I understand that my participation is voluntary, that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this study at any time without penalty.

Consent:

I have been fully informed about the procedures listed here. I am aware of what I will be asked to do and of the benefits of my participation.
With my signature, I affirm that I am 18 years of age or older.

I have read and fully understand this consent form. I sign it freely and voluntarily. A copy of this form will be provided to me. I hereby give permission for my participation in this study.

________________________________________________________________________  ______________________________________________________________________
Participants’s signature                          Date

________________________________________________________________________
Participant’s printed name

I certify that I have personally explained this document before requesting that the participant sign.

________________________________________________________________________  ______________________________________________________________________
Signature of Researcher                          Date

For more information, please contact:

Dr. Lisa Ciganek       Dr. Janet Deck       Christopher Conway
laciganek@seu.edu     jdeck@seu.edu       cjconway@seu.edu
Appendix C

Administrator Request and Permission Correspondence

Dear Mr. Lindholm,

My name is Chris Conway, and I am a doctoral student at Southeastern University in Lakeland, Florida. I am writing to ask for your approval to contact teachers at your school site to participate in a case study entitled “Teacher Experiences in Trauma-informed Classrooms” The research study will be done under the supervision of Dr. Lisa Ciganek and Dr. Janet Deck from the Education Department at Southeastern in Lakeland, Florida.

The purpose of this study was to examine the experiences of teachers at a school that serves students who have been exposed to multiple adverse childhood experiences (ACEs). This case study will require access to teachers within your school who are willing to share perspectives and experiences regarding their daily practices serving students who have been exposed to trauma. If possible, I hope to interview all members of the teaching staff.

The interviews for this study will last no more than 30-45 minutes and will be conducted by Zoom. Interviews will be scheduled to accommodate teachers’ preferences and availability. Ethical protection will be guaranteed by maintaining participant confidentiality and obtaining appropriate consent. Pseudonyms will be used in place of all participant names during coding as well as the written reports. Access to data will be limited to me and supervising faculty. After approval and publication of the dissertation, all other data, including identifiers, will be deleted or destroyed. Informed consent will be obtained from all participants. No vulnerable populations will be included in the study.

Thank you for your time. Best regards,

Chris Conway

Southeastern University

Ed.D. Candidate - Curriculum and Instruction
Dear Colleague,

I am conducting a research project describing the lived experiences of teachers who instruct trauma-informed students. The purpose of this email is to ask for your participation in this research project. This study has been approved by both Southeastern University and Sparrow Academy. If you agree to participate, we will arrange a convenient time to conduct the interview. The length of the interview is approximately 30 minutes and will be conducted on Zoom.

The interview will be digitally recorded, and the recordings will be transcribed. The recorded interview and the transcription of the interview will be kept on a password-protected laptop for a five-year period. At the end of the period, the material will be erased and permanently disposed of. No identifying information will be used in any materials created from these interviews. The information obtained in this study will be published in my dissertation and may appear in journal articles.

You are free to decide not to participate in this study or to withdraw at any time. Your participation in this research will contribute to a better understanding of the interventions that are being effectively implemented in trauma-informed classrooms. Please indicate whether you are interested in participating in this research by contacting me at the contact information below. I look forward to hearing from you and the opportunity to hear about your experience teaching children who have experienced trauma.

Respectfully,
Chris Conway – cjconway@seu.edu
Principal Investigator and Dissertation Chairperson: Dr. Lisa Ciganek, Southeastern University