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Exploring Public, Primary School Educators' Perceptions Of Adverse Childhood Experiences

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EXPLORING PUBLIC, PRIMARY SCHOOL EDUCATORS' PERCEPTIONS OF ADVERSE
CHILDHOOD EXPERIENCES

By

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BA (University of Phoenix) 2012
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CHILDHOOD EXPERIENCES

ABSTRACT

This qualitative narrative inquiry was used to explore public primary school (K–8) educators' perceptions of ACEs and how their understanding of ACEs might contribute to creating a trauma-sensitive school climate. The conceptual framework of the study was centered on Mezirow's Transformational Learning Theory, with the premise that learning and change require: (a) a recognition of one's own biases, norms, and constructs, which would be followed by (b) reflection, (c) the realization that change is needed, and (d) a willingness to learn (Mezirow, 1991).

Ten public school K–8 educators from the state of Maine participated in semistructured interviews that were transcribed and developed into narratives. The analysis yielded five themes from the participants' restoried narratives. These themes included (a) the importance of relationships with students, (b) inconsistent professional development opportunities for knowledge of ACEs and trauma-informed care (TIC), (c) a lack of preparation through college coursework, (d) meeting students' basic needs, and (e) teachers' lack of understanding regarding how to implement TIC. The major finding was the perceived importance of relationships as a mitigating factor on the effects of ACEs on students. The findings of this study could be useful to educators and administrators who are studying ACEs and TIC.

Keywords: trauma-informed care (TIC), adverse childhood experiences, professional development, perception, relationships, primary school educator, social–emotional, teacher preparedness programs

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CHAPTER 1

INTRODUCTION

According to Rossen (2020), exposure to adverse childhood experiences (ACEs) has changed the composition and needs of the students who fill elementary classrooms. ACEs affect approximately two-thirds of children in the United States prior to Age 16 (Rossen, 2020).

The term ACE was coined between 1995 and 1998 when physicians Felitti et al. (1998), in conjunction with Kaiser Permanente and the Centers for Disease Control (CDC) and Prevention, began one of the largest medical studies ever conducted, which led to establishing causal factors between childhood trauma and significantly increased negative health outcomes as adults. The results of their study showed that approximately two-thirds of the nearly 17,000 participants experienced one or more adverse childhood experiences. One in eight of the participants reported having four or more ACEs (Brunzell et al., 2016; Center for Youth Wellness, 2013; Felitti et al., 1998; Plumb et al., 2016; Rossen, 2020). Felitti et al. (1998) identified 10 potentially traumatic ACEs that guided their initial study: (a) childhood physical abuse; (b) child sexual abuse; (c) child emotional abuse; (d) physical neglect; emotional neglect; mentally ill, depressed, or suicidal person in the home; (e) drug-addicted or alcoholic family member; (f) witnessing domestic violence against the mother; (g) loss of a parent because of death or abandonment (including divorce); and (h) incarceration of a family member. Rossen (2020) asserted that living in foster care, living with community violence, and having a family member in the military are also considered ACEs. Repeated exposure to traumatic experiences, or an individual significant traumatic event, can alter a child's development for life (Brunzell et al., 2016; Center for Youth Wellness, 2013; Felitti et al., 1998; Plumb et al., 2016; Rossen, 2020). Felitti et al. (1998) suggested that a greater number of traumatic ACEs to which children

were exposed would increase the likelihood of experiencing unhealthy and dangerous health risks later in life (e.g., heart disease, cancer, suicide and a 20-year reduction of life-span).

ACEs are the traumatic experiences, and the trauma itself may lead children to have such significant disruptions in many areas of their lives or as adults and experience dangerous health risks. Exposure to adversity or traumatic events causes a neurobiological response known as toxic stress that affects the brain, the body's ability to regulate emotion, along with academic achievement, physical growth and social–emotional well-being (Cole et al., 2005; Plumb et al., 2016; Romero et al., 2018; Rossen 2020). The Center for Youth Wellness (2013) suggested that ACEs and the implications related to the trauma experience have become a national epidemic that urgently needs attention.

Given the prevalence of ACEs across the nation, current research and literature in many professional fields have worked to develop and contribute to the need for trauma-informed care (TIC) (Plumb et al., 2016). The proponents of TIC suggested that, in the school environment, students have specific needs because of the disruption of their neurological and sensory systems that require specific practices to counteract the effects of ACEs (Hoover, 2019; Jones et al., 2018; Paiva, 2019; Rossen, 2020). TIC promotes evidence-based practices that are focused on professional development, relationships, safety, and predictability of the school environment and regulation for all children (Hoover, 2019; Jones et al., 2018; Paiva, 2019; Rossen, 2020). TIC practices are not solely for those who have experienced trauma; they are practices that shift a school culture as a whole (Cole et al., 2005; Rossen, 2020). Effective implementation must begin with professional development so that teachers have a common understanding of ACEs and their adverse effects (Chafouleas et al., 2016; Hoover, 2019; Jones et al., 2018). The first step in TIC implementation is teacher awareness (Hoover, 2019; National Association of School

Psychologists [NASP], 2016; Paiva, 2019; Rossen, 2020; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

TIC practices are most successful when paired within a multitiered framework or response to intervention framework for behavior (Hoover, 2019; Prewitt, 2016; Rossen, 2020). Trauma-informed practices are recommended as strategies best implemented for all students because of their focus on relationships, connection, reduction of punitive consequences, and understanding of trauma and its impact (Hoover, 2019; Jones et al., 2018; Paiva, 2019; Plumb et al., 2016; Rossen, 2020). Several TIC frameworks can be implemented, however, each has an emphasis on professional development for staff, creating safe environments that support social-emotional growth, and change or improvement in the neurobiological impacts of ACEs (Chafouleas et al., 2016; Hoover, 2019; Jones et al., 2018). Without professional development at the core of whole-school implementation, an understanding and urgency cannot be created; therefore, the implementation of TIC falls short (Cole et al., 2013). Using a multitiered framework for implementation of TIC staff development would allow a focus on school-wide practices to meet the needs of all children and encourage a shift in school culture (Cole et al., 2013; Rossen, 2020).

Statement of Problem

With a growth in student needs related to ACEs (e.g., explosive and dysregulated behaviors; the need for mental health supports; low academic achievement; cognitive, social and emotional deficits paired with increasing academic rigor and educational expectations), there is a significant impact on the school staff's ability to provide appropriate resources to support student needs (personal correspondence, 2020). Rossen (2020) demonstrated that students exposed to three or more ACEs are 2.5 times more likely to fail a grade, score lower on standardized

achievement tests, have receptive and expressive language difficulties, be suspended or expelled, and be referred to special education services. Plumb et al. (2016) stated that having a trauma-informed educational approach, or teachers who are aware of what students with traumatic experiences need and how their brains are affected, could create safe environments that would allow students to succeed. With 90% of American children in public education (SAMHSA; 2014; Rossen, 2020) researchers suggest that the symptoms of ACEs should be combatted in the educational setting through the implementation of TIC.

TIC has a variety of frameworks for guidance and implementation, depending on the setting of implementation. However, consistently found within an educational framework at a whole-school level is the recommendation for professional development and awareness of what ACEs are, their effects, how to recognize them, and what practices can be implemented within a multitiered framework to support students (Chafouleas et al., 2016; Hoover, 2019; Jones et al., 2018; Rossen, 2020).

With research beginning in 1998 on the prevalence and impact of ACEs, and the growing research on the need for TIC in the educational setting, districts across the nation have begun to implement professional development for educators on subjects related to childhood trauma (Prewitt, 2016; Rossen, 2020). In 2015, schools in 17 states had adopted trauma-informed practices (Rossen, 2020). In 2019, Rossen (2020) surveyed the U.S. Department of Education's website and found that 45 of 50 states provided on their websites trauma-informed resources for schools. The Every Student Succeeds Act (ESSA) of 2015 and the reauthorization of the Individuals with Disabilities Education Act of 2004 guide current educational policy that is designed to improve the way school staffs handle student behavior. The language in ESSA (2015) required schools to provide support for the mental health of students, implement positive

behavior supports (PBS) or a multitiered framework, and to provide professional development to staff on evidence-based PBS (ESSA, 2015). ESSA (2015) placed further expectations on schools to ensure that students with disabilities (especially those with emotional disturbances and significant behavioral concerns) can receive a free appropriate public education. This goal is accomplished through professional development for staff on evidence-based behavioral practices that will reduce suspensions, expulsions, and punitive consequences.

An abundance of scientific evidence and literature validates the harmful effects of ACEs, including their impact on education (Center for Youth Wellness, 2013; Felitti et al., 1998; Rossen, 2020; Sciaraffa et al., 2018). Cole et al. (2005) and Rossen and Cowan (2013) supported the need for TIC in schools to combat the effects of ACEs. The ESSA (2015) supported the idea of professional development to support trauma-informed schools. Therefore, this researcher has sought to explore the awareness of public primary school (K–8) educators of children. This awareness is the first step in implementing a trauma-informed care approach and shifting the school culture (Hoover, 2019; Jones et al., 2018; Paiva, 2019; Plumb et al., 2016; Rossen, 2020).

Purpose of Study

The purpose of this qualitative narrative inquiry was to explore public school K–8 educators' perceptions of ACEs and the way that their understanding of ACEs might contribute to creating a trauma-sensitive school climate. TIC research reveals the importance of understanding teacher awareness of ACEs and their effects on students, which is the first step in implementing the TIC framework (Hoover, 2019; Jones et al., 2018; Paiva, 2019; Plumb et al., 2016; Rossen, 2020). In this study, the researcher used Mezirow's (1991) theory of transformational learning to support and guide questions. The theory was founded on the premise that learning and change require

(a) a recognition of one's own biases, norms, and constructs, followed by (b) reflection, and then (c) the realization that change is needed, followed by (d) a willingness to learn (Mezirow, 1991).

Research Questions

Given the prevalence of literature on the harmful, long-term effects of ACEs, and data that support the need for TIC in schools to mitigate their effects, this researcher sought to answer the following research questions:

- RQ 1: What are public school K–8 educators' perceptions of ACEs?
- RQ 2: How do public school K–8 educators perceive that their awareness of ACEs contributes to creating a trauma-sensitive climate?

Conceptual Framework

In this study, the researcher focused on public school K–8 educators' perceptions of ACEs and the way that their awareness of ACEs could contribute to the implementation of a trauma-sensitive climate within a classroom or a whole school. The teachers were given an opportunity (a) to share their understanding of ACEs, (b) to share their personal perspectives on the way that ACEs influence their classroom and school, and (c) to voice their experiences as educators who work with students daily.

The theoretical framework that supports and guides this study was drawn from Mezirow's (2006) transformational learning theory. Transforming an educational culture to becoming trauma-informed depends on the awareness and learning of the educators within that setting (Cole et al., 2005, 2013; Rossen & Cowan, 2013; Tishelman et al., 2010). Mezirow (2006) asserted that, to have true transformational learning, teachers must move through stages of change and reflection. The impact of trauma is prevalent in all schools, and a trauma-informed framework relies on teachers changing the lens through which they recognize and view the

implications of trauma, which then allows the cultural transformation and the implementation of TIC with school-wide fidelity (Cole et al., 2005, 2013; Rossen & Cowan, 2013; Tishelman et al., 2010).

As part of the conceptual framework of this study, the proponents of TIC framework have consistently promoted professional development, and have shared staff awareness of the impact of ACEs on students; they have also suggested that staff education is the most important component to a cultural shift in becoming a trauma-informed school (ESSA, 2015; Jones et al., 2018; NASP, 2016; Paiva, 2019; Rossen, 2020; SAMHSA, 2014). Many suggestions have been made for frameworks to implement TIC successfully, but researchers have consistently found within each framework a need for educator professional development at a whole-school level that will assist in creating a shared understanding of the problem and the urgency to solve it (Hoover, 2019; Rossen, 2020). In addition to professional development, creating safety, trust, and building relationships with students to support social and emotional growth is critical to shifting the culture in becoming a trauma-informed school (Cole et al., 2005; Rossen, 2020). TIC is not just about treating students with trauma experiences; it is a whole-school approach that can transform a school by decreasing office referrals, aggressive acts, bullying, and school failure (Chafouleas et al., 2016; Hoover, 2019; Jones et al., 2018; Rossen, 2020).

Assumptions, Limitation and Scope

In qualitative research, assumptions are the decisions that the researcher makes about methodology (Creswell, 2015). Assumptions typically involve believing that certain methodological choices are the best or most effective, and that participants have the best interest of the research in mind (Creswell, 2015). The researcher's assumption in this study was directly related to the methodology chosen. Narrative inquiry depends on the stories of participants as a

form of data collection; therefore, the researcher inherently assumed that the stories that the participants would tell would be honest, real experiences, retold to the best of their ability. The researcher depended on interviews and the stories of participants; therefore, the richness, detail, and amount of data collected were entirely dependent on the number of participants whom the researcher could find to interview (Creswell, 2015).

The methodology chosen was also a limitation of this study. Again, qualitative research, specifically narrative inquiry, relies solely on the stories that the participants tell to provide rich and meaningful findings with which to answer the research question. However, narrative inquiry uses self-reported data from participants as its primary data source; therefore, a limitation of the research is the source of data itself. The participants' own constructs and environments influenced their responses (Merriam & Tisdell, 2016). Qualitative research also relies on the skills of the researcher to collect valid and trustworthy data; therefore, a researcher must be a skilled interviewer. Qualitative research does not provide concrete numbers and answers; rather the abilities of the researcher to infer meaning from analysis of the stories provided limit the study (Merriam & Tisdell, 2016). The researcher must ask the right open-ended questions to glean in-depth responses that contribute to the research question (Merriam & Tisdell, 2016). Data collection relies on the participants' first-person narratives about their perceptions of ACEs and the way that they affect students.

The scope of this study was limited because the researcher used purposeful sampling. Public school primary educators were chosen as the potential participants because of the rich and detailed knowledge they would likely have on the phenomenon of ACEs. The researcher invited only public school K–8 educators from the State of Maine; this purposive and limited sampling was clearly stated on the flyer when inviting participants to be a part of the study.

Rationale and Significance

Research and literature continue to grow around the impact of ACEs on children. The effect of toxic stress on the brain and a child's ability to process, function, and learn is significant (Rossen, 2020). As a nation, ACEs affect nearly half of youth, and they can significantly affect school experiences for these students (Hoover, 2019; Rossen, 2020). The CDC (2020) stated, "Mental health disorders among children can cause serious changes in the way children typically learn, behave, or handle their emotions, causing distress and problems getting through the day." Common mental health disorders include attention deficit hyperactivity disorder, anxiety, and behavior disorders. One in six children in the United States has been diagnosed with a mental, behavioral, or developmental disorder (CDC, 2020).

With most children enrolled in a public school setting 6.5 hours daily, 5 days a week, and many with exposure to trauma, the public educator would benefit from having knowledge of ACEs and practices to support students with ACEs (Hoover, 2019; Rossen, 2020). The first step, or foundational piece of the implementation of TIC, is collective awareness and professional development for staff (Rossen, 2020). Students who have experienced trauma are affected in a variety of ways that are detrimental to their ability to learn in an educational environment (Hoover, 2019; Rossen, 2020). With one of every four students experiencing two or more ACEs, trauma and their effects should be expected to surface in school (Rossen, 2020). The TIC framework shows and researchers state that it would be helpful for educators to be knowledgeable about ACEs and to be able to recognize the signs that a student has experienced ACEs so that strategies could be used to ameliorate the neurodevelopmental, behavioral, and academic effects that the influence of toxic stress causes (Rossen, 2020). From previous research and literature about ACEs, the proponents of the TIC framework suggest that the first step in

becoming trauma-informed is to provide teachers professional development with which they can build a sense of teacher efficacy (Center for Youth Wellness, 2013; Hoover, 2019; Rossen, 2020; NASP, 2016; Paiva, 2019). Using narrative inquiry as a qualitative approach, public school K–8 educators were given a voice and a platform to share their experiences, the way that they feel about their experiences, and their individual perspectives. Teacher voices and experiences are not well-shared and documented in the literature on ACEs and education. Therefore, in this study, the researcher expanded the literature on the topic of ACEs by providing in-depth narratives from educators. This study could be used to inform school, district, and state policy regarding trauma-informed practices, expectations for professional development, and implementation.

The TIC framework consistently used to identify the importance of professional development and shared staff awareness of the impact of ACEs on students suggests that staff education is the most important component to a cultural shift in becoming a trauma-informed school (Jones et al., 2018; NASP, 2016, 2019; Paiva, 2019; Rossen, 2020; SAMHSA, 2014). Two-thirds of American children experience ACEs, the lack of understanding and management for behavioral outbursts damages classroom and school climates, and teachers list behavioral problems in the classroom as a top reason for burnout (Feldman et al., 2000; Ford et al., 2012; Rossen, 2020; VanderWegen, 2013). Therefore, teacher experiences with ACEs need to be known so that policy makers, superintendents, and school administrators can be more aware of the impact that trauma has on school and classroom culture (Feldman et al., 2000; Ford et al., 2012; Rossen, 2020; VanderWegen, 2013). These stakeholders also need to consider TIC, specifically professional development for teachers, as a top priority in changing school climate, teacher retention, and PBS in schools (Feldman et al., 2000; Ford et al., 2012; Rossen, 2020; VanderWegen, 2013).

Definition of Terms

Adverse childhood experiences. An ACE is a traumatic event that occurs before one turns age 18 (e.g., abuse, neglect, incarcerated parent, a family member in the house with mental illness, a parent with substance abuse problems, witnessing a mother being abused, divorce, community violence, having a family in the military, death of a parent and living in foster care; Felitti et al., 1998; Rossen, 2020).

Trauma. Trauma is defined as the long-term negative effects on an individual's well-being that results from exposure to a single event, multiple experiences, or conditions that produce a strong physical, emotional, or stress response (SAMHSA, 2014).

Trauma-informed care. Peterson (2018) defined TIC as an experience, as follows:

[A setting] in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, staff, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery or adjustment of the child and family, and support their ability to thrive.

Toxic stress in children. This stress occurs when a child experiences strong, frequent, or prolonged adversity causing a biological effect on the brain because of the increased release of the chemical cortisol (Center for Youth Wellness, 2013).

Multitiered framework. A data driven problem-solving framework that is used to improve academic, behavioral, and social–emotional outcomes for all is termed multitiered (Brown-Chidsey & Bickford, 2016).

Neurobiology. The study of brain functioning from a neurological and biological perspective, including the way that specific parts of the brain function independently and interdependently and the way that external experiences and physical responses affect healthy neurological development (Rossen, 2020, p. 31).

Positive Behavior Support. PBS is an approach that considers all elements, or factors that influence a student's behavior and functioning (Brown-Chidsey & Bickford, 2016).

Conclusion

ACEs are pervasive and are considered a health crisis that is regularly manifesting and disrupting educational settings (Rossen, 2020). Felitti et al. (1998) conducted a landmark study that has continued to inform educators, focusing on the critical impact of the toxic stress that ACEs cause and their impacts on health. Although national policymakers have provided funding for mental health and positive behavior intervention and supports (PBIS), only states and districts that choose to create initiatives to address trauma use funding for trauma-informed practice and care (Prewitt, 2016). However, specific policy and expectations regarding the implementation of TIC and practices continues to be lacking. Furthermore, given (a) the urgency of the research on the severity and significance of ACEs, and (b) the growing number of researchers who uphold and support the influence and the theory that professional development is the first effective and critical part of the trauma-informed framework, professional development on trauma and its effect on children should be provided to educators (Cole et al., 2005; Rossen & Cowan, 2013; VanderWegen, 2013).

In Chapter 2, the researcher introduces Mezirow's (2006) transformational learning theory as the theoretical framework and underpinning for the literature review. The review of the literature gives a comprehensive overview of ACEs and their potential effects biologically,

academically, and emotionally. Additionally, the reviewed literature provides an overview spanning the last 10 years, introduces and supports the need for a TIC framework in the educational environment, and shows how the practices within the TIC framework can change a school culture.

In Chapter 3, the researcher introduces and review the methodology used to complete this study. The researcher reviews the research design, site information, population, sampling method, instrumentation and data collection, data analysis, limitations and credibility of the study, member checking, dependability, confirmability, and ethical issues within the study. Chapter 4 contains the data and findings, and Chapter 5 addresses the conclusions.

CHAPTER 2

LITERATURE REVIEW

In this literature review, the researcher introduces the prevalence and developmental impact of ACEs on children through the original research of Felitti et al. (1998) and other current researchers who presented the significance ACEs and the need for educators to know about them and to be aware of trauma-informed care (TIC) in schools. This research was guided by Mezirow's (1991) transformational learning theory, which is strongly based within constructivism, and whose proponents assert that transformational change only exists within a process of transformational learning that follows a process of acknowledging bias, environment, and constructs that exist personally, critical reflection, and change.

TIC is highly supported by current research including The National Association of Child Psychologists and National Association of State Boards of Education who suggest that "trauma-responsive schools increase students' coping skills and graduation rates, and they improve classroom attendance, classroom behavior and emotional and physical safety" (Hoover, 2019, p. 1). TIC starts with collective awareness, urgency, and professional development amongst an educational community (Hoover, 2019; Rossen, 2020). This literature review introduces the landmark study of physicians who coined the term ACEs, and transitions to focus on current research that summarizes the overall effects of ACEs, specifically the effects on school performance. Lastly, a culmination of TIC research was used to review the importance and potential implications of the first step in TIC implementation, teacher awareness (Chafouleas et al., 2016; Cole et al., 2013; Hoover, 2019; Jones et al., 2018; Rossen, 2020; SAMHSA, 2014).

Conceptual Framework

In this study, the researcher focused on public school K–8 educators’ perceptions of ACEs, and the ways that their awareness of ACEs could contribute to the implementation of a trauma-sensitive climate within a classroom and whole school. Teachers were given an opportunity to share their experiences with understanding ACEs, their personal perspectives on the way that ACEs influence their classroom and school, and truly to give voice to educators who according to research are working with these students daily.

The theoretical framework that supports and guides this research was drawn from Mezirow’s (2006) transformational learning theory. Transforming an educational culture to becoming trauma-informed depends on the awareness and learning of the educators within that setting (Cole et al., 2005, 2013; Rossen & Cowan, 2013; Tishelman et al., 2010). Mezirow (2006) asserted that, for true transformational learning to occur, teachers must move through stages of change and reflection. The impact of trauma is prevalent in all schools, and a trauma-informed framework relies on teachers changing the lens through which they recognize and view the implications of trauma, allowing for cultural transformation and the implementation of TIC with school-wide fidelity (Cole et al., 2005, 2013; Rossen & Cowan, 2013; Tishelman et al., 2010).

In this study, the researcher explored public school primary educators’ perceptions and exposure to ACEs and the way that their own understanding can contribute to a trauma-sensitive environment. The research supports a need for trauma-informed practices in all educational settings because of the impact and prevalence of ACEs (Jones et al., 2018; NASP, 2019; Paiva, 2019; Rossen, 2020). TIC frameworks require professional development and shared staff awareness of the impact of ACEs on students, suggesting that staff education is the most

important component of the cultural shift to become a trauma-informed school (Jones et al., 2018; NASP, 2019; Paiva, 2019; Rossen, 2020; SAMHSA, 2014). The rationale for this research is to gain a level of understanding of where primary educators are in the process or implementation of a TIC framework, so that educators, policy makers, and educational leaders can be more informed.

As part of the conceptual framework of this study, TIC frameworks consistently recommend professional development and shared staff awareness of the impact of ACEs on students, because staff education is the most important component to a cultural shift in becoming a trauma-informed school (ESSA, 2015; Jones et al., 2018; NASP, 2016; Paiva, 2019; Rossen, 2020; SAMHSA, 2014). There are multiple suggestions for frameworks to successfully implement TIC, but consistently found within each framework is a need for educator professional development at a whole-school level that will assist in creating a shared understanding of the problem and an urgency to solve it (Hoover, 2019; Rossen, 2020). In addition to professional development, creating safety, trust, and building relationships with students to support social and emotional growth is critical to shifting the culture in becoming a trauma-informed school (Cole et al., 2005; Rossen, 2020). TIC is not simply a matter of treating those with trauma; it is a whole-school approach that can transform a school by decreasing office referrals, aggressive acts, bullying, and school failure (Chafouleas et al., 2016; Hoover, 2019; Jones et al., 2018; Rossen, 2020).

Theoretical Framework

The theoretical framework that guided this research was Mezirow's (2006) transformational learning theory. Mezirow originally formulated the transformational learning theory in 1978 while studying American women who returned to work or study after an extended

time away from it. Mezirow concluded in the theory that the women in that research had undergone a personal transformation, and that they had experienced 10 potential phases of transformation.

Mezirow (1991) concluded that the two most important factors for adult learning and transformation were critical self-reflection and critical discourse (Kitchenham, 2008). Mezirow's (1991) transformational learning theory and the phases that an adult learner potentially undergoes highly depend upon self-reflection on their own bias, experiences, and schemes, and on being able to examine critically their influence on change and learning (Kitchenham, 2008). Mezirow (1991) continued to refine and add to the transformational learning theory until the 2000s. Mezirow stated in the most basic form of the theory that the transformational learning process starts with building on what one already knows and revising present systems because of that knowledge. The second stage in the learning process is the willingness to learn new plans, programs, and ideas (schemes) that work for the stakeholders. The last stage in the learning process in the transformational learning theory is being willing to acknowledge the environmental, personal, social, and other effects that create bias, indifference, or opinion around the scheme, and being willing to change it (Kitchenham, 2008). Mezirow (2006) claimed that the overall transformation of learning and change comes from (a) the continuous process of self-reflection during all parts of learning, and (b) being willing to change for the best of the initiative, and for the stakeholders it affects.

Strengths of Framework

Mezirow (2006) suggested that transformational learning takes place through four possible processes. In an educational setting, the process starts with the realization or "disorienting dilemma" that an experience does not align with the learner's existing perspective

(Mezirow, 2006). When the learner realizes this, they might then move to critical reflection upon the discrepancy between their own perception and the truth, which can elicit a multitude of feelings when their own beliefs, or psychological assumptions, are challenged (Goodwin-Glick, 2017). TIC starts with educator awareness of the prevalence of ACEs, which often requires educators to reflect on their personal bias, assumptions, and feelings about the topic, leading to strong emotions, critical reflection, and one hopes a choice to change and move forward (Cole et al., 2013; Mezirow, 2006). Mezirow's (2006) transformational learning theory supports the potential process and experience of change that an educator could require to accept their own bias, be willing to change, learn, and join a trauma-sensitive culture whole-heartedly. Once an educator can recognize bias, and be willing to learn, they are open to the next two phases of the transformational learning theory, which are (a) reflective discourse and (b) implementing new plans with new knowledge and perspective (Mezirow, 2006).

Weaknesses of Framework

In the transformational learning theory, Mezirow (2006) suggested a process of change that is linear, and that transformation occurs once a person has moved through the process (Gallos, 2006). In the transformational learning theory, although Mezirow (2006) articulated what many people experience as they experience change, most researchers would agree that change does not happen in a step-by-step process. Theories of change have been adapted, and have grown over the years. However, a disagreement in theories shows a potential weakness of Mezirow's transformational learning theory, which is that transformation is not a linear process, but is "in reality messy and untidy, which unfold in an iterative fashion with much backtracking and omission" (Buchanan & Storey, 1997, as cited in Gallos, 2006, p. 147). Providing professional development to staff to create awareness of the prevalence of ACEs and associated

effects on education does not necessarily mean that one could expect all staff to move through a change process at the same pace, or even to be willing to engage in the change process to experience transformational learning. The proponents of the original theories of transformational learning and change suggested that cultural change must penetrate all aspects of an environment or atmosphere to be stable and consistent (Gallos, 2006).

Adverse Childhood Experiences

Felitti et al. (1998) partnered with Kaiser-Permanente and the CDC (2020) to complete one of the largest health studies on childhood abuse and neglect that ever been conducted. Felitti et al. (1998) completed the research from 1995 to 1997 with 17,000 participants. The research unveiled a direct connection between childhood trauma and the development of serious health conditions later in life (e.g., heart disease, cancer, diabetes, and stroke). Another significant finding, that supported an urgent need for attention and further research, were the data that showed that ACEs were extremely prevalent. The results of the research showed that approximately two-thirds of the participants experienced one or more ACEs (Center for Youth Wellness, 2013; Felitti et al., 1998). One in eight of the participants reported having four or more ACEs. In the study, the most commonly occurring ACEs were physical abuse, substance abuse by a member living in the same home, and parental divorce (Center for Youth Wellness, 2013; Felitti et al., 1998). Three-fourths of the 17,000 study participants were Caucasian and three-fourths held at least a bachelor's degree, which supported Felitti et al.'s (1998) findings that trauma is not isolated to marginalized populations. From the research, Felitti et al. (1998) identified the first ACEs as (a) emotional, physical, and sexual abuse, (b) a mother being treated violently, (c) substance abuse and mental illness in the home, (d) parental divorce, (e) an incarcerated parent, (f) emotional neglect, and (g) physical neglect. More recent studies have

identified additional childhood adversities in relation to health outcomes and have added to the list of ACEs that lead to the experience of significant impact on cognitive, physical, academic and social–emotional functioning (h) bullying, community violence, (i) death of a parent or guardian, discrimination, and (j) separation from a caregiver to foster care (Rossen, 2020).

Effects of Adverse Childhood Experiences

Felitti et al. (1998) and the Center for Youth Wellness (2013) asserted that the traumatic experience itself does not cause the substantial health impacts later in life, nor does it cause the neurodevelopment, immune responses, behavioral, social–emotional, sensory and regulation concerns seen in children as they are living through the adversities; the physical and neurobiological response to the trauma adversely affects the body and well-being of the children who experience ACEs. Suffering (i.e., the neurobiological results of trauma) reduces feelings of safety and emotional regulation, which can only be changed or restored by relationships that are caring, predictable, and consistent (Center for Youth Wellness, 2013). Therefore, educators have the opportunity to change the trajectory of a student’s life if they can connect and foster resilience in students who have experienced trauma (Rossen, 2020; SAMHSA, 2014).

Adverse Childhood Experiences and Toxic Stress

Felitti et al. (1998) coined the term ACE and defined it as a traumatic event that could occur once or consistently throughout childhood. Such events can cause three kinds of stress: short stress response, tolerable stress, and toxic stress. Each of the incidences of stress is characterized by the duration and intensity of the event (Center for Youth Wellness, 2013). Positive stress is caused by an event (e.g., being startled, fire alarms, or witnessing a car accident) that causes a short stress response, and is healthy for child development to learn how to physically and emotionally regulate the body’s physiological stress response (Center for Youth

Wellness, 2013). The body must experience stress to learn to react and to regulate the response and the chemicals that flood the body. Tolerable stress is a more severe stress response, but it too is limited and allows the body to recover. Positive and tolerable stress are also characterized by the presence of a care taker (e.g., parent, guardian, or teacher) with whom the child shares a healthy, caring attachment, and who can help them regulate the stress response, or learn to cope by using relationship, safety, and other strategies (Center for Youth Wellness, 2013; Felitti et al., 1998; Sciaraffa et al., 2018). All people experience stress, it is the length of time or the number of times that the body experiences stress that makes it either positive or toxic. Toxic stress is the kind of stress that changes child neurodevelopment and causes increased adult health risks (e.g., cancer, depression, cardiac diseases, and shortened life span). The Center for Youth Wellness (2013) defined toxic stress as “extreme, frequent, or extended activation of the body’s stress response without the buffering presence of a supportive adult.”

Toxic stress (i.e., the response that makes ACEs a significant health crisis) causes the brain to be in a constant reactive state in which stress chemicals such as cortisol are released into the body (Center for Youth Wellness, 2013; Felitti et al., 1998; Romero et al., 2018). In a child, the increased production of cortisol on a regular basis can cause significant damage and change to neurodevelopment. The amygdala is the portion of the brain that controls survival and the “fight or flight” reaction. Cortisol is the stress hormone that the body releases to keep it safe when danger threatens. Cortisol triggers the amygdala to take action or react each time the chemical is released. When the amygdala takes over, it causes the brain to shut down problem solving, critical thinking, and other areas of the prefrontal cortex that are critical for learning. When this reaction occurs, children can exhibit protective maladaptive behaviors (e.g., yelling, running, kicking, screaming), or withdrawal (flight), which is also commonly known as the

survival response of fight, flight, or freeze (Cole et al., 2005; Plumb et al., 2016; Romero et al., 2018, Rossen 2020). When a child experiences toxic stress regularly, with the flooding of cortisol creating a hyperactive amygdala, they reach a constant state of survival mode, and might not be able to problem solve, communicate effectively, use executive functioning skills, process or access many other important cognitive functions necessary to function in an educational setting successfully. When a child is in a constant state of awareness or hyperarousal, the behavior can appear to be a behavioral or mental health disorder (e.g., attention deficit hyperactivity disorder, anxiety, depression, emotional disturbance, mood or conduct disorder, sensory integration deficits, speech and language needs or disabilities, or executive functioning deficits), or a learning disability or an overall cognitive delay or lower IQ (Brunzell et al., 2016; Center for Youth Wellness, 2013; Plumb et al., 2016; Sciaraffa et al., 2018).

A child who has been exposed to ACEs at a young age might have difficulty regulating and feeling safe (Wolpow et al., 2009). Children who have not been exposed to healthy, regulated, and safe home environments are in a constant state of self-protection and when feeling threatened can lash out behaviorally. These students watch the adults at school to determine whether they are trustworthy and safe. Relationships, consistency, and predictability are necessary for these students so that their brains can start to heal, and move from their defense mechanism or amygdala, back to their prefrontal cortex, where they can trust, feel safe, and achieve (Plumb et al., 2016; Wolpow et al., 2009).

Effects on Education

Childhood trauma affects nearly half of the nation's children causing harmful effects that carry over into the educational setting and disrupt school climates (Center for Youth Wellness, 2013; Cole et al., 2005; Hoover, 2019; Rossen, 2020; SAMHSA, 2014). According to the Data

and Resource Center of Child and Adolescent Health (2016), nearly half of all children in the United States have experienced at least one ACE, and approximately one in 10 children have experienced three or more ACEs. Every day, students come to school tired, hungry, and feeling lonely and without connection (Rossen, 2020). Well-developed cognitive and academic skills are necessary to read, write, listen, speak, problem solve, process information presented, focus, attend, regulate, use executive functioning skills, and be present. Experiencing the effects of trauma can significantly affect the ability to complete these functions because of disrupted neurodevelopment; therefore, students who are or have experienced trauma struggle to maintain academic performance, and are often behind their peers in performance (Rossen, 2020).

Students who have been exposed to three or more ACEs (a) are two and a half times more likely to fail a grade, score lower on a standardized achievement test, (b) have more language difficulties, (c) have behavioral concerns that lead to suspension or expulsion, and (d) ultimately are referred to special education for an individualized education program because of skill deficits academically and/or behaviorally (Plumb et al., 2016; Wolpow et al., 2009). Behavioral functioning refers to a person's ability to respond physically or verbally in a socially acceptable way (Center for Substance Abuse Treatment, 2014). Children who have experienced trauma and its effects can demonstrate intense behavioral functioning when in school because of learned behaviors, exposure to inappropriate ways of demonstrating emotion, and changes in neurochemistry and neurodevelopment. Children whom trauma has adversely affected can experience effects that can cause them to be in a state of survival for the majority of the day, which makes it nearly impossible to learn or access their educational environment (Rossen, 2020; SAMHSA, 2014).

With so many children experiencing trauma and its potentially damaging effects, school classrooms and climates are being affected. SAMHSA (2014) suggested,

The ability to openly approach others with a nonjudgmental curiosity about important parts of their cultural identity while remaining aware of one's limitation for fully understanding their life experiences is the first step in a trauma-informed and culturally responsive approach. (p. 46)

Trauma-Informed Care

TIC is founded on a framework of practices that have shown to decrease the potential effects of trauma and to support a responsive and relationship-based culture (SAMHSA, 2014). TIC exists in and can be implemented in a variety of settings, but the approaches and frameworks have similar foundations and commonalities. Some of the commonalities in TIC frameworks are (a) promoting feelings of physical and emotional safety in students, (b) a shared understanding among staff about the impact of trauma adversity on students, (c) positive discipline practices, (d) access to school mental and behavioral health services; and (e) effective community collaboration (Center for Youth Wellness, 2013; Hoover, 2019; NASP, 2016; Paiva, 2019; Rossen, 2020).

TIC has been highly researched, and a growing body of evidence suggests that, when staff receive professional development as part of implementing TIC, they have an increased understanding of trauma; therefore, they increase the use of these practices within the classroom (Cole et al., 2005, 2013). Practices included in a TIC framework are (a) building relationships with students, (b) creating a predictable environment, (c) learning classroom management strategies rooted in restoration and logical consequences, (d) implementing social-emotional learning (SEL) curriculum, and (e) building empathy in educators to change their lens in viewing

student behavior and students who have experienced ACEs (Hoover, 2019; NASP, 2016; Paiva, 2019; Rossen, 2020). Implementation of TIC starts with educator knowledge and common understanding (Hoover, 2019; Rossen, 2020).

There are many versions of TIC frameworks. SAMHSA (2014) suggested four important components (the four Rs) that embody or support the basics and foundation of TIC: realize, recognize, respond, and resist retraumatization. At its foundation, a school with a trauma-informed model requires educators to realize that ACEs are prevalent, that they are a health crisis, and they need professional development to recognize the signs within students and respond with trauma-informed practices (Hoover, 2019; NASP, 2016; Paiva, 2019; Rossen, 2020; SAMHSA, 2014). TIC is highly researched and is rooted in supporting mental health.

Adverse childhood experiences are prevalent and they affect education to the point that national policymakers expect schools to integrate an increased number of community-based mental health supports, positive behavior interventions, and trauma-informed practices (NASP, 2016). A weakness of TIC is that, although a vast research base shows the need for trauma-informed practices and professional development about it, very little research has been conducted on how consistently or how successfully educators carry over learned practices to their classrooms (Hoover, 2019). Trauma-informed practices and care continue to be a developing area of mental health. Until more schools implement TIC, research or evidence to support specific implementation practices will be insufficient. Building staff knowledge and awareness is a primary first step in integrating TIC. Mezirow (2006) suggested that change or implementation of an initiative requires (a) staff understanding of the purpose, (b) staff understanding of importance for the stakeholder, and (c) the educator's critical reflection on their

own personal bias. The TIC framework suggests that staff need a common sense of understanding and awareness to move forward with implementation (SAMHSA, 2014).

Trauma-Informed Schools

According to Cole et al. (2013), trauma-informed or trauma-sensitive schools require “not only a deep understanding of trauma’s impact but also a curious mind or spirit of inquiry among staff that creates urgency and support” (p. 18). Educators and health practitioners supported the urgency for intervention and influenced legislation of trauma-informed initiatives (Cole et al., 2013). Federal education law through the ESSA (2015) allowed local decisions to be made around plans for positive behavior and mental health supports, opening the door for funding trauma-informed initiatives, allowing those who were interested or experts in ACEs to start trauma-informed implementation (Hoover, 2019; Jones et al., 2018; National Child Traumatic Stress Network, 2018). Although the practices in TIC frameworks vary, most TIC models include teacher awareness as a first and most critical component of implementation, followed by focus on staff to student relationships, establishing safety and trustworthiness, and having proactive positive responses to behavior (Hoover, 2019; NASP, 2016; Paiva, 2019; Rossen, 2020). Trauma-informed schools must have these components solidly in place to establish an environment conducive to ameliorating the potential effects of ACEs (Cole et al., 2005, 2013).

Collective Awareness

“Awareness is the first critical step in creating a trauma-sensitive school” (Cole et al., 2013, p. 18). Cole et al. (2013) reported that professional development is essential to create a shared understanding among staff, and that staff need to work together to change the culture of a school. The difference in trauma-sensitive schools is that professional development leads to

awareness, which becomes the motivation for staff to take action. Cole et al. (2013) explained, “From foundational awareness a small coalition can engage the entire staff and that a sense of urgency about trauma sensitivity is the seed for making change” (p. 36).

To create a trauma-informed school, educators must be empowered to initiate and follow through with new learning; to form a strategic learning community; and to create plans to implement school-wide change that supports relationships, connection, and safety (Cole et al., 2013; Paiva, 2019; Rossen, 2020). To support staff in following through with trauma-informed practices with fidelity, it is important that they understand why TIC is needed. Being aware of the ACEs and the potential harmful effects has the presents the opportunity for teachers to make change to their practices, experience a perspective shift and look at behavior and student needs through a new lens (Cole et al., 2013; Paiva, 2019; Plumb et al., 2016; Rossen, 2020).

Professional development and training for staff should not be a one-time experience; staff should continue to attain knowledge about best practices for children affected by ACEs (Cole et al., 2005). Staff should be provided professional development around practices suggested that support a trauma-informed school and be able to adapt specific strategies to meet the needs of the students and staff within the given school (Cole et al., 2005). Staff benefit from continued training on the importance of relationships with students, connections, and practices to ensure continued commitment to a trauma-informed culture, and their awareness and understanding of ACEs to support and maintain fidelity with implementation.

Safety and Relationships

Cole et al. (2013) asserted that trauma-informed practices are in the best interest of all students because they are based on the principle that all students need safety and connection, and that they will benefit wholly from having these needs met. Children who experience ACEs are

more likely than their peers to struggle in school academically, socially, emotionally, and behaviorally (Plumb et al., 2016; Wolpov et al., 2009). Students who have experienced trauma often have a difficult time feeling worthy; therefore, starting relationships is difficult for them (Rossen, 2020). Educators can support students by providing “sustained kindness, empathy, and creating a positive school climate that feels safe and academically supportive” (Rossen, 2020, p. 40). By providing a consistent positive regard, and showing empathy, students might start to trust caregivers and potentially to grow to be resilient (Rossen, 2020). The hope is that relationship building will allow students to move out of the “survival response” in which they are in a fight, flight, or freeze response, and cannot engage in their learning environment. The adversity that children experience does not need to have life-long implications. Children who experience ACEs can also grow a sense of resiliency through connection with caring adults and through fostering positive relationships (Murphy & Sacks, 2019).

Positive Behavior Intervention and Supports

The ESSA (2015) was amended in 2007 to include policy focusing on PBS to decrease exclusion of students with disabilities, and to increase the approach to students with behaviors by mandating a greater amount of professional development for staff in the school system, and by using evidence-based supports and interventions such as functional behavioral assessment. The amendment required schools to have a response to intervention approach to handling and managing behavior (Center on Positive Behavioral Interventions and Supports, Office of Special Educational Programs, 2020).

PBIS is a school-wide implementation framework designed to enhance academic, social-emotional and behavior outcomes for all students by using data to help guide decision making about the selection, implementation, and progress monitoring of evidence-based, behavioral

practices (Sugai & Simonsen, 2012). Over 7,500 schools are implementing PBIS worldwide (Bradshaw et al., 2008). PBIS is evidence-based and data driven. The goal for PBIS is to create clear expectations school-wide and to shift to proactive teaching of expectations and celebration of positive student behavior (Bradshaw et al., 2008; Houchens et al., 2017). PBIS is a multitiered response to intervention structure that is focused on school-wide interventions at Tier I, individual student needs at Tier II, and the most intensive behavior interventions (e.g., functional behavior assessment at Tier III). By using data driven approaches, its proponents suggest that there will be succinct findings of success in both behavior and academic areas of development (Sugai & Simonsen, 2012). If implemented with fidelity, improvement will be seen through decreased office discipline referrals and increased academic achievement.

PBIS is founded on applied behavioral theory, social learning, and organizational behavioral principles (Bradshaw et al., 2008). The proponents of PBIS aim to change and improve both staff and student behavior by providing professional development to staff about best behavioral practice, and then implementing those practices with fidelity to make a positive cultural shift. Tier I of PBIS is focused on classroom and school-wide strategies for behavior management, positive culture, and any other specific interventions identified that will target the specific behavioral needs of students within individual schools (Sugai & Simonsen, 2012).

Embedding TIC strategies within the tiers of PBIS provides an integrated level of support for students who experience trauma. At Tier I, teachers, with professional development and awareness, begin the process of implementation with fidelity to have a maximum impact on school culture (Hoover, 2019; Plumb et al., 2016; Rossen, 2020). PBIS offers a framework to promote the use of strategies that build relationships and safety for students who experience

trauma, which leads to decreased suspensions, expulsions, and dropout rates (Hoover, 2019; Plumb et al., 2016; Rossen, 2020).

Teachers and Trauma-Informed Care

Addressing trauma in schools is a growing movement across the nation over the last 10 years (Rossen & Cowan, 2013). There are many versions of TIC frameworks; however, consistently researchers, mental health partnerships, and schools that are creating their own pathways place teacher professional development at the foundation of implementation (Hoover, 2019; Paiva, 2019; Rossen, 2020; SAMHSA, 2014). Professional development creates shared awareness and urgency, which ultimately lead to a movement and cultural change (Cole et al., 2005, 2013; Rossen & Cowan, 2013; Tishelman et al., 2010).

Becoming a trauma-sensitive school wholly depends upon the awareness, and education of the staff (Cole et al., 2005, 2013; Rossen & Cowan, 2013; Tishelman et al., 2010). Every staff member learns about the prevalence and impact of ACEs so that they can then recognize and plan to respond or react to the potential effects (Rossen & Cowan, 2013). This professional development for staff cannot be a “one and done” delivery model. The cornerstone of successful trauma-sensitive schools is ongoing professional development that focuses on classroom and schoolwide prevention (Cole et al., 2013).

Educators must learn and develop awareness, which involves a process of change and reform. Cole et al. (2005) suggested that the first step in a process of creating a trauma-sensitive climate is for teachers and staff as a whole to reflect on current practices, policies, procedures, and protocols that affect the culture within the school. Identifying barriers and biases both personally and collectively is critical to moving forward with the change process of becoming trauma-sensitive and informed (Cole et al., 2005). Teachers must be willing to open up and

reflect, and perhaps own whether they have barriers that prevent them from moving forward with understanding or recognizing ACEs, or if fear of the topic, blaming, or even lack of understanding is getting in their way. Once barriers are identified, the staff can work collaboratively to set goals for continued professional development that will help them to learn new schemes, or will help them to shape their understanding to reach new learning and practices in their classrooms so that they can assist students who have experienced trauma (Cole et al., 2013).

Conclusion

One in six children in the United States is diagnosed with a mental, behavioral, or developmental disorder (CDC, 2020). ACEs are not rare and are considered a health crisis that is pervasive and disrupting educational settings (Brunzell et al., 2016; Center for Youth Wellness, 2013; Plumb et al., 2016; Sciaraffa et al., 2018). Children affected by the neurological impact of ACEs can reconnect and regulate in a trauma-informed environment because of the focus of building trust through relationships, providing safety, predictability, and choice (Hoover, 2019; Paiva, 2019; Rossen, 2020; SAMHSA, 2014). Researchers and stakeholders, through their advocacy efforts, concur that a profound change can occur to mitigate the effects of ACEs so that students can succeed; therefore, a TIC framework must be put into place. Additionally, professional development—to raise awareness on the prevalence and effects of ACEs on academic performance—is the cornerstone to building trauma-sensitive schools in which a cultural shift can be experienced and have a lasting impact so that teachers can experience true transformation (Cole et al., 2005, 2013; Rossen & Cowan, 2013; Tishelman et al., 2010).

ACEs are prevalent, widespread, and common across all ethnicities and races, and they do not discriminate in varying by socioeconomic status (Felitti et al., 1998). The effects of ACEs

disrupt the educational environment and the ability of those students who have them to access education because their trauma has multiple implications for their developing brains and bodies. The authors in the literature provide a foundation for the reason that trauma must be addressed in the educational setting, and the reason that it must be addressed using TIC, for they are practices that can be embedded in a PBIS framework to provide implementation at the whole-school level (Hoover, 2019; Rossen, 2020). TIC implementation starts with the most critical component of raising awareness among staff, and providing professional development on what ACEs are and how they affect learners (Cole et al., 2013; Paiva, 2019; Plumb et al., 2016; Rossen, 2020). Teachers must be aware of the prevalence of ACEs within their school and classrooms, and be willing to change their current lens, which is potentially formed by personal experience and bias, to one that embraces new learning and pedagogy. Trauma-informed schools focus on relationships, safety, and nonpunitive behavioral responses; these changes only occur when teachers have a shared sense of understanding, awareness and urgency to make a difference (Cole, 2005). Therefore, in this study, the researcher has provided an opportunity for teachers to have a voice and to share their personal experiences and exposure to ACEs. Providing teachers with a voice in the research provided the researcher with a firsthand, detailed response about experiencing ACEs in the educational setting, and about what it is like to be the caregiver or educator responding to the effects of ACEs. In Chapter 3, the researcher provides a detailed overview of the methodology used to collect the data, and to sustain the ethics of the study, credibility, transferability, and dependability.

CHAPTER 3

METHODOLOGY

In this study, the researcher used qualitative methodology with a narrative inquiry research design. In the last decade, the number of students exposed to ACEs has grown and has become a focus across the nation because of the overall effects and influence of ACEs on long-term health outcomes, neurobiology, behavior, academics, and other critical components of childhood (Murphey & Sacks, 2019; Rossen, 2020). Trauma-informed schools are places in which staff and student relationships are focused on creating trust and safety, ensuring that clear procedures for positive behavioral supports (PBS) are in place, and ensuring that teachers are aware of the implications of trauma on students' development and learning (Jones et al., 2018; Paiva, 2019; Rossen & Cowan, 2013; Rossen, 2020; SAMHSA, 2014). Staff education has been shown to be the most important component in a cultural shift to a school becoming a trauma-informed school (Jones et al., 2018; Paiva, 2019; Rossen, 2020; Rossen & Cowan, 2013; SAMHSA, 2014). In this chapter, the researcher presents the site information and population for this study, the sampling method, instrumentation and data collection, data analysis, and the limitations and ethical concerns of this study.

Purpose of the Study

The purpose of this qualitative, narrative inquiry was to explore public school K–8 educators' perceptions of ACEs and the way that their understanding of ACEs might contribute to creating a trauma-sensitive school climate. Researchers of TIC have revealed the importance of understanding teacher awareness of ACEs and their effects on students, which is the first step in implementing a trauma-informed framework (Hoover, 2019; Jones et al., 2018; Paiva, 2019;

Plumb et al., 2016; Rossen, 2020). Using Mezirow's (1991) transformational learning theory, the researcher used the premise that learning and change require one to recognize one's own bias, norms and constructs, followed by reflection, the realization that change is needed, and a willingness to learn.

Research Question and Design

Knowledge and a shared understanding are the first steps in a trauma-informed framework or TIC (Hoover, 2019; Rossen, 2020). This researcher aimed to understand the public school primary educator's perspective and awareness of ACEs using a qualitative research design. Qualitative research focuses on stories, establishing deeper meaning around phenomenon, understanding the experiences and interpretations of events by others and the meaning that people attribute to their experiences (Merriam & Tisdell, 2016). The researcher used a narrative inquiry to gain detailed, rich, in-depth, and firsthand accounts of public school primary school educator's perceptions of ACEs using semistructured interviews.

Narrative inquiry is used to focus on "how we make sense of our experiences, how we communicate with others, and through which we understand the world around us" (Merriam & Tisdell, 2016, p. 33). The key to narrative inquiry is the use of stories as data. Creswell (2015) suggested that the field of education and narrative inquiry pair well because of the increased emphasis on teacher reflection, teacher knowledge (how they think and make decisions), and how to give teachers a voice by bringing attention to their experiences. The researcher used semistructured interviews to facilitate storytelling and conversations, and to elicit answers to specific questions about educator perceptions of ACEs. The personal experiences and individual knowledge were used as data, and were analyzed by identifying themes that corresponded to the linear process of implementing TIC and Mezirow's (1991) theory of transformational learning.

Using a qualitative approach is inductive, and involves a process of creating understanding and hypothesis through identifying themes, categories, and concepts rather than testing deductively eliminating or testing hypothesis through quantitative methods and approaches (Merriam & Tisdell, 2016). Connelly and Clandinin (1990) stated, “The study of narrative is the study of the ways humans experience the world. This general concept is refined into the view that education and educational research is the construction and reconstruction of personal and social stories” (p. 1). The overarching goal of this research was to gain an in depth, rich, and detailed account of teacher awareness of ACEs, which required a qualitative approach through the sharing of participants’ stories.

Site Information

The site for this study was chosen because of its convenience to the researcher. The site was the state of Maine. According to the database of Maine Education Counts (2020), approximately 14,937 public school teachers are employed in Maine. These teachers are employed across Maine in 620 public schools, which are collectively a part of 267 school districts. Maine has a large geographical area that includes 16 counties with varying levels of socioeconomic status in each of its counties. In Maine public schools, roughly half of the students receive free and reduced-price lunch (Maine Education Counts, 2020). All K–8 educators in public schools within Maine were invited to participate.

Population

The participants for this study came from Maine public school K–8 schools that are. All of the teachers were invited to participate. A total of 14,937 teachers work in public schools in Maine, and from that pool, the number of primary teachers is unknown.

Sampling Method

Purposeful sampling was used to gather the participants for this study. Purposeful sampling occurs when “researchers intentionally select individuals and sites to learn or understand the central phenomenon” (Creswell, 2015). Purposeful sampling was used in this study through the specific choice in sample of primary educators working in public schools. From the review of the prevalence of ACEs and the amount of time that children spend in school, the public school setting is the ideal environment to encounter children with ACEs, and teachers are the adults who manage and teach these students (Rossen, 2020). Therefore, the researcher believed that, through interviews with public school K–8 teachers, rich, detailed data about the phenomenon could be collected. All public school K–8 teachers in Maine were invited to participate in semistructured interviews. No additional criteria were required for these participants. In this study, the researcher sought to have at least 10 participants. If more than 10 participants were willing to participate, the researcher would interview until saturation would be met by recognizing reoccurring themes and responses in interviews (Creswell, 2015).

Instrumentation and Data Collection Procedures

A recruitment flyer (Appendix A) was posted on the researcher’s personal Facebook page that was displayed as public so that other people could share it. The flyer invited K–8 educators who teach in a Maine public school to participate in this study. The Facebook posting was listed for 3 weeks or until the minimum number of participants had completed interviewing. The interested potential participants were asked to email the researcher at the email listed on the flyer. The researcher had a separate email account to keep personal and research email separate and confidential. After the participants sent the initial email, the researcher sent an informed consent form and a list of potential interview times. When the researcher received the informed

consent form and interview times, the interview was officially coordinated and a Zoom link was sent. According to Zoom Video Communications (2021), Zoom is an electronic video-conferencing platform that can be accessed through the Internet at Zoom.com. Each applicant was provided with an individual Zoom invitation to provide confidentiality. The participant accessed the interview through their individual link and passcode. Each interview took approximately 30–45 minutes to complete.

Interviews began with a review of the informed consent, which was followed by the interview questions. The participants were asked questions through a semiformal interview structure. Merriam and Tisdell (2016) defined a research interview as a conversation that is focused on questions related to the research study. Through the interview questions, the researcher gleaned in-depth information about participants' perceptions of ACEs (Appendix B). The questions were created according to the overarching themes generated from the TIC framework, and Mezirow's (2006) transformational learning theory. With the questions, the researcher aimed to gather information about the participant's perception and understanding of ACEs and then move to questions to understand their experiences with ACEs in their classrooms and school climate. Experiences included professional development, the implementation of TIC practices in the school environment, exposure as a whole to the behavior and effects of ACEs, or general interest in the topic. The questions were developed from Mezirow's transformational learning theory. The researcher used them to wrap up the interviews by asking questions about reflection on experiences, potential or identified bias, interest in ACEs, about their openness or engagement in professional learning as an educator, and their experience with growth or change in mindset or practice if they have exposure or experience with students who have ACEs. The interview questions were created to support providing a voice to teachers about their awareness,

experiences, perceptions, and reflections around ACEs and trauma-informed practices in education.

As data were collected through interviews the researcher used the Zoom Video Communications (2021) platform to record each interview, and NVivo (Qualitative Software Research International, 2020) to transcribe all interviews. NVivo is an electronic resource created for qualitative researchers to organize, code, and transcribe transcripts and data. During interviews, the Zoom record feature was used. When the interview is over, the researcher saved the interview as a sound file. The sound file was uploaded to NVivo where NVivo transcribed the file as it listens to the recording. The transcription was saved as a file, printed, and reviewed on the NVivo platform. All interviews, consent forms, contact information, and participant information will be kept on a thumb-drive and will be locked in a cabinet for a period as required by the Institutional Review Board.

Data Analysis

In this qualitative study, the researcher used semistructured interviews to gain in depth understanding and rich information about educator awareness of ACEs. Qualitative research uses inductive processes for data analysis (Creswell, 2015).

After the interviews were completed, the process of restorying occurred. Restorying is the process of reading the transcript of each interview and organizing it into a sequence that turns the transcript into a well-developed and organized story (Creswell, 2015). During the interview process, conversation and stories might be scattered and require restorying. Although organizing and restructuring the initial interview, story elements (e.g., setting, characters, actions, problem, and solution) should be considered to help with the flow (Creswell, 2015). When the restorying process was completed, the participants were provided their individual restoried narrative for

member checking. The participants were provided 5 days to respond to the researcher regarding whether they disagree or had questions about the completed narrative. After member checking, the researcher identified the themes that emerged from the participants' stories. Ollerenshaw and Creswell (2002) stated, "In this process, researchers narrate the story and often identify themes or categories that emerge from the story. Thus, the qualitative data analysis may be both descriptions of the story and themes that emerge from it" (p. 332).

Limitations of the Research Design

This study was conducted with a qualitative approach using narrative inquiry. Qualitative research methods are typically limited by subjectivity and personal bias because of the involvement that the researcher has within the study (Merriam & Tisdell, 2016). Given an awareness of the potential bias and methods used to reduce potential bias, credibility and accuracy can still be upheld. Limitations of this study also include the limiting of the potential pool of participants to public school K–8 teachers and the location of the participants to the state of Maine.

Credibility

Credibility, or internal validity, is the comparison of how research findings match what the researcher was trying to measure (Merriam & Tisdell, 2016). The data collection process was conducted using semistructured interviews, and the researcher used methods to decrease the potential of inserting subjectivity into the data analysis and of influencing the participants, which includes having limited or no direct professional affiliation with participants. To increase the credibility or internal validity of the research, member checking was also used to check for the accuracy of the restorying, which also limited personal bias by checking that the interpretation of the transcripts was what the participant intended.

Member Checking Procedures

Member checking is the process of the interview participants being sent the restoried narrative to be reviewed for clarity and accuracy, and to ensure that the narrative would reflect what the interviewee had been trying to convey (Creswell, 2015). After the researcher finished the restorying process, all of the participants were sent via email their narratives to review for accuracy. The participants were given 3 days to review their narrative and to respond to the researcher about accuracy. If the researcher did not hear from the interviewee a follow up email was sent to provide a 24-hour notice to the participant that the researcher was moving forward if no response was received.

Transferability

Transferability is the ability for others to replicate the research or conduct the research in other contexts and environments (Creswell, 2015; Merriam & Tisdell, 2016). The source of the data was contrived from purposeful sampling. The data collected were from K–8 educators in public school settings, and the invitation to participate was extended to all school districts in Maine. This researcher aimed to gather information about the perceptions of public school K–8 educators related to ACEs; however, the site was specifically the Maine education system; therefore, the transferability of the findings from this study was decreased; nevertheless, the methods and framework were relevant for transferability.

Dependability and Confirmability

Dependability in research is how well procedures (e.g., data collection and data analysis) are documented within the research so that the research can be replicated, audited, or wholly understood (Merriam & Tisdell, 2016). The clarity of the process further increases validity and transferability. In this study, the researcher used a semiformal interview structure to gather data

from public school K–8 educators. The interviews were recorded using Zoom, and were transcribed using NVivo. All restoried narratives were sent to participants for member checking.

Confirmability in research is the ability to for other researchers to prove or arrive at the same conclusions or findings as the researcher. Confirmability supports the notion in research that findings are not made up, but rather are derived from literature, data, and input from interviewees that are accurately transcribed and reported (Creswell, 2015). To increase confirmability in this study, the researcher used member checking. All interview participants were sent their restoried narrative to review and check for accuracy of interpretation.

Ethical Issues in the Study

Ethical issues or concerns in qualitative research highly affect the overall validity of the research, and the validity of the research is dependent on the ethics and standards that the researcher follows (Creswell, 2015). If a researcher does not follow ethical expectations or implied values or research (e.g., honest reporting, use of appropriate resources, and delivering accurately transcribed messages by participants), the validity and trustworthiness of the research deteriorates (Merriam & Tisdell, 2016). When reporting findings, the confidential and potentially identifiable information might be included in the interviews; therefore, all names of participants, districts and schools were de-identified through pseudonyms.

Participants were not affiliated with the researcher professionally, which decreased any potential conflict of interest. Additionally, the research topic was one that the researcher was knowledgeable and passionate about; therefore, personal bias and potential impact of bias were at the forefront of the researcher's work to prevent any ethical conflicts. Bias was mitigated by using member checking to ensure that the researcher's interpretation was accurate, and that the restoried narratives reflected what participant meant or wanted to portray. To follow

confidentiality and ethics recommendations in qualitative research studies (Creswell, 2015), consent to participate, deidentification of participants, and confirmability measures were instituted during the data analysis and presentation of the findings from this research.

Researcher Affiliation

The researcher has been an employee of two school districts in Maine over a 10-year period as a teacher and administrator and might have had direct contact with potential participants during monthly department meetings, district and statewide committees, and professional development. This connection should not pose a problem, for the researcher did not work directly with any of the participants. Any direct contact with the potential participants was not identified as a concern nor did it affect the data collected.

Conclusion and Summary

Considering the prevalence of literature on the harmful long-term effects of ACEs and considering the data that support the need for TIC in schools to mitigate their effects, the researcher sought to answer the following research questions to create an understanding of (a) public school K–8 educator perceptions of ACEs and (b) the way that teachers perceive that their awareness of ACEs contributes to creating a trauma-sensitive climate. Semistructured interviews were used to gain an in depth and rich narrative of teacher experiences and perspectives. Narrative inquiry relies on the firsthand, detailed experiences of interviewees as a primary source of data (Merriam & Tisdell, 2016). The researcher kept ethical research and expectations in mind while collecting and analyzing data so that confidentiality and validity were upheld to maintain trustworthiness of the findings.

CHAPTER 4

RESULTS

The purpose of this qualitative narrative inquiry was to explore public school K–8 educators’ perceptions of ACEs, and how their understanding of ACEs might contribute to creating a trauma-sensitive school climate. TIC researchers have revealed the importance of understanding teacher awareness of ACEs and their effects on students, which is the first step in implementing a trauma-informed framework (Hoover, 2019; Jones et al., 2018; Palva, 2019; Plumb et al., 2016; Rossen, 2020). Using Mezirow’s (1991) transformational learning theory, the researcher proceeded on the premise that learning and change require the recognition of one’s own bias, norms, and constructs, which are then followed by reflection, the realization that change is needed, and a willingness to learn.

Knowledge and a shared understanding are the first steps in a trauma-informed framework or TIC (Hoover, 2019; Rossen, 2020). This research was focused on understanding the public school primary educator’s perspective and awareness of ACEs, using a qualitative research design. Qualitative research is focused on stories, establishing deeper meaning around a phenomenon, understanding the experiences and interpretations of events by others, and understanding the meaning that people attribute to their experiences (Merriam & Tisdell, 2016). In this study, the researcher used narrative inquiry to gain detailed, rich, in-depth, firsthand accounts of public school primary educator’s perceptions of ACEs using semistructured interviews.

Narrative inquiry is focused on “how we make sense of our experiences, how we communicate with others, and through which we understand the world around us” (Merriam & Tisdell, 2016, p. 33). The key to narrative inquiry is the use of stories as data. Creswell (2015)

suggested that the field of education and narrative inquiry pair well because of the increased emphasis on teacher reflection, teacher knowledge (how they think and make decisions), and how to give teachers a voice by bringing attention to their experiences. Therefore, in this study, the researcher used semistructured interviews to facilitate story-telling and conversations to elicit answers to specific questions about educator perceptions of ACEs. The personal experiences and individual knowledge were used as data, and were analyzed by identifying themes that corresponded to the linear process of implementing TIC and Mezirow's (1991) theory of transformational learning. Using a qualitative approach is inductive, and involves a process of creating understanding and hypothesis by identifying themes, categories, and concepts rather than by testing deductively (Merriam & Tisdell, 2016).

Given the prevalence of literature on the harmful, long-term effects of ACEs, and the data that support the need for TIC in schools to mitigate the effects, the researcher sought to answer the following research questions:

- RQ 1: What are public school K–8 educator's perceptions of ACEs?
- RQ 2: How do public school K–8 educators perceive that their awareness of ACEs contributes to creating a trauma-sensitive climate?

Chapter 4 includes a detailed description of the analysis method used, the narratives of each participant in the study, and a discussion of the themes found. In this study, the researcher used participant narratives and identification of themes as data to answer the research questions. The themes that were identified included (a) the importance of relationships with students, (b) inconsistent professional development opportunities on ACES and TIC, (c) the lack of preparation through college coursework, (d) meeting students' basic needs, and (e) teacher lack of understanding regarding how to implement TIC. Most of the participants identified teacher–

student relationships as the most important component of TIC. Theme 2 was inconsistent professional development on ACEs and TIC. All of the participants shared that, in the schools in which they had worked across approximately 13 counties in Maine, they had either inconsistent or no professional development on ACEs. Theme 3 was lack of preparation through college coursework. Half of the participants stated that they felt unprepared by their college coursework and practicums to manage the behavioral and social–emotional needs of the classroom. Theme 4 was meeting students’ basic needs. Multiple participants noted that they felt that the students’ basic needs were not being met, and that they believed that it was part of their job to feed, clothe, and care for students prior to attempting to teach them. Theme 5 was the participants’ understanding of how to implement TIC, and what they reported was necessary for them and other educators to implement TIC successfully.

Analysis Methods

A recruitment flyer was posted on the researcher’s personal Facebook page, was displayed as public, and was allowed to be shared by others. The flyer invited educators who teach Grades K–8 in Maine public schools to participate in the study. The Facebook posting was available for 3 weeks. The interested participants were asked to email the researcher at the email listed on the flyer. Once the participants sent the initial email to the researcher, the researcher sent each potential participant an informed consent form and a list of available interview times. When the researcher received the informed consent form and interview times, the interviews were coordinated and an individual Zoom invitation was sent to the participants. This individual Zoom invitation was used to provide confidentiality. Each participant accessed their individual interviews through their individual invitation link and passcode. Interviews lasted an average of 30 minutes.

The interviews began with a review of the informed consent form, which was followed by the interview questions. The participants were asked questions through a semistructured interview structure. The questions that were asked were aimed to gather information about the participants' perception and understanding of ACEs, after which the researcher asked questions to understand their experiences with ACEs in their classrooms and influence on school climate. The interview questions were created to support providing a voice to teachers about their awareness, experiences, perceptions, and reflections regarding ACEs and trauma-informed practices in education.

During the interviews, the Zoom record feature was used. When the interview was over, the researcher saved the interview as a sound file. The sound file was uploaded to NVivo for transcription. NVivo (2020) is an electronic resource created for qualitative researchers to organize, code, and transcribe transcripts and data. All of the interview transcription audio files, consent forms, contact information, and participant information were kept on a password-protected thumb drive and will be locked in a cabinet for a period of time as the Institutional Review Board requires.

In qualitative research, the researcher used inductive processes for data analysis (Creswell, 2015). Therefore, after the interviews and transcription were complete, the researcher started the restorying process. To provide confidentiality to participants, their names were replaced with pseudonyms during the restorying process. When the restorying process was complete, participants were provided their individual restoried narrative for member checking. The participants were provided 5 days to respond to the researcher if they had questions about the completed narrative. All of the participants responded and agreed that their restoried narratives represented their voice and experiences.

After member checking, the researcher identified themes that emerged from the participants' stories. Ollerenshaw and Creswell (2002) stated, "In this process, researchers narrate the story and often identify themes or categories that emerge from the story. Thus, the qualitative data analysis may be both descriptions of the story and themes that emerge from it" (p. 332). The themes in this study were identified by looking for repetition of ideas, statements, and experiences between participants.

Presentation of Results

The participant narratives were reviewed for themes to develop and support further the qualitative approach used in this research. Ollerenshaw and Creswell (2002) wrote, "In this process, researchers narrate the story and often identify themes or categories that emerge from the story. Thus, the qualitative data analysis may be both descriptions of the story and themes that emerge from it" (p. 332). The themes that were identified included (a) the importance of relationships with students, (b) inconsistent professional development opportunities on ACES and TIC, (c) lack of preparation through college coursework, (d) meeting student's basic needs, and (e) teacher lack of understanding regarding how to implement TIC.

Narratives

Narrative research depends on restorying interviews to provide the rich, detailed experiences of participants. Restorying is the process of reading the transcript of each interview and organizing it into a sequence that turns the transcript into a well-developed and organized story (Creswell, 2015). The following narratives were derived from interviews with the participants in this study.

Maggie

Maggie is a first-year special education teacher in a rural mid-coast town. She graduated from a Maine university last spring, and was hired as a resource room teacher in July of 2020. While in college, Maggie worked as a behavioral health professional in homes, assisting children with behavioral needs. Her classroom experience is limited to the 3 months that she has been employed by her current district.

Maggie shared that she learned about trauma, health, and environmental factors related to behavior or mental health diagnosis when she was trained as a behavioral health professional. She also was trained on how to support children with behavior or mental health diagnosis in their home environments. Although this training was informative and helpful, Maggie explained that ACEs were not highlighted in her training, and that her knowledge on how they affect student learning and mental health is limited.

As a teacher, Maggie has experience with students who have a low tolerance for frustration and challenges. She is unable to distinguish between behavior and behavior that is related to ACEs. Maggie has students in her classroom who get very emotional when they are challenged or frustrated. She witnesses emotional overflow with students, which can look like shutting down, refusing to work, and putting their heads on the table. Maggie said, “When students shut down and won’t do work, I give them wait time and have found that being able to talk about what’s going on for them helps them relax and then move on to completing work.” As a new teacher Maggie feels that she has not established solid relationships with students; therefore, they do not open up to her consistently. She finds that most of the behavior that she has seen from students is related to their home life (e.g., not sleeping, arguing with parents, or

factors related to poverty). She said, “Most of the behavior I see has nothing to do with the work that I have put in front of them.”

As a new teacher, Maggie has a mentor to help her create a professional plan and to be available for questions and support as needed. However, she stated that her mentor has not advised her regarding trauma-informed initiatives, nor has her mentor provided her with any strategies for helping students who have behavioral needs. The school for which Maggie works implements the PBIS framework. Although she knows that her school focuses on positive praise, rewarding positive and respectful behavior, and celebration of school values, she has not been told about any specific Tier I strategies or practices that the school uses regularly. Maggie feels that her degree was in special education; therefore, her coursework in college prepared her to support behavior, and writing PBS plans; however, after working 3 months in education, she has not had to work with students who have required these supports.

As a first-year teacher, Maggie teaches in a hybrid model in which students attend 2 days a week, and her special education student caseload is small; therefore, her year has not been overwhelming, but she says that she has much to learn. Maggie sees behaviors frequently in the school, and has witnessed severe behavioral outbursts; however, she has never been directly involved in these experiences. Maggie said, “Social–emotional well-being and mental health needs due to family dynamics, environment and stress and home is what I see regularly in regards to student needs.”

Maggie’s school has not discussed ACEs, PBIS, or ways to support student mental health needs. Maggie noted that, as a new teacher, her administrators, her mentor, or other teacher leaders have not shared with her the strategies that the school uses to work with students who have behavioral difficulties, school initiatives of which she should be aware, or any information

on how to support students who might be struggling with mental health concerns. She shared that she is aware of the consequence process, and when to send to students to the office, but otherwise, she has not been informed of other supports to assist with student behavior.

Rachel

Rachel is currently in her fourth year of teaching. She has taught a self-contained behavior program for students with significant behavioral needs, taught Grade 3, and now teaches in a special education behavioral program. Rachel has taught in two different counties in very different regions of Maine. She currently teaches in a small rural elementary school, and previously taught in a large elementary school located just outside of a large Maine city.

Rachel learned about ACEs through her work with emotionally and behaviorally challenged students. She shared that she felt she has been “self-taught” regarding ACEs. She has sought out and attended conferences such as the national Trauma-Informed School Conference in Washington, D.C., and webinars that offer further learning, and has read books about the topic. Rachel explained ACEs as a range of experiences: physical and verbal abuse, divorce, various situations happening in home life, and poverty that children are exposed to that could change the way their brains develop and ultimately affect their ability to learn.

Rachel noted that teaching students with a specific set of needs required more learning on her part; therefore, she sought out opportunities to acquire skills to work with students who have experienced ACEs. Rachel reported that her school offered a mental health training as part of a district initiative and grant, but that her school has no initiatives or professional development offered on the topic of ACEs.

Rachel organizes her classroom to support students with behavioral needs. She said, I work with students who are neglected, homeless, live in shelters, have food insecurity, a parent or both that are incarcerated, students who are being raised by grandparents, students who have witnessed verbal, physical and substance abuse, my students have experienced it all.

Rachel feels that ACEs are not merely the experiences of students in specialized programs like her own. As a third-grade teacher, she felt that she had many students with similar traumatic experiences and adverse home lives that made attending school, focusing, and regulating their emotions difficult. She felt that, as a third-grade teacher, more pressure was placed on teaching academics, and making sure that every child met standards, whereas in special education, she feels that she has more freedom or the ability and time to target the underlying causes of behavior through trauma-informed practices, for all of the students whom she teaches need that level of support.

In Rachel's classroom in the special educational behavioral program, the staff first focuses on relationships and community building prior to asking students to learn. Strategies like playing games as a group, doing a morning meeting to have time to talk and settle into the day, setting goals as a class, practicing problem-solving and social skills through group activities, celebrating together, and spending time as a group learning about one another and communicating, not solely doing academic lessons have assisted in creating a classroom culture of safety and trust. Rachel said, "Relationship building is my main priority, because many of these students don't have that connection at home."

According to Rachel, more than half of the students in her program have experienced two or more ACEs; therefore, she feels the need to be well-versed and knowledgeable about trauma-

informed practices. She shared that many of her students also spend part of their days in the regular education classroom. Rachel is concerned about the lack of training and awareness, for many regular education teachers do not know how to work with her students, specifically in recognizing triggers, knowing how to de-escalate students, or just understanding the relationships that they need to build with these students; therefore, they are unable to be in their mainstream classrooms as often as they could be because their behavior might escalate while in those environments.

Rachel explained, “Education should be about meeting the needs of all students, and that includes those with significant emotional, and behavioral needs. I believe that student behavior and emotional needs are increasing, and we have to make it a priority to learn about ACEs.” Rachel further shared that, through her self-taught and individually sought out training, she feels that she has been able to set up an environment in which children with even the highest number of ACEs can succeed.

Katie

Katie is a veteran teacher who has been in the field for 25 years. Katie taught in a Pre-K special education classroom for 5 years, and has been teaching a Grades K–2, special education program for students with emotional disturbances that require a majority of their day be spent in that setting for safety and emotional regulation, for the last 20 years. Katie has worked in two counties in Maine. She has taught in a larger urban public school and in a large rural public elementary school where she currently teaches.

Katie learned about ACEs as a teacher when provided training from her district; however, she shared that she feels that she learned the most about ACEs when she became a foster parent. Katie said, “Having foster children who had a high number of ACEs, behavioral and emotional

needs associated with them taught me a deeper level of understanding and compassion for these children.” She described ACEs as childhood experiences (e.g., domestic violence, divorce, drug and alcohol abuse, and neglect). She noted that these experiences can have “a profound effect on children, causing health issues, developmental delays, educational delays, obesity, and other impairments.” Katie has never had to seek out on her own training related to ACEs because her work as a teacher, in a program with children who have been significantly affected by ACEs, provided her with training, using specific curriculum and approaches taught by behavioral specialists and social workers. Katie further explained that special education staff members in her district are provided with specialized training to become behavioral health professionals, are trained restraint techniques, and are provided with additional annual training by social workers on topics such as ACEs and trauma-informed approaches. Her special education team, which consists of multiple special education staff members who support her program, meets weekly. The weekly meetings that she attends include (a) discussions about trauma-informed approaches and relationships, (b) new trainings focused on restorative practices, and (c) SEL curriculum or other relevant practices.

Given the population that Katie teaches, each day she has new experiences with the impact of ACEs (e.g., struggling with academics, attending school and being emotionally available to learn. She has had years of experience working with students who display aggression, depression, delayed academic growth, self-injury, and other negative behaviors. Katie said the number of children who require day treatment support has increased over the years, and that now there are so many children who are in need of the program that there is often a waiting list to get into her program. She stated,

Every day my team hears the stories of these children. Their parents have abused them, they have been in foster care, and they were taken from homes where they were not fed, bathed, or attended to. They see their moms get abused, parents are in and out of jail, or they have witnessed a parent die because of drug addiction. Every day, I am faced with the consequences of the trauma these students have experienced.

Katie's approach and her program's philosophy are to provide students a safe place where they feel valued. Students are provided food and other necessities to meet their basic needs. In her classroom, they use PBIS, mindfulness practices, and Second Step (an SEL curriculum). She works to establish a classroom culture in which staff understand that "behavior is a language, and children must have basic needs met, feel safe and worthy in order to function and learn."

Although Katie has had access to training and feels that she has a trauma-informed classroom, in her opinion, many regular education teachers do not have access to training. She explained that, from her experience, she does not feel that mainstream teachers have enough training or support of experience with ACEs and trauma. Katie believes that many teachers are unwilling to put a student's social-emotional needs ahead of academic learning. Katie's principal stresses the importance of student welfare, safety and emotional health first; however, teachers continue to be reluctant or hesitant to let go of the need to focus solely on academic rigor and progress.

Katie believes that a trauma sensitive climate looks like a classroom in which behavior is recognized as a way to communicate, where students are listened to and their basic needs are considered and met. She believes that teachers should praise and reward all students for even the smallest successes, rather than focus on the students' deficits, and use correction. In a trauma sensitive climate, classrooms would focus on relationships first, students would then be listened to without judgment or bias, and academic tasks might come second to emotional and mental

health. She noted, “For classrooms or a school culture as a whole to become trauma-informed staff need more than training videos and books. Teachers need modeling, coaching and positive feedback to successfully implement practices.”

After years of working with students who have experienced multiple ACEs, and seeing the need for more supports and knowledge of ACEs in schools because of the numbers of children who experience emotional and behavioral dysregulation, Katie believes that teachers need training, coaching, and support now. Katie shared that she feels students who have behavioral and emotional needs because of trauma are less likely to be in their regular education classrooms and less likely to succeed in the school environment if staff do not have an understanding of ACEs and empathy for the students. She believes that an increasing number of students are in need; therefore, ACEs should be a necessary focus for schools.

Sadie

Sadie graduated with her teaching degree in 2004. While in college, she student taught in Grades 1–3. She started her professional teaching career as a Title I educational technician, working with sixth-grade students in the fall of 2004. In 2005, she worked as a Title I educational technician with K–2 students. In 2006, she was hired as a third-grade teacher and has spent the last 14 years teaching primary grade levels (Grades 1–4) at a small rural elementary school.

Sadie had limited knowledge about ACEs until a few years ago, when she started to have students in her class who had behaviors related to their traumatic experiences in life. Sadie said,

I have worked with students who have experienced abandonment, neglect as small children, have incarcerated parents, and who have been abused. All of these students

required some kind of behavioral intervention varying from positive reinforcement and building a healthy relationship to behavior support plans and intervention from behavioral specialists.

Sadie said that the needs of each student who experiences ACEs vary. She has worked with students who require constant love, attention, and consistency because of the neglect and abandonment they have experienced. Some of the students with whom she has worked have also required significantly modified school plans because of their aggression and explosiveness, and the teacher's inability to support their learning because of the severe trauma that they have experienced. Sadie added that her experience with students who have behavioral and emotional needs because of ACEs is minimal, and that she believes that her school has very few students who have maladaptive behavior because of their traumatic experiences.

Although not many students have exhibited the effects of ACEs in the environments in which Sadie has taught, her knowledge of ACEs has grown over the years. She understands ACEs as experiences that can affect a child's physical and emotional well-being. She further noted that experiences can greatly interfere with a child's ability to function and focus on learning. Sadie learned about ACEs from behavior analysts and therapists who worked directly with students who were in her classroom. The behavior analysts and therapists observed students in the classroom to monitor their behaviors, and then would assist Sadie in carrying out various plans to support that student. Additionally, several years ago the staff in her district were provided with a brief overview of ACEs; thus, this school year, they were provided a mandatory training, called Handling Trauma, that a district counselor provided prior to the start of school.

The number of students at Sadie's small school and the amount of students who have experienced ACEs (or have behaviors that are caused by ACEs) are limited; therefore, Sadie has

found that the trauma-informed trainings at the school have been limited. Nevertheless, although training has been limited, practices that support social–emotional regulation and behavioral growth are offered at their school. Sadie’s school guidance counselor has also focused on lessons with students that support understanding of bullying, empathy, and building trust. Sadie mentioned that, without a focus on trauma-informed practices and social–emotional well-being, educators can get stuck in the mindset that students are at school to learn academics, and that students are ready to learn when the academic lesson starts for the day.

Sadie said,

I think incorporating trauma-informed practices forces educators to become more aware, or conscientious, of students who may be suffering from trauma. By using these practices, we could be reaching students who we don’t even know are suffering from ACEs.

Sadie believes that a trauma-informed climate would be a place in which educators and students feel safe. Clear and consistent expectations would be in place. Additionally, she mentioned, “A trauma-informed climate would require more teamwork to meet needs of students and all school personnel would be ‘on board’ not just the teachers in the trenches.”

Sadie believes that more support and training is needed for staff to understand fully the importance of ACEs and trauma-informed practices. Having teachers who come from schools that are trauma-informed share their experiences, the processes they used to implement trauma-informed practices, and the strategies that they have found contributed to success, would be extremely beneficial. She also believes that pediatricians could provide training or assistance to educators to help them understand the impact of ACEs. Although Sadie feels that her school guidance counselor has a wealth of knowledge and ideas, the guidance counselor also has many

other duties; therefore, her time is limited in being able to provide education to teachers about trauma-informed practices. Sadie said, “There needs to be more support in the endeavor to become trauma-informed.”

As a teacher, Sadie would like to hear from others who have successfully implemented trauma-informed practices and who continue to be able to meet the academic needs of other students. She is worried about the balance in doing both. Sadie shared that college did not prepare her to manage her classroom when she first began teaching, and that it did not teach her about ACEs. She depended heavily on her teaching colleague as an unofficial mentor. Her mentor provided her with feedback on how to work with challenging behavior, and how to manage her class, which helped with typically developing students; however, when she had a student with ACEs in the classroom, she felt unprepared to manage that level of behavioral need.

Sadie cares about student needs, and believes that ACEs are important to learn about. With training from multiple professionals, and coaching from other schools and staff who have been successful in implementing trauma sensitive practices, she believes that a whole-staff mindset shift could occur to help her school become trauma-informed.

Tina

Tina has been a special education teacher for 6 years. Prior to teaching, she worked as a behavioral health professional in a middle school day treatment program for 4 years. When she started teaching, she was in a in a fifth- and sixth-grade resource room. The behavioral needs at that school were rising; therefore, the principal asked Tina to take on more behavioral students and to assist in starting a behavioral program. Tina taught the new behavioral program for 2 years, and then left that school and district, and is currently a K–4 resource room teacher. Over the course of her career, Tina has taught in two different counties in Maine.

Tina understands ACEs as physical, emotional, or sexual abuse, physical or emotional neglect, and household dysfunction (e.g., mental illness, domestic violence, divorce, an incarcerated parent or relative, and abuse). She first learned about ACEs when she worked with behaviorally complex students all of whom had similar life experiences and significant behavioral and emotional needs that required special education services. Tina taught herself about ACEs through online research and readings because she wanted to know more about the students she worked with and the ways to help them. Over the course of her teaching career, she has not had any formal training on ACEs.

Tina has worked in behavioral health programs for a total of 6 years as both a teacher and health professional. During this time, her exposure and experiences with students has been challenging and unpredictable. Tina has worked with students whose emotions and temper fluctuate quickly, who are experiencing challenging home lives, and who are aggressive, lie, are depressed, and are exploring substance use (e.g., nicotine) because of stress.

Tina used strategies such as (a) giving students the space they needed to feel comfortable, (b) gaining their trust, (c) respecting them as persons regardless of behavior, and (d) consistently showing them that she cared by being a good listener, showing empathy, or spending time having fun and getting to know each student. It was important to Tina that the students knew that they were safe, and that, regardless of their behavior, the staff was there to help them and care about them. Tina shared that all of the schools in which she has worked had many students with behavioral and emotional needs, and that she feels that student behavioral and social–emotional needs are growing.

Given the student population that Tina has worked with during her career, she feels that she has very little knowledge about trauma-informed practices, other than what she has found on

her own. When she was working in a behavioral program, she was supervised by a social worker who would provide some training on mental health, trauma, and suggestions for strategies to use with students.

Tina believes that a trauma-informed climate and culture would include staff members who have had training and coaching so that they would be able to recognize students who have suffered from trauma, and respond by using trauma-informed practices. Relationships would be a priority, mindfulness practices would be integrated into classrooms and the school as a whole, and teachers would be invested in the practices so that they would not focus solely on academics and a paycheck.

Tina feels that resources (e.g., guest speakers, book clubs, professional development, and coaching by those who are knowledgeable about ACEs) should be made a priority for educators and school systems, and that this level of training would assist school staffs to become trauma-informed. Tina explained that resources, time, and understanding are critical in shifting to become a trauma-informed school.

Ashley

Ashley started teaching in 1997, and her teaching experiences include Grades 5–8 in four different counties in Maine. Ashley took several years off from teaching to raise her children. During that time, from 2000 to 2017, Ashley worked in the mental health field with adults who had developmental disabilities. It was her work in the mental health field that initially taught her about ACEs. Ashley reported, “I know I can’t save the world, but my work with adults made me want to go back to teaching because I knew that they could have different lives if someone would have stepped in.” According to Ashley, many (if not all) of the adults she worked with had mental health diagnoses because of the trauma they experienced as a child.

After 17 years, Ashley returned to teaching in a mid-coast county as a fifth-grade teacher. She worked in one of the largest elementary schools in the district, which she reported housed district special services programs, and whose teachers worked with students with behavioral, emotional, and social needs. In the earlier parts of her career, she likely had many students in her classes who had experienced trauma, but she was not aware of it at the time. After her experiences in the adult mental health field, she wanted to continue to learn about ACEs and how to support better the students in her classroom who exhibited factors related to ACEs. The school district did not offer an initiative or trainings at that time, but the Maine Department of Education offered a series of professional development opportunities that Dr. Cassie Yackley presented on the topic of ACEs. Ashley attended the conferences with a few other staff from the building. Ashley and her coworkers were amazed by the information that Dr. Yackley shared about ACEs, how they affect neurobiology, how they affect a child's ability to learn, and how they affect long-term development.

After the professional development that Dr. Yackley provided for Ashley, the concept of ACEs went from the idea of an event that affected children to a science. Ashley and her colleagues learned how traumatic events specifically affect children, how their brains are affected, and how their ability to learn is affected. Ashley said,

Tragically we learned about the prevalence of ACEs and the correlation to incarceration, drug use and suicide. Dr. Yackley helped shift our thinking into ways we can support undoing ACEs rather than feeling like all we can do is deal with the behavior in front of us.

The behavioral, social, and emotional needs of students in Ashley's classes while teaching Grade 5 were intense, yet the school had no guidance counselor or other social—

emotional supports that she could use as resources to help the students. Ashley remembered a time when one student came to her in the morning; she was having a very difficult time emotionally. The student shared that she was concerned about her mom because her mom's boyfriend was at their house, and they'd gotten in a fight the night before and he had hit her mom. This was one of many experiences with which Ashley reported being involved or that students had shared with her. Ashley said,

I think that it's easy to overlook the behavior of children who experience ACEs because the things that are happening to our kids are not things that we want to talk about. They are not things the kids want to talk about. And if you want to sugarcoat your day, you can do it.

Ashley believes that relationships between staff and students are the most important component of trauma-informed schools, classrooms, and practices. Children need to feel safe and heard. She said that she understands that academics are important, and that students need to learn; however, she believes that it cannot happen when children are trying to survive, for they need to be at a place where they can access learning, and teachers need to be willing to help take care of all the roadblocks that get in their way, including helping them to meet their basic needs. In Ashley's experience, "Kids who experience trauma are hungry, tired, scared, and constantly ready to blow, teachers need to learn how to support students in getting these needs met, however, it can't all fall on teachers." Ashley feels that a mindset shift is needed among staff so that everyone can respect the children who have experienced ACEs, and understand that students who have experienced trauma are doing their best.

Ashley's district recently adopted a social-emotional learning curriculum whose focus has been placed on the "whole child"; however, teacher training in these areas is lacking.

Although this is a step in the right direction, Ashley said, “I do not believe that, given the amount of need within the district, that there is enough training provided to teachers so that everyone can be on the same page and supporting students who have ACEs.” She said that the state provided training via a conference with Dr. Yackley, but it was not mandatory, and no mandatory trainings are provided, nor are teachers in her district expected to know about trauma. Ashley believes that being a trauma-informed school would include support from administration for staff to become highly trained in understanding trauma and its effects. There would be consistent professional development and review, and practices would be schoolwide and not merely sought out by individual teachers. Ashley suggested that not merely knowing what ACEs are, but also knowing how they affect learning, and knowing which practices can support students in being successful at school, could also contribute to a school culture that is trauma-informed.

Jennifer

Jennifer graduated from college with her K–8 elementary educator degree, and started in education as a special education teacher. After teaching special education for a year, she relocated and taught the Grades 1–6 in another county for 3 years, before again moving and starting her current role as a seventh-grade, middle school teacher. Jennifer has taught in two counties that are roughly 93 miles apart.

Jennifer described her knowledge of ACEs as limited to what she learned during offerings on workshop days in one district. She described ACEs as

All of the different experiences that kids can go through during childhood that adversely affect them in school. Experiences include drug use, and other environmental factors that occur at home. The more that I learned, it seemed that every child or adult has at least one.

Jennifer shared that it feels as though, in all areas that she has worked, many children have likely experienced multiple ACEs. When asked how she knows about ACEs or what kinds of trainings she has been offered by her districts, Ashley shared that she was the PBIS coach at her previous school for 3 years. She said, “Being a part of the PBIS team gave me the opportunity to learn about behavior and school supports, which led into me being a part of the district social–emotional learning team.” Both of these teams provided Jennifer with the opportunity to learn more about the development of children, and about potential influences on behavior and social–emotional health. The last district in which Jennifer taught received a large mental health grant that supported creating an SEL team, and the district sent the team to a national conference on the topic of SEL. A few session presenters at the conference spoke about the topic of ACEs, allowing the team members to become more informed and aware of their affects. The grant also provided the district with the funding to adopt mental health screeners, to provide professional development to PBIS teams, and to purchase an SEL program. Sadly, although the grant was supposed to stretch over 5 years, it was cut short in Year 2. After the district lost its grant, it could not continue with the initiatives and professional development. Jennifer cannot believe that more training is not offered on ACEs for teachers, especially now because of the circumstances and impact of COVID-19.

Jennifer said her experiences as a teacher in a small community school made knowing what was going on personally with children much easier because the staff knew the children, lived in the community, and knew the families. Jennifer shared that, in a larger school, especially while teaching remotely, it has been much more challenging to know what is happening for children because there are fewer ways to connect, more children, and less time to spend with them. Jennifer felt that communicating with parents in an online platform was much less

personal than face-to-face conversation. Connection was lacking; therefore, Jennifer felt that having difficult discussions or asking hard questions about what home experiences (e.g., poverty or divorce) might be affecting their social–emotional health, made it harder to build open and honest relationships. Jennifer believes that trust is important for open communication between families and with the students, yet the online platform made that more difficult. Jennifer further believes that, in a larger school with more students and larger class sizes, building a connection and relationship with students can be more challenging. Jennifer said, “You know, the academic piece isn’t the most important. Sometimes it’s just getting them to school and getting them in front of you.”

Jennifer believes that the most effective trauma-informed practice or strategy is establishing relationships with students so that she can build trust. When she was in college, she knew that she wanted to be the teacher that the children would like and with whom they could talk openly and confide in when they would need someone with whom they could connect. Once she got into the profession, she realized that relationships with children were the most important and Number 1 factor on which to focus. Jennifer said, “Kids won’t even learn if you don’t have a good relationship with them. I made it a point to share my life with kids, so that they could get to know me, and they would be willing to share their lives with me.”

Jennifer has not been in a district in which there are clear or specific initiatives that address or teach about ACEs. One district in which she taught had a grant for a short period of time; therefore, individual schools in that district took on new learning and professional development that included restorative justice, an SEL curriculum, and some conversation about ACEs. However, each principal approached it differently; therefore, no one unified goal or initiative was made to help the whole district. She said that a trauma-informed school or

classroom or climate as a whole would involve staff understanding ACEs and how they affect children. She shared,

When you walk into a classroom you would know that it's trauma sensitive because of the relationships and connection. The way kids interact with the teacher, and how the teacher conducts the classroom. It's not "old school teaching" any more, topics come up in the middle of class, and I have to stop and talk with kids about it, process the events or feelings they are having. Having initiatives, or clear plans and processes in place for a school to handle these moments, and to know how to support kids when they are experiencing ACEs would be ideal.

To support a shift to a trauma-informed climate, Jennifer said that most teachers do not learn by being provided materials and left alone to implement them; teachers need coaches. Jennifer has worked with literacy and math coaches, and believes that the prevalence of ACEs necessitates having coaches who can provide teaching about ACEs and their effects. In addition, coming into the classroom to coach staff through challenging behavior, conversations, and implementation of strategies is the only way that she can envision that teachers, especially teachers who are reluctant, would be able to take on this level of work. As a relatively new teacher, she did not feel prepared for the behavioral, SEL, and management portion of being an educator.

16 weeks of student teaching is really great, but more emphasis on behavior and classroom management is needed. When you're learning about math in a classroom in college and the professors either have never taught in a classroom, or they haven't for a very long time it affects the learning that students get. Education is always changing and the kids have such different needs now than they did even 5 or 10 years ago.

Jennifer further reflected on her college experience, saying that she believed that colleges must allow teachers out in the field more. She believes that placing college students in the field could help with teacher burnout or prevent students entering the teaching field only to realize that it is not the career for them because they find that teaching in the field is very different from what they were presented and taught about in college.

Jennifer believes that all educators should know about ACEs now because they are so prevalent. She completed an ACE questionnaire with other staff in her school, and they found that nearly all of the teachers had at least one student who exhibited ACE, but many teachers had two or more students who exhibited them. She reported that knowing even the small amount that she knows has helped her, but she also believes that everyone should know the information so that teachers can take a different approach with students, especially when they are acting out. Jennifer thought that, although in many schools PBIS is a structure that supports students, it is not enough merely to support students who have experienced ACEs; specific education and initiatives must be combined with PBIS for the neediest children to benefit. Jennifer believes that the children with the highest needs do not care about check marks, pom-poms, or suspensions; they need more, but teachers do not have the knowledge to support them.

In all the schools in which Jennifer has taught, the amount of training, or conversations that occurred about ACEs has varied, depending on the leadership or district interest. No school or district in which Jennifer has worked has offered district-wide, professional development or that is trauma-informed.

Kayla

Kayla has been in education for 6 years. She has taught Grades 5–6, gifted and talented mathematics, and students in a Montessori school. Kayla’s experiences in education have spanned three counties in Maine.

Kayla’s understanding of ACEs is that they are events that happen in childhood, or are traumas that affect social and academic development. She understands that these experiences stay with a person even if they do not realize it, and that they can affect a child’s development into adulthood. Kayla’s understanding of ACEs first came from understanding her own score. Kayla completed an ACE questionnaire, which led her to realize that she has an ACE score of 6. Kayla shared that she had first learned what ACEs were when she worked in a district that has an extremely low socio-economic status, is culturally diverse, and is known for its violence, drugs, and poverty.

I had a classroom my first year of teaching that was packed with students who had experienced trauma. I was given a brief overview of what ACEs were and how they impacted kids while at school. I wasn’t provided an in-depth training or understanding, and I felt the school had very high needs. I have had to seek out training or information to find out what ACEs are.

Kayla has been a classroom teacher in two districts that she felt had very high needs because of poverty and substance abuse. She recalled a student from one of her classrooms whom she felt likely had all of the ACEs a person could have as a child. She shared that, when the class participated in the Drug Abuse Resistance Education program, the student would hide when the police officer came into the classroom. Another experience that she shared was when a student whom she helped after school with their homework asked her to teach him how to read

recipes. Kayla said that he said that he was often alone at home in the evenings and that he wanted to learn to make good food for himself, not merely microwave prepared food. Upon investigation, Kayla discovered that the sixth-grade student was actually left alone because his dad had been in jail for 6 weeks, and the youth had been left to care for himself.

As a first-year teacher, Kayla did not feel that college had prepared her to handle these kinds of situations or the needs within her classroom. Kayla shared that limited professional development had been offered in the district, but it was mostly short, small, one-time sessions that offered a brief overview of ACEs; however, it was never in depth, nor was there ever any discussion of specific practices that she could implement within her classroom. None of the districts in which Kayla has worked had clear or specific initiatives regarding ACEs about which all staff knew. Kayla said that her current district employs a mental health coordinator, but that she did not know specifically what that person offers regarding ACEs. She does believe that the mental health coordinator is trying to raise awareness, but the effort is not conducted at a district level at this point.

Kayla reported that she feels that trauma-informed practices are extremely important, and that she wishes that she knew more about them, or had been provided more professional development about ACEs when she started in the educational field.

Kayla believes that, if adults (as role models) knew more about trauma-informed practices and how to use them effectively, they could not only use them with students, but also model them so that students could help each other and self-monitor. Kayla also feels that students need to be more supportive and empathetic towards each other, and that they cannot do that if staff do not first have the knowledge of why children are struggling, and how to help

them. Kayla said, “From the little bit that I know about trauma and ACEs, I feel like the practices could help all kids, not just the ones with ACEs.”

When Kayla was asked what she feels she needs or what her colleagues would need to become trauma-informed and to implement a trauma-informed culture, she shared, “I think trainings with mock experiences, and having the opportunity to observe, or even try different strategies out with someone supporting would be ideal.” Kayla further felt that having the opportunity to hear stories about what other people have done to become trauma-informed, and to hear from students about what has helped them, would be beneficial in shifting mindset and in understanding the need for trauma-informed practices. She said, “As a teacher we need more hands-on training, more than reading a book, or going through an online module.”

As a teacher of gifted and talented students, Kayla has been in many different schools to observe. She also has worked in heavily trauma-affected classrooms, and has a high ACE score herself, and in these positions, she shared that she gets the impression that educators do not see ACEs as a significant issue. Kayla believes that, through the conversations, attitudes, and actions of educators with whom she has worked, people do not always see the importance or value of knowing about ACEs. Kayla shared that she has heard educators make statements about ACEs as just one more thing children can use for an excuse.

Kayla felt that, if ACEs could be presented in a relatable way to educators to grab their attention, they would be more engaged in learning more. She said,

Perhaps people or kids who have been impacted by ACEs need to speak publicly, so that educators can hear real stories. Teachers need to be convinced that it’s an important topic, their mindset, or whatever is getting in the way needs to be shifted. Presenting real life examples and the ability to see the impact could be very powerful.

Kayla does not believe that she has worked in a school in which there have been initiatives on ACEs, but she does believe, through the work she has done in various schools in three different counties, that ACEs are prevalent and that training for educators is needed.

Samantha

Samantha has been teaching for 7 years, and her experiences in education range between two counties and in mostly small rural schools. Samantha has taught both Pre-Kindergarten and Kindergarten. Samantha's understanding of ACEs grew tremendously when she joined a trauma team in her last district. Her assistant principal spearheaded the team. The trauma team was a new initiative in the school, and the team was building their knowledge about trauma. Samantha shared that they watched videos, read research, read and discussed books, reviewed statistics in Maine, and the district, and worked as a team to have conversations about trauma and how it was affecting their school. Samantha shared that, since leaving the district, she has had little or no involvement in learning on the topic of ACEs. Samantha shared that she has not worked in a district in which there were initiatives in place that could provide teachers with professional development on the topic of ACEs. Samantha shared that, in her current district, the staff was asked to read a professional book on the topic of SEL. The staff was asked to read it during COVID-19 school closures last spring, in preparation for the return to school, after students had been out of school for approximately 6 months. The principal was concerned about the social-emotional well-being of students, and planned to discuss the book and topic as a staff meeting, when staff could be together again. Samantha shared that it was a good book that did touch on the topic of ACEs, but that as a staff they have not yet discussed it or used it to develop skills in any way. Samantha shared that her district has also adopted a social-emotional curriculum;

however, the staff have not been given any coaching or professional development on implementation of the curriculum.

Samantha works in a very small rural school in which each grade level has only one teacher. The school has typically had very few students with significantly disruptive behavior. However, in the last 2 years, student behavioral needs have increased significantly. The administrative team and special education department created a specialized program for students who were struggling with emotional and behavioral dysregulation; the team created the program because of the students' rising needs and the inability of the teachers to manage the students' needs within the regular education classroom. Although the program was created, after the first year, the special education teacher moved to a different job, leaving the emotional-behavioral program without a teacher. The school could not find another teacher for the position; therefore, now multiple teachers are attempting to share the role and provide programming for these students. Samantha said,

We have need, but we don't have highly trained staff, and our regular education staff has little to no training in the area of ACEs or managing behavior. The school staff is worried that they cannot support the needs of the students and that they may have to be sent to another school for their programming.

Samantha sees many behavioral problems because she is supporting children who have never been in the public school setting before. Samantha shared that it is challenging to encourage parents to be honest or forthcoming about what is happening at home or about why their children might be struggling, which makes it difficult to meet the needs of the children at school, or to set up any kind of plans to support them.

In Samantha's experiences as a Kindergarten teacher, she has worked with parents who are extremely young, divorced, experiencing substance abuse, living in low-income housing, homeless, or living in dysfunctional relationships—all of which affect students. Samantha shared,

I have worked with kids who are not potty trained, who are part of a Day Treatment program, and have behaviors such as screaming, biting, kicking, punching and I have worked with students who come from poverty and likely don't get meals every day. ACEs are a real thing, and students are definitely struggling. All of these things are impacting their focus, engagement and ability to regulate their little bodies.

When Samantha was asked whether she felt that the learning she had at her previous school through her trauma team helped, and what she thinks would be needed to implement a trauma-informed school or practices, she shared that she was only a part of the district trauma team learning for one year; therefore, she was only able to learn about ACEs and their impact, but had not arrived at the point where she felt like she understood the practices. Nevertheless, Samantha shared that from her learning she knew that time to calm, regulate, and learn strategies for regulation was important, for many children with ACEs are in survival mode. Samantha shared that she implements a calming corner in her classroom in which children can use a menu to choose items that help them calm down when they feel out of control, or when Samantha feels that they need some time to calm. Samantha shared that it would be beneficial to have a group of colleagues in her new district with whom she could continue to learn.

There is definitely a group of staff at my school that is interested in learning more about ACEs and ways to support students with behavioral challenges. Most of the staff are mothers and therefore time to commit to learning is limited. If we were given dedicated

time to work together, I know that many staff would be willing to form a committee to start an initiative that focuses on ACEs.

Samantha is unsure what would be needed to create a trauma-informed culture in a school, for many teachers have been in the field for a long time, they believe that they are there to teach academics, and that trauma is not their job. Samantha feels that some veteran teachers are interested, but that some teachers also feel that it is not part of their job description. Teachers cannot have the responsibility put on them to learn; she believes that people would be more willing to learn if they had support, and if they were not alone in making this change. Samantha feels that teachers want what is best for children, but many teachers feel that their jobs are strictly focused on academics. She said,

When the majority of a class has needs, which is happening in our district, and happened in my last district, then you can't just go about teaching the way you have always done, something needs to change to support all of the kids.

To shift teacher mindsets and to become trauma-informed, Samantha said that a movement would have to occur, and that likely an administrator would not start it, for teachers often perceive the administrator as "adding one more thing to the plate." Samantha suggested that a group of teachers or a guidance counselor could better start the learning and shift, but she felt that it would take support in the classrooms, time, and multiple people being involved to coach teachers through the process so that they did not feel overwhelmed, especially given the way that COVID-19 has changed education and exhausted teachers.

Lastly, when asked whether, as a relatively new teacher, Samantha felt that college had prepared her as a new teacher to take on the needs that she faced in her first few years as a teacher, she quickly and clearly shared, a resounding, no, absolutely not. Samantha shared that

she did not feel that her coursework or practicum provided enough learning around behaviors, classroom management or differentiation. She shared that she was required to take a basic psychology course, classroom management, and an inclusion class, none of which provided specifics that would have given her the knowledge, or even a basic understanding of what she would face not only in her first year of teaching, but also to handle behaviors in her seventh year of teaching. Samantha shared that she feels ACEs are occurring very frequently, and that teachers need far more support with how to work with children with needs related to ACEs.

Victoria

Victoria has been a teacher for 10 years and has taught kindergarten, first grade, and third grade, and is now teaching her fifth year in a sixth-grade classroom. Over her 10 years as an educator, she has taught in three different districts, four different schools, and four different counties in Maine.

Victoria described ACEs as traumatic events that have had a long-term impact on students. Additionally, she highlighted that ACEs affect not only children, but also adults and the way they behave. Victoria's district had provided trainings to staff, and the topic of ACEs was regularly reviewed and discussed at staff meetings. Victoria said, "The training and focus seem to vary depending on what conferences our administrators or social workers might attend and what topics they learn about and are interested in." Administrator turnover affects what the initiative in the schools might be because of administrator focus and interest. Victoria said,

A couple years ago our opening days for our district were entirely dedicated to ACEs.

The district had speakers come in to teach the staff about ACEs and provide some training. Part of the training was completing self-scoring and how our own scores may impact us in the classroom.

She believes that training has been inconsistent, but that her current district has provided the most training and conversations about ACEs.

Victoria shared that, although knowing about ACEs and implementing trauma-informed strategies is not an expectation in her district, conversations about ACEs and the ways that children are affected have occurred pretty regularly. Victoria also shared that she feels that the conversations vary, depending on which peers or administrators with whom she talks. Victoria said that she feels that the conversations or focus change, depending on administrator's focus. Victoria shared that, this year, COVID19 has implications; therefore, little or no discussion about ACEs has occurred.

When asked about specific experiences with ACEs or their impact throughout her career, Victoria shared that she feels that she is constantly wondering whether the behavior affects the academics, or do the academics affect the behavior. Victoria shared that she had a specific encounter with a student who was attending her school from another country, and was in her classroom. The student had likely been treated very poorly by her mother, had been neglected, and had possibly been abused. The mom was very clear that she did not care about her children. Eventually the mom lost custody. Victoria said, "Watching the child in my class and the siblings in the school go through the rollercoaster of emotions, it certainly changes your perspective, how you interact with them, even the language used with them." Victoria said she had another student a few years ago whose mother had passed away, and that experience helped her to understand how dates and times of year can cause a shift in children when they have experienced a traumatic event. Victoria found that these experiences opened her eyes and helped her learn that even the smallest things (e.g., special holidays or vacations) could affect children who might not be safe at

home. Victoria said, “These are the things that keep me awake at night. I lay awake wondering what I can do for these children.”

When asked about what schoolwide initiatives or supports were in place to support students with ACEs, Victoria shared that no specific trauma-informed initiatives were in place; however, she said that the school has a social worker and a behavior support team. Victoria said that the behavior support team meets weekly to review students who need support, and that the team includes administration, guidance, special education staff, and interventionists.

Victoria does not feel that her school is trauma-informed, but that there have been intermittent, short bursts of supports to help teachers start to be aware of ACEs. To become trauma-informed, Victoria shared that staff would learn to be more mindful of language, the physical and verbal approach that they used with students, the noise level, and triggers in environments throughout the school. Victoria suggested that staff might need to think about triggers that would set off reliving the events (e.g., scents and sounds). Additionally, Victoria feels that it would be important for staff to have more knowledge about de-escalating students when they are in crisis, or escalating behaviorally. Victoria said, “Relationships are a huge focus. We have to take care of the kids’ basic needs and make a connection with them before we can do the academics.” Victoria’s school uses The First Six Weeks of School, PBIS expectations and routines, and an adopted SEL curriculum. Victoria said,

Each of our classrooms has a set mindfulness time during the day, and we all have morning meeting, which is important to help settle kids into the day, and to have a time to just talk. We have focused on all of these practices as a way to build relationships.

Victoria shared that the need in her school has grown over the years, which led the school administration to start a behavior program for students with significant needs in the middle

school. The middle school was unable to hire anyone for the position; therefore, the program was never started. She also said that a behavioral program was started last October in her school because of the rising needs of students; however, the program was shut down because of inappropriate staffing and structure, and the children who were in the program were pushed into mainstream classrooms, putting the neediest and highest risk students into classrooms where teachers have no training on how to support them. Victoria believes that some teachers are prepared, because of their experiences over their years of teaching, for the significant level of needs that students display. She felt that, had she not been employed in a high needs district—first an educational technician (ed-tech) in a special education program and then as a regular education teacher in classrooms with significant needs—she may not have been ready to support what educators are seeing today in their classrooms. Victoria said,

Overall, I absolutely do not believe new teachers, or even many veteran teachers are ready to manage the needs in the classrooms today. People that are just coming out of college to be teachers are not ready, they do not get appropriate courses or training in preparation for the behavior they will see mostly caused by ACEs.

Victoria is grateful for the conversations, trainings, and on the job experiences that she has had along the way to prepare her to feel successful as an educator; however, she shared that given the increasing need in the last 5 years, she feels that expectations, initiatives, funding, and training about ACEs are needed so that teachers will be prepared to support students.

Theme 1: Relationships with Students

Trauma-informed care (TIC) shows that, in the school environment, students have specific needs because of the disruption of their neurological and sensory systems, which require specific practices to counteract the effects of ACEs (Hoover, 2019; Jones et al., 2018; Palva,

2019; Rossen, 2020). TIC promotes evidence-based practices that focus on professional development, relationships, safety and predictability of the school environment, and regulation for all children (Hoover, 2019; Jones et al., 2018; Palva, 2019; Rossen, 2020). TIC practices are not solely for those who have experienced trauma; they are practices that shift a school culture as a whole (Cole et al., 2005; Rossen, 2020). Effective implementation must begin with professional development so that teachers have a common understanding of ACEs and their adverse effects (Chafouleas et al., 2016; Hoover, 2019; Wehmeh et al., 2018). Suffering (or the neurobiological results of trauma) reduces feelings of safety and emotional regulation, which can only be changed or restored by relationships that are caring, predictable, and consistent (Rossen, 2020). Educators have the opportunity to change the trajectory of a student's life if they can connect and can foster resilience in those who have experienced trauma (Rossen, 2020; SAMSHA, 2019). In their interviews, some participants indicated that they feel that relationships between staff and students are critical when establishing an environment and culture that is trauma-informed.

Ashley shared that, in her experiences, relationships between staff and students are the foundation of trauma-informed schools. She believes that teachers feel an enormous amount of pressure to help students meet academic benchmarks. Ashley further explained that teachers feel the pressure to teach academics; however, so many students are affected by trauma that she cannot access their learning. Ashley said,

Kids are blowing out of classes, yet it seems that our focus continues to be on academic success. Teachers need to first seek to understand students. We have to build relationships with them, so that they can learn. I feel relationships are the first step in helping students access their learning and succeed academically.

Jennifer shared similar beliefs. She stated,

I have found that academics have become secondary to spending time building healthy relationships, and making sure kids feel safe being at school. Kids need someone to talk to, they need to know that they can trust me to confide in. I have found kids won't take risks, or being willing to push themselves if they don't trust you.

Samantha, a Kindergarten teacher, said that she was part of trauma-informed team while working in one school, and that there she learned that all students benefit from having time at school to be calm, connect with, and regulate their bodies, which is challenging if they do not feel safe and connected to adults. She felt that building relationships with students has always been a priority, especially since her students are the youngest in a school, and require a significant amount of nurturing. Samantha feels that having the youngest students in the school requires her to act as a second mom because 5-year-olds need that level of nurturing. Samantha said,

Building relationships and caring for kids is easy when they are five. I feel like our expectations of students change as they get older, like maybe they are supposed to be able to fend for themselves, or overcome these issues and be more able to learn. I think relationships and caring for kids is just as important when they are older and experiencing hardship.

Valerie's school has made a change to focusing on relationships. She shared that her school uses mindfulness and a variety of tools and curriculum to set the foundation for building relationships. Valerie feels that building relationships is not as easy as it sounds when students have adults at home that are not trustworthy or safe; relationship building can be more complicated. She said, "Relationships in all areas of life, including the ones in a classroom take

time and work. I try to be as consistent as possible. I need to talk the talk and walk the walk.”

Valerie shared that building relationships “can be very time consuming, which in my experience causes relationships to be put aside for trying to meet academic demands.”

As a new teacher in her first months as an educator, Maggie has limited understanding of ACEs, but said, “When students shut down or are mad and refusing to do work I don’t punish them, I wait for them to regulate, which can sometimes take a long time, and then I give them the chance to talk to me.” She knows that students are not going to do work until they feel better, and so she gives them the chance to process, which is helping her to build trusting relationships with the students.

In Rachel’s day treatment program, her staff first focuses on building relationships with students, and as a classroom community. Rachel shared that most of her students have experienced multiple ACEs and have significant behavioral and emotional regulation challenges. Rachel has worked with the reality of ACEs every day, and feels that those experiences naturally led her to creating a nurturing environment for students. She said,

Unfortunately, I don’t believe that many regular education teachers have the same focus, because I think they have an academic focus. Many of my students cannot be in their regular education classrooms, because mainstream teachers don’t have the same nurturing approach that I do.

Katie is a veteran teacher, who also teaches a self-contained, day treatment program. She shared,

I try to provide a space that first seeks to foster relationships and trust, and then we move on to addressing academic needs. Most of my students do not arrive at school ready to learn each day. I believe that if all classroom teachers focused on relationships first that many behaviors in schools would decrease.

Tina similarly said that, while working in special education, she found that having empathy for students and their experiences was important. She also felt that giving each student focused attention to get to know them and care about their interests supported relationships with students.

Each interview and narrative showed that all of the participants had been exposed to students who had ACEs, and that very few of the participants had been provided training on trauma-informed practices. However, each participant reported that they feel relationships are the most important factor in working with students who have experienced ACEs. Participants also shared that relationships should be a priority before trying to teach students academics.

Theme 2: Inconsistent Professional Development Opportunities

The first step in TIC implementation is teacher awareness (Hoover, 2019; NASP, 2016; Palva, 2019; Rossen, 2020; SAMHSA, 2014). All of the participants in this study had some awareness of ACEs, and each had individual experiences with students who had behaviors and social–emotional needs related to the trauma that they had experienced. However, each participant had a varying level of knowledge about trauma-informed practices and the impact of ACEs on students. The proponents of TIC frameworks have consistently suggested professional development and shared staff awareness of the impact of ACEs on students, suggesting also that staff education is the most important component to a cultural shift in becoming a trauma-informed school (ESSA, 2015; Jones et al., 2018; NASP, 2016; Palva, 2019; Rossen, 2020; SAMHSA, 2014).

TIC starts with collective awareness, urgency, and professional development amongst an educational community (Hoover, 2019; Rossen, 2020). Most of the participants reported that they feel that an awareness of ACEs is important and that it is important that all teachers receive

professional development to move forward in becoming trauma-informed and providing TIC. Although not all participants knew what the next steps could be for implementing TIC, most of them supported the notion that consistent professional development is needed.

Ashley felt that professional development opportunities could assist in shifting educator mindset toward trauma-informed practices, and having an empathetic approach with students who have experienced ACEs. She felt that professional development, consistent review, and clear school-wide initiatives with objectives and goals would assist in moving staff forward in having a trauma-informed school culture.

Although Ashley's district did not provide any trauma-informed initiatives, the Maine Department of Education offered a series of workshops about ACEs. She chose to attend the conferences with a few other colleagues, and described the experience as a mindset shift in how she thought about students' development and behavior. Although the conference was not mandatory, she attended to expand her knowledge. Although Ashley's district has a low socio-economic status, and specialized programs that are "busting at the seams," no mandatory trainings are planned for teachers on the topic of ACEs, nor are there any district-wide initiatives.

Rachel, a teacher of a specialized behavior program, learned about ACEs through her work with students in her program. As a third-year teacher, and a brand-new special education teacher in a day treatment program, Rachel was not offered a support on how to work with students who were refusing to do their work, throwing chairs, or running from the classroom. She said, "My district did not offer any training around trauma, or ways to support students. I felt in over my head, had no support, and most days wanted to quit, but I knew the kids needed me."

Rachel had a single day of restraint training that was mandated by the district because she worked with students in a behavioral program who often exhibited unsafe behavior. During that training de-escalation strategies and trauma were also presented, but she did not feel it appropriately prepared her for the level of student behavioral and social–emotional need in her program. Rachel said,

I knew I needed to learn more about ACEs, trauma, behavioral interventions and how to support my students, or I was going to burn-out and quit. I was being hit, kicked, spit on and having to restrain students, but I wasn't being offered the reason why this was happening, or how to help them. I sought out a national trauma-informed conference which taught me a tremendous amount. I have continued to research and learn on my own.

Tina also worked in a specialized behavior program and shared that she was not provided with training on the topic of ACEs, or training on supports that would prepare her for a job supporting students with significant behavioral needs directly related to the ACEs they had experienced. She was hired to teach a resource room, but it was converted into a behavioral program because of the increase in behavioral needs in the small school. Tina said, “I was spit on, kicked, bit, slapped, and was required to restrain students, but never provided professional development around the why.” The school for which Tina worked did not provide professional development about ACEs, and the district had no initiative. Tina said,

I sought out learning on my own, because I was significantly concerned by the behavior I was witnessing. I wanted to understand why students were having intense behaviors so that I could help students. I only stayed in the job a year, because it was so intensive.

Tina has worked in three districts in special education, and has not been provided any specific training about ACEs.

Jennifer shared that not every district she had worked in offered trauma-informed trainings, and if they were offered, they were once a year or inconsistent at best. PBIS, SEL team, and mental health grants were some of the ways that her district provided learning. However, educators were not mandated to participate in all of these teams and opportunities. Jennifer's knowledge (beyond being on teams) was provided by occasional workshops in the district. Jennifer said,

During my 5 years as an educator in three different districts, I have not been a part of schools or districts as a whole that have trauma-informed initiatives. The closest experience I had was in a district that received a grant allowing the district to purchase materials for SEL, restorative practices, and professional development.

Even with a grant and opportunities for the whole district to learn about ACEs, Jennifer found that each principal in the district approached implementation differently. Each principal had their own ideas and beliefs with which they approached implementation; therefore, some of them implemented ideas and opportunities, and others let them pass by, which created varying degrees of implementation in each school in the district.

Samantha shared a very similar experience. Samantha explained,

I worked in a school where the assistant principal was new, and had a clear vision of creating a trauma-informed school. When I left the school to start in a new district there were no discussions or initiatives in place for ACEs.

Samantha said that she has continued to read and reach out to her former assistant principal to get resources and support around trauma because of the behavioral needs she faces in her new school.

Kayla shared that she worked in three counties in Maine. Kayla considered that all of the schools in which she had worked had had high incidences of ACEs and that all of them provided limited if any professional development on ACEs. Kayla was offered brief overviews of the nature of ACEs, but was never offered strategies to support the effects of ACEs. Districts have brushed over the topic, or provided a menu of professional development opportunities in which ACEs were an optional topic. Kayla said, “I have never worked in a school that has expectations, or an initiative for ACEs.”

Victoria has had a somewhat different experience in that her district does not have initiatives in place for trauma-informed practices, but the school in which she works in the district has regular conversations about ACEs and the effects on children. Her school does not have an initiative; however, the students are in need; therefore, teams within the school and teachers have discussions regularly about ACEs and the behavior that students exhibit. Victoria said, “My school has seen such a sharp increase in student behavior that the administrative team attempted to start a specialized program for students.” The student assistance team at Victoria’s school, an option in which staff can participate, has the most training and conversations about trauma, for they are the team that develops plans to support students and teachers.

Sadie’s knowledge of ACEs started when she had students in her classroom with significant behavioral concerns. She worked with behavior analysts and a social worker in her classroom to support the student. It was their collective knowledge that helped her to learn about ACEs. Sadie works in a small school that has limited behavioral concerns. In her district, a large

elementary school houses the day treatment or behavioral program. Sadie's school has sent students to the behavioral program when they cannot manage the student's needs at their school.

Sadie said,

I have only had two trainings on ACEs, as a district we do not have trauma-informed initiatives. My experience with learning about ACEs has been when students with needs are in my classroom.

This year the expectation that students would have greater needs increased because of the impact of COVID-19 (CDC, 2020); therefore, Sadie's whole district was provided mandatory training on the topic of trauma.

The participants in this study shared that, throughout their work experience in various districts throughout Maine, they did not receive consistent training, and that their schools and districts did not have initiatives in place on ACEs. The participants in this study also reported seeking out their own learning so that they could support students in their classrooms, or that they learned about ACEs through the complex students they had in their classrooms and the supports that they needed (e.g., behavioral interventionists and social workers). Each participant had some knowledge of ACEs and had experienced the direct effects of ACEs by working with or observing struggling students in their classrooms and schools. According to the participants, conversations about ACEs and student needs are occurring in their schools. These conversations occur in student assistant team meetings, through the school social worker, or through the PBIS team. The participants in this study reported that professional development as a whole was heavily geared toward the interest and focus of the administrators in their buildings. It is clear that inconsistent professional development on the topic of ACEs is being offered to educators in Maine school districts.

Theme 3: Preparation through College Coursework

With 90% of the American children in public education, some physicians and educators suggested that the symptoms of ACEs be combatted in the educational setting through the implementation of TIC (Rossen, 2020; SAMHSA, 2014). The proponents of TIC frameworks consistently suggest there be professional development and shared staff awareness of the impact of ACEs on students; they also suggest that staff education is the most important component to a cultural shift in becoming a trauma-informed school (ESSA, 2015; Jones et al., 2018; NASP, 2016; Palva, 2019; Rossen, 2020; SAMHSA, 2014).

The participants in this study reported inconsistent or no professional development offered by their schools to learn about ACEs or trauma-informed practices. Educators have opportunities to learn new skills and educational strategies through initiatives chosen by school districts and individual schools. Prior to becoming certified teachers employed by schools, they have the opportunity to acquire skills through their college coursework.

All educators must complete state-required expectations and coursework to become a certified teacher (Teacher Certification Requirements, 2020). The minimum requirements for obtaining any teacher certification in the state of Maine are a bachelor's degree in education and passing scores on state level exams (Teacher Certification Requirements, 2020). According to participant narratives, many of them felt unprepared in their first years of teaching to manage the behavioral and social–emotional needs of the children in their classrooms. The participants also shared that, in their college experiences, very few (if any) opportunities to learn about ACEs were provided.

Jennifer was not prepared for the reality of the job regarding classroom management and how to address student behavioral needs, while also trying to encourage all students to learn. She said,

I think colleges need to offer more courses that address behavior management in the classroom. We were taught how to teach academics in college, but there were no real conversations about all of the behavior and social–emotional needs students would have that would keep them from accessing their learning.

Jennifer’s opinion is that Maine has an educator shortage because of burn-out caused by lack of preparedness to manage a classroom and teach academics. She believes that educators are not appropriately prepared to manage the needs of students. She said, “I have never been in a classroom or a school without significant behavioral needs. So many kids are experiencing ACEs, and that is what we need to learn about in college.”

In her first year of teaching, Kayla worked in a school district that had an extremely low-socioeconomic status, and was known for violence, drugs, and poverty. She had a classroom with students who had experienced ACEs. With so many students in her class who had experienced ACEs, classroom management was a challenge. Kayla said,

I was overwhelmed by my first years of teaching. College did not prepare me to know how to manage students in the classroom who had such significant behaviors. We were never taught what ACEs were in college, or by the school I worked in. I had to try and figure it out on my own, while trying to teach and support the students in my classroom.

With ACEs being so prevalent, Kayla believes it would be beneficial for colleges to provide more course work on the topic.

Samantha, also a relatively new teacher, reported similar feelings about being unprepared to manage a classroom with students who have experienced ACEs. Samantha shared that managing behavior, and social–emotional needs is a huge part of being an educator, and in her experience, she said it was the aspect of teaching that she was least prepared for. Samantha feels that college did not prepare her to manage a classroom. She said,

As part of my degree, I believe I took one basic course in classroom management and it did not talk about ACEs. College coursework did not offer me the skills I needed in my first year of teaching to manage the behavioral needs in my classroom, or even now as a seventh-year teacher the needs are increasing and I don't have the foundational knowledge or skills needed to help the students in my class.

As part of Samantha's degree requirements, she had to complete a practicum; however, in her opinion, it was not long enough or focused enough on managing the classroom. Samantha said, "I spend more time managing the classroom than I actually do teaching, and we aren't provided any training in college to prepare us for that."

Victoria, a tenured teacher of 10 years, also shared that her college education did not prepare her for classroom management, or more specifically managing the many behavioral needs that students were exhibiting in her classroom. Victoria spent time working as an ed-tech in a special education program, and worked her first years as a teacher in a school with a very low socioeconomic status and high student academic and behavioral needs. She felt that her time in those settings was invaluable in preparing her to be an educator. She shared that she found those times more beneficial than any class or experience in her college education. Victoria said,

I feel poorly for the people just coming out of college to be teachers, they do not get appropriate training in preparation for the behavior they will see and need to manage.

New teachers that I work with struggle in their first years, and in my experience, many end up leaving the profession in the first 5 years of being employed.

Victoria did not feel prepared by her college courses to manage the social–emotional and behavioral needs of the students in her classes. She said that it was her work as an ed-tech in a special education program with students who had behavioral challenges that gave her the skills needed to be prepared for teaching.

Sadie similarly reported that she did not feel prepared in her first years of teaching after finishing college. She felt that she did not have enough experiences in classes, or observing teachers who were managing classrooms with significant behavioral problems, and that ACEs and trauma were not topics of focus. Sadie’s collegial experience focused on developing lesson plans, Common Core State Standards, mathematics, reading, writing, and teaching kids. She said, “I may have been required to take one management course, in which there was limited conversation and learning centered upon ACEs or the reality of the social–emotional and behavioral needs that I have seen in classrooms.” Sadie is thankful for her teacher mentor that the district provided, for she supported Sadie and taught her everything she knew about classroom management and behavior.

The participants largely reported feeling unprepared to teach after leaving college and having their own classrooms. The participants shared that coursework in college did not provide an understanding of ACEs or TIC and practices. Most of the participants shared that their coursework focused on lesson planning and academics, and provided limited classroom management techniques that could help prepare them for the behavioral and social–emotional needs that they would face while teaching in Maine primary schools.

Theme 4: Meeting Student's Basic Needs

According to Rossen (2020), educators can support students by providing “sustained kindness, empathy, and creating a positive school climate that feels safe and academically supportive,” (p. 40). Adverse Childhood Experiences (ACEs) themselves are often basic needs that are disrupted. ACEs include poverty, which can lead to food insecurity and homelessness. Another ACE is witnessing abuse, which can lead to a chaotic home life and disrupt sleep and safety needs (Rossen, 2020).

In discussing experiences with ACEs, some participants shared that many students in their classrooms did not have their basic needs met. The participants shared that they had to provide food, clothing, and even time to sleep for students so that they could then feel available for learning. The participants shared that meeting the students' basic needs by feeding them, clothing them, allowing them to sleep, and providing a nurturing caring environment led to fostering healthy and trusting relationships that allowed the students to thrive.

Ashley reflected on her experience with students who had behaviors related to ACEs and shared that she feels that schools' first priority should be to meet the basic needs of students. Furthermore, she shared that relationships with students are her priority because of the suffering she feels that many students are experiencing because of ACEs. Ashley said,

I have had to feed and clothe kids so that they can be in a position to attend to what I am teaching. If kids are hungry, tired, and don't trust me they won't learn. I spend my own money to ensure that kids have healthy snacks during the school day, or warm clothing during the winter months.

Jennifer has taught multiple grade levels, and shared that it does not matter how young or old the students are; they are showing up at school without their basic needs met. Jennifer shared,

Kids show up in my classroom, or have over the years, that have not been fed, have had police at their homes, maybe they haven't slept, or they have no positive role model and therefore they are in crisis.

Jennifer feels that if she cannot connect, show she cares, and give those students the space, time, and support they need, they will not be able to learn. Jennifer said, "My job is to help students succeed, and so I have to help support meeting their basic needs."

Samantha teaches the youngest students in school as a kindergarten teacher. She feels that, at 5 years old, they do not know how to manage their emotions, especially if their basic needs are not being met. Samantha said,

I can't ignore when a student comes to school and says they haven't been fed, or they don't have warm clothes, or they fall asleep at their table because they share that their parents were up arguing all night.

Rachel's experiences in teaching a behavioral program have led her to hear the extreme struggles that students face in their lives. Through her relationship with the students, Rachel focuses on creating a safe environment for them in which they can trust staff and flourish academically and emotionally. Rachel shared,

I work with students every day who have experienced things that most people cannot imagine. Most of my students do not show up to school with basic needs met, they need me to provide snacks, clothing, hygiene materials, and most importantly love.

Katie also teaches a behavioral program, and has worked with students who live in difficult environments, have experienced trauma, and do not have their basic needs met. Like Rachel, all of Katie's students have had traumatic experiences in their lives, and for most school is the safest place for them to be. She said, "I care for each child much like I would my own

children. I feed them, clothe them, and make sure their basic needs are met. Each student has behavior, but that behavior is a way of communicating”.

In addition to professional development, creating safety, trust, and building relationships with students to support social and emotional growth is critical to shifting the culture in becoming a trauma-informed school (Cole et al., 2005; Rossen, 2020).

The participants shared that not all of the students are coming to school ready to learn because of their disrupted home lives and ACEs. More students need their basic needs met so that they can attend and access learning. The participants feed and clothe the students so that they can feel safe and cared for at school. The participants go above and beyond teaching academics to establish healthy relationships and safe spaces so that students can learn.

Theme 5: Understanding and Implementing TIC

The National Association of Child Psychologists and National Association of State Boards of Education suggested that “trauma-responsive schools increase students’ coping skills and graduation rates, and they approve classroom attendance, classroom behavior and emotional and physical safety” (Hoover, 2019, p. 1). The participants shared a mixed review of their knowledge of ACEs and TIC, and where their schools are in the process of understanding ACEs, having initiatives in place, and understanding trauma-informed practices. The proponents of TIC frameworks consistently identify the importance of professional development and shared staff awareness of the impact of ACEs on students, suggesting that staff education is the most important component of the cultural shift to become a trauma-informed school (ESSA, 2015; Jones et al., 2018; Palva, 2019; Rossen, 2020; SAMHSA, 2014).

Jennifer has been part of a school that uses a coaching model for literacy and mathematics, which has assisted in tremendous academic growth for students, and professional

growth for adults. Jennifer believes that teachers need coaches to implement trauma-informed practices. According to Jennifer, professional development through reading books and watching videos is helpful when building a basic understanding of ACEs, but she believes that, to make a true cultural shift, teachers need support in the classrooms. She said, “We need someone to help us with challenging behavior, be able to model supports, prompt us in knowing what to do, and help with implementation of strategies so that learning is transferred to the classroom”. Kayla echoed the same sentiment when stating,

When teachers are taking on new knowledge, having a professional learning community and time to discuss ideas is helpful. I feel teachers need support in carrying out new learning. Having opportunities to role play, have mock experiences, or have support in the classroom while carrying out new strategies would be helpful.

Samantha works in a small school with many veteran teachers. She believes that some of the teachers in her school do not believe that managing the impact of ACEs (e.g., students’ social–emotional needs) is their job. Although these teachers care about students, she feels that they are focused more on academics. She believes that teachers are overwhelmed with the number of initiatives and duties that they must carry out. Samantha said, “I think teachers would be more willing to shift their mindset and take on new learning and practices if they had support in their classrooms to coach them through implementation.” Samantha thinks that many teachers can read books, research, and listen to presentations, but what would be helpful is to have someone help in the classroom with implementing strategies. She said,

Nine times out of ten I feel like when I attend professional development opportunities, I get excited about the new learning, but the never have the time to implement, review or discuss it with peers, and therefore the time I spent learning is wasted.

Rachel, who has been both a regular education and special education teacher, feels that, as a regular education teacher, she was not provided the time or training to learn about ACEs. As a regular education teacher, she felt far more pressure to deliver academics, and to be sure that students were making adequate growth. As a special education teacher, she shared that the time that she has had to develop her knowledge about ACEs has been invaluable. Rachel shared that,

I think regular education teachers need more time to learn about ACEs. As a regular education teacher, I don't think I could focus on the behavioral and social-emotional needs of my classroom because I felt so pressured to deliver academics.

As a regular education teacher Rachel constantly felt overwhelmed. She also said,

I think if more teachers had coaching, or some kind of support person to guide them in the classroom in managing behavior, and social-emotional needs, modeling, and supporting transfer of whatever they are learning that more teachers would be willing to focus on student behavior.

Katie, who teaches special education, believes that regular education teachers need more time and opportunities to learn about ACEs so that students affected by them can be successful in their mainstream classrooms. Katie said, "If teachers are asked to take on more learning, and a new initiative, just like any other initiative they need modeling, coaching and positive feedback." At Katie's school, teachers appear to be overwhelmed by the needs in their classes; however, most professional development offered to teachers continues to be strictly on academic growth. Katie believes that teachers need TIC and practices to be a priority for the whole school. She said, "There are literacy and math coaches, we need to have behavioral or emotional coaches."

Sadie, who teaches in a small rural school and shared that she has worked with few students who have experienced ACEs, but feels the need is growing. As an educator she

struggles to find a balance between focusing on the importance of academics, and meeting the social–emotional and behavioral needs of students. Sadie had a teacher mentor in her first years of teaching who helped her learn classroom management skills, and was a sounding board for her concerns and needs. Sadie wonders whether having mentors in schools to assist teachers in carrying out trauma-informed practices would help teachers feel more invested and supported in the process.

With shared staff awareness identified as the first and most important step in implementing TIC and experiencing a school-wide cultural shift, the participants shared that they want professional development, but need more support to transfer change and make shifts in their practices. All of the participants, except Maggie and Tina, shared that they feel that a more interactive approach through coaching, mentoring, or some form of support in transfer of learning into the classroom would be the most successful next step in becoming trauma-informed. Some of the participants shared that lack of time, academic expectations, lack of team discussion, and lack of support could keep them and their peers from successfully implementing TIC.

Summary

The purpose of this study was to explore public school K–8 educators’ perceptions of ACEs and how their understanding of ACEs could contribute to creating a trauma-sensitive school climate. With two-thirds of American children experiencing ACE’s, classroom and school climates damaged by the lack of understanding and management for behavioral outbursts, and teachers listing as a top reason for burnout behavioral problems in the classroom, teachers need their experiences with ACEs to be known so that policy makers, superintendents, and school administrators can be more aware of the impact that trauma has on school and classroom culture,

and can consider TIC, specifically professional development for teachers, as a top priority in changing school climate, teacher retention, and PBS in schools (Feldman et al., 2000; Ford et al., 2012; Rossen, 2020; Vanderwegen, 2013).

There is an abundance of literature on the topic of ACEs; however, this study aimed to add to the existing research by providing teacher voice, experiences, and perceptions of ACEs. As a nation, nearly half of youth are affected by ACEs, which can significantly affect school experiences for these students (Hoover, 2019; Rossen, 2020). Through this study, the researcher gave a voice to the educators who strive to combat the effects of ACEs, and provided a rich and in-depth awareness of the experiences that educators face in the classroom because of the prevalence of ACEs.

In this study, the researcher identified themes that were present in the narratives of participants. The participants in this study have all witnessed the behavioral and emotional dysregulation of students who are experiencing or have experienced ACEs. A majority of participants shared that they feel unprepared to handle the impact of ACEs in their classrooms. Their college experiences did not provide specific coursework or training on how to support students with ACEs, and the schools in which they work are not providing consistent professional development opportunities to acquire the knowledge and skills needed to support the behavior and social–emotional needs of students who have experienced ACEs. Additionally, the participants shared that they feel that relationships with students are the most important factor in starting to create a trauma-informed climate. Students have faced traumatic experiences; therefore, they need trusting adults who care for them and can access their learning. The participants believe that educators need more interactive experiences, coaching, and consistent

professional development opportunities so that they can become trauma-informed, and feel prepared to meet the needs of the students filling their classrooms.

CHAPTER 5

CONCLUSION

The purpose of this qualitative narrative inquiry was to explore public K–8 educators’ perceptions of ACEs, and how their understanding of ACEs could contribute to creating a trauma-sensitive school climate. Chapter 5 includes the interpretation of findings, implications of the findings, recommendations for action, and recommendations for further study.

Knowledge and a shared understanding are the first steps in a trauma-informed framework or TIC (Hoover, 2019; Rossen, 2020). This research was focused on understanding the public K–8 educator’s perspective and awareness of ACEs using a qualitative research design. Qualitative research focuses on stories, establishing deeper meaning around phenomenon, understanding the experiences and interpretations of events by others, and the meaning that people attribute to their experiences (Merriam & Tisdell, 2016). In this study, the researcher used narrative inquiry to gain detailed, rich, and in-depth, first-hand accounts of public K–8 school educators’ perceptions of ACEs.

The themes that emerged from the narratives that were gathered for this study included (a) the importance of teacher relationships with students, (b) inconsistent professional development opportunities on ACES and TIC for teachers, (c) the lack of preparation of teachers through college coursework, (d) teachers meeting students’ basic needs, and (e) teachers’ lack of understanding regarding how to implement TIC.

Research Questions

The primary questions which guided this research study were

- RQ 1: What are public K–8 educators’ perceptions of ACEs?

- RQ 2: How do public K–8 educators perceive that their awareness of ACEs contributes to creating a trauma-sensitive climate?

Interpretations of Findings for Research Question 1

Research Question 1 asked, “What are public K–8 educators’ perceptions of ACEs?” The participants in this study have taught in a variety of counties in Maine, and they unanimously reported that they have been and continue to be exposed to students who have experienced ACEs, and that they believe the prevalence of ACEs is increasing in their schools. Katie, a veteran teacher of 25 years, said, “The number of students requiring special education support for behavioral and social–emotional needs caused by ACEs has grown over the years, now to a point where there are waiting lists to get into specialized programs such as Day Treatment.” Victoria, a veteran teacher who has worked in education for over 10 years, reported, “The need for more support for students with behavior has grown so significantly over the last few years that our small school has had to start a new behavior program at both the middle school and the elementary school.” Another participant, Kayla, said “In my first year of teaching, my classroom was packed with students who had ACEs, and I had to learn in the moment how to support them.” Sadie, also a veteran teacher, said that she has witnessed the needs of students who have ACEs vary. She has been exposed to explosive behaviors, students who struggle to focus in class, and an overall inability to access learning because of the trauma they have experienced.

The participants in this study experienced students in their classrooms and schools who have significant behavioral dysregulation that ACEs have caused. According to the 2016 National Survey of Children’s Health, just under half of all children in the United States have experienced at least one ACE, and approximately one in 10 children has experienced three or more ACEs. This research supports the participant narratives, for they shared that they are

experiencing students who are destructive in the classroom, hit, kick, spit, and display other aggressive behaviors. Katie and Rachel both said that they have students who have been physically aggressive. Rachel shared

ACEs are not just the experiences of special education students. I have worked with students as a third-grade teacher who are neglected, homeless, live in shelters, have food insecurity, a parent or both that are incarcerated, students who are being raised by grandparents, students who have witnessed verbal, physical, and substance abuse, and students whose parents have died.

Additionally, the participants in this study have had students display avoidance of engagement in task completion by putting their heads down, crying, verbally refusing, or sleeping. Victoria, a teacher in a small rural school, said “I have had students that are homeless, without food, in foster care because of parent addiction, and who are emotionally distraught and struggle to be in class because they are overwhelmed by their lives.” Maggie, a first-year teacher, said that many of her students bring their issues from home to school, and that might look like refusing to work, crying, and shutting down. Sadie, also a veteran teacher, mentioned that she has learned about ACEs by having to collaborate with social workers and behavior specialists who are working with students in her classroom who have behavioral challenges related to ACEs.

Students who have experienced ACEs can be affected in many ways. Educators can support students by providing “sustained kindness, empathy, and creating a positive school climate that feels safe and academically supportive” (Rossen, 2020, p. 40). By providing a consistent positive regard, and showing empathy, students might start to trust caregivers and potentially grow to be resilient (Rossen, 2020). According to Rossen (2020), ACEs can include

poverty, homelessness, parents who are incarcerated, substance abuse and other experiences that can affect a child's home life and ability to get their basic needs met (e.g., shelter, meals, sleep, and healthy relationships).

The participants in this study reported that meeting students' basic needs is a priority over teaching academics, for the students cannot learn without their basic needs first being met.

Ashley who reflected on experiences with students, noted lack of sleep and emotional exhaustion; she said that multiple students with whom she has worked over the years had come to school tired or emotionally exhausted because of witnessing their parent being abused at home. Ashley further claimed, "Kids who experience trauma are hungry, tired, scared and constantly ready to blow. Teachers need to learn how to support students in getting these needs met, however it cannot all fall on the teachers." Jennifer also shared, "Kids show up in my classroom, or have over the years, that have not been fed, have had police at their homes, maybe they haven't slept, or they have no positive role model and therefore they are in crisis."

Another basic need that the participants regularly mentioned needing to address was food insecurity. Kayla said, "In my first year of teaching, a student asked me to teach him how to cook; I later found out that he was home by himself because his only parent had been incarcerated." Samantha, a kindergarten teacher also feels responsible to meet the needs of students, she said, "I can't ignore when kids said they are hungry, need sleep, or clean clothing."

The participants also reported that other basic needs (e.g., having clean clothes, access to a bath, and having healthy relationships) of students in their classrooms. Rachel explained, "I work with students every day who have experienced things that most people cannot imagine. Most of my students do not show up to school with basic needs met, they need me to provide snacks, clothing, hygiene materials, and most importantly love."

The prevalence of students experiencing ACEs in participants' classrooms is shared; therefore, the participants reported that forging a relationship with their students is the most important strategy they use that might address trauma. The participants are building relationships with students through meeting their basic needs, while also focusing on building a sense of community in the classroom. Researchers have supported that educators have the opportunity to change the trajectory of a student's life if they can connect and foster resilience in students who have experienced trauma (Rossen, 2020; SAMSHA, 2019).

Ashley said "We have to build relationships with students, so that they can learn. I feel relationships are the first step in helping students access their learning and succeed academically." Jennifer supported a similar notion in saying, "I have found that academics have become secondary to spending time building healthy relationships, and making sure kids feel safe being at school." Valerie, shared that she is not approaching relationship building on her own; she said her school have made a change to focusing on relationships. She shared that her school uses mindfulness and a variety of tools and curriculum to set the foundation for building relationships. Katie, a veteran teacher, said, "I try to provide a space that first seeks to foster relationships and trust, and then we move on to addressing academic needs." In the article *Supporting Students with ACEs*, which focuses on moving from trauma-informed approaches to creating a universal trauma-informed school climate, Murphy and Sacks (2019) also found that focusing on relationships helps children who have experienced ACEs grow a sense of resiliency through connection with caring adults and who foster positive relationships (Murphy & Sacks, 2019).

The participants in this study have regularly been exposed to children with ACEs, and the significant impact that ACEs have on the classroom and school climate. The participants have

experienced the prevalence of ACEs in their classrooms; therefore, they perceive the ACEs and their impact on students as critical focal points of professional development for which educators must be provided the knowledge and skills they need to become trauma-informed. The participants in this study perceived themselves and their educator peers as unprepared to manage appropriately the behavior and social–emotional needs of some students because of the ACEs the students have experienced.

Interpretations of Findings for Research Question 2

- RQ 2: How do public K–8 educators perceive that their awareness of ACEs contributes to creating a trauma-sensitive climate?

All of the participants in this study knew what ACEs were through the experiences in their classrooms with students who have ACEs or knew through some form of professional development. However, none of the participants knew what specific skills or practices would create a trauma-sensitive climate, or what would make a school be considered trauma-informed. Katie and Rachel, special education teachers in programs that support students with emotional–behavioral disorders, said that they have used practices (e.g., building relationships, connections, nurturing children, and creating a safe and predictable environment) that improve student behavior in their classrooms; however, they said that they were unsure whether those practices were trauma-informed. Transforming an educational culture to becoming trauma-informed, depends on the awareness and learning of the educators within that setting (Cole et al., 2005; Cole et al., 2013; Rossen & Hull, 2013; Tishelman et al., 2010). The impact of trauma is prevalent in all schools, and a trauma-informed framework relies on teachers changing the lens through which they recognize and view the implications of trauma, allowing for cultural transformation and the implementation of TIC with school-wide fidelity (Cole et al., 2005, 2013;

Rossen & Hull, 2013; Tishelman et al., 2010). Furthermore, TIC researchers have revealed the importance of understanding teacher awareness of ACEs and their effects on students, which is the first step in implementing the TIC framework (Hoover, 2019; Jones et al., 2018; Palva, 2019; Plumb et al., 2016; Rossen, 2020).

Rachel teaches a special education program specifically for students who have behavioral and social–emotional needs. She attended a national trauma-informed conference that she sought out on her own. Rachel said, “I know what ACEs are, but the conference helped me to understand how students are impacted neurobiologically, which helped shift my mindset and become more understanding.” Rachel further shared that, after attending the conference and becoming more knowledgeable about ACEs, she understood that students were not choosing to misbehave, which allowed her to have a more empathetic approach. Rachel also said that she learned that relationships are an important component of TIC, for students need to trust and feel safe to be regulated enough to learn. Rachel felt that shifting her lens allowed her to approach students with compassion. Katie, also a special education teacher, had many of the same beliefs and experiences as Rachel. Katie said, “I learned not just what ACEs are, but how they impact a student’s brain development. I stopped looking at kids like they were choosing to be naughty, and understood they were communicating the only way they knew how.” Katie shared that her classroom became less punitive in nature, and more about teaching students the appropriate way to react to frustration, which in turn led to a climate that had fewer negative behaviors.

Maggie, Tina, Sadie, Jennifer, Ashley, Samantha, Kayla, and Victoria all shared that, although they know what ACEs are, and have some knowledge of the impact they have on students regarding health, they have not learned specific strategies that would assist them in becoming trauma-informed, or how to implement practices that would change the culture of their

schools or classroom. These participants shared that, when they learned about ACEs, they became more empathetic to students, and they placed a heavier focus and emphasis on building relationships. Jennifer shared that, after learning about ACEs and how they affect student behaviors, this knowledge “shifted my thinking and made me more empathetic and aware of their needs, which I think has helped those students feel safer in the classroom.” Victoria similarly shared that she shifted “from being focused only on academic growth, to being more aware of students’ more basic needs like needing food, a calm and nurturing approach, and being prepped to be ready to learn by building a relationship first.” Furthermore, Victoria reflected that she felt that her overall approach toward working with all students became gentler and more focused on building community so that the students felt safe, connected, and accepted.

Mezirow’s (1991) theory of transformational learning was founded on the premise that learning and change require (a) a recognition of one’s own biases, norms, and constructs, which is followed by (b) reflection, (c) the realization that change is needed, and (d) a willingness to learn (Mezirow, 1991). The participants in this study shared that, when they learned about ACEs and their impact on student neurodevelopment, body regulation, and learning that they became more empathetic; their mindset shifted to believing students have regulation and social–emotional skill deficits, not that students were choosing to exhibit bad behavior. The participants reported that they are in a place ACEs affect them in their schools, they are aware of what ACEs are and are witnessing how they affect students, and they want to support these students by being willing to learn strategies to create trauma-informed climates. The participants in this study shared that their current understanding of ACEs and their impact on students led them to focus heavily on building relationships to allow students to feel safe.

A trauma-informed framework relies on teachers changing the lens through which they recognize and view the implications of trauma, which then allows the cultural transformation and the implementation of TIC with school-wide fidelity (Cole et al., 2005, 2013; Rossen & Hull, 2013; Tishelman et al., 2010). Katie and Rachel shared that receiving professional development on the topic of ACEs and the way that ACEs affect a child's social-emotional and neurobiological development helped them shift their lens as educators to focus on relationships, empathy, and safety and to have a better understanding of why students were having behavioral outbursts at school. Professional development supported these participants in trying new approaches with all students in their classrooms, which built community, fostered closer relationships, and ultimately improved the classroom climate for every student. Each of the eight other participants in this study shared that they had been inconsistently provided professional development about ACEs; therefore, they perceived that their knowledge was limited to knowing what ACEs are and their significant impact on child development and adult health; however, they feel that they have not had the professional development required to understand what a trauma-informed practice would be or what approaches to take to make their classrooms and school climates trauma-informed. Although Katie and Rachel felt that they were using strategies that were supporting students with ACEs, they admitted that they were unsure whether the practices they were using were trauma-informed. TIC starts with collective awareness, urgency, and professional development amongst an educational community (Hoover, 2019; Rossen, 2020). The participants in this study largely shared that, because of lack of professional development and education in their college experiences and in their places of employment, they did not know of what TIC consisted or how to contribute to creating a trauma-informed climate.

Major Finding

A major finding emerged from the results and analysis of the data collected in this study. All of the participants, regardless of professional development, years of experience in education, number of districts worked in, or exposure to ACEs, felt that building relationships with students is the most important first step to meeting the needs of students with ACEs and students as a whole. The participants also shared that relationships should be a priority prior to trying to teach students academics.

Ashley shared that, in her experiences, relationships between staff and students are the foundation of trauma-informed schools; furthermore, she stated “Teachers need to first seek to understand students; relationships are the first step in helping students access their learning and succeed academically.” Children who experience ACEs can experience and grow a sense of resiliency through connection with caring adults and through fostering positive relationships (Murphy & Sacks, 2019). Katie said, “I try to provide a space that first seeks to foster relationships and trust, and then we move on to addressing academic needs.”

When provided a consistent positive regard and shown empathy, students might start to trust caregivers and potentially to grow to be resilient (Rossen, 2020). The participants in this study shared that relationships should take precedence over academics because, through their experiences with students who experience the impacts of ACEs (e.g., addressing behavioral and emotional dysregulation, developing relationships, and creating positive connections to reduce these behaviors), the students eventually start to feel safe. Suffering (i.e., the neurobiological results of trauma) reduces feelings of safety and emotional regulation, which can only be changed or restored by relationships that are caring, predictable, and consistent (Center for Youth Wellness, 2013). Therefore, educators have the opportunity to change the trajectory of a

student's life if they can connect and foster resilience in students who have experienced trauma (Rossen, 2020; SAMHSA, 2014).

Implications

The findings in this study contributed to the body of literature on the topic of ACEs by providing in-depth narratives from public K–8 educators all of whom have experienced in their classrooms students who have ACEs, including students with significant behavior and social–emotional needs. Although an abundance of literature supports the prevalence and impact of ACEs on students and education, the literature is limited that describes the experiences of educators who work with students who are experiencing the significant impacts of ACEs.

An implication of this study is that the findings bring awareness about the experiences of educators who have students with ACEs in their classrooms each day. The participants in this study have seen firsthand the aggression, maladaptive behaviors, and social–emotional deficits that students display in the classroom. These behaviors lead to significant disruption to the delivery of instruction, can cause an unsafe and chaotic learning environment, and put more expectation on teachers to manage the disruptions. This study also highlights that basic needs (e.g., access to food, shelter, and clothing) are not being met for some students, and that teachers often have to put fulfilling these needs ahead of academics.

Another implication of this research is the importance of teacher preparation and professional development to teach and manage student needs in the classrooms today. The participants in this study perceived that the behavioral and social–emotional needs of students are increasing, and that they feel unprepared by their experiences in college coursework and continued educational opportunities to manage these needs. In this study, the researcher found a consistent perception among the participants that professional development is needed so that

educators have a better understanding of ACEs and the strategies that support a trauma-sensitive climate.

The last implication of this study is the voice that it extends for educators to share their experiences with ACEs and how ACEs affect their classrooms (e.g., the prevalence of students with ACEs, the behaviors, and the needs associated with them). Additionally, the participants voiced what they perceived as important next steps in feeling supported and knowledgeable, including professional development, coaching, and support in the classroom with implementing trauma-informed practices and assisting schools in providing TIC.

Recommendations for Action

From the participant narratives and presented findings from this study, the researcher offers three recommendations for action. The recommendations are (a) all school staff members should be provided professional development that is focused on creating teacher awareness of ACEs, (b) all school staff members should be provided professional development that is focused on the specific neurobiological impacts that ACEs cause and on their effect on behavior and learning, and (c) all school staff should be provided professional development about TIC and trauma-informed practices.

Recommendation 1

Becoming a trauma-sensitive school depends wholly on the awareness and education of the staff (Cole et al., 2005, 2013; Rossen & Cowan, 2013; Tishelman et al., 2010).

The first recommendation for action (from similarities and themes found in the participant narratives) is that consistent and well-planned professional development for educators should include creating teacher awareness of ACEs. All of the participants in this study shared that they have had exposure to working with students who have ACEs, and all of them perceived that

ACEs are a prevalent issue in the educational setting. Educators need professional development to create a sense of awareness. At its foundation, a school with a trauma-informed model requires educators to realize that ACEs are prevalent, that they are a health crisis, and that they need professional development to recognize the signs in students and respond with trauma-informed practices (Hoover, 2019; NASP, 2016; Paiva, 2019; Rossen, 2020; SAMHSA, 2014).

Recommendation 2

Recommendation 2 is that educators should receive professional development that is focused on the specific neurobiological impacts that ACEs cause and on their effect on behavior and learning. Although the participants in this study were aware of ACEs and their prevalence, few of them had specific knowledge and professional development on the specific impact that ACEs have on student neurobiological development and on their academic performance and school experience. To become trauma-informed, researchers have suggested that every staff member should learn about the prevalence and impact of ACEs, so that they can then recognize and plan to respond or react to the potential effects (Rossen & Cowan, 2013). Professional development creates shared awareness and urgency, which ultimately lead to a movement and cultural change (Cole et al., 2005, 2013; Rossen & Cowan, 2013; Tishelman et al., 2010).

Lastly, Recommendation 3 is that educators should receive professional development that provides TIC strategies and trauma-informed practices so that, when they have the knowledge of ACEs and the impact on students, they can use specific strategies to mitigate the effects of ACEs and support students in becoming resilient. Professional development to raise awareness on the prevalence and effects of ACEs on academic performance is the cornerstone to building trauma-sensitive schools. School staffs can lead a cultural shift that has a lasting impact on students and

teachers can experience true transformation (Cole et al., 2005, 2013; Rossen & Cowan, 2013; Tishelman et al., 2010).

Recommendations for Further Study

From the limitations and findings of this study, further research studies are recommended to understand better educators' perceptions of ACEs, and how professional development and teacher preparedness might combat the impact of ACEs on students.

This study focused on the perceptions of teachers; however, as described in Recommendation 1, further study on the perceptions of administrators who lead schools and initiatives is needed to understand better the reasons behind the lack of professional development and use of TIC strategies in educational settings. The participants in this study report awareness of ACEs, and the need and interest for having professional development on the topic of ACEs and its impact. Learning about administrator perceptions could reveal potential roadblocks or factors inhibiting TIC from being implemented.

Recommendation 2 is that further study should be focused on teacher preparedness in college coursework. The participants in this study shared that their college courses did not prepare them for the behavioral and social–emotional challenges that they face in the classroom. Furthermore, the participants shared that they specifically felt that college coursework focused primarily on teaching academics, with very little focus on managing behavior and social–emotional needs, or teaching students with ACEs. Moreover, future studies could be specifically focused on the perception of college education faculty on the preparedness of educators for classroom management, specifically regarding ACEs.

Lastly, Recommendation 3 is regarding coaching. The participants in this study expressed the need for coaching as part professional development and integration of trauma-informed

practices into the classroom. The participants shared that they feel that book studies, discussion, and guest speakers alone are not enough to integrate fully trauma-informed practices into the classroom. They wanted more support in implementing trauma-informed practices with students, and stated that coaches who could support modeling, brainstorming, and observe implementation would be beneficial. Therefore, this researcher recommends further study on the perception of educators of who have received professional development through use of a coaching model.

Conclusion

In this study, the participant narratives provided descriptions of public K–8 educators' experiences with students who have ACEs in their classrooms, how ACEs affect their classrooms, and how the teachers perceive the increased need of educators to meet (a) student basic needs, (b) the needs for safe and trusting relationships, and (c) the increase in maladaptive intense behaviors in the classroom that are caused by ACEs. The narratives in this study supported findings that were consistent with current research that showed the prevalence of ACEs in today's classrooms and the need for TIC, which includes building relationships with students and educator awareness. TIC frameworks show that professional development is a necessary step in the process of becoming trauma-informed (Cole et al., 2005, 2013; Rossen & Cowan, 2013; Tishelman et al., 2010).

The participants in this study identified professional development on ACEs as necessary for being prepared to teach in a classroom today. The participants all displayed a willingness to learn more about trauma-informed practices, for they have experienced an increase of students who have maladaptive behaviors and social–emotional needs. Being willing to learn aligns with the last step in transformational learning (Mezirow, 1991). Mezirow (1991) suggested that transformational learning happens as a process, with the last step being willingness to learn.

Mezirow (1991) further asserted that, for transformational change to occur, educators must be aware that a problem exists, and be willing to recognize their personal bias so that they can become willing to learn new concepts. ACEs are prevalent, and are negatively affecting the social–emotional, behavioral and neurological development of students. At its foundation, a school with a trauma-informed model requires educators to realize that ACEs are prevalent, that they are a health crisis, and they need professional development to recognize the signs within students and respond with trauma-informed practices (Hoover, 2019; NASP, 2016; Paiva, 2019; Rossen, 2020; SAMHSA, 2014). This study provided detailed insight into ACEs and their impact on the educational setting through the narratives of educators working with students who have experienced ACEs. In this study, the researcher found that public K–8 educators might be aware of ACEs and their prevalence, and that professional development about ACEs and TIC is a critical component to being prepared to be an educator. This researcher also found that taking the time to build healthy relationships with students is the most important strategy that educators can use to mitigate the impact of behavior and social–emotional deficits caused by ACEs. This study filled a gap in the research, using narrative inquiry to provide an in depth and personal perception of ACEs by teachers the in the classroom who are managing the daily impact of ACEs on students. These stories have the potential to raise awareness of administrators, school boards, and policy makers to influence their understanding of ACEs, the perceptions of educators, and the need for professional development to support teachers better in meeting the significant needs of students who have experienced ACEs.

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APPENDICES

Appendix A:

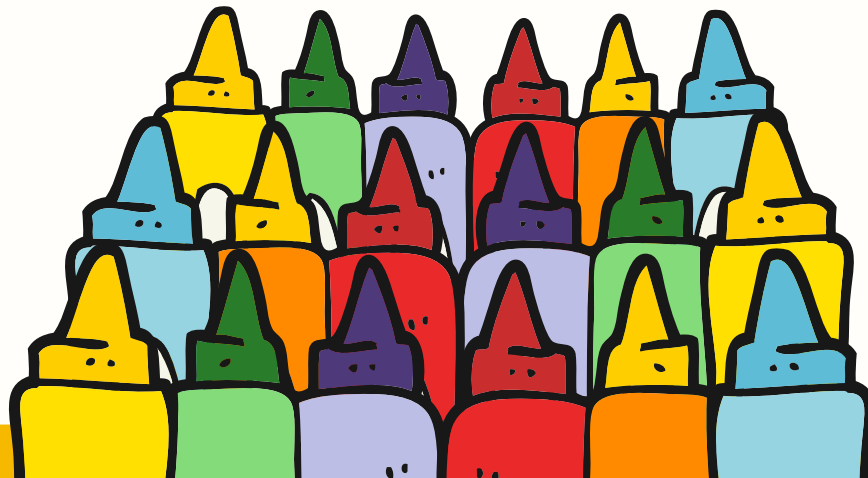
Request for Participants

EDUCATIONAL RESEARCH PARTICIPANTS NEEDED

The purpose of the study is to explore public primary school (K-8) educator's perception of Adverse Childhood Experiences

If you teach public primary school (grades K-8) in Maine and are interested in participating in an interview via Zoom please e-mail Jessica_Berry@

The period for a response is 15 days from the date of posting. For confidentiality reasons and to ensure validity of my study, please do not respond directly to this email or make public comments regarding my study. I appreciate your cooperation and support as I strive to further explore this topic



Appendix B:

Interview Questions

Do you have any questions about the Informed Consent Form? I also wanted to remind you that the interviews will be recorded and transcribed.

I just wanted to take a moment to describe the purpose of my study and answer any questions you may have before we begin: The purpose of my study is to explore primary school educator's (K–8) perceptions of adverse childhood experiences (ACEs) and how their understanding of ACEs may contribute to creating a trauma-sensitive school climate

I will be retelling your story and writing your narrative using the information provided in this interview. As needed, I will also follow up with you via email. Do you have any questions?

Can you tell me a little about your teaching experience? What grade(s) and/or subject do you teach? How many years have you been an educator?

Can you describe what ACEs are?

Potential follow up questions

- How do you know about ACEs?
- Did your district provide you with training?
- Did you have to seek out training?

Can you describe any experiences you've had in the educational environment with students that have experienced ACEs?

Potential follow up questions

- How did you work with this/these students?

Can you describe any experiences you've had with Trauma-informed Practices in your classroom or school environment?

Potential follow up questions

- Does your school or district have any initiatives around ACEs (behavior, poverty, mental health?)

Can you describe how incorporating Trauma-informed Practices could contribute to creating a trauma-sensitive climate in your classroom or school?

Potential follow up questions

- What does a trauma-sensitive climate look like?

Can you describe some specific things that you feel can help you become more informed about ACEs and how they affect children? Can you do the same for Trauma-informed Practices?

Can you describe some specific things that you feel can contribute to your classroom or school to become more trauma-sensitive?

Is there anything else that you'd like to share in relation to any of these topics?

Appendix C:

Institutional Review Board Approval



Institutional Review Board
Mary DeSilva, Chair

Biddeford Campus
11 Hills Beach Road
Biddeford, ME 04005
(207)602-2244 T
(207)602-5905 F

Portland Campus
716 Stevens Avenue
Portland, ME 04103

To: Jessica Berry, MEd
Cc: Andrea F. Disque, Ed.D.
From: Brian Lynn, J.D.
Date: October 23, 2020
IRB Project # & Title: 102020-16; Exploring Public Primary School Educators Perceptions of Adverse Childhood Experiences

The Institutional Review Board (IRB) for the Protection of Human Subjects has reviewed the materials submitted in connection with the above captioned project and has determined that the proposed work is exempt from IRB review and oversight as defined by 45 CFR 46.104 (d)(2).

Additional IRB review and approval is not required for this protocol as submitted. If you wish to change your protocol at any time, including after any subsequent review by any other IRB, you must first submit the changes for review.

Please contact me at (207) 602-2244 or irb@une.edu with any questions or concerns.

Sincerely,

A handwritten signature in blue ink, appearing to read "Brian Lynn".

Brian Lynn, J.D.
Director of Research Integrity