TRAUMA-INFORMED CARE: EXPLORING THE PERCEPTIONS OF SECONDARY GENERAL EDUCATION TEACHERS

by

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Trauma exposure during adolescence is common and has dramatically increased nationally. Trauma exposure is associated with emotional, mental, and behavioral problems, such as, depression, anxiety, delinquency, substance abuse, suicidality, and posttraumatic stress disorder (PTSD) (Darnell et al., 2019). While new legislation, programs, and school leadership have sought to address these problems, no significant changes have been documented. At the forefront, teachers witness students' mental health needs, in conjunction with declining academic performance, behavior, socialization, and emotional state. Further studies must be conducted to gain the teachers' perspective on trauma-informed care (TIC) in order to provide critical information to educational leadership and policymakers in hopes of solving or at least reducing these problems. Such information was gathered in this phenomenological research study, where interviews were conducted with five secondary general education teachers within public school systems in Southwestern Pennsylvania. Data was collected by asking the participants open-ended questions about their perceptions of trauma-informed care and students with a trauma background. The research questions focused on teacher's knowledge of TIC, school policies on TIC, the vital components, and critical issues of providing TIC to students, the importance of addressing trauma-based mental health needs, and ways districts can provide more support for teachers. Next, the data, via transcribed interviews, was hand coded to ensure a rich and in-depth description is obtained through analyzing data for nuance and phraseology. Using the hand coding through the iterative approach, the investigator explored the major themes and sub-themes within the data by analyzing the frequency of the word or phrases used most often, comparing participant responses, while using guiding theories and research questions. Based upon the results of this study, the following respective themes emerged: secondary general

education teachers' understanding of trauma-informed care is varied; communication, differentiation, and flexibility are current supports implemented to address students' with a trauma background; overall professional development related to trauma-informed care is lacking; and barriers to addressing and supporting students exposed trauma are lack of professional development, training, confidentiality, retraumatization, and lack of communication. Ultimately, these research findings may enhance forthcoming professional development, trainings, best practices, and established literature pertaining to trauma-informed care.

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Ultimately, my faith in God has grounded me and given me the strength to accomplish this dream. God has surrounded me with people who love me unconditionally, support me faithfully, and encourage me continually, for which I will be forever grateful.

DEDICATION

This dissertation is dedicated to my husband, Robert, and my daughters, Talia, and Gianna. Your patience, love, and enduring support has made this possible. I love you with all my heart.

Chapter 1: Introduction

In the present-day classroom, students are exposed to a myriad of trauma, especially in the wake of the recent COVID-19 pandemic. Remarkably, 62% of adolescents, between the ages of 13 -17, have been exposed to at least one or more traumatic events (Darnell et al., 2019). Therefore, it is likely that most classrooms in the United States have students who have experienced or been exposed to trauma. Traumatic events can include psychological, physical, or sexual abuse, community, or school violence, witnessing or experiencing domestic violence, national disasters or terrorism, commercial sexual exploitation, sudden or violent loss of a loved one, refugee or war experiences, military family-related stressors (e.g., deployment, parental loss, or injury), physical or sexual assault, neglect, serious accidents, or life-threatening illness (SAMHSA, 2020). Students who have experienced or been exposed to such trauma, are required to manage the aftereffects in combination with their educational requirements. During this crucial time in development, students struggle with attention, attendance, emotional regulation, mental health, and overall academic success.

Given the commonality of adolescents who have experienced trauma and the strong associations with mental health, educators are faced with the monumental task of addressing these needs (Abraham et al., 2021). Inevitably linked, trauma exposure and mental health issues may be the causation of numerous difficulties academically, emotionally, behaviorally, physically, and interpersonally. According to the Substance Abuse and Mental Health Services Administration (2019), trauma is, “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (para. 2). Being trauma-informed is:

> to understand how violence, victimization, and other traumatic experiences may have impacted the lives of the individuals involved and to apply that understanding to the design of systems and provision of services so they accommodate trauma survivors' needs and are consonant with healing and recovery (Carello & Butler, 2015, p. 264).

Educators who are not trauma-informed may not fully understand the adverse effects and impacts of trauma on adolescents. The World Health Organization (2021) describes mental health as, "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community" (para. 2). Belfied & Davey (2018) define trauma-informed care (TIC) as, "a framework that considers the prevalence of trauma in the general population and the impact of trauma, and the complex paths toward recovery in organizational culture, such as, the underlying beliefs, assumptions, values and ways of interacting that contribute to the unique social and psychological environment of an organization" (p. 4). Trauma, mental health, and trauma-informed care are all connected through their definition of an individual's experiences having an impact on their life. After introducing the dissertation topic, Chapter 1 contains the problem statement, existing research, the significance of the study, delimitations, definition of terms, and summary.

Statement of the Problem

Trauma is a widespread, harmful, and costly public health concern that affects all stakeholders. According to the Child Mind Institute (2021), these affects consist of the social, physical, and mental stability of all stakeholders within a district, with students being the most affected. Recently, reports have indicated strong associations between trauma and mental health, behavioral health, substance use disorders (Foreman & Bates, 2021), and physical health

conditions such as diabetes, COPD, heart disease, cancer, and high blood pressure (The National Council For Behavioral Health, 2013, p. 1). Given the extent of these adverse effects, preventative measures, interventions, and programs may be implemented to address and reduce mental health issues caused by trauma. In an effort to support students, teachers are tasked with providing educational learning experiences for all students, while also managing classroom behaviors, trauma-exposed students, and mental health needs. Without additional training or instruction on how to best facilitate learning for students with a history of trauma, the epidemic is likely to continue impeding academic success and disrupting learning in classrooms, especially those with students who have experienced trauma. Educators who are not trauma-informed may not perceive or respond to students' trauma and its impacts appropriately and could inadvertently cause retraumatization due to ignorance of this phenomena.

At the forefront, teachers observe students' who have experienced trauma, as well as escalating mental health needs. The overarching problem is the lack of teachers' perception on experiencing students with trauma, providing trauma-informed care, and what possible barriers they are facing (Alvarez, 2017). Teachers are responsible for implementing school-based universal interventions and programs such as social and emotional learning (SEL), character education, positive behavior interventions and supports (PBIS), multi-tiered system of support (MTSS), among others, in an effort to address students' mental health and identify students with mental health issues. (Reinke et al., 2011, p. 2). Given this tremendous task, educators must be given a voice to provide possible solutions to this ever-growing problem. Teachers who have experienced students with trauma exposure and mental health issues could provide insight into possible preventions, warning signs, barriers, or gaps in training and professional development that could improve students' overall mental health and provide effective trauma-informed care.

Research Questions

The purpose of this qualitative study is to investigate secondary general education teachers' perceptions of trauma-informed care that emerge as a result of experiences with students with trauma exposure and mental health issues. The research questions focus on the teachers' perceptual experiences, knowledge, and understanding of trauma, trauma-informed care, and mental health. This study contains the comprehensive research questions designated in Table 1 for this qualitative investigation.

Table 1

Research Questions

Coding	Research Question
RQ1	What knowledge and understanding do general education teachers have on trauma-informed care and mental health?
RQ2	What do teachers perceive as vital components, as well as critical issues, in successfully delivering trauma-informed care to students?
RQ3	Why is it important for teachers to be prepared to address students' trauma and mental health needs?
RQ4	In what ways can school districts increase support for general education teachers addressing trauma and mental health needs?

Definition of Terms

There are various terms and acronyms cited throughout this study, in order to have a clear understanding of them, this section contains a list of these terms and their definitions.

Adolescence: is the phase of life between childhood and adulthood, from ages 10 to 19. It is a unique stage of human development and an important time for laying the foundations of good

health. Adolescents experience rapid physical, cognitive and psychosocial growth. This affects how they feel, think, make decisions, and interact with the world around them (WHO, 2021).

Adverse Childhood Experiences (ACEs): are traumatic events that occur during childhood. ACEs can have a significant impact on a person's physical, emotional, and mental health throughout their life (Medical News Today, 2020).

Mental health: a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community (WHO, 2021).

Multi-Tiered System of Support (MTSS)**:** is a standards-aligned, comprehensive school improvement FRAMEWORK for enhancing academic, behavioral, and social-emotional outcomes for all students (PATTAN, 2018).

Positive Behavioral Interventions and Supports* (*PBIS*)*:** is an evidence-based three-tiered framework to improve and integrate all of the data, systems, and practices affecting student outcomes every day (Center on PBIS, 2021).

***School-Wide Positive Behavioral Interventions and Supports* (*SWPBIS*):** a multi-tiered framework to make schools more effective places. It establishes a social culture and the behavior supports needed to improve social-emotional behavioral and academic outcomes for all students (Center On PBIS, 2021).

Social and emotional learning (SEL): is an integral part of education and human development. SEL is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions (Panorama Education, 2020).

Trauma: an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2019).

Trauma-Informed: is to understand the ways in which violence, victimization, and other traumatic experiences may have impacted the lives of the individuals involved and to apply that understanding to the design of systems and provision of services so they accommodate trauma survivors' needs and are consonant with healing and recovery (Carello & Butler, 2015, p. 264).

Trauma-Informed Care: a framework that considers the prevalence of trauma in the general population and the impact of trauma, and the complex paths toward recovery in organizational culture, such as, the underlying beliefs, assumptions, values, and ways of interacting that contribute to the unique social and psychological environment of an organization (Belfied & Davey, 2018, p. 4).

Trauma-Informed Educational Awareness: a school-wide approach to education and a classroom-based approach to student learning that recognizes the signs and symptoms of trauma and responds by fully integrating knowledge about trauma into policies, professional learning, procedures, and practices for the purposes of recognizing the presence and onset of trauma, resisting the reoccurrence of trauma and promoting resiliency tailored to a school entity's culture, climate and demographics and the community as a whole (PDE, 2021, para. 6).

Theoretical Frameworks

Guiding theoretical frameworks help to examine the teachers' lived experiences with trauma, in conjunction with their perceptions on trauma, trauma-informed care, and mental

health preparedness. The following section briefly outlines multiple, universal frameworks that correspond to trauma, trauma recovery, and the treatment of trauma. Comprehensive summaries are provided for the conceptual frameworks utilized for this present study.

Social Learning Theory & Trauma Theory

In order to develop trauma treatments, social learning and trauma theories are collectively applied. While trauma theory addresses both neurobiological and psychological consequences of traumatic life experiences, social learning theory explains how learning to identify, address and implement coping strategies to resolve trauma-related thoughts and to manage emotional and behavioral responses are integral to the effectiveness of trauma recovery models (Cahill & Foa, 2007; Collins et al., 2010). School leadership and educators need to be aware of the tremendous impact that trauma has on students. The provision of trauma-informed care is required to mediate the adverse effects of trauma exposure, including behavioral and mental health issues, in addition to promoting healthy coping strategies with any necessary mental health services.

Trauma-informed Sanctuary Model

Established by Bloom in 1997, the trauma-informed sanctuary model is an organizational approach that advocates a commitment to safe, non-violent environments, communication and decisions implemented in a democratic and open manner, validation of the differing views of all stakeholders within the school setting, including teachers, staff, students, and family members, and, establishing an environment where emotional intelligence, social learning, and social responsibility are appreciated and used (Blitz et al., 2016; Esaki et al., 2013). Ultimately, the purpose of the trauma-informed sanctuary model is to better school culture by training school

personnel and teachers on the impacts of trauma and stress on behavior, to recognize inappropriate behaviors that may be due to trauma exposure and respond with trauma-informed interventions (Esaki et al., 2013). Trauma-informed interventions are applied school-wide in order to provide positive, effective outcomes for teachers, students individually and as a group. This model challenges school leadership, staff, and teachers to view trauma from the perspective of the child, and how they can successfully intervene to promote trauma recovery. As a whole, this model focuses on developing the training of educators and staff to advance the effectiveness of trauma-informed and mental health services being delivered, which will ultimately improve outcomes for students, teachers, school leaders, and personnel.

Methodological Framework

The methodological framework chosen for this study was the phenomenological model. This model was chosen over other methods due to its ability to capture and understand an individual perception of a phenomenon. Describing the purpose of phenomenology, Tracy (2013) states, "phenomenology is focused on richly describing the experiential essence of human experiences and capturing the present living moment "(p. 65). In order to capture the teachers' lived experiences with the phenomenon of trauma, the phenomenological model was the most fitting choice for this study. In combination with this model, the qualitative method was used to collect data from one-on-one interviews. The qualitative method was selected over the quantitative method in order to gain a complete picture of the teachers' experience and reveal themes through their feelings, opinions, and experiences via open-ended responses. According to Tracy (2013), "qualitative methods is an umbrella concept that covers interviews (group or one-on-one), participant observation (in person or online), and textual analysis (paper or electronic)" (p. 4). In light of this, the qualitative method is the ideal method. Combined with qualitative

research, the phenomenological method was used for this study to provide insight and rich description into the teachers' experiences with trauma and their perceptions on trauma, trauma-informed care, mental health preparedness.

Significance of Study

The significance of this study is that the findings and discussions of this research will, first, increase the awareness of the growing effects of trauma in adolescents and mental health issues among U.S. schools. Secondly, this study was conducted to provide practitioners in the field of education, including educational leaders and policymakers, with information regarding what teachers' perceptions are, who have experiences with traumatized students, in regards to trauma-informed care and mental health preparedness, and what possible improvements may be made to treat or reduce the effects of trauma exposure and the related mental health issues.

Summary and Organization of the Study

The following chapters present a summation of the current research study. Chapter 1 details an introduction to the dissertation topic including the statement of the problem, research question, definitions of terms, theoretical frameworks, methodological framework, and the significance of the study. The review of literature presented in Chapter 2 examines the purpose of the study, type of trauma, COVID-19 as trauma, and the prevention and support systems within schools that address trauma. Moreover, discussed within Chapter 2, are trauma-informed approaches and practices, stigma on mental health, legislation, and reviews teachers' role and training in trauma and mental health relevant to the topic. Next, Chapter 3 discusses the methodology employed in the current study, including the conceptual framework and research questions. The findings of the current study will be presented in Chapter 4. To conclude, Chapter

5 presents a summary of the current study and provides recommendations for future research, as well as suggestions for educational leadership and policymakers regarding the findings.

Chapter 2: Review of the Literature

Through a review of literature, several areas were investigated in order to inform a research study on general education perception on traumatized students, mental health preparedness, and TIC. Those areas include the purpose of the study, adverse childhood experiences, types of traumas, trauma prevention and supports, the history and stigma of mental health, legislation, teacher training and responding to student mental health issues.

Purpose of the Study

Every day educators witness students struggling with mental health issues as a result of trauma exposure. Darnell et al. (2019) make note that of adolescents between the ages of 13-17, approximately 62% have been exposed to at least one or more traumatic events throughout their lifetime. The National Council for Behavioral Health (2013) estimates, “More than 33% of youths exposed to community violence will experience Post Traumatic Stress Disorder, a very severe reaction to traumatic events. Nearly all children who witness a parental homicide or sexual assault will develop Post Traumatic Stress Disorder. Similarly, 90% of sexually abused children, 77% of children exposed to a school shooting, and 35% of urban youth exposed to community violence develop Post Traumatic Stress Disorder “(p. 1). The Mayo Clinic (2018) describes post-traumatic stress disorder (PTSD) as a mental health condition that's elicited by experiencing or witnessing a terrifying event and results in symptoms such as, flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the event. PTSD and its symptomology can be extremely detrimental to adolescents mentally, physically, emotionally, and behaviorally (The National Council for Behavioral Health, 2013).

To further prove the connection between trauma and mental health, research has shown that children exposed to trauma experience almost twice as many psychiatric disorders

throughout their lifetimes as those not exposed to trauma (Copeland et al., 2007). According to the World Health Organization (2020), "An estimated 10-20% of adolescents globally experience mental health conditions, yet these remain underdiagnosed and undertreated" (p. 2). Because of this, mental health issues often worsen and can result in a plethora of negative outcomes, including academic struggles, serious behavior issues, and safety risks. (Rossen & Cowan, 2014, p. 8). Diagnosed in the United States, "7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem. 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety. 3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression" (Center for Disease Control and Prevention, 2021, para. 1). National Alliance on Mental Illness (2021) cites that, "Suicide is the 2nd leading cause of death among people aged 10-34 in the U.S." Beyond adolescents, the consequences of untreated trauma exposure and mental health issues continue into adulthood causing physical and mental health impairments, thus stunting opportunities that lead to fulfilled lives (World Health Organization, 2020, p. 1). Furthermore, long-term consequences can also lead to substance abuse, job loss, and incarceration (Rossen & Cowan, 2014, p. 8). As can be seen, millions of people are impacted by trauma and mental health issues.

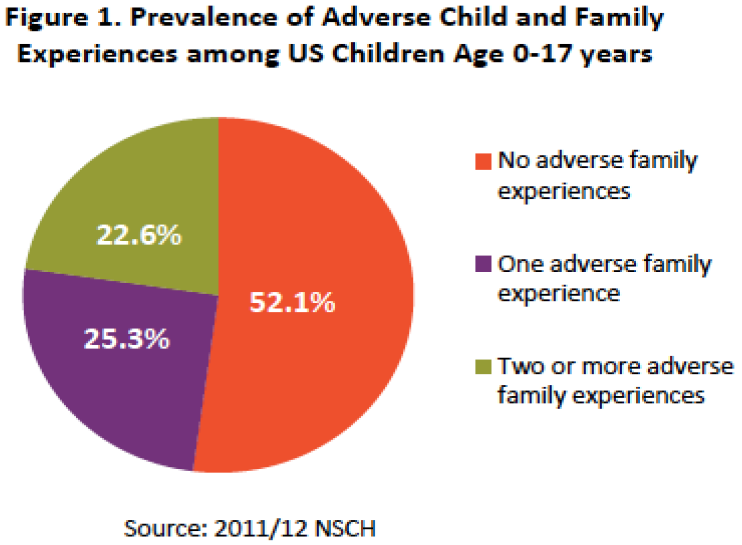
Adverse Childhood Experience (ACE)

Traumatic events, including experiencing violence, abuse, or neglect, witnessing violence in the home or community, or having a family member attempt or die by suicide, can all lead to adverse childhood experiences (ACEs). Specifically, youth violence is a serious nationwide problem and is an adverse childhood experience (ACE) that can lead to impactful life-long challenges, such as mental illness, substance abuse, and problematic physical health (Jones et al., 2020). NAMI (2018) states that "Many risk factors for youth violence are linked to toxic stress

from experiencing ACEs. Toxic stress (extended or prolonged stress) can negatively change the brain development of children and youth" (para. 11). When students are unable to think and respond appropriately due to trauma, educators must be trained to recognize the warning signals and be prepared to use the trauma-informed de-escalation techniques in order to reduce incidences of violence. As reported by the CDC, almost 61% of adults surveyed among 25 states disclosed that they had experienced at least one type of ACE, and approximately 1 in 6 disclosed they had experienced four or more types of ACEs (2021). In light of this, educators, especially in the secondary setting, must have the ability to connect with students, identify students who have experienced trauma, receive the necessary training to de-escalate a volatile situation, and ensure those students receive the mental health support they need. As displayed in Figure 1 and reported in 2013, almost 50%, nearly 35 million, children from age 0 -17, reported one or more adverse child and family experiences. This startling statistic reveals the critical need for trauma-informed care, early identification, and mental health services.

Figure 1

Prevalence of Adverse Child and Family Experiences among U.S. Children Age 0 -17 Years



From 2013 *Nearly 35 million U.S. children have experienced one or more types of childhood trauma*, Jane Ellen Stevens, (https://acestoohigh.com/2013/05/13/nearly-35-million-u-s-children-have-experienced-one-or-more-types-of-childhood-trauma/)

Types of Traumatic Stress

Traumatic stress is defined as the response of an individual, physical or emotional, to a life-threatening event or the psychological well-being of that person or someone close to them (NCTSN, 2008). Traumatic stress can trigger intense emotional and physical responses such as terror, helplessness, and horror, and may present physically with pounding heart, trembling, dizziness, nausea, dry mouth, and throat, or loss of bladder or bowel control (NCTSN, 2008). Individual impacts of traumatic stress vary on the nature of the event, the subjective response, and the time or repetitive exposure to the event. Not all disconcerting events end in traumatic stress, and what may be traumatic for one individual may not be traumatic for another.

Acute Trauma

One type of traumatic stress is acute trauma, which is specified as a single, short-term traumatic event (NCTSN, 2008). Examples of acute traumas are a natural disaster, car accident, physical or sexual assault, school shooting, or the death of a loved one. When the death of a loved one occurs, it is also known as traumatic grief. While all adolescents experience grief, some may experience the loss or death as a traumatic event and suffer the symptoms of traumatic stress. Due to these adverse responses, adolescents may not be able to process their grief and may be amplified by the secondary consequences of the loss, such as moving in with relatives (NCTSN, 2008).

Chronic Trauma

A secondary type of traumatic stress is chronic trauma where an individual experiences multiple traumatic events. Chronic trauma may include exposure to domestic violence, gang-related violence, or child neglect and can have cumulative effects. Each traumatic event may have a cumulative effect due to its reinforcement of prior traumas and their negative impact (NCTSN, 2008). Everyday stress may be almost impossible to handle if an adolescent is exposed to repetitive traumas that can make them feel that the world is an unsafe place.

Complex Trauma

Experts define complex trauma as both exposure to chronic trauma, typically caused by a parent or caregiver, and the impact it has on the individual (Cook et al., 2005). Adolescents who have experienced complex trauma have suffered multiple traumatic events, such as profound neglect, physical or sexual abuse, or community violence from childhood (NCTSN, 2008). Adverse responses to complex trauma include, but are not limited to, social isolation, emotional dysregulation, increased medical problems, behavior problems, developmental issues, and in some instances clinical PTSD. According to the U.S. Department of Veterans Affairs (2019):

> Studies show that about 15% to 43% of girls and 14% to 43% of boys go through at least one trauma. Of those children and teens who have had a trauma, 3% to 15% of girls and 1% to 6% of boys develop PTSD. Rates of PTSD are higher for certain types of trauma survivors" (para. 1).

PTSD can have long-term effects on adolescents if they are not provided with the mental health supports, they desperately require.

COVID- 19 as Trauma

Research from the Appalachia Regional Educational Laboratory (2020) concluded that "For many students, the COVID-19 pandemic is compounding traumatic experiences for diverse reasons, such as potential increased incidents of neglect, abuse, and isolation" (para. 1). As students return to school, Schwartz et al. (2021) warn about a wave of mental health crises, particularly for children and adolescents. Given that most adolescents have experienced at least one traumatic event, these students are at higher risk of the effects of the COVID- 19 pandemic, having been exposed to multiple traumatic events. Adolescents with repeated exposure to multiple traumas are more likely to receive a mental health diagnosis and those who also lived in lower socioeconomic neighborhoods were at even higher risk (Porche et al., 2016). Current and growing research indicates that the most effective way to address the needs of individuals who have experienced trauma is through a system of trauma-informed care (TIC) implemented through a school's existing Multi-Tiered System of Support (Herrenkohl, 2019; Reinbergs & Fefer, 2018; Taylor, 2021). Integrating TIC into the Multi-Tiered System of Support (MTSS) will allow for school leaders and educators to recognize and respond to trauma and mental health needs appropriately through a singular system of support.

Prevention & Support

Given the staggering statistics of students struggling with trauma, educators must establish preventative programs, tools, and strategies to begin to address the significant rise in students exposed to trauma and mental health issues, regardless of diagnosis or educational

placement. Being proactive will have a two-pronged effect that will first allow educators to provide students with a safe, productive, and nurturing learning environment, in addition to improving the overall mental health of students by connecting them to crucial interventions, services, and supports. Ultimately, teachers lack the knowledge and training to both identify students with mental health needs and how to connect them to imperative services (Mazzer & Rickwood, 2015).

Trauma-Informed Framework

Systematically implemented, the trauma-informed approach establishes a framework for realizing, recognizing, and responding to the effects of trauma in a manner that promotes recovery and prevents retraumatization (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Within schools, trauma-informed approaches build a framework based on systems-change strategies that allow essential knowledge on trauma to be incorporated into staff expertise, school culture, and systems of support for students (Cole et al., 2013). The American Psychological Association (APA) (2014) calls for change in system interventions that focus solely on changing individuals but address the contexts that support or impede development and optimal health. Their recommended systematic changes begin with trauma-informed care and ACEs teacher training and follow with the efficacious implementation of TIC school-wide, including Multi-Tiered System of Support (MTSS), School-wide Positive Behavior Interventions and Supports (SWPBIS), and social-emotional learning (SEL). Promoting mental health supports school-wide is evidenced-based and considered a best practice in creating a trauma-informed school. Critical to successful system implementation, students must be appropriately identified in order to begin on their path to recovery.

Trauma-Informed Approach

Distinctive from trauma-informed systems, a trauma-informed approach is inclusive of trauma-specific interventions, encompassing assessments or supports, and integrates core principles of trauma into the school culture. SAMHSA's extensive work and research with trauma have led to four key components to successful implementation. These four core components, are also known as the four "R's", and consist of (a) realizing the effects of trauma on individuals families, and communities, (b) recognizing the signs and symptoms of trauma, (c) responding to trauma and its effects through trauma-informed knowledge integrated into system policies, procedures, and practices, and (d) resisting retraumatization of the individuals through principles of safety, trustworthiness, transparency, peer support, collaboration, empowerment, voice, and being respectful of cultural, historical, and gender stereotypes and biases (SAMHSA, 2014). By utilizing these components, school leadership, and educators can transform their policies, procedures, and practices to support and provide appropriate interventions and services to languishing students.

Identifying Students with Trauma Exposure and Mental Health Needs

Most students experiencing mental health issues are within the general education environment with teachers who have not been trained to identify or address those needs (Kauffman & Badar, 2018). Consequently, school staff often struggle with identifying students with mental health issues prior to a behavioral incident (Edmonds-Cady & Hock, 2008). Given the substantial time spent with students, teachers are in the optimum position to identify externalized or internalized symptoms that may indicate trauma exposure and mental health issues. Woodman et al. (2016) expound on defining these symptoms, "Internalizing symptoms include anxiety, depression, social withdrawal, and fearfulness while externalizing symptoms include overactivity, poor impulse control, noncompliance, and aggression" (p. 2). Specific to

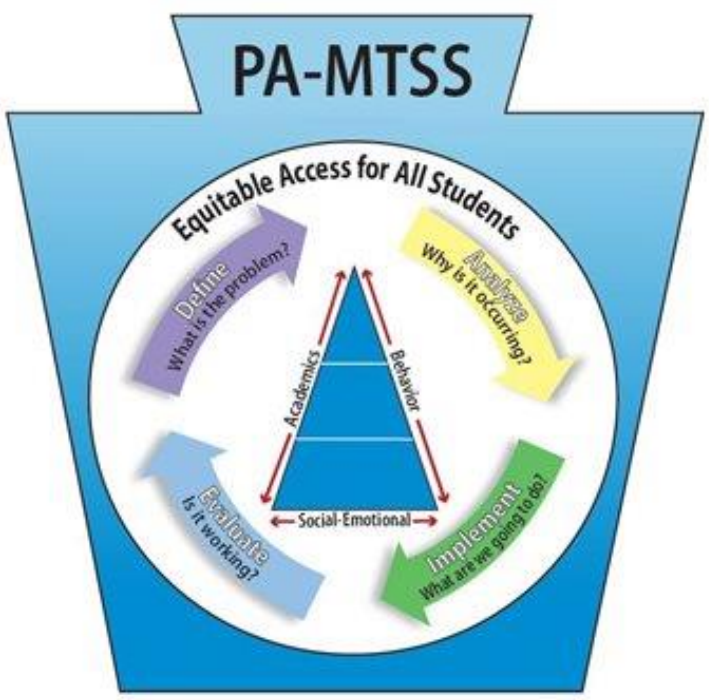
trauma, adolescents may exhibit the following, “feeling depressed or alone, developing eating disorders and self-harming behaviors, beginning to abuse alcohol or drugs, becoming sexually active “(SAMHSA, 2020, para. 4). Educators often attribute these symptoms to purposeful disobedience and may become frustrated by the distracting and stressful classroom environment this creates (Rossen & Cowan, 2014, p. 10). Once teachers are trained in the early identification of students with mental health needs and trauma exposure, they will better understand the symptomatology and the importance of obtaining mental health services for these students. Through the Multi-Tiered System of Support (MTSS), educators can refer students for mental health interventions and services.

Multi-Tiered System of Support (MTSS)

PATTAN (2018) defines Multi-Tiered System of Support (MTSS) as, “a standards-aligned, comprehensive school improvement framework for enhancing academic, behavioral and social-emotional outcomes for all students” (para. 1). For many schools nationwide, MTSS is the catalyst for addressing mental health services, such as SWPBIS, which includes school-wide methods addressing mental health and mental health assessment screening (Brown-Chidsey & Bickford, 2016; Kauffman & Badar, 2018). An MTSS consists of three tiers of intervention, and a team of school staff and administrator(s) that determine which level of intervention a student needs. As Figure 2 demonstrates, students' needs must be defined and analyzed, programs and/or services implemented, and evaluated cyclically to determine their progress and required level of support. Comparatively, Figure 3 exhibits a similar structure, but with a focus on trauma-specific interventions. Being a trauma-informed school requires administration and teachers to have predetermined supports and interventions in place to address trauma-related mental health needs.

Figure 2

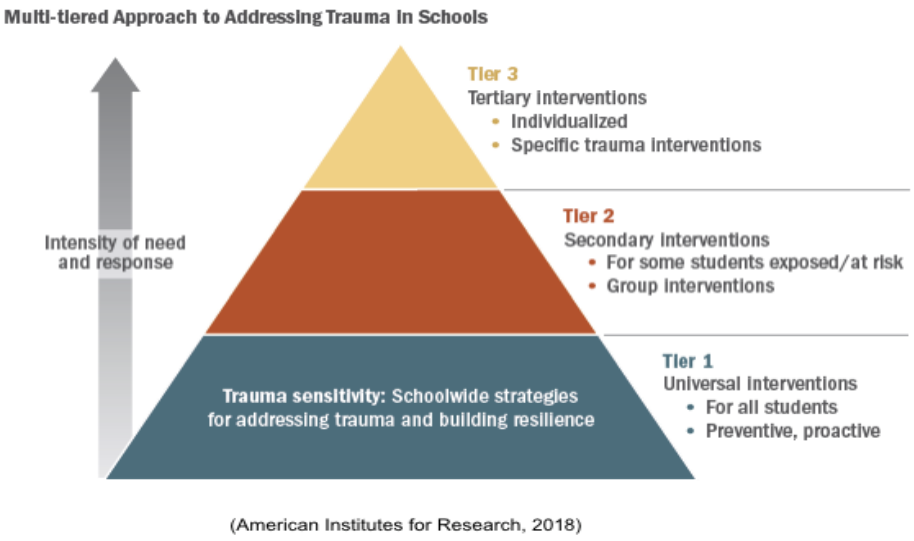
Multi-Tiered System of Supports



From 2021 *Multi-Tiered System of Supports*, by Pennsylvania Training and Technical Assistance Network, (https://www.pattan.net/getattachment/Multi-Tiered-System-of-Support/MULTI-TIERED-SYSTEM-OF-SUPPORTS/MTSSLOGOnew82019.JPG?width=350&height=336)

Figure 3.

Multi-tiered Approach for Addressing Trauma in Schools



From 2021 *Trauma-Sensitive Schools*, by American Institutes for Research, (https://mtss4success.org/special-topics/trauma-informed-care)

Tiers

The first tier is universal intervention that is provided to all students and is composed of academic instructional practices, SEL programs, restorative practices, and efforts related to equity and positive school climate via SWPBIS. In totality, Tier 1, should positively impact most students and address their trauma-related needs. Also, within Tier 1, are universal screenings, such as academic progress-monitoring, behavior referral data, school climate and safety assessments, trauma screening, and social and emotional screening tools (Brown-Chidsey & Bickford, 2016; Desrochers, 2015). If students do not respond to Tier 1, as identified by the screening procedures, the MTSS team can refer the student to Tier 2.

Providing targeted interventions, Tier 2 is designed for students who may be at risk for academic, behavioral, or social and emotional issues. Tier 2 interventions can include the check-in checkout strategy, social skills groups, mentoring, and small group sessions with a guidance

counselor or school psychologist utilizing trauma-focused cognitive-behavioral interventions. If Tier 2 is ineffective, students will be recommended for the third tier by the MTSS team, which is an individualized intervention that may consist of, "consist of (a) conducting a functional behavior assessment and developing an individualized behavior plan; (b) direct student-level mental health services provided by a counselor, school psychologist, or school social worker; (c) additional coordinated mental health services with community agencies; or (d) possible identification for special education" (Marsh & Mathur, 2020, p. 69). Tier 3 provides targeted interventions to students, including individualized, trauma-focused cognitive-behavioral intervention or controlled therapeutic exposure sessions with a guidance counselor, school psychologist, or school social worker. Tiers of support build on one another, and students have access to all intervention levels. Based on student needs, each tier is an added level of intervention that is supported by the previous tier (Brown-Chidsey & Bickford, 2016).

Effects of MTSS

Notably, Rossen & Cowan (2014) state, "From wellness to serious illness, a student's mental health status is integral to how they think, feel, interact, behave, and learn" (p. 11). Within the MTSS model, students experiencing the effects of trauma, including mental health needs, are able to obtain the individual level of intervention and services necessary to thrive once again. The effective use of MTSS allows for: the integration of mental health services in correlation with academic and behavior supports, reduces inappropriate special education referrals, coordination of interventions for all students, and facilitates community agencies to meet student needs (Rossen & Cowan, 2014).

The National Center for Education Statistics (2019), using the 2017–18 School Survey on Crime and Safety (SSOCS) data, reported that about 51 percent of public schools, or 42,200

schools, provide diagnostic mental health assessment services to evaluate students for mental health disorders, while only 38 percent of public schools, or 31,500 schools, offered mental health treatment services to students for mental health disorders. Although there are a significant number of students receiving treatment, there is clearly a gap between student evaluation and treatment. Utilizing the MTSS model and community agencies, schools can close this gap and provide the crucial treatment these students need. In most communities, schools are “the largest de facto provider of mental health services" (Foy & Perrin, 2010, p. S79). With this in mind, policymakers and school leaders should consider the requirement of the MTSS and Trauma-Informed framework for all schools.

Social-Emotional Learning (SEL)

Social and emotional learning (SEL) is a cornerstone of human development in which individuals learn, develop, and employ these skills through maintaining a healthy identity, managing emotions, setting goals, demonstrating empathy, cultivating healthy relationships, and making effective and empathetic decisions (Panorama Education, 2020). Durlak et al. (2011) conducted a meta-analysis of school-based SEL interventions of 213 studies that included 270, 034 students. Following SEL interventions, their research concluded that students demonstrated enhanced SEL skills, attitudes, and positive social behaviors. In addition, students demonstrated fewer conduct problems, lower levels of emotional distress, and had significantly improved academic achievement (Durlak et al., 2011). Despite their positive findings, these researchers note that effective leadership, planning, support, professional development, and technical assistance, in correlation with program assessment and accountability systems, are required for effective evidence-based program implementation and the promotion of students’ academic, social, and emotional growth (Durlak et al., 2011). SEL programs should be evidence-based, and

trauma-informed instruction should be woven throughout the lessons, activities, and practices. Trauma-informed instruction focuses on creating a safe and nurturing environment where students feel connected, teaching self-help skills, coping skills, and how to manage your emotions. Without these supports and systems, effective SEL program implementation is not possible and in consequence, no positive impacts should be expected for students.

School-wide Positive Behavior Interventions and Supports (SWPBIS)

As defined by the Center on PBIS (2021), School-wide Positive Behavior Interventions and Supports (SWPBIS) is, "a multi-tiered framework to make schools more effective places. It establishes a social culture, and the behavior supports needed to improve social-emotional behavioral and academic outcomes for all students" (para. 2). SWBIS is considered a Tier 1 intervention within the MTSS framework that supports all students. Despite being one of the most popular preventative frameworks, SWPBIS is only employed in about 18% of all schools (Freeman et al., 2016; Molloy et al., 2013). However, teachers may still develop a classroom management system using SWPBIS interventions, such as a reward system for appropriate social behavior, class-wide positive reinforcement, and individual positive reinforcement to support the mental health needs of their students. Implementing SWPBIS allows teachers to identify students struggling with trauma exposure and mental health and refer them for additional support through MTSS.

Trauma-Informed De-escalation

Intertwined, trauma exposure and mental health issues within the school setting create an unpredictable and possibly unsafe environment. Untreated trauma and mental health issues can emanate into a myriad of life's aspects, including social, physical, emotional, and behavioral, and

eventually lead to a mental health crisis. Stressors such as trauma, conflict, loss, change, loneliness, failing grades, and excessive worry can all lead to a mental crisis (National Alliance on Mental Illness, 2018; Rossen & Cowan, 2014). The National Alliance on Mental Illness (2018) defines mental health crisis as, "any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community" (p. 5). To avoid such a crisis, educators must be observant and preventative measures must be taken. Some common warning signs of a mental health crisis are the inability to perform daily tasks, major mood swings, threats, failed relationships, and suicide attempts. Educators must be aware of these warning signs, as well as how to de-escalate the crisis. Once a teacher observes a student's agitation rising, they can use preventative interventions including removing the student from the setting or activity, redirection, teacher empathy, relaxation techniques, such as deep breathing, or student choices. If a student continues to escalate, the following de-escalation techniques can be used: keep your voice calm, avoid overreacting, give them personal space, listen to the person, ask how you can help, offer options instead of trying to take control, and use physical intervention as a last resort if trained to do so and if individuals are in imminent danger (NAMI, 2018).

Trauma-Informed Educational Practice (TIEP)

The purpose of Trauma-Informed Educational Practice (TIEP) is for educators to recognize the problematic educational environment trauma survivors are required to function in and provide evidence-based, trauma-informed approaches, practices, and supports that will impact students in a significantly positive way. Research conducted by multiple clinical educators discovered, through their experiences teaching trauma-informed courses, it is vital to instruct on self-care skills, respond to students' emotionally and intellectually, build students'

support networks in and out of the classroom, and establish and maintain appropriate boundaries (Black, 2006; Cunningham, 2004; Graziano, 2001; Mattar, 2011; Miller, 2001). Efficacious TIEP also includes teachers and support staff acknowledging and responding to students with TIC, if students are overwhelmed and disengaged provide a break, be emotionally present, demonstrate a continuous positive attitude towards all students, and facilitate the growth of strong relationships to remedy negative associations due to trauma, and enhance student's interpersonal connections by encouraging participation in the classroom setting and extracurricular activities (Cole et al., 2005; Crosby, 2015; Perry, 2009). Furthermore, TIEP challenges educators to remain calm and not retaliate when students behave inappropriately, do not engage in power struggles, instead provide choices, maintain realistic, high expectations to exhibit student value, and maintain structured, predictable routines in an environment where students feel safe and calm. (Crosby, 2015; Perry, 2009). In regards to student interactions, teachers should be cognizant of bullying or harassment, and resolve the conflict before retraumatization occurs. Students can observe how to successfully resolve a conflict, and still maintain their sense of well-being. Given the extensive nature of TIEP, professional development should be provided by school administration so teachers can successfully implement these principles, practices, supports, and interventions within the classroom.

Stigma on Mental Health and the Impact of the Student Mental Health Crisis

Culturally, there is a stigma that surrounds mental health (Corrigan et al., 2005; Liegghio, 2017; Overton & Medina, 2008; Schachter et al.,2008). Schachter et al. (2008) describe it best, "Stigmatizing, or discriminatory, perspectives and behavior, which target individuals on the basis of their mental health, are observed in even the youngest school children "(pg. 1). The stigma often stems from the lack of knowledge on mental health, and exposure to individuals with

mental health issues (Liegghio, 2017; Schachter et al.,2008). To further cultural perspective on stigma, Liegghio (2017) states, “stigma perpetuates an ‘us versus them’ mentality and sets up a hierarchy of privilege and disadvantage supported by a binary normal versus abnormal view of mental health “(pg. 300). Due to this extreme stigma, over half of people struggling with mental illness don’t receive help (American Psychiatric Association,2020; Mental Health America, 2020).

Overcoming mental health stigma is an ongoing struggle nationwide. Research has concluded that the leading way to reduce stigma is by connecting with individuals with lived experience with mental illness and long-term commitment to (Rossler 2016; Schachter et al.,2008). Confirming this research, a national survey, of youth from 14- to 22-year-olds, was conducted by the Well Being Trust (2020) and discovered that 90 percent of youth experiencing symptoms of depression are researching mental health issues online and most (75 percent) are accessing other people's health stories through blogs, podcasts, and videos. According to the survey, about three in four youth seeking information online about depression said they were looking for personal anecdotes from people who had suffered in the past (Well Being Trust, 2020).

Addressing the nationwide problem, social marketing campaigns can be an effective tool for reducing stigma (American Psychiatric Association, 2020; Collins et al., 2019). A recent research study, conducted by Collins et al. (2019), examined the effectiveness of an anti-stigma social marketing campaign in California. The results were increased mental health service use via helping people better understand symptoms of distress and increasing awareness that help is available. These researchers estimated that if all adults with probable mental illness were exposed to the California mental health campaign, there would be an 11% increase in receiving

mental health treatment versus if they had not seen the campaign. Another such social marketing campaign to increase awareness is celebrities, such as Demi Lovato, Dwayne "The Rock" Johnson, Michael Phelps, Taraji P. Henson, and Lady Gaga have publicly shared their stories of mental health challenges and brought the discussion into the general media and everyday dialogue (American Psychiatric Association, 2020). In conjunction with social marketing campaigns, research also shows that early and ongoing school-based interventions help to reduce and prevent mental health stigma (Corrigan et al., 2005; Liegghio, 2017; Schachter et al., 2008).

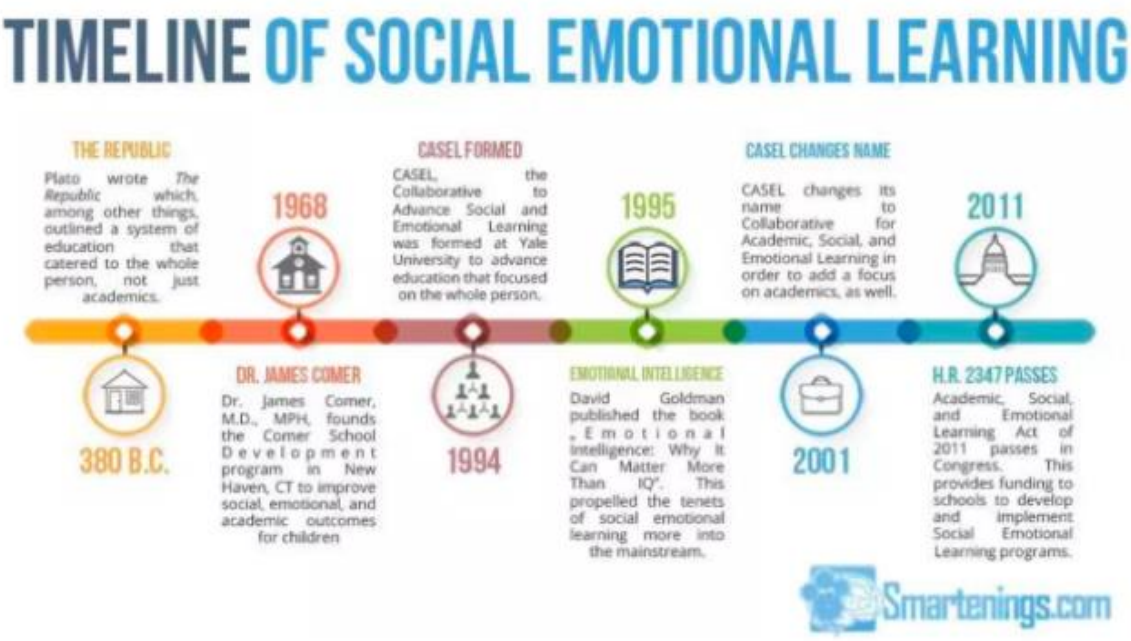
Trauma and Mental Health Legislation

Academic, Social, and Emotional Learning Act of 2011

Clearly seen in Figure 4, SEL's progression is documented from 380 B.C. when Plato challenged to educate the person as a whole until 2011 when the Academic, Social, and Emotional Learning Act passed into law. Federal leadership acknowledged the need for SEL training and programs to be implemented nationwide. Funded under the Teacher and Principal Training and Recruiting Fund program, school leadership and educators were trained to address the social and emotional development needs of all students (Library of Congress, 2011). Allocated within the training are classroom instruction and school wide programs that allow students to gain the social and emotional knowledge, attitudes, and skills needed to be successful both inside and outside of the classroom.

Figure 4

Timeline of Social Emotional Learning



Note: From "How 7 EdTech Companies Are Tackling SEL", *ProjectEd.* (https://projected.com/blog/2018/9/4/how-7-edtech-companies-are-tackling-sel). Copyright 2019 ProjectEd.

Every Student Succeeds Act (ESSA) of 2015

Significant mental health legislation was passed in 2015 through The Every Student Succeeds Act (ESSA) reauthorizing the 50-year-old Elementary and Secondary Education Act (ESEA). Providing a momentous opportunity to increase access to students who need school-based psychological intervention services. Provisions within ESSA consist of making students' mental and behavioral needs a priority and supplying funding to assist with those needs. Acknowledging the link between students' mental health and prevention of hazardous behaviors, the ESSA administers funding for the following targeted interventions and supports:

- Implement multitiered systems of support (MTSS), positive behavior interventions and support, or other school-wide tiered models to address the social-emotional, behavioral, and mental health needs of all students.
- Administer universal mental and behavioral screening and provide early intervention for at-risk students.
- Increase access to comprehensive school mental and behavioral health services, including wellness promotion.
- Improve quality and effectiveness of family engagement and school community mental health partnerships.
- Provide mental health first aid and other professional development and training for relevant school staff (National Association of School Psychologists, 2016, p. 3)

Resilience Investment, Support, and Expansion from Trauma Act (RISE from Trauma Act) of 2019

An additional key piece of legislation is the Resilience Investment, Support, and Expansion from Trauma Act, or the RISE from Trauma Act was introduced to the House in June 2019. Extending and establishing programs, this bill would allow for the coordination and provision of support services for infants up to youth, and families who have experienced or may experience, trauma. If the bill passes, the summary of the programs provided by the Library of Congress (2019) are:

- grants to establish coordinating bodies to create strategic plans to address trauma based on community needs;

- extending through FY2024 the performance partnership pilot program for children who have experienced trauma;
- recruiting individuals from communities that have high levels of trauma into the AmeriCorps and the National Health Service Corps programs;
- grants providing comprehensive services and long-term case management to individuals who have been admitted to hospitals for drug overdoses, suicide attempts, or violent injury;
- grants to states to ensure that health insurance plans comply with mental health parity rules;
- grants providing arts programming for children who have experienced trauma; and
- reporting and guidance-issuing requirements for various agencies relating to how federal programs are addressing trauma (para. 1).

Additionally, the bill establishes (1) clinical and early childhood workforce development programs, (2) training and support programs, and (3) toolkits for front-line service providers. The bill also (1) provides grants for clinical training in institutions of higher education, (2) expands the Teacher Quality Partnership grants program, (3) provides grants to support and prevent childhood exposure to substance abuse and violence, and (4) establishes the National Law Enforcement Child and Youth Trauma Coordinating Center to assist local juvenile justice agencies (para. 2).

Mental Health Services for Students Act of 2020

Most recently, the Mental Health Services for Students Act of 2020, which is a revision and extension to the Public Health Service Act. This bill, administered by the Substance Abuse and Mental Health Services Administration, provides specific statutory authority for the Project AWARE (Advancing Wellness and Resiliency in Education) State Educational Agency Grant Program (Library of Congress, 2020). The program supports school-based mental health services, including screening, treatment, and outreach programs. Programs are utilized by children dealing with traumatic experiences, risk of suicide, and violence.

Teacher Role in Student Mental Health

Importantly, Rossen & Cowan (2014) state, "Schools are both ground zero for the effects of mental health problems in children and youth and critical players in providing services" (pg. 8). Teachers are on the frontlines of students exposed to trauma and increasing mental health issues, and schools are the primary locations where students receive services (Dix et al., 2019; Rones & Hoagwood, 2000; Rossen & Cowan, 2014). In fact, Rossen & Cowan (2014) found that between 70% to 80% of students who receive mental health services initially receive them at school. Meldrum et al. (2009), Dix et al. (2019), and Rossen & Cowan (2014) surmised that teachers are the leading connection between mental health interventions and students with mental health issues, and teachers are in a unique position to identify possible internal or external issues, that lead to earlier intervention pivotal in preventing long term mental health problems. Teachers may bridge the gap between students' needs and mental health services, but there are still many barriers to overcome and students to be aided.

Barriers for Teachers

Common barriers for teachers are lack of training, strategies, and supporting teachers dealing with students demonstrating severe emotional, behavioral, or social difficulties (Moon et al., 2017; Reinke et al., 2011; Rothi et al., 2008). Reinke et al. (2011) reported that in their research study only 34% of teachers felt that they had the skills to support students with mental health needs. Although this may be true, teachers admittedly take responsibility, as part of their job, to intercede for students displaying mental health problems (Ekornes, 2017; Mazzer & Rickwood, 2015; Moon et al., 2017; Reinke et al., 2011; Rothi et al., 2008). Teachers choose to address these problems for a two-pronged purpose: they genuinely care about the well-being of their students and realize the connection between mental health issues and the negative impact on student learning (Mazzer & Rickwood, 2015; Reinke et al., 2011). Notably, Reinke et al. (2011) deduce that "If teachers believe they should play a role in addressing the mental health needs of children, but lack adequate knowledge or skills to do so, transporting effective practice to schools will require intervention developers to include effective training and ongoing consultation/coaching as part of dissemination practices" (pg. 9).

Teacher Training on Trauma and Mental Health

Act 71 of 2014

Pennsylvania Department of Education (PDE) (2021) Act 71 was passed in 2014 as House Bill 1559. The law requires every school district in Pennsylvania to: adopt a set of policies and procedures for suicide prevention in their district, post this policy on the school website, train all educators in grades 6-12 in suicide prevention for a period of 4 hours every 5 years, and requires that student education be included in the school's suicide prevention policy.

Act 44 of 2018

Correspondingly, Act 44 of 2018 requires school districts to annually conduct school security drills, but it does not "explicitly" require "active shooter drills," said Pennsylvania Department of Education spokesman Eric Levis. According to the Pennsylvania Department of Education (2021), this law specifically requires school entities to:

1. Appoint School Safety and Security Coordinators;
2. Establish mandatory school safety training for school entity employees, and
3. Establish standards for school police, school resource officers, and school security guards.

Furthermore, Act 44 developed the School Safety and Security Committee within the Pennsylvania Commission on Crime and Delinquency (PCCD) and, "was tasked with developing the criteria school entities are to use in performing school safety and security assessments, issuing a survey to school entities to measure school safety and security preparedness and administering grants" (Pennsylvania Commission on Crime and Delinquency, 2021, para. 1). The School Safety and Security Committee created a guide with specific school safety and assessment criteria including situational awareness, trauma-informed educational awareness, behavioral health awareness, suicide prevention and awareness, bullying prevention/awareness, substance awareness, and emergency training drills. Moreover, Act 44 established the Safe2Say Program in the Attorney General's Office. This program teaches youth and adults how to recognize warning signs, particularly within social media, from individuals who may be a threat to themselves or others and report these concerns confidentially to help prevent violence and tragedies (Safe 2 Say Something, 2021, para. 1).

Specific to mental health training in Act 44, are trauma-informed educational awareness, behavioral health awareness, also referred to as mental health by the PDE, and suicide prevention and awareness. Trauma-informed educational awareness is defined by PDE (2021) as, “a school-wide approach to education and a classroom-based approach to student learning that recognizes the signs and symptoms of trauma and responds by fully integrating knowledge about trauma into policies, professional learning, procedures, and practices for the purposes of recognizing the presence and onset of trauma, resisting the reoccurrence of trauma and promoting resiliency tailored to a school entity's culture, climate and demographics and the community as a whole" (para. 6). Pennsylvania school districts are required to incorporate this into their professional development. Although not required, PDE encourages school districts to implement an evidence-based social and emotional learning (SEL) program and training. In conjunction with Act 71, Act 44 also mandates Suicide Awareness training for school entities every five years.

Act 44 also includes teacher training elements for school violence such as situational awareness, bullying prevention and awareness, and emergency training drills. Situational awareness is defined as, “being aware of what is happening around you in terms of where you are, where you are supposed to be, and whether anyone or anything around you is a threat to your health and safety” (PDE, 2021, para. 4). Pennsylvania Emergency Management Agency (PEMA) provides school resources and training on comprehensive disaster response and emergency preparedness plans, including school safety plans. In like manner, mandated teacher training for Bullying Awareness is required every five years. In order to prevent youth violence, students are encouraged to utilize the Safe2Say Program which teaches students how to recognize warning signs and signals, specifically within social media, from individuals who may be a threat to

themselves or others. PEMA also provides school resources and training on emergency training drills for fire, natural disaster, active shooter, hostage situation, and bomb threat.

Summary

Due to the staggering number of adolescents who experience trauma and mental health issues, there is a considerable need for this study. Mental health issues and trauma are synonymously linked, and if left unchecked, cause long-term consequences well into adulthood. In summation, this review of literature outlines a myriad of components addressing trauma and mental health that are plaguing schools worldwide. Legislation that was in consequence to trauma exposure and mental health, was an essential piece of this literature review. In enacting these mandates, federal leadership was acknowledging the nationwide adverse effects of trauma and mental health. These mandates provided funding, requirements, and programs that enabled schools to establish and implement necessary supports, interventions, and teacher training to aid students grappling with mental health needs as a result of trauma.

Additional research on the teachers' perception of trauma, trauma-informed care, and mental health preparedness is incumbent to understand the preventative measures that may be taken to reduce the negative and culminating effects of trauma. Teachers' perceptions of trauma and mental health are indispensable to providing legislators and leadership with critical data to create and implement proactive SEL, TIC, and mental health programs in correlation with consistent professional development in mental health preparedness and dealing with students' trauma. Moreover, educators' perceptions may supply personal acuity into barriers or gaps in training and professional development that could enhance the efficacious implementation of said interventions and programs.

Chapter 3 discusses the methodology employed in the current study, and how the data will be collected. Furthermore, it includes the conceptual framework, research questions, and how the data will be analyzed. Concluding Chapter 3 is the site permission, presentation of results, sources of data, and procedures.

Chapter 3: Methodology

The foundational intention of qualitative research is to generate knowledge rooted in human experience in a meticulous and methodical manner to produce authentic and credible results (Nowell et al., 2017; Sandelowski, 2004). Qualitative methodology provides a rich and holistic approach that focuses on the phenomena of individual experiences, creating original insight and understanding on issues. Researchers are able to broaden or expand our understanding of how things came to be the way they are in our social world via qualitative inquiry (Zamawe, 2015). Moreover, qualitative researchers emphasize the validity of their studies through flexible investigations that build consequential connections via open-ended questions and in-depth interviews (Taylor et al., 2015).

Specifically, phenomenology will be implemented due to its ability to capture the pre-reflective human experience by providing a rich description through words, phrases, and language (Tracy, 2013). Phenomenology was selected over other qualitative methods because it is able to capsulate the essence of individual, subjective experiences and analyze it through the connection of expressed language (Tracy, 2013). Strategically implemented, this researcher will use perceptions, words, and descriptions in order to uncover themes that may lead to improved professional development, best practices, and school policies.

The purpose of this phenomenological study was to explore the teachers' perception of trauma, trauma-informed care, and mental health preparedness in the secondary setting. The goal of this study was to obtain data by studying the lived experiences of teachers who work with students that have a trauma background. Trauma and mental health issues are serious public health problems that have increased exponentially over the past decade with consequences ranging from bullying to murder or suicide (CDC, 2020; NAMI 2018).

This study utilized open-ended interview questions to search for emerging trends of student trauma, TIC, and mental health preparedness. The sample size was 5 participants. The interview process was conducted in order to ask teachers to discuss feelings or experiences with students exposed to trauma, and their level of mental health preparedness and trauma-informed care. After a collection of all the data, the researcher utilized the hand coding method to analyze the data and determine any common trends. The timeline for this research study began in February 2022 and ended in May 2022.

Results of this study provide insights into the teachers' perception of students experiencing the effects of ACEs, traumatic stress, and possible mental health issues as a result, and if they felt they were sufficiently prepared to attend to their mental health needs. Educators' perceptions provide school leaders, educators, and all stakeholders with theoretical knowledge to assist in the treatment and recovery of students affected by trauma. This theoretical knowledge could also be used to create, implement, or revise TIC, TIEP, and mental health programs. From this data, professional development could be designed or obtained to assist teachers in providing mental health aid to students, in addition to, identifying and connecting these students to mental health supports. The balance of this chapter targets procedural methods, sample size, selection processes, data collection, and analysis.

Participants

This study explored the perceptions of general education teachers regarding trauma-informed care and traumatized students. Accordingly, a small sample of certified general education teachers were utilized as the primary demographic. All participants were employed within public-school districts located in Southwestern Pennsylvania. Additionally, general

education teachers will have at least five years of teaching experience. Demographic characteristics are detailed in Table 2.

Table 2

Sample Demographics

Participant	Gender	Years of Service	District	District Population (Approximate)
P1	Male	+ 20	D1	3,500
P2	Male	+10	D2	3,000
P3	Female	+10	D1	3,500
P4	Male	+5	D3	5,300
P5	Female	+10	D3	5,300

Note: District population reflects data from 2021-2022 school year.

This study will include five general education teachers from public school systems in Southwestern Pennsylvania that were obtained through purposeful sampling. They will participate throughout the two-month investigation process. Tracy (2013) explains that good qualitative researchers utilize, "purposeful sampling, which means that they purposefully choose data that fit the parameters of the project's research questions, goals, and purposes (p. 82). All participants fulfilled the parameters of the study through their secondary general education certification and at least five years of teaching experience.

Site Permission

This study was approved by the Slippery Rock University Institutional Review Board (IRB) to ensure the human rights protection of the teachers who participated in the study by acting as the regulatory oversight board. Upon receiving approval, an introductory email was

sent to certified secondary general education teachers in February of 2022. In receipt of an acceptance to participate, a formal letter of request was disseminated also including a detailed contract of agreement. Outlined in these documents were participant requirements and an overview of the study, including various sources of data collection, risks, benefits, and data analysis.

Data Collection

Phenomenological study techniques, in combination with open-ended questions, were utilized for interviews and as the primary means for data collection (Ataria, 2014; Englander, 2016). In order to accurately collect and capture participants' thoughts and perceptions, a recorded online video conferencing program, Zoom, was employed in this phenomenological study during the open-ended questions. Scheduling for the interview was based on the participants' availability after school hours. The interviews lasted up to 60 minutes to allow all participants to fully answer each question without restrictions. Permission was granted by the participants to record conversations and conferences as stated in the Written Informed Consent and Photo/Video/Audio Release Form. Recordings were saved on a password-protected computer under the selected pseudonym.

Semi-structured interview questions and open-ended questions were utilized to allow participants to open up and express their detailed personal experiences of the teachers' perceptions of student trauma and mental health preparedness. According to Tracy (2013), "Semistructured interviews are more flexible and organic in nature. This less structured interview guide is meant to stimulate discussion rather than dictate it" (pg. 158). This purposeful choice of the interview allowed ideas, experiences, and knowledge to be freely shared and explained by the participants' own perceptions and provide a window for this researcher to explore common themes and connections. The four integral research questions were the

foundation and guide to the formulation of the semi-structured interview and open-ended questions. Interview questions were created to evoke participants' experiences with student trauma, TIC, mental health preparedness, and conducted systematically to gather as much information about the phenomenon. The protocol utilized in the collection of data was one-to-one interviews and was transcribed from the video recording to text format.

The protocol for the interviews included sending a password-protected link for a video conference meeting, via email, to the participant for the scheduled date and time. All participants were reminded of the purpose of the study, the option of a break, the option to skip a question, and the withdrawal technique. Choosing to continue, the participants were asked the open-ended interview questions and were given ample time to answer each question fully. Throughout the interview process, the interviewer remained neutral in regard to reactions, and patient so the participant felt comfortable and did not feel hurried for responses (Englander, 2012 & Tracy 2020). When the interviews were completed, the participants were reminded of the withdrawal procedures and thanked for their participation and time.

To ensure the authenticity of the data, member checking will be utilized. Member checking is a technique for confirming the credibility of the data collected (Birt et al., 2016). Once the interviews are transcribed, the data will be emailed to the participants to review the data to verify its accuracy and emulates their experiences. After participants have confirmed the data for accuracy, the process of data analysis will commence.

Table 3

Research and Interview Questions

Research Questions	Interview Questions
RQ1: What knowledge and understanding do general education teachers have on trauma-informed care and mental health?	Describe your experience as a general education teacher, including years of professional service. What is your understanding of trauma-informed care? Describe your experiences with students that have a trauma background. What, if any, warning signs have you observed from students with a trauma background? How were you able to address their trauma?
RQ2: What do teachers perceive as vital components, as well as critical issues, in successfully delivering trauma-informed care to students?	Describe what are vital components in successfully delivering trauma-informed care to students? Describe what are critical issues or barriers in successfully delivering trauma-informed care to students?
RQ3: Why is it important for teachers to be prepared to address students' trauma and mental health needs?	Why is it important for teachers to be prepared to address students' trauma and mental health needs?
RQ3: In what ways can school districts increase support for general education teachers addressing trauma and mental health needs?	Describe what administrative support allows you to address students' trauma and mental health needs? Describe what professional development or training you have received to effectively address students' trauma and mental health needs? What increased support would enable you to better address students' trauma and mental health needs?

Data Analysis

The next step in this study is interpretive phenomenological analysis (IPA). Frost (2011) expresses the significance of IPA as follows, "the process of making sense of experience is inevitably interpretative, and the role of the researcher is trying to make sense of the participant's account is complicated by the researcher's own conceptions" (pg. 44). Researchers have the responsibility of interpreting the data in a way that limits bias and based solely on the evident emerging trends to avoid any possible misrepresentation of the results. Tracy (2020) suggests that researchers should take deliberate measures to protect and limit the data and analyses from being affected or contaminated by personal biases, and utilize measurement devices that are objective and detached from the study to ensure factual and systematic analysis.

In light of this, the researcher will hand code data for this study to ensure a rich and in-depth description is obtained through analyzing data for nuance and phraseology. The data, via transcribed interviews, will be analyzed through three cycles. In the first, or primary cycle, the researcher will identify segments of data as initial, descriptive codes, the secondary cycle synthesizes the most significant codes into a systematic framework that establishes concrete themes, and the third cycle consists of reflecting on the data to analyze it into the correct theme, as well as revising themes if necessary (Tracy, 2013). This method of analysis supported the interpretation of anecdotal documentation and increased the authenticity and validity of the research.

Utilizing the iterative approach method was crucial to answering the given research questions through perceptual patterns and/or themes. The iterative approach is when the researcher, while analyzing data, "alternates between considering existing theories and paying heed to emergent qualitative data" (Tracy, 2013, p. 24). The theories used for this study were social learning and trauma theories, and the trauma-informed sanctuary model.

Presentation of Results

The primary purpose of this research study was to examine the general education teachers' perceptions of traumatized students, TIC, and mental health preparedness. The results from the hand-coding provided emerging themes that were identified from the participants' responses. Phenomenology methodology was used for the explanation of opinions and perceptions of student trauma and mental health preparedness by the teachers who experienced it. This design included a purposeful sample of secondary general education teachers utilizing open-ended questions and was appropriate for describing their shared lived experiences and perceptions (Tarozzi, 2010). Every teacher who participated shared several perceptions of lived experience in regard to student trauma, TIC, and mental health preparedness. Participants also shared recommendations for school leaders to help provide more support in providing mental health and trauma-informed resources.

Using the hand coding through the iterative approach, the investigator explored the major themes and sub-themes within the data by analyzing the frequency of the word or phrases used most often, comparing participant responses, while using guiding theories and research questions. The investigator presented each research question and subquestion individually and provided major themes and sub-themes with direct quotes so the reader could connect the themes with the participants' experiences and perceptions.

Summary

Provided in this chapter, is an overview of the methods used in conducting this research study. The phenomenology methodology was used as the framework from where the research questions were developed, which is then discussed in detail. The information on the participants

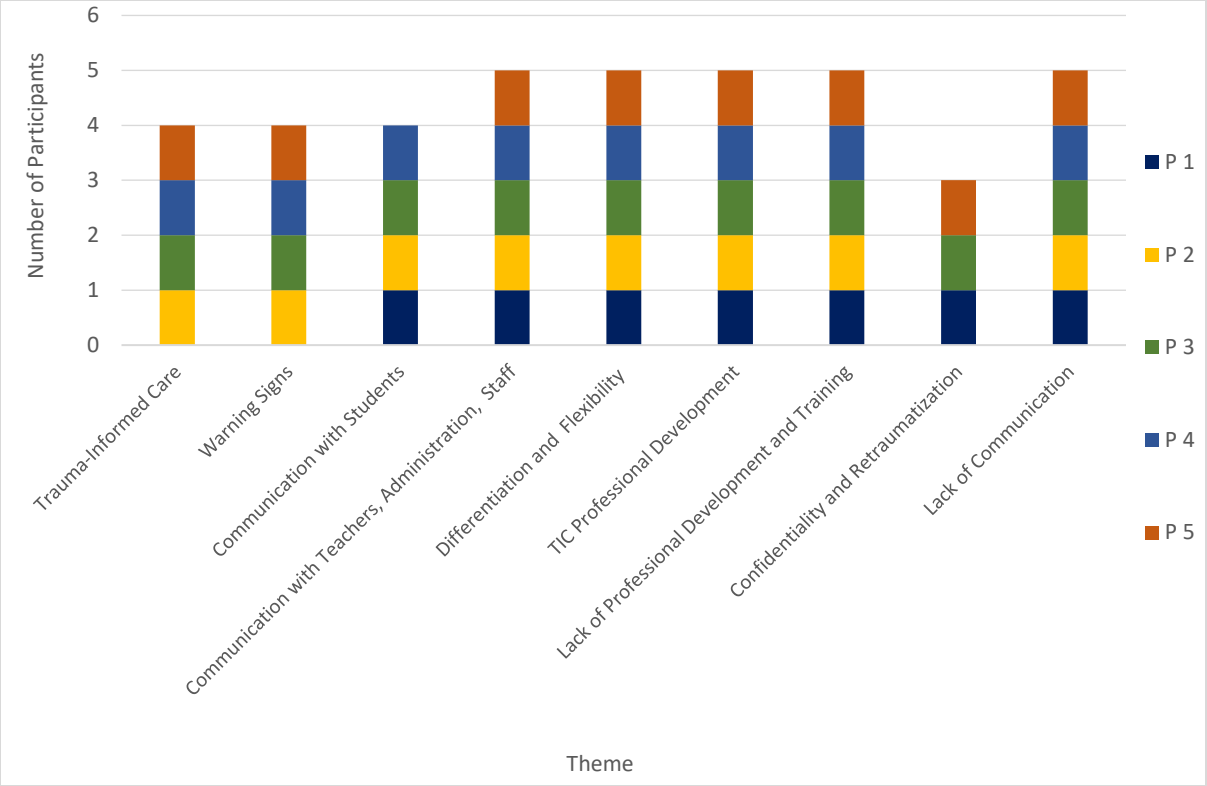
as well as the data collection and analysis processes are explained at length. Lastly, site permission and how the results will be presented were discussed. Within Chapter 4, the results gathered from the teacher interviews are reviewed in detail, using their personal experiences to provide the reader with rich detail regarding their perceptions and analyzing thematic concepts.

Chapter 4: Findings

As mentioned above, the overarching problem is the lack of teachers' perception on experiencing students with trauma, providing trauma-informed care, and what possible barriers they are facing (Alvarez, 2017). In order to address this problem, educators must be given a voice to provide possible solutions to this ever-growing problem. Given teachers extensive experience with these students, they could provide insight into possible preventions, warning signs, barriers, or gaps in training and professional development that could improve students' overall mental health and provide effective trauma-informed care. Purposefully, this qualitative study investigated secondary general education teachers' perceptions of trauma-informed care that emerged as a result of experiences with students with trauma exposure and mental health issues. The semi-structured research questions allowed the investigator to collect data on the teachers' perceptual experiences, knowledge, and understanding of trauma, trauma-informed care, and mental health. Emerging themes from the data collected are expressed in detail below. Figure 5 is representative of the participants' responses in accordance with theme.

Figure 5

Participants' Responses in Accordance with Theme



Theme 1: Secondary General Education Teachers' Perceptions of Trauma-Informed Care

Belfied & Davey define trauma-informed care as, "a framework that considers the prevalence of trauma in the general population and the impact of trauma, and the complex paths toward recovery in organizational culture, such as, the underlying beliefs, assumptions, values, and ways of interacting that contribute to the unique social and psychological environment of an organization" (2018, p. 4). In the frontlines, are teachers who observe students' who have growing mental health needs and students with a trauma background. Within the school-setting, educators are tasked with recognizing and responding to trauma survivors by providing evidence-based, trauma-informed approaches, practices, and supports that will positively impact students and create a safe, nurturing learning environment. The lack of teachers' perception on experiencing students with trauma, providing trauma-informed care, and what possible barriers they are facing, is the overarching problem (Alvarez, 2017).

In the efficacious endeavor to gain secondary general education teachers' perceptions on trauma-informed care, it was vital to first establish their understanding of trauma-informed care. Open-ended questions allowed participants to express their definition and understanding of trauma-informed care based on their personal experiences. P5 described trauma-informed care as, "taking into account any previous trauma students have had when dealing with them and trying to work on interventions that are specifically tailored to their needs based on their trauma that they've experienced". In furtherance, P4 described TIC as, "working with students who have been in situations involving trauma in their lives and also considering how trauma can impact students specifically in the school environment and in areas that are related to school as well." P3 noted their understanding as "limited", while P2 expressed, "I am familiar with the word or phrase, but not a lot of experience working through". Findings uncover varying levels of understanding, which proves the need for additional TIC training or instruction, and that educators who are not trauma-informed may not perceive or respond to students' trauma and its impacts appropriately and could inadvertently cause retraumatization. P5 confirms this with the following response, "I know, as a newer teacher, I didn't have much training, and nobody ever talked about that stuff. So, if it looked like kids were slipping, or having issues, I kind of just ignored it". This specific perception ties lack of training and understanding with the inability to acknowledge warning signs and respond to students with appropriate TIC.

Warning Signs

Warnings signs, and related symptomology, are an integral factor in understanding TIC. These factors are the key to the initial identification of students with a trauma background. Previously mentioned, internalizing symptoms of mental health issues include, "anxiety, depression, social withdrawal, and fearfulness while externalizing symptoms include

overactivity, poor impulse control, noncompliance, and aggression" (Woodman et al., 2016, p. 2). Specific to trauma, adolescents may exhibit the following, "feeling depressed or alone, developing eating disorders and self-harming behaviors, beginning to abuse alcohol or drugs, becoming sexually active "(SAMHSA, 2020, para. 4). Often, educators attribute these symptoms to purposeful disobedience and may become frustrated by the distracting and stressful classroom environment this creates (Rossen & Cowan, 2014, p. 10). Trained in the early identification of students with mental health needs and trauma exposure, educators will better understand the symptomatology and the importance of obtaining mental health services for these students.

While discussing warning signs related to students with a trauma background, four of the five participants noted at least one or more of the following: changes in behavior, lethargy, outbursts of anger, shutting down, anxiety, lack of motivation, appearance, mood changes, facial expressions, eating disorders, changes in peer groups, negative self-talk, cutting habits (self-harm), verbalizations, violent drawings or writing, or increased cellphone usage. P3 shared that increased cellphone usage is a "red flag", and states, "My kids and I talk a lot about the ways they hide behind their phones, not because they're engaged in what they're looking at, but because they're avoiding other types of interactions". After mentioning recent student suicides, a veteran teacher expressed, "So you always ask yourself did you miss something, or weren't there warning signs, or was it so subtle, that I as a classroom teacher who's up there, would I even notice it?". Insightful findings revealed that three of the five participants alluded to teacher awareness in correlation to warning signs. The participant's phraseology was as follows: "This year I've also become a lot more sensitive", "I've been more aware" and, "we see that and and kind of know what to look for". Expressive perceptions concede the positive parallel between teacher awareness and recognizing warnings signs of students with a trauma background.

Theme 2: Secondary General Education Teachers' Perceptions on Trauma-Informed Care

Current Supports

The trauma-informed approach is systematically implemented and establishes a framework for realizing, recognizing, and responding to the effects of trauma in a manner that promotes recovery and prevents retraumatization (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). School-wide, trauma-informed approaches build a framework based on systems-change strategies that allow essential knowledge on trauma to be incorporated into staff expertise, school culture, and systems of support for students (Cole et al., 2013). Change is called for by the American Psychological Association (2014), in revising system interventions that focus solely on changing individuals but address the contexts that support or impede development and optimal health. Their recommendations are as follows: systematic changes begin with trauma-informed care and ACEs teacher training and follow with the efficacious implementation of TIC school-wide, including Multi-Tiered System of Support, School-wide Positive Behavior Interventions and Supports, and social-emotional learning. A trauma-informed school promotes mental health supports school-wide.

Specifically, teachers are on the frontlines of students exposed to trauma and increasing mental health issues, and schools are the primary locations where students receive services (Dix et al., 2019; Rones & Hoagwood, 2000; Rossen & Cowan, 2014). Notably, Rossen & Cowan (2014) found that between 70% to 80% of students who receive mental health services initially receive them at school. Aforementioned, Meldrum et al. (2009), Dix et al. (2019), and Rossen & Cowan (2014) surmised that teachers are the leading connection between mental health interventions and students with mental health issues, and teachers are in a unique position to identify possible internal or external issues, that lead to earlier intervention pivotal in preventing

long term mental health problems. Teachers may help to bridge the gap between students' needs and mental health services.

Communication with Students

Trauma-Informed Educational Practice (TIEP) is designed for educators to recognize the problematic educational environment trauma survivors are required to function in and provide evidence-based, trauma-informed approaches, practices, and supports that will impact students in a significantly positive way. Research-based studies, conducted by multiple clinical educators, identified vital components to TIEP, including instruct on self-care skills, respond to students' emotionally and intellectually, build students' support networks in and out of the classroom, and establish and maintain appropriate boundaries (Black, 2006; Cunningham, 2004; Graziano, 2001; Mattar, 2011; Miller, 2001). Additional elements to effective TIEP include teachers and support staff acknowledging and responding to students with TIC, if students are overwhelmed and disengaged provide a break, be emotionally present, demonstrate a continuous positive attitude towards all students, and facilitate the growth of strong relationships to remedy negative associations due to trauma, and enhance student's interpersonal connections by encouraging participation in the classroom setting and extracurricular activities (Cole et al., 2005; Crosby, 2015; Perry, 2009).

When asked about addressing students' trauma, communication seemed to be a reoccurring theme throughout participants' responses. Describing how they address student trauma, P3 stated:

> If they're sharing something that concerns me, I make clear to them what's probable going to happen next is you might get called out of class to go see your guidance counselor. Most likely, if you're sharing with them what you've shared with me, they're

> also going to call home. So, I have almost like a script that I follow. Especially when it's one of those kinds of disclosures that you know is going to constitute a call home and that it's not optional. It's like we've got to go right now. We're going to walk down to guidance, kind of like one of those. I'm better now at walking them through what this process looks like. Or sometimes it's just you it's you just need me to listen you seem really worked up.

In like manner, P2 expressed the following:

> If it's someone I feel like I could have a relationship to talk to I've told them, I'll listen to what you say. Just understand, that if you say something that is potentially something I have to report, I have to. I always kind of frame that for them that you can say whatever you want but understand that I have my job and kind of do certain things to keep myself safe and you safe.

Both P2 and P3, acknowledged that they would listen and communicate with students, but if they felt the students' comments were concerning, they would report those statements. Notably, they also were upfront with students about what may happen, and what the process may look like. Resounding these responses, P4 stated," So I try to take things on a case-by-case basis and really hear from a student what might work best depending on their situation", and P1 expressed, "Okay, you know what let's try to figure this out. Is there anything I can do to support you getting here on time?". Through participants' perceptions, communication with students' is found to be integral in delivering TIC. Based on extensive research from SAMHSA, two of the four key components are related to communication and are as follows: responding to trauma and its effects through trauma-informed knowledge integrated into system policies, procedures, and practices, and resisting retraumatization of the individuals through principles of safety,

trustworthiness, transparency, peer support, collaboration, empowerment, voice, and being respectful of cultural, historical, and gender stereotypes and biases (2014). This current and in-depth research confirms the participants' perceptions of the significance of communication in applying TIC techniques.

Communication with Teachers, Administration, and Staff

Communication is a core element within the trauma-informed sanctuary model. The model advocates a commitment to safe, non-violent environments, communication and decisions implemented in a democratic and open manner, validation of the differing views of all stakeholders within the school setting, including teachers, staff, students, and family members, and, establishing an environment where emotional intelligence, social learning, and social responsibility are appreciated and used (Blitz et al., 2016; Esaki et al., 2013).

Comparatively, participants also referenced communication with other teachers and staff as a current, significant support for students with a trauma background. P2 in reference to administrative support shared, "And just kind of informing us whenever they know things, but obviously they're not going to know everything. But I think the more information they share it makes it easier for all parties involved." Similarly, P3 noted communication with, "trusted adults in this building", and "intentionally scheduled collaborative, department-specific planning times that allowed us to interact with one another, as educators". P5 spoke of communication and, "including the teachers in discussions and meetings about the individual students that are having the trauma". Echoing these statements, P4 asserts the following:

> Communication that comes in the form of notifications on our Skyward access for students, to emails that alert us of issues that we should be looking out for, to a guidance counselor informing us of a situation that a family might be going through. All of that

> communication and the different avenues through which we perceive information, I believe that allows us to plan ahead and again be proactive rather than reactive, and helps us handle any situations, help us address anything in advance that we can do. We can tailor something to a student, or maybe adjust a way we would present something.

In furtherance of this, referrals to counselors, guidance, school social workers, or the Student Assistance Program (SAP) were discussed throughout participants' interviews. SAP is within the top tier of the MTSS model and provides students with individualized interventions, and with parent permission, access to wrap-around services, such as school-based therapy and community agencies. Both, P1 and P3, specifically mention the SAP, and its ability to provide further and more in-depth to student with mental health issues or a trauma background. In correlation with referrals, P1 states, "I think that's the system we operate within, because we are not trained," and P2 articulates that, "anything that I'm not really familiar or comfortable with I always refer to the counselors and social worker". These participants express that once they reach the end of their training or familiarity, a referral is the next necessary step. P1 further expounds, "We refer to the next level through referrals and other processes to people who are equipped to do the deeper dive, to do the digging, and have that training". This statement alludes to the time and training that the guidance counselor or other staff members are able to provide to students. In like manner, P4 asserts:

> I feel that having a team of adults who are aware and are able to help support the student matters. Whether it's you know a student who becomes upset because of a situation, that the trauma that affects them in that situation, they might be able to leave a classroom and go talk to a counselor, or to the school nurse, or to a different adult. So, I feel that having

> a team that's able to help handle and help support in those situations, I feel that is a vital part along with the awareness and education on our parts.

Interestingly, P4 relates referrals as a team approach to addressing students' needs, as well as awareness and education as vital components. All participants' accounts correspond to growing research that indicates the most effective way to address the needs of individuals who have experienced trauma is through a system of trauma-informed care (TIC) implemented through a school's existing Multi-Tiered System of Support (Herrenkohl, 2019; Reinbergs & Fefer, 2018; Taylor, 2021). The integration of TIC within the Multi-Tiered System of Support (MTSS) allows for school leaders and educators to recognize and respond to trauma and mental health needs appropriately through a singular system of support.

Differentiation & Flexibility

Supporting students within the classroom was expressed by all the participants. Secondary general education teachers conveyed the use of understanding, flexibility, and differentiated classroom tasks. Expressly, P1 describes their experience as the following:

> Okay, you know what, let's try to figure out, is there anything I can do to support you getting here on time? Is there anything I can do to help you follow your deadlines or to take notes, because you're having trouble focusing? You know it's that kind of support that acknowledges there's something going on without trying to be a psychologist and get into their head. Be more a scaffolding around them to prevent them from falling too far or getting hurt when they fall.

P1 expresses the importance of identifying the student's needs, and using a combination of understanding, flexibility, and differentiation with assignments as fundamental elements of supports within the classroom in an effort to allow students a variety of ways to succeed. P2 and

P4 use the phrase, “case by case” in regard to supporting students within the classroom. This phrase suggests their individualized responses to students’ needs. Sharing their experience further, P2 stated, “Just certain kids I’ve had the relationship with that they’ve said, I’m having a bad day, and us having that response, ok if you need x you need us to respond with z and just kind of let us know”. In addition, P3 shares having “meaningful conversations with kids” to address students’ needs within the classroom, while P5 has exempted multiple students from work due to mental health issues. Participant’s’ statements coincide with research conducted by multiple clinical educators, that vital components to TIC are to respond to students’ emotionally and intellectually, build students’ support networks in and out of the classroom, and establish and maintain appropriate boundaries (Black, 2006; Cunningham, 2004; Graziano, 2001; Mattar, 2011; Miller, 2001).

Theme 3: Secondary General Education Teachers’ Perceptions on Trauma-Informed Care Professional Development

Pennsylvania Department of Education (PDE) (2021) Act 71 was passed in 2014 and requires every school district in Pennsylvania to: adopt a set of policies and procedures for suicide prevention in their district, post this policy on the school website, train all educators in grades 6-12 in suicide prevention for a period of 4 hours every 5 years, and requires that student education be included in the school’s suicide prevention policy. In 2018, Act 44 was enacted and includes trauma-informed educational awareness, behavioral health awareness, also referred to as mental health by the PDE, and suicide prevention and awareness. Pennsylvania school districts are required to incorporate this into their professional development. Although not required, PDE encourages school districts to implement an evidence-based social and emotional learning (SEL) program and training. In accordance with Act 71, Act 44 also mandates Suicide Awareness

training for school entities every five years. Although this is the minimum requirement, the Trauma-informed Sanctuary model aspires to develop the training of educators and staff to advance the effectiveness of trauma-informed and mental health services being delivered, which will ultimately improve outcomes for students, teachers, school leaders, and personnel.

Participants were asked to describe what professional development or training they have received to effectively address students' trauma and mental health needs. The suicide prevention and awareness training were noted by P1 and P3. While P1 acknowledges this training, they expound as follows:

> Years ago, there was something on suicide when we had a couple in the district, and it was a push. But truthfully, trauma-informed is something that takes way to standards-based grading, or project-based learning, or using Moodle, or using Google classroom. I don't feel that there's been a good, solid push towards that, and I think there would be resistance from some staff who say, that's not our job. And I believe that there are people who believe it's not the job. That's the job of the counselors and administrators to do that. We are there to deliver the content and that's our role.

Echoing the lack of professional development, P3 describes their professional development as "minimal", and P2 describes recent professional development as, "nothing that really jumps out as far as formal training". In contrast, P4 and P5 convey their experience with recent professional development, as P5 further explains:

> I picked up on things in recent professional development. I think a lot of it went along with Choose Love training, but then just recently they're having where the psychologist or you know experts in this field talk about mental health and trauma in professional

> development. I think that has been helpful, because then you realize what kids are going through. I don't have experience with a lot of the kind of trauma that some of these kids go through, so it's good to hear examples of what is going on with some of these kids. Some stuff that I would never even think about.

Varying levels of professional development are expressed by participants. Researchers accredit efficacious professional development and successful program implementation to the following: effective leadership, planning, support, technical assistance, program assessment and accountability systems (Durlak et al., 2011). Each component is required for effective evidence-based program implementation and the promotion of students' academic, social, and emotional growth. Findings also align with empirical data from Reinke et al. (2011), who reported in their research study that only 34% of teachers felt that they had the skills to support students with mental health needs.

Theme 4: Secondary General Education Teachers' Perceptions on Trauma-Informed Care Barriers

Barriers that are common for teachers are lack of training, strategies, and supporting teachers dealing with students demonstrating severe emotional, behavioral, or social difficulties (Moon et al., 2017; Reinke et al., 2011; Rothi et al., 2008). Within a current research study, only 34% of teachers felt that they had the skills to support students with mental health needs (Reinke et al., 2011). Teachers admittedly take responsibility, as part of their job, to intercede for students displaying mental health problems (Ekornes, 2017; Mazzer & Rickwood, 2015; Moon et al., 2017; Reinke et al., 2011; Rothi et al., 2008). Teachers choose to address these problems for a two-pronged purpose: they genuinely care about the well-being of their students and realize the

connection between mental health issues and the negative impact on student learning (Mazzer & Rickwood, 2015; Reinke et al., 2011). Markedly, Reinke et al. (2011) deduce that "If teachers believe they should play a role in addressing the mental health needs of children, but lack adequate knowledge or skills to do so, transporting effective practice to schools will require intervention developers to include effective training and ongoing consultation/coaching as part of dissemination practices" (pg. 9).

Lack of Professional Development and Training

Within Pennsylvania, Act 71, and Act 44 mandate Suicide Awareness training for school entities every five years. Although this is the minimum requirement, the Trauma-informed Sanctuary model aspires to develop the training of educators and staff to advance the effectiveness of trauma-informed and mental health services being delivered, which will ultimately improve outcomes for students, teachers, school leaders, and personnel. In resounding response, all participants conveyed a deep-seated need for further professional development. P1, P2, and P3 all detailed what professional development and trainings should resemble. P1 describes their perception of effective professional development as:

> Let's pull you out for one day and give you an intensive training. So that it really drives it home, and it doesn't matter if you are a veteran or a young teacher. If you see it, then you'll learn to see it longer. So, it has to be intensive and timely.

P2 shares their perception as:

> I would say the training on more information of it, and I feel like just a comfort level. I think trainings that hit home, if that makes sense, to hit it home for the type of students

you work with. And the kids you're most invested in would be better received. I don't think it's something that should be done just one-time. I think it should be recurring whether it's throughout the year or throughout multiple years. Just to kind of refresh and that comfort level, and if it all possible delivered by the same person. If they, do it well, and to say it in one kind of way.

Additionally, P3 resonates with fellow participants and provides the following response:

Training, I could benefit from some training. Even when we have trainings in my district there's a history of initiatives subsiding after two to three years. So not only kind of rigorous training, but then consisted of and repeated follow up and support to implement those practices. Even if you give us the training, even if you give us consistency and kind of repeated exposure to these materials and sources and support us like it's going to be consistently implemented across 80% of staff probably. To me this would be like, oh my goodness, sit me down, show me how and then don't drop it two years from now. Like measurable, right, so it would be helpful sometimes if we tossed around the amount of referrals that get submitted, or sometimes we tossed around like discipline referrals. There's no data, like I've never at any point in my career ever been offered any amount of data around these topics. Whatever new programs or attempts that we may have tried were never linked to outcomes. I don't know what measurable outcomes would look like for something like this. You would get an education staff that's exhausted and kind of like brow-beaten with initiatives. You would get us on board right if you could like show us the ways in which this helps better serve kids, and kind of let us do it consistently for a couple of years. Show me some data that it's effective, and we'll keep doing it.

These detailed descriptions offer insight into what effective professional development would look like, and is described as: “intensive”, “timely”, “recurring”, “rigorous”, “repeated exposure”, and “measurable”. Relatedly, P1 and P2 communicated a need for professional development that “really drives it home” and “hit it home for the type of students you work with”. These secondary general educations teachers are confirming the current established research that teachers are lacking training and necessary skills to effectively address students with mental health issues and students with a trauma background (Reinke et al., 2011).

Confidentiality and Retraumatization

Within the trauma-informed approach, SAMHSA (2014) acknowledges that if untrained in responding to trauma appropriately, retraumatization is a likely outcome. Additionally, retraumatization may occur due to a breach in confidentiality. According to Cohen & Mannarino (2011), violation to confidentiality can have a two-pronged effect, which is, the loss of trust from the family and jeopardizing the educator’s ability to help the student (p. 128). Of the five participants, three of them asserted that confidentiality was a barrier to delivering TIC. The perception of P1 is as follows:

> Confidentiality, confidentiality, confidentiality. Large classroom size where you don't having one-on-one time with them especially at a secondary level. Especially if it’s a male female situation, you don't want to necessarily have a one-on-one. Especially if there is some trauma, and they're going through stuff. Do you want, once again not knowing what it is, do you want to put them in a situation that could trigger [them] while keeping confidentiality in a non-counseling role?

P1's perception is to not break confidentiality of a student, with a trauma background, in front of their peers, along with the possibility of retraumitzation. In similar manner, P3 speaks of calling home in regard to student disclosures and stated, "if I don't have a relationship with home already, that's the hard call again. If I don't have consent from the student, like you don't know what you're walking into or be exposing them to ". Again, the teacher's perception is the breach of confidentiality being linked to retraumatization. In furtherance of this perception, P5 explains that they don't want to single a student out and stated, "So, I guess it's like a balancing act like keeping things confidential. Then, also giving them specifically tailored responses that they need". While teachers would like to intervene when observing student concerns or issues within the classroom, the perceived barriers to this are confidentiality and the possibility of retraumatization. Aligning with these findings, SAMHSA's extensive research with trauma established a core component to TIC as resisting retraumatization of individuals through principles of safety, trustworthiness, transparency, peer support, collaboration, empowerment, voice, and being respectful of cultural, historical, and gender stereotypes and biases (SAMHSA, 2014).

Lack of Communication

In conjunction with the Trauma-Informed Sanctuary Model, MTSS requires communication by all stakeholders in order for students to receive the crucial interventions and services they need to promote mental health and trauma recovery. Each member of the MTSS team must intentionally commit to communicate relevant information, including changes to services, interventions, mental health, or behavior, to the entire team, specifically to general education teachers who do not attend the meeting. Each secondary general education teacher

identified communication as a barrier to the efficacious implementation of TIC. Providing a hypothetical scenario, P1 asserts the following:

> In a perfect world, in a perfect school USA, it would be there's a kid who had this trauma. Let's pull all the teachers together. Let's have a debrief. Did anyone notice anything? Let's look at warning signs you could have seen. And if you, do it that way then maybe we would learn to recognize those symptoms, those behaviors.

P1 perceived that team meetings and added communication would help to support the application of TIC. Confirming this perception, P2 stated, "I think that it has to be a two-way street from both the counselor and the receiver of the directions and the care". Both P3 and P4 specifically mention "teams" in reference to needed communication. Specifically, P4 declared:

> We are not informed, or if we don't have the team, the power as a staff or the power as a team to support a student that can be an issue as well. I feel that collaboration time could be helpful. I think that could occur at any point in the year just to help in general and then prior to the school year starting. I feel that a percentage of trauma and mental health needs are known before a student starts into a school year. So, if teachers could be informed and could have time to discuss it with our co-workers, who are professionals as well, where we could discuss and plan; I feel that could be a way to be aware heading into a school year of how we can plan proactively. And how we can help our students be able to be in an environment they're comfortable learning in, and where the traumatic experiences and their mental health needs, we're able to help manage their needs within those.

Being informed and having collaboration time with colleagues are both identified as proactive methods to providing TIC. Barriers to this collaboration are listed by P3 as follows, “scheduling, we run different bus schedules in our building, and I teach multiple grade levels, planning periods, and all that nonsense”. Providing a recent experience, P5 shared:

> We had a girl out for some kind of trauma, and she ended up in some kind of mental health place, and they asked if we could lighten her workload, exempt her from some of her work. I’ve tried to inquire a little bit more as to what was going on, and I wasn't told. So, she's missed like 2 weeks of school, and we’ve exempted her from a lot of work. I guess this has been going on since elementary school, but I have no idea what it is. I don't know what's wrong with this girl. I don't know what her needs are. I don't know what her triggers are. I have no clue. So, all I’m doing is exempting her from work. But there’s some kind of trauma, and I can't do anything about it because I'm not informed.

Clearly, participants’ perceived communication as a critical support in providing TIC to students. Hence, future research should explore school administrators’ perceptions on barriers to said communication and remedies that may correct this.

Summary

In summation, analyzed qualitative data uncovered several major themes in relation to the perceptions of secondary general education teachers on students with trauma, providing trauma-informed care, and what possible barriers they are facing. Although most participants had a general understanding of trauma-informed care and associated warning signs, all participants signified a significant need for further professional development and training. Further, participants identified current supports for implementing TIC as communication with students,

teachers, administrators, and staff, as well as differentiation and flexibility. Most participants perceived professional development as minimal or not a priority in comparison with other trainings or initiatives. Moreover, all participants recognized lack of professional development, confidentiality, retraumatization, and lack of communication as barriers to successfully delivering TIC. Examining the relational significance between qualitative data and developing themes, Chapter 5 explores deeper implications as well as possible delimitations and limitations. Future research studies will also be considered.

Chapter 5: Discussion and Conclusion

This phenomenological study explored the perceptions of secondary general education teachers' experiences of students with trauma, providing trauma-informed care, current supports, professional development, and what possible barriers they are facing. Through hand-coded data analysis, several significant themes emerged. Further discussion on participants' perceptions in accordance with theme are addressed at length within Chapter 5. Moreover, relative delimitations and limitations are expounded on within this chapter. In summation, further research is identified and examined.

Perceptions of Trauma-Informed Care

Within the first emerging theme, participants noted varying levels of understanding regarding trauma-informed care. Participants' expressed perceptions ranged from limited to proficient. Two participants recognized that students with a trauma background need to be acknowledged and worked with according to their specific needs. Consistent with Belfied & Davey's (2018) definition of trauma-informed care, these participants considered the impacts of trauma, and the complex paths toward recovery within the school environment (p.4). Conversely, two other participants noted their understanding as "limited" and "not a lot of experience working through". The need for additional TIC training is evident through participants' responses. Inexplicably linked, educators who are not trauma-informed may not perceive or respond to students' trauma and its impacts appropriately and could inadvertently cause retraumatization (SAMHSA, 2014). With consistent and impactful TIC training, teachers may quickly identify students with mental health needs and trauma exposure, better understand the symptomatology, and attain mental health services for these students. These findings may assist

school administrators in seeking and implementing TIC training that provides a thorough understanding of trauma, the impact it has on students, the warning signs and symptomology of trauma, and the importance of early identification that can lead to mental health interventions and services for students.

An understanding of TIC is linked to warnings signs and symptomatology which provides educators with the initial identification of students exposed to trauma. The majority of participants cited one or more of the following as warning signs: changes in behavior, lethargy, outbursts of anger, shutting down, anxiety, lack of motivation, appearance, mood changes, facial expressions, eating disorders, changes in peer groups, negative self-talk, cutting habits (self-harm), verbalizations, violent drawings or writing, or increased cellphone usage. Many of these warning signs coincide with Woodman et al. (2016) and SAMHSA's (2020) lists of symptomologies, including: anxiety, social withdrawal, aggression, developing eating disorders, and self-harming behaviors. Additional findings reflected that a majority of participants perceived a positive correlation between teacher awareness and recognizing warning signs of students exposed to trauma. Further research may explore the specific components of teacher awareness and the effect they have on the ability to recognize warning signs associated with trauma.

Perceptions of Current Supports to Trauma-Informed Care

Hand-coded participant statements revealed the second major theme of communication, differentiation, and flexibility as current supports utilized for students with a trauma background. Communication with students, teachers, administration, and staff is recognized by participants as integral to addressing students with a trauma background. These statements suggest that communication is a vital component to TIC and is a proactive way to address students' needs and

provide individualized interventions. Echoing this theme, the trauma-informed sanctuary model advocates for communication and decisions implemented in a democratic and open manner, validation of the differing views of all stakeholders within the school setting, including teachers, staff, and students (Blitz et al., 2016; Esaki et al., 2013). Flexibility and differentiation were also expressed as vital components in addressing and supporting students with a trauma background. Evidentiary findings may be beneficial for school administrators to incorporate into future professional development as best practices when responding to students exposed to trauma.

Perceptions to Trauma-Informed Care Professional Development

Specific to TIC and addressing students' mental health needs, professional development emerged as diverse experiences among participants and established the fourth major theme. Of the five participants, three reference the lack of professional development. Although two of these particpants acknowledge the suicide prevention and awareness training, P1 states that, "trauma-informed is something that takes way to standards-based grading, or project-based learning, or using Moodle, or using Google classroom" and P3 shares their experience with professional development as, "minimal". In contrast, two of the five participants shared recent professional development associated with TIC and addressing students' mental health needs. Corresponding to the research study conducted by Reinke et al. (2011), the majority of these participants do not feel they have the skills to address students' mental health needs.

Within Act 44, PDE does require Pennsylvania school districts to incorporate trauma-informed educational awareness, behavioral health awareness, also referred to as mental health by the PDE, and suicide prevention and awareness into their professional development. Although this is a requirement, there are no specific, evidenced-based programs or trainings that are

mandatory. Regarding incorporation into professional development, there are no specific guidelines, policies, or procedures, with the exception of the suicide prevention and awareness training. Given the extensive nature of TIC, policymakers and school administrators may utilize these findings to revise current policies and require specific, evidence-based professional development so teachers can successfully implement TIC principles, practices, supports, and interventions within the classroom.

Perceptions of Barriers to Trauma-Informed Care

Utilizing the iterative approach, analyzed participants' responses founded the fourth major theme of barriers to TIC being lack of professional development, confidentiality, retraumatization, and lack of communication. As mentioned previously, participants expressed a lack of professional development in connection to TIC and support students with a trauma background. All participants noted this as a barrier, and three of the participants described what effective professional development would like. Their descriptions are: "intensive", "timely", "recurring", "rigorous", "repeated exposure", and "measurable". Aforementioned, policymakers and school administrators could identify and implement effective and evidenced-based programs and trainings that meet the descriptions secondary general educators expressed.

Also perceived as barriers, confidentiality and retraumatization of students was communicated by study participants. Most particpants connected a breach of confidentiality with potential to retraumatize students. This is in agreement with SAMHSA's (2014) findings that resisting retraumatization of individuals can be accomplished through principles of safety, trustworthiness, and transparency. When a violation in confidentiality occurs, likely outcomes can include a loss of trust from the family, as well as, jeopardizing the educator's ability to help the student in the future (Cohen & Mannarino, 2011, p. 128). Further research of educators'

perceptions may ascertain best practices in accordance with maintaining confidentiality, communication with family members, and how these may relate to retraumatization in the school setting.

A lack of communication was identified as an additional barrier by all participants. Team meetings and frequent communication as a team, specifically with up-to-date student information, were recognized as necessary to the efficacious implementation of TIC and providing students with the support, services, and interventions they need to promote recovery and mental health. Therefore, exploring school administrators' perceptions on barriers to communication would be advantageous in order to mitigate this growing obstacle.

Delimitations

There are multiple delimitations for this study. The participants are limited to secondary general education teachers' perceptions on students with a trauma background to obtain their unique perceptions. Since the study is limited to secondary general education teachers, their perceptions may vary from that of elementary general education teachers or special education teachers. Additionally, special education teachers may have varying training experiences in student mental health. General education teachers are still required to provide instruction to all students including those qualifying for special education services.

Limitations

In phenomenology, a researcher must uncover the participants' shared experience of the phenomenon that will allow others a second-person perspective (Tracy, 2020, pg. 66). It was essential to explore their shared phenomenon in order to help others understand what they've experienced and how their perceptions can help future students, teachers, and school leadership.

This study was conducted to provide valuable information to school districts about teachers' perceptions of trauma, trauma-informed care, and mental health preparedness. Phenomenology utilizes criterion sampling, in which participants meet predefined criteria, which in this study, is the participant's shared experience. Because the respondents were chosen through criterion sampling, the findings may not be representative of a larger population of teachers or prisoners. Although their perceptions may vary from those of teachers in other parts of the country, the results still provide valuable information to school districts and leadership about areas of student trauma, trauma-informed care, and mental health preparedness that could be greatly improved.

The study only interviewed general education teachers who volunteered, thus, the sample of teachers interviewed at a specific school district may not accurately reflect the experiences of the majority of the teachers, including special education teachers, from that particular school. Another drawback of the study is the limited geographic location, school climate, and economic status may limit the generalization of the results to the population at large. General education teachers have varying degrees of experience and time spent with students. All participants must work as general education teachers in the secondary setting and have taught for at least five years to meet the minimum criterion to satisfy the study's parameters.

Participant biases need to be considered as a possible limitation. Participants may respond in the way that they think the researcher desires, or it may go even further to social desirability bias, where the participant wants to present a version of themselves that is socially acceptable. To counteract these limitations, participants were assured of the strict confidentiality agreement, and that any information gathered was for research purposes only. Their responses would not be disseminated to any school entity or personnel. In accession, the verbiage for the

interview and open-ended questions were thoughtfully selected to primarily focus on the participants' experience rather than their knowledge, so they do not feel like they are being given a test.

Researcher biases also need to be examined. Because the investigator is employed as a special education teacher, they have preconceived ideas about trauma, trauma-informed care, and mental health preparedness. Also, they have their own experience with students' mental health issues and trauma. As a result, the investigator is biased towards school districts needing to make improvements. The investigator made a conscious effort to remain neutral and limit their biased, especially when presenting the results of the study. In order to limit bias during data collection and analysis, the transcripts of the interviews were transcribed verbatim, and the analysis of the data was thoroughly hand-coded for accurate emerging themes.

Further Research

This phenomenological study has disclosed multiple opportunities for further exploration into TIC and addressing students' mental health needs, especially those related to trauma exposure. Furthermore, these findings validated results from prior research studies. Within this current study, the limited sampling provided insightful findings, but in order to confirm these conclusions a replication of this study should be conducted with a larger sample size, including more diverse demographics. Secondly, exploring educators' perceptions on teacher awareness in relation to recognizing warning signs, and best practices in accordance with maintaining confidentiality, communication with family members, and how these may relate to retraumatization in the school setting. Phenomenological studies investigating these perceptions could enhance professional development, trainings, best practices, TIC interventions, and revise overall policies and procedures effectively improving identification of students with a trauma

background and connecting them with critical supports and services sooner. Conclusively, perceptions of school administrators could be investigated on barriers to effective communication. Results from this study may mitigate this significant hindrance, strengthen relationships with all stakeholders, improve interventions and supports for students exposed to trauma, and potentially shed light on supplementary policies.

APPENDIX A

INTERVIEW SCRIPT AND QUESTIONS

Participant Name:

Participant Number:

District Name:

District Number:

Date:

Time:

Good Morning/Evening,

I hope you're doing well! To begin, I would like to offer my sincere appreciation to you for taking the time to participate in this study. As stated via email, the title of this study is: Trauma-Informed Care: Exploring the Perceptions of Secondary Education Teachers. The ultimate goal is to gain insight into the perceptions of secondary general education teachers' and their lived experiences with students who have a trauma background, in order to identify possible preventions, warning signs, barriers, or gaps in training and professional development that could improve students' overall mental health and provide effective trauma-informed care. Emerging themes and patterns may result in data-based conclusions that could provide insight and information to assist with preventative strategies and programs to address mental health and trauma. Furthermore, school leaders may gain a better understanding of the root issues tied to trauma and mental health, and in consequence, could create preventative measures and professional development to reduce trauma-related mental health needs.

I would like to provide a reminder that names of participants and districts will remain confidential, and you are permitted to refrain from answering specific questions. You are also allowed to withdraw from the study at any time without penalty. I would also like to remind you of the counseling resources available to you. The information for the counseling resources are in the initial email sent to you. After the conclusion of the interview, a follow-up email will be sent that will again include the counseling resources information. In addition, I would like to record this session in order to accurately analyze collected data. The interview should last no longer than 60 minutes. Do you have any questions before we begin? The recording will start with the presentation of the first question.

Interview Questions:

1. Describe your experience as a general education teacher, including years of professional service.

2. What is your understanding of trauma-informed care?

3. Describe your experiences with students that have a trauma background.

4. What, if any, warning signs have you observed from students with a trauma background?

5. How were you able to address their trauma?

6. Describe what are vital components in successfully delivering trauma-informed care to students?

7. Describe what are critical issues or barriers in successfully delivering trauma-informed care to students?

8. Why is it important for teachers to be prepared to address students' trauma and mental health needs?

9. Describe what administrative support allows you to address students' trauma and mental health needs?

10. Describe what professional development or training you have received to effectively address students' trauma and mental health needs?

11. What increased support would enable you to better address students' trauma and mental health needs?

APPENDIX B

DISTRICT RECRUITMENT LETTER AND CONSENT FORM

(NAME OF SCHOOL ADMINISTRATOR),

I am writing to request permission to conduct a research study within the (NAME OF SCHOOL DISTRICT). I am currently enrolled in Slippery Rock University's Doctor of Education in Special Education program and am in the process of completing my dissertation.

The study is entitled: **TRAUMA-INFORMED CARE: EXPLORING THE PERCEPTIONS OF SECONDARY GENERAL EDUCATION TEACHERS**

The purpose of the study is to investigate the perceptions of secondary general education teachers' and their lived experiences with students who have a trauma background and trauma-informed care, in order to identify possible preventions, warning signs, barriers, or gaps in training and professional development that could improve students' overall mental health and provide effective trauma-informed care. Emerging themes and patterns may result in data-based conclusions that could provide insight and information to assist with preventative strategies and programs to address mental health and trauma. Moreover, school leaders may gain a better understanding of the root issues tied to trauma and mental health, and in consequence, could create preventative measures and professional development to reduce trauma-related mental health needs. Furthermore, educational leadership and policymakers may consider evidence-based conclusions that could suggest the revision or improvements of professional development, programs, best practices, and policies to address and promote students' mental health and trauma-informed care.

I hope that the school administration will allow me to recruit qualifying secondary general education teachers within your district in order to participate in a synchronous interview session pertaining to the premise of the investigation. Interested secondary general education teachers who volunteer to participate will be given a consent form to be signed and returned to the co-investigator prior to the onset of the interview process (copy enclosed).

The interview will last up to one hour and will take place via Zoom technology during a mutually agreed upon day and time. Additionally, in order to preserve the integrity of participants' responses, semi-structured interview sessions will occur outside of professional work hours.

If approval is granted, feel free to use the attached template (you will need to add district letterhead and signature) and return via email. Do not hesitate to reach out regarding questions and/or concerns. I look forward to hearing from you soon.

With Appreciation,

(NAME OF CO-INVESTIGATOR)

(CONTACT INFORMATION FOR CO-INVESTIGATOR)

APPENDIX C

SCHOOL PERMISSION TO CONDUCT RESEARCH

Dear Institutional Review Board:

The purpose of this letter is to inform you that the (NAME OF SCHOOL DISTRICT), grants permission to Dr. Robert Isherwood and Nicole Belcher to conduct the research titled, Trauma-Informed Care: Exploring the Perceptions of Secondary Education Teachers, under the assumption that data will be coded in order to eliminate the risk of disclosure of identifiable information. This also serves as assurance that this school complies with requirements of the Family Educational Rights and Privacy Act (FERPA) and will ensure that these requirements are followed in the conduct of this research.

Sincerely,

<Name of Signatory>

<Title of Signatory>

APPENDIX D
INFORMED CONSENT

CONSENT TO PARTICPATE IN RESEARCH

TRAUMA-INFORMED CARE: EXPLORING THE PERCEPTIONS OF SECONDARY GENERAL EDUCATION TEACHERS

Robert Isherwood, Ph. D. |robert.isherwood@sru.edu| 724-738-2453
Nicole Belcher, M.Ed. |ncb1007@sru.edu |412-736-7640

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be at least 18 years of age, a practicing secondary general education teacher within a public-school system and have at least five years of teaching experience. Taking part in this research project is voluntary.

Important Information about the Research Study

Things you should know:

- The purpose of the study is to investigate the perceptions of secondary general education teachers' and their lived experiences with students who have a trauma background and trauma-informed care. If you choose to participate, you will be asked to engage in a synchronous interview session via technology-based methods during a mutually agreed upon day and time. This will take approximately one hour.
- Risks or discomforts from this research include breach of confidentiality, coercion, and psychological; however, the coinvestigator will take all proper steps in order to minimize the potential for risks and discomforts that participants of the study may encounter during the course of this investigation.
- The psychological risk is minimal, however; the coinvestigator will be focusing solely on the students' trauma background, if you are uncomfortable with a question, you can choose not to answer, and can choose to stop the interview at any time. Counseling resources and contact information will be provided to you before and after the interview.
- The counseling resources are: Chestnut Ridge Counseling Services (724) 437-0729/ (724) 626-1849 www.crcsi.org and Excela Health (724) 832-4450 / (724) 537-1650 www.excelahealth.org
- The study will offer a $10 gift card to each participant in order to compensate you for your time.
- Another possible benefit is that participants may feel a sense of achievement in sharing best practices that could assist other educators in addressing students with a trauma background

- Taking part in this research project is voluntary. You do not have to participate, and you can stop at any time. Further, it is acknowledged that you may feel obligated to participate based on the professional relationship with the principal investigator and/or

co-investigator; however, please know that your non-participation in this project will have no effect on the professional relationship(s) moving forward.
• If more than 20 recruits wish to participate, participants will be randomly selected in conjunction with a maximum of 5 participants per school district to ensure each district is equally represented.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the Study About and Why are We Doing it?

The purpose of the study is to investigate the perceptions of secondary general education teachers' and their lived experiences with students who have a trauma background and trauma-informed care, in order to identify possible preventions, warning signs, barriers, or gaps in training and professional development that could improve students' overall mental health and provide effective trauma-informed care. Emerging themes and patterns may result in data-based conclusions that could provide insight and information to assist with preventative strategies and programs to address mental health and trauma. Moreover, school leaders may gain a better understanding of the root issues tied to trauma and mental health, and in consequence, could create preventative measures and professional development to reduce trauma-related mental health needs. Furthermore, educational leadership and policymakers may consider evidence-based conclusions that could suggest the revision or improvements of professional development, programs, best practices, and policies to address and promote students' mental health and trauma-informed care.

What Will Happen if You Take Part in This Study?

If you agree to take part in this study, you will be asked to participate in a semi-structured interview session in which you will be subject to questions pertaining to professional experiences and perceptual understandings of trauma-informed care and students with a trauma background. Specific questions may include but are not limited to the following:

- Describe your experience as a general education teacher, including years of professional service.
- What is your understanding of trauma-informed care?
- Describe your experiences with students that have a trauma background.
- What, if any, warning signs have you observed from students with a trauma background?
- How were you able to address their trauma?
- Describe what are vital components in successfully delivering trauma-informed care to students?
- Describe what are critical issues or barriers in successfully delivering trauma-informed care to students?
- Why is it important for teachers to be prepared to address students' trauma and mental health needs?

- Describe what administrative support allows you to address students' trauma and mental health needs?
- Describe what professional development or training you have received to effectively address students' trauma and mental health needs?
- What increased support would enable you to better address students' trauma and mental health needs?

How Could You Benefit From This Study?

The direct benefits of this study include a $10 gift card, and that others may benefit because the concrete data could potentially enhance professional development, mental health programs, trauma-informed care, and best practices.

What Risks Might Result From Being in This Study?

You might experience some risks from being in this study. They are coercion, psychological, and breach of confidentiality. There is minimal risk for coercion given the co-investigator's current employment as a certified special education teacher; however, all necessary measures will be taken in order to reduce the presence of coercive behaviors during synchronous interview sessions, including tone of voice and body language. Taking part in this research project is voluntary. You do not have to participate, and you can stop at any time. Further, it is acknowledged that you may feel obligated to participate based on the professional relationship with the principal investigator and/or co-investigator; however, please know that your non-participation in this project will have no effect on the professional relationship(s) moving forward. The psychological risk is minimal given the co-investigator will be solely focusing on the students' trauma background and not the participants', the participants are informed prior to the interview that if they are uncomfortable with a question they can choose not to answer and can choose to stop the interview at any time. Counseling resources and contact information will be provided to participants both before and after the interview. Additionally, in order to reduce the risk of breach of confidentiality, qualitative data will be classified. Participants will not be explicitly identified, and places of employment will be unidentifiable.

How Will We Protect Your Information?

We plan to publish the results of this study. To protect your privacy, we will not include information that could directly identify you. We will protect the confidentiality of your research records by storing sources of data on a password protected laptop, exclusively owned, and utilized by the co-investigator. Additionally, hard copies of obtained data will be stored in a locked storage area with keyed access. Furthermore, primary, and secondary sources of confidential data will be deleted and/or destroyed. Specifically, email correspondence will be deleted from the server's "trash" folder and paper documentation will be shredded. Your name and any other information that can directly identify you will be stored separately from the data collected as part of the project.

What Will Happen to the Information We Collect About You After the Study is Over?

We will not keep your research data to use for future research or other purposes. Your name and other information that can directly identify you will be kept secure and stored separately from the research data collected as part of the project.

What Other Choices do I Have if I Don't Take Part in this Study?

If you choose not to participate, there are no alternatives. There will be no consequences for choosing not to participate in this study.

Your Participation in this Research is Voluntary

It is totally up to you to decide to be in this research study. Participating in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not

have to answer any questions you do not want to answer. If you decide to withdraw prior to the completion of this study, then you may choose to have any provided data deleted or destroyed or you may allow the investigators to utilize the data for the good of the study. Further, it is acknowledged that you may feel obligated to participate based on the professional relationship with the principal investigator and/or co-investigator; however, please know that your non-participation in this project will have no effect on the professional relationship(s) moving forward.

Contact Information for the Study Team and Questions about the Research

If you have questions about this research, you may contact
Dr. Robert Isherwood | robert.isherwood@sru.edu| 724-738-2453

Contact Information for Questions about Your Rights as a Research Participant

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

Institutional Review Board

Slippery Rock University

104 Maltby, Suite 008

Slippery Rock, PA 16057

Phone: (724)738-4846

Email: irb@sru.edu

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. I/We will give you a copy of this document for your records. I/We will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree to take part in this study. I understand that I can withdraw at any time. A copy of this signed Consent Form has been given to me.

_____	_____	_____
Printed Participant Name	Signature of Participant	Date

By signing below, I indicate that the participant has read and to the best of my knowledge understands the details contained in this document and have been given a copy. __

_____	_____	_____
_____	_____	_____

<u>Photographic/Audiotape/Videotape Release Form</u>:

We request the use of photographic/audiotape/videotape (specify which is used) material of you as part of our study. We specifically ask your consent to use this material, as we deem proper, specifically, for news releases, professional publications, websites, and pictorial exhibits related to our study. We also emphasize that the appearance of these materials on certain media (websites, professional publication, news releases) may require transfer of copyright of the images. This means that other individuals may use your image. Regarding the use of your likeness in photographs/audiotape/videotape, please check one of the following boxes below:

☐ **I do…**

☐ **I do not…**

Give unconditional permission for the investigators to utilize photographs/audiotapes/videotapes (specify which is used) of me. __

_____ _____ _____

Print Name Participant Signature of Participant Date

PLEASE NOTE: Should you choose not to allow your image or voice to be used, we can still benefit from your inclusion as a research study participant.

APPENDIX E

Slippery Rock University of Pennsylvania

TO: Dr. Robert Isherwood
Special Education

FROM: James A. Preston
James A. Preston, D.Ed., Vice Chairperson
Institutional Review Board (IRB)

DATE: February 17, 2022

RE: Protocol Approved

Protocol #: 2022-047-88-B
Protocol Title: Trauma-Informed Care: Exploring the Perceptions of Secondary General Education Teachers

The Institutional Review Board (IRB) of Slippery Rock University has received and reviewed the requested modification(s) to the above-referenced protocol utilizing the expedited review process. The IRB has approved the protocol effective February 17, 2022.

You may begin your project as of February 17, 2022. Your approved protocol will expire on February 16, 2023. You will need to submit a Progress/Final Report at least 7 days prior to the expiration date.

Enclosed are copies of the approved consent and assent forms to be copied for participants to sign. (if applicable)

If you complete the study within the next year, please notify the IRB with a Final Report. The Final Report form and instructions can be found on the IRB website.

Please contact the IRB Office by phone at (724)738-4846 or via email at irb@sru.edu should your protocol change in any way.

APPENDIX F

Signatory Page for Dissertation

(should be embedded into the beginning of the dissertation with all committee members and the Dean of the College of Education signatures following a successful dissertation defense)

Slippery Rock University of Pennsylvania
Department of Special Education

A Dissertation Written By
Nicole Burson - Belcher

Bachelor of _____ in _____, Name of Institution, Date
Master of Science in _____, Name of Institution, Date
Doctorate of Education in Special Education, Slippery Rock University of Pennsylvania, Date 4-20-22

Approved by

Dr. Robert Isherwood, **Dissertation Committee Chair**
Date Apr 24, 2022

Dr. Jason Hilton, **Committee Member**
Date Apr 25, 2022

Dr. Eric Bieniek, **Committee Member**
Date Apr 25, 2022

Accepted by

A. Keith Dils May 2, 2022

Dr. Keith Dils, Dean, College of Education, Slippery Rock University of Pennsylvania
Date

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