Overcoming Childhood Adversity: A Collective Case Study of the Influence of ACEs on the

Work of Special Education Teachers

―――――――――――――

A Dissertation

Presented to

The College of Education

Department of Special Education

Slippery Rock University

Slippery Rock, Pennsylvania

―――――――――――――

In Partial Fulfillment

of the Requirements for the Degree

Doctorate of Special Education

―――――――――――――

by

Kristyn Whisman

August, 2021

Committee Members

Committee Chair: Jeremy Lynch, Ph.D.

     Associate Professor of Special Education

     Slippery Rock University

Committee Member: Jason Hilton, Ph.D.

     Professor of Education

     Slippery Rock University

Committee Member: Antony Smith, Ph.D.

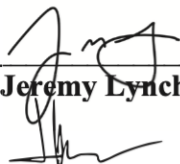   Associate Professor of Education
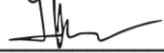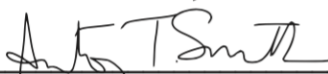
     University of Washington

Slippery Rock University
Department of Special Education

A Dissertation Written By

Kristyn V. Whisman

Bachelor of Arts in Sociology, Whitman College, 2005
Master of Education, University of Washington, Bothell, 2011
Doctorate of Education, Slippery Rock University, 2021

Approved by

	7.27.21
Dr. Jeremy Lynch, Dissertation Committee Chair	**Date**
	7/27/21
Dr. Jason Hilton, Committee Member	**Date**
	7/27/21
Dr. Antony Smith, Committee Member	**Date**

	Accepted by	
		8/2/2021
Dr. A. Keith Dils, Dean, College of Education, Slippery Rock University		**Date**

Abstract

In order to fully realize student-focused trauma-informed care, educational settings must become trauma-informed environments wherein all who are served and all who are employed are supported through trauma-informed care. The purpose of the study was to identify the ways in which adverse childhood experiences (ACEs) influenced the work of special education teachers, how they overcame their ACEs, and describe the supports that are necessary to create a trauma-informed environment for them. The literature review revealed the significant toll ACEs have on physical and mental health, as well the social and emotional tone of a classroom. A holistic collective case-study design and narrative analysis was used to evaluate three semi-structured interviews with special education teachers employed in the 2020-2021 school year in southern Pennsylvania. Semi-structured interview transcripts were combined into one composite interview transcript, which served as the data set for analysis. Analysis revealed the following salient themes: special education teachers are called to their work, ACEs created an adulthood awareness childhood struggles, ACEs encouraged connections with students and their families, personal relationships were the key to overcoming ACEs, trauma-informed care is for students only, resilience in the real world, and the division that exists between general education and special education teachers.

Keywords: special education teachers, ACEs, case study, resilience, career choice

Dedication

This dissertation is dedicated to my husband, John, and my two children, Emmett and Eleanor. John did everything necessary to support my research endeavors in a way that would make both of us proud. Emmett and Eleanor taught me daily to appreciate the process as if I were learning about this topic for the very first time.

Acknowledgments

I would like to acknowledge the educators who played a role in helping me endure my own adversities:

Jenn Blomme—my college swim coach who helped me prioritize my mental health, even when I could not see the necessity of it myself.

Clain Campagna—my high school math teacher who knew I would be a teacher, even when I was convinced I would never.

Dr. Keith Farrington—my college advisor and thesis chair who pulled more all-nighters than I did to help me with my thesis, and the man who helped me discover the transformative powers of education for justice-involved populations.

Dr. Russell Gordan—my college Calculus professor who showed me the beauty of math as a language, and the significance of putting students first.

Dr. Jason Hilton—my doctoral professor and dissertation committee member, without whom this research would not have been possible.

Dr. Jeremy Lynch—my doctoral professor and dissertation committee chair, who demanded the best from me throughout the dissertation process.

Sharon Kaufman-Osborn—my college counselor, who taught me the value of not always being the strong one.

Marilyn Ponti—my college financial director, who found a way to help me stay in college, even when I was certain it was financially impossible.

Dr. Antony Smith—my graduate advisor, dissertation committee member, and friend who encouraged me to acknowledge and own my expertise as an experienced educator and researcher.

Vernon Woosley—my high school counselor who showed me grace and kindness, and treated me like family.

I would also like two acknowledge two people who inspired me throughout this process more than they may be aware:

Andrea—the best friend who knows me better than I know myself.

Sara—the friend who inspired me to consider my dissertation from a new perspective.

Table of Contents

Overcoming Childhood Adversity: A Collective Case Study of the Influence of ACEs on the

Work of Special Education Teachers

In Jay's (2017) *Supernormal,* the author recounts multiples stories of individuals who have endured adversity but have ultimately prevailed. The stories she tells are the stories of "family heroes" (Jay, 2017, p. xiv) who are well and do well despite the existence of problems in their lives and their communities. Family heroes are the "strong ones" whose role "is to be helpful in the home and successful in the world… Family heroes cannot just be normal, they must be supernormal… Family heroes always seem to be saving someone, if only themselves" (Jay, 2017, p. 4). Despite the existence of adversity or trauma in the lives of family heroes, they continuously demonstrate resilience in real life terms, whether through adapting, surviving, or thriving, or some combination of all three. Through the stories of these family heroes, readers begin to understand how prevalent adversity is and how different people in different places have adapted despite their circumstances. Jay (2017) draws readers in with her tales of these supernormal family heroes, but she does so in a way that assures readers they are not alone in their experience of adversity and trauma.

Jay's (2017) approachable narrative brought awareness to the presence of family heroes in communities around the United States, while also demonstrating the extreme circumstances that forge these family heroes into existence. On a daily basis, special education teachers who have experienced significant adversity and trauma are required by their employers to take on the role of a family hero, not only for their own sake, but for the sake of their students. They must survive, adapt, and thrive in a challenging classroom setting despite whatever they may have endured before.

Through the use of case study methodology and a narrative analysis (Clandinin, 2013; Clandinin & Connelly, 2000; Connelly et al., 1997; Cresswell & Poth, 2018; Yin, 2018), my study served as an opportunity to identify the special education teachers who have suffered significant adversity, examine their career trajectories in education, identify what factors impacted their choice to become special education teachers, and describe the support and care they need from their employer to be successful. Given that Adverse Childhood Experiences (ACEs) have physical and emotional effects that last well into adulthood (Anda et al., 2020; Bessey & Gonzalez, 2018; Chapman et al., 2004; Dube et al., 2001; Felitti et al., 1998; Seery et al., 2010; Werner & Smith, 1992), it is imperative that programs that prepare teachers and agencies that employ teachers consider the potentially trauma-inducing experiences their teachers have suffered in order to effectively support educators as they do their work.

Statement of the Problem

Childhood adversities are extremely common (CDC, n.d.). Over one-quarter of the American public has experienced one Adverse Childhood Experience (ACE), 15.9% has experienced two ACEs, 9.5% has experienced three ACEs, and 12.5% has experienced four or more ACEs (CDC, n.d.). ACEs are "potentially traumatic events that occur in childhood (0-17)" ("Adverse Childhood Experiences," n.d.). They include various types of abuse, neglect, and household challenges, such as having an incarcerated family member or a family member who is diagnosed with a mental health disorder. ACEs are even more common for educators and child service providers generally (Esaki & Larkin, 2013; Hubel et al., 2020; Whitaker et al., 2014). Hubel et al. (2020) discovered that 73% of early childhood educators had experienced at least one ACE and 22% had experienced four or more ACEs. Whitaker et al. (2014) similarly identified that 23% of Head Start and Early Head Start teachers and home visitors had

experienced 3 or more ACEs. A survey of child service providers employed by an agency that

provided residential treatment, day treatment, and schooling for children with histories of trauma

showed that 70% of participants, which included clinicians, milieu therapists, childcare workers,

home visitors, teachers, administrators, researchers, trainers, clerical workers, and development

staff, reported at least one ACE, 54% at least two ACEs, and 15.9% at four or more ACEs (Esaki

& Larkin, 2013). The research clearly showed a significant increase in ACEs scores for

educators and child service providers (Esaki & Larkin, 2013; Hubel et al., 2020; Whitaker et al.,

2014). The childhood experiences of educators contributes to the overall health of the profession

and the ability of teachers to continue to do their work well.

Teaching Shortage

In the state of Pennsylvania and beyond there is currently a teaching shortage (Saunders

et al., 2018). Pennsylvania has shown a 65% decrease in enrollment in teacher preparation

programs since the 2009-2010 school year. The special education discipline in particular has

shown a significant shortage of certified teachers (Saunders et al., 2018). In the three years

leading up to Saunders et al.'s (2018) report, there was a 100% increase in the number of

emergency permits issued to districts and schools in Pennsylvania. An emergency teaching

permit allows someone who is not currently certified in the required discipline of the open

position, or certified at all, to be employed as a teacher when no certified candidate could be

found. While the utilization of emergency permits addresses the immediate shortage of special

education teachers, it does not address any long-term recruitment and retention issues that may

be at the heart of educators' choices to go into special education specifically.

Trauma-Informed Care

While Pennsylvania continues to experience a teacher shortage, including difficulty retaining qualified special education teachers, a new educational practice has emerged that teachers are expected to implement in their classrooms (Murphey & Sacks, 2019; Saunders et al., 2018). This practice, known as trauma-informed care, is a recent trend throughout educational settings in the United States (Murphey & Sacks, 2019). According to Murphey and Sacks (2019), "TIC [trauma-informed care] describes a variety of approaches that acknowledge the impact of trauma, recognize its symptoms, respond to its effects through appropriate practices and policies, and prevent further traumatization" (p. 9). Trauma-informed care was conceptualized in educational settings as a response to the greater awareness of the incidence of childhood adversity and how it may impact students in the classroom setting (Murphey & Sacks, 2019). The implementation of the trauma-informed approach corresponds with the abundance of current research on Adverse Childhood Experiences (ACEs) and resilience (Anda et al., 2020; Anthony & Cohler, 1987; Berger, 2017; Bessey & Gonzalez, 2018; Bonanno, 2004; Chapman et al., 2004; Dube et al., 2001; Felitti et al., 1998; Fritz et al., 2018; Jay, 2017; Kleiman et al., 2017; Linley et al., 2005; Luthar et al., 2000; Seery et al., 2010; van der Kolk, 2014; Werner & Smith, 1992). Though not always presented in this way, trauma-informed care should emphasize the importance of educator experiences and the impact of those experiences on teaching practices (SAMHSA, 2014). In order to ensure special education environments are safe spaces for students, teachers, and staff, where those who experience adversity and trauma can demonstrate resilience, it is imperative that trauma-informed care begin to include the professionals who are responsible for the education of students and not just the students themselves. Without the broader implementation of a trauma-informed approach, it is possible that quality educators will be lost due to their own struggles with trauma and adversity.

Recruitment and Retention

Research on the recruitment and retention of teachers indicated that individuals become teachers and remain in teaching careers for a number of reasons (Billingsley, 2004; Fish & Stephens, 2010; Inman & Marlow, 2004; Myers, 2008; Lemons, 2013; Wright & Cropanzano, 2000). Teachers may feel "called" to their profession (Myers, 2008). Special education teachers may feel compelled to help a population of students who are also likely to experience hardships or to contribute to society in a significant way (Hogan & Bullock, 2012; Hubel et al., 2020; Lemons, 2013). One compelling reason was students with disabilities were 3.44 times more likely than their nondisabled peers to experience some type of abuse (Sullivan & Knutson, 2000). Another is children with behavior disorders and intellectual disabilities are at greater risk to experience all types of abuse (neglect, physical abuse, and sexual abuse) than children with other types of disabilities (Sullivan & Knutson, 1998). Additional reasons some special educators choose their career is to serve those in need (Fish & Stephens, 2010) while some general education teachers go into teaching to be role models for their students (Hogan & Bullock, 2012). While understanding the inspiration behind the choice to become an educator is one step in understanding how to support teachers in their roles, my research dug deeper into the complex landscapes of special education teachers' lives (Connelly et al., 1997) to explore the specific experiences that led them to their careers and their perspectives on what they need in order to feel supported in their work.

Existing Research

In order to firmly ground the current study in relevant research, I performed a thorough review of the literature on Adverse Childhood Experiences (ACEs), resilience, resilience and protective factors, the profile of students with disabilities, adulthood career choices, and special

education teachers. The concept of adaptability in the face of adversity is not a new one. In 1987, in *The Invulnerable Child*, Anthony and Cohler explored "the intriguing and sometimes baffling phenomenon of children's capacity to deal with adversity. Survivors, strivers, and thrivers make up the unusual population of children who respond so unexpectedly to the onslaughts of calamity" (front to back cover flap). Their work to describe the human capacity to overcome life's challenges paved the way for research about resilience, the physical, social and mental health impacts of childhood adversities (Werner & Smith, 1992), and the human potential for adversarial growth. The current research project exists at the intersection of these research topics. Though no single theory informs the current research, the efforts of previous researchers to understand the impacts of adversities, coping mechanisms and resilience factors, and the reasons people choose to work in challenging environments satisfactorily laid the foundation upon which the current research stands. However, I approached this project through the interpretive paradigm, wherein "reality and knowledge are constructed and reproduced through communication, interaction, and practice" (Tracy, 2013, p. 40). The use of narrative inquiry allowed me to understand participant reality through the analysis of responsive interviews (Tracy, 2013).

Research Questions

A narrative inquiry approach was utilized in an effort to address the research questions that inspired this research:

1. What are special educators' perspectives on the influence of their ACEs on their work as special education teachers?

2. In what ways have special education teachers overcome their ACEs in order to adapt their teaching?

3. How can employers implement trauma informed care in ways that best support the work of special education teachers who may have experienced ACEs?

Significance of Study

In my four years as a special education teacher at the K-12 level, trauma-informed care has never been presented as something that is appropriate and necessary for students *and* educators. However, the Substance Abuse and Mental Health Administration's (SAMHSA, 2014) guide to a trauma-informed approach clearly indicates that it should be an organizational or systemic approach to the recognition that people at all levels of an organization may have experienced trauma. I am a special education teacher with an ACEs score of four. I ultimately fell into a career in special education by way of corrections education, where I started in an effort to process my own experience as the daughter of an incarcerated father. As a correctional educator for over 15 years, employed through institutions of higher education, I bore witness to and experienced myself the impact that ACEs and other adversities can have on a person. In order to better understand my own life experiences and the life experiences of other special educators with high ACEs scores, I embarked on this dissertation journey (Roberts & Hyatt, 2019) that began when I completed my master's thesis on the factors that motivate correctional educators to choose to teach in prison. The lens through which I conducted my investigation is most certainly impacted by my own experiences, which may be perceived as a limitation, but is also the impetus for the completion of a meaningful study. For these reasons, I made the executive decision to utilize first person rather than third throughout my dissertation. Clandinin and Connelly (2000) explained "as we write 'I,' we need to convey a sense of social significance. We need to make sure that when we say 'I,' we know that 'I' is connected with 'they'" (p.122). In my research there really is no I without they and vice versa. I am part of they as we

collaborated to re-story the landscapes of participants' lives. To leave I out is to deny the nature of the inquiry altogether.

My research matters because research shows that educators and social service providers have high ACEs scores (Esaki & Larkin, 2013; Hubel et al., 2020; Whitaker et al., 2014). It matters because teachers need to be able to do their work well and effectively implement trauma-informed care in their classrooms that contain students who are more likely than not to be experiencing ACEs of their own. At the local level, this study is significant because it will explore in-depth the childhood adversities and career choices of special education teachers employed in southern Pennsylvania. Previous researchers have suggested that future investigations explore the personal qualities of special education teachers, the factors that impact teachers' health and longevity in the field, and the supports that special education teachers' need to focus on providing effective instruction (Billingsley & Bettini, 2019; Billingsley et al., 2020; Fish & Stephens, 2010; McLean, 2017). Others have suggested that additional research be conducted on the ACEs of other professionals who work with children who are likely to be experiencing trauma (Esaki & Larkin, 2013; Hubel et al., 2010; Whitaker et al., 2014). Through my research, I will begin to address these suggestions. The outcomes of my study may have implications for professional development and teacher-education programs both locally and nationally as more awareness is brought to the experiences of those who become teachers. It is my hope that by allowing special education teachers to share their stories, we can learn specific facets of trauma-informed care that would be most helpful for their success in education. This study will shed light on the adversities that special education teachers and students share, the presence of family heroes disguised as special education teachers, and the importance of trauma-informed school environments in general. Through the implementation of teacher-focused

trauma-informed care, vicarious retraumatization and teacher burnout could be reduced, ensuring a safe environment for those educators who are more vulnerable due to the physical and mental health effects of ACEs.

Delimitations

Delimitations are elements of the study over which the researcher had control and narrow the scope of the research project. The delimitations of this project included the population to be studied and the methodology itself. I chose to conduct the study with a sample of special education teachers employed in southern Pennsylvania, though the study may have been conducted with any population of employees who work with a population of children who is at significant risk of experiencing adversity or trauma. Any conclusions drawn as a product of this research study were limited to the specific context of southern Pennsylvania and were not necessarily reproducible nor generalizable to other groups of special education teachers. The choice to conduct a qualitative holistic collective case study with narrative analysis was made to ensure appropriate depth of the entire project.

Definitions of Critical Terms

Adversity: serious or continued difficulty or misfortune.

Adverse Childhood Experiences (ACEs): a set of specific experiences that have occurred prior to the age of 18 that have been identified as having long-lasting effects on physical, mental, and emotional health including abuse, neglect, and household challenges.

Emergency Permit: an emergency teaching permit is issued by the Pennsylvania Department of Education upon the request of a public school entity when the position has been advertised and no fully qualified or certified person can be found. When an individual is teaching on an emergency permit, they must enroll in a certification program and take at least nine credits

of classes toward certification per academic year. Full certification must be achieved within three years of initial employment with the public school entity.

Resilience: the ability to adapt to difficult life circumstances.

Resilience/protective factors: factors that buffer a person's response to a situation that could lead to maladaptive behaviors.

Student with disabilities: students who have been identified as requiring additional supports in order to be successful in school. A student may have a disability in one or more of the categories outlined by the Individuals with Disabilities Education Act: Specific Learning Disability (SLD), Other Health Impairment (OHI), Autism Spectrum Disorder (ASD), Emotional Disturbance (ED), Speech or Language Impairment (SLI), visual impairment, deafness, hearing impairment, deaf-blindness, orthopedic impairment, Intellectual Disability (ID), Traumatic Brain Injury (TBI), and Multiple Disabilities (MDS).

Special education teacher: an individual who completed the course requirements to be certified to teach students with disabilities. In Pennsylvania, special education teachers must also meet the course requirements to become certified in a specific subject area or grade range.

Trauma-informed care: various approaches that acknowledge the impact of trauma and adversity, recognize symptoms, respond to impacts using identified appropriate practices and policies, and work to prevent further traumatization

Summary

This research study explored the childhood adversities of special education teachers in southern Pennsylvania. Through the use of a qualitative narrative inquiry, I analyzed the role adverse childhood experiences, resilience factors, and protective factors played in the choice of

participants to become special education teachers. The following chapter reviews the literature

about ACEs, resilience, special education teachers, and students with disabilities.

Chapter 2: Review of the Literature

The purpose of this chapter is to situate the current study in a broader context of related literature. The chapter is divided into multiple relevant sections in order to ensure all aspects of current research are fully illuminated. The review begins with a section to fully define ACEs and discuss their impact on physical and mental health. Resilience is also thoroughly discussed and defined, followed by a section describing the means through which people overcome childhood adversity. The literature review then transitions to a focus on special education teachers. The chapter concludes with a section exploring the literature about the factors that inspire people to choose certain careers.

Adverse Childhood Experiences

In the United States, a child is more likely than not to experience a potentially traumatic incident prior to the age of 18 (CDC, n.d.). These incidents, known as "Adverse Childhood Experiences" (ACEs) have the potential to "harm children's developing brains and lead to changing how they respond to stress and damaging their immune systems so profoundly that the effects show up decades later" (ACEs Too High, n.d.). These children who are affected by ACEs eventually become adults who are active in any number of career fields, including education. Educators, who are more likely than not to have experienced at least one ACE, are tasked with supporting children and adolescents (Esaki & Larkin, 2013; Hubel et al., 2020; Whitaker et al., 2014). As researchers have identified the lasting significant effects that ACEs can have on physical and mental health (Anda et al., 2020; Bessey & Gonzalez, 2018; Chapman et al., 2004; Dube et al., 2001; van der Kolk, 2014), trauma-informed care has become a recommended practice in schools throughout the United States (Murphey & Sacks, 2019). Teachers are expected to implement trauma-informed care in acknowledgement of the adversities that students

are experiencing outside of the classroom setting. Given that a majority of the United States

population has experienced ACEs, it is imperative that employers of educators implement

trauma-informed care not only for students, but especially for teachers in order to support them

in their work.

Prevalence of Adverse Childhood Experiences

According to the CDC (n.d.), ACEs are common. Approximately 63.9% of Americans

have tolerated at least one ACE and 12.5% of Americans have endured four or more ACEs. Only

36.1% of Americans reported not having experienced any ACEs (CDC, n.d.). ACEs are broken

down by the CDC into three categories, which are then broken down further into sub-categories.

The first category is abuse, which includes physical, sexual, and emotional abuse. The second

category is neglect, which includes emotional and physical neglect. Household challenges make

up the third category, which includes one's mother being treated violently, drug use in the

household, mental illness in the household, parental separation or divorce, and the incarceration

of a household member (CDC, n.d.). However, this is not an indication that those Americans

have not experienced any adversity or traumas, simply that they did not experience them prior to

the age of 18. In relation to gender, 65.5% of women reported experiencing one or more ACEs,

whereas 62% of men reported experiencing one or more ACEs (CDC, n.d.). Of particular note

are the types of ACEs experienced by 20% of more of those who reported ACEs. These

categories included physical abuse (29.3%), sexual abuse (20.7%), substance abuse in the

household (26.9%), and parental separation or divorce (23.3%, CDC, n.d.). Just as the majority

of Americans have experienced ACEs, so too have educators.

Hubel et al. (2020) examined the prevalence of ACEs with a sample of 349 early care and

education teachers. In contrast with the CDC (n.d.) results, 73% of the sample reported

experiencing at least one ACE and 22% reported experiencing four or more ACEs. Special

educators are tasked with providing safe learning environments for students with disabilities

when students are likely experiencing any variety of adversities. The physical and mental effects

of ACEs are substantial (Anda et al., 2020; Bessey & Gonzalez, 2018; Chapman et al., 2004;

Dube et al., 2001; Felitti et al., 1998; Seery et al., 2010; van der Kolk, 2014) and inevitably have

an impact in the classroom (Hubel et al., 2020).

Urban ACEs

In 2013, the Public Health Management Corporation of Philadelphia (PHMC) expanded

upon the initial efforts of the CDC by surveying the urban community members of Philadelphia

on their ACEs scores. Not only were the initial ACEs included, but five additional community-

level adversities were incorporated in PHMC's (2013) research after a thorough review of the

literature and focus groups were conducted. These additional ACEs included: witnessing

violence, experiencing discrimination, neighborhood adversities, being bullied, and living in

foster care. Neighborhood adversities included feeling unsafe in one's neighborhood, feeling as

though neighborhood members did not look out for and stand up for one another, and feeling as

though neighbors could not be trusted (Philadelphia ACE Project, 2019). Young (2015) argued

the necessity of incorporating community-level adversities as ACEs to avoid underreporting of

experiences that could cause trauma. In addition, the initial ten ACEs

> may provide an inadequate measure of adversity within our communities, particularly
>
> among populations that are more diverse than the Kaiser sample. Not only is it time to
>
> expand the commonly accepted measure of childhood adversity to include community-
>
> level indicators, but in the process, we must consider indicators that will span
>
> demographic and geographic differences. (Young, 2015, para. 9)

While the initial list of ten ACEs encompassed a multitude of adversities that can lead to

significant physical and mental health challenges later in life (Felitti et al., 1998), as additional

research was conducted and a greater understanding about childhood adversity created, it was

inevitable that change to be necessary in what researchers consider ACEs. This expanded list of

ACEs was branded the "Urban ACE score" (PHMC, 2013).

While utilizing the original ACEs only, 30.2% of the surveyed 1,784 Philadelphians

reported enduring zero ACEs, 48.4% reported one to three ACEs, and 21.5% reported four or

more ACEs. However, when the Urban ACE questionnaire was considered, only 16.8% of

Philadelphians reported zero ACEs, 45.9% reported one to three ACEs, and 37.3% reported four

or more ACEs (PHMC, 2013). The percentage of Philadelphians who endured four or more

ACEs in both surveys is significantly higher than the figure indicated in the initial CDC study

(n.d.). These results suggested that urban populations may suffer a great number of adversities

during childhood.

Effects of Adverse Childhood Experiences

In study after study, researchers found that ACEs are connected to a number of physical

and mental health ailments (Anda et al., 2020; Bessey & Gonzalez, 2018; Chapman et al., 2004;

Dube et al., 2001; Felitti et al., 1998; PHMC, 2013; Seery et al., 2010). The commonality of

ACEs, in conjunction with the significant risk for the onset of various conditions into adulthood

make ACEs an especially critical area of concern for medical professionals and those who

endure ACEs.

Physical Effects.

In 1995, the CDC-Kaiser study revealed that ACEs are strongly connected to the

development of risk factors for disease and negative impacts on well-being throughout the life

course (CDC, n.d.). In their groundbreaking efforts, Felitti et al. (1998) identified the link between ACEs and numerous diseases whose onset occurs in adulthood. "We found a strong dose response relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults" (Felitti et al., 1998, p. 251). While Felitti et al. (1998) cautioned not to draw conclusion about causality, they found a strong correlation between ACEs and subsequent risk factors for heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.

Researchers in the PHMC (2013) study found that 11.5% of Philadelphians with zero Urban ACEs smoked, while 17.4% of those with one to three Urban ACEs smoked, and 29.4% of those with four or more Urban ACEs smoked. Regarding a medical diagnosis of cancer, 6.9% of Philadelphians with an Urban ACE score of zero had been diagnosed with cancer, 9% of Philadelphians with an Urban ACE score of one to three had been diagnosed with cancer, compared with 9.4% of those with four or more Urban ACEs. Similarly, the rate of asthma diagnosis increased as the Urban ACE score increased, from 16.6% for those with zero Urban ACEs, 18% for those with one to three Urban ACEs, and 21.4% for those with four or more Urban ACEs. Though ACEs may have an outward influence that is easily identified and diagnosed medically, adversity and trauma can also effect the internal structures of our bodies in significant ways.

In *The Body Keeps the Score*, van der Kolk (2014) described in great detail how traumatic experiences impact the body and the brain. While individuals may respond differently to each of their ACEs, experiencing trauma can change the development of the brain, the human ability to self-regulate, and the capacity for people to stay engaged with the world around them. Toxic stress accumulates when an individual experiences adversities or traumatic events, which

produces an overload of stress hormones, and leads to damage in the structure and functioning of children's developing brains (CDC, n.d.; van der Kolk, 2014). "Dissociation is the essence of trauma. The overwhelming experience is split off and fragmented, so that the emotions, sounds, images, thoughts and physical sensations related to the trauma take on a life of their own" (van der Kolk, 2004, p. 66). As described by van der Kolk (2014), those who have experienced trauma may become hypervigilant to the point of being unable to experience "ordinary pleasures" or they may become "too numb" to engage in the world around them (p. 86). Jay (2017) also explained "that alienation, or a pervasive sense of disconnections from others, is one of the most common consequences not only of sexual abuse but also of any kind of adversity" (p. 170). Since research about ACEs first emerged, numerous researchers have examined the impact of ACEs on adulthood mental health (Anda et al., 2020; Bessey & Gonzalez, 2018; Chapman et al., 2004; Dube et al., 2001; PHMC, 2013; Seery et al., 2010).

Mental Health Effects.

As a part of the larger ACEs study described above, Chapman, et al. (2004) investigated the specific connection between ACEs and depressive disorders. As Felitti et al. (1998) did previously, Chapman et al. (2004) cautioned that their results could not establish a causal relationship between ACEs and lifetime depressive disorders. They found, however, a "strong graded relationship between the number of ACEs and recent depressive disorders" (Chapman et al., 2004, p. 222). Of particular importance, Chapman et al.'s (2004) findings indicated that the emotional abuse category of ACEs had the strongest relationship to depressive disorders. Chapman's findings were validated by Werner and Smith's (1992) extensive longitudinal study of 505 babies born in Hawaii. They found that two out of three of the at-risk children developed learning and/or behavior problems by the age of 10, had mental health problems, or became

pregnant before the age of 18. Only one out of three of the at-risk group, "developed into a competent, confident, and caring young adult by age 18" (Werner & Smith, 1992, p. 2). Similarly, 30.1% of respondents with four or more Urban ACEs in PHMC's (2013) study reported having a mental health diagnosis in their adulthood, while only 18.1% of those with one to four Urban ACEs and 9.7% of those with zero Urban ACEs reported having a mental health diagnosis. The relationship between Urban ACE scores and depression was especially evident, as 44.3% of Philadelphian surveyed with four or more Urban ACEs reported experienced at least two weeks of depression in the previous year, compared to 23.5% for those with one to three Urban ACEs, and 8.3% for those with zero Urban ACEs.

    In regard to another mental health concern, In Dube, et al. (2001) investigated the connection between eight of the ACEs and adulthood suicide attempts. The ACEs that formed the foundation of their study included: emotional abuse, physical abuse, sexual abuse, battery of the mother, household substance abuse, mental health diagnoses of a member of the household, parental separation or divorce, and the incarceration of a household member. The researchers found "each of the 8 adverse childhood experiences increase the risk of ever attempting suicide from 2- to 5-fold" (Dube et al., 2001, p. 3094). Their results showed the significance of ACEs and their long-lasting effect on mental well-being. "Children who experienced traumatic events are more likely to have problems with emotional and behavioral self-regulation later in life…" (Dube et al., 2001, p. 3095). In the PHMC (2013) study, 17.8% of participants with an Urban ACE score of four or higher had attempted suicide, compared to 0.7% and 2.3% of those with zero and one to three Urban ACEs (respectively). While everyone may respond differently to childhood adversity and traumatic experiences, the overall mental health impact of ACEs cannot be underestimated.

In their longitudinal research, Seery et al. (2010) examined the notion that adversity has a cumulative negative effect on people. They called into question the linear conception that more ACEs always lead to greater negative outcomes in adulthood. Their findings contradicted this very notion. Seery et al. (2010) discovered a u-shaped quadratic relationship that showed that experiencing "some but nonzero lifetime adversity predicted relatively lower global distress, lower self-rated functional impairment, fewer posttraumatic stress symptoms, and high life satisfaction over time. Furthermore, people with some prior lifetime adversity were the least affected by recent adverse events" (p. 1025). They ultimately concluded that the presence of some adverse experiences may actually help individuals develop the skills necessary to overcome subsequent adversities. They also surmised that there may be certain categories of adversities that most effectively help people develop resilience skills (Seery et al., 2010), though this line of thought was only conjecture when their research was published.

While there is agreement amongst researchers that ACEs have the potential for long-lasting negative impacts, there is still some debate about the cumulative effect of ACEs (Anda et al., 2020; Bessey & Gonzalez, 2018; Chapman et al., 2004; Dube et al., 2001; Seery et al., 2010; van der Kolk, 2014). As research on the effects of ACEs continued to expand, additional researchers examined the impact ACEs have on educator job performance.

Effects on Teaching.

Hubel et al. (2020) conducted live observational assessments of the quality of the social and emotional climate in a subsample of 58 teachers' classrooms. Within the subsample, those who reported a higher number of ACEs facilitated a lower quality social and emotional classroom climate. Teachers who experienced the incarceration of a family member, physical

abuse, or emotional abuse were observed to facilitate a lower quality social and emotional

classroom climate (Hubel et al., 2020).

Research has shown the significant impact that ACEs can have on adult physical and

mental health, which can impact job performance. Of particular consequence is the exponential

effect as the number of ACEs increases (CDC, n.d.; Dube et al., 2001). While Seery et al.'s

(2010) research demonstrated the potential for a u-shaped relationship between ACEs and

negative outcomes, research as a whole was clear that ACEs lead to negative physical and mental

health outcomes (Anda et al., 2020; Bessey & Gonzalez, 2018; Chapman et al., 2004; Dube et

al., 2001; van der Kolk, 2014). These effects may show themselves in different ways for

different individuals, but ultimately ACEs will take a toll on those who experience them,

including special education teachers. Despite the myriad effects ACEs can have, people can

overcome their ACEs by revealing their capacity for resilience.

Resilience

Resilience is an essential skill for those that experience adversity. According to the

American Psychological Association (APA, n.d.), resilience is "the process and outcome of

successfully adapting to difficult or challenging life experiences, especially through mental,

emotional, and behavioral flexibility and adjustment to external and internal demands." The APA

clarified that multiple factors determine how well people cope with adversity. These factors

include how individuals see and engage in their world, what access they have to suitable social

resources, and their use of coping strategies. Resilience does not mean that individuals are able

to avoid adversity. Despite the notion that resilience is a personality trait that only some

individuals have, resilience skills can be practiced and refined (APA, 2012; APA, n.d.).

In an interview with Charles Figley, Berger (2017) acknowledged that resilience is a "socially constructed and culturally bounded concept" (p. 41). Resilience occurs in specific contexts and various societies may define it quite differently. Berger (2017) argued that the idea that resilience is an ability to return to one's previous state of operating and performing is misguided. People who experience adversity "will need to assimilate the event into his or her life narrative and thus will forever change in a significant way" (Berger, 2017, p. 41). The adaptation process after an adversity necessitates and requires change. Berger (2017) defines a resilient person as "an individual who has the flexibility and the inner strength to grow from the traumatic event" (p. 41). Per Linley and Joseph's (2005) discussion, Berger's (2017) definition of resilience is better aligned with their conception of adversarial growth.

Linley and Joseph (2005) brought to light the potential differences between resilience and adversarial growth. While they agreed "resilience reflects the ability to maintain a stable equilibrium" (Bonnano, 2004, p. 20), adversarial growth is "the capacity not just for resilience but also for people to use aversive events as a springboard for further growth and development" (Linley & Joseph, 2005, p. 262). Linley and Joseph (2005) share a number of terms that are interchangeable with adversarial growth: "posttraumatic growth, stress-related growth, thriving, perceived benefits, positive adjustment, and positive adaptation" (p. 263). The major difference between resilience and adversarial growth is the positive change that occurs as a result of an adversity.

In *Supernormal,* Jay (2017) details the stories of many resilient, but not necessarily prominent, individuals as a means to describe resilience in real-life terms. Jay (2017) explains that there are a significant number of "supernormal" individuals living in society, those who "exceed the average" or are simply "exceptional" (Jay, 2017, p. x). Those who demonstrate

resilience, according to Jay (2017), utilize a number of coping mechanisms that allow them to adapt in a positive way to undesirable circumstances. Ultimately, Jay (2017) concludes that resilience is possible because of love, both loving someone or something and feeling loved by someone. "Love carries the double advantage of positivity plus connection, offsetting the harm of both stress and isolation… love has a perhaps unequaled power to mend the strain and trauma that have come before" (Jay, 2017, p. 291). Through this study, I explored these variations in the conceptualization of resilience to better understand how resilience operated in the lives of special education teachers.

Despite evidence to the contrary, some may argue that resilience is a skill or a trait that is not learned but simply possessed. According to experts, however, resilience is in fact a skill that can be developed and enhanced through intentional effort (APA, 2012; APA, n.d.). To truly demonstrate resilience, however, one must display the ability to adapt, survive, and eventually thrive despite adversity.

Resilience in Context

In 1955, a paramount research project to observe resilience prospectively began with a birth cohort of 505 babies on Hawaii's island of Kauai. What has come to be known as *The Kauai Longitudinal Study* (Werner & Smith, 1992) is arguably one of the most significant studies to address childhood adversities and resilience. This study "monitored the impact of a variety of biological and psychosocial risk factors, stressful life events and protective factors on the development of these individuals—at birth, in infancy, early and middle childhood, late adolescence, and now adulthood" (Werner & Smith, 1992, p. 1). One-third of the cohort identified as at-risk for maladaptive outcomes based on their experiencing moderate to severe perinatal stress, growing up in chronic poverty, being raised by parents with little formal

education, and living in chaotic family environments. Werner and Smith (1992) identified 72

participants who, despite their experience with multiple risk factors for maladaptive outcomes,

demonstrated resilience. The resilient participants had temperaments that prompted positive

interactions with family members and strangers. In elementary school, they possessed better

reasoning and reading skills than their peers who later demonstrated maladaptive outcomes.

They also had a positive self-concept and a strong internal locus of control. Resilient participants

engaged in extracurricular activities and found emotional support persons outside of their

immediate family (Werner & Smith, 1992). In adulthood, the resilient participants achieved a

higher education level than their at-risk peers, approximately 40% went to a four-year college.

They also worked in skilled trade, technical, or supervisory roles (Werner & Smith, 1992). The

goals that the participants prioritized in their adult lives were significantly different for the

resilient versus the other at-risk participants. Career success was the highest priority for the

resilient participants, but the lowest priority for their at-risk peers. Self-development and self-

fulfillment were also high priorities for the resilient participants (Werner & Smith, 1992). "The

overwhelming majority of resilient individuals considered their personal competence and

determination to be their most effective resource in dealing with stressful life events" (Werner &

Smith, 1992, p. 70). Perhaps surprisingly, the adult lives of the resilient children who grew up in

chronic poverty were just as good, if not better than, the adult lives of the low-risk cohort

members who grew up in more stable family and economic contexts (Werner & Smith, 1992).

"A potent protective factor among high-risk individuals who grew into successful adulthood was

a faith that life made sense, that the odds could be overcome" (Werner & Smith, 1992, p. 177).

There are a multitude of protective factors that may support and help those who endure

adversity cope with their experience in positive ways. Just as every individual responds

differently to adversity (Fritz et al., 2018; Jay, 2017; van der Kolk, 2012), the presence of

specific protective factors does not guarantee the same outcome for those who experience them.

        In 2018, Bessey and Gonzalez conducted research to "discover insights into the resilient

lives of the individuals who overcame their ACEs. Resilience for these participants is the ability

to successfully navigate school and life, despite having faced the intense hardships of adverse

childhood experiences" (p. 31). Bessey and Gonzalez (2018) utilized interviews with seven

California doctoral students to identify the factors that lead to their success. The average ACE

score for the seven study participants was 8.5, with a range of seven to 10. Five of the

participants identified as female, two of the participants identified as male. They identified five

themes related to the participants' ultimate success: determination for validation, education to

escape, staying active in school activities, fear of failure, and the value of nonfamilial

relationships (Bessey & Gonzalez, 2018). The school environment provided participants with

opportunities to escape their hardships, occupy their time in positive and productive ways, and

focus on avoiding failure by ultimately achieving academic success. Jay (2017) also described

school and work as an escape mechanism that provided those who experienced adversity an

opportunity to get away from the negative aspects of their life. Bessey and Gonzalez (2018) also

found "relationships were critical to the success of participants" (p. 33). Their participants found

adults outside of their families, often the parents of close friends, to help them navigate life.

Participants also discussed the importance of specific educators who saw through the

participants' defenses. "They attributed their success and resiliency to the relationships they

formed. Relationships were a very important protective factor to participants" (Bessey and

Gonzalez, 2018, p. 33). Jay (2017) also amplified the importance of relationships in resilience.

Those who are able to effectively build rapport with other individuals, who may assist as they

process their ACEs both during and after the fact are those who have the opportunity to be resilient.

Fritz et al. (2018) envisioned resilience factors as a network wherein individual resilience factors could potentially interact with one another to make an individual resilience factor more or less effective. Their network analysis of 10 resilience factors (RFs: high friendship support, high family support, high family cohesion, low negative self-esteem, high positive self-esteem, low brooding, low reflective rumination, high distress tolerance, low aggression, and low expression suppression) lead to some surprising results (Fritz et al., 2018). Participants included 1,139 14-year-olds, 638 of whom experienced childhood adversities (CA) and 501 who did not (no-CA). Fritz et al. (2018) found "the degree to which RFs enhance rather than hamper each other was significantly higher in the no-CA compared to the CA group" (p. 5). The RF network for the CA group had five negative interrelations, indicating those RFs hinder one another. For the non-CA group, however, only two RF interrelations were negative (Fritz et al., 2018). Of particular note was the negative RF interrelations between expressive suppression and friendship for the CA participants. "This finding suggests that, in the CA group, (1) ineffectively communicating emotions drives friendship withdrawal, (2) friendship withdrawal drives ineffectively communicating emotions, or (3) both drive each other reciprocally over time (reciprocal coupling)" (Fritz et al., 2018, p. 6). The way in which various RFs interact may impact the overall effectiveness of the RF network. The experience of greater RFs does not ensure greater support for those experiencing adversity. The complex nature RF interaction identified by Fritz et al. (2018) showed that the greater number of RFs does not always lead to greater buffering of the negative affect of traumatic experiences.

Adversities can be overcome through the presence of any number of protective or resilience factors. Research showed that positive, loving relationships are a key aspect of being able to display resilience (ACEs Too High, 2019; Bessey & Gonzalez, 2018; Werner & Smith, 1992). In addition, belief in one's capacity to do well enhances the likelihood of developing the relationships that are vital to developing adaptive coping mechanisms (ACEs Too High, 2019: Kleiman et al., 2017; Werner & Smith, 1992). While resilience is a skill that can be learned, the development of this skill cannot occur without landscapes that include other people. Though resilience is a skill that can be taught and learned, there is no course in teacher preparation programs that prepares future teachers to practice resilience in their own lives. Special Education teachers in particular must be prepared to practice resilience as they will teach in classrooms wherein the potential for retraumatization and vicarious traumatization exist.

Special Education Teachers

As of 2019, special education teaching positions made up 2.7% of all jobs (443,700) in the United States (U.S. Bureau of Labor Statistics, 2020). The number of special education teacher positions is projected to grow 3% between 2019 and 2029 as students with disabilities are identified earlier (BLS, 2020). As the need for special education teachers expands, recruitment and retention efforts will become even more important. Presuming every special education teacher job was filled and the percentage of special education teachers with ACEs is generalized from the CDC's (n.d.) data, 283,524 special education teachers in 2019 survived one or more ACEs. Though Hubel et al.'s (2020) research would suggest that a greater number of educators have ACEs when compared to the general population.

Factors that Influence Career Choice

The choice of any career has the potential to lead to happiness or a sense of meaning and purpose in life. In 2013, Baumeister et al. explored the differences between happiness and meaningfulness. In their nationwide survey of 397 adults, they discovered some key similarities and differences between the two concepts. A sense of belonging and feeling productive promoted happiness and meaningfulness in similar ways. However, there were some key differences between the two constructs. Happiness was achieved when wants and needs were fulfilled. Meaningfulness, however, "was linked to doing things that express and reflect the self and in particular to doing positive things for others" (Baumeister et al., 2013, p. 515). It is possible that meaningful endeavors actually contribute to an increase of stress, worry, and anxiety, which ultimately reduce happiness.

Special education teachers choose their careers based on a number of factors. Fish and Stephens (2010) discovered that the following factors influenced special educator career choice: "desire to serve those in need, volunteer or charity experience, school district recruitment, community influences, family members [with disabilities], and mentoring" (p. 403). The desire to serve those in need was the reason elementary (43%) and secondary (69%) special educators identified the most. According to Sullivan and Knutson (2000), students with disabilities are 3.44 times more likely than their nondisabled peers to experience some type of abuse. Those children with behavior disorders and intellectual disabilities are also at greater risk to experience neglect, physical abuse, and sexual abuse than children with other types of disabilities (Sullivan & Knutson, 1998). The second most common factor (11% of elementary special educators and 14% of secondary special educators) was a volunteer or charity experience. None of the elementary special educators identified school district recruitment or community influences as factors in their decision to become special educators. Having family members with disabilities or

participating in mentoring was not a factor identified by secondary special educators in their

decision to become special educators (Fish & Stephens, 2010). Of particular note, two of the

elementary special educators indicated that receiving special education services as students

influenced their career choice. Hogan and Bullock (2012) identified similar factors that

influenced the career choices of general and special education teachers. General education

teachers indicated that making a contribution to society, self-fulfillment, and being a role model

were the most important reasons for their career choice. Special education teachers identified the

two of the same motivating factors. Making a contribution to society was the most important

factor, followed by self-fulfillment, and prior experience with children (Hogan & Bullock, 2012).

A career as a special educator is one that can be professionally and personally fulfilling

and meaningful. To "serve those in need" (Fish & Stephens, 2010, p. 403) and contribute to

society (Hogan & Bullock, 2012), special education teachers are engaged in positive activities

for the sake of others: their students. On the other hand, Lackie (1983) envisioned the choice of a

caretaking career as an opportunity for "self-healing and self-soothing" (p. 316). While caring

for (teaching) others, teachers are able to learn more about themselves and process past

experiences. Success in a caretaking "profession will be enhanced by our ability to come to terms

with this background" (Lackie, 1983, p. 320). Teaching is not simply "a work of heart" because

it requires compassion and empathy for students and families (Fish & Stephens, 2010). It is such

because teaching can serve as a catharsis of the past (Lackie, 1983). Through the act of teaching

and caring for students, teachers are able to strive for self-fulfillment (Hogan & Bullock, 2012)

while healing their wounds from childhood. Teaching may not be cathartic if the work context is

such that special education teachers feel overwhelmed and unsupported. The support of

employers is integral to special educators finding fulfillment in their careers.

Trauma-Informed Care

Special education teachers are not immune from experiencing adversity, nor are they immune from the effects of ACEs. Teachers, just like any other group of Americans, may need supports to process their childhood experiences in ways that enhance their physical and mental health. McLean et al. (2017) discovered that teachers' symptoms of anxiety and depression increased during their transition from pre-service to their first year of teaching. This was especially true for teachers who rated their school climate less positively (McLean et al., 2017). School climate, as measured by McLean et al. (2017) "focused on how members of a school relate to, communicate with, and collaborate with one another, and so it could be that a school's efforts to enhance these factors may lead to improved mental health of its teachers" (p. 238). Given that trauma-informed care promotes caring and supportive relationships (Murphey & Sacks, 2019), the positive school climate identified by McLean et al. (2017) is one wherein trauma-informed care is present. A supportive work environment for special education teachers, as described by Billingsley (2010) and Lemons (2013), is one where a sense of belonging is encouraged, special education teachers feel valued, and collaboration amongst general education and special education teachers is the norm.

According to the Substance Abuse and Mental Health Services Administration (2014), a trauma-informed approached is based on four primary assumptions. The first assumption is a basic realization that all people at all levels of an organization have regarding trauma and its potential effects. The second assumption is that people working in an organization are able to recognize the signs of trauma. The third assumption is that an organization responds by applying the principles of the trauma-informed approach to all areas of an organization as traumatic events have the potential to impact everyone within an organization. The final assumption is the

resistance of an organization to re-traumatization. An organization that maintains a trauma-informed environment actively works to identify ways in which organizational practices may trigger someone and attempt to mitigate those effects as much as possible (SAMHSA, 2014). SAMHSA (2014) also outlined six key principles of a trauma-informed approach. The key principles include: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. A safe trauma-informed environment is one in which "staff and the people they serve [throughout the organization], whether children or adults, feel physically and psychologically safe" (SAMHSA, 2014, p. 11). A trustworthy and transparent organization emphasizes the visibility of operations and prioritizes trust amongst staff, clients, and other individuals who work with the organization. Peer support in a trauma-informed environment utilizes the experiences of trauma survivors who have similar stories within the organization, whether clients or staff, to "promote recovery and healing" (SAMHSA, 2014, p. 11). A collaborative and mutual trauma-informed environment is one in which particular attention is paid to leveling out power differentials "demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making" (SAMHSA, 2014, p. 11). An organization that is truly trauma-informed and embodies the key principle of empowerment is aware "that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support" (SAMHSA, 2014, p. 11). Finally, an organization that is trauma-informed does so through the incorporation of policies and procedures that honors the cultural needs of individuals and actively works to address historical trauma (SAMHSA, 2014). Trauma-informed care is not possible without an organization's active attention to providing it for all who work for and work with the organization.

Purpose of Current Study

When employers of educators fail to operate on the four primary assumptions and the six principles of the trauma-informed approach for *everyone* within the educational environment, teachers included, the employer fails to fully implement the trauma-informed approach as outlined by SAMHSA (2014). Trauma-informed care is a "parallel process" wherein both employees (educators) and those receiving services (students and their families) feel safe and supported (SAMHSA, 2014, p. 11). While trauma-informed care has become a recommended practice for students (Murphey & Sacks, 2019) as they are likely experiencing any variety of childhood adversities, trauma-informed care is not necessarily emphasized for the educators who work with students. More than half of all adults in the United States have endured at least one ACE (CDC, n.d.) and would potentially benefit from the trauma-informed approach in their workplaces. Though SAMHSA's (2014) guidelines quite clearly emphasize the organizational nature of the trauma-informed approach, it appears as though trauma-informed care is reserved only for those who are receiving organizational services (students and their families). Researchers have shown that adversity is more common than not (CDC, n.d.; Hubel et al., 2020), and the effects of experiencing adversity in childhood is significant well into adulthood (Anda et al., 2020; Bessey & Gonzalez, 2018; Chapman et al., 2004; Dube et al., 2001; Felitti et al., 1998; Hubel et al., 2020; Seery et al., 2010; van der Kolk, 2014). Subsequently, it is imperative for employers of educators who provide services to students and their families while adversities are likely occurring begin to fully implement an organizational trauma-informed approach that recognizes the experiences of not only students and their families, but the teachers doing the work as well.

The purpose of this study is to share the experiences those special education teachers who suffered significant childhood adversity yet went on to have a successful career educating students who are more likely than their peers to experience trauma and adversity. Through semi-structured interviews, I hoped to illuminate the necessity of trauma-informed care for teachers and not just for the students in our schools. I also hoped to expand upon previous research about the career choices of special education teachers (Fish & Stephens, 2010) and to publicize the achievements of those who have overcome significant adversity. The focus of my research is how special education teachers' past experiences have influenced their current work.

Need for the Study

Much of the research about special education teachers has to do with recruitment and retention (Billingsley, 2004; Greiner & Smith, 2006; Rice & Goessling, 2005). Numerous studies identified factors that influence special educators' desire to remain in their field (Gersten, et al., 2004; Inman & Marlow, 2004; Lemons, 2013; Strunk & Robinson, 2006). Through a review of the literature, I was unable to find any research that focused on the childhood experiences of special education teachers and how they may have impacted their choice of profession. This study will contribute a new avenue for inquiry into the lives of special educators. Luthar et al. (2000) explained "there is a need for additional work on at-risk individuals' achievement of positive outcomes in later life" (p. 556) that originates from a variety of disciplines. It is my hope that the knowledge gained by narratively exploring the how ACEs have impacted the work of special education teachers will allow teacher preparation programs to more effectively integrate the personal and professional experiences of pre-service teachers. An improvement in teacher preparation programs will inevitably trickle down to improvements in teaching practice and thereby enhance the educational experience for students with disabilities. In addition, the current

study's focus on adversity may bring to light the importance of the expansion of TIC beyond the

classroom for students and into employment practices, procedures, guidelines, and expectations.

Summary

In this chapter, I reviewed and described literature relevant to the research topic. I defined

ACEs and described their potential impacts. I also defined resilience and the circumstances

through which people demonstrate resilience. I explored the profiles of special education

teachers and the factors that influenced their career choices. In the next chapter, I will describe

and explain the methodology of this study.

Chapter 3: Methods

In an effort to explore the childhood experiences of special education teachers, how those experiences influence teaching practices, and the ways through which employers of special education teachers could support teachers who have experienced childhood adversities, I determined that qualitative methods were ideal for the current research study. Qualitative methods gave me the opportunity to solicit and empower the voices of special education teachers and ensure a greater depth of understanding for the questions I am investigating (Creswell & Poth, 2018). In order to fully share the experiences of my participants and amplify their voices, I framed my research as a collective case study, and analyzed the data using a narrative inquiry approach (Clandinin, 2013; Clandinin & Connelly, 2000; Connelly et al., 1997; Cresswell & Poth, 2018). The collective case study framework allowed me to steady my research on a solid methodological foundation, while the narrative analysis allowed me to reach a meaningful depth of understanding how participants' lived experiences have affected and continue to affect their work. By allowing me to "restory" their experiences (Clandinin, 2013; Clandinin & Connelly, 2000; Connelly et al., 1997; Cresswell & Poth, 2018), participants had the opportunity to contribute to a greater understanding of what participants and special education teachers who have experienced ACEs need from their employers in order to feel supported.

Research Questions

Three questions were the inspiration for my research. These three questions are outlined below:

1. What are special educators' perspectives on the influence of their ACEs on their work as special education teachers?

2. In what ways have special education teachers overcome their ACEs in order to adapt their teaching?

3. How can employers implement trauma-informed care in ways that best support the work of special education teachers who may have experienced ACEs?

In order to fully address these three questions, I framed my study as a collective case study with a narrative analysis. Interviews served as the primary source of data for the current research project.

Collective Case Study

Cresswell and Poth (2018) define the case study as "a qualitative approach in which the investigator explores a real-life contemporary bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection…" (p. 96). The purpose of a case study is to "illustrate a unique case, a case that has unusual interest in and of itself…" (Creswell & Poth, 2018, p. 98) through a variety qualitative data and to address "how" and "why" questions (Yin, 2018, p. 27). Researchers who utilize the case study approach often investigate "real-life cases that are in progress" (Cresswell & Poth, 2018, p. 97) so that data are not impacted by the passing of time. The case, in this research project, is the special education teacher who has endured ACEs. The holistic collective case study utilizes multiple cases in order to gain greater breadth of understanding on the research topic. Collective case studies may be more robust in comparison to single case studies (Yin, 2018). While the collective case study approach served as the foundation for this dissertation, I determined that the narrative approach to analysis would more effectively ensure the participants' experiences were accurately and fully represented throughout the research process.

Narrative Analysis

To most effectively analyze the data that resulted from this study, I utilized a narrative inquiry approach to the analysis process (Clandinin, 2013; Clandinin & Connelly, 2000). Clandinin and Connelly (2000) offered the following definition of narrative inquiry:

> Narrative inquiry is a way of understanding experience. It is collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus. An inquirer enters this matrix in the midst and progresses in the same spirit, concluding the inquiry still in the midst of living and telling, reliving and retelling, the stories of the experiences that made up people's lives, both individual and social. (p. 20)

Clandinin (2013) further explained that narrative inquiry is both a "relational methodology for studying experience as well as an aspect of experience" (p. 17). The use of narrative analysis will allow me to highlight the unique nuance of participants' stories while also identifying trends across cases (A. Smith, personal communication, November 2, 2020). The narrative approach ensured all participants' voices and perspectives are honored through the research process. This research occurred as a collaboration between the participants and myself (Cresswell & Poth, 2018). In order to conduct my research, it is imperative that I identify an appropriate agency wherefrom to recruit suitable participants. In order to increase the likelihood of sufficient participation, I will approach an agency that specifically employs special educators in Pennsylvania, and is also my employer, for their permission to recruit their employees.

Setting

In order to garner participation in the study, I purposefully approached (Cresswell & Poth, 2018) an Intermediate Unit located in southern Pennsylvania for agency support. According to the Pennsylvania Association of Intermediate Units (PAIU), these agencies are

"entrepreneurial, highly skilled, technology-rich, and agile providers of cost-effective, instructional, and operational services to school districts, charter schools, and over 2,400 non-public and private schools. Additionally, intermediate units are direct providers of quality instruction to over 50,000 Pennsylvania students" (PAIU, 2019). The 29 Intermediate Units throughout Pennsylvania were established in 1971 by the Pennsylvania General Assembly "to operate as regional educational service agencies to provide cost-effective, management-efficient programs to Pennsylvania school districts" (PAIU, 2019, para. 3). The Intermediate Units provide specialized services to thousands of students with special needs around the state that include speech therapy, occupational therapy, psychological services, behavioral interventions, deaf and hard of hearing instruction and support, and Autism Spectrum Disorder instruction and support (PAIU, 2019). Through a formal email request, I was granted permission by an Intermediate Unit executive administrator to recruit special education teachers employed by the Intermediate Unit to participate in this study (Appendix A). Once I obtained agency permission and support, I submitted my application to the Institutional Review Board for formal authorization to begin my research. As I will explain further, my attempts to recruit participants from the first Intermediate Unit I approached for agency approval were unsuccessful. The administrator who granted me permission to recruit at with the first agency provided me with the contact information for another Intermediate Unit administrator, whom I purposefully approached (Cresswell & Poth, 2018) to request permission to recruit at a second Intermediate Unit located in southern Pennsylvania. Once I received agency permission and support from the second Intermediate Unit (Appendix B), I submitted a revision to the Institutional Review Board to expand my recruitment efforts. Upon receipts of the Institutional Review Board's formal approval to move forward, I began my recruitment efforts with the second Intermediate Unit.

Anticipated Participants

The target population for this study was special education teachers who endured ACEs, to include not only the original list of ACEs, but also the additional community-level stressors (ACEs Too High, n.d.; The Philadelphia ACE Project, 2019). The special education teachers who were eligible to participate in this research were employed as special education teachers by an Intermediate Unit in southern Pennsylvania during the 2020-2021 school year. All manners of special education teachers were invited to participate in the research, including the following categories of teachers: Autistic Support (AS), Emotional Support (ES), Hearing Support (HS), Learning Support (LS), Life Skills Support (LS), Multiple Disabilities Support (MDS), and Vision Support (VS). Both teachers who were employed on an emergency permit to teach in special education and fully certified teachers were eligible to participate in this study. Approximately 500 special education teachers were invited to participate in the study.

To begin the recruitment process, I drafted an invitation email to be sent out to all special education teachers of the first Intermediate Unit (Appendix C). Included in the email was the working title of this dissertation, a description of the purpose of the study, the research questions driving the study, and guidelines for participation, and an explanation of the significance of the study. It was my understanding that required professional development opportunities included the topics of trauma-informed care and ACEs for all special education teachers during the 2020-2021 school year at the first Intermediate Unit. After the initial email invitation was sent out and I received no responses, I drafted a second invitation that was shorter in length (Appendix D). This email invitation included the working dissertation title, a more concise description of the purpose of the study, the research questions, and criteria for participation. When this email was sent out to the first Intermediate Unit, I received one response notifying me that the recipient of

the email did not meet the qualifications to participate. It was the more succinct email invitation

that was sent out to the second Intermediate Unit. The communications department of both

agencies were able to send the email on my behalf to all special education teachers so that the

email appeared to come directly from me without me having access to the list of teachers' email

addresses. This process allowed potential participants to respond directly to me via email and

helped ensure confidentiality. Through email request, I invited those special education teachers

who have experienced ACEs to participate in semi-structured interviews through email, phone

call, or virtually through Zoom. Due to the ongoing Coronavirus-19 pandemic, no interviews

were scheduled to take place face-to-face.

Data Collection

        In order to ensure a smooth transition from invitation to the start of data collection, I

replied to those teachers who responded to email invitation within 24 hours. Teachers who

indicated they were interested in participating in the study were invited to interview via Zoom,

phone call, or email. Conducting interviews face-to-face interviews would have been ideal,

however, due to the Coronavirus-19 pandemic, participants were given the option to interview

through only virtual platforms. Prior to the scheduling of any interview, I obtained written

consent to interview each participant that included permission to audio-record the interview.

Once I received written consent, I proceeded with scheduling the interview. Once the interviews

were scheduled, I emailed my participants the semi-structured interview guide to review prior to

the scheduled interview (Appendix E). Participants were told that though a single interview

would be scheduled initially, it was possible that one interview would not allow sufficient time

for participants to address the questions fully. Participants would be the ones to decide the

necessity of additional interviews. Participants were also encouraged to write reflection journal

entries after the interview process. They were invited to share their journal entries with me if they felt comfortable doing so.

Interviews were conducted in a semi-structured format to encourage a conversational discourse between the participants and myself (Clandinin, 2013). Semi-structured interviews, which fall between the strictly planned structured interview and the free-flowing unstructured interview, allowed me to achieve an appropriate depth of content related to my research questions, while ensuring participants had adequate preparation to discuss topics that may trigger a negative emotional response (Tracy, 2013). The interview guide I prepared began with a series of closed-ended questions that I also answered to encourage a relational interaction. These questions included questions about age, gender, and the number of years participants taught students with disabilities. In addition, I did ask participants to share those ACEs categories they experienced. For the purposes of my research, I chose to use the initial ACE categories, as well as the additional community-level category from the Urban ACE questionnaire (PHMC, 2013). Participants were not asked to share which specific ACE they experienced, only to identify if they endured abuse, neglect, household challenges, and community-level adversity. I purposely utilized the categories rather than listing each specific ACE in order to minimize any potential negative emotional impact that could occur as a result of participating in the study. The set of closed-ended questions created an opportunity to open the interview with dialogue and discussion. By answering the closed-ended questions myself, I ensured a smoother transition to the open-ended interview questions, where I hoped to maintain the conversational tone achieved in the first part of the interview. The open-ended section of the interview included questions about how participants knew they wanted to be special education teachers, how their ACEs influenced their work, how they have overcome their ACEs, and the ways in which they believe

employers could more effectively support them. I also prepared a few follow-up questions,

though the nature of semi-structured interviews left open the possibility that additional and

varying interview questions were asked based on the initial response of participants.

All interviews were recorded using an audio recorder application on my cell phone. On

average, interviews took 45 minutes. Participants' names and the names of people in their stories

were changed to ensure participant confidentiality. Data was coded by pseudonym, type of data,

and collection date (e.g. John_Interview_050320). In addition, all email exchanges between

participants and myself were printed out to be stored in a locked file cabinet, while the electronic

versions were permanently deleted within 48 hours of receipt.

Once the initial email invitation was sent out to the employees of the Intermediate Unit, I

began writing personal reflection journal entries and research memos. These documents were

unstructured in nature and meant to create additional data for analysis. Along with the journal

entries of participants, my research memos and reflections had the potential to generate further

data, especially if shared between the participants and myself (Rose, 1997). As journal entries

were not the primary data type for the purposes of this research, if participants chose to share

entries with me, further depth of study may have been achieved. Once I began to collect data

from interviews, my analysis process also began.

Data Analysis

Though discussed separately, data collection and analysis did not "occur as a set of

separate, distinct and linear procedures" (Rose, 1997, p. 61). Though this is not to say that my

analysis was disorganized or incomplete, it simply meant that I did not complete all interviews

prior to beginning data analysis. Instead, I analyzed the data as the research proceeded

(Clandinin & Connelly, 2000; Cresswell & Poth, 2018; 2000; Rose, 1997) to work toward an

understanding of participants' responses throughout the duration of the study. Meaning-making through narrative analysis was negotiated with participants throughout the research process and revisions were necessary as additional data were gathered. As participants described the impact of their ACEs through the interview process, new meanings emerged as new experiences were created (Clandinin & Connelly, 2000).

Within 24 hours of the conclusion of each interview, I uploaded the audio file to the online transcription service Audext in order to be as organized as possible throughout the analysis process. Audext utilizes machine learning to automatically transcribe audio files (Audext, 2021), which ensured the confidentiality of participants. I reviewed all Audext transcriptions for accuracy, edited as necessary, and then downloaded the text to a password protected external hard drive. Once downloaded, transcripts were printed single-sided for analysis. Printed transcripts were double-spaced so that margin notes and initial codes could be written throughout each one. Though I considered utilizing software to assist in the analysis process, I ultimately decided that it would be best to manually code the transcripts. Manual coding involves printing hard copies of data and using a variety of writing utensils to identify codes. Hard copies of data were ultimately cut, pasted, piled, and stapled together through the analysis process (Tracy, 2013). Manual coding allowed me to more effectively detect the individual nuance of each participant's responses to interview questions.

After each interview transcript was printed, I began the analysis process by reading the transcript from start to finish without writing notes, underlining, or highlighting any part of the text. My first read-through of the transcript served as an opportunity to get an overall sense of the data (Cresswell & Poth, 2018). During my second read-through of the transcripts, I started the process of primary cycle-coding. According to Tracy (2013), "Primary-cycle coding begins with

an examination of the data and assigning words or phrases that capture their essence" (p. 189).

During the primary-cycle coding, I endeavored to identify the "who, what, and where" that serve

as the first-level codes of the data (Tracy, 2013) by writing my notes in the margins and empty

spaces between the lines of text on transcripts. As analysis was conducted, I offered to share

initial results with each participant individually to ensure participants had the opportunity to

engage in all aspects of the research process (Clandinin & Connelly, 2000) and to enhance

overall credibility of the study (Tracy, 2013). Negotiating meaning and research text with

participants does not involve questions like

> Have I got it right? Is this what you said? Is this what you do? Rather, it is something
>
> much more global and human: Is this you? Do you see yourself here? Is this the character
>
> you want to be when this is read by others?" (Clandinin & Connelly, 2000, p. 148)

As the research proceeded, participant feedback not only ensured my participants saw

themselves in my research text, but also provided opportunities for consistent revision

throughout the analysis process. Participants' feedback also provided additional data for my

study. Though participants were invited to share any journal entries they may have written

during the course of this study, in the end, none of them shared any written reflections with me

after their interviews.

Once I identified the first-level codes for multiple, I began the process of secondary-cycle

coding. "Rather than simply mirroring the data, second-level codes serve to explain, theorize,

and synthesize them" (Tracy, 2013, p. 194). Secondary-cycle coding is not simply lumping all

the first-level codes together, it is defined by the process of interpretation and identification of

patterns. As I continued to conduct additional interviews and review initial results with

participants, I repeatedly engaged in the process of primary-cycle coding. Continually engaging

in primary-cycle coding allowed me to continuously revise my second-level codes as the data revealed new patterns (Tracy, 2013). As first-level and second-level codes are discovered during analysis, I created an electronic code book (Cresswell & Poth, 2018; Tracy, 2013) where I kept a running list of all codes I identified. Though I manually coded transcripts, the use of software for keeping track of codes helped me more seamlessly find information. Just like all other electronic data, the codebook was saved on the password protected external hard drive.

To ensure authenticity and amplification of the participants' voices in every aspect of the study, at the completion of analysis, I combined the interview transcripts of all three participants into one composite interview transcript (Clandinin, 2013; Clandinin & Connelly, 2000; Connelly et al., 1997). By creating a composite interview transcript, I was able to "restory" (Clandinin, 2013; Clandinin & Connelly, 2000; Connelly et al., 1997; Cresswell & Poth, 2018) participant narratives in a way that lends credence to their responses and values their individual contributions to the study. The composite interview I created was based upon the work of Connelly et al. (1997, p. 668), wherein they combined data from multiple field texts to allow the singular story of their participants to emerge from all manners of collected data.

> The methodological adaptation at work in this story is that He [researcher] is developing a methodology of composite biography. In composite biography, events and stories, from a number of participants, are collected. Stories are constructed and made up of bits and pieces of the lives of multiple participants. (Connelly et al., 1997, p. 669)

While there is no singular participant as presented with the use of composite narratives, the story is "truthful and has meaning visa vis a teacher's situation" (Connelly et al., 1997, p. 669). When I created the composite interview transcript, I was able to move from the data collection phase into the interpretative phase of my research. Although the narrative I created

was not "factual, in the sense that empirical quantitative data are often thought of as factual, nor is it arbitrary and fanciful. It is something which has an empirical base, is an interpretive construction, and is told for a larger research purpose" (Connelly et al., 1997, p. 669).

In order to combine the interviews, I began by transposing participant responses into one document one question and answer at a time. Once all of the information was in one document, I was able to interlace participant responses in a way that ensured the document read as if it were one person being interviewed. The nature of the semi-structured interview guide allowed me to efficiently transfer responses from the initial interview transcript into the composite transcript. The sections of interview transcript that I kept in the composite transcript were those sections that illustrated the primary and secondary codes I identified upon initial analysis.

Participants

Ultimately, I received four emails expressing interest in participating in this study. Of the initial four respondents, three special education teachers completed the necessary steps to participate in the interview process. These three chose the pseudonyms Lucia, Jane, and Susie.

Lucia

Lucia identified as female and was a special education teacher for eight years. Lucia endured ACEs in every category, including the other category. The ACEs categories included abuse, neglect, household challenges, and community-level adversity. In the other category, Lucia described suffering through educational neglect and mistreatment. Lucia is the only participant who chose to virtually meet for a second time to review my initial results once analysis began.

Jane

Jane identified as female and was a special education teacher for 20 years. Jane also

endured ACEs in every category, including the other category. Initially, however, Jane did not

say she had experienced neglect. However, upon further discussion during the course of the

interview, she realized that what she experienced was in fact a form of neglect. Had a student of

hers shared a similar experience, she agreed it would be considered neglect. In the other

category, Jane described the hypersexualization of girls and women in our culture in a way that

may not be covered by the sexual abuse ACE. Jane asked to receive initial analysis results via

email, rather than through a second virtual meeting. She was invited to offer any feedback she

had in order to encourage continued collaboration in negotiating meaning through the

dissertation process.

Susie

Susie identified as female and has been a special education teacher for three years. Susie

experienced abuse, neglect, and household challenges. She did not endure community-level

adversity or any other type of adversity she believed could be an ACE. Though invited to

participate in a second interview to discuss initial results, Susie did not respond. There was no

further communication with Susie once the initial interview took place.

Lanie

The synthesis of Lucia, Jane, and Susie became Lanie. She was the embodiment of what

Lucia, Jane, and Susie shared during the course of this study. After I created the composite

interview transcript with Lanie, I performed the same cycle of data analysis with primary and

secondary coding procedures as I had with the other interview transcripts. The composite Lanie

transcript consequently served as the complete data set for the purposes of this study. Lanie was

43 years old and has been a special education teacher for 10 years. Lanie endured abuse, neglect, and household challenges between the ages of one and 17.

Limitations

While approximately 500 special education teachers were invited to participate in the study, only three agreed to participate in the study. The results of this dissertation, therefore, are not generalizable and should not be understood as a statement about special education teachers as a whole. The ongoing Coronavirus-19 pandemic limited my ability to conduct interviews face-to-face. Face-to-face interviews would have required the use of face coverings, which might make it difficult to hear or understand the participants. To mitigate the possibility of inaudible dialogue, and to prioritize the safety of participants and myself, interviews took place via virtual platforms. While virtual platforms allowed me to see participants on the other end of a computer screen, I was unable to fully observe participant body language. Though my ability to observe body language was limited, the nature of interviewing through virtual means allowed me the opportunity to focus specifically on what the participants said and how they said it.

The narrative process is inherently autobiographical (Clandinin & Connelly, 2000). My employment as a special education teacher with an Intermediate Unit in conjunction with my own ACEs made this project especially personally meaningful. A primary concern of narrative inquiry is the power struggle over participants' stories (Clandinin & Connelly, 2000). This dynamic is the reason behind ensuring the research process is collaborative and empowers participants to ensure they see themselves in the results (Cresswell & Poth; 2018). Though I am a colleague of those I recruited to participate, the Intermediate Unit from which I ultimately garnered participation was not the same as the one through which I am employed. Any concern of coercion was mitigated by virtue of my employment at a different agency than participants.

Additionally, my own experiences affected the codes, themes, and patterns I identified within the data, and how I "restoried" participant responses (Clandinin, 2013; Clandinin & Connelly, 2000; Connelly et al., 1997; Cresswell & Poth, 2018). There was no way to remove who I am from this research, but I accounted for my own personal biases through reflection and collaboration with participants (Cresswell & Poth, 2018). Though an imperfect process, as any research process is, through a recognition of the limitations and continual reflection throughout the process, I conducted quality research.

Summary

In this chapter, I described and explained the methods used to conduct this research. I clarified my use of case study methods with a narrative analysis. I also identified my research setting and the participants that I hoped would take part in this research. I described my process for data collection and analysis and I introduced those who ultimately chose to participate. In the following chapter, I will introduce Lanie more fully and present her interview as a fusion of my interviews with Lucia, Jane, and Susie.

Chapter 4: Lanie

In this chapter, I discussed Lanie's composite interview transcript. I created the composite transcript by transposing all interview transcripts into one document, one question and answer at a time, and then rearranging the text so that it flowed well and included the content that supported the primary and secondary codes I discovered in the first phase of my data analysis. Creating a composite narrative by merging the interview transcripts of all participants allowed me to present data collected in this study in a complete and cohesive manner while also protecting the identities of participants (Connelly et al., 1997). Lanie represented the fusion of the participants in this study. She was the heart of Lucia, Jane, and Susie. I created Lanie to honor what was shared by all participants in a way that also allowed me to illuminate the themes that were interwoven through each of their stories. Lanie was a special education teacher employed by an Intermediate Unit in southern Pennsylvania. She identified as female, was 43 years old, and has taught students with disabilities for ten years. As a child, Lanie suffered abuse, neglect, and household challenges. What follows is the composite interview transcript of an interview with Lanie. The transcript has minor edits for readability and to protect the confidentiality of the participants. In addition, any names of people discussed by Lanie have been changed to pseudonyms.

Kristyn

Alright, this is my interview with Lanie. I'm going to start by reading through my interview disclaimer. I want to thank you for participating in my research. I very much appreciate it. I would like to remind you that participation is voluntary, and you may choose to stop participating at any time. The focus of my research is how your ACEs have influenced your current work as a special education teacher. Please know that you are not expected or required to

share any specific details of your past experiences as a part of this study, though, you are

welcome to if you choose. To open the interview, I will ask you a few closed-ended questions to

ensure our interview maintains a conversational tone. I will also answer the closed-ended

questions to help us become better acquainted before delving into the open-ended questions. All

right, so, my first question for you is how old are you?

Lanie

      I am 43 years old.

Kristyn

      And I am 37. And my second question, with what gender do you identify?

Lanie

      I identify as female.

Kristyn

      I do as well. And for how many years have you been a special education teacher?

Lanie

      I've been a special education teacher for 10 years.

Kristyn

      Okay. I have been, if you count corrections ed as special education, I guess this would be

going on my 16th or 17th year. So now I'm going to go through each of the ACEs categories. I'll

ask you to answer whether or not you experienced that type of Adverse Childhood Experience

between the ages of one and 17. The first one is abuse, which includes physical, emotional, and

sexual.

Lanie

      Yes.

Kristyn

Okay. And for me this is a no. The second one is neglect, which includes both physical and emotional neglect.

Lanie

No.

Kristyn

Okay. I would say yes to this one. And then the next category is household challenges, which includes quite a few things. So, it includes: mental illness of a family member, incarceration of a family member, violence towards your mother, parental separation and divorce, and substance abuse.

Lanie

Yes.

Kristyn

Okay. Me as well. And then the last one is actually something that's come to light a little bit more recently. In the initial ACEs studies, they didn't consider community-level adversity. So that's kind of the final category that's been considered more recently. So, this includes in your neighborhood or where you grew up: witnessing violence, feeling discriminated against, adverse neighborhood experiences, bullying, and living in foster care.

Lanie

Yes and no.

Kristyn

Okay. And for me, this one was a yes. Then I have other listed because I don't know, when you look back at your experiences, I'm not sure if those categories cover it or if they don't. I wanted to give you the opportunity to share if there's something beyond some of that.

Lanie

I think that, you know, I think you've mostly covered it. One thing that really and I, you know, I don't even know, but the sexualization of females at such a young age. Um, that kind of component of, you know, growing up too fast and learning things too early that you didn't need to learn. I could also talk about how horrible I was treated in school by teachers and by students with bullying. Like just like being neglected by your teachers. Like not giving a shit about you, not giving a shit about my education.

Kristyn

So, would you, if we had to give that a name or a label, what would you call it?

Lanie

Wouldn't it be like something like socioeconomic, like what's that word?

Kristyn

Discrimination or prejudice?

Lanie

Yeah. It's like educational neglect.

Kristyn

So, when you think about that, and when you're sharing about it, was it specifically from the teachers and educators that are supposed to be keeping you safe?

Lanie

[Head nod yes]

Kristyn

Okay, so when I think about other, I think in some ways it's covered by some of the other categories, but for example, my mom had mental health issues, but she also had physical health issues. So then in terms of me having to be her caretaker, you know, at a young age, in middle and high school. I don't know if that would be considered an ACE, but I think it could be considered an ACE, just having to have that responsibility at such a young age.

Lanie

Well and I have to agree, I have that too. You know, I went through that as well. My father traveled Monday through Friday. And I don't know if this is considered neglect, but we were left to our own devices on the weekends because they would go out partying, drinking or away, and I would have to like babysit myself as a little girl. You know, with my father being away all the time to make an income and it was like a single mom kind of household, but then with my mother's issues, I had to take care of her a lot. And she was always convinced my father was cheating on her. I had to be as a young kid in middle school and high school, the one to be the sound mind.

Kristyn

And I think in a way, that experience you shared encompasses multiple things. Not just the mental health, but the physical health of a family member, when you're left as a young person to be responsible. But then also, I would say that would be neglect, you know, if your family is not there.

Lanie

Yeah, the more I think about it, it's like, oh, maybe, maybe that's yeah.

Kristyn

Maybe that was a yes for that category now that you think about it.

Lanie

Yeah, yeah.

Kristyn

And I think what's interesting is if I presented that story to you about one of your students, I wonder if it wouldn't have been a question for you whether that's neglect or not. But when you are reflecting on yourself, like, no, no, I was okay.

Lanie

Yeah, Yeah, Yeah. Right? Because you figure you turn out okay, but you see how, the resiliency of the trauma.

Kristyn

Alright, the brings us to the end of closed-ended questions. I will start now with the open-ended questions. You can say as much or as little as you like, and then I might just ask different follow up questions depending on what you say. But I'm curious to hear from you how you knew that you wanted to become a special education teacher?

Lanie

So, it's kind of funny. I really didn't know I wanted to become a special education teacher. And then I just started thinking about, well, I hate, I hate that I don't know what I want to do. I, it kind of fell in my lap. So, I took a job as an instructional assistant. Um, knowing that I wanted to see about going into education. And it kind of, you know, hooked me quick, and I was like, maybe this is my calling to where I need to help these kids, you know, feel supported. It felt like my place to be. So, um, because of, you know, as I said, my childhood, I felt like this was, these were the kind of kids I needed to work with. These were the kids that needed to help.

Nobody goes, yeah, I'm gonna put this puzzle together of craziness. And this was my calling. It just calls to you, it's a calling. And then decided, yeah, I guess I think special ed seems like a good fit for me. I'm going to go to school to become a special education teacher.

Kristyn

Are there ways that you think your ACEs influenced your decision to become a special education teacher? Whether it was conscious at the time or whether now looking back on it, you would say, um, that there was an influence in there.

Lanie

Huh. So that's a that's a good question. I think my childhood experiences made me more aware to childhood adversity. Uh and just adversity. How it impacts human development period. I think that kind of made me more open and empathic to the students that I was working with. I think, you know, for the ACEs that I experienced, I knew at my age I didn't want to become like my mother, I didn't want to be a stay-at-home mom who has nothing to claim for herself. I think because of the ACEs that I went through, I was able to connect with my students because I understood, you know the abuse, the alcoholism, the drugs, and all that. I lived it as well. But you know it kind of helped me to, it just influenced the way I worked with them and how I perceive them at that time. That or I was like, torn, I was like, let's sign up to be a special ed teacher, and then let's see if I just decided to go to social work, so I was torn. But really my anger towards the education system, because of how poorly I was treated, pushed me to become a teacher. I remember saying the same thing to my best friend. She was a really great person, and she's just looking at me. I'm like, fuck this shit, I'm going to be a teacher I'm fucking tired of this shit, I'm gonna change shit. And she's said, all right, you do whatever you feel like. And I think this really is a good fit.

Kristyn

Well, whatever brought you to your current career is amazing. You know? It's interesting how those things happen like that. So, what is your perspective about how your ACEs influence your current work as a special education teacher?

Lanie

That's a good one. I find myself needing to do, I'm a very reactive person, um that I need to work at on my daily life. And was very well aware of working with kids with special needs that being reactive is not a real good thing. My ACEs get me really rowdy with general education teachers that don't respect special education kids. I can tell you that. So, I actually work on that. That's a challenge for me and I work on it daily in my job to definitely take a step back. Like I can, some of it I can't understand, but I get a lot of what they're going through. They were going through hell in their lives and I went through hell in my life. So it was easier to connect. So, I'm definitely more empathetic than I think some other people are, and even for the parents and the students I have, you know, some empathy towards because I've seen it and I understand it. And I have a very hard time dealing with people that don't talk to kids correctly. Like today I was in the hall, I was, I could hear a teacher yell at a student and call them bad and I was like, I can't believe they just said that to these little baby angels. I think it stresses me out because I can't identify with the staff that I work with. So, I find that in terms of um, when dealing with students who might be coming from adverse backgrounds at home, I definitely find myself getting triggered a little bit and wanting to make sure that I follow through. Um, especially with my mandated reporter obligations. I definitely find that follow through with something that I am very thorough with, especially if I can sense that, you know, kids might be coming, there might be something going on at home. I'm very in tune to my students' mood swings. And I pay

attention. If things feel familiar, it triggers something and I know, okay, let's go with this. Yes, so definitely good and bad. I think early on I needed to really reflect, um, why that was happening. I needed to make sure that I had a measured response. And early on I definitely, I went and spoke with people about it because I didn't want to be co-opting an experience in a negative way at all, actually.

Kristyn

Thank you for sharing all that. How do you or how have you overcome your ACEs?

Lanie

Lots of therapy. I've been in and out of therapy since I was probably like 21. Lifetime. Yeah. Lots of talking, tight knit family. I'm very close with my kids. And my partner and yeah, just a lot of talking and a lot of follow through with personal connections. Education. Exercise. Medication. And, in all honesty, I probably didn't finally overcome it 'til I had my own children. And I realized that it was time for me to kind of be an adult and not get over it, but work towards bettering myself. You know, I couldn't harness all the anger that I was harnessing. I think that the love and support from the school that I worked at for years, that I definitely gained something. I remember being in my senior year in college, and a professor, Dr. Richter, came up to me and she grabbed me in the hallway. And she grabbed my hand and she said, you made it, you made it. That's not how my family is. I'm not acknowledged for any of my achievements. But at my first teaching job, I was like, I'm in. I want it. I want this job. This is what I want. I want a job like this. I want a inner city, shitty job with these kids, they need me, I need them. And it was these people that worked there, that just loved me relentlessly for being a whack job. I didn't have anything like that, never had anybody care so selflessly. Whereas I do, I think my whole life I've cared selflessly for people and try to be that person and give and give and give. I never

had anybody do that for me. So that was the start in me to know I deserved more than to have a

shitty relationship with a shitty person. I have a relationship with a really good person now. He

started telling me, I would scream, and I would get mad and I would want to fight. And then we

talk about it and then he would say, well I don't want to see you because right now I love you,

but I don't want to see you because I don't want to be around you because I don't like the way

you're acting. But it was that kindness and that love. That I couldn't keep on living my life. Uh

and it's been a long process. I don't even think I'm a hundred percent there. You know, growing

up, I was the kid who didn't sleep at night and slept all day at school, and you know, I tried to fit

in, you know, I was okay. I did okay. Grade wise, I struggled because I think I was undiagnosed

with a disability and a mental health condition growing up, that you know. When I was growing

up and you said you're 37, so you get it, it wasn't, you know, mental health wasn't as thought of

and when I'm working with my peers, I'm definitely more aware. I also have a son who kind of

has a few ACEs because of his father. So, I see it from all different perspectives, you know, and I

try to remain cognizant of what I've gone through and how I present it. Because you know, if

you've never experienced, you don't understand. Some people think it's a cop out, some people

think it's you're making excuses. And this year we really focused on these trauma informed

practices and it's, staff are like wow, I didn't realize I'm sarcastic with students and I didn't

realize I don't say hi to kids when they walk in and you know, or certain little nuances. So, you

know, it's definitely impacted how I work. You know, I still have some form of PTSD going on

and you know, but I just try to be aware of my triggers. I have a really good support system at

home. And just the support of my friends. I don't hide it. I don't hide that, you know, yeah, my

childhood sucked, you know, it stunk. But my childhood wasn't the best and you know, but I got

my education, I own a house, you know. I think what a lot of people don't understand is, yeah,

you've got to be resilient, but you have to be able to put it into perspective and apply it to your

life. And that took me lot, a long, like 'til now, to finally like get that. That it's gonna be okay,

there's going to be tough days, there's going to be great days, but you just have to keep on going

and you can't let it ruin you because that was just a chunk of my life. I always say that this was

just such a small portion. So, I've learned to let things go.

Kristyn

So, of the specific factors that you mentioned, and so I heard you say therapy and

medication, exercise, having your own children, um having a very supportive partner, friends,

and colleagues, and recognizing the process is going to take time and maybe is not quite done

yet. Is there one or two of those things that you think was the most helpful?

Lanie

My personal connections have been the biggest driver of me being able to do, show up

for my job a little bit better. I would give several people credit for that. I would give my siblings.

I would definitely give my partner. And my kids. I think children was the most eye opening of it

all. I had to be an adult and grow up, you know, obviously medication helped, but I think having

my own children and knowing that I want to raise them where they don't have to be in a point

where I'm at now, that I have overcome so much. Yeah, for sure.

Kristyn

How do you think the coping mechanisms and the strategies that you've identified

influence your teaching practices?

Lanie

Huh, how have they influenced my teaching practice? So, I think the coping

mechanisms, um. I think, you know, I, affected my teaching strategies? That's a tough one.

Kristyn

So again, going back to like the list that you gave me. You said therapy, having your own kids, medication, exercise, and loving and supportive relationships. Is there, having utilized those coping mechanisms, is there something you can see in your teaching that is directly related to your success or lack of success with those coping mechanisms?

Lanie

They've made be more methodical in my approach to working with students, really breaking down how to meet my student needs, how I approach them, how I approach instruction, how I approach differentiated instruction for them. And determining goals, what do I want to see happen here? Which is a coping mechanism that I do use when I'm kind of trying to break down why I'm responding the way that I am. I also think my ability to understand and being able to know that I have been resilient and that I have been able to get through it. So how do I get from Point A to point B. And what's going to happen in between? To be honest with you, talking it out means that I'm not trying to flush it out in my head. I'm a very motherly figure at work. And I think that's because I always needed that in my life. I always needed a motherly figure. And I had a mother and I have a mother and she's a great woman, but she was lacking in a lot of areas because she didn't know how to be a mom. Because her mother passed away when she was young, she had to raise her siblings and all that. So, I think that's what helps me with my students, is that I try not to be like, you know, I try to be empathetic and not be overly obnoxious about it. I've been through that too, you know, like you can be that ear for them to, that person they can trust, I guess. Being someone you can trust and it just helped me realize that in my teaching I have to be aware. You know, say my kids are sleeping all day. I give them credit because they feel comfortable to sleep in my classroom. And a lot of people like, oh they're just

lazy, there's this, well who knows what the other side of the story is and that's what I use with my teaching. You know, if they're sleeping, I'm gonna let them sleep because apparently they're tired and they feel safe around me. The strategy I do is just being a positive role model, leading by example. I love, I tell my students I love them. I do. I have a student, she, every time she goes and gets her nails done or bakes a cake and I tell her, you're wonderful, you're amazing. I love you. I tell my students, even if they're dickheads, I tell them that they are the most amazing people on Earth. I think it's good to be like, you know you have such great things about you. Um, so love everything. I take my medication and it keeps me from freaking out on kids all the time. I tell parents like it's your choice, you do what you want to do. If you wanna put 'em on meds, put 'em on meds, if you don't want 'em on meds, don't put on meds. I tell them, therapy heals everything. I'm also like very open with the kids about who and what I am in my past. Because when I was in school, they were telling us like, don't talk too much about your personal life. Don't tell me not to talk about who the hell I am because these kids are looking at me like, I'm a stranger if I do that. So, I'm transparent. When they're older, I let them know a lot more about me, but what I mean, when they're younger I let them know you're not alone in the pain that you're going through at home kind of thing. So being transparent, let 'em know like these things are okay, these feelings are okay. And that's just like across the board, every weird feeling that you have, it's fine, it ain't your fault, it's just being normal.

Kristyn

So, I want to go back to one of the things you said, and I think about this especially a lot right now because my daughter is going through this intense tantrum phase and everything is the end of the world, you know. And then we have these, someday she will utilize that intense emotion for very positive things. But right now, it's like we're screaming, we're running around,

we're yelling, we're doing all this stuff and I have to remind myself that, you know, she may not necessarily act this way at daycare, but she can do it when she's with me because I'm her safe space, right? So, when you talk about your perspective is that your students feel safe enough to sleep around you. That really for me was one of those things where not that you're trying to be their parental figure. But you have this awareness around, sometimes when students do less than ideal behaviors, it's because they feel okay to do all that stuff in our, in our presence and in a way that's almost like a positive thing with our kind of students. So, do you think that by sharing more specific information about your past your students see, okay, well this person is successful teacher. Maybe one of few successful people I know in my life or maybe one of many. Do you think that that offers them some hope? Does that offer them some sort of, okay, well if she did this stuff and is now here, then obviously I can do that too.

Lanie

Yep, whereas my kids, even my own children would do that, they keep it together all day at school, they come home, they're a mess. Even my students, I have some students who will full out throw things and chuck things, but, you know, I know this one student's mom has been out doing drugs the night before this one and I understand, and I know their story and I, even though it frustrates me when I get stuff chucked at me, I understand why. I'm always gonna be there and they know that. And so that's the whole saying goes, but there's no shame in my game, this is who I am, this is what's made me. I am not ashamed of my past, and I'm not ashamed of who I am. I feel shame, or I used to feel strong shame. I'm very transparent, very open with what I went through as a kid, everything. And I think that that does something to the kids.

Kristyn

Almost like you might take the same approach that you would want someone to use for you to process things to then apply that process back with other people. Let me do that with my students.

Lanie

Bingo.

Kristyn

So, I'm the type of person that if I have something in my head, an idea, I have to talk it out. Going through the process of creating my dissertation and what it's going to be, there were so many multiple hour-long conversations trying to really flush out what is it that I'm trying to do? What is it that I'm trying to approach?

Lanie

Yeah.

Kristyn

And I could say that with my students, I might not force them into that process, but encourage them to engage in that process with me. Where it's, here's an open-ended question. I want you to talk about that a little bit more, because by getting them to talk it through whatever it might be, then you get to a better ending, whatever better means in that situation.

Lanie

Yeah. So if I try and wing it, some of the time it doesn't always, I need to kind of put it out there. I'm bouncing ideas off of people. If I just used the behavior strategy with the student that's failed, I don't want to be making it up on my own, I want to make sure that somebody knows what I'm doing, getting some personal feedback so that I can kind of change things up and do something different going forward.

Kristyn

Were you always so transparent with your students, with your colleagues?

Lanie

Before teaching, I was manic. I was angry. Ever since I was a kid, I have had anxiety, right? And I mean, horrible vicious anxiety attacks. And not just anxiety attacks, but then I would also get like, so there are anxiety attacks and then there are panic attacks and I've had severe panic attacks my whole life. And I don't know how that started when I was a kid. I do feel like it's genetic. Then I'm like trying to get through college and I'm having the same things. I would have to leave class, having panic attacks. Like feeling like I can't breathe, my throat's closing in or literally in the bathroom shaking because I can't get out because I'm seeing tunnel vision kind of thing. So, then I go into teaching and I'm thrust into teaching and having all these expectations on me, right? I'm somebody that proving to myself that I'm capable and I'm smart means a lot to me. And when I feel freaking stupid, it kills me, it kills me. And I was just a mess. I was having anxiety attacks and panic attacks every freaking night, like drinking like tons of wine every night to get through it, like so much wine, so much wine to just get through those first three years and then being in a horrible relationship, horrible relationship and finally I was like I can't fucking do this. I had so much going on and nobody cared, nobody. So, I said fuck this. I got to get on medication, I can't live like this no more. Medication helps me be me. It makes me be me. I'm still a hot head. I still get upset, I still get anxiety, but I'm not crazy. Because I was crazy. All that trauma compounded with who genetically I am made to be, it was just, I don't even know how I made it this far. But not like crashed back in my car off a fucking bridge. So, I'm gonna tell you something, I'm gonna tell you, you know, maybe I'm not one hundred percent okay in the head. So just putting that out there. We all grow from the problems

that we have, but somewhere in me is the same fucked up little kid that would rub mud in the

windows after my dad and I would get into a fight, then would beat my ass harder kind of thing.

Kristyn

So, you said at the beginning of the conversation before we even started the interview,

that you're very open about your experiences and when you're sharing this, based on the

conversation we've had thus far, for you, you utilize your past to develop rapport with your

students. You find a way to connect with them based on similar experiences, even if they are

very minimally similar, but you utilize that to your benefit. It's like you turn your trauma into a

strength in that way. That is your superhero power, that you had all these, experiences. That is

your superhero power.

Lanie

Hey yeah, that's what I would say, that's your power. The struggles that you have in your

youth won't always be your Kryptonite. They'll become what makes you strong.

Kristyn

Do you think it's necessary for educators to know the students' stories in order to

effectively do trauma-informed care?

Lanie

No, I don't think so. I think the story will come out if it wants to come out. I'm a big

proponent in, I wait, and I read their IEPs and their RRs a little later. Until I meet them, because I

don't want to paint a picture. If it's something that I really need to know, then yeah, I'd like to

know it. But I can usually figure it out within a couple days. Where they're coming from, even

their stance, the way they look at you, no eye contact, eye contact, in their phone the whole time.

So, I can pick it up. And I will wait a little bit until, I would say 90% of the kids I've taught over

the years, they'll eventually tell me. And they'll tell me even more than what's in their

paperwork. Because I try to make my classroom therapeutic. Hey, if we're all having a bad day,

then we're not gonna do math. We're just gonna sit here and we're just gonna have a group

session and talk about the way the wind blows. Something to get our minds going and then

usually they have that, they get that comfortability and then they'll tell you. If it's a tough nut I

can't crack, then I will eventually read their paperwork and look at it. But I usually, they're there

for a reason, in my school, and I know that they're there for a reason. So, I give it time, I let it

kind of unravel. You know, I always tell my kids, we're all like onions and each of us has

different many layers and they come out when they come out.

Kristyn

Okay, let's see. Where are we? Alright, so actually the last open-ended question I have for

you is how could your employer more effectively support you as a teacher who has experienced

ACEs?

Lanie

Oh, ah, yeah, uh. Oh, I that's interesting. I, I don't know. I don't know.

Kristyn

Okay.

Lanie

That's such a great question. I don't, I don't know. I do feel like, I mean, they provide a lot

of trainings for us. They do, they emphasize a lot of self-care. I find that in special ed, by the

time they're recommending self-care, a lot of shit's already happened. But um, uh, I don't, I don't

know. That's a weird question. I don't know how to answer that because I don't know if they, I

know that they do check in with staff and teachers and stuff, and they sense stuff is going wrong.

I feel like I have a good relationship with my supervisors. I don't know what else I would recommend at this point without kind of getting too murky.

Kristyn

So, so let me tell you why I asked this question. So, this is my fourth year in K through 12 special education specifically. Previously I worked in a prison education in Washington State. When I first started hearing about this thing called trauma-informed care, it was presented in a way that it was like, okay, we the teachers or the educators in general, so teachers, paras, everybody. This is something we are meant to do for our students. So, every professional development we would have, it was a training about how do you do trauma-informed care? How do you, how do you implement this, this and this, in your classroom setting, etcetera. What I've learned in my research is that trauma-informed care, in the beginning was always intended to be an organizational, agency wide strategy applied to all members of that agency or the organization. When I found that, I was like what? No way. Because it wasn't until this year that when we would have professional development on trauma-informed care, it was specific. We've always had the little, oh don't forget to take care of yourself, you can't take care of others if you don't take care of you, blah blah blah. So that was a big light bulb for me. Trauma-informed care has always been supposed to be like this but it's not. Why not? So that's why I'm asking this question I would argue to that trauma-informed care cannot just be done as a from teacher to student type situation, because we have teachers that have ACEs that also need trauma-informed care if you want them to be effective teachers. So that's why I asked this question. So, what could or should or might trauma-informed care look like for you?

Lanie

Yeah, you know it's interesting last year they had kind of a they let us know that we had access to like an on-staff like psychologist that we could talk to if that and that was nice. That was nice to know that it was out there. I think because I kind of take care of my own therapeutic needs have my own therapy, it wasn't anything I felt that I needed to access. In hindsight, I wish I, I probably wish we had that offered to us again. I probably would go check in and just say, hey, you know, tough day. We have a therapist come, I think it's every week still, I don't know, I haven't read the newsletter in a while. But you know, having that that ability to see a therapist and you know, um just also I guess that I don't know. Because I mean we have tough days all the time and we just learn to internalize them, because we're there for students and kind of carry on, you know. But stuff builds up and you could have a day where you're not putting your best self forward. I think that was a nice option to have. I don't know. I don't, maybe I haven't been doing, I don't know what else I would offer. I don't know.

Kristyn

That's okay. You don't have to know.

Lanie

Sorry, that's an ehh answer. I might have a better answer in two years. I know your dissertation will be wrapped up. I might have a better answer in two years. I don't know. I actually haven't given it any thought.

Kristyn

And I think the fact that you haven't given it any thought, as a special ed teacher, is very telling because what that means to me is that self-care for you, although you have talked about how you've engaged in therapy in order to deal with some of your past experiences, in terms of your current work, self-care for you, it's like it's not even here.

Lanie

Oh, it's not. It absolutely is not. At all.

Kristyn

Because it's like so unfathomable that you would engage in trauma-informed care for yourself, you can't even picture what that looks like.

Lanie

No, no, it feels like a very selfish thing. That's childhood too. But it does. It feels like that. We're here for the kids, you know. The kids that we are serving are in far worse circumstances than I am today, because I'm actually able to hang out here and have this conversation with you, so that's constantly going through our head as well. It feels like a very selfish notion. And I think I would feel incredibly ashamed if I tried to kind of pursue that any further and that in itself is a red flag. It's like, that's really a fine line to walk on. I feel that no matter what, ACEs are not, an employer should lead with potentially everyone has ACEs. I'm not in a leadership role at this time, but everyone has a story. And I feel like that people need to know that. You know, a lot of times you hear, oh, they take off too much, they take off of work too much. Well, you don't understand their story. I think that there needs to be a little leeway in the respect for teachers and um, you know, I kind of can't wrap my head around how employers could help you. A lot of times administrators can't become close with their employees because you have to be a boss. And if I were to go, hey, principal, this is my story, then I would potentially fear that it would be used in retaliation for me. So then in turn, am I saying too much, am I putting out too much information to my employer? So, I think it's just a basic understanding that everyone is human and that, you know, if someone does want to open up to their employer about that, that they need to provide them with resources. I think conflict should be addressed

that day, right then and there. Because when you feel like, people with trauma, that shit just, I

don't know if it's the same, it's like it just spirals and spirals and spirals and spirals. And I think

there's something with gen ed teachers, they don't understand special ed, I don't think they get it.

I don't know, that's, that's a really good question. But I really can't, I can't like I said, I can't

wrap my head around it as someone with ACEs. So yeah, I think there's a lot of just in general,

not even helping me because I have ACEs. Uh, respecting teachers. Also don't, I wouldn't talk to

people the way some of these teachers talk to, uh these admin talk to people. Like I wouldn't do

that. You have no clue. I really can't think of something significant other than sympathy. For

their staff. And I guess training in how to be resilient and support yourself. If I were to be a

leader right now, I would have an open-door policy. A lot of leaders are, they feel like they're on

their own island because you can't become extremely close with your staff because, you know,

all those reasons. But I think having an open-door policy and leading by example. I have one

supervisor, she is constantly telling me I'm doing a good job and that really helps me. That really

does. They could give me an aide to help me, to relieve the stress. Just working with people, give

us mental health days. I think every teacher should have two mental health days a year. They

should have value in personal days, your sick days, and then give us a couple mental health days,

because teaching is now so different. We have this trauma that we're learning about, the social

media, we have all these components that are really affecting our children's emotional awareness

and I think it's just being aware and observant of. So, there you have it.

Kristyn

So, would you say that your experience as a special education teacher, is there any

employer that you've had or any district that you've worked with that seemed to intentionally do

trauma-informed care for the teachers?

Lanie

So, at the school now that I'm at, I don't think that they could do much for me. Because it's not a part of their culture, I think. There is one place where the principal is trying to create that kind of climate and atmosphere in her school. I could say that she is quite unique, and I pray and hope that she never leaves. She was creating an atmosphere of family there. And that is so important. Another place, the leader there, absolutely. Hundred ten percent. That whole, everything that woman does is trauma-informed. And she's so damn good at what she does and the care and the love that they create at that place and how they try and support the teachers. There was a family dynamic there, that where we went and supported each other, and I feel bad because it's not there anymore. The staff, we supported each other, we would talk to each other. Like try and do this? Like, okay, how are we gonna troubleshoot this? How do we get money for this? The staff really came together and as a whole and supported each other through all their pain and all the suffering. That's what we did. We would go in and we would support. And the social workers not only supported our kids with counseling, but they supported us. Because you have gone through trauma then you know, you don't want to be somebody's kicking, you don't want to be kicked around. You don't want people to talk to you like that. You don't want to be treated like shit. So, maybe it's a good thing, maybe it's a bad thing sometimes.

Kristyn

It's one of those things where I think if you think about it too hard to like wait, my brain hurts. What where am I in this trauma-informed rabbit hole? I don't even know. So I have another question. Obviously, you are aware that teacher preparation programs have different pathways. If you're going to be a general education teacher, you do this, you get your instructional I certification. If you're going to be a sped teacher, you do all these additional

courses and it's another certification on top of the instruction I cert. What do you think? Do you

think that bodes well for our students and for doing trauma-informed care?

Lanie

No. Not at all.

Kristyn

Do you think all educators should take some classes related to special education beyond

whatever professional development is required every year?

Lanie

Everybody should. There needs to be, uh, you know how we take yearly suicide

prevention training, I know that at my school there was a need at my one school for training on

special ed. And I was excited because there were a lot of the people here. I thought wow, a lot of

them here, they don't know. So, I felt good going. I'm like, oh, you can totally try this. You can

totally try that. There needs to be more cultural diversity. That's going to help out a lot with these

things. There is a lot of things that need to happen with that and that might open people's minds

with things. I think that people don't realize that they're being exclusive. And they [general

education teachers] think that we just want to shove kids on them in the general education

classroom and they think that all kids [students with disabilities] should be pulled. They should

be a pullout program. I am for resource rooms. I am 110% for some kids, the most restrictive

environment is being in inclusion. I think I said, there are some teachers that become teachers

because they're good at something. But there's no empathy. And what makes a phenomenal

teacher is a teacher that can empathize. When you empathize, you see what's going on, you see

the triggers, and you go, ah had, ok, let's handle the trigger. And I'm not just saying the special

ed, I think it's like a cultural thing too.

Kristyn

So, you said, what makes a phenomenal teacher is empathy, the ability to empathize. By extension, is empathy what makes an excellent educational administrator? The ability to empathize with your faculty and staff?

Lanie

Yeah. Yep. I think that they put too much stress on a lot of supervisors. Here's the thing behaviors come from the top down. I think like it sets a tone. You know, my vice principal, he's a religious guy. A lot of kids. He was so sweet, and kind, and he took care of us. And he would say, 'Are you okay? I'm not talking about the kids. Are you okay? Are you stressed out?' That means a lot. That is empathy. That's him seeing the teachers around him are tired and exhausted. So him knowing he needs to see all the teachers and touch base with them. That is a good leader. It's the kindness and it comes from the top down. It sets the whole tone. Here's the thing, empathy can change people and make people better. And showing up. If an administrator shows value in you, staff will show value in you. If the administrator shows value in cultural diversity, everyone will show it.

Kristyn

So that actually brings us to the end of my interview questions. Thank you again for participating in this research process. I appreciate your time greatly.

Summary

In this chapter, I presented the composite interview transcript for Lanie. Lanie was the synthesis of Lucia, Jane, and Susie. Lanie embodied the integral themes that came up during the course of this research. In the upcoming chapter, I will discuss the results of my data analysis to explore salient themes and examine connections between this study and previous research.

Chapter 5: Results

The purpose of this study was to explore the ways in which the career choices and

teaching practices of special education teachers were and continue to be influenced by their

ACEs. Through my research, I hoped to identify specific ways that employers of special

education teachers could utilize a trauma-informed approach to support the work of the special

education teachers. In order to fully address the study's purpose, I focused on special education

teachers employed by an Intermediate Unit in southern Pennsylvania during the 2020-2021

school year. I utilized a holistic collective case study design with a narrative analysis in order to

amplify the voices of the participants and ensure their accounts were honored fully (Clandinin,

2013; Clandinin & Connelly, 2000; Connelly et al., 1997; Cresswell & Poth, 2018; Yin, 2018).

Through semi-structured interviews, a manual coding process, and the creation of a composite

interview transcript, I identified the essential themes that weaved throughout the participants'

interview responses. In the following sections, I will present the salient themes that came about

throughout Lanie's interview in the same order in which the interview questions were asked.

Any quotations that appear without being attributed to a specific author in chapters 5 and 6 can

be attributed to Lanie.

Called

Lanie did not initially know she wanted to be a special education teacher, though she was

eventually called to it. She had other career plans during high school and in the years that

immediately followed. Lanie felt that she was called to teach students with disabilities. Though,

initially, she did not recognize it as a calling. Once Lanie began working in the special education

classroom setting, she realized that teaching students with disabilities was her "place to be."

Hindsight is the gift that allowed the Lanie to see that her career choice had called to her in a

way, "Nobody goes, yeah, I'm gonna put this puzzle together of craziness. And this was my calling. It just calls to you, it's a calling." For Lanie, the choice to become a special education teacher was not a conscious one, but instead something that seemed to just happen. Life circumstances came together in such a way to lead Lanie to see a career as a special education teacher as *the only* choice that made sense. Hindsight allowed Lanie to see her career choice as a calling, but her motivation initially, was based upon being different than her previous teachers. Her experience taught her exactly what kind of teacher she did not want to be. "But really my anger towards the education system, because of how poorly I was treated, pushed me to become a teacher." Lanie was inspired to work with students with disabilities to ensure students like herself did not have to endure the same educational experiences she did growing up (Fish & Stephens, 2010). A career as a special education teacher became part of her Lanie's identity. Lanie was called to become the teacher she never had growing up. She was motivated to become the educational superhero she wished she had as a child. Similarly to Lanie, I never planned on becoming a special education teacher in the K through 12 system, but when the opportunity presented itself, I knew immediately that it was for me.

Awareness of Childhood Adversity

While Lanie did not knew early on in life that she wanted to be special education teacher, she was able to share the ways through which her ACEs created an awareness that ultimately influenced her career choice. Lanie's ACEs brought about an awareness of adversity and trauma that children face and the potential long-lasting impact of those experiences, which compelled her to choose a career where she could help others who are also likely to endure ACEs (Fish & Stephens, 2010). Students with disabilities are 3.44 times more likely than their nondisabled peers to experience some type of abuse (Sullivan & Knutson, 2000). In addition, children with

behavior disorders and intellectual disabilities are at greater risk to experience all types of abuse (neglect, physical abuse, and sexual abuse) than children with other types of disabilities (Sullivan & Knutson, 1998). Lanie's ACEs helped her identify precisely who and what she did not want to be. "I didn't want to become like my mother. I didn't want to be a stay-at-home mom who has nothing to claim for herself." In hindsight, personal awareness of life's challenges, and the impact those adversities have on a young person, not only influenced Lanie's career choices, but also helped her identify who she did not want to be. Her experiences with adversity and trauma motivated her daily to do the work she was called to do.

ACEs as a Point of Connection

The ACEs that Lanie endured created an opportunity to connect with and build rapport with students. "I think [my awareness of adversity] kind of made me more open and empathic to the students that I was working with… even for the parents." Not only was Lanie better able to connect with her students, she also felt better able to build rapport with students' family members. Lanie's ACEs became the platform upon which she built her relationships with students and families. Transparency with her students about her ACEs allowed her to find connections with students, even when those connections were not readily apparent to the students themselves. These connections helped prepare Lanie to successfully address issues in the classroom as they surfaced. Her past experiences helped her see the signs that students are struggling outside of the classroom in ways she may not have seen without having ACEs. "And I pay attention. If things feel familiar, it triggers something…" Lanie's past provided the impetus to act when things felt too familiar to her own past. Being triggered in this way activated a response mode from Lanie that allowed her to more proactively address students' needs in the classroom setting.

While Lanie's ACEs allowed her to build bridges with students and their families, they also negatively affected her interactions with her colleagues, especially general education teachers who did not "respect special education kids." Lanie was frustrated by the perceived mistreatment of students with disabilities by teachers who did not understand the "little baby angels." Lanie did not always feels supported by her colleagues, though successful collaboration is an integral part of a supportive work environment (Billingsley, 2010; Lemons, 2013). Collaborating with teachers who do not adequately empathize with students with disabilities is "a challenge for me and I work on it daily…" These challenges with interacting with colleagues created an additional stressor for Lanie, one that could be avoided in trauma-informed environments.

Relentless Love

For Lanie, overcoming ACEs was not truly conquering or defeating them at all. It was an ongoing, perhaps never-ending, progression. While she mentioned a number of mechanisms through which she felt she was able to become a well-adjusted adult, it was being loved "relentlessly" for her true self that allowed her to fully realize "it's gonna be okay, there's going to be tough days, there's going to be great days, but you just have to keep on going." Lanie shared that therapy, medication, exercise, and education all contributed to her ability to cope with her ACEs. Throughout Lanie's life, she "cared selflessly for people" and she never "had anyone do that" for her. She felt as though she gave endlessly, without receiving any kind of proportional return. Lanie's giving disposition likely initiated positive interactions with the people in her life, though it did not always garner an equally giving response (Werner & Smith, 1992). It is her current romantic relationship, friendships, and connections with family that allow Lanie to "show up for [her] job a little bit better."

Having her own children was especially meaningful for Lanie. "I think children was the most eye opening of it all… I think having my own children and knowing that I want to raise them where they don't" have to look back on their lives in the same way Lanie is now. Just as Jay (2017) equated resilience with love, it was the opportunity to give and receive unconditional love that helped Lanie the most in processing her past. Lanie's sentiments echoed research that showed personal connections with a person or group of people provided the foundation to be resilient (ACEs Too High, 2019; Bessey & Gonzalez, 2018; Werner & Smith, 1992).

Student-Focused Trauma-Informed Care

Initially, Lanie struggled to identify what trauma-informed care would look like, practically speaking, for her. "I don't know. I don't know. That's such a great question. I don't, I don't know." Not only was Lanie unsure what trauma-informed care for herself would look like, she also felt ashamed to even consider utilizing mechanisms provided to her for self-care. "It feels like a very selfish thing… we're here for the kids… [they] are in far worse circumstances that I am today…" Lanie was caught up in comparing her own experiences to the students in a way that reinforced the idea that she was fine and the only ones in the classroom who need care were the students. She agreed that she purposely tried to create a therapeutic environment in her classroom, but she was not quite sure what that might be like for her. This is precisely how professional development sessions that I have attended about trauma-informed care were presented. Trauma-informed care was for the students, but not the special education teachers who facilitate their learning. It was not until the last school year, during the Covid-19 pandemic, that trauma-informed environments, as presented, included support for students *and* employees.

Trauma-informed care is a recent trend in educational practice (Murphey & Sacks, 2019), however, special education teachers have been trained for decades to identify students'

limitations and meet them where they are, and to recognize when students have carry-in stressors from outside the classroom setting. "A lot of times administrators can't become close with their employees because you have to be a boss… if I were to go, hey, principal, this is my story, then I would potentially fear that it would be used in retaliation for me." Not only did Lanie struggle to identify what trauma-informed care looked like for her and how it would appear to others if she sought out self-care supports, she worried that if she was transparent about her childhood experiences, it could be used against her in the workplace.

As we continued our discussion, Lanie was able to identify a few things she thought might be beneficial for special education teachers, whether they have ACEs or not. Just as Lanie agreed that it is unnecessary to know students' full stories to effectively teach them, she believed it is unnecessary to know teachers' full stories to effectively support them. However, employers of special education teachers should treat all as if they do have ACEs, which aligned with the research showing that a great number of people do have at least one ACE (CDC, n.d.; PHMC, 2013). Employers of special education teachers should show sympathy, provide training on how adults can learn to be resilient, maintain an open-door policy, maintain respectful interactions, ensure all teachers have an aide of some kind, provide mental health days that are in addition to personal days and sick days, show appreciation for and recognition of teachers, and create an "atmosphere of family."

Lanie shared that one school where she worked was a trauma-informed environment where "the care and the love that they create at that place and how they try and support the teachers. There was a family dynamic there, that where we went and supported each other…" Not only was there a family dynamic built in amongst the employees and employers, "the social workers not only supported our kids with counseling, but they supported us." Though Lanie

struggled to initially identify specific actions employers could take or mechanisms they could provide to create a trauma-informed environment, she was able to call out the specific feelings that trauma-informed environments generate for the teachers. These include feelings of sympathy, empathy, caring, and love. It is evident, based on Lanie's struggle to answer my questions about trauma-informed care for her, that trauma-informed care, or self-care, was an afterthought and something to be ashamed of. Sharing her past with her students allowed her to build connections, but sharing her past with her colleagues and employers, created a sense of embarrassment and failure. Until trauma-informed care becomes a cultural practice at all levels of an organization, students will receive trauma-informed care from teachers who are still struggling with their own adversities from the past.

The Great Divide

In order to become a special education teacher in Pennsylvania, Lanie took a different educational path than general education teachers. Once Lanie completed her level I certification, which is required of all teachers, she went on to complete additional coursework related to teaching students with disabilities. Lanie believed that this variation in teacher certification requirements created a divide amongst special education and general education teachers in educational environments. If there were more common ground between the two certification processes, Lanie believed that a different culture could be achieved in schools, one that would ensure better support not only for students but also for teachers. "There is a lot of things that need to happen with that and that might open people's minds with things. I think that people don't realize that they're being exclusive." Special education teachers want to feel valued and feel like they belong (Billingsley, 2010; Lemons, 2010). In schools where collaboration between general education teachers and special education teachers is not the norm, a trauma-informed

environment is impossible to create. As long as the two pathways to becoming teachers diverge, it is up to the employers of general education and special education teachers to provide professional development opportunities where the two groups can learn to collaborate effectively and encourage a trauma-informed environment.

Resilience in Real Life

As discussed previously, the concept of resilience is socially constructed and currently understood as the ability to successfully adapt to adversity (APA, n.d.; Berger, 2017). To demonstrate resilience and adversarial growth, people not only get through their hard times, but overcome them, get over them, and become better for having experienced them (Bessey & Gonzalez, 2018; Linley & Joseph, 2005; Werner & Smith, 1992). However, Lanie's experience was that her ACEs had a lifelong impact, so much so, that she is still working to process them. "It's been a long process. I don't even think I'm a hundred percent there… It's definitely impacted how I work… I still have some form of PTSD going on… but I just try to be aware of my triggers." Despite Lanie's numerous supports and coping mechanisms she has discovered and developed as an adult, her ACEs have continued to impact her daily life. As a special education teacher with a meaningful career, successful relationships, a family, a home, Lanie appeared to be a resilient person. From the outside, looking in, Lanie seemed as though she thrived in her adulthood. However, resilience, as demonstrated by Lanie was not thriving, it was not adapting, it was not showing strength in challenging times, it was simply surviving.

> I think what a lot of people don't understand is, yeah, you've got to be resilient, but you have to be able to put it into perspective and apply it to your life. And that took me lot, a long, like 'til now, to finally like get that. That it's gonna be okay, there's going to be tough days, there's going to be great days, but you just have to keep on going and you

can't let it ruin you because that was just a chunk of my life. I always say that this was

just such a small portion. So, I've learned to let things go… somewhere in me is the same

fucked up little kid that would rub mud in the windows after my dad and I would get into

a fight…

Resilience, for Lanie, is letting things go. She is still the same Lanie she was as a child.

She is still affected by her ACEs. Resilience in real life was not a grand notion of perseverance

despite all odds. Resilience was survival. Resilience, for Lanie, was better aligned with Linley

and Joseph's (2005) conception of it in distinct contrast to adversarial growth. It is possible that

Lanie would have been called to her career as a special education teacher regardless of her

having endured ACEs. Although she survived her ACEs, at no point did she share that she felt

she grew as a result of them. Her ACEs may create the opportunity to build rapport with

students, but they did not create "a springboard for further growth and development" (Linley &

Joseph, 2005, p. 262). As a 43-year-old mother and partner, Lanie is still grappling with the

effects of her ACEs both personally and professionally, and she is still not "a hundred percent

there."

Summary

Just as research showed that ACEs influenced physical and mental health well into

adulthood (Anda et al., 2020; Chapman et al., 2004; Dube et al., 2001; PHMC, 2013; Seery et al.,

2010; van der Kolk, 2014), ACEs also influenced the work of special education teachers in

salient ways (Hubel et al., 2020). In hindsight, Lanie saw how her ACEs influenced her career

choice. Her ACEs impacted her interactions with students, families, and colleagues in both

positive and negative ways. They also influenced the ways she perceived her students and their

behaviors. A trauma-informed environment for Lanie is one where she feels like she belongs,

where she feels loved, recognized, and appreciated not only by her supervisors, but also by her colleagues. Trauma-informed environments are cultures that must be created from the "top, down" wherein a "tone" of empathy is created from the moment a special education teacher is hired. The themes that emerged throughout my research included being called to teach, an awareness of childhood adversity, adversities created opportunities to build rapport, personal connections are the mechanisms through which adversities can be overcome, trauma-informed care is for the students that teachers serve and not the teachers themselves, the real-world definition of resilience, and the vast rift that is created in educational settings by virtue of teacher preparation programs.

In the final chapter, I will discuss the implications of my research and make recommendations for future research.

Chapter 6: Conclusion

The 2020-2021 school year brought significant attention and scrutiny to K-12 teachers and their practices due to the Covid-19 pandemic. My research topic and the way I conducted my data collection and analysis became especially socially relevant in unforeseen ways. During the school year, special education teachers were asked and required to adapt their practices in numerous ways to ensure students with disabilities maintained access to quality education. Teachers had to learn to teach online both synchronously and a-synchronously, using numerous online platforms and applications. They had to learn to teach hybrid classes with some students in class while others participated from home. Teachers also had to learn how to present with masks and face shields interfering with their ability to speak and present information clearly.

During this challenging time for all, research on the experiences of teachers and how they can be better supported is especially meaningful. My research questions brought focus to the experiences of special education teachers and their needs. My use of case study methods with narrative analysis amplified the voices of the special education teachers and illuminated the necessity of shifting student-focused trauma-informed environments a culture wherein trauma-informed care is for all. My research was particularly vital based on Tracy's (2013) eight criteria for excellent qualitative research: worth, rigor, sincerity, credibility, resonance, contribution, ethics, and coherence. My topic of research was not only a worthwhile consideration, but it was also especially timely given recent emphasis in educational settings on trauma-informed care, trauma-informed educational practices, and the on-going Covid-19 pandemic (Murphey & Sacks, 2019). My reflective and collaborative approach to this study ensured the overall sincerity of the project. My methodological foundation allowed me to find the answers I sought in a way that

was credible, will resonate with audiences, was ethical, and offered a significant and meaningful

contribution to academia (Tracy, 2013).

Summary

By using a holistic collective case study design with a narrative analysis (Clandinin 2013;

Clandinin & Connelly, 2000; Connelly et al., 1997; Cresswell & Poth, 2018; Yin, 2018), I was

able to gather enough data to address the questions that were at the heart of this study. My

research questions were

1. What are special educators' perspectives on the influence of their ACEs on their work as

special education teachers?

2. In what ways have special education teachers overcome their ACEs in order to adapt their

teaching?

3. How can employers implement trauma-informed care in ways that best support the work of

special education teachers who may have experienced ACEs?

Although the themes I discovered in response to these questions were not generalizable to other

groups of special education teachers beyond those who participated in this research, they did

resonate with previous research in both expected and unexpected ways. ACEs influenced Lanie's

work by creating an awareness of the influence of childhood adversities, inspiring her to become

the type of teacher she wished she had had when she was growing up, and initiating an

opportunity for Lanie to be called to her work as a special education teacher. Her ACEs also

created opportunities for connections to be built with students and their families, while fractures

were opened between herself and colleagues who misunderstood and mistreated students with

disabilities and students like Lanie.

Lanie has not fully overcome her ACEs, though she recognized how far she has come. The struggle to process her ACEs was supported by the help of medication, therapy, and exercise, but most importantly her personal connections with those around her. For Lanie, being in a supportive relationship and having children were especially meaningful in adapting and thriving despite her ACEs. Being loved and loving unconditionally were the key to Lanie's survival. Trauma-informed care as self-care was a strange and shameful notion for Lanie, though she understood the necessity of it for students. Lanie's perspective was ultimately that trauma-informed environments could be created when collaboration is encouraged, special education teachers are respected, and empathy, sympathy, caring, and love are the fundamental feelings created in the educational setting. Though the trauma-informed environment would not ensure the end to Lanie's struggles with her ACEs, it would allow her to continue to more successfully adapt to her past experiences in ways that would allow her to ultimately thrive both in and outside of the classroom.

Implications

In an industry where a teacher shortage looms large, maintaining the work force that already exists should be a high priority for employers of special education teachers (BLS, 2020; Saunders et al., 2018). Since the 2009-2010 school year, Pennsylvania, has experienced a 65% decrease in enrollment in teacher preparation programs. Pennsylvania has also suffered a 71% drop in the number of newly issued in-state Instructional I teaching certificates since 2009–10, which is required prior to any educator beginning work toward their special education certification. There has also been a 100% increase in the number of emergency permits issued to districts and schools in Pennsylvania between the 2014-15 and 2016-17 school years. The special education discipline in particular has shown a significant shortage of certified teachers (Saunders

et al., 2018). In order to effectively address the teaching shortage, Saunders et al. (2018) had a number of recommendations, none of which focused on the mental health of educators. Though they recommended more effectively training teachers in student-focused trauma-informed practices to refine preparation programs, their suggestions for addressing the teaching shortage specifically included only loan forgiveness programs, flexibility in certification requirements, and intensive training for those hired on emergency permits (Saunders et al., 2018).

The work of teachers to cope with their past experiences is never-ending and does not exist in a vacuum. Every teacher, and student for that matter, brings to the classroom an entire history of life experiences, both positive and negative. Hubel et al.'s (2020) research showed that 73% of early care and education teachers experienced at least one ACE and 22% reported four or more, which stood in contrast to the CDC's (n.d.) research results of 64% and 13% respectively. What occurs in any classroom is a product of the landscape of teachers' and students' lives, which is constantly changing as additional interactions and incidents occur (Connelly et al., 1997). When special education teachers with ACEs enter their work settings, they are at risk of re-traumatization and vicarious traumatization as they engage in their work (McLean et al., 2017). Educators are asked to implement student-focused trauma-informed care in their classrooms. However, employers of special education teachers may not understand, appreciate, and accept that a proportion of their special education teachers have experienced adversity and trauma in their childhoods that they carry with them into the classroom on a daily basis.

My researched showed, however, that teacher preparation programs must further engage in the trauma-informed approach that prioritizes educators' life experiences and the specific rationale for their career choices, so teachers feel supported in their work environments. Teacher preparation programs must more effectively create the foundation for collaboration amongst

general education and special education teachers. In addition, those that employ special

education teachers must enhance their efforts at creating trauma-informed environments through

hiring practices, professional development opportunities, and policy implementation to design

the same safe spaces for special education teachers that schools build for their students.

Employers of special education teachers cannot continue to demand that teachers do trauma-

informed care for students without recognizing the necessity of trauma-informed care for all.

Trauma-informed care must become embedded in the culture of educational agencies as

something that is provided for *everyone* (SAMHSA, 2014). Teacher-focused trauma-informed

care was such an outlandish concept that Lanie struggled to identify initially what it was and how

it could help. Her myriad "I don't know responses" when asked about it demonstrated the

meaninglessness of what her employer is doing as teacher-focused trauma-informed care, or the

absence of it altogether. As teachers feel better supported by implementation of a district or

agency-wide trauma-informed environment, teachers may remain in their careers for longer

periods of time.

Through the implementation of an enhanced focus upon teacher-focused trauma-

informed care, efforts to recruit and retain quality educators may ultimately be more successful,

eventually contributing to an overall reduction in the teacher shortage. A trauma-informed

approach was never intended to be for the receivers of agency services only (SAMHSA, 2014). It

is time for teacher preparation programs and employers of teachers to further develop the

inclusion of trauma-informed care within their curricula, policies, and procedures for the sake of

students, employees, and themselves.

Teacher-Focused Trauma-Informed Environments

When employers of teachers learn and appreciate that their employees have survived ACEs, which inevitably influences teaching practice, employers could more effectively implement specific strategies to create a teacher and student-focused trauma-informed environment. The Substance Abuse and Mental Health Services Administration (2014) suggested that the trauma-informed environment could be created at an organizational level through changes in 10 domains that included: governance and leadership; policy; physical environment; engagement and involvement; cross sector collaboration; screening, assessment, treatment services; training and workforce development; progress monitoring and quality assurance; financing; and evaluation. In conjunction with the six key principles of trauma-informed care (safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues), any agency that employs teachers could more effectively create a trauma-informed environment for all (SAMHSA, 2014).

The leadership of an educational organization must support the implementation and sustainment of a trauma-informed approach. The trauma-informed approach "must be 'hard-wired' into practices and procedures of the organization, not solely relying on training workshops or a well-intentioned leader" (SAMHSA, 2014, p. 13). The physical layout of educational settings must promote a feeling of safety and collaboration. Those who work for and are served within the educational agency who have experienced adversity and trauma must be actively involved in "program design, implementation, service delivery, quality assurance, cultural competence, access to trauma-informed peer support, workforce development, and evaluation" (SAMHSA, 2014, p. 13). Referrals that are made to outside agencies that support the

employees and students must be to other organizations who are similarly focused on maintaining

trauma-informed environments. Within agencies where trauma-informed practices are the norm

> on-going training on trauma and peer-support are essential. The organization's human
>
> resource system incorporates trauma-informed principles in hiring, supervision, staff
>
> evaluation; procedures are in place to support staff with trauma histories and/or those
>
> experiencing significant secondary traumatic stress or vicarious trauma, resulting from
>
> exposure to and working with individuals with complex trauma. (SAMHSA, 2014, p. 13)

Integral to the operations of a trauma-informed agency are the on-going quality assurance

measures, financial support of trauma-informed practices, and evaluation of effectiveness of the

trauma-informed practices. Though SAMHSA's (2014) guide was not intended to be used as a

step-by-step checklist for an agency to follow to becoming trauma-informed, it was general

enough that agencies could apply the principles and implementation domains in ways that work

best for them. However, there are specific things employers of special education teachers can do,

based on my interview with Lanie, to implement a teacher-focused trauma-informed

environment.

There are several practices and procedures that would contribute to a teacher-focused

trauma-informed environment, wherein teachers would feel supported and better able to meet the

needs of their students.

- Collaboration amongst team members must not only encouraged but required by
  supervisors.
- Teachers must be provided adequate time within their workday to collaborate with their
  colleagues, prepare lessons, and complete necessary paperwork. Whatever time is
  dedicated to preparation ought not then be utilized by supervisors to schedule regularly

occurring meetings and activities that detract from teachers' ability to prepare for their workday.

- When it does not impact students, flexibility in arrival time and exit time should be allowed. Teachers should be allowed to stay five minutes late at the end of their day if they arrived five minutes late in the morning without a negative impact to their performance evaluation.

- Supervisory open-door policies would allow teachers to share their experiences, both personal and professional. When teachers utilize the open-door policies of their supervisors, there must be no negative consequences of those interactions upon performance evaluations.

- When teams convene for a meeting of any kind, whether face-to-face or virtually, introductions must be prioritized when there is a team member who is attending a team meeting for the first time, regardless of how long they have been in their role.

- Supervisors and team leaders must destigmatize access to employee assistance programs by sharing real world examples of when they utilized those resources in ways that were ultimately beneficial.

- In programs where therapy animals are deployed for students, time should also be set aside for teachers to spend with the therapy animals as well.

- When potentially traumatizing events occur in classrooms, there must be an experienced clinical crisis intervention team that is available to debrief those involved very shortly after the incident has occurred.

- Supervisors should strive to be transparent about incidents and issues so the entire educational team can learn from what has occurred and grow as individuals and educators.

There is much work to do in order to create teacher-focused trauma-informed environments, however, those changes cannot and will not take place without sufficient research to determine which evidence-based practices are most effective at supporting teachers specifically.

Recommendations for Further Research

As more and more emphasis has been placed on student-focused trauma-informed educational practices, research into the adverse childhood experiences of teachers is essential. "Those concerned with improving education need to be concerned with not only with what it is they wish to happen in learning but also with teachers' knowledge and the professional knowledge landscapes in which teachers work" (Connelly et al., 1997, p. 674). In order to more effectively recruit and retain special education teachers, as the need for them expands, future researchers must explore the childhood experiences of special education teachers themselves, identify those who have experienced adversity, investigate their reasoning for choosing a career as a special education teacher, and determine what supports are necessary to help them feel supported and successful (BLS, 2020; Saunders et al., 2018). Future researchers could easily replicate the current study using online survey methods that would more generalizable than the results presented here. By sending out an online survey, researchers might gain access to the same type of information in a way that would allow for great breadth to be achieved. Future researchers might also explore the ACEs scores of various types of educators in comparison to the general population and other career types. Additional research that involves special education

teachers and their perspectives and experiences will provide greater knowledge of what changes

can be made in educational settings to ensure the needs of students with disabilities are met all

while supporting the needs of their teachers.

In addition, future researchers might examine exactly what practices are most effectual in

creating a teacher-focused trauma-informed environment. In other words, what agency-wide

practices ensure teachers will feel valued, cared for, empathized with, and loved.

Future researchers should study what changes teacher preparation programs and employers of

teachers could make to more effectively encourage collaboration amongst general education and

special education teachers. Furthermore, future researchers could explore to what degree

administrators in educational agencies are aware of the ACEs their teachers have survived and

the long-lasting impact they have on teachers in the workplace. The results of these studies could

help not only special education teachers but all teachers as researchers work to identify the

influence of ACEs on teaching practices, the supports teachers need to do their work well, and

ways in which quality educators can be retained in their positions.

Conclusion

Whether their employers recognize it or not, the special education teachers I interviewed

are the unsung "family heroes" (Jay, 2017, p. 4) of their workplaces. On a daily basis, they, who

have endured ACEs of their own, are asked to keep students who are likely suffering ACEs

themselves safe and cared for, all while ensuring students leave the classroom knowing more

about a variety of subjects than they did prior (Sullivan & Knutson, 1998; Sullivan & Knutson,

2000). The special education teachers I interviewed had the opportunity to become the

educational superheroes they needed as children. Though they continued to process and cope

with their ACEs into adulthood, the participants in this study became stable teachers of and

advocates for students with disabilities. They were called to their work, work which became part

of their ongoing healing and efforts to become resilient (Lackie, 1983). The teachers' ACEs

ultimately became a point of connection with students and their families and a daily reminder of

the need for teachers like themselves. While ACEs were no longer their Kryptonite, it was

resilience as survival, rather than positive adaptation, that became a strength to call upon in

students' moments of need. If I were to write the teacher edition of Jay's (2017) *Supernormal*,

Lanie would play the starring role.

References

Aces Too High. (n.d.). Retrieved April 11, 2019 from

      https://acestoohigh.com/got-your-ace-score/

American Psychological Association. (2012). *Building your resilience*. Retrieved June 18, 2020

      from https://www.apa.org/topics/resilience

American Psychological Association. (n.d.). *APA Dictionary of Psychology*. Retrieved June 18,

      2020 from https://dictionary.apa.org/resilience

Anda, R. F., Porter, L. E., & Brown, D. W. (2020). Inside the Adverse Childhood Experience

      score: Strengths, limitations, and misapplications. *American Journal of Preventive*

      Medicine, 000(000), 1-3.

Anthony, E. J., & Cohler, B. J. (Ed.). (1987). *The invulnerable child*. The Guilford Press.

Baumeister, R. F., Vohs, K. D., Aaker, J. L., & Garbinsky, E. N. (2013). Some key differences

      between a happy life and a meaningful life. *The Journal of Positive Psychology, 8*(6), 5

      05–516. https://doi-org.proxy-sru.klnpa.org/10.1080/17439760.2013.830764

Berger, R. (2017). An ecological-systemic approach to resilience: A view from the trenches.

      Traumatology, 23(1), 35–42. https://doi-org.proxy-sru.klnpa.org/10.1037/trm0000074

Bessey, R., & Gonzalez, J-C. (2018). Resilient doctoral students in California: A reflective study

      of the relation between childhood challenges and academic success. *Journal of At-Risk*

      Issues, 21(2), 30-36.

Billingsley, B. S. (2004). Special education teacher retention and attrition: Critical analysis of the

      research literature. *Journal of Special Education, 38*(1), 39-55.

Billingsley, B. S. (2010). Work contexts matter: Practical considerations for improving new

special educators' experiences in schools. *Journal of Special Education Leadership, 23*(1), 41–49.

Billingsley, B., & Bettini, E. (2019). Special education teacher attrition and retention: A review of the literature. *Review of Educational Research, 89*(5), 697–744. https://doi-org.proxy-sru.klnpa.org/10.3102/0034654319862495

Billingsley, B., Bettini, E., Mathews, H. M., & McLeskey, J. (2020). Improving working conditions to support special educators' effectiveness: A call for leadership. *Teacher Education & Special Education, 43*(1), 7–27. https://doi-org.proxy-sru.klnpa.org/10.1177/0888406419880353

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*, 20–28.

Centers for Disease Control and Prevention. (n.d.). Adverse childhood experiences. Retrieved June 18, 2020 from

https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards, V. J., & Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders, 82*(2), 217-225. doi:10.1016/j.jad.2003.12.013

Clandinin, D. J. (2013) *Engaging in narrative inquiry*. Taylor & Francis

Clandinin, D. J. & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. Jossey-Bass.

Connelly, F. M., Clandinin, D. J., & He, M. F. (1997). Teachers' personal practical knowledge

on the professional knowledge landscape. *Teaching and Teacher Education, 13*(7), 665–674. https://doi-org.proxy-sru.klnpa.org/10.1016/S0742-051X(97)00014-0

Cresswell, J. & Poth, C. (2018). *Qualitative inquiry & research design: Choosing among five approaches*. SAGE Publications, Inc.

Crouch, E., Probst, J. C., Radcliff, E., Bennett, K. J., & McKinney, S. H. (2019). Prevalence of adverse childhood experiences (ACEs) among US children. *Child Abuse & Neglect, 92*, 209–218. https://doi-org.proxy-sru.klnpa.org/10.1016/j.chiabu.2019.04.010

Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D. P., Williamson, D. F., & Giles, W. H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: Findings from the adverse childhood experiences study. *JAMA, 286*(24), 3089-3096. doi:10.1001/jama.286.24.3089

Elitharp, T. (2005). *The relationship of occupational stress, psychological strain, satisfaction with job, commitment to the profession, age, and resilience to the turnover intentions of special education teachers* (Order No. 3208248). Available from ProQuest Dissertations & Theses A&I. (305381130). http://proxy-sru.klnpa.org/login?url=https://www-proquest-com.proxy-sru.klnpa.org/dissertations-theses/relationship-occupational-stress-psychological/docview/305381130/se-2?accountid=13901

Esaki, N., & Larkin, H. (2013). Prevalence of adverse childhood experiences (ACEs) among child service providers. *Families in Society, 94*(1), 31–37. https://doi.org/10. 1606/1044-3894.4257.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study.

*American Journal of Preventive Medicine, 14(*4), 245-258.

http://dx.doi.org/10.1016/S0749-3797(98)00017-8

Fish, W. W., & Stephens, T. L. (2010). Special education: A career of choice. *Remedial and Special Education, 31*(5), 400–407.

https://doi-org.proxy-sru.klnpa.org/10.1177/0741932509355961

Fritz, J., Fried, E. I., Goodyer, I. M., Wilkinson, P. O., & van Harmelen, A. L. (2018). A network model of resilience factors for adolescents with and without exposure to childhood adversity. *Scientific Reports, 8*(1), 1.

https://doi-org.proxy-sru.klnpa.org/10.1038/s41598-018-34130-2

Fowler, S. A., Coleman, M. R. B., & Bogdan, W. K. (2019). The state of the special education profession survey report. *Teaching Exceptional Children, 52*(1), 8–29.

Gersten, R., Keating, T., Yovanoff, P., & Harniss, M. K. (2001). Working in special education: Factors that enhance special educators' intent to stay. *Exceptional Children, 67*, 549-567.

Greiner, C., & Smith, B. (2006). Determining the effect of selected variables in teacher retention. *Education, 126*(4), 653-659.

Hayward, F. M. (2021). *Why am I here? Why do I stay? An examination of the lived experiences of special education teachers in juvenile detention centers* [ProQuest Information & Learning]. In *Dissertation Abstracts International Section A: Humanities and Social Sciences* (Vol. 82, Issue 1–A).

Hogan, K. A., & Bullock, L. M. (2012). Alternative certification: A comparison of factors affecting the motivations of general and special educators. *Journal of the National Association for Alternative Certification*, *7*(1), 3–20.

Hubel, G. S., Davies, F., Goodrum, N. M., Schmarder, K. M., Schnake, K., & Moreland, A. D.

(2020). Adverse childhood experiences among early care and education teachers:

Prevalence and associations with observed quality of classroom social and emotional

climate. *Children and Youth Services Review*, *111*. https://doi-org.proxy-

sru.klnpa.org/10.1016/j.childyouth.2020.104877

Inman, D., & Marlow, L. (2004). Teacher retention: Why do beginning teachers remain in the

profession? *Education, 124*(4), 605-614.

Jay, M. (2017). *Supernormal: The secret world of the family hero*. Twelve.

Joining Forces for Children. (2021). *What are ACEs?* Retrieved March 3, 2021 from

https://www.joiningforcesforchildren.org/what-are-aces/

Kleiman, E. M., Chiara, A. M., Liu, R. T., Jager-Hyman, S. G., Choi, J. Y., & Alloy, L. B.

(2017). Optimism and well-being: A prospective multi-method and multi-dimensional

examination of optimism as a resilience factor following the occurrence of stressful life

events. *Cognition and Emotion, 31*(2), 269–283.

https://doi-org.proxy-sru.klnpa.org/10.1080/02699931.2015.1108284

Lackie, B. (1983). The families of origin of social workers. *Clinical Social Work Journal, 11*(4),

309–322. https://doi-org.proxy-sru.klnpa.org/10.1007/BF00755898

Lemons, T. (2013). *Factors that influence special education teachers' career decisions in a rural

school district in southern Indiana* (Order No. 3599485). [Doctoral dissertation/Walden

University]. ProQuest Dissertations & Theses A&I.

Linley, P. A., & Joseph, S. (2005). The human capacity for growth through adversity.

American Psychologist, 60(3), 262–264.

https://doi-org.proxy-sru.klnpa.org/10.1037/0003-066X.60.3.262b

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical

evaluation and guidelines for future work. *Child Development, 71*(3), 543–562.

https://doi-org.proxy-sru.klnpa.org/10.1111/1467-8624.00164

McLean, L., Abry, T., Taylor, M., Jimenez, M., & Granger, K. (2017). Teachers' mental health

and perceptions of school climate across the transition from training to teaching.

Teaching and Teacher Education, 65, 230-240. doi:10.1016/j.tate.2017.03.018

Myers, J. W. (2008). *To stay or not to stay: Stories of teacher retention and endurance* (Order

No. 3338729). Available from ProQuest Dissertations & Theses A&I. (275620932).

http://proxy-sru.klnpa.org/login?url=https://www-proquest-com.proxy-

sru.klnpa.org/dissertations-theses/stay-not-stories-teacher-retention-

endurance/docview/275620932/se-2?accountid=13901

Murphey, D., & Sacks, V. (2019). Supporting students with adverse childhood experiences: How

educators and schools can help. *American Educator, 43*(2), 8–11.

Pennsylvania Association of Intermediate Units. (2019). *Intermediate Units*. Retrieved July 6,

2020 from https://paiu.org/IU-FACTS

Philadelphia Ace Project. (2019). *Philadelphia ACE survey*. Retrieved March 3, 2021 from

https://www.philadelphiaaces.org/philadelphia-ace-survey

Public Health Management Corporation. (2013). *Findings from the Philadelphia urban ACE

survey*. Retrieved March 3, 2021 from

https://drive.google.com/file/d/0B7fcUpFl415pdGVURFFjTUFTclU/view

Roberts, C., & Hyatt, L. (2019). *The dissertation journey*. Sage.

Rose, C. P. (1997). *Stories of teacher practice: Exploring the professional knowledge landscape*

(Order No. NQ21626). Available from ProQuest Dissertations & Theses A&I.

(304389916). http://proxy-sru.klnpa.org/login?url=https://www-proquest-com.proxy-

sru.klnpa.org/docview/304389916?accountid=13901

Saunders, R., Kini, T., Darling-Hammond, L. (2018). Examining educator certification in

Pennsylvania: Research and recommendations for chapter 49. *Learning Policy Institute*.

Retrieved July 20, 2020 from

https://www.stateboard.education.pa.gov/Documents/About%20the%20Board/Hearings

%20and%20Roundtables/LPI%20Report%20Examining%20Educator%20Cert%20in%2

0PA.pdf

Seery, M. D., Holman, E. A., & Silver, R. C. (2010). What does not kill us: Cumulative lifetime

adversity, vulnerability, and resilience. *Journal of Personality and Social Psychology,*

99(6), 1025-1041.

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's*

concept of trauma and guidance for a trauma-informed approach.

https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-

Trauma-Informed-Approach/SMA14-4884

Sullivan, P. M., & Knutson, J. F. (1998). The association between child maltreatment and

disabilities in a hospital-based epidemiological study. *Child Abuse & Neglect: The*

International Journal, 22(4), 271–288.

Sullivan, P. M., & Knutson, J. F. (2000). Maltreatment and Disabilities: A population-based

epidemiological study. *Child Abuse & Neglect: The International Journal, 24*(10), 1257–

1273.

Tracy, S. J. (2013). *Qualitative research methods: Collecting evidence, crafting analysis,*

communicating impact. Wiley-Blackwell.

U.S. Bureau of Labor Statistics (2020). Occupational outlook handbook. Retrieved December 20,

2020 from

https://www.bls.gov/ooh/education-training-and-library/special-education-teachers.htm

van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of*

trauma. Penguin.

Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds*. Cornell University Press.

Whitaker, R. C., Dearth-Wesley, T., Gooze, R. A., Becker, B. D., Gallagher, K. C., & McEwen,

B. S. (2014). Adverse childhood experiences, dispositional mindfulness, and adult health.

Preventive Medicine, 67, 147–153. https://doi.org/10.1016/j.ypmed. 2014.07.029.

Wright, T. A., & Cropanzano, R. (2000). Psychological well-being and job satisfaction as

predictors of job performance. *Journal of Occupational Health Psychology, 5*(1), 84–94.

https://doi-org.proxy-sru.klnpa.org/10.1037/1076-8998.5.1.84

Yin, R. (2018). *Case Study Research and Applications: Design and Methods*. Sage Publishing.

Young, C. (2015). *Should adverse childhood experiences include community-level indicators?*

Children's Hospital of Philadelphia: Center for Injury Research & Prevention. Retrieved

February 31, 2021 from https://injury.research.chop.edu/blog/posts/should-adverse-

childhood-experiences-aces-include-community-level-

indicators?utm_source=VPI%20Stakeholder%20List&utm_campaign=b23106326b-

VPI_Blog_Articles_latest12_8_2015&utm_medium=email&utm_term=0_207380e564-

b23106326b-428492141#.V6zvBo6edy-

Appendix A: Agency Permission

iu13
An Education Service Agency

Early Childhood and
Special Education Services

November 23, 2020

TO: Slippery Rock University of Pennsylvania

FROM: Sherry Zubeck

RE: Overcoming Childhood Adversity: A Narrative Inquiry into the Lives of Resilient Special Education Teachers

Lancaster-Lebanon Intermediate Unit13 (IU13) is an education service agency dedicated to delivering irresistible services to schools and communities across the state and beyond.

Kristyn V. Whisman has expressed a desire to conduct a research study exploring the childhood adversities experienced by special education teachers and the impact those adversities had on the decision of special education teachers to become educators.

It is our understanding that Kristyn would like to email an invite to IU13 special education teachers to participate in a questionnaire. Participants will be given the opportunity to provide additional information based on the results of the questionnaire.

We happily support and provide permission for Kristyn to conduct research and to email an invite to IU13 special education teachers.

Sincerely,

Sherry Zubeck

Sherry Zubeck
Department Director
Early Childhood and Special Education Services
1020 New Holland Avenue
Lancaster, PA 17601
Phone: (717) 606-1738

Appendix B: Agency Permission

An Educational Service Agency

Chester County Intermediate Unit

Appendix E

April 15, 2021

TO: Slippery Rock University of Pennsylvania

FROM: Anita Riccio

RE: Overcoming Childhood Adversity: A Collective Case Study of the Lived Experiences of Resilient Special Education Teachers

Chester County Intermediate Unit (IU24) is an education service agency dedicated to delivering services to schools and communities across the state and beyond.

Kristyn V. Whisman has expressed a desire to conduct a research study exploring the childhood adversities experienced by special education teachers and the impact those adversities had on the decision of special education teachers to become educators.

It is our understanding that Kristyn would like to email an invite to IU24 special education teachers to participate in interviews. Participants will be given the opportunity to provide additional information based on the results of the initial interviews.

We happily support and provide permission for Kristyn to conduct research and to email an invite to IU24 special education teachers.

Sincerely,

Anita D. Riccio, Ed.D.
Director of Student Services

Appendix C: Email Invitation for Participation

Subject: Invitation to participate in doctoral research

Hello all,

I am reaching out to you all to invite you to participate in my doctoral research. I am currently working toward my Ed.D. in Special Education at Slippery Rock University and have been approved by their Institutional Review Board to begin my research. The working title for my dissertation is Overcoming Childhood Adversity: A Collective Case Study on the Influence of ACEs on the Work of Special Education Teachers.

Purpose

The purpose of this study is to tell the stories of those special education teachers who experienced significant childhood adversity yet went on to have a successful career educating students who are more likely than their peers to experience trauma and adversity. Through semi-structured interviews, I hope to illuminate the necessity of trauma-informed care for teachers and not just for the students in our schools. I also hope to illuminate the achievements of those who have overcome significant adversity. The focus of my research is how your past experiences have influenced your current work. *You will not be asked to disclose the specific details of your past experiences during the course of this research*. The questions guiding my research are:

1. What are special educators' perspectives on the influence of their ACEs on their work as special education teachers?

2. In what ways have special education teachers overcome their ACEs in order to adapt their teaching?

3. How can employers implement trauma-informed care in ways that best support the work of special education teachers who may have experienced ACEs?

Criteria for Participation

If you have experienced Adverse Childhood Experiences (ACEs) and are willing to participate in a minimum of one interview with follow up discussions for collaboration regarding the results of my analysis via zoom or phone, please email me directly at kvw1002@sru.edu. ACEs include physical abuse, emotional abuse, sexual abuse, physical neglect, emotional neglect, mental illness, violence toward mother, divorce/separation, incarceration of a relative, and substance abuse (https://www.joiningforcesforchildren.org/what-are-aces/). They also include witnessing violence, feeling discriminated against, adverse neighborhood experiences, bullying, and living in foster care (https://www.philadelphiaaces.org/philadelphia-ace-survey). You will *not* be required to take the ACEs survey, which can be located online, in order to participate in the study. Participants will be invited to review drafts of my analysis throughout the process, though this is not a requirement of participation. The collaboration will allow for additional data collection and confirmation of data analyses.

Significance of Study

At the local level, this study is significant because it will examine the childhood adversities and career choices of special education teachers employed in southern Pennsylvania. The recent emphasis on trauma-informed care (Murphey & Sack, 2019; SAMHSA, 2014) and trauma-informed educational practices could and should be expanded to included trauma-informed employment practices for educators. The study may have implications for professional development and teacher-education programs both locally and nationally as more awareness is brought to the experiences of those who become teachers. This study sheds light on the influence ACEs may have on teaching practices and the importance of trauma-informed school environments in general.

Confidentiality

Please be aware that any and all information you share as a part of this process will be kept confidential. Electronic data will be kept on a password protected external hard drive and any copies of forms will be kept in a locked cabinet in my home office. All participants will choose an alias once interest in participating is expressed and the names of all people discussed in the interview will be changed to maintain confidentiality. Minor details of participant narratives may also be changed in order to protect confidentiality.

Participation in this study is completely voluntary and should you choose to participate, you may opt out at any time during the research process. Thank you for your consideration, I appreciate it.

Appendix D: Revised Email Invitation

Subject: Invitation to participate in doctoral research

Overcoming Childhood Adversity: A Collective Case Study on the Influence of ACEs on the

Work of Special Education Teachers

Hello all,

I would like to invite you to participate in my doctoral research. I am currently working toward my Ed.D. in Special Education at Slippery Rock University and have been approved by their Institutional Review Board to begin my research.

Purpose

The purpose of this study is to tell the stories of special education teachers who experienced significant childhood adversity and went on to have successful careers educating students. The focus of my research is how your past experiences have influenced your current work. *You will not be asked to disclose the specific details of your past experiences during the course of this research.*

Research Questions

1. What are special educators' perspectives on the influence of their ACEs on their work as special education teachers?

2. In what ways have special education teachers overcome their ACEs in order to adapt their teaching?

3. How can employers implement trauma-informed care in ways that best support the work of special education teachers who may have experienced ACEs?

Criteria for Participation

If you have experienced Adverse Childhood Experiences (ACEs) and are willing to participate in a minimum of one interview with follow up discussions for collaboration regarding the results of my analysis via zoom or phone, please email me directly at kvw1002@sru.edu. ACEs include physical abuse, emotional abuse, sexual abuse, physical neglect, emotional neglect, mental illness, violence toward mother, divorce/separation, incarceration of a relative, and substance abuse (https://www.joiningforcesforchildren.org/what-are-aces/). They also include witnessing violence, feeling discriminated against, adverse neighborhood experiences, bullying, and living in foster care (https://www.philadelphiaaces.org/philadelphia-ace-survey). You will *not* be required to take the ACEs survey, which can be located online, in order to participate in the study. Participants will be invited to review drafts of my analysis throughout the process, though this is not a requirement of participation. The collaboration will allow for additional data collection and confirmation of data analyses.

Confidentiality

Please be aware that any and all information you share as a part of this process will be kept confidential. Electronic data will be kept on a password protected external hard drive and any copies of forms will be kept in a locked cabinet in my home office. All participants will choose an alias once interest in participating is expressed and the names of all people discussed in the interview will be changed to maintain confidentiality. Minor details of participant narratives may also be changed in order to protect confidentiality.

Participation in this study is completely voluntary and should you choose to participate, you may opt out at any time during the research process. Thank you for your consideration, I appreciate it.

Appendix E: Interview Guide

The interview guide was sent to participants prior to the scheduled interview so they had the opportunity to review the questions in advance. Previewing the guide ensured participants felt safe moving ahead with participating in the study before the interview began.

Disclaimer was read at that start of every interview:

I want to thank you for participating in my research, I appreciate it. I would like to remind you that participation in the study is voluntary and you may choose to stop participating at any time. The focus of my research is how your ACEs have influenced your current work as a special education teacher. Please know that you are not expected or required to share any specific details of your past experiences as a part of this study, though you are welcome to if you choose. To open the interview, I will ask you a few closed-ended questions. To ensure our interview maintains a conversational tone, I will also answer the closed-ended questions to help us become better acquainted before delving into the open-ended questions.

<u>Closed-ended questions (Participant and Researcher will answer):</u>

1. How old are you?

2. With what gender do you identify?

3. For how many years have you been a special education teacher?

4. Which of the following ACEs categories did you experience between the ages of 1 and 17?

    _____ Abuse (physical, emotional, sexual)

    _____ Neglect (physical and emotional)

_____ Household Challenges (mental illness of a family member, incarceration of a

family member, violence toward your mother, parental separation/divorce, and substance

abuse)

_____ Community-level Adversity (witnessing violence, feeling discriminated against,

adverse neighborhood experiences, bullying, and living in foster care)

_____ Other

Open-ended Questions

1. How did you know that you wanted to be a special education teacher?

    a. Follow-up question: How did your ACEs influence your decision to become a

       special education teacher?

2. How have your ACEs influenced your current work as a special education teacher?

3. How have you overcome your ACEs?

    a. Follow-up question: Is there a specific factor, or factors, you mentioned that you

       believe helped you the most to overcome your ACEs?

4. How have those coping mechanisms and strategies you identified influenced your

   teaching practices?

5. How could your employer more effectively support you as a teacher who has experienced

   ACEs?