

**A Phenomenological Study of School Personnel
Experiences with Trauma-Informed Practices**

by

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Abstract

This qualitative phenomenological study examined the lived experiences of school personnel in an alternative school setting within a large urban school district in central Alabama. The study explored how faculty and staff interact with and implement trauma-informed practices and curricula in alignment with the Missouri Model for Trauma-Informed Schools. The research was grounded in the Substance Abuse and Mental Health Services Administration's (SAMHSA) definition of trauma and informed by existing trauma-responsive programs utilized within the district, including Adversity University and RethinkEd.

The participant cohort included eight veteran educators serving a predominantly African American student population, most of whom are considered at-risk due to socioeconomic status, exposure to community violence, and disciplinary infractions that meet Class III behavioral violations. Data were collected through semi-structured interviews and analyzed using thematic coding and the hermeneutic phenomenological framework of Heidegger, allowing for a deep exploration of participant perspectives.

Findings revealed seven key themes: the centrality of relationships, the role of surrogate familial connections, personal trauma references by educators, perceived insufficiency in training, situational versus root-cause responses, lack of district-level professional development, and the pervasive presence of trauma among students. Participants expressed a strong desire to support students but reported feeling underprepared to address trauma effectively due to inconsistent training and limited access to qualified mental health professionals.

Based on the Missouri Model's continuum, the school was determined to be functioning at the "trauma-sensitive" stage, characterized by informal references to trauma and early-stage implementation of trauma-informed strategies. This study contributes to the limited body of

research that captures the voices of educators working directly with traumatized youth in alternative settings. The findings underscore the need for more comprehensive, ongoing professional development and the integration of trauma-informed approaches into all aspects of school culture, policy, and instruction.

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As a first-generation college student this dissertation is a challenge I never would have dreamed of, let alone actually undertaken and succeeded in doing. I have doubted myself, I have battled imposter syndrome, and I have been frustrated to the point of tears, but I have succeeded. I have had to rely on the kindness of strangers; who became mentors and committee members, my husband; who paved as much of the way as he could, my family and my friends; who always gave their encouragement and boundless belief in me, and finally-my own stubborn streak when all else failed.

I have always been passionate about helping teens. My own educational journey is filled with teachers and advisors believing in me and helping me to realize I could be more than I ever thought possible. It is because of their service and commitment to teens that I have gotten to where I am today. Teenagers need tools, resources, and adults that believe in them. They are not as cute and innocent as elementary-aged children, but they are not yet capable of adult decision-making and responsibilities. They often get either shoved into the young-adult category (something they are neither biologically or mentally ready for) or are completely ignored altogether. I strive to be an advocate for all teens, everywhere, and in all walks of life. I dedicate this dissertation to all of those who have entered puberty, walked on the wild side, felt invincible, and resented their authority figures. You are wonderful, talented, and worthy.

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Chapter 1: Introduction

Background

Knowledge is power that creates the foundation for success. A well-rounded education should prepare a child with knowledge for navigating the world as an adult. This should be true of math curricula that prepare students to leave appropriate amounts of gratuity at restaurants, science curricula that prepare students for their changing bodies, and trauma-informed curricula that prepare students to deal with global pandemics and seemingly endless acts of violence that populate nightly news feeds.

There is growing recognition in the education world that schools cannot simply instruct students any longer. Instead, they must make sure that their students are ready and able to learn, and this requires addressing those students' social and emotional needs (Missouri Department of Mental Health, 2019).

A holistic educational model encompasses the comprehensive consideration of all aspects of a child's development into adulthood, including favorable and adverse experiences. Conversely, a differentiated instructional framework entails tailored pedagogical approaches aimed at accommodating the diverse and individualized needs of students, including factors such as trauma. Maslow's hierarchy of needs, which states that children's physical and physiological needs must be met before learning can take place, has been taught for years as part of teacher preparation programs across the nation and even the globe (Maslow, 1954). In fact, there are federal and state programs that exist to feed and even provide income assistance to those in need. The progression towards meeting students' emotional needs, however, is still moving at a slow pace (National Center for Traumatic Stress Network, 2017).

CASEL, the Collaborative for Academic, Social and Emotional Learning, has been working for almost thirty years to make evidence-based social and emotional learning and, subsequently, trauma-informed practices fundamental facets of every child's education in America. Since COVID-19, CASEL has risen in popularity, earning a resolution declaring March 4-8, 2024, as National Social and Emotional Learning (SEL) Week, and educational leaders have begun to fully embrace social and emotional learning within their required curricula (Casel.org).

The children of the twenty-first century are uniquely complex and carry a myriad of experiences with them into their classroom encounters (RB-Banks & Meyer, 2017). They exist in a world where explosive headlines are tweeted hundreds if not thousands of times a day. Students grapple with a dependency on technology that can sometimes border on obsession. Their brains are not yet fully developed, but they are being asked to digest wars across the globe and community shootings only steps from their doorways. Suicide attempts and school shootings are being live streamed to the masses. Musical artists and movie directors glorify vengeance and eye for an eye reciprocity (Ng-mak et al., 2002; Ng-mak et al., 2004; RB-Banks & Meyer, 2017; Sandi, 2013).

Schools are often considered the safest places for our students to be, and so much responsibility has been placed on schools to keep children protected (Alisic, 2012). In school settings, students possess the capability to disengage from electronic screens and distance themselves from external violence beyond the confines of the educational setting. It is imperative, however, to recognize that residual trauma may persist within students, necessitating acknowledgment and targeted intervention strategies.

Through careful planning, implementation, and evaluation, schools can become places for children to heal through trauma-informed practices. Schools can offer the tools for students to

navigate life beyond high school and recognize when they feel safe, where there is trust and transparency, how to collaborate for mutual benefit, when they are empowered by their voices and choices, and to help them explore their cultural, historical, and gender identities (Fattore et al., 2009; Maynard et al., 2019; Missouri Department of Mental Health; Phifer & Hull, 2016).

The Substance Abuse and Mental Health Services Administration (2014) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effect of the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing” (p. 7). Moreover, according to the tenets of the Missouri Model for Trauma-Informed Schools, existing research underscores the pervasive nature and profound impact of trauma. This impact extends beyond the experiences of students and permeates the professional lives of educators, who often grapple with the repercussions of trauma both within and outside the school environment. Furthermore, the model explains that for certain students, the realm of trauma is not confined solely to external factors but also manifests within the confines of the school building itself. This phenomenon exerts a profound influence on various dimensions within the educational context, including the capacity of students to engage in learning, educators to facilitate effective teaching practices, and the overarching ability of members within the school community to establish and nurture positive, supportive relationships with one another. (Missouri Department of Mental Health, 2019).

Problem Statement

It is evident, from recent world events and published studies, that there is trauma prevalent in the lives of school children in the United States. There exists a plethora of trauma-informed instructional practices nationwide, however there is little high-quality, contextually rich

research focused on the experiences of school personnel and how they interact with the trauma-informed instructional practices (Maynard et al., 2019; Plumb et al., 2016). Through a phenomenological study semi-structured interviews were conducted to gather information to illuminate the school personnels' experiences. Understanding the lived experiences of those who work closely with children who have experienced trauma can add rich information for future educational and trauma-informed practice research (Peoples, 2021).

Purpose of the Study

The purpose of this qualitative phenomenological study was to illuminate the experiences of the school personnel of an urban school district's alternative school regarding the trauma-informed practices and curricula being utilized. Through in-depth interviews, the phenomenon of trauma-informed practices and curricula in an urban school setting will be explored. These practices and curricula, as well as an understanding of stakeholder experiences, are especially important in light of COVID-19 being a universally traumatic experience (Scott et al., 2021).

The research question, "What are the lived experiences of school personnel within the district's alternative school as they navigate and position themselves along the continuum of the Missouri Model for Trauma-Informed Schools?" is the focus of this phenomenological investigation centered around an urban district located in central Alabama. This district predominantly comprises African American individuals with a low socioeconomic status, coupled with a notable prevalence of disciplinary infractions. This demographic was selected for study due to its representation of one of the largest cohorts of youth experiencing trauma, particularly among at-risk, African American males (AAM) (Brinkley et al., 2018; McCarter, 2017; Scott et al., 2017). The choice of the alternative school personnel as the research cohort was deliberate, given the demographic of at-risk students they serve. These students are deemed

at-risk due to various factors encompassing community dynamics, socio-economic conditions, and disciplinary issues. Notably, enrollment in the alternative setting necessitates the occurrence of a class three violation, which inherently carries connotations of trauma, aligning with the conceptualization of acute trauma.

Additionally, these participants serve a large African American male population. There have been volumes of research documenting the bias that the American educational system has for AAMs as well as research around the importance of interventions for this group of students (Brinkley et al., 2018; Schwab-Stone et al., 1995; Shakoor & Chalmers, 1991). According to a report from the National Education Policy Center (2017), “Research shows that schooling contexts and social policies set up the conditions for young people of color to experience violence in regularized, systematic, and destructive ways” (as cited in Scott et al., 2017, p .3). In fact, a qualitative study by Brinkley et al. (2018) found that a majority of teachers are biased against African American males. In addition to teacher bias, many school discipline policies have not been vetted with a trauma responsive lens, meaning our educational systems are compounding trauma for our students, particularly our African American male population. Further research suggests that not all administrators and teachers can agree on what constitutes discipline vs. trauma-informed/responsive measures (Gahungu, 2018).

There is a perception among some educators that trauma-informed practices are unnecessary as they excuse disruptive behavior (Missouri Department of Mental Health, 2019). According to the Missouri Model for Trauma-Informed practices,

Trauma helps us to understand behavior, not excuse it. A trauma-informed school is a safe and supportive school and it’s important to have clear expectations and systems to repair relationships and culture when behavior challenges it. By using the “lens of

trauma” to understand behavior, we can better understand how to support students by meeting their underlying need, rather than punishing its symptoms. Further, a trauma-informed school never lowers its expectations, behaviorally or otherwise, for students impacted by trauma. Doing so can create a further cycle of lower investment, lower achievement, and poorer life outcomes. (Missouri Department of Mental Health, 2019, p. 2)

Conceptual Framework

This study used the Substance Abuse Mental Health Services Administration’s definition of trauma to set the criteria for students the research cohort served then the Missouri Model for Trauma Informed Schools continuum as a conceptual framework (Substance Abuse and Mental Health Services Administration, 2014; Missouri Mental Health Department, 2019). Through in-depth, semi-structured interviews, the participants’ responses were value-coded and member-checked and then ranked along the Missouri Model for Trauma-Informed Schools school leadership indicator continuum. Existing curricula and programs in the school setting were identified to establish a baseline for trauma-informed instructional practices.

After adopting a conceptual framework to guide the phenomenological case study, interview questions were formulated, referring back to the identified SAMHSA trauma definition (Substance Abuse and Mental Health Services Administration, 2014), Missouri Model leadership continuum (The Missouri Mental Health Department, 2019), and the existing curricula and practices in place within the district to determine if participants of the study could speak to their experiences of the trauma-informed practices and curricula in their district. During the interview process, participants were given the opportunity to member check responses and interpretations. From those results, or lack thereof, conclusions were drawn and then peer-reviewed for value-

coding (Peoples, 2021; Tracy, 2020). The research results were analyzed, and the faculty's experiences were ranked using the Missouri Model for Trauma Informed Schools model to determine where the school personnel fell in terms of meeting the standards for trauma-informed practices.

Figure 1

Conceptual Framework

Substance Abuse and Mental Health Services Administration Trauma Definition



1

SCHOOL LEADERSHIP AND STAFF DEMONSTRATE AN UNDERSTANDING OF THE IMPACT AND PREVALENCE OF TRAUMA IN DAILY PRACTICE.

STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4
Pre-Trauma Aware	Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
Leadership and staff are unable to identify the impact and prevalence of trauma	<p>Staff members are able to articulate basic information about the impact and prevalence of trauma</p> <p>All staff have received a standardized training on trauma and trauma-informed schools</p>	<p>Staff show signs of understanding information about trauma, referencing it informally</p> <p>Staff begin to understand the importance of addressing their own stress and trauma</p>	<p>Staff begin to change their approach to instruction and discipline to better reflect the impact of trauma</p> <p>Staff begin to proactively work to strengthen their own regulation and the regulation of their students</p>	<p>All staff respond to students and one another in a way that reflects the science of trauma</p> <p>Staff members routinely share new information and innovative ideas to meet the changing needs of students</p> <p>Trauma-informed responses are embedded within the organization</p>

My values, beliefs, and experiences have influenced my epistemological, ontological, and axiological approaches (Creswell & Poth, 2018). I believe that faculty input can reveal student voice, which plays a significant role in the success of choosing the best practices and curricula to apply to a community of traumatized individuals. I believe that highly effective educational leaders have a duty to consistently research and vet programs and curricula that are being purchased with public money and taught to our primary stakeholders, students. I also believe that educational leaders should be held accountable for appropriate and fiscally sound financial investments in said programs and curricula. It is my hope that leaders within the school district gain insight and understanding of how school personnel interact with and engage in trauma-informed practices.

Research Question

This study explored the following research question: what are the lived experiences of school personnel within the district’s alternative school as they navigate and position themselves along the continuum of the Missouri Model for Trauma-Informed Schools?

Research Design

Based upon the limited research available for the experiences with trauma-informed practices and curricula, a phenomenological case study methodology was chosen to gain a deeper understanding of multiple school personnel experiences within the selected school’s settings at a particular moment in time—the immediate educational setting after COVID-19 (Maynard et al., 2019; Tracy, 2020).

This study employed a phenomenological approach to explore the experiences of school personnel within an alternative education institution situated in a major urban center in the southern region. The focus was to clarify their narratives concerning interactions and encounters with trauma-informed instructional methodologies, as imparted to students enrolled within their respective school district. Utilizing qualitative research methodology, this investigation facilitated the articulation of faculty stakeholders' voices, thereby providing insight into their lived experiences and comprehension of trauma-informed practices (Peoples, 2021).

Assumptions

I assume that all the participants recognize that they serve an at-risk population and that all of the schools within the district are utilizing at least one type of social-emotional learning program or trauma-informed practices curriculum. I also assume that the faculty members will be able to identify the training and professional development they have received while in the educational setting with possible guidance. Lastly, I assume that participants would share openly

and honestly regarding their experiences with both the students they serve and trauma-informed practices (Creswell & Poth, 2018; Tracy, 2020).

Delimitations

This study is limited to the faculty of a singular, urban alternative school setting. All of the participants are veterans of the district and the educational field. This study is also limited to the trauma-informed practices, curriculum, and approaches provided by one school district (Tracy, 2020).

Significance

According to a systematic review conducted by Maynard et al. (2019), researchers found there is little evidence to show the effects of trauma-informed practices in schools. There is money being allocated by both state and federal governments regarding social-emotional learning and trauma-informed practices, especially in light of COVID-19 and the severe learning loss experienced (Every Student Succeeds Act, 2015; Godek et al., 2022). It is important that we shed light on the stakeholder voices and expound upon their experiences of the trauma-informed practices being implemented in their field.

Furthermore, it is noteworthy that a significant portion of research pertaining to the impacts of trauma on children predominantly emanates from the medical domain and has not entirely permeated or solidified within the educational sphere. While medical professionals such as doctors and nurses receive advanced training and access to state-of-the-art resources for addressing the needs of traumatized children, educators, who often spend extensive periods—sometimes exceeding eight hours daily interacting with students, continue to receive minimal to no formal training in identifying, addressing, and supporting trauma victims within classroom and school settings (Alisic, 2012; Chudzik et al., 2022). This discrepancy underscores the

imperative for further integration of trauma-informed practices within educational pedagogy and professional development initiatives.

Definition of Terms

At-risk: The term *at-risk* is often used to describe students or groups of students who are considered to have a higher probability of failing academically or dropping out of school. The term may be applied to students who face circumstances that could jeopardize their ability to complete school, such as homelessness, incarceration, teenage pregnancy, serious health issues, domestic violence, transiency (as in the case of migrant-worker families), or other conditions, or it may refer to learning disabilities, low test scores, disciplinary problems, grade retentions, or other learning-related factors that could adversely affect the educational performance and attainment of some students. While educators often use the term *at-risk* to refer to general populations or categories of students, they may also apply the term to individual students who have raised concerns—based on specific behaviors observed over time—that indicate they are more likely to fail or drop out (edglossary.org).

Trauma-Informed Practice: Researchers have defined TIPs as a set of practices that address the impact of trauma by creating a safe and caring environment. TIPs focus on creating a safe school culture, building relationships, and supporting students' self-efficacy (National Education Association).

Adverse Childhood Experience: Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example:

- experiencing violence, abuse, or neglect
- witnessing violence in the home or community
- having a family member attempt or die by suicide

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:

- substance use problems
- mental health problems
- instability due to parental separation or household members being in jail or prison

Please note that the examples above are not a complete list of adverse experiences. Many other traumatic experiences could impact health and wellbeing, such as not having enough food to eat, experiencing homelessness or unstable housing, or experiencing discrimination. ACEs are linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood. ACEs can also negatively impact education, job opportunities, and earning potential; however, ACEs can be prevented (Centers for Disease Control and Prevention, 2022).

Organization of the Study

The following study is a five chapter traditional dissertation complete with references and appendices. Chapter One introduces the problem as it relates to the current field of educational practices. There is a problem statement, purpose statement and brief description of the research methodology. Chapter Two consists of a literature review exploring the definition of trauma and the various types students may be exposed to during their education. Chapter Three examines the methodology of the research design in thorough detail. The research participants and procedures are also described. The findings are reported in Chapter Four. Finally, in Chapter Five, there is an analysis of the data collected, a discussion of the findings, a summary, implications for practice and future research, and final thoughts.

Chapter 2: Review of Literature

The review of literature focuses on the major themes identified and explored in this research: trauma, the effects of prolonged and consistent trauma on the brain and childhood development, the role of educators and schools must take in addressing trauma, one district's current trauma-informed practices, and a thick contextual description of the field of study.

What Is Trauma?

To fully understand trauma, it helps to understand the history surrounding the word: “Trauma” derives from the Greek word for "wound" or "hurt." Mental health or psychological trauma has since become more broadly defined as an experience that is subjectively perceived as painful or distressing and results in acute or chronic mental and physical impairment or dysfunction. The *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5), defines a traumatic event as the exposure to "death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence" (Vahia, 2013).

Trauma may be experienced either through direct involvement or by witnessing or learning of such an event happening to others and is often accompanied by a sense of shock, helplessness, or loss of control (Feriante & Sharma, 2023). It is important that we establish a clear understanding of what trauma is and what it is not and how widespread trauma is for our students in both a traditional and non-traditional high school setting.

Trauma is defined by the American Academy of Pediatrics as “a frightening, dangerous or violent event that poses a threat to a child’s life or body integrity” (aap.org). The Academy further describes some common trauma events:

Trauma can result from adversities such as community violence, natural disasters, unintentional injuries, terrorism, racism, immigrant or refugee traumas and/or those

involving the caregiving relationship such as intimate partner violence, parental substance use, parental mental illness, caregiver death, separation from a caregiver, neglect or abuse – originally defined as adverse childhood experiences (ACEs). (aap.org)

Subsequently, it is often not until symptoms of trauma or post-traumatic stress disorder present that we realize or even begin to understand when a child is experiencing true trauma rather than an “adverse life experience.” In an effort to help parents differentiate between stress and trauma, researchers defined the symptoms of trauma to include, “avoidance of the stimuli associated with the trauma, increased reactivity, and re-experiencing the fear of the trauma at different points in a day” (Schelecter & Montalto, 2021).

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as the following:

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

Additionally, the Missouri Model for Trauma Informed Schools offers the following definition of trauma:

Pervasive across all communities. The Adverse Childhood Experience Study was done on a majority white, highly educated, employed, middle-class population and showed a prevalence rate for trauma of greater than 60 percent. While there are systems of inequity, historical trauma, and systemic oppression that can magnify exposure to or the impact of trauma, trauma affects all communities and populations. (dmh.mo.org)

The Missouri Model for Trauma Informed Schools highlights that trauma is widespread across all communities. It is important to note that trauma is classified as a type of stress, “Trauma is an extreme form of stress” that compromises the health and/or well-being of an individual, and most individuals will experience a traumatic event during their lifetime (Plumb et al., 2016, p. 38). Stress exists along a continuum and not all stress is bad (Cherkowski et al., 2020). In fact, we need stress to help regulate ourselves and learn social behaviors like patience or how to push ourselves in an athletic competition. According to Plumb et al. (2016), if stress is “predictable, moderate, and controlled” (p. 38), people develop the resilience and coping skills that allow them to effectively adjust and adapt to natural challenges occurring in their daily lives. On the other end of the continuum traumatic stress. This is stress that is negative and uncontrolled and can interfere with brain development and negatively impact a person’s daily existence and long-term health (Blodgett & Lanigan, 2018; Carrion & Wong, 2012; Felitti et al., 2019).

Though traumatic events, such as school shootings, draw wide-spread attention to a greater need for mental health support for children and families, far less attention is routinely given to the more subtle but prevalent trauma children are increasingly exposed to, such as neglect, conditions of poverty, and/or domestic violence. Whether supporting children who have been exposed to a singular, defining traumatic event or more subtle, on-going traumatic childhood experiences, “those working in a capacity to support children can benefit from gaining a deeper understanding of how trauma affects child development and what intervention efforts have been effective in helping children heal” (Walkley & Cox, 2013, p. 123). While high-profile traumatic events highlight the need for mental health support, more routine and persistent traumas such as neglect, poverty, and domestic violence underscore the importance of understanding and addressing how

various traumas affect child development and healing.

Furthermore, trauma is classified as either acute trauma, chronic trauma, complex trauma, or compounded-community trauma. Acute trauma is often a singular life event such as a natural disaster or car accident. Chronic trauma is trauma that stems from “repeated exposure to assaults on the mind or body, such as repeated sexual assaults or domestic violence” (Plumb et al., 2016, p. 42); whereas complex trauma stems from experiencing “multiple, chronic, and prolonged developmentally adverse traumatic events, most often of an interpersonal nature (ex: sexual or physical abuse, war, community violence) and early-life onset” (Van der Kolk, 2005, p. 402). Compounded-community trauma was introduced and defined by Horowitz et al. (1995) as “prolonged and repeated exposure to multiple types of community as well as domestic violent events, via multiple modalities of contact, over time” (p. 1353). Each is defined by the nature and duration of the trauma, ranging from singular incidents like natural disasters to prolonged exposure to multiple forms of violence within communities.

Given the prolific types of traumas and their prevalence in today’s society, it would be difficult to find a teenager in this country that has not experienced at least one of the traumas listed by the American Academy of Pediatrics, the Substance Abuse and Mental Health Services Administration, or various other researchers. In addition to those possible traumas, it is an unfortunate reality that the Coronavirus pandemic of 2019 has created a universally applicable trauma, placing all current students in the “traumatized” category (aap.org; Substance Abuse and Mental Health Services Administration, 2014; Scott et al., 2021).

In fact, research from nearly twenty-five years ago stated the following:

54% of the 9-13-year olds had been exposed to at least one traumatic event as defined by the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; *DSM-IV-*

TR; American Psychiatric Association, 2000; Copeland, Keeler, Angold, & Costello 2007). (Mancini & Bonanno, 2006, p. 52)

Moreover, in 2017— three years before COVID-19 – the National Child Traumatic Stress Network suggested that “by age sixteen, two-thirds of the children in the United States have experienced a potentially traumatic event” (2017). With such a large number of children being exposed to traumatic experiences, it is clear the educational environment must become the front line in addressing and mitigating the effects of trauma or risk our educational system’s ability to effectively educate and prepare students and society for a productive future for potential generations to come.

Teachers can facilitate children’s recovery from trauma (Baum, Rotter, Reidler, & Brom, 2009). For example, they may provide “coping assistance,” including emotional processing, distraction, and the reinstatement of familiar roles and routines (Prinstein, La Greca, Vernberg, & Silverman, 1996). Moreover, several teacher-provided classroom interventions have been found to successfully reduce children’s psychological reactions to trauma (e.g., Berger, Pat-Horenczyk, & Gelkopf, 2007; Wolmer, Hamiel, Barchas, Slone, & Loar, 2011). Furthermore, spending a larger amount of time with children each week enables teachers to identify posttraumatic behavior change and potential obstacles in recovery. Finally, when necessary, teachers can link children and their families to mental health care. (Farmer et al., 2003)

Teachers play a crucial role in children's recovery from trauma by providing coping assistance, implementing effective classroom interventions, monitoring behavioral changes, and connecting families with mental health resources. For the purposes of this research, four types of traumas have been identified. The first is acute trauma, which is a brief, isolated event that does

not recur (Van der Kolk, 2014). This is not to be confused or interchanged with an adverse experience, which is a less severe disruption of the normal pattern of behavior (Schlechter & Montalto, 2021). The second is chronic trauma which involves repeated exposure to the same traumatic event or different traumatic experiences (Plumb et al., 2016). The third type of trauma is complex trauma which is consistent, long-lasting, multiple, often interpersonal traumas (Van der Kolk, 2005; Plumb et al., 2016). The fourth and last type of trauma identified for this research is compounded-community trauma in which the child may not be the direct recipient of traumatic abuse or experiences, but their community is under constant attack or a heightened sense of threat. This is sometimes referred to as secondary or tertiary trauma (Horowitz et al., 1995).

Acute trauma, according to Wolpow et al. (2009), stems from events that are often “brief and severe” (p. 7). This could include events such as school shootings, car accidents, or a heart attack.

The acute trauma response or acute stress reaction is characterized by a short-lived sympathetic response to a real or perceived threat that typically results in a "fight or flight" response. If this response does not resolve or the perceived threats remain ongoing, this initial acute response can progress to a chronic trauma response. (Feriante & Sharma, 2023, p. 9)

If left unresolved, acute trauma may include symptoms such as extreme panic or anxiety, confusion or irritation, insomnia, lack of self-care, dissociation from others, and/or poor productivity at work or school (Van der Kolk, 2014).

Chronic trauma is trauma that stems from “repeated exposure to assaults on the mind or body, such as repeated sexual assaults or domestic violence” (Plumb et al., 2016). Chronic

childhood trauma can interrupt the child's ability to integrate sensory, emotional, and cognitive information, thus limiting appropriate development of self-regulation strategies, manifesting as unpredictable emotional responses, anxiety, anger, or physical symptoms such as headaches, fatigue, and nausea (Streeck-Fischer & Van der Kolk, 2000). Like acute trauma, if left untreated, long-term negative impact to one's well-being may result.

Chronic trauma usually presents with aberrant behavioral and physiological processes, outlined in the DSM-5 as the following symptom clusters: (1) hyperarousal states, (2) avoidance behaviors, (3) intrusive trauma-associated memories, and (4) altered cognitions and moods. These symptoms can occur in both Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD), which are further distinguished by the duration of the symptoms following a traumatic event, where ASD lasts less than a month, and PTSD lasts greater than a month, respectively. (Feriante & Sharma, 2023, p. 12)

Chronic trauma manifests in behavioral and physiological symptoms. Complex trauma stems from experiencing “multiple, chronic, and prolonged developmentally adverse traumatic events, most often of an interpersonal nature (ex: sexual or physical abuse, war, community violence) and early-life onset” (Van der Kolk, 2005, p. 402). In contrast to acute or chronic trauma, complex trauma is often more subtle and may result from failure to be provided the consistent safety, care, and protection by primary caregivers that is necessary for normal development. While complex trauma can occur across populations, research suggests that individuals exposed to greater levels of poverty are at greater risk of experiencing stress resulting in complex trauma (Self-Brown et al., 2004).

While repeated trauma exposures may occur in adulthood, this typically occurs in childhood or adolescence and is often perpetrated by adult caregivers or other authority figures who were previously perceived as trustworthy or protective. Such trauma tends to be characterized by the real or perceived impossibility of escape; this sense of feeling trapped and a loss of safety leads to trauma responses such as hypervigilance and persistent negative mood. Complex posttraumatic stress disorder (CPTSD) includes the symptoms of PTSD accompanied by dysfunction in self-concept, affect regulation, and relationships. (Feriante & Sharma, 2023, p. 9)

Repeated trauma can lead to complex posttraumatic stress disorder (CPTSD) along with issues in self-concept, emotion regulation, and relationships.

Horowitz et al. (1995) proposed a new term, compounded community trauma. Their work was published in a ten-page report in the *Journal of American Children and Adolescent Psychiatry* to expound on the “impact on female adolescent development” (Horowitz et al., 1995, p. 1353). Their work identified a population “prey to violence that plagues our cities” and at high risk for teenage pregnancy (Horowitz et al., 1995, p. 1353).

The term "compounded community trauma" describes the situation faced by the urban adolescent girls described in this study, as well as that of some other groups, such as civilians living in war zones. Compounded community trauma may be thought of as one specific subset of massive psychic trauma. It is also important to remember that compounded community trauma does not function autonomously but is accompanied by other complex social-psychological dynamics, such as those involving race, ethnicity, gender, class, and poverty. (Horowitz et al., 1995, p. 1357)

It is important to note that while this term was created to encapsulate the female adolescent experience it applies to anyone experiencing a distinct category of extensive psychological trauma.

Trauma is extremely prevalent in the lives of children, but especially those living in an urban, American locale. In an article published for the Journal of American Academy of Child and Adolescent psychiatry, researchers stated that “Urban adolescent girls are prey to the violence that plagues our cities. As a population at high risk for teenage pregnancy, urban adolescent girls are also part of what is recognized as a problem in our society-traumatization” (Horowitz et al., 1995, p. 1354). In the article the contributors describe the seemingly lopsided degree with which urban young women either experience or are exposed to violence.

Researchers have demonstrated the high prevalence of witnessing violent acts such as shootings, stabbings, beatings, homicides, and thefts (Dyson, 1990; Shakoor & Chalmers, 1991).

A less commonly recognized trauma that occurs at a higher rate for adolescent girls in urban settings is teenage pregnancy and motherhood. This creates a cycle of poverty (a recognized potential source of trauma) and places a large physical, emotional, and financial burden on the young mothers and often makes them postpone or give up on their future education and/or career plans (Horowitz et al., 1995). Therefore, it is imperative we understand both the short and long-term impact of trauma and the environments, practices, and interventions that most effectively support and address the needs of those exposed.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as the following:

An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has

lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (Substance Abuse and Mental Health Administration, 2014).

Trauma creates stress that can compromise the health and/or well-being of an individual, and most individuals will experience a traumatic event during their lifetime (Blodgett & Lanigan, 2018; Carrion & Wong, 2012; Felitti et al., 2019; Plumb et al., 2016; Van der Kolk, 2014).

Traumas Effects on the Brain and other Development

Traumatic events are not limited to a specific race, gender, economic status, or age and can be experienced in varying depictions depending on the individual and specific circumstances. While isolated (acute) trauma events can result in discrete responses to reminders of the trauma event, complex trauma has a more pervasive impact on brain and cognitive development (Felitti et al, 2019; Ferianti & Sharma, 2023; Plumb et al., 2016).

In 1889, one of the “pioneers” of neurology and psychiatry, Pierre Janet published ...the first book length scientific account of traumatic stress: *L'automatisme psychologique*. Janet proposed that at the root of what we now call PTSD was the experience of “vehement emotions,” or intense emotional arousal. This treatise explained that, after having been traumatized, people automatically keep repeating certain actions, emotions, and sensations related to the trauma. (Van der Kolk, 2014, p. 179-180)

One of the most disturbing effects that has come out of trauma research is cognitive dissociation and moral disengagement. This is the altering of moral beliefs to justify socially unethical behavior to resolve conflict (Coker et al., 2014). “Generally, traumatized youth are more apt to engage in violence and violent youth tend to use self-justification to avoid self-sanctions for their

misconduct (moral disengagement)” (Hicks, 2017). It is important to note that in their research, Fattore et al., 2009 established three pillars for childhood wellbeing: security, agency, and positive sense of self. Cognitive dissociation and moral disengagement from societal norms can be seen as attempts by adolescent minds to create direct pathways in their minds to the third pillar: positive sense of self and more indirect links to the other two pillars, security and agency (Coker et al., 2014; Hicks, 2017; Fattore et al., 2009).

Pierre Janet is credited with creating the term dissociation to describe the splitting off and isolation of memories that he saw in his patients. He was also adamant and persistent in his beliefs about the toll repressing those memories would present. His belief was that this isolation or dissociation became an insurmountable obstacle that the patient could not detach from or move past and if they could in fact never move past that obstacle their lives would “experience a slow decline in their personal and professional functioning” (Van der Kolk, 2014, p. 182). “Youth exposed to multiple or repeated traumas often frequently and dramatically shift emotional states, are unable to calm themselves, and have generally negative perceptions of themselves (positive sense of self) and those around them” (Steiner et al., 1997) this creates undue tension and stress when interacting socially and with authority figures. This stress is often interpreted by those in authority as disrespectful and unacceptable social behavior which is then punished rather than examined for the root cause.

Youths’ telegraphing of opposition and disrespect for authority are theoretically framed as self-protective, brain-based survival responses (Henry et al., 2007) which engenders a sense of safety (security) and control (agency) when experiencing overwhelming traumatic stress. Incidentally, this dysregulation places youth at a heightened risk of excessive/harsh punishments, social isolation, and rejection, which, in turn reinforces

youths' negative working model of the world, hypervigilance, and underlying depression. (Ezell et al., 2018, p. 508)

Children that have experienced trauma are typically caught in a social and ethical dilemma; they have been victimized but must now become victimizers to be seen as "invulnerable" to additional violent behavior (Ng-mak et al., 2002; Ng-mak et al., 2004; Van der Kolk, 2014). In an article published for American Journal of Orthopsychiatry, a study of 471 sixth grade students found that "There was a linear association between exposure to community violence and aggressive behavior combined with a nonlinear (negative quadratic) one with child-reported psychological distress" (Ng-mak et al., 2004, p. 197). Furthermore, "Inner-city youth who are exposed to high levels of community violence may become psychologically desensitized to violence while also becoming more aggressive" (Ng-mak et al., 2004, p. 204).

Youth living in poor communities with high rates of violence (like our field of study's school setting) are likely to live in states of hyper-vigilance exposing them to ongoing trauma (Hicks, 2017; Horowitz et al., 1995; Van der Kolk, 2014).

Attitudes and cognitions indicative of a desensitization to violence, described as "pathologic adaptation" to violence by Schwab-Stone and her colleagues (1995), are presumed to be a part of a streetwise mentality or callused attitude that spares youngsters from apparent emotional harm while legitimating the use of violent behavior (Anderson 1990). (Ng-mak et al., 2002, p. 93)

This leads to a vicious immediate cycle of traumatized children reinforcing and recreating the trauma they themselves have endured.

Bandura et al. (1996) found that people do not typically engage in misconduct unless it is self-justified, as the justification protects the individual from self-sanctions (think self-defense).

“Self-sanctions can be disengaged by reconstructing the conduct, obscuring personal causal agency, misrepresenting or disregarding the injurious consequences of one’s actions, and vilifying the recipients of maltreatment by blaming and devaluing them” (Bandura et al., 1996, p. 364). Bandura further points to several moral justification cognitive processes children use to warrant their conduct or situate conduct in a manner so it is viewed as socially acceptable. They are as follows:

- (1) Euphemistic language-those process of using verbiage to conceal the inappropriate nature of the conduct,
- (2) Advantageous comparison-when a bad act is compared to a worst act to make the initial act seem more palatable,
- (3) Displacement of responsibility-placing the responsibility of their actions on others, usually the victim, as opposed to taking ownership of actions,
- (4) Diffusion of responsibility-diffusing responsibility to many, rather than one,
- (5) Distorting consequences-reducing or avoiding the harm one is responsible for,
- (6) Dehumanization- removing the human-like qualities of the victim (Bandura et al., 1996, 364-365).

Shulman et al. (2011) examined the relationship between moral disengagement and offending among a sample of 1,169 adolescent males between the ages of 14 to 17 at the time of their felony convictions. Results showed that moral disengagement was related to and predictive of offending among the sample of adolescent males. Change in moral disengagement was also associated with a change in offending, per records, which led to the researchers’ conclusion that moral beliefs influence youth’s discontinuance of antisocial behaviors (Hicks, 2017; Shulman et al., 2011).

Cummings et al. (2017) stated the following regarding childhood trauma:

Generally, young children exhibit symptoms related to re-experiencing, avoidance, and hyperarousal just as older persons do, but with different intensity and in varied amounts (De Young et al., 2011). Re-experiencing includes reenacting themes from the traumatic event, having disturbing nightmares (Lieberman and Knorr 2007; Scheeringa et al., 2003), and exhibiting distress upon exposure to reminders of the traumatic event (Scheeringa et al., 2003, p. 2729)

It is an unfortunate reality that many who are victims of abuse go on to become abusers themselves.

Role of Educators

About ninety percent of the children in the United States are enrolled in public schools (Kena et al., 2015). On average, these children spend seven to eight hours of their day at school, half of their waking hours, which makes the educational setting somewhat of a catch-all for curing society's ills—including trauma. According to a research survey conducted in 2007 by the National Center for Educational Statistics, the average United States teenager spends over 4,700 hours in school (Schools And Staffing Survey, 2007). Teachers are on the frontlines when it comes to identifying posttraumatic stress behavior changes, providing classroom-level interventions, and facilitating recovery from traumatic events in the form of distraction, reinstatement of familiar routines and roles, or linking children and their families with mental health care providers (Alisic, 2012).

Because children spend so much of their adolescent years in public institutions, it is important that these places address the vital components of a successful and healthy adult life. Educators are aware of the significance of student wellbeing but also grapple with the problem of

prioritizing trauma-informed practices in the school environment given the growing pressures related to accountability and school improvement reforms (Alisic, 2012; Alisic et al., 2012; Elwood & Williams, 2007). Schools teach students to perform complex mathematical computations and how to conjugate foreign language verbs, so they should also teach children how to face traumatic experiences and learn from those experiences in a healthy and productive manner.

However, school systems have been slow to react when it comes to trauma, let alone interventions. Barrett et al. (2012) state “the failure to address this challenge adequately and effectively has left students at risk for short and long term emotional, behavioral and academic challenges” (p. 103). Unfortunately, sensational news reports of school shootings grab immediate attention and call attention to the need for trauma-informed practices in schools, usually in the form of immediate triage-type care and interventions, but there are less sensational, equally traumatic events happening every day, in every school system, such as neglect and domestic violence, which require intervention with just as much fervor as those unfortunate events reported in the nightly news. It is only fitting that, given the prevalence of trauma and the literature surrounding its negative impact on young peoples’ physical and mental development, that we exhaust any and all knowledge and skills that educators can use to support traumatized students (Alisic, 2012; Cummings et al., 2017; Samuels, 2018).

“Those working in a capacity to support children can benefit from gaining a deeper understanding of how trauma affects child development and what intervention efforts have been effective in helping children heal” (Walkley & Cox, 2013, p. 123) When supporting children who have experienced trauma, whether it is a singular event or a consistent, on-going event, educators need the opportunity to engage with trauma-informed practices and explore different approaches

to work with their students on a daily basis. It is clear the number of children experiencing trauma is too high and our educational system, with its proximity to so many young people, must play an active role in addressing and mitigating the effects of trauma or risk losing the ability to adequately educate and help students prepare for successful futures and life beyond high school.

Schools are typically the first authoritative governing body that a child comes into contact with, outside of family (Angenent & de Man, 1996; Emler & Reicher, 1995). If there are indicators on the ACEs score that show a weak or impoverished home life and familial connection, then relationships with teachers and administrators usually fairs the same (aces.org). Contrarily, if the child values adult relationships and approval in their home lives then the student's behavior will parallel that at school (Barlow & Ferdinand, 1992; Hirschi, 1969; Marrucci, 2020). It is important that trauma-informed practices gain traction in districts nationwide as traumatized children become adults who may not be productive members of society or future parental role models within their own homes. We risk a domino and cyclic effect of traumatized youth becoming traumatizing adults (Hicks, 2017; Ng-mak et al., 2002; Van der Kolk, 2014).

CASEL, the Collaborative for Advancing Social and Emotional Learning, began its mission to establish "learning environments and experiences that feature trusting and collaborative relationships, rigorous and meaningful curriculum and instruction, and ongoing evaluation" in schools nationwide in 1994 (casel.org); however, it is only since the widespread effects of the Coronavirus Pandemic that social and emotional learning curriculum saw a real foothold in America's schools. While there has been a more receptive attitude surrounding social and emotional learning, our schools still have a long way to go when it comes to addressing students' mental health needs, including trauma-informed practices (Scott et al., 2021).

Another reason response to trauma falls to educators, perhaps more rudimentary, is the investment of American tax dollars in public institutions. Not only do the public school systems receive government funding in the form of federal and state tax dollars, but institutions such as the nation's public health system and juvenile justice systems receive government funding, as well. We know that trauma victims often end up reenacting their traumas on others in an attempt to regain a sense of control or agency and that these victims often morally disengage or attempt to justify their actions as a way to regain a positive sense of self (Fattore et al., 2009; Hicks, 2017; Ng-ma et al., 2002; Van der Kolk 2014).

ARP Act

One of the specific investments made by the American government in the interest of trauma-informed education is The American Rescue Plan (ARP) Act (2021). The ARP Act provided a \$122 billion dollar federal investment to states and districts to safely reopen schools after the COVID-19 pandemic as a result of the not only the academic learning loss that occurred for students nationwide but also the social and emotional impact felt by students and faculty (Godek et al., 2022).

Under ARP, states and districts are required to spend 5 percent and 20 percent of funds respectively to address learning loss through the implementation of evidence-based interventions and ensure that interventions respond to the academic, social, and emotional needs of students. CASEL has recommended three priority areas for social and emotional learning (SEL) investment that can assist states and districts in optimizing ARP for student success:

1. Promote SEL for students
2. Support adult SEL competencies and capacity building

3. Align SEL efforts across schools, families, and communities (Godek et al., 2022, p. 1)

Every Student Succeeds Act

Another investment in emotional and mental health is the Every Student Succeeds Act (ESSA, 2015). Educators are entrusted with the educational interests and safety of students while they are in their care and with the passage of the 2015 ESSA and amended Title IV, Part A (Title IV-A) Student Support and Academic Enrichment Program (SSAE), schools now have a responsibility to improve students' academic performance by providing them with a well-rounded education (Lawson, 2022). Part of this education is "evidence based approaches" for improving school climate, student mental health, and overall learning environment. Title IV, Part A funds part of the Safe and Healthy provisions component can be spent on trauma-informed practices and social emotional learning practices and curricula (Every Student Succeeds Act, 2015). District leaders and educational stakeholders at every level owe it to the taxpayers and students in their purview to analyze and evaluate what programs are being invested in and to further research that aims to make informed decisions about the effectiveness of said programs.

Trauma Informed Practices in Education

Due to the extensive amount of research on trauma and its potential risks for both mental and behavioral health as well as the prevalence of violence in communities across the United States, many programs and curricula have been developed to help address this growing health crisis. In light of the large number of children exposed to traumatic experiences, it is evident the educational environment must play a more active role in addressing and mitigating the effects of trauma or place at risk our educational system's ability to effectively educate and prepare students and society for a potentially productive future for generations to come. Trauma-informed practices are essentially a lens for looking at student behavior to determine if there is

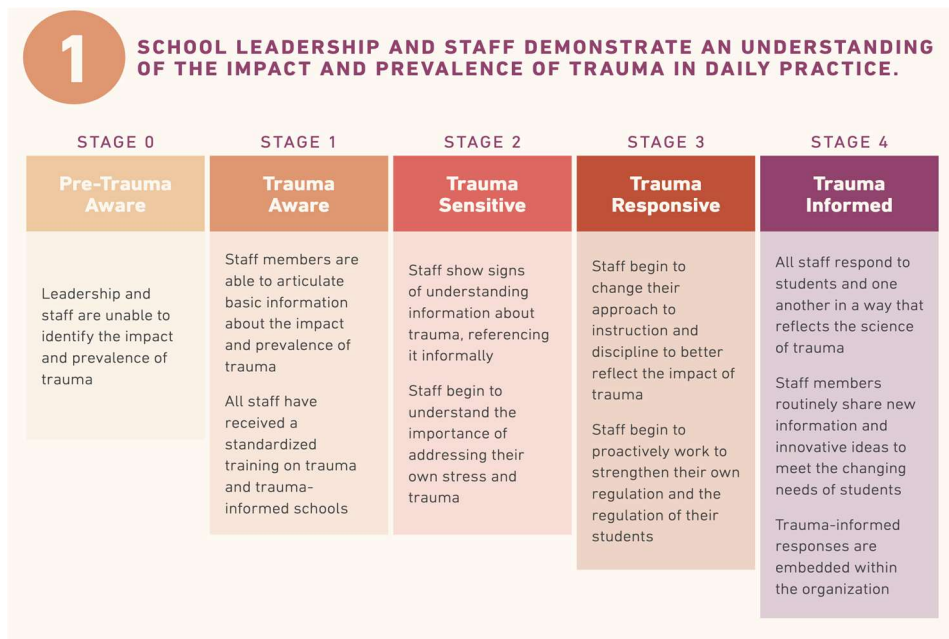
underlying need that is resulting in the undesirable actions of the student. Trauma-informed practices are not an attempt to excuse unacceptable behavior but rather an attempt to focus on the real issues a child is combating, not the resulting actions (The Missouri Department of Health, 2019).

The Missouri Model for Trauma-Informed Schools

This model is a holistic school approach. It is designed not only for students but anyone interacting with those students, such as teachers, cafeteria workers, nurses, and counselors. There are five stages presented along the holistic model continuum: pre-trauma aware, trauma aware, trauma sensitive, trauma responsive, and trauma informed. These five stages are applied to twelve different indicators of the principles of trauma-informed care: safety, trustworthiness, choice, collaboration, and empowerment (The Missouri Department of Health, 2019).

Figure 2

The Missouri Model for Trauma-Informed Schools, Indicator 1 “Leadership”



Trauma-informed schools are places that provide safe and supportive environments for children to learn and educators to work. They infuse the science about trauma and its impacts into daily practice, program design, policy creation and implementation, and the culture of the school. A trauma-informed school is not simply a school where staff know about trauma, or a school where there is a therapeutic classroom or additional counseling staff. A trauma-informed school fundamentally has changed the way it works to promote healthy, resilient educators and learners capable of disrupting the cycle of trauma in their lives and communities and creating more equitable outcomes. (The Missouri Department of Health, 2019)

In the chosen research site the following programs have been adopted and implemented on a mandatory basis for all schools across the district in order to address the growing needs of mental health and trauma-informed practices. There is an assumption that all students who enroll at the alternative school setting within the chosen field of study will have a basic knowledge of the lessons and skills taught through these trauma-informed practices.

Adversity University

Adversity University is a leading online platform that offers comprehensive resources and expert guidance for personal growth, mental health, and emotional support. Their mission is to enhance lives by empowering individuals to cultivate essential life skills, achieve personal development, and nurture their mental and emotional well-being. Through carefully designed courses, workshops, and community-driven approach, they provide individuals with the tools they need to overcome challenges, develop positive thinking patterns, and foster healthy living habits (adversityuonline.com, n.d.).

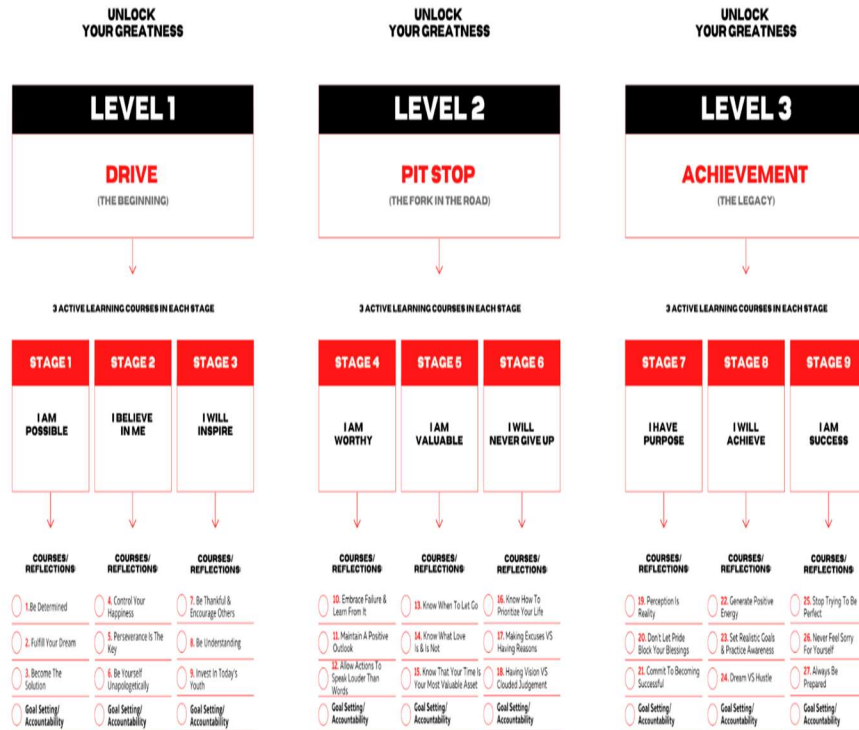
The online platform promotes personal growth and development, as they understand the transformative impact it can have on individuals. By offering a diverse range of courses, they enable learners to acquire valuable skills such as effective communication, resilience, adaptability, and emotional intelligence. These skills form the foundation for personal and professional success, allowing individuals to navigate life's obstacles with confidence and clarity.

Mental health and wellness are integral aspects of the approach at Adversity University. The program is founded in a belief that a “healthy mind is crucial for overall well-being and happiness” (adversityuonline.com). Through specialized courses, led by esteemed experts in psychology and well-being, individuals can gain valuable insights and practical strategies for managing stress, building resilience, and fostering emotional well-being. The program emphasizes evidence-based practices and holistic approaches to ensure the highest quality of guidance and support for learners.

Adversity University goes beyond education and expertise. The program recognizes the power of community and the importance of emotional support in personal growth. Fattore et al., recognized the importance of a sense of belonging and a positive sense of self. Their vibrant community forum provides a safe space for individuals to connect with like-minded peers, share their stories, and receive encouragement. By fostering a sense of belonging and facilitating open dialogue, they create an environment that nurtures emotional stability and support for all our learners (adversityuonline.com).

Figure 3

Adversity University's Levels of Learning



RethinkEd

The RethinkEd program is an online digital platform that all homeroom teachers in the district are expected to be using to teach students about themselves and what it means to be mentally and academically successful in today's world. It offers lessons such as listening with empathy and valuing all cultures. According to the program's website, they believe in whole-child education and have lessons to inspire all learners (RethinkEd.com).

The power of technology combined with evidence-based research lets RethinkEd deliver fully integrated training and instruction, giving all students the opportunity to achieve academic, behavioral, adaptive, and social/emotional success.

Figure 4

RethinkEd Social and Emotional Learning Competencies and Topics

RethinkEd Social and Emotional Learning Competencies and Topics

The RethinkEd Social and Emotional Learning program aligns with the five CASEL competencies with the addition of Self-Care. In the RethinkEd SEL program, each competency is explored through the development of six key social and emotional topics with Responsible Decision-Making as an integral component of every lesson.






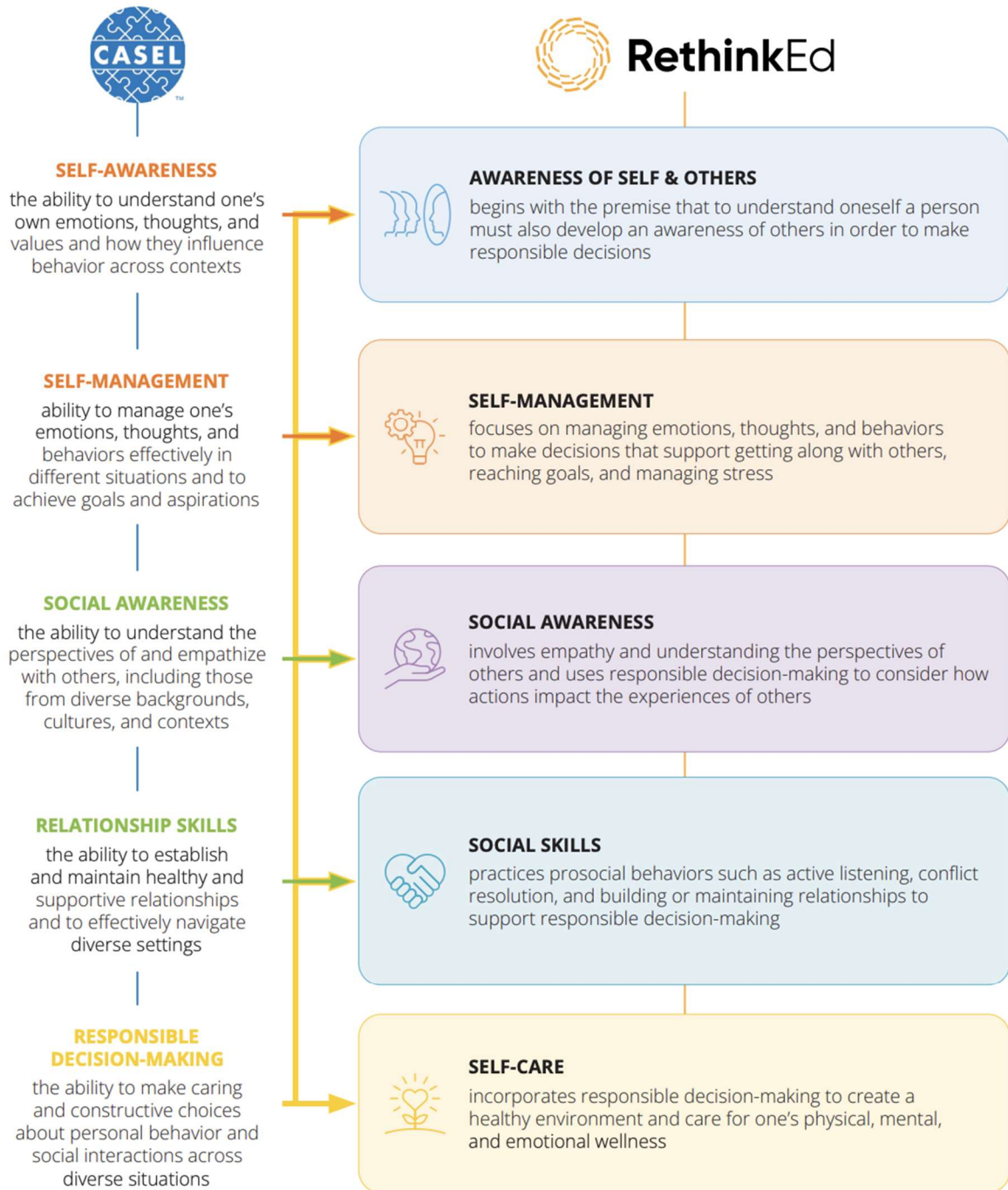
AWARENESS OF SELF & OTHERS	SELF-MANAGEMENT	SOCIAL SKILLS	SOCIAL AWARENESS	SELF-CARE
Self-Knowledge	Self-Control	Fairness	Cultural Competence	Mindfulness
Emotions	Stress Management	Respect	Empathy	Self-Efficacy
Values	Focus	Friendship	Safe & Ethical Behavior	Optimism
Wants & Needs	Problem Solving	Relationships	Support Systems	Self-Compassion
Learning Skills	Goal Setting	Cooperation	Social Contributions	Self-Advocacy
Growth Mindset	Resilience	Conflict Resolution	Actions & Consequences	Healthy Boundaries
				

Figure 5

RethinkEd and CASEL Competencies Alignment

RethinkEd and CASEL Competencies Alignment



The Alternative School Setting

History of Alternative Schools

During the educational reforms brought about by the 1960s Civil Rights Movement, alternative schools received new life (Barr & Parrett, 1997). These schools were developed to address the issues of inequality in education and sought to offer non-traditional education settings and approaches. There are four different types of alternative education schools:

- Type I alternatives are schools of choice, sometimes resembling magnet schools, based on themes with an emphasis on innovative programs or strategies to attract students.
- Type II alternatives are "last chance" schools where students are sentenced as a last step before expulsion. These are not schools of choice, and their emphasis is typically on behavior modification or remediation.
- Type III alternatives are designed with a remedial focus on academic and/or social emotional issues. (Obleton, 2010; Lange & Sletten, 2002).

There was a Type IV alternative school setting proposed by Lange and Sletten (1995) which is a hybrid model of the first three types of schools with an emphasis on discipline and therapy in addition to continuing a student's educational needs and remediation of behaviors (Lange & Sletten, 1995; Swarts, 2002).

While the need and purpose for alternative schools can vary, one trend that has arisen is that they have narrowed in scope and vision to specialize in one area of concern: the marginalization of at-risk students, those that traditional schooling, for whatever reason, does not fit. This is not a new concern, however. In 1974, researchers began warning of the risk of marginalization:

The concentration of alternatives for at-risk children and the potential for the marginalization of students who attend the various alternatives have invited comment throughout the history of the movement. Arnove and Strout (1978), for example, warned that alternatives, even by 1974, were increasingly geared toward disadvantaged and disruptive students who were sent there without choice (in the manner of Raywid's Type II programs). (Lange & Sletten, 2002, p. 9)

Type II alternative school placement can be upsetting to parents and guardians as well as the students, resulting in acute trauma, because they are usually, violent or disruptive in nature, the result of a tribunal ruling, and usually involve little to no choice for stakeholders (Aron, 2006; Gregg, 1999; Kochhar-Bryant & Lacey, 2005; Lange & Sletten, 2002; Lehr et al, 2004; Raywid, 1994). These school settings are typically discipline-focused and place emphasis on remediating behaviors. They are often the last step before students are expelled, which research has shown is a direct link to the school to prison pipeline (McCarter, 2017; Stern, 2023). Placement in these settings is involuntary and very regimented. Often the work is limited to what the home school provides, and placement is irregular, usually varying by offense and number of placements per year (Aron, 2006; Lange & Sletten, 2002; Raywid, 1994).

For the purposes of this study the researcher chose a Type II alternative school. It is important to note that the cohort chosen for this study serves a population that has typically engaged in violent behaviors and/or offenses as they are acute traumatic events within themselves. These events, coupled with the Coronavirus pandemic earn the students of the participants of the study, a minimum score of two on the ACEs test (aces.org). These are the violent offenses for one school district for one year. These are not all the disruptions, altercations, or events that students' might encounter that could be potentially trauma inducing.

Consider the classmate that watches a friend overdose in the bathroom or the student who has a panic attack during a prank bomb threat.

Trauma Exposure in the School District

Violence

Now that we have a clear understanding of what constitutes trauma and its various types, and we have explored the ways in which educators can intervene in this national health crisis, it is time to dive into the common traumas found in our chosen school district's setting. In an article published on AL.com in 2022, the urban research area experienced its deadliest year in many decades. The city in which our school district resides saw 144 homicides (Robinson, 2023) with 19 of those homicides being children 17 years of age or younger (Horton, 2023). In the county chosen for our research location where the chosen city is the county seat, there was a record number of juveniles treated for gun-related injuries/fatalities, a total of 73 (Horton, 2023). Of those 19 deaths and 73 gun-related injuries/fatalities, 17 were the chosen research site's students (Michaels, 2023).

According to the FBI data, the city stands out as one of the top cities in terms of crime rates and associated costs. With a crime cost per capita of \$7,900, the city secures the second position, following St. Louis, Missouri, with \$8,457 per capita. This ranking places the city in a challenging position, emphasizing the critical nature of addressing crime and enhancing public safety measures. (FBI Data, 2024)

There is a clear and present need for trauma-informed practices in the research setting.

Poverty and Morbidity Rates

In addition to gun violence, the city residents experience a divorce rate of 15.3% and a poverty rate of 25.5% (census.gov). According to the most recent data available from the

Alabama Center for Health Statistics in 2021, there were over 200 deaths of those between the ages of 15-24 in the county where our alternative school is set. Not only are school-aged children dying, but those deaths are leaving lasting impacts in the form of secondary trauma for family, friends, community members, and educators. Because of the extremity of the community trauma and the prolonged period of time it has occurred, young children in the school district are experiencing complex traumas.

Trauma in the School System

Yet another source of violence that this district's students encounter is violence within the school setting. These events can be sexual assaults in the classroom, physical altercations in the form of fights involving three or more people (fights involving only two people and 1-1 fights, do not result in a placement at the alternative school so they are not recorded in this data), or off-campus threats that manage to spill into the school day, such as social media footage of assaults or bullying. These types of events are not unique to an urban school setting, but they do become more prevalent and more difficult to escape in a larger setting. In the table listed below, the violent offenses for the previous school year, 2022-2023, are listed for the research district. The offenses are as follows:

3.04 ASSAULT/BATTERY upon a school board employee that results in personal injury. – (Respect, Citizenship) a) The actual unlawful touching or striking of a School Board employee b) The actual unlawful touching or striking of a School Board employee during the course of a physical altercation between students; or c) The causing of bodily harm to a School Board employee.

3.05 AGGRAVATED ASSAULT/BATTERY - Intentionally causing severe bodily harm, disability or permanent disfigurement; use of a deadly weapon. (Respect,

Responsibility, Citizenship) NOTE: Principal (or Designees), in consultation with the Instructional Superintendent, must thoroughly investigate the allegation, and if there is credible evidence that an assault occurred, he/she must complete an aggravated assault report and submit to police. The victim must seek medical attention for this violation.

3.10 POSSESSION OF WEAPONS - including, but not limited to, a switchblade knife; box cutter; metallic knuckles; laser pointer; tear gas gun; BB gun; stun gun; cell phone gun; paintball gun; pellet gun; chemical weapon or device, including mace or pepper spray; or any other weapon, instrument, or object which is used in a threatening manner and is seen by the individual being threatened as capable of causing physical harm (includes firearm replicas.) (Responsibility, Respect, Citizenship)

3.11 BOMB THREAT - any such communication directed at any Birmingham Public School facility that has the effect of interrupting the educational environment (Responsibility)

3.12 EXPLOSIVES, AMMUNITION (BULLETS), OR FIRECRACKERS - preparing, possessing or igniting explosives. (Respect, Citizenship, Responsibility)

3.13 SEXUAL OFFENSES/PORNOGRAPHY – (Respect, Caring) a) Acts of a sexual nature including, but not limited to repeated sexual harassment, sexual battery, intercourse, rape or attempted rape related to another student; b) offensive touching or sexual harassment of a school board employee; c) Sexting; or d)

Possession, transfer, distribution, procurement, use or sale of pornographic material.

3.15 MAJOR DISRUPTION OF THE EDUCATIONAL ENVIRONMENT - any participation in a major disorder involving three or more. This violation MUST place students, staff or the educational process at risk, or result in destruction or damage to public or private property or causes personal injury to participants or others (Respect, Responsibility, Citizenship) a) Inciting a major student disorder – Leading, encouraging or promoting a major disorder through: • Words or actions; • Videoing a fight; • Refusal to comply; • Any other offense that may fall within this category

3.20 THREAT TO A SCHOOL BOARD EMPLOYEE - a threat to do serious bodily harm or violence to a school board employee by word or act; a threat to kill, maim or inflict serious bodily harm; a threat to inflict harm involving the use of any weapon, explosive, firearm, knife, prohibited object, or other object which may be perceived by the individual being threatened as capable of inflicting bodily harm; any threat in the form of a “hit list,” written statement or communication indicating a plan or intent to do violence to another; Cyber-bullying. (Respect, Responsibility, Citizenship) NOTE: The school board employee must file an incident report.

3.21 AGGRAVATED BULLYING, THREAT, HARASSMENT OR INTIMIDATION OF A STUDENT OR HATE CRIMES - a threat to do serious bodily harm or violence to another student by word or act; a threat to kill, maim or inflict serious bodily harm; a threat to inflict harm involving the use of any weapon, explosive,

firearm, knife, prohibited object, or other object which may be perceived by the individual being threatened as capable of inflicting bodily harm; any threat in the form of a “hit list,” written statement or communication indicating a plan or intent to do violence to another; Cyber-bullying (Respect, Responsibility, Citizenship)

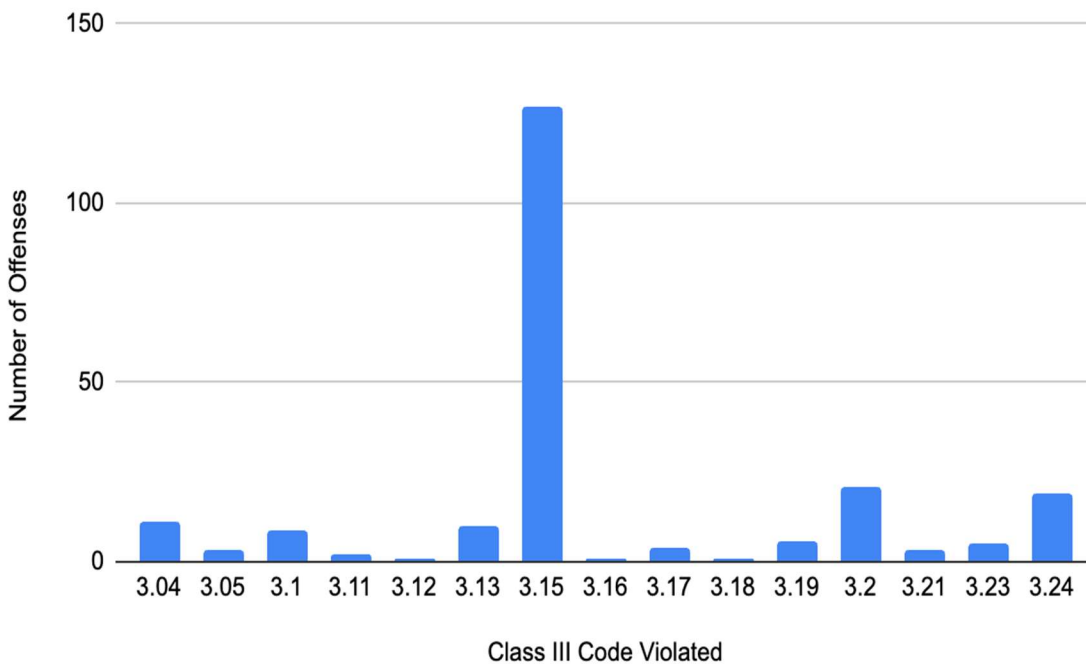
NOTE: This offense may require written documentation of a previous Class II suspension and intervention plan, and/or coupled with compelling evidence.

3.24 ANY OTHER CRIMINAL OFFENSE THAT THE PRINCIPAL (OR DESIGNEE), IN CONSULTATION WITH THE INSTRUCTIONAL SUPERINTENDENT, MAY REASONABLY DEEM TO CAUSE GREAT HARM TO PERSON OR PROPERTY OR SERIOUSLY DISRUPT THE EDUCATIONAL PROCESS (Code of Conduct).

Table 1

2022-2023 Class III Violent Offenses Resulting in Alternative Education Placement

2022-2023 Violent Offenses



Chapter 3: Methods

It has been well documented that the average high school student is experiencing trauma at an alarming rate and districts are investing money in multiple programs and practices to try and intervene, but there is little evidence or discussion around the school personnel's experiences (Schwab-Stone et al., 1995; Scott et al., 2012; Streeck-Fischer & Van der Kolk, 2000). It is imperative to conduct a contextually rich study to record the lived experiences of educators in a setting serving students with trauma.

What educators know about trauma-informed practices is that they seek to help students better equip themselves to deal with the primary or secondary traumas they encounter in their lives (National Center for Traumatic Stress Network, 2017). Trauma can be experienced firsthand, also known as primary trauma, for example: when a loved one dies, either of natural causes or through violent means, when a natural disaster occurs, such as a tornado or hurricane, and even through divorce. Secondary trauma occurs when a child experiences trauma through some degree of separation for example community violence in the form of a school shooting, natural disaster displacement, or friend's death (Centers for Disease Control and Prevention, 2022; Wolpow et al., 2009).

Trauma can be further classified as either acute, chronic trauma or complex trauma. Acute trauma is often a singular life event such as a natural disaster or car accident. Chronic trauma is trauma that stems from "repeated exposure to assaults on the mind or body, such as repeated sexual assaults or domestic violence" (Plumb et al., 2016, p. 42); whereas Complex trauma stems from experiencing "multiple, chronic, and prolonged developmentally adverse traumatic events, most often of an interpersonal nature (ex: sexual or physical abuse, war, community violence) and early-life onset (Van der Kolk, 2005 p. 402).

Prolonged and repeated exposure to trauma can cause a variety of issues for a child's development, both physically and mentally (Alhowaymel et al., 2023; aces.org). Children who experience trauma, in either its primary or secondary forms, can develop processing disorders, and literal scars on the brain that carry lasting impacts for learning both academically and socially. According to Maslow's (1954) hierarchy of needs an educator cannot expect to reach a place of learning for a child unless they feel their physiological needs, safety and security, love and belonging, esteem of themselves, and self-actualization are realized and met. Trauma creates an immediate and often difficult obstacle for meeting these needs and it is often quite difficult for an outsider, in this case an educator, to determine a) that there is a trauma, b) what the trauma is, and c) how to address that trauma in a safe, appropriate, and timely manner (Plumb et al., 2016; Van der Kolk, 2014).

Additionally, when exposed to traumatic stress, youth and teenagers have been shown to alter their moral beliefs to justify their transgressions (Coker et al., 2014). This causes a disconnect between what is perceived as morally and ethically just "on the street" and what is morally and ethically just in schools and community spaces. This disconnect only serves to increase stress which further traumatizes the student. In short, it becomes a vicious cycle.

Purpose of the Study

The purpose of this qualitative phenomenological study was to illuminate the experiences of the school personnel of an urban school district's alternative school regarding the trauma-informed practices and curricula being utilized. Through in-depth interviews the phenomenon of trauma-informed practices and curricula in an urban school setting will be explored. These practices and curricula, as well as an understanding of stakeholder experiences, are especially important in light of COVID-19 being a universal trauma experience (Scott et al., 2021).

The question, “What are the lived experiences of school personnel within the district’s alternative school as they navigate and position themselves along the continuum of the Missouri Model for Trauma-Informed Schools?” is the focus of this phenomenological academic investigation centered around an urban district located in central Alabama. This district predominantly comprises African American individuals with a low socioeconomic status, coupled with a notable prevalence of disciplinary infractions. This demographic was selected for study due to its representation of one of the largest cohorts of youth experiencing trauma, particularly among at-risk, African American males (AAM) (Brinkley et al., 2018; McCarter, 2017; Scott et al., 2017). The choice of the alternative school personnel as the research cohort was deliberate, given the demographic of at-risk students they serve. These students are deemed at-risk due to various factors encompassing community dynamics, socio-economic conditions, and disciplinary issues. Notably, enrollment in the alternative setting necessitates the occurrence of a class III violation, which inherently carries connotations of trauma, aligning with the conceptualization of acute trauma.

Additionally, these participants serve a large African American Male population. There have been volumes of research documenting the bias that the American educational system has for AAMs as well as research around the importance of interventions for this group of students (Brinkley et al., 2018; Schwab-Stone et al., 1995; Shakoor & Chalmers, 1991). According to a 2017 report from the National Education Policy Center, “Research shows that schooling contexts and social policies set up the conditions for young people of color to experience violence in regularized, systematic, and destructive ways” (Scott et al., 2017, p. 3). In fact, a qualitative study by Brinkley et al. (2018) found that a majority of teachers are biased against African American males. In addition to teacher bias, many school discipline policies have not been vetted

with a trauma responsive lens, meaning our educational systems are compounding trauma for our students, particularly our African American Male population. Further research suggests that not all administrators and teachers can agree on what constitutes discipline vs. trauma informed/responsive measures (Gahungu, 2018).

There is a perception among some educators that trauma-informed practices are unnecessary as they excuse disruptive behavior. (Missouri Department of Mental Health, 2019). This is untrue. According to the Missouri Model for Trauma-Informed practices,

Trauma helps us to understand behavior, not excuse it. A trauma-informed school is a safe and supportive school and it's important to have clear expectations and systems to repair relationships and culture when behavior challenges it. By using the "lens of trauma" to understand behavior, we can better understand how to support students by meeting their underlying need, rather than punishing its symptoms. Further, a trauma-informed school never lowers its expectations, behaviorally or otherwise, for students impacted by trauma. Doing so can create a further cycle of lower investment, lower achievement, and poorer life outcomes. (Missouri Department of Mental Health, 2019)

Role of the Researcher

Understanding that the researcher can be an influential element of the qualitative research process, it is imperative that I establish sincerity and authenticity through the awareness and monitoring of my own biases, subjectivity and goals (Tracy, 2020). Through self-reflection and journaling, I sought to identify ways in which my background, experiences, and assumptions may have impacted the research process. These reflective practices provided an opportunity to "bracket or suspend those researcher biases" (Peoples, 2021, p. 63), to the extent possible, so the

lived experiences and perceptions of the participants could be prioritized (Creswell & Miller, 2010; Bloomberg & Volpe, 2019).

My values, beliefs, and experiences have influenced my epistemological, ontological, and axiological approaches (Creswell & Poth, 2018). I believe that school personnel input can reveal student voice, which plays a significant role in the success of choosing the best practices to apply to a community of traumatized individuals. I believe that highly effective educational leaders have a duty to consistently research and vet programs and curricula that are being purchased with public money and taught to our primary stakeholders-students. I also believe that educational leaders should be held accountable for appropriate and fiscally sound financial investments in said programs and curricula.

Research Design

Based upon the limited research available for the lived experiences of trauma-informed practices, I selected Heidegger's hermeneutic phenomenological case study methodology to gain a deeper understanding of a specific phenomena's multiple experiences and any subsequent practices within the selected school's settings regarding educational experiences immediately after COVID-19. I selected Heidegger's approach to phenomenological study as I did not wish to "bracket" or remove myself "from being within the world" (Peoples, 2021, p. 32). Heidegger's hermeneutic circle was utilized to address "fore-sight and fore-conception" and to move between the "whole and the part" to create new understanding of the phenomena researched (Peoples, 2021, p. 33).

According to Tracy (2020), a phenomenological case study allows for a researcher to develop "an in-depth contextual analysis of one or a few instances of a naturalistic phenomenon that may draw from qualitative or quantitative methods to analyze data" (p. 72). This study was a

hermeneutical phenomenological approach designed to explore how one alternative education school's personnel in a large southern urban city experiences the trauma-informed instructional practices they have interacted with while working in their school district.

Through qualitative research and a phenomenological inquiry approach this study was able to find a voice for those on the frontlines of trauma-informed practices—the teachers, counselors, principals, and subsequently most importantly students, regarding not only what they feel is working or not working when it comes to trauma-informed practices but what they feel might work for future students as well as what educational leaders should know when making decisions about trauma-informed practices.

This phenomenological approach allowed the researcher to record participants' responses to a growing phenomenon in public education via a semi-structured interview process and learn what district-wide trauma-informed practices, strategies or approaches worked best to help them when interacting with students. The data collected was peer-reviewed, member-checked, and thematically coded to generate a story for each faculty member interviewed and allowed us to understand the participants' attitudes, views, and behaviors based on their interactions with trauma-informed practices.

Research Question

This study explored the following research question:

- What are the lived experiences of school personnel within the district's alternative school as they navigate and position themselves along the continuum of the Missouri Model for Trauma-Informed Schools?

Participants, Background, and Setting

The participants selected are from an urban school district located in central Alabama in an alternative education setting. These participants were chosen because they work with students who have been found guilty of committing a Class III Code of Conduct violation which earns the students a minimum of a three on the Adverse Childhood Experiences quiz (COVID-19, acute violence in the school setting, and at-risk community). It is important that the researcher establishes that the students these educators are serving are traumatized individuals, deserving of trauma-informed practices, and are subsequently receiving district mandated and district funded trauma-informed practices.

The participants interviewed are part of a convenience sampling. Each of the participants has a minimum of three years educational experience and come from true teacher preparation programs, there are no alternative certifications in the sample. Each of the participants teaches in one subject area, grades 7-12 as needed when students are sent for type II alternative placement.

Data Collection

The researcher employed a personal one-on-one, semi-structured interview protocol to meet with participants and gather data. This phenomenological approach allowed the researcher to meet with the participants in a familiar setting, the district alternative school's cafeteria or zoom, and allowed the participant the opportunity to provide their input through open dialogue. The research design allowed the researcher to capture "the thick description" of the participants' knowledge and experiences around trauma-informed practices (Tracy, 2020, p. 31). The researcher made use of an audio recording device and/or zoom recordings to ensure all the details of the conversation were captured.

The interview process collected data regarding previous community trauma experiences, as well as typical traumatic events students enrolled with, trauma-informed practices and curricula instruction, participant experiences with instructional practices that worked/did not work for them, and information participants felt would be helpful for educational leaders to know when working with future students experiencing trauma. The data was collected to allow the researcher to explore potential themes among the participants and their experiences. This data will provide the reader with a deeper contextual understanding of the participants' knowledge and experiences as they relate to trauma-informed instructional approaches.

Journaling

Journaling was an important part of the hermeneutic phenomenological process as it allowed the researcher the opportunity to “spiral” between the research as a whole and the research as parts. Disclosing reflections, biases, opinions and assumptions allowed the researcher to eliminate distractions and neutralize biases. By recording pre-understandings of a phenomenon, then gathering information, and revising the understanding the researcher is able to gain a deeper and fuller understanding of the phenomenon (Peoples, 2021, p. 33).

Data Analysis

After the data collection was completed, the interviews were transcribed. Each transcript was carefully reviewed in its entirety and closely examined to interpret the lived experiences of each participant. Coding for each interview question was conducted. Themes and narratives began to emerge from the interviews with each participant.

Assumptions

This study assumes that all of the participants teach students who will score at least three on the ACEs test. There is the assumption that all of the schools within the district are utilizing at

least one type of social emotional learning program or curriculum with trauma-informed practices lens. There is an assumption that the participants will be able to identify progress in trauma-informed practices. Lastly, there is an assumption that participants would share openly and honestly regarding their experiences with both trauma and trauma-informed practices.

Credibility

“Credibility refers to whether the participant’s perceptions match up with the researcher’s portrayal of them” (Bloomberg, 2023, p. 121). The researcher employed the following strategies to maintain credibility within the research:

- The recording for accurate transcription of the interviews (Tracy, 2020, p. 183)
- Member-checking, during and after the interview process (Tracy, 2020, p. 271)
- Journaling (Peoples, 2021, p. 56)

Ethical Considerations

To demonstrate respect for the participants, the researcher provided them with various parts of the IRB protocol associated with the study. They were assured of confidentiality, interviews were scheduled at their convenience, and they could choose in-person interviews or teleconferencing. Participants were reminded their participation was voluntary and they could choose to withdraw at any time.

Summary

The study, using a hermeneutic phenomenological approach, involved in-depth interviews with staff working with predominantly low-income African American students facing various traumas. These interviews aimed to understand trauma-informed practices post-COVID-19. A qualitative, phenomenological approach, including self-reflection and journaling, was used to gather and analyze data, ensuring credibility through member-checking and recordings.

Ethical considerations included confidentiality and voluntary participation. The findings aim to guide educational leaders on effective trauma-informed practices for traumatized students, especially African American males, in urban schools.

Chapter 4: Results

In Chapter 1 of this dissertation, I presented my reasons for researching trauma-informed practices in the alternative school setting: trauma-informed practices must be researched because schools are increasingly responsible for addressing students' social and emotional needs, which directly impact their ability to learn and succeed academically (Missouri Department of Mental Health, 2019). Additionally, understanding the lived experiences of educators who implement these practices is essential for refining instructional strategies and ensuring that trauma-informed approaches effectively support at-risk students, particularly those from marginalized communities (Maynard et al., 2019; Plumb et al., 2016).

I outlined my beliefs on the prevalence of trauma in our nation's schools and the importance of addressing the social and emotional needs of children in addition to their academic education. Trauma is widespread among students, with research indicating that by age sixteen, two-thirds of children in the United States have experienced a potentially traumatic event, and the COVID-19 pandemic has further exacerbated this issue, placing all current students in the traumatized category (National Child Traumatic Stress Network, 2017; Scott et al., 2021). Given that trauma can significantly impact students' emotional regulation, behavior, and ability to learn, schools must take an active role in recognizing and addressing trauma to support student well-being and academic success.

In Chapter 2, I provided a literature review exploring the existing research around trauma and its effects on everyone involved in education from the staff to the students. In chapter three I developed a hermeneutic phenomenological qualitative design study to investigate the lived experiences of the faculty and staff working in an urban alternative school setting with trauma-

informed practices. In chapter four I will provide the findings of this phenomenological study regarding trauma-informed practices in the research setting.

Purpose of the Study

The purpose of this qualitative phenomenological study was to illuminate the experiences of the school personnel of an urban school district's alternative school regarding the trauma-informed practices and curricula being utilized. This research is intended to address the gap in the literature about school personnel experiences with trauma-informed practices in a post COVID-19 educational setting.

Research Question

What are the lived experiences of school personnel within the district's alternative school as they navigate and position themselves along the continuum of the Missouri Model for Trauma-Informed Schools?

The questions and data analysis were guided by these conceptual frameworks:

- The Missouri Model for Trauma-Informed Schools Continuum
 - Indicator 1: School Leadership and Staff Demonstrate an Understanding of the Impact and Prevalence of Trauma in Daily Practice
- The Substance Abuse and Mental Health Services Administration's definition of trauma
- Existing programs and curricula used in the research setting
 - ReThinkEd
 - Adversity University

Data Collection

The phenomenological design was used to study the lived experiences of the faculty and staff that serviced an alternative urban school setting. "Phenomenology typically involves several

in-depth interviews with individuals who have experienced the phenomenon of interest” (Bloomberg, 2023, p.161). This study design allowed the researcher to focus on understanding the essence of the lived experience of the participants and to capture “the thick description” of the participants' knowledge and experiences around trauma-informed practices (Tracy, 2020, p. 31).

The interviews gathered information on past community trauma, common traumatic experiences of enrolled students, trauma-informed teaching methods, participants' experiences with effective and ineffective practices, and insights they believed would help educational leaders support future students facing trauma. The data was collected to allow the researcher to explore potential themes among the participants and their experiences. These data will provide the reader with a deeper contextual understanding of the participants' knowledge and experiences as they relate to trauma-informed instructional approaches.

Convenience sampling was used to identify participants that are from one urban school district, located in central Alabama, alternative education setting. These participants were chosen because they work with students who have been found guilty of committing a Class III Code of Conduct violation which earns the students a minimum of a three on the Adverse Childhood Experiences quiz (COVID-19, acute violence in the school setting, and at-risk community). It is important that the researcher established that the students these educators are serving are traumatized individuals, deserving of trauma-informed practices, and are subsequently receiving district mandated and district funded trauma-informed practices.

Method

The researcher read widely the academic literature about trauma-informed practices, student health, educator training and trauma effects on the brain and development. During this

time a literature review was written citing the best research on trauma and trauma-informed practices. From the literature a conceptual framework was designed using SAMHSA's definition of trauma, the Missouri Model for Trauma-Informed Schools, and existing programs and curricula being utilized in the district. Interview questions were written based on the conceptual framework.

Once the IRB was then written, submitted, and approved and candidates for participation had been located, I obtained informed consent from the participants. Semi-structured interviews were conducted and recorded via Zoom. "With semi-structured interview guides, a mix of questions, prompts, and topics informs your work but leaves open opportunities to follow depending on the hunches and intuitive directions" (Bloomberg, 2023, p. 281). After the interviews were transcribed, the recordings were destroyed in order to protect the confidentiality of the participants. The transcribed interviews were then coded and analyzed multiple times.

Participants

Participant One is a Hispanic female. English is her second language. She has eleven years of experience in education. She has six years as an alternative school educator. She works with students every day in an alternative school setting as a teacher. She has a master's degree and three children who still live at home.

Participant Two is a white female. She has thirty-one years of experience in education with four being at the alternative school setting. She works with students every day in the alternative school as a teacher. She has a master's degree in secondary education but has worked intermittently as a patient care technician in the medical field. She has one adult child.

Participant Three is a white female. She has seven years of experience in education. She has three years in the alternative school setting. She works with students every day in the

alternative school as a teacher. She has a master's degree. She has two children who live at home.

Participant Four is an African female. English is her second language. She has thirty-two years of experience in education with seven years being at the alternative school. She works with students every day in her role at the alternative school as a teacher. She has a master's degree in secondary education. She has three adult children.

Participant Five is a black female. She has twenty-eight years of experience in education and seven of those years are at the alternative school setting. She works with students every day in her role as a counselor at the alternative school. She has a master's in school counseling. She has no children.

Participant Six is a white female. She has fifteen years of experience in education with eight of those years being at the alternative school setting. She works with students every day in her role as a teacher. She has a master's degree in secondary education and is currently pursuing her doctorate in science education. She has no children.

Participant Seven is a white female. She has twelve years in education with seven of those years being at the alternative school setting. She works with students every day in her role as a curriculum coach. She has an Educational Specialist's degree in Elementary and Secondary Education and is currently pursuing her doctorate in administration. She has two school-aged children.

Participant Eight is a black male. He has twenty-eight years in education with seven of those years being at the alternative school. He works with students every day in his role as the principal. He has an Educational Specialist's degree in Leadership in Education. He has two adult children.

The participants in this study had various educational backgrounds and experiences. Some were career educators while some were on their second career. Some of the participants were English as a second language learners, some worked with students in the classroom while others worked in administrative or supportive roles, some were parents while others had no children. Each of the participants had worked in education preCovid-19 and continued on through post-Covid-19.

Table 2

Participant Demographics

PARTICIPANT	EXPERIENCE	ROLE	CONTENT	DEGREE	GENDER	RACE	PARENT
Participant One	11	Teacher	Spanish	Masters	Female	Hispanic/Not White	Yes
Participant Two	31	Teacher	History	Bachelors	Female	White	Yes
Participant Three	7	Teacher	English	Masters	Female	White	Yes
Participant Four	32	Teacher	PE	Masters	Female	African	Yes
Participant Five	28	Counselor	Counselor	Masters	Female	African American/Black	No
Participant Six	15	Teacher	Science	Masters	Female	White	No
Participant Seven	12	Curriculum Coach	History/Admin	Ed.S	Female	White	Yes
Participant Eight	33	Principal	English/Admin	Ed.S	Male	African American/Black	Yes

Data Analysis

Once the data collection was completed, the analysis began. “The analytic procedure falls essentially into the following sequential phases: Organizing the data, coding the data, generating categories, and identifying themes and patterns” (Bloomberg, 2023, p. 327). The transcribed interviews were reviewed and coded several times. On the first reading of the interview

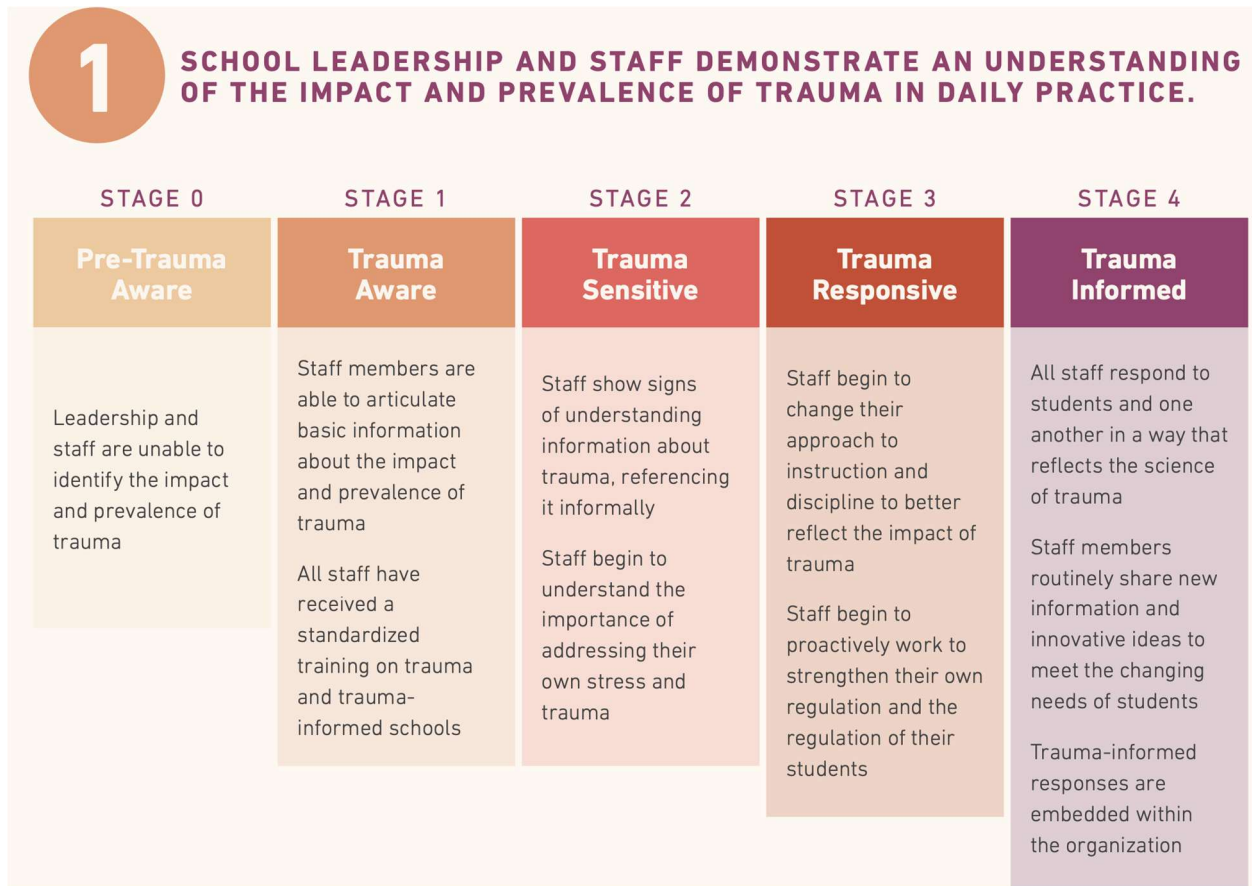
transcriptions certain participant phrases and ideas were underlined. During this reading the researcher was attempting to get a feel of what each participant was trying to communicate. “In this first go-around, read through each transcript and try to identify the big ideas” (Bloomberg, 2023, p. 337). Through the process of journaling the researcher was able to keep track of phrases and ideas that became repetitive in nature. The journal was kept as a helpful way to record the researcher’s thoughts during coding. “Recording your insights and ‘hunches’ as they occur means that you will not have to rely on your memory further on in the research process when you embark on interpretation, conclusions, and the final write up” (Bloomberg, 2023, p. 328). This process was repeated a second time, however this time specific quotes and themes were noted and annotated for use in the coding process. I established triangulation by using an approved interview protocol, aligning the questions with scholarly literature, and using a peer reviewer to check the themes used while coding the interviews (Bloomberg, 2023). In the next section, I summarize the key themes of the research question.

Research Question

What are the lived experiences of school personnel within the district’s alternative school as they navigate and position themselves along the continuum of the Missouri Model for Trauma-Informed Schools?

Figure 6

Missouri Model for Trauma-Informed Schools: Indicator 1: School Leadership and Staff:



Themes

Many commonalities were found in the data analysis of the eight participants. These commonalities were clustered and given a theme label. A theme was considered common if it was mentioned by three or more participants. A total of seven themes emerged from the interview data analysis. The lived experiences of the participants were revealed through seven themes that were identified. The themes were derived through multiple coding sessions and through application of the conceptual framework. Notes and charts were used along with member checking. Quotations from participants along with key words and phrases were identified to help reveal the theme.

Relationships

According to the conceptual framework, one of the key concepts of the model is trustworthiness. This concept is defined as, “fostering genuine relationships and practices that build trust, make tasks clear, maintain appropriate boundaries, and create norms for interactions that promote reconciliation and healing” (Missouri Department of Mental Health, 2019, p. 1). Every participant referenced building a relationship with students as an essential part of their daily interactions with students. It was through this relationship that several of the participants were able to identify they were dealing with a traumatized student. Participants described forming a connection with their students to establish a baseline for normal behavior and then paying particular attention when there seemed to be something off or unusual regarding that particular child’s behavior:

Participant One: Yes. Yes. Because one, they can do it on purpose to come back to the school because they like the structure, and they need that in their life, and probably they don't have that in school and in their houses, so they like that structure. Also, the teaching is very individualized because I have a very limited number of students in my classroom, so I can give them more time and I can have that relationship with them and that helps them. And if they need that attention, that love, then they feel like they want to be there. They don't want to leave.”

Participant Two: “I use GroupMe. Kids can message me about schoolwork, show me their snow day pictures, or ask about the election. I am trying to establish a relationship and be available. I think something I heard a long time ago, and I was trying to remember, but heck, it may have even been repeated on an Oprah show or something. I don't know who originally said it, but it was, people don't care how much until they know how much you care... But it's about all of it. It's academically, it's socially, they're futures, they're everything. It's everything.”

Participant Three: Sometimes, often they will just tell you when you have those relationships with them, and you provide a structured and safe environment.

Participant Two: You have to be, honestly, I'm just going to go back to, you got to know who your kids are. You've got to provide a way for them to talk to you outside of a classroom full.

Participant Five: I feel that when you show empathy and show that you care, students tend to open up to me more...And I think that because of who I am and how I am, that's first and foremost, these students know, I don't care what their level of education or everything, but these students tend to know when you care and when you don't.

The theme of relationships most closely aligns with Stage Three of Indicator One for the Missouri Model of Trauma-Informed Schools. The staff begin to proactively work to strengthen their own regulation and the regulation of their students. This requires a knowledge of students and a relationship built on trust.

Misplaced Love (Seeking a Missing Connection)

By the third interview it became apparent that participants were fulfilling a missing piece of their students' nuclear family dynamic. Several mentioned that students would ask directly for attention and/or a connection to their teachers or other adults they came into regular and prolonged contact with. Many students struggle with the absence of a stable family dynamic, which can significantly impact their emotional well-being and academic success. Some lack parental support altogether, while others face unstable or even traumatic home environments. Educators often become surrogate figures of stability, with students seeking comfort and belonging in the classroom. Students who experience weak or impoverished familial connections often seek stable relationships within the school environment (aces.org).

Participant One: "I had one student actually that asked me if I could adopt him because he wasn't having a good experience in his family, in his house. He just needed someone that cared for him and he knew that as a teacher I had love for my students, that I bring them food, what do you need? And I can help you and all that. And then he said that he wanted me to adopt him."

Participant Two: "I had a student come in my classroom this week and sat down. He was like, oh, so this is the room that's home. They come to me because they know I love and accept them where they are just right where you are for being where you are."

Participant Three: "I didn't really know how to handle that. I don't think I'd ever been given the tools for that situation. So normally, I handle most of my situations in a motherly way. Anytime there's any confrontation, I try to talk through it. I try to pull that student aside, how can I help you? What the struggle was for me is that he was not used to having any sort of help or constructive communication. It didn't seem like he was used to having those interactions with women. So that let me, as a mother and teacher struggling in that situation, I didn't have the tools to reach him. However, he expressed some things about his not being in contact with his mother...Dad got killed in a motorcycle accident. I'm with my grandmother."

Participant Eight: "She lost her grandmother during that time so she would come in and eat lunch with me and we would talk about her goals, what she wanted to do when she left the alternative school, how she was going to learn and grow from her experience... She was raised by a single mom and I was trying to explain to her that men can be supportive and reliable...Some lack parental support. I've had a couple of students who are in foster care so they need a lot of things. Material things like backpacks, toiletries, socks and shoes but also stability and someone to talk to. That's why I make it a habit to talk to them and get to know them."

Additionally, some educators even reported drawing on their own experiences and instincts as parents as a reference for how to interact with these students needed familial support:

Participant Seven: “I’m a mom, I know how to tell when something just isn’t right with a child.”

Participant Three: “So normally, I handle most of my situations in a motherly way. Anytime there's any confrontation, I try to talk through it.”

The theme of Misplaced Love most closely aligns with Stage Two of Indicator One for the Missouri Model of Trauma-Informed Schools. The staff begin to show signs of understanding information about trauma and begin to understand its impact on students and their behavior.

Personal Trauma Experience References

Indicator One of the Missouri Model for Trauma-Informed Schools takes into consideration beginning at stage two (Trauma-Sensitive) that faculty and staff recognize and begin to address their own stress and trauma as they progress on the continuum to stage four (Trauma-Informed). It is important that one recognizes their own traumas and triggers before beginning the work of helping others to navigate and heal from their individual trauma. “If a teacher’s stress response system is dysregulated, how can they expect their students to regulate their own” (Louvar Reeves, 2020, p. 56)

Participant One: “Yeah. Because I know what trauma is. I have lived through it, but it's not the same if you tell me how to handle what a student may have gone through, I don't know, they saw their dad point a gun at their mom and that type of behavior.”

Participant Three: “I grew up in a house with a lot of at-risk people, behaviors, you know what I mean? My husband even said that I favor the at-risk kids because of my experience and background as one. I had family members in and out of jail, I had people with drinking problems

in the house, we had friends and family doing drugs, it was all of it...I always wanted to work with at-risk kids. I think that is why I worked in the medical field. I was so excited to get a job at the alternative school because I knew this was where I was meant to be. It's my calling. Helping those who need help. They are our future."

Participant Six: "I think we definitely get a benefit because I'll go back to, even though I know based on living through my own traumas and seeing other people's traumas. I mean, you've heard of the ACEs test I'm sure given what you are researching. I didn't know all of the questions but as an adult I've seen them, and it is scary because I can answer yes to almost all of them. I have my own issues and if I have them I know my kids have them too. And I would want someone to consider me and my situation if I were them. It is the least I can do."

Participant Seven: "So there's some trauma that I've had to deal with it...I'm trying my best to shield my kids from it. I know when I'm dealing with a traumatized student, or at least a student who has big, big things going on outside of school, because I have been there, and I see a little of myself in them...You know I think Covid played a role in some of the behavior we are seeing. Think about it. Some of these kids were stuck in the most traumatizing environment you and I could imagine. School might have been a safe place, a source of comfort, but they were completely cut off. I know when I look at my own kids, I see that Covid caused some setbacks, I don't know if I can call it trauma. But we definitely struggle with those foundational skills and social constructs that they missed out on during those years."

Participant Eight: "I have seen a lot of trauma in my own life. Being where I am didn't happen by accident. You have to work on yourself before you can help others."

The theme of Personal Trauma Reference mostly aligns with Stage Two of Indicator One for Trauma-Informed Schools. It states that faculty and staff understand the importance of addressing their own stress and trauma before they can begin addressing their students' needs.

Insufficient Qualifications

Educators often feel unqualified to provide the mental health and social-emotional support that many students desperately need. Without formal training in psychology or trauma-informed care, teachers struggle to recognize when behaviors stem from trauma and feel uncertain about whether their efforts are truly helping. While they do their best to listen and offer support, they recognize the limitations of their role and emphasize the need for trained mental health professionals in every school—ideally more than one. The increasing demand for emotional support in classrooms leaves teachers overwhelmed, with little time or expertise to adequately address students' needs (Scott et al., 2021). Many believe that schools should have dedicated professionals, such as psychologists and social workers, to provide proper guidance and accountability in handling these challenges.

Participant One: "If I'm being honest, I don't know. I don't know how to describe it if I'm being honest. I am assuming that it's when we work with students that have different trauma, or, I don't know, problems. I don't know if that's the term. I don't know what it is. But again, I'm not a psychologist. I don't know when trauma is trauma. I cannot say when someone, something is, they're acting because of traumatic events unless they tell me that something happened. I don't know if I'm helping them because again, I don't have any training on that. So the only thing that I can do is just try to be there, listen and try to give them the best advice that I can. They should have someone that it's a professional that can be in every single school to address this type of problem. Probably more than one person...But again, I'm not a psychologist. I don't know when

trauma is trauma. I cannot say when someone, something is, they're acting because of traumatic events unless they tell me that something happened. And I will be like, dang. Of course I understand you...I don't know if I'm helping them because again, I don't have any training on that. So, the only thing that I can do is just try to be there, listen and try to give them the best advice that I can without being, I don't know how to say it, without being very direct.”

Participant Four: “I don’t really know what trauma-informed practices are. I don’t think I am good enough to answer that. I know these kids, they have problems you know. I know I try to help when I know something is wrong but that is just basic kindness...I didn’t study the mind. I studied the body and working with kids, like education. I can tell you how to do a push up, but I don’t know how to help them with fear or stress...I think we need more qualified people in the schools. Each school should get at least two or three people that know what they are doing. We teachers don’t know how to stop our lesson and help the child’s mind.”

Participant Six: “I'm starting to see we need more people to come in and actually help with this because I know, I know it. I know you know it, and I know other people know it, but some of the teachers around, I'm like, man, we really need to get them more. We don't have enough time to help. Most of our training came from the school level. There just isn't a large district level buy-in. I have questions. I think the only thing I could think of right now would be what are the different pathways of trauma-informed? Where did we get 'em from? The school itself provided most of our trauma-informed practices from outside sources, third parties. Who do we go to at the district level for our questions? I didn't recognize my own trauma as I was living it. How am I qualified to recognize it in our students?”

Participant Seven: “The people I got that training from were our psychiatrist, our psychologists, our social workers...so there were people whose sole job was to be my boss and to

keep me accountable. Those people kept me accountable for my actions daily. We would debrief and they would tell me if I handled it in the proper way or if I did something that escalated rather than de-escalated the situation. The experts trained me. We need experts training us in every school, helping to keep us accountable, just like I was held accountable at the treatment center. That's the only way to really learn and digest this stuff. Practice, reflect, and practice some more."

The theme of Insufficient Qualifications most closely aligns with Stage Two of Indicator One for the Missouri Model of Trauma-Informed Schools. This stage states that faculty and staff are beginning to understand and reference trauma and its effects informally. This implies that the leadership and staff are receiving training but are not yet confident in consistently using their training and understanding with students.

Situational Response vs. Root Cause Response

Addressing the root cause of trauma in students involves understanding and mitigating the underlying experiences that contribute to their emotional and behavioral struggles, while focusing solely on situational outbursts only manages the immediate symptoms. When educators and school staff prioritize root-cause approaches, they work to create supportive environments that promote emotional regulation, resilience, and long-term healing (The Missouri Model for Trauma-Informed Schools). This can include implementing trauma-informed teaching strategies, providing access to mental health resources, and fostering stable, trusting relationships. In contrast, responding only to situational outbursts often results in reactive discipline, such as suspensions or punitive measures, which fail to address the deeper issues driving the behavior. Without addressing the root cause, students may continue to experience distress and engage in disruptive patterns, reinforcing cycles of trauma rather than breaking them (Hicks, 2017). A

trauma-responsive approach seeks to move beyond behavior management to meaningful interventions that help students develop coping skills and a sense of stability.

Participant One: "It is important for me to remember that the behavior I am seeing and addressing in my school is not really the issue. There are larger, deeper issues at play, the girl with the stepdad? Her issue wasn't really me or the cussing, it was the abuse. It's what's at the root."

Participant Three: I don't know if I ever realized or put the word trauma on it, but I call it the lizard brain. It's that first response. It's that getting down to, they're always on the defense, even when you say something or do something or there's an action and they immediately respond out of fear or protection. You have to get past that to the root cause of their behavior...It's almost like they're so easily offended. But yet, from my perspective as an at-risk teacher, I have to realize that their first response is the trauma response. It is fight, flight or freeze. It is the, oh crap, somebody's out to get me. They're confronting me. I'm not safe. And sometimes just their immediate reaction. In fact, I had a student this week who did that, and I was like, wait, how did we just go from zero to twelve? And I have to step back and realize, okay, this is not personal. This is not about me or what I said or where we are. This is their first response because they're dealing in a place where they're fighting for their lives or their safety or their next meal or their shower."

Participant Four: First and foremost, I don't want to trigger students. So if I know a student is a sexual assault student and we have a book that has it in there then and I don't have the tools to help them get through it, we might skip that one or I might let them know, Hey, if you don't want to read this or don't want to be a part of this conversation, you don't have to be. If I know the root of the trauma, I can avoid situations that cause upset... Yeah. I'm going to have to

go back to the pop pop fizzle. I knew a girl, she'd recently been in a gun altercation. She had lost, I think a sibling or someone. And I knew the lab we were going to do was going to make those noises, and I knew she wanted to participate, and we started to, but as soon as the first pop went off, you could see that she started just automatically shutting down. So it was one thing. It's like, okay, let's just get you somewhere safer. Let's just go sit and take a moment to relax. And then I said, how about this: Let me record it on my phone and I'll turn off the sound. And that way you can see what's happening, but you don't have the auditory sensory effect.”

Participant Seven: “Because the truth of the matter is, is that our students that come to us, all the alternative setting, they literally cannot learn until we get past that point, until we get down to the root cause of what got them to the alternative school, the first place, what has kept them in trouble up to that point.”

The theme of Situational Response vs. Root Causes Response most closely aligns with Stage Two of Indicator One for the Missouri Model of Trauma-Informed Schools. Only half, four out of eight, recognized that student behavior is often a result of something larger (the root cause). Because only half of the leadership and staff can identify this theme, it is still in the beginning stages of trauma-informed practices.

Lack of Professional Development, Training, and Support

Participants describe a disconnect between decision-makers and the realities of the classroom, particularly in addressing student trauma. Educators feel unprepared to support struggling students due to a lack of proper training, relying instead on personal experience, self-education, and on-the-job learning. Participants emphasize the need for more professional development, especially in alternative schools, to better understand and address student challenges beyond just behavioral issues. Additionally, there is concern that many educators and

administrators are out of touch with the evolving needs of students, especially post-COVID, and would benefit from firsthand classroom experience (Hicks, 2017; Ng-mak et al., 2002; Van der Kolk, 2014).

Participant One: “But if I'm being honest, I don't have a lot of training on it. I don't. Well, I don't know. I know that I have received training on social emotional learning. I have gone to conferences about it, and I have learned to have more empathy and to be open. And when students do something, it's because of a purpose. There's something there that's making him or her act out, or they just want attention or they're just being funny, but there's a motive and we have to talk about that with their students. And I know that I have done social emotional training to my students talking about peer bullying and how to work with their emotions and sexuality and respecting each other. All those things with social emotional learning, Maybe I have done it... Well, they should at least train the teachers. They should have someone that, it's a professional that can be in every single school to address this type of problem. Probably more than one person, because let's be honest, our school it's small, but there's a lot of schools in the district that have 700 or 800 kids. I don't even know how many students. And one person cannot address that type of big crowd. So they need someone that can be there that is a professional, that can help them and have the knowledge.”

Participant Three: “So, that let me, as a mother and teacher struggling in that situation, I didn't have the tools to reach him...I don't know if I can articulate that, what trauma-informed practices are. We have had some training, but it is so spotty and not really helpful. It's like here is a broad overview but we have these kids for 10-20 days, every other day, and I don't know that anything they teach me is going to help them in the long run. I just try to think about how I would want someone to treat me. Does that make sense? It isn't consistent and sometimes we get

told things that directly conflict what were told in the training. Like a district policy says one thing but the training says another.”

Participant Four: “To me, I'm just thinking the school system needs to provide more workshops for teachers, especially the alternative schools that we see more of those students because they send them to us not even having to go through or knowing what the children are going through or the student is going through. They send 'em to us because they see behavior, troubled student, we see something different.”

Participant Six: “A lot of it honestly was just boots on the ground training within the system and then trying to take those practices that I've learned. Lots of reading, lots of listening. I think about what I would need in that situation and how I can help these kids. I don't know that I have ever just sat down and been taught about trauma-informed practices. We talk about trauma, like when a kid comes in and we are all in PLC or at lunch we will discuss what we are noticing and what works to reach that child or more often, what doesn't work. It is a lot of trial and error...I don't think the district really understands what is going on at this level. I think they go to a conference or hear about something, and they think, yeah, we should do that. But I don't think they really understand what these kids are going home to or coming from for that matter...We do get the chance to choose our own professional developments, well some of us do, but most of the time people are going to choose to go to a conference about what they teach. Or you know, something related to their actual job description, who is really looking to go to a conference or outside of work training on trauma?”

Participant Seven: “I wouldn't call it effective training, but I would say once a year we get pulled into a room and reminded about trauma-informed practices. But it's very basic level. It's not always something that I feel like I can go back and use.”

Participant Eight: “We receive training once a year, it is not enough. It seems like every day there is a new tragedy on the news. How could one time a year be enough? ”

The theme of Lack of Professional Development, Training, and Support most closely aligns with Stage Two of Indicator One for the Missouri Model of Trauma-Informed Schools. The staff are beginning to show signs of understanding trauma, but they are not confident in how to address the needs of students experiencing trauma. Six of the eight participants identified this theme. This implies a knowledge of trauma existing within their students and their interactions with students but also a need for practice identifying, understanding, and addressing trauma.

Prevalence of Trauma

One of the reasons this particular group of participants was chosen was because they serve a population that has experienced an alarming amount of trauma (The Missouri Model for Trauma-Informed Schools). The students they serve face everything from systemic racism and generational trauma to compounded-community violence trauma. All participants indicated that trauma is highly prevalent in the work they do with their students on a daily basis.

Participant One: “There's abuse. It can be from parents, it can be from someone that they don't know. It can be from a peer. When I say violence, it's like I have students that told me brought up in my face, no, I saw my uncle being killed in front of me. And I'm like, what? And they add that that's normal and that's okay. And fights. There's a lot of fights between themselves and adults, so there's a lot of it.”

Participant Two: “I mean, it's all day every day. It's all day every day. Dad got killed in a motorcycle accident. I'm with my grandmother. It's my dad's in jail. I've never seen him forget my dad. I'm not even going to talk to him. I mean, it literally is more than I would have ever guessed,

whether it's witnessing or the environments that they live in, the loss they've experienced...this year alone, they've had a friend who has shot himself or committed suicide or was cleaning a gun or was on the front porch and got picked off. A majority of the students do not have a birth mom or father in the home. They live with grandmom or auntie, or they don't have power. They don't have water, they don't have food, they don't have transportation, they don't have clothes. They witness a lot of poverty. I have been on a call over the years, but this year in particular, and I'm calling because I'm like, Hey, I just want to give you a heads up. This is where your student is. This is what their grade is. I have to touch base with you. I'm in support of you. What can we do? And the next thing I know, she's cussing him out using every word known to man, calling him names, that I don't allow my students to say or call anybody else. And I thought to myself, okay, I have to make sure that I can try to communicate with this mom in a way that if this is how she just responds from, Hey, I just have to let you know this is where the grade is and this is what we're doing. Or another student where we reached out to the parent and then she came to school the next day and she was bruised. She had a black eye. Of course, they don't say anything. The poverty, the verbal abuse, the mental, the physical, psychological, their needs aren't met.”

Participant Four: “Abuse would be one of them coming through abuse from home...and I've also seen a whole bunch of them coming from real jail and I have no idea what goes on in jails.”

Participant Five: “Oh, wow. It's at the top. Very prevalent, unfortunately. Very prevalent. In every counseling session or intake meeting it seems like either the student or the family members bring up some type of trauma. Well, he his dealing with his mom in jail, or we lost her brother to gun violence, or she has been acting like this since her dad left. There is almost never a time where the entire family comes in and talks, in peace. Usually there is a lot of screaming,

cursing, if they act like that here, how do they act at home? And who taught them to act like that. It is very easy to see their home lives are not much better than what they display here...Sometimes I have to take the young ladies aside and teach them about their menstrual cycles. Mrs. _____ has had to show young girls how to use their pad and properly dispose of them. They really don't know. They don't have someone at home showing them how to be a young lady or keep themselves clean. We have to have extra supplies like deodorant and even underwear because they don't have a way to get it themselves. It is very sad."

Participant Six: "I don't know if there's a trauma they haven't experienced. I know you can do the ACEs thing, and I know kids who can say yes to every single one of them, and that's kind of terrifying because you're not just looking at violence within a home, and that could be anything from gun violence to just domestic violence and domestic violence comes in all sorts of shapes and sizes. And if you think about _____ City, this is a center for Civil Rights. The trauma this community has experienced is decades old. How much of that shapes what happens today? I would have to imagine so much of it. But if people don't want to talk about the past or at least acknowledge it, and it did really happen, right here to some of our students' grandparents, then how can we even begin to address what is happening to our students today?"

Participant Seven: "It's sexual trauma, physical abuse, trauma. I mean, personally, I think when we were working there, one of my colleagues that I'd worked there the longest with, we counted how many students we'd lost to gun violence, and it was around 15. So I mean, you're talking about watching friends die...a child, a well-adjusted child, who you know is going home to discipline that's appropriate for them, they have all the food they need, they have clothing that they need. Their needs are met on a basic level as well as on an extra basic level. So, to me, it's very apparent early on. Some kids do attempt to hide it, and you can kind of pick up on some of

those cues as you get to know the students...It's loss of life. So, I mean, I'm a fairly well-adjusted individual, but that traumatizes me, but the sexual abuse, physical abuse, homicidal, and then of course trauma. I mean, we had at least one or two that committed suicide. So, I mean, you're talking about, it seems like so much of it was violent in nature. Not that abuse has a scale, just like sin doesn't have a scale, but it's the most violent, traumatic things you could think about? I probably had a child that experienced it on some level. And poverty, of course, is pervasive. The trauma of not knowing where your next meal is coming from or if the water's going to be running at your house. That is the type of trauma we see...I think Covid played a role in some of the behavior we are seeing. Think about it. Some of these kids were stuck in the most traumatizing environment you and I could imagine. School might have been a safe place, a source of comfort, but they were completely cut off."

Participant Eight: "Trauma is unfortunately very prevalent in the work with alternative school students. Many students in these settings come from backgrounds marked by adversity such as abuse, neglect, poverty, family instability, and exposure to violence. You have to think about the fact that most of the class three offenses in our code of conduct are directly related to violence or drugs. And people who are violent or using drugs are not often one-time offenders. This means that their exposure to violence and drugs is prolific. Where did they learn it is ok to solve their arguments with fists? Or that they can engage in risky behavior on campus? Where did they get the vapes or drugs they are using, selling? It is often learned behavior...I know we had a kid here the other day, we asked the family during intake if there was anything we should know and the grandma told us both his parents died of Covid. Now the kid wears a mask all the time. The reason he is here is because he bashed a teacher's car when he got mad about

something. Who knows what. But he really thought the appropriate response was smashing up the teacher's car. Now they own"

The theme of Prevalence of Trauma closely aligns with Stage Three of Indicator One for the Missouri Model of Trauma-Informed Schools. All the staff recognize that trauma exists for their students and some of them even reference changing their approach to daily interactions and instructional planning; however, the prevalence of trauma is not consistently referenced as part of their planning and reflection which would be reflective of stage four, trauma informed.

Table 3

Themes in Trauma-Informed Practices Research

THEME:	PARTICIPANT ONE	PARTICIPANT TWO	PARTICIPANT THREE	PARTICIPANT FOUR	PARTICIPANT FIVE	PARTICIPANT SIX	PARTICIPANT SEVEN	PARTICIPANT EIGHT
Relationships	✓	✓	✓	✓	✓	✓	✓	✓
Misplaced Love	✓	✓	✓					✓
Personal Trauma Reference	✓		✓			✓	✓	✓
Insufficient Qualifications	✓		✓	✓		✓	✓	✓
Situational vs. Root Cause	✓		✓	✓			✓	
PD/Training/Support	✓		✓	✓		✓	✓	✓
Prevalence of Trauma (Recognition)	✓	✓	✓	✓	✓	✓	✓	✓

General Summary of the Findings

The following seven key themes emerged through analysis and coding:

- Relationships-Trustworthiness, a key concept of the Missouri Model for Trauma-Informed Schools, emphasizes building genuine relationships, clear expectations, and

supportive interactions, which participants identified as essential for recognizing and responding to trauma in students through observed changes in behavior.

- Misplaced Love-It became clear that many participants served as surrogate figures of stability for students lacking a strong nuclear family dynamic, as students actively sought connection, support, and a sense of belonging from their teachers and other trusted adults.
- Personal Trauma References-Indicator One of the Missouri Model for Trauma-Informed Schools emphasizes that, beginning at Stage Two (Trauma-Sensitive), faculty and staff must recognize and address their own stress and trauma to effectively support students, as dysregulated educators cannot help students develop emotional regulation.
- Insufficient Qualifications-Educators often feel unqualified to address students' mental health and trauma-related needs, highlighting the growing demand for trained professionals in schools to provide proper support, guidance, and accountability.
- Situational Responses vs. Root Cause Responses-Addressing the root causes of trauma in students, rather than merely managing behavioral outbursts, allows educators to create supportive environments that foster emotional regulation, resilience, and long-term healing through trauma-informed strategies and meaningful interventions.
- Lack of training or support-Participants highlight a disconnect between decision-makers and classroom realities, emphasizing the need for more professional development in trauma-informed practices, especially in alternative schools, to better support students beyond behavioral management.
- Prevalence of Trauma-Additionally, when applying the conceptual framework, Indicator 1: School Leadership, and the information revealed in the interview process the staff of this alternative school setting would be categorized as a Stage Two: Trauma-Sensitive on

the Missouri Model for Trauma-Informed Schools Indicator 1: School Leadership and Staff Demonstrate an Understanding of the Impact and Prevalence of Trauma in Daily Practice. The staff show signs of understanding information about trauma, referencing it informally and demonstrating a basic knowledge of the importance of addressing their own stress and trauma.

Table Four

Thematic Link to Indicator 1

THEME:	STAGE 0: PRE-TRAUMA AWARE	STAGE 1: TRAUMA AWARE	STAGE 2: TRAUMA SENSITIVE	STAGE 3: TRAUMA RESPONSIVE	STAGE 4: TRAUMA INFORMED
Relationships				✓	
Misplaced Love			✓		
Personal Trauma Reference			✓		
Insufficient Qualifications			✓		
Situational vs. Root Cause			✓		
PD/Training/Support			✓		
Prevalence of Trauma (Recognition)				✓	

Final Insights

While they do not constitute a theme, it is important to note the following two recurring ideas that were mentioned by more than one participant but less than three. Educators with prior trauma-informed practices training from medical fields felt more supported and were better able to articulate their understanding of the training received while working at the alternative school.

Many educators recognize the signs of trauma but may not be able to articulate them as such. Often adults can tell when a child is unusually sad, angry, or withdrawn. As one participant stated, *“it is a simple task to see when something is off but just because it is simple to see doesn’t mean it is easy to help”* (Participant Seven).

Chapter 5: Conclusion

Summary of the Study

This qualitative phenomenological study explored the lived experiences of school personnel in an urban alternative school as they implemented trauma-informed practices based on the Missouri Model for Trauma-Informed Schools. The research aimed to fill a gap in literature regarding post-COVID-19 trauma-informed education and its impact on educators and students.

Data were collected through semi-structured interviews with eight educators, including teachers, a counselor, a curriculum coach, and a principal. The analysis revealed seven key themes: the importance of relationships, students seeking missing familial connections, educators referencing personal trauma, insufficient qualifications, situational versus root-cause responses, lack of training and support, and the prevalence of trauma among students.

Findings emphasized the need for deeper training, additional mental health support staff, and systemic changes to better equip educators in handling trauma-affected students. The study contributes to the ongoing discussion of trauma-informed education and provides insights for policymakers, administrators, and educators working in alternative school settings.

Research Question

What are the lived experiences of school personnel within the district's alternative school as they navigate and position themselves along the continuum of the Missouri Model for Trauma-Informed Schools?

The questions and data analysis were guided by these conceptual frameworks:

- The Missouri Model for Trauma-Informed Schools Continuum

- Indicator 1: School Leadership and Staff Demonstrate an Understanding of the Impact and Prevalence of Trauma in Daily Practice
- The Substance Abuse and Mental Health Services Administration’s definition of trauma
- Existing programs and curricula used in the research setting
 - RethinkEd
 - Adversity University

Review of Methodology

This study employed a phenomenological approach to explore the perceptions and experiences of faculty and administration members within an alternative education institution in a major urban center in the southern region. The research sought to clarify participants' narratives regarding their interactions with trauma-informed instructional methodologies, providing insight into their lived experiences and understanding of trauma-informed practices.

To establish a strong foundation, the researcher conducted an extensive literature review on trauma-informed practices, student health, educator training, and the effects of trauma on brain development. The literature review informed the development of a conceptual framework grounded in SAMHSA’s definition of trauma, the Missouri Model for Trauma-Informed Schools, and existing district programs and curricula. Based on this framework, the researcher designed semi-structured interview questions to guide the study.

After obtaining Institutional Review Board (IRB) approval, the researcher identified suitable participants and secured informed consent. Data collection involved semi-structured interviews, conducted and recorded via Zoom. This approach allowed for structured inquiry while enabling flexibility to explore emerging themes based on participants’ responses (Bloomberg, 2023).

Following the interviews, all recordings were transcribed and then destroyed to ensure participant confidentiality. The transcribed data was coded and analyzed multiple times to identify recurring themes and insights. This reflective analysis focused on capturing the essence of participants' experiences rather than predetermining findings, aligning with the phenomenological emphasis on how individuals consciously experience specific phenomena (Tracy, 2020). By centering faculty stakeholders' voices, this investigation contributed to a richer understanding of trauma-informed instructional methodologies and their impact within an alternative education setting.

Limitations

This qualitative phenomenological study with only the faculty of a single alternative school has several limitations:

1. Limited Generalizability – Findings may not apply to other alternative schools, as the experiences are specific to one setting.
2. Homogeneous Perspective – All participants are veteran educators, potentially leading to a lack of diverse viewpoints from newer teachers or other stakeholders.
3. Restricted Scope of Trauma-Informed Practices – The study is confined to the practices of one school district, limiting insights into alternative approaches used elsewhere.
4. Potential for Bias – Participants may share similar perspectives due to their shared work environment and experiences.
5. Context Dependency – Results are influenced by the unique culture, policies, and resources of the school and district, making broader application difficult.

Major Findings Related to Literature and Interpretations

The literature review establishes a foundational understanding of trauma, defining it as a psychological and physical response to distressing or life-threatening events. Trauma is categorized into four types—acute, chronic, complex, and compounded-community trauma—each affecting individuals differently (Horowitz et al., 1995; Plumb et al., 2016; Van der Kolk, 2014). The chapter highlights the widespread prevalence of trauma among children and adolescents, noting its impact on emotional regulation, cognition, and relationships. Schools play a critical role in addressing trauma, as educators are often the first to recognize symptoms and provide support. Without intervention, trauma can lead to long-term psychological conditions such as PTSD and complex PTSD. The chapter advocates for trauma-informed approaches in education to mitigate these effects.

This study explores the lived experiences of school personnel implementing trauma-informed practices in an urban alternative school. Using the Missouri Model for Trauma-Informed Schools as a framework, the research highlights the challenges, successes, and systemic gaps in supporting students with high Adverse Childhood Experiences (ACE) scores. The findings align with broader discussions on trauma's impact on youth, its behavioral manifestations, and the critical role educators play in addressing these issues.

Understanding Trauma and Its Effects on Students

Trauma, as defined by SAMHSA, significantly impacts emotional, physical, and cognitive development. Youth exposed to trauma often experience cognitive dissociation, hypervigilance, social withdrawal, and aggression. These behaviors are frequently misinterpreted by educators as defiance rather than symptoms of underlying trauma. The study participants unanimously recognized the widespread presence of trauma in their students and its direct

correlation with behavioral and academic struggles. This aligns with research on trauma's role in cycles of violence and moral disengagement, where students justify maladaptive behaviors as survival mechanisms.

The Role of Educators in Trauma-Informed Practices

Educators in alternative schools are at the forefront of identifying and addressing trauma-related behaviors. The study's findings highlight the central role of relationships in trauma-informed practices, with participants emphasizing the importance of trust and connection. Many students seek missing emotional support from educators, a phenomenon referred to as misplaced love; however, the lack of formal training leaves many educators feeling unqualified to provide the necessary mental health support.

Given that trauma has emerged as a parallel pandemic alongside COVID-19, it is imperative that educator preparation and educational leadership programs reevaluate and strengthen their requirements related to social-emotional learning (SEL) and trauma-informed practice (Carello & Butler, 2015; NCTSN, 2017). As future teachers and administrators are trained to navigate increasingly complex school environments, these programs must incorporate comprehensive coursework and field experiences that address the realities of trauma in K–12 settings. Just as lesson planning and school safety protocols are foundational components of educator training, so too should be an understanding of acute, chronic, complex, and compounded community trauma (SAMHSA, 2014; Thomas et al., 2019). Equipping aspiring educators and leaders with the tools to recognize, respond to, and support trauma-affected individuals is no longer optional—it is essential for fostering safe, resilient, and equitable learning environments (Alisic, 2012; Crosby et al., 2018).

Systemic Challenges and the Need for Training

The study identifies a critical gap in professional preparation for trauma-informed practices. Teachers and staff rely on their personal experiences and independent learning rather than structured training. This aligns with the broader systemic issue of insufficient qualifications among educators to handle trauma-related challenges effectively. Additionally, participants highlighted the necessity of shifting from a situational response to addressing the root causes of trauma, reinforcing the need for a long-term, preventative approach rather than reactive discipline.

A potential response to the identified lack of training in trauma-informed practices among K–12 educators is the implementation of structured, ongoing professional development—such as bi-annual or quarterly training sessions focused specifically on trauma awareness, response strategies, and de-escalation techniques. Furthermore, for those working with highly vulnerable populations, an annual requirement for experiential learning or clinical observation in a trauma-response center could enhance educators' understanding of real-world trauma interventions. The educators interviewed in this study expressed a strong willingness to support students in crisis but acknowledged a lack of formal training to accurately assess and respond to trauma-related behaviors. Importantly, the intention is not to shift the burden of trauma counseling onto educators; rather, the goal is to equip them with foundational tools to stabilize immediate crises and appropriately engage mental health professionals who can deliver long-term, therapeutic care.

Government Interventions and School-Based Solutions

As schools increasingly adopt trauma-informed models, the need for access to qualified mental health professionals has become more urgent. Educators are not mental health

professionals, nor do most aspire to be; however, they recognize the critical importance of having trained specialists in their buildings to assist in responding to students experiencing trauma (Godek et al., 2022). While teachers and administrators express a strong willingness to support students in crisis, they often lack the formal training necessary to assess or intervene appropriately (Bloomberg & Volpe, 2023). The goal is not to shift the burden of therapeutic care onto educators, but rather to provide them with foundational tools to manage immediate crises while mobilizing the appropriate mental health resources.

The study underscores the role of federal policies such as Every Student Succeeds Act (ESSA, 2015) and the American Rescue Plan (ARP) Act of 2021 in promoting trauma-informed education. These policies allocate significant funding for mental health services and social-emotional learning initiatives within K–12 schools. In alignment with these efforts, the Missouri Model for Trauma-Informed Schools offers a developmental continuum to guide schools in becoming more responsive to the needs of trauma-affected students. Despite this policy framework, findings from the current research highlight persistent inconsistencies in implementation, often due to a lack of professional development, systemic training, and sufficient resources.

To address these gaps, several federal programs offer funding to increase the number and capacity of school-based mental health service providers. The U.S. Department of Education administers both the School-Based Mental Health Services (SBMH) Grant Program and the Mental Health Service Professional (MHSP) Demonstration Grant, which aim to grow a diverse and well-prepared mental health workforce in schools, particularly in under-resourced districts (U.S. Department of Education, 2024). Other initiatives, such as the Substance Abuse and Mental Health Services Administration's (SAMHSA) Project AWARE, provide training to

school personnel and community partners to improve early identification and response to mental health issues among youth (SAMHSA, 2023). The Health Resources and Services Administration (HRSA) also contributes through grants that support workforce development and placement of mental health professionals in educational settings (HRSA, 2023).

Additional support stems from legislative initiatives such as the Bipartisan Safer Communities Act (BSCA), which has committed \$1 billion over five years to enhance school-based mental health services (Frontline Education, 2023). Subprograms like the Stronger Connections Grant have already made a measurable impact, with districts like Birmingham City Schools in Alabama receiving over \$3 million to expand access to trauma-informed support (Sewell, 2024). However, despite these opportunities, recent challenges—such as federal grant reductions during the Trump administration—have raised concerns about the sustainability of these efforts (AP News, 2023). Long-term success in implementing trauma-informed educational practices will depend heavily on the continued availability of funding and cross-sector collaboration between schools and mental health professionals.

The Need for Systemic Change

Addressing trauma in education requires more than individual educator efforts—it necessitates systemic investment in trauma-informed training, mental health professionals, and comprehensive school-based interventions. The study reinforces the urgency of breaking the cycle of trauma by equipping educators with the tools to recognize and respond effectively. Strengthening trauma-informed curricula such as RethinkEd and Adversity University, coupled with professional development opportunities, can create sustainable change. Ultimately, integrating trauma-informed practices at a systemic level is essential for fostering resilience and academic success among students facing adversity.

As schools work toward systemic implementation of trauma-informed practices, it is equally important to examine the language used to describe the students these efforts are meant to support. Labeling students as “at-risk” has become a common shorthand in educational and psychological discourse, but it carries potentially harmful implications that warrant reconsideration. The term often implies a deficit-based perspective, subtly positioning students as inherently problematic or destined for failure, rather than acknowledging the systemic inequities and external conditions contributing to their circumstances (Kearns, 2011; Shields et al., 2012). Research shows that such labeling can stigmatize students, leading to lowered expectations, implicit bias, and exclusionary practices that reinforce marginalization (Gorski, 2013; Noddings, 2005). In contrast, referring to these students as “exceptionally vulnerable” shifts the focus from their perceived deficiencies to the environmental, social, and emotional factors that make them more susceptible to harm. This terminology better aligns with trauma-informed frameworks by emphasizing compassion, context, and the need for support rather than surveillance or remediation (SAMHSA, 2014; National Child Traumatic Stress Network, 2017). “Exceptionally vulnerable” underscores the responsibility of systems and educators to respond with sensitivity, without diminishing the strengths and potential of the students themselves. This linguistic shift is not merely semantic—it reframes how we view, interact with, and support children who have experienced trauma.

Findings Related to Research Problem

There is a significant gap in the literature regarding educators' experiences with trauma-informed practices in the school settings. Research has been conducted on the various types of traumas, methods of working with trauma, and even the effects of post-traumatic stress but there has been little research regarding educators and how they experience working with trauma-

informed practices. While many educators can loosely articulate what trauma-informed practices entail, their understanding often lacks depth and consistency. Additionally, more than half of the participants in this study could not recall receiving formal training on trauma-informed approaches, highlighting a lack of structured professional development in this area. As a result, educators primarily rely on personal life experiences and a trial-and-error approach when supporting students impacted by trauma. This inconsistency in knowledge and practice underscores the need for further research and targeted training to ensure that educators are adequately equipped to implement trauma-informed strategies effectively.

Findings Related to Research Question

Chapter 1 discussed the research problem as a lack of understanding and research regarding trauma-informed instructional practices and stakeholder experiences. Recent global events and published research indicate that trauma is a prevalent issue in the lives of schoolchildren across the United States. While numerous trauma-informed instructional practices are implemented nationwide, there is a lack of high-quality, contextually rich research exploring the experiences of school personnel and their interactions with these practices (Maynard et al., 2019; Plumb et al., 2016). This study employed a phenomenological approach, using semi-structured interviews to gather insights into school personnel's experiences. Gaining a deeper understanding of the lived experiences of those working closely with trauma-affected children can provide valuable information for future research on education and trauma-informed practices (Peoples, 2021, p. 25).

Through this research, the findings revealed that the school scores at Stage Two: Trauma-Sensitive within the Missouri Model for trauma-informed practices. School staff demonstrated a clear awareness of the prevalence of trauma among their students and had begun to acknowledge

their own personal experiences with trauma. However, while this awareness was evident, there was little indication that it had translated into significant changes in instructional or disciplinary approaches. Participants did not consistently engage in reflective practices to assess how their instructional and disciplinary choices could better support students' and staff members' emotional regulation. This suggests that while schools have taken meaningful steps toward trauma sensitivity, they have not yet progressed to Stage Three: Trauma-Responsive, where trauma awareness actively informs teaching strategies and behavioral interventions (Missouri Department of Mental Health, 2019).

Significance of the Study

This research is significant because it highlights the gap between trauma awareness and trauma-responsive practices in schools, emphasizing the need for further integration of trauma-informed strategies within educational settings. Despite the growing allocation of state and federal funding toward social-emotional learning and trauma-informed practices, there remains limited empirical evidence demonstrating their effectiveness in schools (Maynard et al., 2019; Every Student Succeeds Act, 2015; Godek et al., 2022).

Additionally, while trauma research is well-established in the medical field, it has not been fully incorporated into educational pedagogy, leaving educators with minimal formal training on how to identify and support trauma-affected students (Alisic, 2012; Chudzik et al., 2022). It is equally important to note that the two participants who indicated they were the most comfortable interacting with students facing known trauma each had prior experience in medical fields.

Findings from this phenomenological qualitative study revealed that school personnel are becoming increasingly aware of trauma's prevalence and are acknowledging their own

experiences with trauma; however, their instructional and disciplinary practices have yet to reflect this awareness in ways that promote emotional regulation for both students and staff. By shedding light on the voices of educators, this research underscores the urgent need for professional development, policy shifts, and systemic changes that move schools beyond trauma sensitivity toward truly trauma-responsive environments.

Implications for Practice

The findings of this study highlight several critical implications for professional practice in education, particularly regarding trauma-informed approaches in schools.

Strengthening Relationships and Trust-Building

Educators must prioritize relationship-building as a foundational element of trauma-informed teaching. The Missouri Model's emphasis on trustworthiness underscores that meaningful connections with students are essential for recognizing trauma and fostering emotional regulation. Schools should implement professional development programs that help teachers cultivate these relationships while maintaining appropriate boundaries and emotional resilience.

Expanding Trauma-Informed Training and Support

A significant gap exists between educators' awareness of trauma and their ability to effectively respond to it. Many teachers feel unqualified to address the emotional and mental health needs of students, emphasizing the need for more robust, ongoing training. Schools should offer in-depth trauma-informed training beyond basic overviews, ensuring that educators are equipped with practical strategies for recognizing trauma responses, de-escalating situations, and fostering emotional regulation in students. Additionally, trauma-informed practices should be

integrated into teacher preparation programs to ensure that all educators enter the field with foundational knowledge.

Addressing Teacher Well-Being and Secondary Trauma

Educators who work closely with traumatized students often experience emotional exhaustion and secondary trauma. The study's findings emphasize the importance of educators recognizing and addressing their own trauma and stress to maintain emotional stability in the classroom. Schools should provide structured mental health support, such as access to counseling, peer support groups, and self-care workshops, to ensure that educators can manage their own well-being while supporting students effectively.

Increasing Mental Health Resources in Schools

Teachers frequently assume roles beyond their training, acting as surrogate parental figures and emotional support systems for students who lack stability at home. While educators play a vital role in fostering trust, they are not mental health professionals. The study underscores the urgent need for schools to employ more full-time mental health professionals, such as psychologists, social workers, and trauma specialists, who can provide targeted support to students. Policymakers should advocate for increased funding to expand these critical support services.

Moving Beyond Behavior Management to Root Cause Responses

Many educators recognize the signs of trauma but struggle to address the root causes behind students' behavioral challenges. Schools must shift from a reactive approach—focused on discipline and behavior management—to a proactive model that integrates trauma-responsive interventions. This includes incorporating restorative justice practices, social-emotional learning (SEL) curricula, and mindfulness strategies into daily instruction.

Bridging the Gap Between Policy and Classroom Realities

Participants expressed frustration with decision-makers who are disconnected from the realities of trauma-exposed classrooms. Policymakers, administrators, and school leaders must engage in ongoing dialogue with educators to ensure that trauma-informed policies align with actual classroom needs. This may involve conducting school-wide assessments, increasing collaboration between teachers and administrators, and implementing data-driven approaches to track the effectiveness of trauma-informed initiatives.

Recognizing the Prevalence of Trauma in Schools

The study highlights the alarming prevalence of trauma among students, particularly in alternative school settings. Educators must approach every student with the assumption that trauma may be influencing their behavior and learning. This requires schools to embed trauma-awareness into their culture, ensuring that all staff—teachers, administrators, and support personnel—are prepared to respond compassionately and effectively to students' emotional needs.

The findings from this research reinforce the need for a systemic shift in how trauma is addressed within schools. While many educators demonstrate an awareness of trauma's impact, schools must provide the training, resources, and support necessary for them to transition from trauma-sensitive to trauma-responsive environments. By strengthening relationships, expanding mental health resources, and prioritizing teacher well-being, schools can create safe, supportive spaces where students and educators alike can thrive.

Implications for Future Research

The discussion surrounding education and trauma-informed practices is far from over. While this study has helped illuminate some of the struggles, as well as advances, in trauma-informed instructional practices there are still several key areas that need further exploration.

Effectiveness of Trauma-Informed Training

- How do different levels of trauma-informed training impact educators' ability to recognize and respond to student trauma?
- What are the most effective training models for equipping teachers with practical strategies to support traumatized students?
- Future research should examine these questions on a larger scale across different school settings, including traditional, alternative, and rural schools.

Role of Educators as Surrogate Caregivers

- What are the psychological and emotional effects on educators who take on parental or mentorship roles for students lacking stable family support?
- How does this dynamic impact student-teacher relationships and overall student success?
- Additional research should explore this phenomenon in diverse educational contexts, including urban, suburban, and rural schools.

Teacher Stress, Burnout, and Secondary Trauma

- How does working with a high-trauma student population affect teacher burnout and mental health?
- What school-based interventions can help mitigate the emotional toll on educators?

- Future studies should investigate these effects at a broader scale, comparing schools with varying levels of trauma prevalence and support systems.

Gaps in School-Based Mental Health Support

- What is the impact of having on-site mental health professionals on student behavior, academic performance, and teacher well-being?
- How can schools better integrate trauma-informed care within the broader education system to ensure teachers feel supported?
- Larger-scale research should examine the effectiveness of different models of mental health support across multiple school districts and educational systems.

Prevalence and Unique Challenges of Trauma in Alternative Schools

- How does the prevalence and nature of trauma in alternative school settings compare to traditional school environments?
- What are the specific challenges alternative schools face in implementing trauma-informed practices?
- Future research should expand to examine alternative schools across various regions to identify patterns and best practices.

Situational vs. Root Cause Approaches

- What interventions help educators move beyond crisis management to addressing root causes of student trauma?
- How do trauma-informed schools that focus on root-cause approaches differ in student outcomes compared to those with primarily behavior-focused interventions?

- Expanding research to multiple school settings will help determine the scalability and effectiveness of different approaches.

Post-COVID Shifts in Student Trauma and Educator Preparedness

- How has student trauma evolved post-pandemic, and are educators adequately prepared to address these changes?
- What long-term impacts has COVID-19 had on trauma prevalence among students and the support structures within schools?
- A broader study across different school environments and geographic locations will help determine the long-term effects and necessary adjustments in trauma-informed education.

To fully understand these issues, future research should be conducted on a larger scale, involving multiple schools, districts, and regions. Studies should also include a variety of educational settings, such as public and private schools, urban and rural environments, and elementary, middle, and high school levels. Expanding the scope of research will provide a more comprehensive understanding of trauma-informed practices and their impact on students and educators alike.

Final Thoughts and Conclusions

This study provides a vital contribution to the growing body of research on trauma-informed education by exploring the lived experiences of school personnel in an alternative school setting. The findings reveal a clear awareness among educators of trauma's prevalence and its profound effects on students. However, this awareness has not yet fully translated into consistent, trauma-responsive instructional and disciplinary practices. The Missouri Model for Trauma-Informed Schools offers a continuum for progress, but the study suggests that many

educators remain at the Trauma-Sensitive stage, struggling to integrate trauma-responsive strategies into daily practice.

A significant limitation highlighted in this study is the lack of formalized training for educators in trauma-informed practices. Despite increasing policy-level emphasis on social-emotional learning and mental health resources, many educators reported relying primarily on personal experience and trial-and-error methods when supporting trauma-affected students. This underscores the pressing need for systemic investment in comprehensive professional development and structured mental health support within schools.

The Need for Systemic Change

To move from trauma awareness to trauma responsiveness, schools must undergo a systemic transformation. Key areas requiring attention include:

- **Professional Development:** Schools must provide sustained, in-depth training that equips educators with the practical tools to address trauma effectively.
- **Mental Health Support:** Increasing the presence of school-based mental health professionals can alleviate the burden on educators and provide targeted interventions for students.
- **Teacher Well-Being:** Addressing secondary trauma and burnout is crucial to sustaining a compassionate and effective teaching workforce.
- **Shifting from Reactive to Proactive Interventions:** Schools must move beyond crisis management and behavior-based discipline toward addressing root causes through restorative practices and trauma-responsive strategies.

- Policy Alignment with Classroom Realities: Decision-makers must engage with educators to ensure that trauma-informed policies translate into meaningful classroom practices.

Future Research Directions

This study has illuminated critical gaps in trauma-informed education, but further research needs to be explored:

- The long-term effectiveness of trauma-informed training programs.
- The psychological effects on educators who take on caregiving roles for trauma-affected students.
- The impact of school-based mental health professionals on academic and behavioral outcomes.
- The unique challenges of implementing trauma-informed practices in alternative schools versus traditional school settings.
- The evolving landscape of student trauma post-COVID-19 and its implications for educator preparedness.

Expanding research across multiple school settings, including diverse geographical and socio-economic contexts, will provide a more comprehensive understanding of how to best implement trauma-informed practices in education. This study highlights the urgency of addressing trauma in schools, emphasizing that without systemic change, students and educators alike will continue to struggle with the effects of unaddressed trauma.

By prioritizing training, mental health resources, and proactive interventions, schools can move beyond trauma awareness and create truly trauma-responsive environments where students and educators can thrive.

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Appendix A



AUBURN UNIVERSITY
Institutional Review Board

IRB APPROVAL

February 4, 2025

Ellen Hahn
Haley Center 4036
Auburn Univ, AL 36849
334-844-4460
reamseh@auburn.edu

Dear Ellen Hahn:

On 2/4/2025, the IRB reviewed the following submission:

Protocol Information	Submission Details
Type of Review:	Initial Study
Title:	A Study of Alternative School Personnel Experiences with Trauma-Informed Practices
Investigator:	Ellen Hahn
IRB ID:	STUDY00000289
Funding:	None
Grant Title:	N/A
Grant ID:	None
IND, IDE or HDE:	None
Documents Reviewed:	<ul style="list-style-type: none">• Endeavor Consent Form.pdf, Category: Consent Form;• Endeavor Consent Form_1.pdf, Category: Consent Form;• Phenomenological Research Interview Qs.pdf, Category: Survey/Questionnaire;• Protocol IRB Updated.pdf, Category: IRB Protocol;• Recruitment Email.pdf, Category: Recruitment Materials

This letter serves as official notice that your protocol has received IRB approval.

Assurances:

This study does not require continuing review. However, investigators are required to meet all institutional requirements for conducting research with human subjects. By accepting this IRB approval and in conducting this protocol, you agree to follow the requirements listed in HRP-103 - INVESTIGATOR MANUAL.

As a reminder:

- Modifications to this study must be approved by the IRB in advance of implementing changes to the research
- This study may be subject to post-approval monitoring and/or administrative check-in. As such, it is imperative that you follow the protocol as specified in the approved protocol documents



AUBURN UNIVERSITY

Institutional Review Board

- Any reportable new information related to this study must be reported to the IRB within 5 business days in accordance with institutional reporting requirements
- Close this study once all research activities are complete

Consent Documents:

To document consent, use the consent documents that were approved and stamped by the IRB. Go to the Documents tab to download them.

Best wishes for success with your research!

IRB Administration

540 Devall Drive

Auburn, AL 36849

irbadmin@auburn.edu

(334) 844-5966



INFORMED CONSENT DOCUMENT

(NOTE: DO NOT SIGN THIS DOCUMENT UNLESS AN IRB APPROVAL STAMP WITH CURRENT DATES HAS BEEN APPLIED TO THIS DOCUMENT.)

Title of research study: *A Study of School Personnel Experiences with Trauma-Informed Practices*
Investigator: *Dr. Ellen Hahn*

KEY INFORMATION

The following table is a short summary of this study to help you decide whether or not you would like to participate in this research study. More detailed information is listed later on in this form.

General Information	You are invited to participate in a research study to better understand the experiences of type II alternative school educators who work with at-risk students experiencing trauma and the trauma-informed practices they may or may not use. The study is being conducted by, Sabrina McGee, Ph.D. candidate, under the direction of Dr. Ellen Hahn in the Auburn University Department of Education, EFLT. You are invited to participate because you are veteran teacher with more than three years of experience in the alternative school setting.
Purpose	The purpose of this research is to explore an urban alternative school faculty's experiences with trauma-informed practices through phenomenological study.
Duration & Visits	There will be one interview lasting 30-45 minutes and the transcript and notes will be shared with you for member-checking. The total duration of time spent for this study is 1 hour to 1 hour 30 minutes.
Overview of Procedures	If you decide to participate in this research study, you will be asked to sit for an in-person interview.
Risks	The risks associated with participating in this study are minimal as all identifying information will be replaced with pseudonyms, and your answers will not be shared outside the boundaries of the study.
Benefits	If you participate in this study, you may find the experience cathartic, you may find a renewed passion for at-risk students, and district leaders may be encouraged to continue with or change trauma-informed practices that are found to be relevant through the course of this study.
Alternatives	The alternative is not to participate in this study.
Right to Withdraw from the Study	If you change your mind about participating, you can withdraw at any time by not signing the informed consent waiver or notifying the interviewer that you wish to leave the interview or stop the interview process. Your decision about whether to participate or to stop

	participating will not jeopardize your future relations with Auburn University, the Department of Education or Sabrina McGee, Ph.D. candidate.
--	--

DETAILED INFORMATION

The following is more detailed information about this study.

Why am I being invited to take part in a research study?

You are invited to participate in a research study to record educator experiences around trauma-informed practice. The study is being conducted by Sabrina McGee, under the direction of Dr. Ellen Hahn in the Auburn University Department of Educational Foundations, Leadership and Technology. You were selected as a possible participant because you are a veteran educator with at least three years of experience in the chosen research setting, have participated in mandated trauma-informed practices training, and have both preCovid-19 and postCovid-19 K-12 educational experience.

How many people will be studied?

We expect about 5-8 people locally will be in this research study.

What should I know about a research study?

- Someone will explain this research study to you.
- Whether or not you take part in the research study is up to you. You may wish to talk to your family and friends about participating in the study.
- You can choose not to take part in the study.
- You can agree to take part in the study and later change your mind.
- Your decision will not be held against you.
- You can ask all the questions you want before you decide whether you would like to take part in the study or not.

Why is this research being done?

The purpose of this research is to provide research data on the perspectives of educators working with trauma-informed practices in a research setting where the participants serve a population with known trauma (Covid-19, Compounded-Community Violence/Trauma, Acute Traumas, etc.)

What will be involved if I participate?

If you decide to participate in this research study, you will be asked to participate in a semi-structured interview lasting approximately 30-45 minutes. Specifically, as a research participant, you will be asked to:

- *A semi-structured interview conducted via teleconferencing or in-person per your convenience*
- *30-45 minutes for the interview*
- *Participants will interact with Sabrina McGee, the interviewer*
- *Online via teleconferencing software or at the research site (cafeteria)*
- *Spring 2025 semester*
- *Your interview will be recorded*
- *The purpose of the recording is to ensure accurate transcription and for participants to refer back to for member verification*
- *The recordings will stored in an encrypted cloud based storage platform*
- *Recordings will be kept for 1 year after completion of the dissertation*
- *The recordings will be destroyed by 8/1/2026*

Interviews may be recorded using audio recording devices to assist with accuracy of your responses. You have the right to refuse the audio recording. Please initial one of the following options:

- YES, I consent to audio recording.
- NO, I do NOT consent to audio recording.

Interviews may be recorded using video devices to assist with the accuracy of your responses. You have the right to refuse the video recording. Please initial one of the following options:

- YES, I consent to video recording.
- NO, I do NOT consent to video recording.

How long will the research last and what will I need to do?

We expect that you will be in this research study for 1 hour to 1 hour and a half in total.

Is there any way being in this study could be bad for me?

The risks associated with participating in this study are:

- o Psychological risk: The risks associated with participating in this study are minimal as all identifying information will be replaced with pseudonyms, and your answers will not be shared outside the boundaries of the study.

It is important to note that there could be a potential trigger for some regarding trauma and Covid-19.

- o Physical Risk This study could involve in-person research activities that carry an inherent risk for transmission of illnesses including respiratory viruses such as COVID-19, flu, and RSV. Should you feel uncomfortable, you can either ask researchers to wear a mask, participate via teleconferencing software, or elect not to participate in this research project.

Will being in this study help me in any way?

If you participate in this study, you may find the experience cathartic, you may find a renewed passion for at-risk students, and district leaders may be encouraged to continue with or change trauma-informed practices that are found to be relevant through the course of this study.

Will I receive compensation for participating?

No

What happens if I say yes, but I change my mind later?

You can leave the research at any time; it will not be held against you. If you choose to withdraw, your data can be withdrawn as long as it is identifiable.

What happens to the information collected for the research?

Your privacy will be protected. Any information obtained in connection with this study will remain confidential. Information obtained through your participation may be used to complete the requirements of a dissertation. Efforts will be made to limit the use and disclosure of your personal information, including research study records, to people who have a need to review this information. We cannot promise complete secrecy. Organizations that may inspect and copy your information include the IRB.

There are some important things that you need to know. The Certificate **does not** stop reporting that federal, state or local laws require. Some examples are laws that require reporting of child or elder abuse, some communicable diseases, and threats to harm yourself or others. Disclosures that you consent to in this document, or you make yourself are not protected.

Researchers may release information about you when you say it is okay. For example, you may give them permission to release information to insurers, medical providers or any other persons not connected with the research. The Certificate of Confidentiality does not stop you from willingly releasing information about your involvement in this research. It also does not prevent you from having access to your own information.

We will protect your privacy and the data you provide by keeping your research data and your identifying information (like your name and email) separate, linked only by a randomly generated participant code. Only study staff will have access to your research data.

Who can I talk to?

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team at srs0099@auburn.edu or 478-951-8805 and reamseh@auburn.edu. This research has been reviewed and approved by the Auburn University Institutional Review Board (IRB). You may contact the Auburn University IRB at (334) 844-5966 or IRBadmin@auburn.edu if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

Having read the information provided, you must decide whether or not you wish to participate in this research study. Your signature documents your permission to take part in this research. A copy of this document will be given to you to keep.

Signature of subject Date

Printed name of subject Date

Signature of person obtaining consent Date

Printed name of person obtaining consent

Page 5 of 5

Participant Initials: _____

Version Date: July 31, 2024

Subject: Invitation to Participate in a Research Study on Educators' Experiences Post-COVID-19
(TW: Trauma & COVID-19)

Dear [Educator's Name],

I hope this message finds you well. My name is Sabrina McGee, and I am a PhD candidate at Auburn University. I am conducting a study on educators' experiences in supporting students who have been impacted by trauma, particularly in the context of the COVID-19 pandemic. This research aims to understand how educators navigate and respond to students' needs in the post-COVID-19 environment.

Trigger Warning: Please be advised that this study will involve discussions of trauma and COVID-19, which may be sensitive for some participants. We want to ensure that participants feel comfortable and supported throughout the process.

We are seeking educators who have firsthand experience working with students affected by trauma during or after the COVID-19 pandemic. Your insights and reflections are invaluable, and your participation could contribute to a better understanding of the support needs of students and educators alike.

Study Details:

- **Format:** One-on-one interviews conducted virtually or in-person
- **Duration:** Approximately 30-45 minutes
- **Confidentiality:** All responses will be kept confidential, and identifying information will be password protected to protect your identity

If you are interested in participating or would like more information, please reply to this email or contact me directly at srs0099@auburn.edu. Your experience and insights could make a meaningful impact on how we approach trauma-informed education in the future.

Thank you for considering this opportunity to share your story and contribute to this important research.

Warm regards,
Sabrina McGee
PhD candidate
Auburn University
srs0099@auburn.edu
478-951-8805

Interview Questions

What is your role at the alternative school?

How long have you been in education?

How long have you been with the alternative school?

How often do you work with students?

1. Tell me about your work at the alternative school.
2. Can you describe for me a time when you knew you were dealing with a traumatized student?
3. What was that experience like?
4. In your own words can you describe what trauma-informed practices are?
5. Can you describe your training around trauma-informed practices?
6. How often do you receive refresher training?
7. In your experience, is that enough?
8. In your experience, what types of traumas do your students experience?
9. Can you describe your personal experiences with the trauma-informed practices for which you have received training? Please share specific examples that highlight your perspective.
10. Tell me about your experience with trauma-informed practices in the school setting.
11. Can you describe a time when you utilized trauma-informed practices in your work with students?
12. Describe how prevalent trauma is in the work that you do with students.
13. Can you describe how you consider trauma-informed practices when planning for your job duties?
14. Can you describe for me your thought process when interacting with a student with known trauma?

15. Can you describe your personal experiences and feelings regarding how well your school is implementing trauma-informed practices? Please share specific instances that illustrate your perception?
16. Can you describe your thoughts and feelings on what the school district should do to further support trauma-informed practices? Please provide specific suggestions and examples based on your experiences?
17. Can you describe your personal experiences and feelings regarding whether trauma-informed practices benefit students? Please share specific examples that illustrate your perspective?
18. Can you describe your personal experiences and feelings regarding whether trauma-informed practices benefit educators? Please share specific examples that illustrate your perspective?
19. Is there anything you would like to add to better describe your experience with trauma-informed practices that I have not already asked about?