

School Leadership: The Journey from Trauma Aware to Trauma-Informed

by

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Abstract

Until recently, discussions around trauma-informed approaches and practices have been limited primarily to the fields of mental health and social services; however, “attention to childhood trauma and the need for trauma-informed care has contributed to the emerging discourse in schools related to teaching practices, school climate, and the delivery of trauma-related in-service and preservice teacher education” (Thomas et al., 2019, p. 423). Schools play an essential role in the lives of children and, therefore, must be equipped to recognize and respond to the diverse needs of the students they serve, especially since research suggests schools are often the primary source of mental health supports for children (Evans et al., 2014; Farmer et al., 2003).

The purpose of this study was to explore trauma-informed school leaders’ experiences, perspectives, and practices in providing trauma-informed leadership necessary for the development and sustainability of a responsive, trauma-informed school environment. The researcher used a multiple case study approach to examine the similarities and differences within a sample of trauma-informed school leaders. This qualitative inquiry method allowed each school principal to be interviewed individually, using a pre-determined set of interview questions, but provided opportunities for authentic and open dialogue to evolve. The study found that trauma-informed school principals shared a variety of common themes associated with personal and professional experiences, trauma awareness, and a commitment to the paradigmatic shift, over time, required to provide a responsive and supportive trauma-informed school environment.

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Table of Contents

Abstract	2
Acknowledgments.....	3
List of Tables	8
List of Figures	9
Chapter 1: Introduction	10
Statement of the Problem.....	11
Purpose of the Study	13
Conceptual Framework.....	15
Research Questions.....	18
Research Design.....	18
Assumptions.....	19
Delimitations.....	19
Significance.....	20
Definitions of Terms	21
Organization of the Study	22
Chapter 2: Literature Review.....	23
Types of Trauma	24
Trauma Exposure and Health Implications.....	27
Neurobiological Implications.....	28
Academic and Behavioral Implications	30
Trauma-Informed Care	32
Role of Schools.....	36

Current Educational Policy	42
The Role of School Principal and Trauma-Informed Leadership.....	44
Chapter 3: Methods.....	54
Purpose of the Study	55
Role of the Researcher	55
Research Design.....	56
Research Questions.....	57
Participants, Backgrounds, and Setting	57
Data Collection	58
Data Analysis	59
Surveys.....	59
Interviews.....	59
Documentation Review.....	60
Assumptions.....	60
Credibility	60
Ethical Considerations	61
Summary	61
Chapter 4: Findings	63
Purpose of the Study	63
Research Questions.....	63
Data Collection	64
Methods.....	66

Data Analysis	67
Surveys.....	68
Interviews.....	68
Observation.....	69
Findings.....	69
Research Question 1	69
Theme 1: Personal Experience.....	70
Theme 2: Awareness.....	73
Theme 3: Evolutionary Process	77
Research Question 2	79
Theme 1: Staff Relationships.....	80
Theme 2: Collective Responsibility.....	82
Theme 3: Clear Expectations and Accountability	84
Research Question 3	87
Theme 1: Staff and Culture Assessment.....	88
Theme 2: Developing Sense of Community.....	90
Theme 3: Increased Trauma-Awareness and Understanding	91
Theme 4: Growth and Change	94
Final Thoughts	95
Summary	96
Chapter 5: Discussion	97
Summary of the Study	97
Research Questions.....	97

Review of Methodology	98
Significance and Limitations	98
Major Findings.....	99
Personal Trauma Exposure Is a Motivating Factor.....	99
Becoming a Trauma-Informed Leader Is an Iterative Process	100
Staff Relationships Are Intentionally Prioritized.....	100
On-Going Professional Development is Essential	101
Creating Trauma-Informed School Environments Takes Courage and Time ..	101
Findings Related to Literature	102
Self-Care	103
Collective Responsibility	104
Professional Learning	105
Becoming Trauma-Informed Is a Process.....	106
Significance of the Study	107
Implications for Practice	108
Implications for School Leaders	108
Implications for Leadership Development.....	109
Recommendations for Future Research.....	110
Concluding Remarks.....	113
References.....	114
Appendix A Institutional Review Board Approval	122
Appendix B The Missouri Model: A Developmental Framework for Trauma-Informed Approaches	147

List of Tables

Table 1 Artifacts Completed by Participants	65
Table 2 Participant Profile.....	65
Table 3 School Setting Characteristics	66

List of Figures

Figure 1 National Council for Behavioral Health Framework	15
Figure 2 The Missouri Model: A Developmental Framework	16
Figure 3 Trauma-Informed Development Approach.....	17
Figure 4 Research Question 1 Themes	69
Figure 5 COVID-19 Pandemic Survey Questions	72
Figure 6 Knowledge, Professional Development, and Preparedness Survey Questions	76
Figure 7 Research Question 2 Themes	79
Figure 8 Progress Monitoring and Accountability Survey.....	86
Figure 9 Research Question 3 Themes	87

Chapter 1: Introduction

Education is a foundational component of societal progress and our nation's continued success. It has the power to provide youth with access to knowledge, skills, and experiences that transcend today's reality, by preparing them for productive, choice-filled lives tomorrow. To accomplish this goal, the educational system must recognize and appropriately respond to the evolving needs of those it is intended to serve and support in this educational and developmental process. The role of schools goes beyond just preparation through academic achievement. A whole-child, educational approach acknowledges that children do not report to school as blank slates but, instead, come with a variety of backgrounds and experiences that affect their availability and readiness for learning and achievement.

Consequently, it is essential that educational leaders reevaluate the role of the educational environment in meeting the evolving needs of today's students through a supportive, trauma-informed approach. Schools are an ideal location for children to learn to heal and recover from the traumatic and often disruptive circumstances they may experience. Through a trauma-informed approach, schools can play a critical role in more effectively addressing and responding to the needs of students and staff, especially those exposed to trauma, in ways that help them overcome the very challenges that can interrupt their potential for success and well-being as students and adults.

Wolpow et al. (2009) describe learning, while dealing with unaddressed trauma, as "trying to play chess in a hurricane" (p. 3). Despite student efforts and effective implementation of research-based teaching practices by highly competent practitioners, students may not be able to access the learning necessary in an environment that is not adequately equipped to recognize

and respond to the social, emotional, academic, or behavioral needs of those who have experienced trauma.

A trauma-informed approach has the capacity to provide the culture and support necessary to help quiet the “storm” often associated with trauma and improve the learning and outcomes for those impacted. Equipped with the proper knowledge, skills and resources, school environments and the personnel that create and sustain them can serve as a critical differentiating factor in instilling the resiliency necessary to deal with and overcome trauma exposure and its potentially negative consequences (Van der Kolk, 2014).

Unfortunately, a gap exists in the current literature related to the process by which school leaders become trauma-informed and develop and maintain trauma-informed school cultures that prioritize trauma healing and recovery. The purpose of this study is to contribute to the literature through exploration of the perspectives, experiences, and practices of trauma-informed school leaders. The findings of this study are intended to provide practitioners with greater insight and understanding of the process of becoming trauma-informed, practicing trauma-informed leadership, and developing a trauma-informed school culture.

Statement of the Problem

The Substance Abuse and Mental Health Services Administration (2014) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effect of the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 7). Research suggests that nearly two-thirds of students experience a potentially traumatic life event by the time they reach sixteen years of age (Center for Disease Control, 2019; Felitti et al., 1998; National Center for Traumatic Stress Network, 2017). Furthermore, according to Felitti et al.

(1998), sixteen percent of adults who report being exposed to at least one adverse childhood experience reported four or more such traumatic experiences.

Exposure to childhood trauma has been linked with both short and long-term risks to overall well-being and educational success. “Trauma interrupts those parts of the brain people need to move forward in time, and to effectively utilize cognitive resources such as logic, language and self-regulation” thus compromising learning, rational thinking, imagination, and goal setting (Van der Kolk, 2014). Consequently, adverse childhood experiences have been associated with decreases in academic achievement, increases in attendance and behavioral issues, grade retention, and higher rates of special education eligibility (Blodgett & Lanigan, 2018; National Child Traumatic Stress Network, 2017; Delaney-Black et al., 2002; Segal & Collin-Vezina; 2019; Goodman et al., 2012; Perfect et al., 2016). In adulthood, childhood trauma has been linked to increased rates of heart disease, cancer, alcoholism, drug abuse, and mental health issues (Felitti et al., 1998; Harris, 2018).

Based on federal projections, more than 50.7 million children, or 90% of the student population, are anticipated to be enrolled in public schools in 2022 (Riser-Kositsky, 2019). The school setting can play a critical role in the healing and recovery process for children exposed to trauma, thus potentially mitigating the long-term, negative effects and improving short-term student outcomes. However, this requires a greater understanding of trauma and its impact among educational leaders and practitioners responsible for creating responsive and supportive learning environments that support academic achievement and student success (Cavanaugh, 2016).

Yet, educators repeatedly report feelings of self-doubt, lack of training, and expertise in supporting the social, emotional, and mental health needs of students who have been exposed to

trauma (Alisic, 2012; Alvarez, 2017; Barrett et al., 2012; Williams et al., 2007). Unclear roles and responsibilities, balancing the needs of all students, and feelings of incompetency among teachers limit student access to the culture, practices, and supports necessary to avoid re-traumatization and develop the skills and practices necessary to overcome the barriers often associated with trauma (Alisic 2012). According to the Substance Abuse and Mental Health Services Administration (2014), it is the role and responsibility of the organization and its leadership “to support and invest in implementing and sustaining a trauma-informed approach” (p. 13) that will equip educators with the knowledge, skills, and training necessary to address these feelings of doubt and uncertainty that create barriers to trauma-informed care. However, there appears to be a considerable gap in preparation, training, and a framework for educational leaders in intentionally and systematically creating and supporting trauma-informed environments. Educational leadership literature often outlines key principles and practices for effective leadership but fails to provide insight or frameworks related to working specifically with traumatized student populations (Blau & Magrab, 2010; Grissom et al., 2021). It is unlikely school leaders will be successful in providing staff the support they need if they lack the same knowledge, understanding, and confidence teachers report feeling about their role and competency in addressing the needs of children exposed to trauma in the classroom.

Purpose of the Study

Until recently, discussions around trauma-informed approaches and practices have been limited primarily to the fields of mental health and social services. However, “attention to childhood trauma and the need for trauma-informed care has contributed to the emerging discourse in schools related to teaching practices, school climate, and the delivery of trauma-related in-service and preservice teacher education” (Thomas et al., 2019, p. 423). Schools play

an essential role in the lives of children and, therefore, must be equipped to recognize and respond to the diverse needs of the students they serve, especially since research suggests schools are often the primary source of mental health supports for children (Evans et al., 2014; Farmer et al., 2003).

The Substance Abuse and Mental Health Services Administration (2014) outlines four key assumptions necessary in a trauma-informed approach. A trauma-informed culture “realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved in the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization” (SAMHSA, 2014, p. 9). These principles must be embraced and practiced by all stakeholders and require significant time, energy, and commitment, but most especially that of school leaders (Blau & McGrab, 2010; Eller & Eller, 2019; Nealy-Oparah & Scruggs-Hussein, 2018; Walkley & Cox, 2013). Becoming a trauma-informed school culture “goes beyond identifying and referring students with traumatic stress to outside services” (Oehlberg, 2008, p. 1). Instead, it requires a paradigmatic shift among leaders and practitioners that allows them to see themselves as the first line of defense in helping students recover from traumatic experiences.

The purpose of this study is to explore trauma-informed school leaders’ experiences, perspectives, and practices in providing trauma-informed leadership necessary in the development and sustainability of a trauma-informed school environment. For this study, a trauma-informed leader will be defined as a k-12 public school leader who has been identified as an effective trauma-informed school leader by a panel of trauma experts. In this study, the researcher will use a multiple case study approach to “compare, contrast, and synthesize

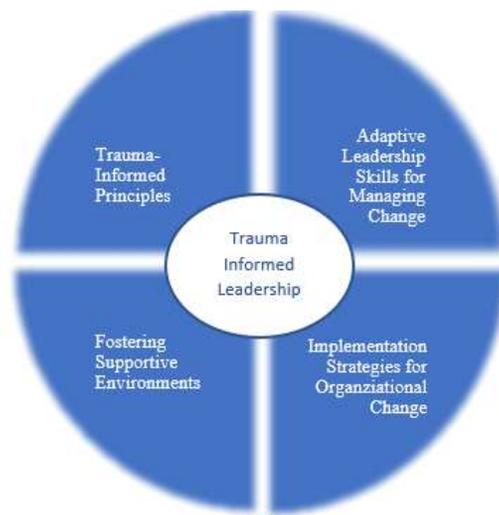
perspectives” (p. 50) and experiences related to providing trauma-informed leadership and the development of trauma-informed schools (Bloomberg & Volpe, 2019).

Conceptual Framework

Since the literature, related to trauma-informed leadership primarily focused on crisis management during events such as natural disasters or singular traumatic events, the researcher explored the concept of trauma-informed leadership using the National Council for Behavioral Health Framework for Trauma-Informed, Resilience-Oriented Leadership (n.d.) as a frame for this research study. This framework acknowledges the day-to day complexity and relational aspects of providing leadership and management that creates conditions necessary for paradigmatic change to occur among stakeholders and organizations. This framework is based upon the integration of the Substance Abuse and Mental Health Services Administration (2014) Trauma-Informed Principles, adaptive leadership skills, implementation strategies for organizational change, and fostering supportive environments.

Figure 1

The National Council’s Framework for Trauma-Informed, Resilience-Oriented Leadership

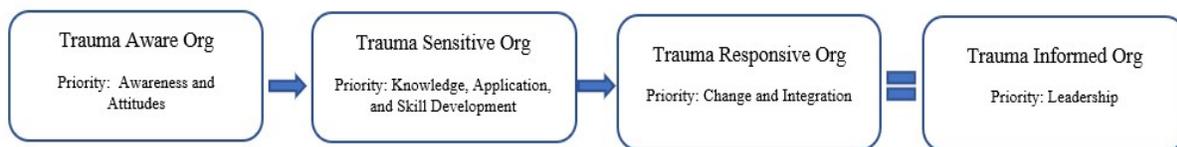


(adapted from the National Council for Behavioral Health Framework for Trauma-Informed, Resilience-Oriented Leadership (n.d.)

In conjunction with the National Council for Behavioral Health Framework for Trauma-Informed, Resiliency-Oriented Leadership, the researcher also explored the concept through the Missouri’s Developmental Framework for Trauma Informed Approaches Model. This model examines the evolutionary process of an organization becoming trauma informed through an organizational change process rather than a programmatic approach and is intended to serve a variety of organizations that serve children, families, and communities. The Missouri model is based upon a continuum of sequential phases that shape and build upon the “knowledge, perspectives, attitudes, and skills” of individuals within an organization, thus leading to a trauma-informed organizational approach and culture (Missouri Model: A Developmental Framework for Trauma Informed Approaches, 2019).

Figure 2

The Missouri Model: A Developmental Framework for Trauma-Informed Approaches



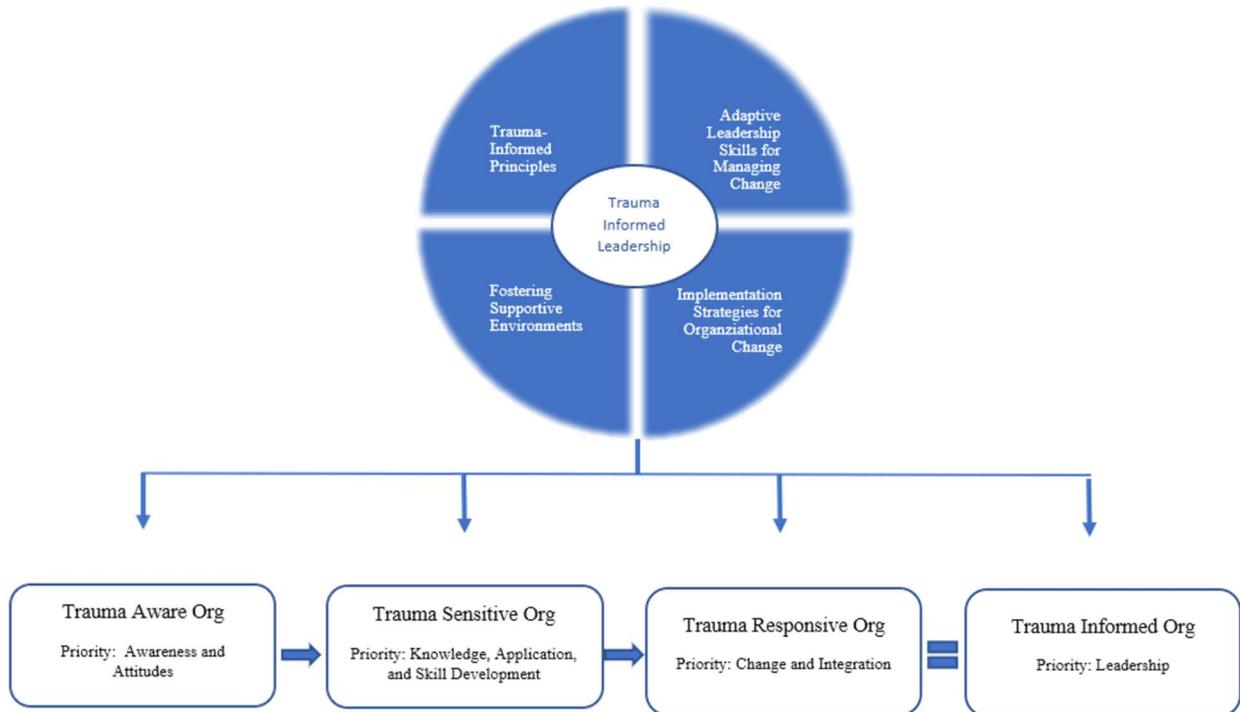
(adapted from the Missouri Model: A Developmental Framework for Trauma-Informed Approaches, 2019; Greig et al., 2021)

The combination of these two frameworks recognizes the role of the leader in strategically developing the opportunities and conditions through which a paradigmatic shift can occur for key stakeholders and the developmental process associated with becoming a trauma-informed organization. Through the integration of these conceptual frameworks, it is the hope of the researcher that leaders are better positioned to understand their role and responsibility in intentionally providing trauma-informed leadership and supporting the developmental process of

transforming an organization from trauma aware to trauma informed. Figure 3 represents the interdependence of trauma-informed leadership and the developmental process associated with becoming a trauma-informed entity.

Figure 3

Trauma-Informed Developmental Approach through a Trauma-Informed Leadership Approach



(adapted by from the National Council for Behavioral Health Framework for Trauma-Informed, Resilience-Oriented Leadership (n.d.) and the Missouri Model: A Developmental Framework for Trauma-Informed Approaches (2019)).

The researcher’s values, beliefs, and experiences have influenced her epistemological, ontological, and axiological approaches (Creswell & Poth, 2018). She believes school leaders play a significant role in the overall values, culture, and success of school communities through a cycle of continuous school improvement. She believes highly effective school leaders recognize the importance of building consensus and buy-in from key stakeholders through collaboration, clarity, consistency, and differentiated support through continuous and intentional assessment and evaluation processes to improve student outcomes and build capacity amongst all

stakeholders. Much like other school improvement efforts, she, also, believes that cultural change is an iterative process that prioritizes the time, resources, and commitment necessary for understanding and perspectives to authentically evolve and change over time.

Research Questions

This study explored the following research questions:

1. How do school leaders describe the process of becoming a trauma-informed leader?
2. What leadership practices and/or principles do trauma-informed school leaders employ?
3. How do trauma-informed school leaders describe the process of becoming a trauma-informed school?

Research Design

Based upon the limited research available related to trauma-informed school leadership and cultures, the researcher selected a collective case study methodology to gain a deeper understanding of the multiple perspectives, experiences, and practices of school leaders within trauma-informed schools (Creswell & Poth, 2018; Stake, 1995). This approach allows the researcher to “compare, contrast, and synthesize perspectives” (p. 50) across the same phenomenon thus generating better insight into and depiction of the complexity of the issue (Bloomberg & Volpe, 2019). A purposive sampling strategy included identification of participants by subject experts (Creswell & Poth, 2018; Schwandt, 2015). These experts were chosen due to their involvement in learning communities which focus on trauma-informed leadership or because they are considered experts nationally in the field. Data was collected and triangulated through use of a survey, an interview protocol, and documentation review (Creswell & Miller, 2010). Detailed design information is provided in Chapter Three.

Assumptions

Although the researcher has school administration experience, she does not currently serve in a school leader role, nor has she had experience leading a trauma-informed school. She does, however, have several methodological assumptions related to trauma-informed schools. Based on research by Grissom et al. (2021), she assumed that since school leaders play a significant role in developing and sustaining effective school cultures, they would play an equally important role in creating trauma-informed school environments. She also assumed organizational change was complex and occurred in stages (Burke, 2018). Finally, she assumed that participants would share openly and honestly, regarding their perspectives and experiences.

Delimitations

One delimitation of the research was the purposive sampling. This purposeful selection is aimed at identifying “information-rich cases and emergent, in-depth understanding now available through random sampling” (p. 186), however; this approach also prioritizes certain data over others and therefore can impact the interpretation and understanding of the researcher (Bloomberg & Volpe, 2019). In this case, the school leaders’ perspectives and experiences were prioritized over other stakeholders, such as faculty, staff, students, and families. Additionally, only a small sample was used to collect data and may not represent the experiences or perspectives of a broader population of trauma-informed school leaders.

The researcher also recognizes that participants could be reluctant to share information related to their personal experiences that impact their commitments or approaches to providing a trauma-informed school culture. Finally, for the purpose of this study, the researcher chose to select the Missouri’s Developmental Framework for Trauma Informed Approaches as a frame

within which to evaluate the research questions rather than evaluating through the implementation of a trauma-informed school program.

Significance

Understanding the knowledge, perspectives, and experiences of school leaders in creating and sustaining trauma-informed school environments is necessary for schools to recognize and respond to the growing social, emotional, behavioral, and academic needs of our nation's children most effectively. Research suggests that sixty-one percent of adults surveyed have experienced at least one adverse childhood experience and one in six reported four or more such events (Center for Disease Control and Prevention, 2019; Felitti et al., 1998; National Center for Traumatic Stress Network, 2017). Schools must reimagine their role in identifying students exposed to trauma and provide trauma-informed school cultures and supports that help students heal and recover from the impact of these experiences. Deeper insight into the knowledge, skills, conditions, and processes necessary to create trauma-responsive school environments is essential to the continued success and well-being of school-aged children.

As the researcher began to conduct her literature search related to trauma-informed schools, she noticed a gap in the existing literature. Available literature was primarily focused on specific program implementation or effectiveness, as opposed to an overall trauma-informed school culture. As key terms such as *trauma-informed* and *trauma-responsive schools* and *leadership* were added, the research was limited to crisis leadership associated with a singular event. The findings from this research study can be used to inform and guide educational leadership programs in preparing educational leaders to be equipped to provide the leadership necessary to create trauma-informed school cultures. Additionally, the findings can be used to guide current district and school leaders in developing trauma-informed school leaders and

cultures that more effectively meet the social, emotional, behavioral, and academic needs of all students.

Definition of Terms

- Acute Trauma – “A single event, such as a natural disaster or parent’s suicide” (Plumb et al., 2016, p. 39)
- Adverse Childhood Experiences - Potentially traumatic events that occur in childhood between the ages of birth and seventeen years that can have lasting negative effects on the health, well-being, and trajectory of an individual’s life (Center for Disease Control, 2019; Felitti et al., 1998; Harris, 2018)
- Chronic Trauma – “Repeated exposure to assaults on the mind or body, such as repeated sexual assaults or domestic violence” ((Plumb et al., 2016, p. 39)
- Complex Trauma – The experience of “multiple, chronic, and prolonged developmentally adverse traumatic events, most often of an interpersonal nature (ex: sexual or physical abuse, war, community violence) and early-life onset” (Van der Kolk, 2005, p. 402; (Plumb et al., 2016, p. 39)
- Culture – “The set of shared attitudes, values, goals, and practices that characterize an institution or organization” (The Merriam-Webster Dictionary, 2021)
- Trauma – “An umbrella term denoting the inability of an individual or community to respond in a healthy way (physically, emotionally, or mentally) to acute or chronic stress” (Wolpow et al., 2009, p. 2)
- Trauma-informed – A program, organization, or system that “realizes the widespread impact of trauma and understands the potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved in the system; and

responds by fully integrating knowledge about trauma into policies, procedures, and practices, and actively seeks to actively resist re-traumatization” (Substance Abuse and Mental Health Services Administration, 2014, p. 7)

- Secondary Trauma – “Post-Traumatic Stress Disorder behaviors and emotions resulting from internalizing the traumatizing event of experienced by another” (Wolpov et al., 2009, p. 38)

Organization of Study

This study is organized into five chapters. In Chapter One, the researcher introduced the topic of the study, defined the problem and purpose, provided a general overview of the research questions, design, and the conceptual frameworks used to guide and inform this work. Chapter Two included a detailed review of relevant literature related to the prevalence and impact of exposure to childhood trauma and the role of schools in addressing the needs of children exposed to trauma. In Chapter Three, the researcher outlined the research methodology, including participant selection, data collection, and data analysis. The results were presented in Chapter Four and Chapter Five included an interpretation of the results, implications, and recommendations for future research.

Chapter II: Literature Review

Educators recognize that student well-being plays an important role in the overall short-term and long-term success of a child; however, the role and responsibility of schools in strategically and effectively addressing and supporting the growing social and emotional needs of students has remained undefined. While educators acknowledge the significance of student well-being, they also recognize the difficulty in maintaining prioritization in the school environment amid competing factors related to increased accountability and lack of trauma-informed training (Alisic, 2012; Alisic et al., 2012; Williams, 2007), however, as cited in Barrett et al. (2012), failure to address this challenge adequately and effectively has left students at risk for short- and long-term emotional, behavior, and academic challenges. Though traumatic events, such as school shootings, draw wide-spread attention to a greater need for mental health supports for children and families, far less attention is routinely given to the more subtle but prevalent trauma children are increasingly exposed to, such as neglect, conditions of poverty, and/or violence. Whether supporting children who have been exposed to a singular, defining traumatic event or more subtle, on-going traumatic childhood experiences, “those working in a capacity to support children can benefit from gaining a deeper understanding of how trauma effects child development and what intervention efforts have been effective in helping children heal” (Walkley & Cox, 2013, p. 123).

The National Child Traumatic Stress Network (2017) suggests that “by age sixteen, two-thirds of children in the United States have experienced a potentially traumatic event” (p. 1). Given the large number of children exposed to traumatic experiences, it is clear the educational environment must play a more active role in addressing and mitigating the effects of trauma or risk our educational system’s ability to effectively educate and prepare students and society for a productive future for potentially generations to come.

More than two decades of medical research have provided evidence that exposure to childhood trauma can influence the trajectory and physiology of an individual's life (Felitti et al., 2019; Harris, 2018). The long-term impact of such exposure has been correlated to an increase in heart disease, cancer, diabetes, and mental illnesses (Felitti et al., 2019). With a growing number of children experiencing higher levels of risk to exposure and the increasing research indicating such exposure can lead to life-threatening illness, it is essential we ensure that the individuals working with children understand the impact of trauma on the brain and development and how that can impact learning and behavioral outcomes of school-aged children who, in turn, eventually become adults. Only then will we be able to leverage educators and the school environment to provide the support and structures necessary to minimize the negative effects of childhood trauma.

Currently, educators serve as a point of referral for students demonstrating social or emotional deficits. Students spend most of their waking hours in the school environment in the care of educators, thus allowing educators and school staff to play key roles in identifying students potentially exposed to trauma and providing supports that facilitate the healing and recovery process (Alisic, 2012). As the educational system reimagines the role and responsibility of education in supporting the overall health and well-being of students and educators, the school environment must become an integral part of the system of care versus simply a point of referral for community resources that often go untapped or are inaccessible to the very individuals that need them most (Van der Kolk, 1994).

Types of Trauma

Not all stress is negative. Instead, stress can be thought of as existing along a continuum (Cherkowski et al., 2020). On one end of the continuum are the developmentally appropriate

forms of stress, such as a child learning to wait their turn, exhibiting patience, or selecting between two equally desired objects or activities. According to Plumb et al. (2016), if stress is “predictable, moderate, and controlled” (p. 38), individuals are likely to develop the resilience and essential coping skills that allow children to effectively adjust and adapt to naturally occurring challenges in their daily lives. On the other end of the continuum is traumatic stress that is so disruptive that it can interfere with brain development and negatively impact one’s daily existence and long-term health (Blodgett & Lanigan, 2018; Carrion & Wong, 2012; Felitti et al., 2019). Therefore, it is imperative we understand both the short and long-term impact of trauma and the environments, practices, and interventions that most effectively support and address the needs of those exposed.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (Substance Abuse and Mental Health Administration, 2014, p. 7). “Trauma is an extreme form of stress” (p. 38) that compromises the health and/or well-being of an individual, and most individuals will experience a traumatic event during their lifetime (Plumb et al., 2016).

Traumatic events are not limited by race, gender, or age and are experienced differently between and among individuals. The types of traumatic events experienced, however, can be further categorized as acute, chronic, and/or complex, depending on the type, duration, and/or frequency of the exposure to trauma. Acute trauma is often associated with a single event in life, such as a natural disaster, car accident, or single event of violence that threatens one’s physical or emotional safety (Plumb et al., 2016). According to Wolpow et al. (2009), these events are

often “brief and severe” (p. 7). If left unresolved, acute trauma may include symptoms such as extreme panic or anxiety, confusion or irritation, insomnia, lack of self-care, dissociation from others, and/or poor productivity at work or school.

Chronic trauma results from repeated exposure to chronic or repeated traumatic experiences over time. These events may include exposure to domestic violence, child abuse, medical treatments or illnesses, or war-time circumstances. Chronic childhood trauma can interrupt the child’s ability to integrate sensory, emotional, and cognitive information, thus limiting appropriate development of self-regulation strategies, manifesting as unpredictable emotional responses, anxiety, anger, or physical symptoms such as headaches, fatigue, and nausea (Streeck-Fischer & Von der Kolk, 20). Like acute trauma, if left untreated, long-term negative impact to one’s well-being may result.

Complex trauma is the result of exposure to varied and multiple traumatic experiences, but the trauma is often interpersonal in nature. Van der Kolk (2005) defines complex trauma as the “experience of multiple, chronic, and prolonged developmentally adverse traumatic events, most often of an interpersonal nature” (p. 402) that often occurs early in life. In contrast to acute or chronic trauma, complex trauma is often more subtle and may result from failure to be provided the consistent safety, care, and protection by primary caregivers that is necessary for normal development. While complex trauma can occur across populations, research suggests that individuals exposed to greater levels of poverty are at greater risk of experiencing stress resulting in complex trauma (Self-Brown et al., 2004).

While isolated traumatic events tend to result in discrete responses to reminders of the trauma event, complex trauma has a more pervasive impact on brain and cognitive development. Consequently, these developed behaviors and responses are often mislabeled as defiant,

rebellious, or antisocial rather than being recognized as related to trauma exposure and addressed as an attempt to regulate one's stress. Like acute and chronic trauma, complex trauma has the potential to interrupt normal social, emotional, and/or academic development, if not identified and appropriately addressed, and complex trauma can be more challenging to identify.

Trauma Exposure and Health Implications

In the 1998 Kaiser Permanente Adverse Childhood Experiences (ACE) study, Felitti et al. (2019) conducted some of the earliest research that evaluated the link between childhood exposure to trauma and adult morbidity and mortality. While previous research had established that adult lifestyle and behaviors were contributing factors in the quality of life and the health of adults, very little was understood about what role childhood exposure to trauma might play in adult behaviors and health outcomes until the ACE study. The results indicated a strong correlation between the amount of trauma exposure and the cumulative effects on adult health, even once the trauma or stressors ceased to exist. For instance, those patients with four or more ACEs were twice as likely to develop heart disease and cancer and three and a half times more likely to develop chronic obstructive pulmonary disease when compared to an individual with no ACEs (Felitti et al., 2019). These predictive results demonstrated a need to further evaluate the mechanisms by which these traumatic experiences contributed to such dramatic long-term health outcomes, thus allowing effective treatments and interventions to be developed and implemented.

Felitti (2019) originally included only seven categories of trauma. As the research related to trauma grew, the list of adverse childhood experience categories expanded to include a total of ten: 1. Emotional abuse (recurrent) 2. Physical abuse (recurring) 3. Sexual abuse 4. Physical abuse (nonrecurring) 5. Emotional abuse 6. Substance abuse in the household 7. Mental illness in

the household 8. Parent treated violently 9. Divorce or parental separation 10. Criminal behavior in the home (Harris, 2018). The National Survey of Children's Health (2012) reported that 48% of children in the United States experienced at least one adverse childhood experience, 22.6% experienced two or more, and 37% of children experienced three or more.

Neurobiological Implications

Research has linked traumatic life experiences to structural changes in the brain and, as a result, mental health disorders later in life. Park et al. (2018) found that adversity impacts mental health through changes to the amygdala and prefrontal cortex. The amygdala is associated with the body's fight or flight response and the prefrontal cortex is responsible for emotional regulation. Childhood adversity has been linked to increased amygdala volume and, conversely, reduced thickness and volume of the medial prefrontal cortex (Tottenham & Sheridan, 2010). Gee et al. (2013) demonstrated altered amygdala-prefrontal cortex connectivity, during an emotional task, when comparing children who have been exposed to increased trauma compared to children that had not. In children where reduced connectivity between the amygdala and prefrontal cortex was observed, there was an increase in behavioral issues related to attention and aggression.

Magnetic resonance imaging (MRI) has also been used to detect measurable structural changes to the brain due to prolonged exposure to stress or trauma (Carrion & Wong, 2012). In studies where salivary cortisol levels were tested multiple times throughout the day, children with higher cortisol levels had less hippocampus volume and increased behavioral symptoms related to trauma such as difficulty sleeping, irritability, and trouble paying attention. When these same children were evaluated twelve to eighteen months later, MRI results revealed even smaller hippocampi, despite the trauma and stress no longer being actively present. This suggests

that the part of the brain responsible for memory and learning was still being negatively impacted by the early trauma. This may account for the correlation between childhood trauma and the increase in adult health risk factors long after.

Similarly, children exposed to prolonged poverty demonstrate similar amygdala-prefrontal cortex volume and connectivity changes leading researchers to investigate what factors associated with poverty result in these similar changes in brain structure. Furthermore, childhood poverty is associated with adult morbidity, regardless of adult socio-economic status (Kim et al., 2013). These findings suggest a connection between the effects of childhood poverty on stress regulation due to elevated exposure to risk factors, such as trauma and prolonged stress. Chronic stressors, such as family turmoil, separation from family members and substandard living conditions are often increased in children exposed to poverty (Evans & Kim, 2007). Evans and Kim (2007) suggested increased hypothalamic-pituitary adrenocortical (HPA/cortisol) activity and inefficient cardiovascular response (blood pressure) impacted by cumulative risk exposure may compromise the body's ability to respond effectively to stress regardless of socioeconomic status in adulthood. This suggests that the damage done to regulatory systems during childhood may manifest as health issues in adulthood despite alleviating the presence of trauma in adulthood.

Lupien et al. (2009), however, cite the significance of the developmental time of exposure to poverty as being a significant factor in the long-term effects of poverty and trauma. Early childhood is a time of rapid brain development and growth. Therefore, exposure during early childhood may cause more damage to biological systems than later in life exposure making it critical to ensure that children are provided prompt and effective interventions to offset the short- and long-term effects of trauma exposure on learning, behavior, and long-term health.

Structural changes to the brain have implications for learning and behavior. The prefrontal cortex is associated with executive functioning skills and abilities, such as emotion regulation, impulse control, and information processing (Segal & Collin-Vezina, 2019; Van der Kolk, 1994). These, in turn, can impact a child's language development and reading acquisition skills, which can have a significant impact on academic achievement and performance (Segal & Collin-Vezina, 2019). As students learn, they must rely on the coordination of multiple areas associated with executive functioning, such as emotion, attention/concentration, and working memory, all of which are necessary for language and literacy acquisition. Children who begin school with pre-reading deficits, due in part to exposure to adverse childhood experiences, often struggle with the emotional regulation and perseverance necessary to be successful at the complex tasks of learning to read and write. Learning to read is taxing for children with emotion regulation deficits leading them to become overstimulated or avoidant of the task, which negatively impacts further language development (Segal & Collin-Vezina, 2019). This can lead to an increase in behavioral issues and a widening achievement gap, which are known factors associated with increased delinquency and dropout rates (Plumb et al., 2016). These structural changes, often influenced by the development period of exposure, support research suggesting that "the more adversity a child faces, greater the odds, of long-term developmental consequences" (Walkley & Cox, 2013, p. 123).

Academic and Behavioral Implications

Exposure to trauma can negatively impact a child's ability to learn, which can have lasting impacts for the long-term success of that child. The impacts of trauma on future success are not limited to only academic achievements, as trauma has the capacity to impact the social, emotional, and intellectual trajectory facets of life.

Traumatic experiences have the power to undermine the development of linguistic and communicative skills, thwart the establishment of a coherent sense of self, and compromise the ability to attend to classroom tasks and instructions, organize and remember new information, and grasp cause-and-effect relationships – all of which are necessary to process information effectively, (Cole et al., 2005, p. 22)

Consequently, students who have experienced trauma may not be cognitively available for learning and engagement in the same manner their non-exposed peers are. These differences, if left unaddressed, can have significant and profound impacts on students' educational experiences and outcomes.

Blodgett and Lanigan (2018) found students with identified attendance and behavioral issues scored significantly higher in their adverse childhood exposure scores. Perhaps more importantly, as academic failure, attendance issues, and behavioral issues increased, so did the number of adverse childhood experiences. Similarly, studies have examined the relationship between exposure to childhood trauma and reading proficiency levels and performance on standardized achievement assessments (National Child Traumatic Stress Network, 2017). Delaney-Black et al. (2002) and Segal and Collin-Vezina (2019) found an increase in exposure to childhood trauma associated with a decrease in reading and IQ achievement. Higher rates of grade retention, absenteeism, special education eligibility, and discipline referrals have also been correlated to an increased number of adverse childhood experiences leading to trauma exposure (Blodgett & Lanigan, 2018; Goodman et al., 2012; National Child Traumatic Stress Network, 2017; Perfect et al., 2016).

Even when academic impact is not observed, exposure to trauma can manifest in students' social, emotional, or relational behaviors, which can interfere in the learning process

and overall school success. Students exposed to higher levels of trauma have been shown to exhibit “higher levels of aggression, assaultive behavior, disruptive behavior, hyperactivity, impulsivity, sexual promiscuity, sleep dysfunction, and substance abuse and dependence” (Perfect et al., 2016, p. 9). Failure of educators and the learning environment to recognize and intentionally support the needs of trauma exposed students places not only those students at risk but, also, risks interrupting the learning and work of others when these needs go unmet. According to Wolpow et al. (2009), students exposed to trauma were “two-and-one-half times more likely to fail a grade, score lower on standardized achievement test scores, have more receptive or expressive language difficulties, are suspended or expelled more often, and are designated to special education more frequently” (p. 5). Outcomes such as these not only have the capacity to negatively impede the social, emotional, academic, and behavioral success of students, but they can also be key contributing factors in existing and widening achievement gaps among vulnerable populations. Building an awareness and understanding of the causes and impact of trauma among educational leaders and practitioners is paramount to beginning to create and develop responsive, trauma-sensitive learning environments that have the capacity of benefitting all learners and the adults that work with them.

Trauma-Informed Care

Early identification and support of mental health issues can have a positive effect on mental health and long-term academic performance, thus suggesting that developmentally appropriate, school-based interventions can play a significant role in mitigating the short-term and long-term effects of exposure to trauma (Guzman et al., 2011). Clinical-based interventions can play a significant role in the treatment and support of mental health issues associated with trauma exposure, but the limited access many children and families have to these services

coupled with the limited resources schools have to provide the necessary mental health services prove it difficult to ensure that interventions or services are available to all. It is incumbent upon schools and districts to consider how they might build the capacity of existing personnel to better serve the mental health needs of students as a necessary means of supporting overall well-being and academic achievement.

Unfortunately, research is rather limited regarding how schools might address chronic trauma, as opposed to more isolated traumatic events, such as natural disasters or national or international conflicts. Many children, however, exist within circumstances, such as poverty, that put them at risk for prolonged exposure to trauma rather than isolated or acute events. Creating culturally sensitive, trauma-informed environments that recognize and support the contextualized needs of the children the school serves has the potential to offset the impact of trauma exposure, whether acute, chronic, or complex. Strategies and interventions that reflect and value the population's culture and experiences are key to providing responsive, trauma-informed environments (Zakszeski et al., 2017). This suggests that, while there are key components to providing culturally-sensitive, trauma-informed care, specific strategies, interventions, and practices need to be customized to meet the developmental, cultural, and contextual needs of the children they are uniquely designed to support.

The Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) recommends “a trauma-informed approach to prevention and intervention” for individuals who have experienced trauma (p. 310). This approach includes “(a) realizing the effects of trauma on individuals, families, groups, and communities; (b) recognizing the signs and symptoms of trauma; (c) responding by integrating knowledge about trauma into policies, procedures, and practices; and (d) intentionally resisting re-traumatization” (Zakszeski et al., 2017, p. 310), These

findings are supported by other research, as well (Cavanaugh, 2016; Nealy-Oparah & Scruggs-Hussein, 2018; SAMHSA, 2014). While some children may require greater intervention, especially those exposed to higher levels of trauma, many basic needs could be met through school-wide, trauma-informed practices. Targeting school practitioner's knowledge of trauma, its effects, and its methods of supporting those who have experienced traumatic exposure may help educators more accurately identify student needs and provide viable interventions within the classroom setting. Lower-intensity, classroom-based interventions have the potential to minimize lost instructional time, increase student engagement, and reduce the burden on limited school-based mental health resources, such as counselors, social workers, and school psychologists (Zakszeski et al., 2017), permitting these professionals to use their expertise to focus on supporting children requiring more high-intensity interventions and supports that often accompany exposure to more severe forms of trauma.

Zakszeski et al. (2017) and Cavanaugh (2016) recommend school-based mental health support that is embedded within the larger multi-tiered systems of support model (MTSS) to resist it being viewed as another program to be added to the already robust portfolios and responsibilities of educators. Buy-in for trauma-informed practices is essential to the fidelity of the implementation. Teachers must perceive a need for the supports and services to be willing to invest the time, energy, resources, and dispositions required to create and provide trauma-informed environments and practices. According to Walkley and Cox (2013), this will be necessary to help overcome some of the challenges and obstacles, such as time, accountability, and the "existing organizational cultures of schools" (p.124) that currently compete with or impede effective implementation of trauma-informed supports and practices within the educational environment.

When viewed through the lens of MTSS, key trauma-informed practices become part of the Tier 1 supports that are the foundation of a culturally responsive, trauma-informed learning environment for all individuals. Intentional strategies and practices include targeting school climate through whole school initiatives such as School-wide Positive Behavior Intervention System (SWPBIS), Second Step, and Healthy Environments and Response to Trauma in Schools (HEARTS) by providing specific instruction to students and staff related to social problem-solving abilities, developing self-regulation strategies, and fostering a growth mindset (SAMHSA, 2014; Zakszeski et al., 2017). Strategies that create positive interactions, are culturally responsive, include peer supports, and targeted supports, such as check-in/out interventions, mentoring, and social skill instruction, create positive learning environments and structures that address and nurture the social, emotional, behavioral, and academic needs of most students. These practices then allow students in need of greater support and more targeted interventions to be identified and limited resources prioritized appropriately.

Through this approach, all members of a school community share in the responsibility of and play a role in identifying and supporting the mental health and well-being of all children (Wiest-Stevenson & Lee, 2016). Depending on the individual needs of a child, those resources and supports may be more or less intensive but structures and practices are in place that support and prioritize the well-being of all children, whether exposed to trauma or not. These practices are necessary for creating and sustaining trauma-informed school cultures that address the diverse needs of students and create the conditions for increased belonging, well-being, and academic success (Wolpow et al., 2009).

Finally, research suggests the use of screening tools to both help identify students potentially in need of additional support and as a means for evaluating the effectiveness of the

interventions provided. Students exposed to prior trauma, such as poverty and those in historically marginalized groups, are at greater risk for more serious post-traumatic stress symptoms and/or behaviors. Screeners allow these students to be more effectively identified, even if the student may not be exhibiting external signs of stress. Measures of effectiveness may include attendance, academic performance, social interactions, and/or time out of class, in addition to self-regulation or self-efficacy strategies. Appropriate screening measures can contribute to the identification of student needs earlier and, early intervention has been linked to positive mental health and academic performance later in life (Guzman et al., 2011).

Role of Schools

As the population exposed to trauma grows, it has become increasingly important to evaluate the role the school setting can play in providing supports and interventions that temper the effects trauma exposure can have on children. Families who are in the greatest need of access to trauma-focused therapeutic intervention are often limited due to transportation, schedules, financial limitations, or the stigma associated with seeking support for mental health issues. Farmer et al. (2003) found that “of the children who access mental health services, three-fourths receive care through the education sector” (p. 854). In a study following Hurricane Katrina, students were randomly assigned to either a clinical-based or school-based cognitive-behavioral intervention group. Only 12% of those assigned to the clinical-based group completed the treatment protocol while 93% of those participants assigned to the school-based group completed the intervention protocol (Jaycox et al., 2010). This demonstrates the importance of reassessing the role schools should play in addressing the mental health needs of students within the traditional school setting.

As cited by the National Center for Traumatic Stress Network (2017), a trauma-informed approach that supports all students, requires a comprehensive multi-level system of support that helps students who have report that they have experienced trauma and students who report that they have not experienced trauma. The practices associated with compassionate, trauma-informed care are often considered evidence-based best practices necessary to build a positive and supportive learning environment for all students and the educators that exist within them.

Understanding educators' perspectives, feelings, and confidence in their knowledge and ability to provide trauma-informed care for their students can provide valuable insight into how schools might more effectively provide teachers the necessary training and support to bridge the gap between research and effective implementation of trauma-informed practices. Reinke et al. (2011) studied 292 teachers from 5 school districts to learn more about the challenges associated with providing trauma-informed care and their perspectives related to school-based mental health practices. They found that 89% of teachers agreed that schools play an important role in addressing the well-being and mental health needs of students, though some teachers reported preferring the more traditional academic role of teaching. Only 34%, however, reported that they felt they possessed the knowledge and skills necessary to address those needs adequately. Teachers repeatedly report feeling ill-prepared to meet the growing demands of the mental-health needs of their students (Alisic, 2012; Alvarez, 2017; Barrett et al., 2012; Williams et al., 2007). Alisic (2012) cited that many teachers do not feel adequately prepared to help their students resolve their issues and many of the teacher narratives were "dominated by doubts" (p. 54). Teachers' willingness to intentionally address the mental health issues of students can be directly impacted by their feelings of competency and willingness to try new approaches or practices related to trauma-informed care. This lack of confidence may encourage teachers to continue to

view their role in addressing trauma as a referral process rather than embracing their role as a provider of ongoing trauma-informed care (Williams et al., 2007).

Teachers need to receive the professional development and training necessary to equip them with the confidence, knowledge, and skills required to address the identified needs of their students following trauma exposure. This lack of knowledge and awareness often leads to teachers having “a high degree of uncertainty about their role in assisting students with trauma” (p. 3), despite recognizing the unique role teachers and schools could play in the recovery process, as cited by Le Brocque et al. (2017). While schools provide a place of stability with supportive adults, if teachers do not feel they possess the necessary knowledge, skills, training, and support to appropriately identify the mental health needs or provide the appropriate strategies or interventions to address those through trauma-informed culture and practices, students remain in jeopardy of not receiving the support and intervention they need to overcome the challenges trauma can present. This has the potential to impact not only students’ academic achievement but their short-term and long-term mental health and well-being, as well, as cited by Felitti et al. (2019).

Teachers, also, report uncertainty regarding their role being compared to that of the social worker and school psychologist. They reported a lack of confidence in knowing when it was time to refer students for more specialized support and to whom they should refer the students. They recognized the role of the teacher in implementing behavioral interventions within the classroom; however, Reinke et al. (2011) found that teachers regarded the role of the school psychologist to be more appropriate in supporting the mental health needs of students and even better suited for teaching social emotional lessons within the classroom. It is necessary to assist teachers in better understanding the connection between academic achievement and mental health so that teachers

feel more comfortable creating time and opportunities that intentionally integrate social emotional lessons within the context of routine classroom activities, especially since teachers often report time constraints as another challenge in providing trauma-informed care for their students (Williams et al., 2007). Additionally, providing clearly defined roles, responsibilities, and processes among various school personnel, such as school counselors, psychologists, social workers, and teachers, may help ensure students are more likely to receive the consistent supports and trauma-informed care they require to successfully overcome trauma exposure (Alisic, 2012; Alisic et al., 2012).

Teachers also, find it challenging to balance the needs of their students as well as their own well-being. As Le Brocque et al. (2017) referenced in their study, teachers are not immune to the effects of trauma and may find it difficult to provide their students the appropriate supports if they are coping with exposure to trauma themselves; however, other teachers report using the common trauma experience as motivation for creating or making related resources available to students to assist them in coping with the trauma. Either way, recognizing that trauma exposure applies to the adults within a school environment is critical to ensuring that the needs of the adults are met so that they are equipped and available to provide trauma-informed care to students.

Even teachers who had not experienced personal trauma find it difficult, at times, to support students with trauma exposure due to the emotional connection teachers often share with their students. Teachers report “taking the problems home” and not being able to stop worrying or thinking about the issues their students face (Alisic, 2012; Thomas et al., 2019). As a result, teachers can begin to feel sad, tired, or inattentive and lack the knowledge or experience to know how to handle their own feelings related to the compassion fatigue they may be experiencing.

This can result in secondary trauma for educators, making it more difficult for them to provide trauma-informed care to their students and potentially suffering the effects of trauma themselves, if not provided the necessary support. Consequently, self-care is critical in equipping educators in supporting students' mental health and well-being. Colleague support appears to be instrumental to teachers navigating these complex emotions and burdens (Alisic, 2012; Alisic et al., 2012; Thomas et al., 2019).

Barrett et al. (2012) found that teachers and students exposed to trauma tended to respond best when they were part of democratic school and in classroom environments where autonomy and shared decision-making were supported. These climates promoted consensus and cooperation and appeared to lessen stress and the effects of trauma exposure. This finding is further supported by Alvarez (2017) through holistic responsiveness, where spaces to heal, resources and strategies to cope, and appreciation and awareness of well-being are prioritized by the teacher and school culture. It is challenging for teachers to provide trauma-informed support and strategies for students if their professional environment does not value, model, and support similar strategies and interventions for adults.

Thomas et al. (2019) suggest that one of the first places to begin in creating trauma-informed schools is with teacher professional development. Often, neither teachers nor educational leaders receive pre-service training in the areas of brain science, neurobiology, and mental health. Educators frequently find it difficult, therefore, to understand the impact of trauma on students' social, physical, and psychological well-being, how those are reflected in student learning and behavior, or what their role is in identifying and supporting the recovery process (Alisic, 2012; Alisic et al., 2012; Perry and Daniels, 2016).

Failure to have adequate knowledge and understanding of the impact of trauma often leads teachers to view undesirable behaviors as “bad” or reflective of poor character and impairs their ability to provide the compassionate care needed for healing and recovery. “Using a trauma lens when handling difficulties with students means shifting the question from ‘what is wrong with you?’ to ‘what is happening with you?’” (p.43), as cited by Thomas et al. (2019). Teachers and leaders need to be provided the knowledge, understanding, and support necessary to shift their perspectives and inform their decisions about how to evaluate and respond to students in a trauma-informed environment.

Self-care for educators is also identified as a critical component of creating a trauma-informed culture that ensures staff members who can provide on-going compassionate, trauma-informed care for students. Educators, working with students who have been exposed to trauma, are at risk of experiencing secondary traumatic stress (Alisic, 2012; Thomas et al., 2019). Educators can experience secondary trauma due to compassion fatigue or may have experienced the same traumatic event as the students they serve. The symptoms of secondary trauma can include increased irritability, difficulty planning lessons or activities, impaired concentration, denying that events impact students, feeling detached, or intense feelings, thoughts, or dreams about students’ traumas (Child Trauma Toolkit for Educators, 2008). Mutch (2015b) recommends staff members actively seek help for their own trauma, seek support from administrators and colleagues, and attend to their own self-care by eating well, engaging in enjoyable activities, taking a break during the workday, and finding time to reflect. Staff members should not, however, be solely responsible for their self-care. Leaders and administrators should actively seek steps to promote organizational culture, policies, and practices that support staff care (Thomas et.al., 2019). These should include evaluating policies

and opportunities related to training, focusing on prevention by prioritizing and supporting stress management, and creating support systems for employees.

Recognizing the correlation between increased ACE scores and the increase in school-related issues suggests the importance of educators being able to accurately identify and support students who have experienced trauma. Thomas et al. (2019) and Wiest-Steveson and Lee (2016) cite how this research has led to discussions in the field of education related to instructional practices, school climate, and how to best provide trauma-informed care to students in a traditional educational environment. While one of the primary goals of the educational system is to support student development through academic achievement, there is growing recognition that the systems and processes that support the mental health and wellness of students and staff must be concurrently prioritized, as the two are interdependent.

Current Educational Policy

On December 10, 2015, President Barack Obama reauthorized ESEA and renamed it Every Student Succeeds Act (ESSA) and amended Title IV, Part A (Title IV-A) Student Support and Academic Enrichment Program (SSAE). Title IV, Part A (Title IV-A) Student Support and Academic Enrichment Program (SSAE) aims to improve students' academic achievement by increasing the capacity of states, local education agencies, and communities to provide students with a well-rounded education, improve school conditions for student learning, and improve the use of technology to improve the academic and digital literacy of all students. States must allocate at least 95% of Title IV-A funds to local education agencies, reserve no more than 1% for administration, and the rest for state-funded activities. Local education agencies whose allocation is more than \$30,000 must conduct a comprehensive needs assessment every three years to examine targeted areas for improvement. Funds must be prioritized to schools that have

the greatest need, have the highest percentages or number of low-income children, are identified as targeted or comprehensive support, and/or are identified as persistently dangerous under section 8532 of the ESSA (Title IV, Part A Student Support and Academic Enrichment, 2020). The use of Title IV-Part A funds must align with needs identified in the comprehensive needs assessment. At least 20% of the Title IV, Part A funds must support well-rounded educational opportunities and another 20% to support school conditions for student learning and a portion must be used to support access to personalized learning experiences supported by technology.

Title IV, Part A funds, under the Safe and Healthy Provisions component, can be used to implement evidence-based approaches to improve school climate, school safety, student mental health, and improve the overall learning environment. These funds can be used to support initiatives such as school mental and behavioral health service delivery systems, trauma-informed policies and practices, social emotional learning, designating a site resource coordinator to facilitate community partners, and mental health first aid training.

Of the 652 districts surveyed, by the Title IV-A Coalition (2020), 61.5% were using a portion of Title IV-Part A funds to support Positive Behavioral Interventions and Supports (PBIS) initiatives, 55.2% were used to support Safe and Supportive School Environments, 46.3% were used to support School Based Health and Safety, 46.2% were used for Violence Prevention, and 37.0% were used to support Trauma-Informed Management. In FY 2017, the grant received \$400 million, approximately 25% of its authorized level for the year, thus restricting implementation efforts. In 2018, Congress recognized the significance of this grant and increased the allocation to \$1.1 billion for FY18, \$1.17 billion for FY19, and \$1.21 billion for FY20 (Title IV-A Coalition, 2020). These amounts, however, were still below the authorized amount of \$1.6

billion for each of the FYs 2018-2020 (Summary of Every Student Succeeds Act, Legislation Reauthorizing the Elementary and Secondary Education Act, 2020).

According to Kena et al. (2015), 90% of students attend public schools in the United States, thus suggesting “public schools are the ideal medium for comprehensive intervention” (p. 38) aimed at effectively addressing and supporting the growing number of students reporting to school exposed to various types of traumas (Plum, et al., 2016). Title IV, Part A provides states and local education agencies a supplemental funding source to support vital efforts related to student well-being and mental health. Under Title IV, Part A, Health and Safety Provisions’ allowable expenses could include, but are not limited to, district and school staff training on student mental health, improving access to school-based mental health professionals, and implementing mental health screening protocols.

As educators continue to seek approaches and resources to more effectively address and support student mental health and well-being, Title IV, Part A can play an important role in supplementing or enhancing these targeted efforts. For states who have not enacted state legislation, local education agencies can prioritize Title IV, Part A funding to begin to address this growing need within the district and local school environments. The additional language and requirements found in the reauthorization of the ESSA in 2015 and the subsequent funding, approved through a bi-partisan vote since 2017, suggests a growing awareness among policy makers of the importance of addressing the growing exposure to childhood trauma and mental health issues within the context of public education.

The Role of School Principal and Trauma-Informed Leadership

Schools are complex ecosystems, comprised of faculty, staff, students, families, and the communities they serve. Within this system, effective school leadership plays a pivotal role in

establishing a shared vision and buy-in that guides the policies, practices, and structures that best serve those within the school community (Blau & Magrab, 2010; Fullan, 2014). Though school leadership may primarily impact student achievement indirectly, it is still one of the only factors with an effect size greater similar to that of the classroom teacher. According to Grissom et al. (2021), school leaders' influence on student learning is positively or negatively affected and can be observed in "classroom instruction, the school's climate, which teachers are hired and retained, building safety, and so forth" (p. 34). Perhaps most importantly, principal effectiveness increased typical student achievement by .13 standard deviations, or 2.9 months, of learning in math and 0.09 standard deviations, or 2.7 months, of learning in reading each year, even outweighing many reading interventions (Grissom et al., 2021).

However, the roles and responsibilities of school leaders have shifted significantly over the course of the last decade, as the landscape of education has changed, and the needs of the student and communities served have evolved. Federal and state policies have placed an increasingly higher demand on high-stakes accountability measures, thus requiring school leaders to embrace a commitment to serving as instructional leaders through effective facilitation of on-going coaching and creating the conditions and culture necessary for meaningful learning and student engagement to occur. According to Grissom et al. (2021), effective school leaders prioritize instructionally focused collaborations with staff, building a positive school culture, facilitating collaboration through professional learning communities, and allocating resources strategically. "It is school leaders who promote challenging goals, and then establish safe environments for teachers to critique, question, and support other teachers to reach these goals together that have the most effect on student outcomes" (Hattie, 2009, p. 83).

As the body of research around trauma exposure and its impact on learning and development have grown, especially within marginalized populations, school leaders have been tasked to re-evaluate the role of schools in addressing and mitigating the impact of trauma exposure on student learning and well-being. As students come to school “often overwhelmed by risk factors for academic and social impairment – poverty, parental separation, abuse, neglect, poor nutrition, bullying, lack of housing stability, and health issues” (p.102), schools and school leaders are faced with creating supportive, trauma-informed learning environments that help avoid re-traumatization and foster short-term healing necessary for long-term success (Jensen & Snider, 2013). As cited by Van der Kolk (2014), “schools can play a significant role in instilling the resilience necessary to deal with the traumas of neighborhoods or families” (p. 353). To this end, schools must become critical support structures within a system of care that helps children realize their potential and overcome barriers and challenges associated with adverse childhood experiences that often interrupt learning and long-term success (Blau & Magrab, 2010).

Due to the growing prevalence of exposure to trauma, it is critical that educational leaders possess the knowledge and leadership skills necessary to develop and support trauma-informed practices and environments that meet the needs of both students and staff. The literature found on trauma-informed leadership, however, appears to center primarily on the crisis management aspect required around specific events, such as natural disasters, acts of violence, or the loss of a student or staff member. When evaluating how schools respond to these traumatic events, several themes emerge. Leaders were able to effectively lead during a crisis when they relied on their personal qualities to provide the necessary leadership across three areas that consistently influenced their decisions and actions: dispositional, relational, and situational factors (Mutch, 2015a).

During a crisis, there is a need for educators and communities to realize that children inherently look to adults for information and guidance and on how to respond to a crisis, both during and after the event. A calm approach, in a stable and supportive environment, can help children transform a traumatic experience into a learning experience (Mutch, 2015a). Mutch (2015b) describes this as a key dispositional factor. As one leader described, “In a time of crisis, there is something reassuring about hearing the voice of a person in a position of authority, even if the information provided is scant” (Mutch, 2015b, p. 188). Being decisive, visible, accessible, and calm, while displaying creative and fluid decision-making and judgement, helps to create a sense of safety and reassurance for those looking for leadership and stability. Following the September 2010 earthquake in Christchurch, New Zealand, leaders began to quickly survey and check-in on the needs of their staff and students. This culture of care provided necessary support and reassurance to both families and staff that they were cared for and supported, thus supporting the ability for staff members to do the same for students (Mutch, 2015b).

Another common theme was based on critical relational factors that communicated support and care for others victimized by the shared traumatic event. Principals were sensitive to the needs of their staff and demonstrated care and respect for them, individually and apart from their roles within the school. As stated in Lazarus et al. (2003), school staff needs cannot be overlooked during a crisis. Like students, they need to be afforded opportunities to process their feelings, discuss their experiences, and be aware of the signs that they or a colleague may not be coping well and need additional support. Failure to model these practices for a staff may inhibit the chances that the staff is equipped and prepared to offer the same support and opportunities for the students.

Finally, situational factors also played a key role in effective crisis management. This included leaders being able to effectively manage operational matters, while maintaining awareness of the bigger picture. Decisions were made quickly, communication and updates were provided often, and attention to day-to-day details was paid but not prioritized over the nuances and gravity of the larger situation. All three of these themes were part of an effective, overall recovery process where critical strategies, such as “returning to routines, providing distraction from rumination, and opportunities for emotional processing” (p.64) were prioritized and modeled for students and staff (Mutch & Gawith, 2014).

Although strategies associated with crisis leadership management are critical to effective leadership, especially in moments of unparalleled school or community crisis, school leaders are increasingly challenged to develop trauma-informed cultures that respond to and support, daily, the needs of those exposed to trauma that may not be as easily identified or attributed to a single event. Substance Abuse and Mental Health Service (SAMHSA) (2014) states that a trauma-informed system is one that that does the following:

(A) understands the widespread impact of trauma and potential paths to recovery; (B) recognizes signs and symptoms of trauma from a systems perspective; and (C) integrates trauma knowledge into policies, procedures, and practices in an effort to create a supportive environment that is intent on not re-traumatizing its members. (Perry & Daniels, 2016, p. 9)

Schools that appropriately provide these essential components are more effective at supporting students’ needs and show an increase in academic progress compared to those school environments that do not (Substance Abuse and Mental Health Services Administration, 2014; Basch, 2010). Often, however, school counselors, school social workers, and school

psychologists can be solely responsible for supporting the social, emotional, and behavioral needs of students who have experienced trauma (Walkley & Cox, 2013; Wiest-Stevenson & Lee, 2016). Trauma-informed care is not about a few educators providing responsive supports. Trauma-informed care focuses on changing an entire culture, primarily through shifts in adult understanding, perspectives, and behaviors (Nealy-Oparah & Scruggs-Hussein, 2018; Wiest-Stevenson & Lee, 2016).

Key to this cultural shift are school leaders. The School Leader Collaborative (2019) noted the following:

In many ways, the school principal is the most important and influential individual in any school. He or she is the person responsible for all activities that occur in and around the school building. It is the principal's leadership that sets the tone of the school, the climate for teaching, the level of professionalism and morale of teachers, and degree of concern for what students may or may not become.

They play an invaluable role and responsibility in the process of establishing and maintaining a safe, trauma-informed culture that can appropriately support the needs of all students, especially those exposed to trauma (Walkley & Cox, 2013; Fullan, 2014).

Furthermore, the Substance Abuse and Mental Health Services Administration (2014) defines a trauma-informed environment as one that demonstrates the following trauma-informed principles: safety, trustworthiness and transparency, peer support and mutual self-help, collaboration and mutuality, empowerment, voice and choice, and confrontation of cultural, historical, and gender issues. The process by which school leaders intentionally and systematically create and sustain the necessary conditions and practices that support the development of a trauma-informed school culture is, however, complex, often time-consuming,

and nebulous (Walkley & Cox, 2013). Nonetheless, leaders are responsible for developing “procedures, policies, and key roles” (p. 500) that support and foster the process of creating and supporting a trauma-informed environment that can help address the evolving needs of those it serves (Wiest-Stevenson & Lee, 2016).

It is the role of the school leader to create and support these principles by engaging stakeholders in necessary discussions, experiences, and decision-making that foster trust, transparency, and buy-in for a trauma-informed culture, where not only teachers focus on providing supportive, trauma-informed care to their students, but school leaders are equally focused on providing the same for the adults who are part of the school community. As cited in Nealy-Oparah and Scruggs-Hussein (2018), “school leaders have to create environments where it’s safe for adults to share, be vulnerable, speak their truth, heal and have difficult conversations” (p. 4). These conditions are necessary for an authentic shift in culture to occur that supports trauma-informed care.

Failure to create and sustain these safe spaces and principles jeopardizes the chance of a supportive, trauma-informed culture developing that can most effectively meet the needs of the students it serves. “Principals who build a school climate in which teachers and students feel emotionally supported provide a bedrock on which academic improvement efforts can rest” (Grissom et al., 2021, p. 65). Hence, providing trauma-informed leadership has become an essential component of effective school leadership that supports overall student well-being and increases academic achievement.

Equally important to providing a safe and supportive trauma-informed school culture for students is the recognition that the trauma research on children applies to the adults, as well. Felitti et al.’s (2019) study would suggest many adults, who are working within school settings,

have been exposed to trauma as children. More than 60% of the nation's adults have an adverse childhood experience (ACE) score of 3-4 and these adults are part of school cultures (Nealy-Oparah & Scruggs-Hussein, 2018). This creates a unique challenge for school leaders as they attempt to provide trauma-informed leadership that creates a trauma-informed culture to effectively address and support the needs of both trauma-exposed children and the faculty and staff that serve them daily (Nealy-Oparah & Scruggs-Hussein, 2018; Stokes & Brunzell, 2019).

According to the Missouri Department of Mental Health and Partners (2019), creating and sustaining a trauma-informed school culture often requires a significant paradigmatic shift among stakeholders' knowledge, perspectives, attitudes, and skills that evolve over time. According to Milwaukee Public School (2015), there are five core components of trauma-sensitive schools that include: "(1) training of faculty and staff on the impact and prevalence of trauma; (2) adopting a school-wide perspective shift; (3) creating healing relationships among staff, caregivers, and students; (4) maximizing caregiver capacity; and (5) facilitating student empowerment and resiliency" (p. 15). It is the role and responsibility of a trauma-informed leader to intentionally and systematically create opportunities and conditions that allow the transformation from a traditional learning environment to a trauma-informed culture to begin and evolve.

According to Wiest-Stevenson & Lee (2016), these opportunities include and often begin with "educating teachers and support staff regarding the growing needs of students impacted by trauma" (p. 500). The Missouri Model: A Developmental Framework for Trauma-Informed Approaches suggests that creating and sustaining a trauma-informed environment is an ongoing, developmental approach. Rather than a program, "it is a profound paradigmatic shift in knowledge, perspective, attitudes and skills that continues to deepen over time" (Missouri

Department of Mental Health and Partners (2019), p. 1). This continuum of implementation proposes that individuals and, therefore, organizations matriculate through four developmental stages that culminate in a trauma-informed organization. This transformational process begins with members of the organization becoming trauma aware, followed by trauma sensitive, then trauma responsive, and, finally, trauma informed.

While the journey to becoming a trauma-informed organization should be reflective and responsive to the unique needs of the community it serves, the Substance Abuse and Mental Health Services Administration (2014) identifies four Rs, or key assumptions, in a trauma-informed approach: Realize, Recognize, Respond, and Resist. These four assumptions relate to how adults within a trauma-informed environment respond to trauma (SAMHSA, 2014; Nealy-Orparah & Scruggs-Hussein (2018).

First, all adults within the organization “have a basic realization about trauma and understand how trauma can affect families, organizations, and communities as well as individuals” (SAMHSA, 2014, p. 9). According to Van der Kolk (2014), teachers perspectives begin to evolve when they realize that students’ “disturbing behaviors started out as frustrated attempts to communicate distress and as misguided attempts to survive” (p. 354). Once the realization and impact of trauma is understood, members of the organization can begin to better recognize the signs and symptoms of trauma and respond through a more effective and appropriate trauma-informed lens (Honsinger & Brown, 2019; Parker et al., 2020). Finally, a trauma-informed approach is committed to seeking ways to avoid re-traumatizing individuals by creating safe and supportive environments for all stakeholders and avoiding behaviors, practices, and policies that may, inadvertently, create undo stress or re-traumatization for those who have been trauma exposed. This applies to not only the children who have experienced trauma but the

adults who work with them, who may have been exposed to trauma, including vicarious traumatization as a result of working with children who have been exposed to adverse children experiences (Cavanaugh, 2016).

As Nealy-Oparah and Scruggs-Hussein (2018) suggest, “trauma-informed leadership is not about changing the students, it’s about changing adult behaviors” (p. 15) to ensure adults are equipped to intentionally provide the routines, relationships, and responses necessary to creating and sustaining a safe and supportive culture that benefits all stakeholders, especially those most impacted by trauma. It is the role of the school leader to create the necessary conditions and opportunities for the adults within the organization, to examine their beliefs and practices, and grow in their knowledge, skills, and perspectives related to the significance of trauma and the importance of translating this paradigmatic shift “into practical day-to-day routines and approaches that can transform the entire culture of a school” (Van der Kolk, 2014, p. 354).

Chapter 3: Methods

According to the National Child Traumatic Stress Network (n.d.), “the primary mission of schools is to support students in educational achievement. To reach this goal, children must feel safe, supported, and ready to learn.” Exposure to adverse childhood experiences, or trauma, can impact a child’s availability for learning and create challenges that interfere with their long-term academic achievement, well-being, and physical health (Felitti et al, 1998; Perfect et al., 2016). With more than two-thirds of children reporting at least one traumatic event by the age of sixteen, it is vital that school settings play a more prominent role in effectively identifying and responding to the needs of those exposed to and impacted by trauma.

Creating responsive, trauma-informed school cultures can be a complex process that requires significant time, energy, and commitment from the school community, especially those individuals who interact with and support students day in and day out (Eller & Eller, 2019; Nealy-Oparah & Scruggs-Hussein, 2018). Understanding the knowledge, perspectives, practices, and processes that support the development of trauma-informed school cultures is important to the overall success of students and the evolution of public education (Oehlberg, 2018). Guided by the National Council for Behavioral Health’s Framework for Trauma-Informed Leadership and the State of Missouri’s Developmental Framework for Trauma-Informed Approaches, the researcher elected to explore the knowledge, experiences, and leadership practices of trauma-informed school leaders who were regarded as experts in trauma-informed leadership due to scholarly publications or involvement in trauma-informed leadership professional learning communities in creating and sustaining trauma-informed school cultures that prioritize the social, emotional, behavioral, and academic needs of all students, especially those exposed to trauma directly and/or indirectly.

Purpose of Study

The purpose of this qualitative case study was to investigate the experiences, perspectives, and practices of trauma-informed school leaders within trauma-informed public schools in the United States (Bloomberg & Volpe, 2019; Creswell & Poth, 2018). According to Weist-Stevenson and Lee (2016), school leaders play an instrumental role in creating the conditions and opportunities necessary for a trauma-informed culture to develop and thrive.

Data gathered in this collective case study of trauma-informed school leaders' lived experiences in providing trauma informed leadership and developing trauma-informed school cultures will shed light on the qualities, practices, and processes used to create the paradigmatic shift needed in developing a responsive, trauma-informed environment. The data collection process included surveys, in-depth interviews, and document review across multiple participants to gain better insight and understanding into the experiences, practices, and processes associated with the effective development of a trauma-informed school culture.

Role of the Researcher

Recognizing the researcher as an influential element of the qualitative research process, it is necessary for the researcher to establish sincerity and authenticity through awareness and monitoring of her own subjectivity, biases, and goals that can influence the research process and outcomes (Roulston & Shelton, 2015; Tracy, 2010). Through self-reflection and journaling, the researcher sought to identify ways in which her background, experiences, and assumptions may have impacted the research process. These reflexive practices provided an opportunity to “bracket or suspend those researcher biases” (p. 127), to the extent possible, so the lived experiences and perceptions of the participants could be prioritized (Creswell & Miller, 2010; Bloomberg & Volpe, 2019).

The researcher has worked as a school and district administrator for twenty-five years and is currently enrolled in a doctoral program. In her tenure as a school administrator, she had an opportunity to work with vulnerable populations, in high poverty school settings where trauma exposure was prevalent. As a district administrator, she was responsible for supporting school leaders in providing positive and effective school cultures that are associated with increased student performance and the narrowing of achievement gaps among student populations. The researcher considers a responsive and student-centered school culture essential to high levels of student engagement and academic achievement. The researcher also believes school leaders play a paramount role in providing the leadership, vision, and conditions that support the paradigmatic shift needed to address the barriers associated with effectively responding to trauma exposure in the school setting. None of the districts where the researcher has been employed are associated with this study.

Research Design

To explore the experiences of school leaders in creating and sustaining trauma-informed school environments, the researcher selected a qualitative case study methodology. According to Creswell and Poth (2018), a qualitative research approach allows phenomenon to be studied “in their natural settings, attempting to make sense of, or interpret, phenomenon in terms of the meanings people bring to them” (p. 7), thus allowing for a deeper understanding of the construct being examined. A descriptive case study approach permitted selection of a small number of cases, whereby an “in-depth exploration from multiple perspectives” (p. 49) of a bound phenomenon, could be more closely investigated through this inquiry strategy (Bloomberg & Volpe, 2019). Through triangulation of multiple data sources, such as surveys, interviews, and documents, common themes were identified and credibility established (Creswell & Miller,

2010; Tracy, 2010). While a qualitative approach may limit the generalizability of the findings, it does so in exchange for a more accurate, detailed depiction of the authentic, lived experiences, thoughts, perspectives, and beliefs of the participants.

Research Questions

The purpose of this study was to explore the knowledge, experiences, and practices of trauma-informed school leaders in creating and sustaining trauma-informed school environments. Surveys and in-depth interviews were conducted with trauma-informed school leaders and documents examined to inform the following research questions:

1. How do school leaders describe the process of becoming a trauma-informed leader?
2. What leadership practices and/or principles do trauma-informed school leaders employ?
3. How do trauma-informed school leaders describe the process of becoming a trauma-informed school?

Participants, Background, and Setting

This descriptive case study relied upon a purposive sampling strategy for identification of participants by subject experts (Creswell & Poth, 2018; Schwandt, 2015). The researcher contacted industry experts, organizations, and associations within the field of trauma to solicit nominations for participants. This intentional selection process targeted experienced trauma-informed public-school leaders in elementary settings. Participants were required to have at least three years of experience leading in a trauma-informed school and were currently serving as school principals across two school districts in the northwestern region of the United States.

Once the participants were identified, the researcher contacted the participants by email and telephone to review the purpose of the research study, field any questions, and solicit their participation. Once consent for participation was obtained, the researcher provided access to the electronic survey and scheduled one-on-one interviews with the participants.

Data Collection

The descriptive case study design included surveys, interviews, and document review (Bloomberg & Volpe, 2019; Creswell & Poth, 2018). This triangulation of data added “rigor, breadth, and depth to the study” (p. 100) and supported credibility through corroboration of multiple data sources (Bloomberg & Volpe, 2019). The survey collected data regarding previous trauma-related training, experiences, and leadership practices. This data was collected to allow the researcher to explore potential themes among the participants and their experiences and perspectives as a trauma-informed leaders and provide the reader with a richer context for the participants knowledge, perspectives, and experiences as they relate to trauma-informed leadership.

The interviews leveraged a semi-structured interview protocol to elicit “thick, rich descriptions” of the participants knowledge, perceptions, and experiences (Bloomberg & Volpe, 2019, p. 193). This allowed for further clarification and probing of participants’ survey responses. Predetermined questions were used to initiate and support conversational dialogue and generate more focused, clarifying questions based on participant responses. Follow-up interviews were conducted when further clarification was needed and to check accuracy and understanding through member checking (Creswell & Miller, 2010). Interviews were recorded and transcribed to ensure accuracy and assist with coding and analysis.

Lastly, the researcher conducted document reviews as a final source of data review in the research process. These documents were considered as an additional source for “confirming insights gained through other methods of data collection” (Bloomberg & Volpe, 2018, p. 196). These artifacts included, but were not limited to emails, school surveys, school websites, and school demographic and performance data.

Data Analysis

Surveys, interviews, and document reviews were used to explore the knowledge, perspectives, and practices of trauma-informed leaders. Corroboration of multiple data sources contributed to trustworthiness and credibility as well as thicker, richer descriptions of the research study findings (Creswell & Miller, 2010; Tracy, 2010).

Surveys

The researcher used Qualtrics to administer, collect, and analyze survey data. Likert-scale and open-ended responses, related to leader preparation, confidence, and perspectives were also analyzed and summarized for similarities and differences.

Interviews

Preliminary demographic data including age, gender, ethnicity, educational level, leadership experience, school demographic data, and years at current school were gathered as part of the interview process and to help build initial rapport with participants. To ensure accuracy, the researcher utilized a recording device to record interviews. Recordings were then transcribed, and participants were invited to review transcriptions for accuracy. Next, the researcher utilized coding software to identify key words or phrases among participant responses. The researcher then evaluated the transcriptions using inductive analysis for patterns and commonalities and for differences among participant experiences that highlighted key

insights related to the research study questions (Creswell & Poth, 2018). Member checking was conducted with study participants to ensure “confirmability” (p. 195) of interpretation and thick, rich descriptions reflective of the participants knowledge, perspectives, and experiences (Schwandt, 2015).

Documentation Review

A variety of documents were reviewed as a component of the data analysis process. These documents were primarily pre-existing resources that allow for confirmation of “insights gained through other methods of data collection” (Bloomberg & Volpe, 2019). The corroboration of data ensured deeper understanding and insight and great accuracy in analysis and interpretation.

Assumptions

The researcher made several assumptions in conducting this study. These included the assumption that reality is socially constructed and is therefore reflective of what the participants perceive it to be. Additionally, the researcher assumed participants would be reflective and honest in the depiction of their experiences and that the school leader plays an essential role in establishing and maintaining a trauma-informed school culture through key attributes and practices associated with trauma-informed leadership. Finally, the researcher assumed that creating and sustaining a trauma-informed culture is an iterative, developmental process.

Credibility

The researcher demonstrated trustworthiness and credibility within the study through implementation of several strategies and approaches. These strategies and approaches included the following:

- Selection of participants using a purposive sampling strategy informed by subject matter experts (Creswell & Poth, 2018; Schwandt, 2015)
- Collection of multiple data sources to establish accuracy of interpretation through triangulation of data (Bloomberg & Volpe, 2019)
- Recording and accurate transcription of interviews (Tracy, 2010)
- Follow-up interviews and member checking to ensure accuracy of interpretation and “provide a spur for deeper and richer analyses” (Tracy, 2010, p. 844)
- Use of thick, rich descriptions during analysis (Creswell & Miller, 2010).

Ethical Considerations

To demonstrate respect for participants and concern for well-being, participants were provided informed consent agreements, apprised of the intent, objectives, and processes associated with the study, and ensured confidentiality of responses. The researcher considered the amount of time participants would be involved in the research process and ensured all participants were aware they could withdraw from the study at any time. The researcher secured IRB approval, prior to soliciting participants.

Summary

Childhood trauma is a prevalent issue affecting almost two-thirds of our nation’s population (Center for Disease Control and Prevention, 2019). With almost ninety percent of students attending public school, schools are an ideal environment to help mitigate the effects of trauma by assisting in the healing and recovery process. This study sought to explore the knowledge, experiences, and practices of trauma-informed leaders in creating and sustaining effective trauma-informed school environments that appropriately identify and respond to the needs of students exposed to trauma. Chapter Three outlined the research design, data collection,

and data analysis processes aligned to the research questions. Additionally, and to establish credibility, the researcher provided a description of researcher assumptions, the study's significance and limitations, and strategies adopted to demonstrate transparency and trustworthiness.

Chapter 4: Findings

School leaders play a significant role in creating and sustaining the cultures, systems, and processes necessary to support the unique needs of the students, staff, and communities they serve (Fullan, 2014). Considering more than two-thirds of children experience at least one traumatic event, prior to the age of sixteen, and the short- and long-term effects trauma can have on the lives of those impacted, it is critical that school settings provide the systems, supports, and experiences that allow healing and recovery to occur (National Center for Traumatic Stress Network, 2017; Blau & Magrab, 2010). Trauma-informed leadership gives a leader “a lens to create a trauma-sensitive environment” (Nealy-Oparah & Scruggs-Hussein, 2018, p. 15).

Purpose of the Study

The purpose of this study was to examine the leadership practices, perspectives, and experiences of experienced, trauma-informed school leaders. The results of this study will benefit educational leaders, as they seek to create environments, systems, and supports that strive to effectively meet the diverse and evolving needs of the students, staff, and communities they serve now and in the future. Furthermore, school and district leaders can use the results to inform current and future work associated with trauma-informed policies, practices, and resources.

Research Questions

This study investigated the following questions:

1. How do school leaders describe the process of becoming a trauma-informed leader?
2. What leadership practices and/or principles do trauma-informed school leaders employ?
3. How do trauma-informed school leaders describe the process of becoming a trauma-informed school?

The guiding questions and data analysis were guided by the two conceptual frameworks that have informed the study:

- The Missouri Model: A Developmental Framework for Trauma-Informed (Missouri Department of Mental Health and Partners, 2019)
- The National Council for Behavioral Health Framework for Trauma-Informed Leadership (n.d.)

Data Collection

A qualitative multiple case study was selected based on the goal of developing a deeper understanding of the unique knowledge, perspectives, and experiences of trauma-informed school leaders. The case study design allowed for exploration of similarities and differences among a group of experienced trauma-informed school leaders, thus allowing emergence and identification of potential overarching themes.

Following identification of potential study participants by trauma experts, a request for Institutional Review Board (IRB) approval was submitted. The study participants were nominated by trauma experts who were familiar with the principals' work in their schools. Once approval was obtained from the IRB, contact with the recommended list of study participants was made. Ten potential participants meeting the study criteria were contacted. Nine participants volunteered to participate in the study. Only eight participants completed the survey and interview protocol.

Data was collected through participant surveys, individual interviews, and review of resources. The eight participants were employed by one of two school districts located in northwestern United States. Each participant completed a survey and an in-depth, individual

interview. Data instruments included a principal survey and an interview protocol. Data collection is summarized below:

Table 1

Artifacts Completed by Participants

Participant	Pseudonym	Methods	Instruments
Elementary Principal	Principal A	Survey, Interview, Observation (website)	Survey, Interview Protocol
Elementary Principal	Principal B	Survey, Interview, Observation (website)	Survey, Interview Protocol
Elementary Principal	Principal C	Survey, Interview, Observation (website)	Survey, Interview Protocol
Elementary Principal	Principal D	Survey, Interview, Observation (website)	Survey, Interview Protocol
Elementary Principal	Principal E	Survey, Interview, Observation (website)	Survey, Interview Protocol
Elementary Principal	Principal F	Survey, Interview, Observation (website)	Survey, Interview Protocol
Elementary Principal	Principal G	Survey, Interview, Observation (website)	Survey, Interview Protocol
Elementary Principal	Principal H	Survey, Interview, Observation (website)	Survey, Interview Protocol

Table 2 provides the gender, race, years of educational experience, and school level experience for each participant.

Table 2

Participant Profile

Participant	Gender	Ethnicity	Years in Education	Years of Principal Experience	School Level Experience
A	Male	Caucasian	18	7	Elementary and Secondary
B	Male	African-American	21	8	Elementary
C	Male	African-American	17	13	Elementary
D	Female	Caucasian	31	20	Elementary
E	Female	Caucasian	17	3	Elementary
F	Male	African-American	19	12	Elementary and Secondary
G	Female	Caucasian	20	6	Elementary and Secondary
H	Female	Caucasian	25	8	Elementary

Table 3*School Setting Characteristics*

School	Enrollment	Percentage Eligible for Special Education Services	Percentage Eligible for English Learner Services	Percentage Eligible for Free and Reduced Meals	Designated Title I School
Principal A	455	13%	5%	32%	No
Principal B	575	12%	34%	77%	Yes
Principal C	366	15%	31%	84%	Yes
Principal D	367	18%	24%	73%	Yes
Principal E	299	30%	7%	49%	Yes
Principal F	371	20%	12%	47%	Yes
Principal G	744	11%	27%	66%	Yes
Principal H	468	19%	6%	29%	No

Methods

The researcher sent an electronic survey to participants to measure their perceived levels of knowledge and experiences as trauma-informed school leaders. The survey included six Likert-type questions focused on measuring participant perception of trauma-informed knowledge, professional development experiences, leader preparedness, and the potential influence of the COVID-19 pandemic related to trauma-informed leadership and school environments. Three additional open-ended questions were included that centered on specific professional development opportunities, monitoring and accountability strategies, and how the pandemic experience may have informed their vision for trauma-informed school environments. All eight study participants completed the electronic survey. The survey took approximately ten to fifteen minutes to complete.

Following the completion of the electronic survey, the researcher conducted semi-structured interviews with all participants. The interviews were conducted virtually via the Zoom platform and ranged from forty-five minutes to one hour across a six-week period. Interviews

began with a brief introduction of the purpose of the study, a reminder that recordings and data would remain confidential, and a reminder that the participants were free to skip any questions or exit the study at any time. The interview protocol was developed by the researcher and included ten open-ended questions regarding their personal and professional experiences and perspectives as trauma-informed school leaders. The researcher allowed for unscripted, follow-up questions to gain deeper understanding and provide richer context for participant responses to inform more accurate analysis. The interviews were recorded through an audio recording application, located on the researcher's personal computer, and then transcribed into text for analysis. After analysis was complete, all participants were provided with copies of their transcripts and the analyses of their interviews to evaluate for accuracy and provide feedback. Three of the eight participants responded to the review.

Lastly, the researcher reviewed each participant's school website for trauma-informed references, practices, and resources. At the conclusion of the participant interviews, the researcher invited participants to share any school-related artifacts they felt were reflective of their school's trauma-informed work and/or culture. None of the participants, however, elected to provide additional artifacts for review.

Data Analysis

The researcher triangulated data obtained through surveys, interviews, and artifact review (Creswell & Miller, 2010; Creswell & Poth, 2018). Triangulation of multiple data sources contributed to trustworthiness and credibility as well as thicker, richer descriptions of the research study findings (Bloomberg & Volpe, 2019; Tracy, 2010). Additional strategies were employed to support validity, including frequency coding and member checking (Schwandt, 2015). Strategies, such as recording interviews, full transcriptions to provide context and

authenticity, and three coding sessions, were leveraged across all three data sources to support reliability (Creswell & Poth, 2018; Tracy, 2010).

Surveys

The researcher analyzed survey results for mean scores of Likert-scale survey statements related to participant perspectives, understanding, and experiences. Open-ended survey items regarding types of professional development received, leadership strategies employed, and the impact of the COVID-19 pandemic were coded and triangulated with interview and observation data.

Interviews

Semi-structured interviews were conducted and then analyzed, through multiple rounds of coding and member checking (Creswell & Poth, 2018). The researcher participated in notetaking and solicited clarification as needed with follow-up questions during the interviews. Once the interviews were transcribed, separate coding and analysis was completed using only the interview transcriptions. Once complete, the researcher cross-referenced interview notes with transcription coding and analysis notes as a means of supporting data analysis and minimizing the potential for researcher bias. Copies of both the participant's individual interview transcript and researcher analysis were provided to the participant for review (Tracy, 2010). Key terms and quotes were then organized into patterns and themes. The emergent themes were then evaluated within the existing conceptual frameworks used to guide the study. Notes, charts, tables, and reflective journaling were developed and utilized during the analysis phase to guide interpretation and analysis and assist the researcher in synthesizing the results that most accurately reflect the perspectives and interpretation of the experiences of the participants (Creswell & Miller, 2010; Mertens, 2010).

Observation

The researcher reviewed each participant’s school website for school demographic and performance data and resources and/or references associated with trauma-informed school environments. Additionally, participants were invited to share any artifacts they felt would be beneficial for the researcher to review that reflected or related to anything discussed during the interview or to anything referenced on the survey.

Findings

This section includes a presentation of findings from all data sources. An analysis of the surveys, interviews, and observations resulted in the emergence of themes that informed their development as trauma-informed leaders and the progress of creating trauma-informed school cultures. The results are shared in detail in this chapter.

Research Question 1

Research question one explored how school leaders describe the process of becoming a trauma-informed school leader. Data analysis revealed three overarching themes in describing the process of becoming trauma-informed school leaders. These themes were personal experience, increased awareness, and evolutionary (see Figure 1).

Figure 4

Research Question 1 Themes

Research Question 1: How do school leaders describe the process of becoming a trauma-informed school leader?		
Personal Experience	Increased Awareness	Evolutionary
Childhood school experience Childhood poverty Parental divorce Grade retention Abuse Adoption Violence Personal health crisis	Adverse Childhood Experience (ACE) training Support for staff well-being Self-care Equity training Climate/culture training COVID-19 Pandemic	Trauma-informed definition Vision Narrow to broad application Known versus unknown trauma Multi-tiered Systems of Support (MTSS)

Themes were derived through multiple coding sessions across survey and interview data. Coding sessions included notes, tables, charts, and member checking as part of the data analysis process. Key phrases, words, and experiences were identified to inform the identification of the three themes. Survey data was then cross-referenced with identified themes, as part of the analysis process. The identified themes are discussed in the following section.

Theme 1: Personal Experience. During analysis of participant interviews, the researcher discovered an emerging theme of personal experience with trauma among the participants. When asked to describe their journeys to becoming trauma-informed school leaders, participants recounted individual experiences that they believed significantly influenced their commitment to and process of becoming trauma-informed school leaders. These experiences were often rooted in their childhoods but, occasionally, included adult experiences with trauma, as well.

Eighty-eight percent of respondents recounted personal experiences with trauma as playing a key role in the process of becoming a trauma-informed school leader. The following statements are examples that supported the identification of personal experience as an overarching theme in their process of becoming trauma-informed school leaders:

Participant C

I was a child that was impacted by trauma before we called it trauma. That wasn't a word in 1988, but I was experiencing some grief and loss after my parents separated and probably could have used some counseling, if that was a thing, but I didn't have it. The solution for me was to repeat a grade because of, as the teacher said my immaturity. Now, knowing what I know, I know I was just trauma impacted. That retention created trauma of its own because I didn't know why I was being retained. That retention resonated with me and carried forward through high school and feeling like I wasn't seen.

I wanted others to know that a trauma impacted student from a single parent household can end up leading a building if the conditions are right.

Participant B

I grew up in extreme poverty. I remember, you know, back in the day when they actually had physical food stamps that you would buy food with, and my mom would give me a food stamp to go to the store and buy candy and I'd be in line and the person behind me would see the food stamp and offer to pay for my candy bar. That just really resonates with me. I remember being in high school and not wanting to do pushups because my shoes had holes in the bottom of them. Poverty impacted who we were and friendships we made and the connections we had at school. I don't want that for my own kids or my students.

Participant E

I was actually adopted in the first three years of life. I don't remember very much at all. There was a lot of trauma there, according to reports, around child abuse, neglect, and lots of going back and forth between foster care and biological family. It still impacts who I am. I always push back because it's like well I was in foster care. I was in special education until I was in seventh grade. But, because I had the right supports in place, I am where I am today. You know, I couldn't have done that without all the supports necessary. So, that's kind of the way I look at it, in terms of past experiences. I bring that along with me as I work with kids and faculty.

Referring to the experience of the murder of a parent on campus, Participant G noted that trauma-informed work "took a different turn for me, at that point, because then we were looking

at supporting a specific kind of collective trauma that we had all experience together. It was personal and impactful.”

Participant A

My children are both adopted and spent three years in foster care. So, you start looking at, you know, trauma and therapy and things you can do to support their mental health and healing. They are a perfect example of students who can overcome. We did not do a whole lot of special stuff at home other than provide love and expectations that weren’t even around learning.

Related to the overarching theme of personal experience, survey data provided further support as 100% of the respondents indicated that the COVID-19 pandemic experience has influenced their understanding of creating and sustaining a trauma-informed school environment to some degree with 66% indicating “agree” or “strongly agree.” Eighty-nine percent indicated that they “agree” or “strongly agree” that the COVID-19 pandemic has influenced their commitment to creating and sustaining a trauma-informed school environment (See Figure 5).

Figure 5

COVID-19 Pandemic Survey Questions

Survey Question	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
The COVID-19 pandemic has influenced my <i>understanding</i> of creating and sustaining a trauma-informed school environment.	0.00%	0.00%	0.00%	22.22%	44.44%	33.33%

The COVID-19 pandemic has influenced my <i>commitment</i> to creating and sustaining a trauma-informed school environment.	0.00%	0.00%	0.00%	11.11%	22.22%	66.67%
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Survey Question	Min	Max	Mean	Std. Dev.	Variance	Count
The COVID-19 pandemic has influenced my <i>understanding</i> of creating and sustaining a trauma-informed school environment.	4.00	6.00	5.11	.74	.54	9
The COVID-19 pandemic has influenced my <i>commitment</i> to creating and sustaining a trauma-informed school environment.	4.00	6.00	5.56	.68	.47	9

Survey Question	
<i>How has the COVID-19 pandemic impacted your vision for a trauma-informed school environment?</i>	
Collective trauma that people can relate to and reference	Social-emotional needs need to come before academic needs
Immediate need to proactively support student needs	Highlighted what was already a focus of our work
Increase in trauma and need as a result	Urgency in more supports in place for students who have experienced trauma
Students may not present symptoms of trauma immediately – need for increased alert and awareness	Additional mental health supports for students and staff
Increased professional learning on understanding trauma and how it impacts behavior	Increased urgency for trauma work
Brought to the forefront of everything we do	

Theme 2: Awareness. Data analysis using coding techniques also revealed a theme associated with an increase in trauma awareness through a variety of resources and opportunities. These opportunities ranged from district-led initiatives to school-based needs and/or personal interests.

Participant statements below provide examples that support identification of increased awareness of trauma as a factor in becoming a trauma-informed school leader:

Participant H

I had some training in ACEs, which really resonated with me, and I was like ‘Oh yeah, that’s what this is. _____ School District did a lot of work with equity and culture and climate and that kind of sparked an interest and understanding for me. But, at the time, I wasn’t at a super high-risk school. So, I got that experience from the district, and we had some amazing speakers. The district really had some engaging professional development around the topic and it was really helpful.

When speaking about a work-related professional development opportunity related to a previous career as a residential counselor, Participant C stated the following:

Learning about what ACEs were and the ACE scores was impactful and relevant. It’s hard not to see the importance when you learn about higher mortality rates, obesity, and less post-graduation experience that impacts individuals long-term, regardless of adult SES.

Participant G

I was working with a school counselor that was a social worker by trade and she did a ton of work with our staff on making sure we understood what ACEs were. I had a chance to view a movie called Paper Tigers that was about this high school where it was changing its approach to disciplining students from punitive to more restorative – understanding relationships and understanding where kids were coming from. This stuck with me.

Participant A

I haven't really had any official training on trauma. I kept asking myself in the beginning what we were doing for our students that have experience a divorce or they only have one parent or they're being raised by grandparents? What about the students who have been through hard stuff and aren't acting out? So, I started reading up on trauma and how to support students and their healing.

Participant D

I think we tend not to realize that our staff, also, has some trauma that they're dealing with that and how it gets cast out onto their students. As a leader, I had to grow in my own understanding and ability to identify and respond to trauma to be an effective leader for the staff or we weren't going to have a healthy staff or students. So, I sought out resources that could help support me in that.

Survey data related to participant perspectives of their level of knowledge related to trauma-informed best practices, level of professional development, and leadership preparedness indicated that 100% of surveyed participants viewed their level of knowledge of trauma-informed best practices as either "average" or "above average" while none viewed their knowledge level as "extensive." Similarly, survey data indicated that 77% of surveyed participants perceived the level of professional development they have received to support teachers and stakeholders in trauma-informed best practices as "average" or "above average" while 11% perceived it to be "below average" and another 11% reported receiving none. Despite personal experience and/or increase awareness related to trauma, only 44% of survey respondents reported feeling prepared to be an instructional leader for trauma-informed best practices within their schools, despite their experience in leading trauma-informed school environments (See Figure 6 below).

Figure 6

Knowledge, Professional Development, and Preparedness Survey Questions

Survey Question	No Knowledge (1)	Minimal (2)	Below Average (3)	Average (4)	Above Average (5)	Extensive (6)
What is your level of knowledge related to trauma-informed best practices?	0.00%	0.00%	0.00%	55.56%	44.44%	0.00%

Survey Question	No Professional Development (1)	Minimal (2)	Below Average (3)	Average (4)	Above Average (5)	Extensive (6)
What level of professional development have you received to support teachers and stakeholders in trauma-informed best practices?	11.11%	0.00%	11.11%	44.44%	33.33%	0.00%

Survey Question	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
I am prepared to be an instructional leader for trauma-informed best practices in my school.	11.11%	0.00%	0.00%	44.44%	44.44%	0.00%

Survey Question	Min.	Max.	Mean	Std. Dev.	Variance	Count
What is your level of knowledge related to trauma-informed best practices?	4.00	5.00	4.44	0.50	0.25	9
What level of professional development have you received to	1.00	5.00	3.88	1.07	1.14	9

support teachers and stakeholders in trauma-informed best practices?						
I am prepared to be an instructional leader for trauma-informed best practices in my school.	1.00	5.00	4.11	1.49	2.22	9

Survey Question	
<i>What types of professional development do you receive to support staff and stakeholders in trauma-informed practices?</i>	
On-going Social-Emotional Learning (SEL) professional development	Self-directed study (book study, articles)
1:1 counseling	Restorative Practices Training
Universal Design for Learning	School counselor
School psychologist	District-provided professional development
Interactive work and role play	ACEs training
Equity	Poverty
Response to Intervention/Multi-Tiered Systems of Support	CPI De-escalation strategies
Ukeru	None to very limited professional development to support teachers

Theme 3: Evolutionary Process. Finally, in describing the process of becoming trauma-informed school leaders, study participants reflected on how their definition and understanding of being trauma-informed had developed. Coding did not reveal sequential language suggesting a linear or timebound process. Instead, key contrasting words, such as “narrow” versus “broad” and “some” versus “all” coupled with specific examples demonstrating a shift in perspective and understanding over time were provided that supported an evolutionary theme related to the process of becoming a trauma-informed school leader. Participant statements below provide examples of data that support the process of becoming a trauma-informed school leader as evolutionary:

Participant H

I think I had a very narrow definition of it (trauma), in the beginning. Just, you know, poverty, but now I understand it could be a lot of different things and a lot of different

factors for families. I think I now approach it in a much more holistic way. I am not sure when or exactly how that happened, but I look back and can see the difference.

Participant E

Five years ago, my definition of trauma-informed would have been...oh those approaches are just good for students that go through a lot of crap in their lives. I mean that's really what my definition would have been. My definition now is it's about every single human being in this building. It's focused on social-emotional learning for every child and staff member but its, also, understanding the root of behavior and being able to meet the needs of our students at different levels with different resources. So now, it encompasses all.

Participant G

I think when I first started it seemed like trauma-informed practices were for like a few kids but really I now think it is something that is beneficial and necessary for pretty much all students. For example, it used to be these are some ideas of how we can support this group of students, instead of like this is how we can support all of our kids. It's more holistic than I think it was before.

Participant A

My vision and definition of a trauma-informed school environment has definitely changed. It's much more defined and I really focus it more on the social-emotional learning component. For example, we now have school-wide practices that support Tier I, Tier II, and Tier III, specifically around social-emotional learning. You have got to have specific systems and supports in place for Tier II and III and that is clear to now.

Participant B

Somewhere along the way, I started reflecting on the fact that oftentimes trauma is hidden. I don't know if you'd call it a disease, but it's a hidden thing that we need to tackle in our schools. That's what gets me the most because there are some kids that are going to act out and we can ask questions and reach out to families. We can have the teacher get to know the student and we can find out the reasons for that and then help the family address them with supports and resources. But so many of our students have hidden trauma that they're dealing with and their coming to schools and it needs to be a safe place for them. So, I have grown from a focus on the students who are acting out to focusing on all students because we know many students experience trauma but may not show outward signs that we can easily recognize. They deserve a trauma-informed environment just as much.

Research Question 2

Research question two explored the leadership practices and principles trauma-informed leaders employ in leading trauma-informed environments. Data analysis revealed three reoccurring themes among participant responses. The themes were as follows: prioritization of relationships with staff, collective responsibility, and clear expectations.

Figure 7

Research Question 2 Themes

Research Question 2: What leadership practices and principles do trauma-informed school leaders employ?		
Staff Relationships	Collective Responsibility	Clear Expectations and Accountability
Personal support for staff Professional support for staff Low-risk environment Approachability Modeling	Staff voice Collaboration Consensus building Coaching	Transparency Consistency Clarity Courage Reflection

Themes were derived through multiple coding sessions of interview data. Coding sessions included notes, tables, charts, and member checking as a part of the data analysis process. Key phrases, words, and examples were identified within participant responses to inform identification of the three themes. The identified themes are discussed in the following section.

Theme 1: Staff Relationships. Analysis of participant interviews revealed establishing and maintaining strong relationships with the staff as a foundational leadership priority and responsibility in creating an effective trauma-informed environment. Though approaches and strategies for how relationships were established and maintained differed, based on the individual style of a leader, each of the participants noted this as being central to their trauma-informed leadership. Additionally, developing strong relationships with the staff was indicated as a first step in leading a trauma-informed school environment. The following statements are examples that supported the identification of leader-staff relationship development as an overarching theme in the practices and principles demonstrated by trauma-informed leaders:

Participant B

You have to lead by example. You have to get to know who is in your school and get to know their personal experiences...get to know their family situations. The staff has to know you care about them as individuals, if you are going to ask them to do the same for students. Being caring, patient, and forgiving is huge.

Participant E

It's been a learning curve for me. I have had to teach myself how to be more touchy-feely so the staff gets what they need from me for us to develop the necessary trust and relationships this work requires. That's not a natural strength for me but it is an important part of building those necessary relationships with the staff. It doesn't mean we always

agree but there is trust and respect there because I listen, and they have a voice and they know I care.

Participant D

I'm happy that my staff feels safe to come to me when they've had trauma going on for themselves because, again, they're not going to be ready to meet the needs of our students if they don't have an outlet. It puts a big burden on the principal. I mean we get to should all of it but I think as a leader you have to otherwise we're not going to have a healthy staff or healthy students. I think just having an open ear is so important for your staff and for me that comes natural. It is just who I am. I wanted to know what they needed to tell me and I want them to feel comfortable and safe. I feel like that then creates a comfortable and safe place in our school and is the starting place for creating that for students, too.

Participant C

You are going to have led with love. We forget that the adults in our buildings have their own personal challenges and experiences with trauma. If we aren't developing relationships with them and modeling the support and safety they need to heal and be their best selves, I don't think we will have as much success at ensuring our students get the support they need.

Participant A

Part of building trust with the staff is recognizing their own personal needs. I actually took the approach of doing some professional development of the staff because they were experiencing trauma and didn't know how to deal with it. They just didn't have the skills. We have some staff that just have limited skills because they've never really had

challenging situations. They have been sheltered and didn't have the opportunities to experience situations that caused them to develop a different type of grit. Providing those strategies allowed the staff to attend to themselves and helped me develop stronger relationships with them.

Participant G

I see my job as figuring out how best to support staff to make sure they can support kids, right? If my staff doesn't feel supported, if they don't feel loved and appreciated and they don't feel that I see all they are doing, then they're not going to be able to put forth that move and effort toward our students either.

Theme 2: Collective Responsibility. Data analysis also revealed a pattern associated with a prioritization of building collective responsibility through staff voice, on-going collaboration, and consensus building. Key words, phrases, and examples, denoted through coding and verified through member checking were used to detect patterns that emerged. Statements below provide context rich examples supporting collective responsibility as a key trauma-informed leadership practice:

Participant F

There are no islands of excellence, but, instead of, how are you going to help? How are *we* going to help? How are we going to help that student get to that goal together? How we're going to respond to the student that is just not engaging or is just disappearing or is just quiet – that's when you need buy-in and you need to go through a process together and facilitate conversations to discuss what we are going to do as a staff – almost an after action review. How are we doing? Did it work? If not, what are we going to try next and setting short-term goals between now and then. That's sort of the sweet spot where you

want everyone involved in solving the problem or challenge. Not letting the staff, the teacher, or anyone feel like they're alone in this challenging work.

Participant E

When speaking to shifting from a “my kids” to an “our kids” approach – “what I want to do is transition the mind to “ours” because we are all in this together. We are all working for one sole purpose and that purpose is student success. It's not just you...how can you make it better but, instead, how can everyone make it better?

When referring to an example where the leader actively participated in the professional learning and implementation of trauma-informed strategies, Participant A stated the following:

When we were learning about community circles, we did some leading together about it and then I had to be willing to get in and be messy with them because that's part of planning for and promoting it and being part of the work. It was important for the staff to see me responsibility and part in this work and it not just being on them.

Participant B

It doesn't have to just be the classroom teacher that has to be the one. It could be the ELL teacher or the math intervention teacher or the PE teacher. But, how do we build a culture where every single child at our school has one person that they know...no matter what...is their advocate – their champion? The only way to do that is for everyone adult in our school to see their role in making this happen! We talk a lot about our vision for this work. It cannot just be my vision, or it just won't have the same impact it needs to.

Participant D

Whenever we have any kind of staff training, it has to actively involve them (staff) working in it. This means sharing experiences with each other, sharing stories, asking questions, and bouncing ideas off each other. I think the staff voice is really important

and there is a lot of value in that for the staff. They are a big part of deciding where we go and how we get there. I think building that community and being available is so important because it opens up the chance for you to be able to lead them because you are part of the community. They are more open to learning and to learning what drives students and what I as the leader can do to help. I think this opens up the door for the staff to talk to each other and share the burdens and challenges we deal with.

Participant G

I am going to go see them (staff). I am going to get out there. I am going to be with them. If they have a challenging student, I am going to be one of the people that partners with them.

Theme 3: Clear Expectations and Accountability. Finally, data analysis revealed a theme associated with the practice of communicating and maintaining clear leadership expectations as being paramount to a trauma-informed environment. Communicating and maintaining expectations included areas associated with a clearly articulated belief system, the hiring process, and managing resistance. Participant statements below provide additional context and support for the identification of clear expectations and accountability as a leadership theme among trauma-informed school leaders:

Participant E

It's all about kids and their success. It important that you share that belief and vision with the staff and just let them know where you are coming from. We had some pretty toxic staff members in this building at one time and I needed to be willing to hold them accountable for their actions and beliefs. I had to be willing to accept that they were either going to have come along and be willing to put in the right work or they would need to go somewhere else. To lead this work, you, also, have to think about how many

and who may push back and on that and how you are going to respond if you are committed to providing a trauma-informed school culture for all students. If I hear you talking about a student in a negative manner, I am going to call you out on it. You know I am going to tell you that is not acceptable. We don't talk about our kids in this way.

When discussing how trauma-informed schools as related to hiring practices, Participant H stated the following:

We have learned that providing candidates scenarios and asking how they might handle the situation sheds a lot of light on their beliefs and mindsets about students and behavior. We are, also, describe the type of staff members we are looking for related to our culture. If our beliefs don't align with yours, it is better to know that then than after someone has been hired. I'm really looking for those that want to build relationships with their students at any cost. I look for staff that has some understanding of like differences in cultures or differences in equity and really want to dig in and support and has a passion for students that are had trouble.

Participant D

I finally had to have a staff meeting. I said, "here's the deal – this is way that our school is going to move forward. These are the things I believe in. We have to know all our students. We have to know what their needs are. And, we really have to look at our practice and what we're doing to meet their needs. If you don't want to do that, that's fine. If you want to do what you have always done, you might want to do it elsewhere. That's fine. You may not be in the right seat on the right bus or on the right road right now and that's okay. If you don't want to do this work – great. You have an opportunity to do what you want to do." I had nineteen staff members that left out of twenty-four. Nineteen of my classroom teachers left and my secretary threw her keys at me. Looking

at it in hindsight, I wouldn't do it any different. That was what finally needed to happen. That group needed to change for our culture to change. They (staff) are amazing now. I mean I look at what people put forth and the compassion is so different. Wow...just so different.

Participant G

The staff don't have to stress about what my expectations are because they know them so clearly and they know how to get support from me. We are not always going to agree. That's okay. My job is not to convince you of my way of thinking, but I am going to have you try what I am going to ask you to do and let's see how it goes. Sometimes we just had to have targeted conversations, one-on-one with a teacher about their concern and letting them hear that their concerns are heard and understood. From there, we still had to be clear about expectations and work together to figure out a plan. It isn't always an enjoyable conversation but a necessary one if you are going to build a positive and supportive trauma-informed culture in your school.

Monitoring and accountability leadership practices were, also, captured through survey data, as further evidence supporting the theme of clear expectations and accountability among trauma-informed leaders (See Figure 8).

Figure 8

Progress Monitoring and Accountability Survey Question

Survey Question	
<i>How do you ensure staff members are held accountable for implementation of trauma-informed best practices within the school?</i>	
Staff mandated trauma professional learning	Frequent classroom visits
Sharing data and creating response plans together	Observations
Through multi-tiered systems of support (MTSS)	Staff reflections

Through positive behavior interventions (PBIS) and supports	Weekly meetings with designated staff
On-going trauma-informed discussions and practices	Staff meetings, including various student-centered teams, such as CARE Team, Core Leadership Team, Equity Team
Data review meetings	Modeling
Coaching	Staff/student check-ins

Research Question 3

Research question three explored how trauma-informed school leaders describe the process of becoming a trauma-informed school culture. Data analysis revealed four reoccurring themes among participant responses. These themes were sense of staff and school culture assessment, developing a sense of community, increased trauma awareness and understanding, and incremental change and growth (See Figure 9). These themes were derived from multiple coding sessions of participant interviews in which key words, phrases, and topics were identified and then verified through member checking. The identified themes are discussed in the following section:

Figure 9

Research Question 3 Themes

Research Question 3: How do school leaders describe the process of becoming a trauma-informed school culture?			
Staff and Culture Assessment	Developing Sense of Community	Increased Trauma Awareness and Understanding	Growth and Change
Listen Identify staff capacity Identify student needs School data Observe	Staff voice Team approach Teacher leaders	Staff expertise Adverse Childhood Experience (ACE) research exposure Collective experiences On-going professional development Responsive to staff needs/interests	Time Iterative Focused Reflective

Theme 1: Staff and Culture Assessment. Analysis of participant interviews revealed a theme associated with the school leader prioritizing the process of evaluating the perspectives, experiences, and capacity of the staff as a preliminary step in the process of becoming a trauma-informed school environment. This theme aligns to the finding in research question two, related to the theme of building staff relationships as a prioritized leadership practice among trauma-informed leaders. The following statements are examples that supported the identification of staff and culture assessment as an overarching theme in the process of becoming a trauma-informed school culture:

Participant D

When I first got there, I sat down with every staff member and had them just talk to me. I was like tell me about your school. I had them share their perspectives, experiences, and understandings before I could determine where we might need to go. First, finding out kind of where, on the continuum, your staff is with their understanding of trauma is super important.

Participant F

It is important to do a needs assessment first and evaluate staff strengths, room for growth and student data. Questions like - What strengths do we have as a staff? Where can we grow? What understanding do we have? What understanding do I have and what's lacking? And, then, most importantly is how are our kids doing? All of these answers need to guide the process and determine next steps in transforming a school culture into trauma-informed.

Participant C

Our trauma-informed work came through a lot of anecdotal notes from meetings with teachers, having open office hours, and encouraging teachers to sign up for a slot just so could get a chance to talk. It let me get to know who they were, ask probing questions, and kind of model some of the trauma-informed work I knew we needed to do but we weren't quite ready to jump into yet.

Participant G

First and foremost, you have to get to know your community and staff. Before you can do anything, you really do need to understand your staff and students and the needs of your building before you can identify how you're going to lead this work. Getting to know people and understanding the capacity within the people you already have is important because there is a lot of knowledge and understanding out there already. If you don't seek to understand that and see it in practice, more than just in conversations, I think your first step in leading this work will be off.

Participant E

Ultimately, you need to listen. You need to observe that first year of being an administrator, even though you want to come in and make changes. I'm a fast mover, so I wanted to make changes right away. But, I, also, know that I needed to sit back and kind of observe. It really was just about listening and understanding the culture of your building and then how can you make it better.

Participant B

I always start with, again, getting to know my staff and having a personal connection with them. It allows me to determine where folks are and then informs how I chose to lead us in this work. No two schools are the same and so the process is different for each.

You have to evaluate your current staff and culture to know how best to proceed and when.

Theme 2: Developing Sense of Community. During analysis of participant interviews, a theme of building a sense of community among the staff emerged as a common thread in the process of becoming a trauma-informed school culture. This theme aligns with the overarching themes of prioritizing staff relationships and building collective responsibility that were identified in research question two related to trauma-informed leadership practices and principles. The following statements are examples that support the identification of building sense of community as a theme in the process of becoming a trauma-informed school culture:

Participant G

We don't have one person that is the trauma-informed expert or a separate committee. This work is too complex. We work really hard to build the capacity of everyone on the team so we all see our part in making sure we are creating an environment that meets the needs of all our students. This work cannot be done in isolation. It requires a team approach and sense of responsibility for everyone.

Participant E

It's not just you and how can you make it better, but, as a whole, how can everyone make it better? How do we make sure everyone seems their role in this work? This takes time and is grounded in relationships, buy-in, and support.

Participant H

An important part of our journey when we started to work through becoming trauma-informed was starting with our mission and vision and really putting all that work in there and changing the focus from teaching to learning. The development of a truly

collaborative mission and vision for this work was really important to giving the staff a voice in owning the direction of this work and being part of whole team working together to bring it to life for our students.

Participant A

I intentionally try pick the brains of our staff and ask for their thoughts on things so they feel like they are part of the decision-making process. Things like, okay, here's where we're headed. What are your thoughts on that? So, we are building a sense of belonging and ownership for the work by creating a runway so by the time we get to a place where people are already talking about something – that's just where we are going and people feel like they had a say in how we got there and where we are headed.

Participant B

We have to do this work in partnership with one another.

Participant D

We started with our core leadership team and then started involving some of our teachers that we saw really embracing the work. Over time, the work grew very naturally, as we added folks to the discussions, so it wasn't the work of one team but of our whole staff and every person could see where they could contribute and support each other.

Theme 3: Increased Trauma-Awareness and Understanding. During analysis of participant interviews, the theme of increased trauma awareness and understanding emerged. Participants did not denote specific trainings or a specific sequence of professional development opportunities, but instead reflected on the significance of a commitment to on-going dialogue, experiences, and professional development related to building the capacity of the staff to inform their awareness and understanding of trauma and trauma-informed practices. The following

statements provide additional context and support for identification of increased trauma awareness and understanding as a theme in the process of becoming a trauma-informed culture:

Participant G

At the very beginning, I was working with a school counselor that was a social worker by trade and she did a ton of work with our staff on making sure we understood what ACSs were. Just making staff aware of this research and implications, long before we asked them to do anything, was huge. This movie (Paper Tigers) was about this high school where it was changing its approach to disciplining students from punitive to more restorative – based on understanding relationships and understanding where kids were coming from. This collective experience, as a staff, gave us a low-risk way to introduce the work and build awareness and understanding among the whole staff. It gave us many opportunities to return to what we had seen in the movie and what that might mean for us. As the years went on, we continued the work and made sure ACEs discussions were present. We had to make sure we were constantly revisiting and updating our understanding and awareness as a staff.

Participant E

I would say for the last 10 years we have like really focused around trauma-informed and then really honing in around what type of support and resources we need as administrators, teachers, and counselors to implement things successfully so students can thrive. It is an on-going commitment to growing our capacity for this work. Even for me, that on-going professional development – every single time I participate in trauma-informed PD, I learn something new.

Participant H

Building a foundation of understanding of what it (trauma) is is critical. I have found this looks and feels different at different times, but it has to be responsive to the needs of the staff and where they are.

Participant C

I cannot overstate the importance of trauma-informed psychology in this work and the brain-science behind it. It just started for us with brain science, you know, where kids are and what they're seeing when different behaviors are being shown. A lot of professional development around trauma had been done and creating safe spaces for teachers to be open and honest and transparent is paramount. I designated one staff meeting a month for SEL and I worked with my counselor and school psychologist to develop a scope and sequence to inform that time together.

Participant D

I think, as a trauma-informed school, you know, first and foremost, we have to acknowledge that it (trauma) exists. We have to prepare our teachers by providing them with information and knowledge about trauma and what that means for our students and the depths of what trauma can do and how different it can look depending on the student and situation. We did a lot of culturally responsive professional development for three years. We had _____ in our building, probably ten times a year for about three years, and even did some remote work during the pandemic. So, I think providing that on-going, not just one of those things that shows up and then leaves your radar, but, instead, is at the forefront for us and how we respond to trauma and differences in our school is important. I just think that notion of it's an on-going thing for us. We can't just...it's not

just one and done. Providing that on-going training for staff and then pushing deeper to understand and more be accepting, based on our increased understanding, is essential.

Theme 4: Growth and Change. A theme of growth and change emerged through analysis of participant interviews. When asked to describe the process of becoming a trauma-informed school culture, participants shared the following experiences and insights reflective of incremental growth and change over time:

Participant G

We built as we went. We just kept layering on the base of understanding and the base of knowledge and skill of the teachers. We couldn't have predicted how the process evolved because we had to constantly be working from where we were. Sometimes the changes were quicker and sometimes it took a while to see the fruits of our efforts in our practices. We just had to stay focused on the work.

Participant D

Building that core team of people – the grassroots – can help build that work little by little. I think that's how it blooms best and the fastest. We eventually went in and rewrote our mission and vision statements because we took a look at what it said previously, and it really didn't align with the work we wanted. After the revisions, it really spoke to who we were and what we were about, which was really looking at the core of the child and what we need to do to make sure we meet their every need, based on how they come to us. We weren't ready to rewrite the vision and mission for a few years. We had to build our understanding and be ready for that change.

Participant B

It takes time to see and make a difference.

Participant F

You have to have patience in this process. Patience in knowing you're not going to solve every problem right away – that you won't have all the answers, especially when it comes to trauma-informed practices – and that the team approach takes time but is much better and the collaboration goes much further in making the changes that are really needed.

Participant H

You don't know what you don't know until you kind of keep digging and keep working on it. It is not for the faint of heart and takes time and commitment.

Final Thoughts

As a final question in the principal interview, the researcher asked each participant if they had any advice for other school leaders who seek to be better prepared to develop and lead a trauma-informed school environment. This question provided insight and perspective into what these experienced, trauma-informed school leaders viewed as important for other school leaders to know about this work and the journey of creating and leading a trauma-informed school environment. In reflecting on this question, Principal B stated, “we have to be aware that students who go through trauma build up walls and it takes time to tear those down. You're not going to see change right away. You have to stay the course.” Principal C shared the importance of self-care, by explaining that leaders must do the following:

You have to know yourself. First, you have to monitor your own level of trauma and be aware of what secondary trauma looks and feels like. You have to be aware of your own level of radiation. You know, check your own badge and see how much you have taken in.

Principal G echoed a similar sentiment by suggesting that leaders should do the following:

Make sure you have strategies and resources and avenues to be able to support your own social-emotional health. Whether you journal, you pray, you meditate, you do

physical activity – make sure you have two or three avenues of support for yourself and understand yourself. Otherwise, you are going to bottle it up and then you have health problems.

Finally, Principal E reflected on the significance of leaders understanding that, even as trauma-informed leaders, they are not going to have all the answers, as the process has to be organic and responsive to the community, students, and staff it serves. She said she would remind leaders that “you’ll learn way more when you are uncomfortable than when you are comfortable. You just have to accept the discomfort to move forward.”

Summary

Chapter four reported the research findings for this study. The findings included themes regarding how school leaders describe the process of becoming a trauma-informed school leader. Those themes were related to personal experiences, increased trauma awareness, and the process of evolutionary change within an organization; themes regarding what leadership practices and principles trauma-informed school leaders employ, staff relationships, collective responsibility, and clear expectations; and themes regarding how school leaders describe the process of becoming a trauma-informed school culture, such as staff and culture assessment, developing a sense of community, increasing trauma awareness and understanding, and growth and change. The researcher conducted in-depth interviews with eight experienced, trauma-informed school leaders, analyzed participant survey data, and reviewed school websites as part of the data analysis process. Data analysis included review of alignment and discrepancies between leadership practices and principles employed and the process of becoming a trauma-informed school culture. Chapter five provides a final summary of the study, connection of the study finding to the literature, and implications for future research and practice.

Chapter 5: Conclusion

Exposure to adverse childhood experiences, or trauma, can be linked to social, emotional, and intellectual impairments of school-aged children. These challenges are often associated with academic and/or behavioral barriers related to aggression, attendance, inattention, anxiety, delayed language or cognitive development, and grade retention, among other issues (Blodgett & Lanigan, 2018; Perfect et al., 2016). With more than two-thirds of children experiencing a potentially traumatic experience by the age of sixteen, it is essential that school environments become intentional and strategic havens for healing and recovery from trauma exposure. Failure to do so, jeopardizes the health, well-being, and futures of the students that schools exist to serve and leaves students potentially unavailable for high levels of learning and academic success.

Summary of the Study

This study explored the perspectives, experiences, and practices of experienced trauma-informed school leaders. Eight elementary school principals completed a survey and were interviewed regarding their experiences in becoming trauma-informed school leaders and the processes of developing and sustaining trauma-informed school cultures. Participant surveys and interviews were transcribed and analyzed for emergent themes. This chapter provides an overview of the methodology, the study findings, implications for practice, and recommendations for future research.

Research Questions

This study explored the following research questions:

1. How do school leaders describe the process of becoming a trauma-informed school leader?
2. What leadership practices and/or principles do trauma-informed school leaders employ?

3. How do trauma-informed school leaders describe the process of becoming a trauma-informed school?

Review of Methodology

A qualitative inquiry methodology was selected for this study as a means of prioritizing the perspectives and lived experiences of the study participants (Creswell & Poth, 2018). A multiple case study design allowed for multiple perspectives to be explored and themes to emerge associated with the phenomenon of trauma-informed school leadership (Bloomberg & Volpe, 2019). Criteria for study eligibility required nomination by a trauma expert who was familiar with the participant's trauma work within a school. Additionally, the school principal was required to have at least three years of principal experience.

Significance and Limitations

The researcher explored the experiences of school leaders in creating and sustaining a trauma-informed school culture because she believed schools must play a more deliberate and informed role in the healing and recovery process for students exposed to childhood trauma. As cited by Greig et al. (2021), "the school and classroom are often the most stable and consistent location in a vulnerable young person's life and can therefore be used as a therapeutic milieu to meet complex needs" (p. 64). Trauma-informed schools demonstrate improved academic achievement, reduction in behavioral infractions, improved student attendance, and a reduction in student eligibility for special educational services (Oehlberg, 2008). There is currently, however, a gap in the literature regarding how trauma-informed school cultures are created and sustained and the role strategic trauma-informed leadership plays in that evolutionary process.

This study seeks to contribute to the current literature related to how trauma-informed cultures are developed and sustained in the school setting. Additionally, it seeks to provide

educational leaders with deeper insight and understanding of how to create the conditions, through trauma-informed leadership approaches, practices, and processes, that foster the development of a trauma-informed school culture, where the needs of all students are more effectively identified and supported.

Limitations include:

- Sampling could have included a broader sampling of school personnel and stakeholders
- Survey and interview responses were based upon participant recollection and perspective
- Study could have considered limiting participant selection criteria to include similar school demographic data
- Small sampling size may not represent the experiences and perspectives of other trauma-informed school leaders

Major Findings

Data analysis revealed five overarching themes that provided insight into the principals' perceptions of the process of becoming trauma-informed, the leadership practices they employed, and their experiences in transforming their school cultures into trauma-informed environments.

Personal Trauma Exposure Is a Motivating Factor

One of the themes that emerged from the interviews was a common occurrence of having experienced trauma first-hand. Seven of the eight school leaders reflected on individual experiences with trauma as foundational to their values and mission. As one participant shared, "I view school through the lens of a child who experienced trauma. That makes it personal for me." Whether experienced during childhood or adulthood, this personal experience with trauma emerged as a key motivating factor behind the participants' dedication and commitment to

creating trauma informed school cultures despite the complexity and challenges associated with the work. Their individual experiences created an empathy and understanding for what others may be experiencing and influenced their approaches to leadership and visions for creating trauma-informed school culture.

Becoming a Trauma-Informed Leader Is an Iterative Process

As the leaders reflected on their personal and professional journeys as trauma-informed leaders, all participants noted that their understanding and definition of a trauma-informed environment had evolved substantially over time. Six of the eight participants described beginning with a narrow definition that generally focused on a small population of identified students. One leader described their professional evolution as shifting from believing that being trauma-informed was “good for some students to believing it was good for all students.” Another participant described their development as a trauma-informed leader as marked by “deeper, more probing questions” related to trauma and student data. Furthermore, none of the leaders identified any specific programs or trainings as critical to their development as trauma-informed leaders. All participants described a natural evolution that was not time bound.

Staff Relationships Are Intentionally Prioritized

All eight school leaders interviewed felt that creating a trauma-informed school culture began with developing strong, trusting relationships with staff. Interviews revealed practices such as leveraging the voices of teachers, intentionally creating collaborative opportunities and discussions, and attending to the personal and professional needs of the staff as critical to this process. The relationship between school leader and staff was seen as critical to creating the necessary conditions for a trauma-informed school culture to develop. One leader described this process as “practicing what you preach” by modeling with the staff what is desired and expected

in their interactions with students and each other. Regarding the significance of relationships, another leader advised that “creating a community of adults where people feel loved and welcomed and supported is step one.” Several participating school leaders acknowledged the significance of intentionally and authentically modeling empathy, compassion, and approachability while developing relationships with staff to increase the likelihood of those behaviors being modeled in the relationships between staff and students.

On-Going Professional Development Is Essential

A commitment to responsive, on-going professional development opportunities and discussions emerged as a common theme in the transformation to becoming a trauma-informed school environment. Though specific trainings and professional development opportunities varied, school leaders believed it was essential that the trauma-informed professional learning be responsive to the needs of the staff based on their capacity and readiness rather than a predetermined scope, sequence, and/or timeline. Professional development included structured and semi-structured trainings as well as collaborative discussions and activities centered around trauma research and trauma-responsive practices.

Creating a Trauma-Informed School Environment Takes Courage and Time

One participant described the process of the transformation into becoming a trauma-informed school environment as a “layering” approach. Rather than a checklist of required items associated with being trauma-informed, each school community must individually identify where they are in the journey to becoming trauma-informed and begin layering upon existing foundational knowledge and practices. Interviews revealed the importance of recognizing that becoming a trauma-informed school culture requires acceptance of uncertainty and discomfort in

not having all the answers and acknowledging that the paradigmatic shift to becoming a trauma-informed culture requires patience and time for truly meaningful change.

Findings Related to Literature

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration, 2018, p. 7). According to the Centers for Disease Control and Prevention (2016), two-thirds of the population of the United States report having experienced a traumatic childhood event. Exposure to childhood trauma can create especially challenging barriers resulting in social, emotional, and intellectual impairments of school-aged children (Blodgett & Lanigan 2018; Perfect et al., 2016; Wolpow et al., 2009). The prevalence of trauma, coupled with the associated risks, suggests schools can no longer provide students what is needed to reach their full academic potential without addressing potential underlying issues resulting from trauma exposure. This requires schools to take a more informed and strategic role in creating conditions and practices that intentionally support the healing and recovery necessary to mitigate the impact of trauma exposure (Van der Kolk, 2014).

At the time of this study, limited research was available related to the leadership perspectives and practices of trauma-informed school leaders and their experiences related to creating and sustaining trauma-informed school cultures. The following section attempts to connect the research on trauma-informed leadership and school environments with the findings of this study. Specific attention is given to the role of school leadership within the context of the

study findings and relevant research due, in part, to the extensive leadership research identifying principal effectiveness as a significant factor in school and student success (Grissom et al., 2021).

Self-Care

Schools fundamentally exist to serve children. We must, however, first recognize that the adults within a school's ecosystem "are not immune to the impact of trauma in their own lives" (Le Brocque et al., 2017, p. 4). The prevalence of trauma exposure suggests most adults working in schools have also experienced personal trauma and may be limited in their ability to support students processing their trauma without attending to their own needs first (National Center for Traumatic Stress Network, Schools Committee, 2017; Plumb et al., 2016). Additionally, staff working with trauma exposed students are at increased risk of experiencing secondary or vicarious trauma because of the on-going empathy and compassion educators demonstrate when working with populations at higher risk of adverse childhood experiences (Alisic, 2012; Thomas et al., 2019; Wolpow et al., 2009).

A theme of self-care emerged in the study findings related to the concept of developing trusting and supportive staff relationships. Participants reflected on the importance of getting to know their staff on a personal and a professional level, so they could help support the whole person. Creating conditions in which staff felt comfortable sharing challenges they were experiencing in their personal lives was reported often. Strategies such as checking in with staff members often and asking about them and their families, encouraging and modeling boundaries between their personal and professional lives, and giving them "permission to prioritize their own well-being" were noted. One school leader described the following conversation he had with his staff after experiencing a major health crisis at work:

I shared with the staff that we give ourselves to this noble cause and social service, known as public education, but we will *not* give our lives to it. I told them I would be encouraging them to leave things for tomorrow. It will wait for them. Their own mental and physical health won't.

Another leader identified educators are “first responders” and as such need to make sure and “check their own vitals, including emotional vitals, regularly.” All eight school leaders identified personal staff well-being as a priority. Ironically, only two leaders referenced prioritizing their own well-being as a key component of being a trauma-informed school leader, though Nealy-Oparah and Scruggs-Hussein (2018) suggest that trauma-informed leadership is “inside-out” work and that it may be difficult to provide to others what is not internalized and embodied.

Collective Responsibility

Effective school leadership includes the ability to create and maintain environments that are perceived as safe and supportive by both students and staff and are associated with an increased sense of collective responsibility among the staff (Grissom et al., 2021). Trust, consensus, and collective responsibility are fostered through authentic collaboration, leveraging of teacher voices, and shared decision making. Barrett et al. (2012) assert that leaders should do the following:

Foster an environment in which teachers feel welcome in the decision-making process and in which the teachers are given opportunities to share their classroom experiences with one another, all students – not just those dealing firsthand with the effects of a disaster (trauma) – will be better served. (p. 47)

Wiest-Stevenson and Lee (2016) outline the significant responsibilities and contributions of both administration and teachers in developing a trauma-informed school culture.

One of the themes that emerged from the qualitative findings suggests that building a sense of collective responsibility for the well-being and success of all students was shared among the study participants. The school leaders referenced the importance of the trauma-informed vision and work being owned by the teachers and staff and that supporting the capacity of all team members was integral to the process. Words and phrases such as “partnership,” “everyone,” “it can’t just be you or one team,” and “the work of the whole staff” demonstrated a commitment to building ownership and responsibility for the trauma-informed vision and work among all members of the staff.

Professional Learning

Though teachers often report a desire and willingness to support the needs of students impacted by trauma, “a majority of teachers expressed feeling a lack of competence regarding how they should act when a child has been exposed to trauma” (Alisic, 2012, p. 55). Teachers report feelings of doubt and uncertainty regarding how to appropriately and effectively respond to students exposed to trauma, and they also report feelings of confusion related to the role of the classroom teacher compared to other school personnel, such as school counselors and social workers (Alisic, 2012; Alvarez, 2017; Le Brocque et al., (2017); Williams et al., (2007)). Educating staff on the prevalence and neurobiology associated with trauma is a pivotal first step in shifting adult perspectives thus allowing the transformational process of creating an effective trauma-informed environment to begin (Plumb et al., 2016; Wiest-Stevenson & Lee, 2016).

Though research was limited regarding trauma-informed training and preparedness of school leaders specifically, the findings of this study support the research related to teacher perceptions. All eight of the school leaders reported that their level of knowledge associated with trauma-informed best practices as average or above average but none felt they had extensive

knowledge. Interestingly, six of the eight leaders reported receiving average to above average training and support associated with supporting staff in these practices, but only four agreed that they felt prepared to lead this work with their staff. This is note-worthy considering that these leaders were identified as experienced, trauma-informed school leaders.

Study findings did support prioritization of intentional, on-going staff professional development as a significant component of becoming a trauma-informed school environment. Rather than recalling specific trainings or commercialized programs, leaders conveyed the importance of developing awareness and capacity for the work based on staff capacity, readiness, and needs. Trauma-informed professional learning reflected a combination of official trainings, dedicated portions of reoccurring staff meetings, and activities designed to foster staff collaboration and sharing focused on trauma-informed practices and understanding. One leader described the commitment to professional learning as “constantly revisiting and updating our understanding and awareness as a staff.”

Becoming Trauma-Informed Is a Process

Walkley and Cox (2013) stated that “change can be difficult at any level, but in complex systems it is time-consuming and requires commitment across all levels” (p. 124). The process of creating and sustaining a trauma-informed environment is not intended to be a prescriptive or linear process that applies similarly to all circumstances (National Center for Traumatic Stress Network, Schools Committee, 2017). Instead, research suggests the process of creating a trauma-informed culture should begin by focusing the impact of trauma on adults and students within the school environment (Eller & Eller, 2019). Since individuals and communities understand and process trauma differently, the process of creating awareness, understanding, and stability within the staff may take considerable time and energy but is essential to paradigmatic shift in

perspective that is needed to offer students the compassionate and responsive culture associated with effectively mitigating the impact of trauma. As adult needs are met and understanding deepens, educators become better positioned to provide students the safe and supportive environments necessary to overcome the challenges of trauma exposure. “A trauma-informed approach is a process not a product” (p. 428) and, as such, identification of specific programs or resources should be secondary to the commitment and dedication of time necessary to the iterative process of becoming an effective trauma-informed environment (Thomas et al., (2019).

The study findings supported the research that becoming a trauma-informed environment is a developmental process and requires long-term commitment from the leader and staff as the process and culture evolve over time. “Building as we go,” “grassroots,” “working from where we were,” and “patience in the process” were sample words and phrases used by the leaders to indicate that becoming a trauma-informed culture was a journey and not necessarily a list of predetermined, sequential steps to be systematically completed. In reflecting on what advice the study participants might provide to other school leaders interested in creating a trauma-informed school environment, one leader shared, “it takes time and you have to stayed committed.” Another suggested it was important to “be comfortable not having all the answers when you start out,” as it takes time and patience to see that the efforts are making a difference in the lives and experiences of students, especially those exposed to trauma.

Significance of Study

This study contributes to the understanding of the perspectives, experiences, and practices of trauma-informed school leaders and their experiences in creating trauma-informed school environments. Study findings supported existing research related to the role trauma-informed leadership skills and practices play in creating the conditions necessary for a trauma-

informed environment to develop. Building consensus, leveraging the voices of the staff, creating a shared vision, and fostering strong relationships with staff were evident in the literature and in the study findings. Though research was limited related to the actual process of becoming a trauma-informed school environment, the results of the study suggest the process is developmental and iterative. These findings offer support for the Missouri Model used as a conceptual framework for this study.

Implications for Practice

Implications for School Leaders

Effective school leaders develop and maintain safe and supportive environments that support the needs of students and staff (Grissom et al., 2021; Walkley & Cox, 2013). Intentionally developing strong, trusting relationships with staff is of paramount importance to creating conditions necessary for a trauma-informed culture to develop. School leaders may be tempted to implement changes to systems, processes, or resources quickly in hopes to expedite change to better serve the needs of students; however, the findings of this study suggest cultivating staff relationships first is critical to building the capacity, consensus, and collective responsibility associated with a safe and supportive trauma-informed environment. Focusing on trauma-informed leadership skills and practices that systematically foster these conditions help ensure that leaders have created a firm foundation on which to continue the complex and time-consuming process of shifting from existing culture to a student-centered, trauma-informed environment.

Furthermore, becoming a trauma-informed environment requires dedication and commitment to on-going, authentic professional learning (Thomas et al., 2019). School leaders should collaborate closely with school staff to determine staff understanding and capacity related

to trauma and trauma-informed practices. The findings of this study suggest school leaders should be collaborative, reflective, and flexible in the planning of their school's trauma-related professional development. Though trauma frameworks exist to help support developing a trauma-informed environment, each school is unique, and leaders should strive to help develop on-going professional development opportunities that closely align with the needs and readiness of the staff and students they serve.

Implications for Leadership Development

As the prevalence of trauma exposure increases, the need to redefine the role and responsibility of schools in the healing and recovery process shifts. As such, the role, knowledge, and leadership practices of school leaders must also evolve. School districts and higher education institutions should consider the role trauma awareness and trauma leadership must now play in their leadership development programs and professional learning opportunities. Not only are school leaders responsible for supporting the needs of students impacted by trauma, but they must also be equipped to address the needs of adults exposed to trauma. Leadership training and development in this area is currently lacking or under-utilized according to the research and study findings.

Lastly, resources and supports that prioritize the well-being of school leaders would support development of leaders who are more informed and prepared to effectively lead the schools and communities they serve. Leaders often need permission to prioritize their own well-being, as a means of being able to better meet the needs of those they serve and the complex and competing responsibilities associated with school leadership. Establishing and supporting a network of trauma experts across a district and the community would provide leaders a group of

potential partners to help support them and support their leadership around trauma and trauma-informed care.

Recommendations for Future Research

Ninety percent of school-aged children in the United States attend public schools, nearly two-thirds of those students will have experienced at least one adverse childhood experience or traumatic event, and one in five will have experienced three or more. Failure to adequately recognize and respond to the needs of children exposed to trauma has been correlated with higher rates of grade level retention, suspension, and special education eligibility, as well as lower standardized achievement scores among this large and growing population. Given the significant academic and health and wellbeing implications associated with trauma, schools must seek ways to intentionally create responsive, trauma-informed environments that appropriately support the healing and recovery of those who have been exposed or will be exposed to trauma. Failure to do so jeopardizes our educational system's ability to prepare and equip students to reach their full potential and experience success and well-being in adulthood.

As one individual described it, dealing with the effects of trauma while attempting to actively engage in the learning process, is like “trying to play chess in a hurricane” (Wolpow et al., 2009, p. 3). Though it seems unreasonable to expect any individual, amid a natural disaster, to demonstrate adequate cognitive ability for a strategic game such as chess, we often expect children in schools to do just that. We expect students, of all ages, to report to school prepared and available for engaged learning and success, regardless of the adverse childhood experiences or “disasters” they may be processing or experiencing. We now know, through extensive brain and trauma research, that this is an unfair and unrealistic expectation and one that fails to meet

the needs of both the children and adults within a school environment. A safe and supportive trauma-informed school environment is necessary.

The researcher recommends further research related to several key areas. First, additional research is needed regarding specific state efforts or initiatives, related to trauma and the educational setting. The participants of the current study revealed a commitment to a trauma-informed approach, which often grew out of an increased awareness and understanding of trauma research. However, none of the participants reported having access to this information as an intentional part of a district's or institution's teacher or leadership development program. This may be in part due to trauma-informed knowledge and practices not being adequately reflected in state teacher and leader effectiveness standards and evaluation systems. For example, the Georgia Department Education Leader Keys Effectiveness Instrument includes, under the domain of school leadership, a school climate standard that references a rigorous, positive, and safe learning environment for all students but does not reference expectations or resources related to trauma-informed training, practices, or systems. Additional research is needed to determine how individual states are currently supporting trauma-informed awareness and the leadership necessary to create and sustain trauma-informed school environments and the effectiveness of those efforts.

Another area recommended for further research is the role trauma-informed awareness and training plays in leadership development programs within the higher education setting. Determining extent to which aspiring and existing leaders have access to trauma research and informed practices in leadership development programs would help inform the process and mechanisms necessary for developing a greater number of trauma-informed educational leaders

that, in turn, feel motivated and equipped to lead their school communities in the complex process of becoming a trauma-informed school culture.

Creating an environment, where all students feel safe and supported, requires the school leader to demonstrate and model an awareness and understanding of the research and implications associated with trauma. Though the leaders in this study were identified as experienced, trauma-informed school leaders, the findings suggested the leaders perceived room for improvement when it came to feeling prepared to lead the development and sustainability of a trauma-informed school environment. Research related to how we could improve trauma-informed leader preparedness and feelings of self-efficacy is important to supporting the needs of existing and future trauma-informed school leaders. Secondly, the current study findings revealed that focusing on the personal and professional needs of the staff was a preliminary step in the developmental process, yet little research could be located related specifically to trauma-informed school leadership and its influence and impact on the school staff. Further research that includes the voice of staff members, related to their perspectives and experiences in working in a trauma-informed school environment and alongside a trauma-informed leader could provide a deeper understanding regarding the role of trauma-informed leadership and practices in the process of becoming and sustaining a trauma-informed school culture.

Another research area in need of further investigation is the impact of the COVID-19 pandemic on school leaders and staff. Most of the study participants indicated that the pandemic had influenced their understanding and/or commitment to providing a trauma-informed environment. More research necessary to determine how the pandemic has affected school leaders and staff and how this might influence their awareness and understanding of trauma-informed care, school cultures, and self-care.

Additionally, this study focused on experienced, trauma-informed school leaders. It would be helpful to gain a deeper understanding of how experienced and aspiring leaders view and understand trauma. Understanding on a broader scale what school leaders know about trauma and trauma-informed practices would provide greater insight into the most effective ways to build the capacity, support teachers and leaders in trauma-related work, and accelerated the process of creating safe and supportive trauma-informed school environments that better serve the diverse and evolving needs of all students, as well as the staff that support them.

Concluding Remarks

This study allowed the exploration of experienced, trauma-informed school leaders' experiences and perspectives regarding creating and maintaining trauma-informed school environments. Themes of commitment to on-going professional development, building consensus and collective responsibility, and self-care were consistent with existing literature. New themes, however, such as personal trauma experience and the evolution of the leaders' vision for and understanding of a trauma-informed environment, emerged and provide opportunities for additional investigation and research.

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Appendix A

4.27.22

To: IRBsubmit@auburn.edu

From: Jennifer Lawson

Subject: Lawson Protocol Review Request #22-104, "School Leadership: The Journey from Trauma Aware to Trauma-Informed"

Below is a list of changes made to the above-named protocol, based on IRB's requested revisions.

IRB requested revisions:

Informed Consent:

Paragraph 8 – the data is confidential, not anonymous as recordings and code lists exist. [This was apparently overlooked; please change in all versions of the Informed Consent.]

DONE

**AUBURN UNIVERSITY INSTITUTIONAL REVIEW BOARD for RESEARCH INVOLVING
HUMAN SUBJECTS**

**PROTOCOL REVIEW FORM
FULL BOARD or EXPEDITED REVIEW**

For assistance, contact: **The Office of Research Compliance (ORC)**

Phone: **334-844-5966** E-Mail: IRBAdmin@auburn.edu Web Address: <http://www.auburn.edu/research/vpr/ohs>

Submit completed form and supporting materials as one PDF through the [IRB Submission Page](#)

Handwritten forms are not accepted. Where links are found hold down the control button (Ctrl) then click the link.

1. Proposed Start Date of Study: 3/15/2022 Today's Date: **April 27, 2022** Submission Status
(Check One): New Revisions (to address IRB Review Comments)

Proposed Review Category (Check One): Full Board (greater than minimal risk) Expedited
If Expedited, Indicate Category(ies) ([Link to Expedited Category Review Sheet](#)) 7

2. Project Title: School Leadership: The Journey from Trauma Aware to Trauma-Informed

3. Principal Investigator (PI): Jennifer Lawson Degree(s): PhD Candidate
Rank/Title: Graduate Student Department/School: EFLT -College of Ed
Role/responsibilities in this project: Principal researcher and Auburn graduate student responsible for conducting this study; Obtain informed consent; Transcribe collected interview data, analyze transcripts, survey data, and documents/artifacts.

Preferred Phone Number: 678-618-7038 AU Email: jhl0046@auburn.edu

Faculty Advisor Principal Investigator (if applicable): Dr. Ellen (Reames) Hahn

Rank/Title: Professor Department/School: EFLT -College of Ed

Role/responsibilities in this project: Major Professor/Doctoral Chair – Dissertation supervisor and advisor. Will provide feedback on dissertation with required revisions to be made.

Preferred Phone Number: 706-573-7563 AU Email: reamseh@auburn.edu

Department Head: Dr. James Satterfield Department/School: EFLT -College of Ed

Preferred Phone Number: 334-844-4460 AU Email: jws0089@auburn.edu

Role/responsibilities in this project: [Click or tap here to enter text.](#)

4. Funding Support: N/A Internal External Agency: [Click or tap here to enter text.](#) Pending Received
For federal funding, list funding agency and grant number (if available): [Click or tap here to enter text.](#)

5. a) List any contractors, sub-contractors, and other entities associated with this project: N/A

b) List any other AU IRB approved protocols associated with this study and describe the association: N/A

c) List any other institutions associated with this study and submit a copy of their IRB approval(s): N/A

Protocol Packet Checklist

The Auburn University Institutional
Review Board has approved this
Document for use from
04/25/2022 to -----
Protocol # 22-104 EX 2204

Check all applicable boxes. A completed checklist is required.

- Protocol Review Form** (All required signatures included and all sections completed)
(Examples of appended documents are found on the website: <https://cws.auburn.edu/OVPR/pm/compliance/irb/sampledocs>)
- CITI Training Certificates** for key personnel
- Consent Form or Information Letter** and any releases (audio, video or photo) that participants will review and/or sign
- Appendix A** "Reference List"
- Appendix B** if e-mails, flyers, advertisements, social media posts, generalized announcements or scripts, etc., will be used to recruit participants.
- Appendix C** if data collection sheets, surveys, tests, other recording instruments, interview scripts, etc. will be used for data collection. Attach documents in the order they are listed in item 13c. **Continued on Page 2**
- Appendix D** if they study will use a debriefing form or will include emergency plans/ procedures and medical referral lists. (A referral list may be attached to the consent document.)
- Appendix E** if research is being conducted at sites other than Auburn University or in cooperation with other entities. A **permission letter** from the site/ program director must be included indicating their cooperation or involvement in the project. NOTE: If the proposed research is a multi-site project, involving investigators or participants at other academic institutions, hospitals or private research organizations, a letter of **IRB approval** from each entity is required prior to initiating the project.
- Appendix F** Written evidence of approval by the host country, local IRB or institutions if research is conducted outside the United States

6. General Research Project Characteristics

6A. Research Methodology															
Check all descriptions that best apply to the research methodology.															
Data Source(s): <input checked="" type="checkbox"/> New Data <input type="checkbox"/> Existing Data	Will recorded data directly or indirectly identify participants? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
Data collection will involve the use of: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Educational Tests (cognitive diagnostic, aptitude, etc.)</td> <td><input checked="" type="checkbox"/> Internet / Electronic</td> </tr> <tr> <td><input checked="" type="checkbox"/> Interview</td> <td><input checked="" type="checkbox"/> Audio</td> </tr> <tr> <td><input type="checkbox"/> Observation</td> <td><input type="checkbox"/> Video</td> </tr> <tr> <td><input type="checkbox"/> Locations or Tracking Measures</td> <td><input type="checkbox"/> Photos</td> </tr> <tr> <td><input type="checkbox"/> Physical / Physiological Measures or Specimens (see section 6E)</td> <td><input type="checkbox"/> Digital Images</td> </tr> <tr> <td><input checked="" type="checkbox"/> Surveys / Questionnaires</td> <td><input type="checkbox"/> Private records or files</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other: Artifacts/Websites</td> <td></td> </tr> </table>		<input type="checkbox"/> Educational Tests (cognitive diagnostic, aptitude, etc.)	<input checked="" type="checkbox"/> Internet / Electronic	<input checked="" type="checkbox"/> Interview	<input checked="" type="checkbox"/> Audio	<input type="checkbox"/> Observation	<input type="checkbox"/> Video	<input type="checkbox"/> Locations or Tracking Measures	<input type="checkbox"/> Photos	<input type="checkbox"/> Physical / Physiological Measures or Specimens (see section 6E)	<input type="checkbox"/> Digital Images	<input checked="" type="checkbox"/> Surveys / Questionnaires	<input type="checkbox"/> Private records or files	<input checked="" type="checkbox"/> Other: Artifacts/Websites	
<input type="checkbox"/> Educational Tests (cognitive diagnostic, aptitude, etc.)	<input checked="" type="checkbox"/> Internet / Electronic														
<input checked="" type="checkbox"/> Interview	<input checked="" type="checkbox"/> Audio														
<input type="checkbox"/> Observation	<input type="checkbox"/> Video														
<input type="checkbox"/> Locations or Tracking Measures	<input type="checkbox"/> Photos														
<input type="checkbox"/> Physical / Physiological Measures or Specimens (see section 6E)	<input type="checkbox"/> Digital Images														
<input checked="" type="checkbox"/> Surveys / Questionnaires	<input type="checkbox"/> Private records or files														
<input checked="" type="checkbox"/> Other: Artifacts/Websites															
6B. Participant Information	6C. Risks to Participants														

<p>Check all descriptors that apply to the TARGET population. (link to definition of target population)</p> <p><input checked="" type="checkbox"/> Males <input checked="" type="checkbox"/> Females <input type="checkbox"/> AU students</p> <p>Vulnerable Populations</p> <p><input type="checkbox"/> Pregnant Women/Fetuses <input type="checkbox"/> Prisoners <input type="checkbox"/> Institutionalized <input type="checkbox"/> Children and / or Adolescents (under age 18 in AL; if minor participants, at least 2 adults must be present during all research procedures that include the minors)</p> <p>Persons with:</p> <p><input type="checkbox"/> Economic Disadvantages <input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Educational Disadvantages <input type="checkbox"/> Intellectual Disabilities</p> <p>Will participants be compensated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Identify all risks participants might encounter in this research.</p> <p><input checked="" type="checkbox"/> Breach of Confidentiality* <input type="checkbox"/> Coercion <input type="checkbox"/> Deception <input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Social <input type="checkbox"/> None <input type="checkbox"/> Other (COVID-19, other medical): Click or tap here to enter text.</p> <p><small>*Note that if the investigator is using or accessing confidential or identifiable data, reach of confidentiality is always a risk.</small></p>
D. Corresponding Approval/ Oversight	
<p>• Does the study include participant exposure to radiation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes indicate: <input type="checkbox"/> DEXA <input type="checkbox"/> PQCT <input type="checkbox"/> Other</p> <p>• Is IBC Approval required for this study? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, BUA # Click or tap here to enter text. Expiration Date Click or tap to enter a date.</p> <p>• Is IACUC Approval required for this study? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, PRN # Click or tap here to enter text. Expiration Date Click or tap to enter a date.</p>	
<p>• Does this study involve the Auburn University MRI Center? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Which MRI(s) will be used for this project? (Check all that apply) <input type="checkbox"/> 3T <input type="checkbox"/> 7T</p> <p>Does any portion of this project require review by the MRI Safety Advisory Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Signature of one MRI Center Representative: _____ <u>Required for all projects involving the AU MRI Center</u> Appropriate MRI Center Representatives: Dr. Thomas S. Denney, Director AU MRI Center Dr. Ron Bevers, MR Safety Officer</p>	

Continued on Page 3

7. Project Assurances**7A. Principal Investigator's Assurances**

- I certify that all information provided in this application is complete and correct.
- I understand that, as Principal Investigator, I have ultimate responsibility for the conduct of this study, the ethical performance this project, the protection of the rights and welfare of human subjects, and strict adherence to any stipulations imposed by the Auburn University IRB.
- I certify that all individuals involved with the conduct of this project are qualified to carry out their specified roles and responsibilities and are in compliance with Auburn University policies regarding the collection and analysis of the research data.
- I agree to comply with all Auburn policies and procedures, as well as with all applicable federal, state, and local laws regarding the protection of human subjects, including, but not limited to the following:

traumatic life event by the time they reach sixteen years of age (National Center for Traumatic Stress Network, 2017; Center for Disease Control, 2019; Felitti et al., 1998). Furthermore, according to Felitti et al. (1998), 16% of adults, who report being exposed to at least one adverse childhood experience, reported 4 or more such traumatic experiences. Exposure to childhood trauma has been linked with both short and long-term risks to overall well-being and educational success. "Trauma interrupts those parts of the brain people need to move forward in time, and to effectively utilize cognitive resources such as logic, language and self-regulation" thus compromising learning, rational thinking, imagination, and goal setting (Van der Kolk, 2018). Consequently, adverse childhood experiences have been associated with decreases in academic achievement, increases in attendance and behavioral issues, grade retention, and higher rates of special education eligibility (Blodgett & Lanigan, 2018; National Child Traumatic Stress Network, 2014; DelaneyBlack et al., 2002; Segal & Collin-Vezina; 2019; Goodman, Miller, & West-Olatunji, 2012; Perfect, Turley, Carlson, Yohanna, & Saint Gilles, 2016). In adulthood, childhood trauma has been linked to increased rates of heart disease, cancer, alcoholism, drug abuse, and mental health issues (Felitti et al., 1998; Harris, 2018). Yet, educators repeatedly report feelings of self-doubt, lack of training, and expertise in supporting the social, emotional, and mental health needs of students who have been exposed to trauma (Alisic, 2012; Williams, Horvath, Wei, Van Dorn, & Jonson-Reid, 2007; Barrett, Ausbrooks, & Martinez-Cosio, 2012; Alvarez, 2017). Unclear roles and responsibilities, balancing the needs of all students, and feelings of incompetency among teachers limit student access to the culture, practices, and supports necessary to avoid re-traumatization and develop the skills and practices necessary to overcome the barriers often associated with trauma (Alisic 2012). According to the Substance Abuse and Mental Health Services Administration (2014), it is the role and responsibility of the organization and its leadership "to support and invest in implementing and sustaining a trauma-informed approach" (p. 13) that would equip educators with the knowledge, skills, and training necessary to address these feelings of doubt and uncertainty that create barriers to trauma-informed care. However, there appears to be a considerable gap in preparation, training, and a framework for educational leaders in intentionally and systematically creating and supporting trauma-informed environments.

8B. A brief summary/abstract of the study methodology, including design, population, and variables of interest.

(350 word maximum, in language understandable to someone who is not familiar with your area of study. Note this summary/abstract can be used to prepare the concise summary in the consent document.):

Based upon the limited research available, related to trauma informed school leadership and cultures, a qualitative case study methodology will be used to gain a deeper understanding of the multiple perspectives, experiences, and practices of school leaders within trauma informed schools (Creswell & Poth, 2018; Stake, 1995). This approach allows the researcher to "compare, contrast, and synthesize perspectives" (p. 50) across the same phenomenon thus generating better insight into and depiction of the complexity of the issue (Bloomberg & Volpe, 2019). A purposive sampling strategy included identification of participants by subject experts from across the United States (Creswell & Poth, 2018; Schwandt, 2015). Data will be collected and triangulated through use of a survey, an interview protocol, and documentation/artifact review (Creswell & Miller, 2000). Variable of interest include how school leaders describe the process of becoming trauma-informed leaders, what leadership principles and practices that employ, and how they describe the process of becoming a trauma-informed school.

9. Purpose

9A. State the purpose of the study and all research questions or aims. (Include a sentence that begins, "The purpose of this study is...")

The primary purpose of this study is to explore trauma-informed school leaders' experiences and perspectives and identify specific practices leveraged in providing trauma informed leadership necessary in the development and sustainability of a trauma informed school environment. The research will be guided by the following questions: How do

Revised 01/20/2022

school leaders describe the process of becoming a trauma-informed school leader? What principles and practices do trauma-informed school leaders employ? How do school leaders describe the progression for becoming trauma-informed school cultures?

6

9B. Describe how results of this study will be used? (e.g., presentation? publication? thesis? dissertation?)

The results of this study will be used for a dissertation; and may also be used to create presentations or publications

10. Key Personnel. Describe responsibilities as specifically as possible. Include information on research training or certifications related to this project. **To determine key personnel see decision tree at <https://cws.auburn.edu/OVPR/om/compliance/irb/training>. Submit a copy of CITI training documentation for all key personnel.** (For additional personnel, add lines as needed).

To determine Auburn University HIPAA – covered entities click link to [HIPAA Policy](#).

If any key personnel have a formal association with institutions/entities involved in the study (for example is an employee or supervisor at the site research will occur), describe that affiliation. For all non-AU affiliated key personnel, submit a copy of their IRB approval.

Principal Investigator: Jennifer Lawson

Rank/Title: PhD Candidate

Email Address: jhl0046@auburn.edu

Degree(s): PhD

Dept / Affiliation: EFLT

HIPAA Covered Entity? Yes No

Roles / Responsibilities: To design, conduct, and report research project. To protect the rights and privacy of participants of the study and to ensure protection of the data.

- AU affiliated? Yes No If no, name of home institution: [Click or tap here to enter text.](#)

- Plan for IRB approval for non-AU affiliated personnel? **N/A**

- Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project? Yes No

- If yes, briefly describe the potential or real conflict of interest: **N/A**

- Completed required CITI training? Yes No If NO, complete the appropriate [CITI basic course](#) and update the revised Exempt Application form.

- If YES, choose course(s) the researcher has completed: Human Sciences Basic Course 5/28/2023
Refresher Course 5/28/2023

Individual: Ellen R. Hahn

Rank/Title: Professor **Email**

Address: reamseh@auburn.edu

Degree(s): Ed.D.

Dept. / Affiliation: EFLT College of Ed

HIPAA Covered Entity? Yes No

Roles / Responsibilities: To oversee the study and to share expertise that guides the principal investigator with design, collection, analysis of data, and reporting of findings; to ensure compliance with ethical standards throughout the study until completion.

- AU affiliated? Yes No If no, name of home institution: [Click or tap here to enter text.](#)

- Plan for IRB approval for non-AU affiliated personnel? **N/A**

- Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project? Yes No - If yes, briefly describe the potential or real conflict of interest: [Click or tap here to enter text.](#)

- Completed required CITI training? Yes No If NO, complete the appropriate [CITI basic course](#) and update the revised Exempt Application form.

- If YES, choose course(s) the researcher has completed: Refresher Course **Expiration Date**
[Choose a course](#) [Expiration Date](#)

Individual: [Click or tap here to enter text.](#)

Rank/Title: [Choose Rank/Title](#) **Email**

Address: [Click or tap here to enter text.](#)

Degree(s): [Click or tap here to enter text.](#) **Dept.**

Revised 01/20/2022

/ Affiliation: Choose Department/School

HIPAA Covered Entity? Yes No

7

Roles / Responsibilities: Click or tap here to enter text.

- AU affiliated? Yes No If no, name of home institution: Click or tap here to enter text.
- Plan for IRB approval for non-AU affiliated personnel? Click or tap here to enter text.
- Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project? Yes No
- If yes, briefly describe the potential or real conflict of interest: Click or tap here to enter text.
- Completed required CITI training? Yes No If NO, complete the appropriate [CITI basic course](#) and update the revised Exempt Application form.
- If YES, choose course(s) the researcher has completed: Choose a course Expiration Date
Choose a course Expiration Date

Individual: Click or tap here to enter text.

Rank/Title: Choose Rank/Title

Email

Address: Click or tap here to enter text.

Degree(s): Click or tap here to enter text. **Dept.**

/ Affiliation: Choose Department/School

HIPAA Covered Entity? Yes No

Roles / Responsibilities: Click or tap here to enter text.

- AU affiliated? Yes No If no, name of home institution: Click or tap here to enter text.
- Plan for IRB approval for non-AU affiliated personnel? Click or tap here to enter text.
- Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project? Yes No
- If yes, briefly describe the potential or real conflict of interest: Click or tap here to enter text.
- Completed required CITI training? Yes No If NO, complete the appropriate [CITI basic course](#) and update the revised Exempt Application form.
- If YES, choose course(s) the researcher has completed: Choose a course Expiration Date
Choose a course Expiration Date

Individual: Click or tap here to enter text.

Rank/Title: Choose Rank/Title

Email

Address: Click or tap here to enter text.

Degree(s): Click or tap here to enter text. **Dept.**

/ Affiliation: Choose Department/School

HIPAA Covered Entity? Yes No

Roles / Responsibilities: Click or tap here to enter text.

- AU affiliated? Yes No If no, name of home institution: Click or tap here to enter text.
- Plan for IRB approval for non-AU affiliated personnel? Click or tap here to enter text.
- Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project? Yes No - If yes, briefly describe the potential or real conflict of interest: Click or tap here to enter text.
- Completed required CITI training? Yes No If NO, complete the appropriate [CITI basic course](#) and update the revised Exempt Application form.
- If YES, choose course(s) the researcher has completed: Human Sciences Basic Course 5/28/2023
Refresher Course 5/28/2023

11. Location of research.

11A. List all locations where data collection will occur. If applicable, attach permission letters as Appendix E. (School systems, organizations, businesses, buildings and room numbers, servers for web surveys, etc.) **Be as specific as possible.**

(See sample letters at <https://cws.auburn.edu/OVPR/pm/compliance/irb/sampledocs>)

Locations of data collection will take place: (1) electronic Trauma Informed school leadership survey: AU server/Qualtrics/AU email; (2) interviews: AU server using Zoom

11B. Will study data be stored within a HIPAA covered facility? Yes No

If yes, which facility(ies) (To determine AU HIPAA covered entities, go to VII of the [HIPAA Hybrid Entity Policy](#)):

Click or tap here to enter text.

12. Participants (If minor participants, at least 2 adults must be present during all research procedures that include the minors.)

12A. Describe the targeted/ intended participant population for the study. Include the anticipated number of participants and inclusion and exclusion criteria and the procedures to ensure more than 1 adult is present during all research procedures which include the minor.

Check here if existing data will be used and describe the population from whom data was collected including the number of data files.

Participants for this qualitative study will be expert, trauma-informed k-12 school leaders across the United States. Participants must be nominated by trauma-experts as experienced, trauma-informed school leaders currently leading a trauma-informed school. Recommended expert, trauma-informed school leaders will be contacted by email and phone from the script. They will receive a copy of the informed consent form, as an attachment. If they agree to participate, I will obtain written consent before beginning data collection. My recruitment script will include how the data will be used. Participants will be reminded to obtain a copy of the informed consent form for their own records.

Check here if permission to access existing data is required and submit a copy of the agreement to access.

Click or tap here to enter text.

12B. Describe, step-by-step in lay language all procedures to recruit participants. Include in [Appendix B](#) a copy of all e-mails, flyers, advertisements, recruiting scripts, invitations, etc., that will be used to invite people to participate. (See sample documents at <https://cws.auburn.edu/OVPR/pm/compliance/irb/sampledocs>)

The researcher would like to state that I, Jennifer Lawson, do not have any formal relationships with the school districts or school leaders involved in this study. Participant nominations and contact information will be solicited from trauma experts through local, state, and national organizations and associations specializing in the fields of trauma and trauma recovery. I will then reach out to each recommended participant via email to determine their willingness to participate in the study. If they agree to participate in the study, I will send them the informed consent form to sign and return. Upon receipt of the informed consent form I will email them a link to the Qualtrics survey. Once the survey is complete, I will contact participants by email and phone to schedule an interview.

12C. Minimum number of participants required to validate the study? 1

Number of participants expected to enroll? 5

Provide the rationale for the number of participants. 5 participants will provide greater context and data for data analysis.

Is there a limit to the number of participants that will be included in the study?

No Yes, the number is 10

12D. Describe the process to compensate, amount and method of compensation and/or incentives for participants. [AU Procurement and Business Services \(PBS\) policies](#) (benefits to participants are NOT compensation)

Revised 01/20/2022

If participants will not be compensated, check here:

Indicate the amount of compensation per procedure and in total: [Click or tap here to enter text.](#)

Indicate the type of compensation: Monetary Incentives

Raffle or Drawing incentive (Include the chances of winning.)

Extra Credit (State the value)

Other

Describe how compensation will be distributed (USPS, email, etc.): [Click or tap here to enter text.](#)

13. Project Design & Methods

13A. Describe, step-by-step, all procedures and methods that will be used to consent participants. If a waiver is being requested, indicate the waiver, and describe how the study meets the criteria for the waiver. If minors will be enrolled describe the process to obtain parental/ legally authorized guardian permission.

Waiver of Consent (including using existing data)

Waiver of Documentation of Consent (use of Information Letter)

Waiver of Parental Permission (for college students 18 years or younger)

All research activities include use of participants' names, which will be changed to pseudonyms. I will obtain consent for each participant by explaining what the research study is about, what they will be asked to do, length of time commitment, what the risks and benefits are, how the data will be used, how their privacy will be protected, and that their participant is voluntary. Before beginning the study, each participant will return a signed consent form in one of two ways: (1) email me the signed form or (2) return via a self-addressed envelope provided by the researcher. Once received, a link to the Trauma-informed School Leader Survey will be provided via Qualtrics. The email will include information summarizing the study, contact information, and a link to the electronic survey. Once the survey has been completed, participants will be contacted via email and phone to schedule a 45-minute interview.

13B. In lay language, understandable by someone not familiar with the area of study, describe the complete research design and methods that will be used to address the purpose. Include a clear description of who, when, where and how data will be collected. Include specific information about participants' time and effort.

The research design for this study is a qualitative descriptive case study focusing on surveys, interviews, and documents/artifacts. Prior to the interviews, the researcher will send a survey to expert, trauma-informed school principals across the United States to explore preliminary knowledge, experiences, and perspectives of the participants. The survey should take approximately 15 minutes to complete. Upon completion of the survey, a 45-minute interview will be conducted in person or via Zoom and transcribed for specific codes and themes related to trauma-informed leadership and the process of becoming a trauma-informed school. Interviews will provide additional insight and understanding of participants knowledge, experiences, and perspectives. Interviews will be recorded using a personal cellular device that is password protected. The researcher will, also, review publicly accessible school websites and any other documents participants may desire to share with the researcher related to the study. Any additional documents would be strictly volunteered by participants and, therefore, do not require any additional permissions. The frameworks utilized in this study are centered on a framework for trauma-informed leadership and a developmental framework for trauma-informed approaches.

Revised 01/20/2022

16

13C. List all data collection instruments used in this project, in the order they appear in Appendix C. (e.g., surveys and questionnaires in the format that will be presented to participants, educational tests, data collection sheets, interview questions, audio/video taping methods etc.)

Data collection instrumentation includes: 1. An electronic survey, which was created using Qualtrics called the Trauma-Informed School Leader Survey; 2. The interview protocol; 3. Interview data will be collected using a voice recording app on an iPhone 11. Recordings will remain on the device and any auto-uploading to the Cloud functionality will be disabled to ensure security and confidentiality of data are maintained.

13D. Data analysis: Describe how data will be analyzed. If a data collection form (DCF) will be used, submit a copy of the DCF.

Survey data will be analyzed to gather preliminary information regarding participants knowledge, experiences, and perspectives related to trauma-informed leadership and school cultures. Each interview will be recorded, reviewed, transcribed, and evaluated. Documents and artifacts will, also, be analyzed. Upon completion of data analysis, interpretations and conclusions will be drawn.

13E. List any drugs, medications, supplements, or imaging agents that participants will ingest/ receive during participation in the study or indicate not applicable (N/A).

N/A

14. Risks & Discomforts: List and describe all the risks participants may encounter in this research including risks from item 6d of this form, in this research. If deception will be part of the study, provide the rationale for the deception, describe the debriefing process, and attach a copy of the debriefing form that will be used as Appendix D. (Examples of possible risks are in section #6C)

The risk and discomforts associated with this study is minimal. However, there is a chance of a breach of confidentiality. The probability and magnitude of harm or discomfort anticipated in this study is not greater in and of themselves than those ordinarily encountered during daily life or everyday use of the internet. There could be psychological risk if a participant experiences any discomfort with a survey or interview question.

15. Precautions / Minimization of Risks

15A. Identify and describe all precautions that will be taken to eliminate or reduce risks listed in items 6.c. and 14. If participants can be classified as a "vulnerable" population, describe additional safeguards that will be used to assure the ethical treatment of vulnerable individuals. **If applicable, submit a copy of any emergency plans/procedures and medical referral lists in Appendix D.** (Sample documents can be found online at <https://cws.auburn.edu/OVPR/pm/compliance/irb/sampledocs> precautions)

The data from this study will be collected by the primary researcher and stored. Once the data has been collected, it will be stored on a secure, encrypted server to ensure security and confidentiality of information is maintained. The data will only be available to the research team and direct access to surveys, interviews, and documents/artifacts will only be available to the primary researcher and the dissertation chair. To eliminate and reduce risks of breach of confidentiality, pseudonyms will be used to replace participant names. The code list for real names will be kept in a separate location from the data files. To reduce risk of participant discomfort, participants will be reminded that they are not required to respond to any question in the survey or interview that creates discomfort for them.

Revised 01/20/2022

1:

15B. If the internet, mobile apps, or other electronic means will be used to collect data, describe confidentiality and/or security precautions that will be used to protect (or not collect) identifiable data? Include protections used during collection of data, transfer of data, and storage of data. If participant data may be obtained and/or stored by apps during the study, describe.

Participants will complete the survey in Qualtrics, via a link they will be emailed by the researcher. "Qualtrics safeguards all customer data and uses secure data center to ensure the highest protection as per HITECH requirements" (www.qualtrics.com/security-statement/). The information collected will only be used for its intended purpose and will not be provided to any other organization or entity. The information will be stored on a personal laptop device that is password protected. Audio recordings will be stored on the researcher's personal cellular device that is password and facial recognition protected. Audio results will not be stored in the cloud to minimize risk in a breach in confidentiality. Once transcription is complete, all audio recordings will be destroyed.

15C. Additional Safeguards

Will DEXA, pQCT, or other devices which emit radiation be used? Yes No

If yes, the IRB will notify the Auburn Department of Risk Management and Safety, who will contact the Alabama Department of Public Health (ADPH) and secure approval. Research which includes device(s) which emit radiation may NOT be initiated NOR will IRB stamped consent documents be issued until the IRB is notified of ADPH approval.

Will a Certificate of Confidentiality (CoC) issued by NIH be obtained Yes No If yes, include CoC language in consent documents and include the documentation of CoC approval. Research which includes a CoC may not be initiated NOR will IRB stamped consent documents be issued until the IRB is notified of CoC approval. [AU Required CoC Language](#)

Is the study a [clinical trial](#)? Yes No

If yes, provide the National Clinical Trial (NCT) # [Click or tap here to enter text.](#) and include required clinical trial information in all consent documents. [AU Clinical Trial Information](#)

16. Benefits

16A. List all realistic direct benefits participants can expect by participating in this study. (Compensation is not a benefit) If participants will not directly benefit check here.

[Click or tap here to enter text.](#)

16B. List realistic benefits for the general population that may be generated from this study.

As the impact of childhood trauma exposure and its prevalence becomes better understood, it is imperative that the schools play a more informed and intentional role in a system of care approach that more effectively recognizes and responds to the needs of those exposed to adverse childhood experiences. School leaders play an essential role in creating and sustaining trauma-informed school environments, where the social, emotional, behavioral and academic needs of all students can be better served. This study of trauma-informed leadership and trauma-informed school cultures will fill a gap in current research and help support districts and school leaders in providing trauma-informed leadership necessary to create and sustain trauma informed school environments that help individuals heal and recover from trauma exposure.

17. Protection of Data

17A. Data are collected:

Anonymously with no direct or indirect coding, link, or awareness by key personnel of who participated in the study (skip to item E)

Confidentially, but without a link to participant's data to any identifying information (collected as "confidential" but recorded and analyzed "anonymous") (Skip to item E).

Confidentially with collection and protection of linkages to identifiable information.

17B. If data are collected with identifiers and coded or as coded or linked to identifying information, describe the identifiers and how identifiers are linked to participants' data.

In the three data sources (electronic survey, interviews, and artifacts), the only identifier will be the participants name that will be changed to a pseudonym after data collection and their voice.

17C. Provide the rationale for need to code participants' data or link the data with identifying information.

Pseudonyms are needed so that the researcher can keep all three sources of data for each participant consistent.

17D. Describe how and where identifying data and/or code lists will be stored. (Building, room number, AU BOX?) Describe how the location where data is stored will be secured. For electronic data, describe security measures. If applicable, describe where IRB-approved and participant signed consent documents will be kept on campus for 3 years after the study ends.

Once the data has been collected, it will be stored on a secure, encrypted server to ensure security and confidentiality of information is maintained. The code list linking the participants to pseudonyms will be kept in a separate location from the data and will be destroyed after all data has been collected and names have been changed to pseudonyms.

17E. Describe how and where data will be stored (e.g., hard copy, audio/ visual files, electronic data, etc.), and how the location where data is stored is separated from identifying data and will be secured. For electronic data, describe security. Note use of a flash drive or portable hard drive is not appropriate if identifiable data will be stored; rather, identifying participant data must be stored on secured servers.

All participants will be asked to maintain confidentiality. All identifying information will be coded and kept in a separate file. All data will be kept on the researcher's personal laptop device. The laptop will be kept in a secure location when not in use.

17F. List the names of all who will have access to participants' data? (If a student PI, the faculty advisor must have full access and be able to produce study data in the case of a federal or institutional audit.)

Dr. Ellen Hahn, my dissertations chair, will have full access to all participants' data coded with pseudonyms.

17G. When is the latest date that identifying information or links will be retained and how will that information or links be destroyed? (Check here if only anonymous data will be retained)

Revised 01/20/2022

12

All identifying information and links (coding list) will be retained until all data from data sources referenced above have been collected and transcribed. Once interviews have been transcribed and accuracy verified, audio recordings and code lists will be destroyed, no later than December 20, 2022.

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AUBURN UNIVERSITY
COLLEGE OF EDUCATION

EDUCATIONAL FOUNDATIONS, LEADERSHIP AND TECHNOLOGY

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

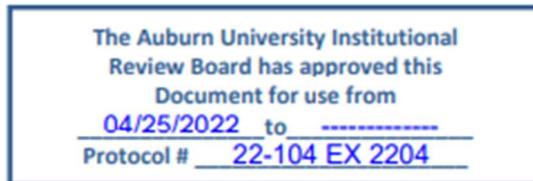
**INFORMED CONSENT
for a Research Study entitled
"School Leadership: The Journey from Trauma Aware to Trauma Informed"**

You are invited to participate in a research study to explore trauma-informed school leaders' experiences, perspectives, and practices in providing trauma-informed leadership necessary in the development and sustainability of trauma-informed school cultures. The study is being conducted by Jennifer Lawson - PhD student, under the direction of Dr. Ellen Hahn, in the Auburn University Department of Education. You were selected as a possible participant because you were nominated as an effective trauma-informed school leader and are age 19 or older.

What will be involved if you participate? If you decide to participate in this research study, you will be asked to complete an online survey that may require approximately 15 minutes of your time. You will, also, engage in a 45-minute interview with the researcher that includes 10 questions. The interviews will be recorded through a voice recording application located on the researcher's personal cellular phone. This data will be transcribed by the researcher and destroyed when the study is complete. Your total time commitment will be approximately 60 minutes, which includes the survey and interview components.

Are there any risks or discomforts? The risks associated with participating in this study are breach of confidentiality by someone gaining unapproved access to your data or the online data being hacked or intercepted, as occasionally occurs when information is provided via an online format. To minimize these risks, we will use a secure system to collect this data, store all data on a password protected computer, external drive, and cellular device. However, these measures cannot completely eliminate the potential risk. We will use a pseudonym and all identifying information will be maintained separately from your research data, thus preventing the ability for the data to be linked to you should a breach occur. We will destroy any identifying information after the study has been completed.

Participants Initials _____



Page 1 of 2

4036 Haley Center, Auburn, AL 36849-5221; Telephone: 334-844-4460; Fax: 334-844-3072

www.auburn.edu

Are there any benefits to yourself or others? If you participate in this study, you can expect to contribute to the data that could provide valuable knowledge and insight related to trauma-informed leadership practices and processes necessary for creating and sustaining trauma-informed school environments. This information will help current and future educational leaders develop the knowledge and skills necessary to create responsive, trauma-informed school environments to better serve the diverse needs of those it serves. We/I cannot promise you that you will receive any or all the benefits described.

Will you receive compensation for participating? Participation in this study is voluntary and there is not an associated compensation.

Are there any costs? If you decide to participate, you will not incur any costs associated with participation in this study. Auburn University has not provided for any payment if you are harmed as a result of participating in this study.

If you change your mind about participating, you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn if it is identifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University or the Department of Education.

Your privacy will be protected. Any information obtained in connection with this study will remain confidential. Information obtained through your participation may be stored securely on the researcher's computer which will be de-identified and will not include any of your personal contact information. If we quote you, we will use pseudonyms (fake names).

If you have questions about this study, please ask them now or contact Jennifer Lawson at (770)678-618-7038 or by email at jhl0046@auburn.edu. A copy of this document will be given to you to for your records.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESEARCH STUDY. YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO PARTICIPATE.

Participant's signature Date

Investigator obtaining consent Date

Printed Name

Printed Name

Co-Investigator Date

Printed Name

Page 2 of 2

The Auburn University Institutional
Review Board has approved this
Document for use from
04/25/2022 to -----
Protocol # 22-104 EX 2204

Recruitment telephone Script

My name is Jennifer Lawson, and I am a graduate student from the College of Education, Educational Foundations, Leadership, and Technology at Auburn University. I would like to invite you to participate in a research study I am conducting on trauma-informed schools and the trauma-informed leaders that lead them. You have been recommended as an experienced, trauma-informed school leader by an expert panel and I believe your perspective and insight would add great value to this body of research. I am hoping you would be willing to consider participation in this research.

As a participant, you would be asked to (1) participate in an electronic survey titled "School Leadership: The Journey from Trauma Aware to Trauma-Informed" that would be sent to you by email via Qualtrics and would take approximately fifteen minutes to complete. Following completion of the electronic survey, (2) we would schedule a time to conduct a forty-five minute interview, where I would ask you a series of ten questions about your experiences as a experienced, trauma-informed school leader. The entire process should take no more than one hour between both survey and the interview.

(Briefly review information outlined in Informed Consent that might be influence the participant's interest in the study)

Risks: Breach of confidentiality is a minimal risk of the study, due to identifiable data being collected. However, pseudonyms will be used once data has been collected to minimize any associated risk.

Compensation/Benefits: There is no compensation and no direct benefits associated with participation. However, indirect benefits may include reflection on leadership experiences that lead to personal growth or professional development. Additionally, information from this study may be used to help better prepare and support school leaders in leading and developing trauma-informed school environments that more effectively support the needs of students and staff. However, I cannot promise that you will receive any or all of the benefits I have described.

Cost: There is no cost associated with participation in this study.

Privacy: Any data obtained in connection with this study will remain confidential. The researcher will use pseudonyms and will not use any identifiable data in the analysis or presentation of information. The use of Qualtrics presents no greater risk than the everyday use of the Internet. Finding of the study will be used to fulfill an educational requirement for a dissertation and may, also, be used for presentations or publications.

If you would like to participate in this research study, I will send you via email the corresponding consent form. Once you sign and return it to me, I will send you a link to the electronic survey to you via email. Once the survey is complete, I will contact you via email and phone to schedule the follow-up interview.

Do you have any questions that I might be able to answer at this time? If so, please feel free to ask them now or you are welcome to email me, Jennifer Lawson at jhl0046@auburn.edu or you may also contact my advisor, Dr. Ellen Hahn, at reamseh@auburn.edu. I will provide a copy of the signed informed consent form to you for your records.

<p>The Auburn University Institutional Review Board has approved this Document for use from <u>04/25/2022</u> to <u>-----</u> Protocol # <u>22-104 EX 2204</u></p>
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RECRUITMENT EMAIL
(sent following recruitment phone call)

Dear _____,

My name is Jennifer Lawson, and I am a graduate student from the College of Education, Educational Foundations, Leadership, and Technology at Auburn University. I would like to invite you to participate in a research study I am conducting on trauma-informed schools and the trauma-informed leaders that lead them. You have been recommended as an experienced, trauma-informed school leader by an expert panel and I believe your perspective and insight would add great value to this body of research. I am hoping you would be willing to consider participation in this research.

As a participant, you would be asked to (1) participate in an electronic survey titled "School Leadership: The Journey from Trauma Aware to Trauma-Informed" that would be sent to you by email via Qualtrics and would take approximately fifteen minutes to complete. Following completion of the electronic survey, (2) we would schedule a time to conduct a forty five minute interview, where I would ask you a series of ten questions about your experiences as a experienced, trauma-informed school leader. The entire process should take no more than one hour between both survey and the interview.

(Briefly review information outlined in Informed Consent that might be influence the participant's interest in the study)

Risks: Breach of confidentiality is a minimal risk of the study, due to identifiable data being collected. However, pseudonyms will be used once data has been collected to minimize any associated risk.

Compensation/Benefits: There is no compensation and no direct benefits associated with participation. However, indirect benefits may include reflection on leadership experiences that lead to personal growth or professional development. Additionally, information from this study may be used to help better prepare and support school leaders in leading and developing trauma-informed school environments that more effectively support the needs of students and staff. However, I cannot promise that you will receive any or all of the benefits I have described.

Cost: There is no cost associated with participation in this study.

Privacy: Any data obtained in connection with this study will remain confidential. The researcher will use pseudonyms and will not use any identifiable data in the analysis or presentation of information. The use of Qualtrics presents no greater risk than the everyday use of the Internet. Finding of the study will be used to fulfill an educational requirement for a dissertation and may, also, be used for presentations or publications.

If you would like to participate in this research study, please respond to this email by returning the attached informed consent document signed and dated. I will provide you a copy of the document for your records. Upon receiving your informed consent document, you will receive a link to the electronic survey.

If you have any questions, please feel free to ask them by responding to this email, Jennifer Lawson at jl0046@auburn.edu or you may also contact my advisor, Dr. Ellen Hahn, at reamseh@auburn.edu.

ATTACHED:

Informed Consent Form

<p>The Auburn University Institutional Review Board has approved this Document for use from <u>04/25/2022</u> to <u>-----</u> Protocol # <u>22-104 EX 2204</u></p>
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(Email to participants after receiving signed informed consent document)

Subject: Research Study - Trauma-Informed School Leader Survey

Dear (Insert Name),

I would like to first thank you for participating in the study titled "School Leadership: The Journey from Trauma Aware to Trauma-Informed." Your contribution to this research is valued and appreciated. You are receiving this email because I have received your signed informed consent form indicating your willingness to participate in the study. As we discussed previously, your participation includes the completion of a brief online survey.

This survey consists of nine questions and should take no longer than ten to fifteen minutes to complete. To begin click the link below.

[Qualtrics: Trauma-Informed School Leader Survey](#)

This survey is confidential, and your participation is voluntary. If you come to a question you prefer not to answer, please skip it and proceed to the next question. If you have any questions, please do not hesitate to email Jennifer Lawson at jhl0046@auburn.edu or my faculty advisor, Dr. Ellen Hahn, at reamseh@auburn.edu.

Once you complete the online survey, I will reach out via email and telephone to schedule the interview, which will require approximately 45 minutes. Thank you for your participation and time completing this survey.

Respectfully,

Jennifer Lawson
Doctoral Candidate
College of Education
Auburn University

The Auburn University Institutional
Review Board has approved this
Document for use from
04/25/2022 to -----
Protocol # 22-104 EX 2204

Informed Consent (Signed Informed Consent received from Participant)

AUBURN UNIVERSITY

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

**INFORMED CONSENT LETTER
for a Research Study entitled**

“School Leadership: The Journey from Trauma Aware to Trauma Informed”

The following information was provided during informed consent and a signed copy was given to you for your records.

You are invited to participate in a research study to explore trauma-informed school leaders' experiences, perspectives, and practices in providing trauma-informed leadership necessary in the development and sustainability of trauma-informed school cultures. The study is being conducted by Jennifer Lawson, a graduate student, under the direction of Dr. Ellen Hahn, in the Auburn University College of Education. You were selected as a possible participant because you were nominated as an effective trauma-informed school leader and are age 19 or older.

What will be involved if you participate? If you decide to participate in this research study, you will be asked to complete an online survey that may require approximately 15 minutes of your time. You will, also, engage in a 45-minute interview with the researcher that includes 10 questions. The interviews will be recorded through a voice recording application located on the researcher's personal cellular phone. This data will be transcribed by the researcher and retained for future research or destroyed when the study is complete, based upon preference and permission. Your total time commitment will be approximately 60 minutes, which includes the survey and interview components.

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Interview Protocol

Introduction: My name is Jennifer Lawson. I am a graduate student at Auburn University in the College of Education. I will turn on the recorder now. Is that okay with you? Thank you, again, for your willingness to participate in this study and meet with me. I will be using a pseudonym for your name and as a part of the maintaining confidentiality. Only the assigned pseudonyms will be used in my dissertation. If you would like, I will be happy to send you a copy of the transcript when it is complete. You reviewed and signed the informed consent, but do you have any additional questions about the process?

Purpose: I am interested in learning more about the knowledge, experiences, and practices of experienced trauma-informed school leaders. I would like to hear more about your experiences.

Questions:

1. Please tell me why being trauma-informed is important to you as a school leader?
2. Can you describe any personal and/or professional experiences you feel influenced your commitment or preparedness as a trauma-informed school leader?
3. What is your definition of a trauma-informed school approach? Has it changed and, if so, how?
4. Tell me about the knowledge, skills, or dispositions you have found important to creating a trauma-informed school environment.
5. Have you had to deal with resistance to trauma-informed practices and, if so, how have you chosen to deal with those?
6. To what degree has a trauma-informed school approach supported the needs of your staff and students?
7. Tell me about the process you and your staff went through to become a trauma-informed school.
8. Can you describe any the challenges you may have encountered in becoming a trauma-informed school?
9. What evidence of change have you seen since becoming a trauma-informed school?
10. Based on your experience, how might other school leaders be better prepared to lead and develop a trauma-informed school environment?

Closing: *(Summarize)* Is there anything else you were hoping I might ask about and didn't or anything else you think might be helpful to know?

I appreciate you taking this time out of your busy schedule to share your experiences and insights with me. If you think of anything else you would like to share or if you have any questions, please do not hesitate to reach out. I will contact you within a few weeks if any follow-up or clarification is needed, if that would be okay? Do not forget my contact information is located on the informed consent form and thank you, again, for your time today.

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Protocol # 22-104 EX 2204

Are there any risks or discomforts? The risks associated with participating in this study are breach of confidentiality by someone gaining unapproved access to your data or the online data being hacked or intercepted, as occasionally occurs when information is provided via an online format. To minimize these risks, we will use a secure system to collect this data, store all data on a password protected computer, external drive, and cellular device. However, these measures cannot completely eliminate the potential risk. We will use a pseudonym and all identifying information will be maintained separately from your research data, thus preventing the ability for the data to be linked to you should a breach occur. We will destroy any identifying information after the study has been completed.

Are there any benefits to yourself or others? If you participate in this study, you can expect to contribute to research that will provide valuable knowledge and insight related to trauma-informed leadership practices and processes necessary for creating and sustaining trauma-informed school environments. This information will help current and future educational leaders develop the knowledge and skills necessary to create responsive, trauma-informed school environments to better serve the diverse needs of those it serves. I cannot promise you that you will receive any or all the benefits described.

Will you receive compensation for participating? Participation in this study is voluntary and there is not an associated compensation.

Are there any costs? If you decide to participate, you will not incur any costs associated with participation in this study. Auburn University has not provided for any payment if you are harmed as a result of participating in this study.

If you change your mind about participating, you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn if it is identifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University or the Department of Education.

Your privacy will be protected. Any information obtained in connection with this study will remain anonymous. Information obtained through your

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participation may be stored securely on the researcher's computer which will be de-identified and will not include any of your personal contact information. If we quote you, we will use pseudonyms. If you have questions about this study, please ask them now or contact Jennifer Lawson at (770)678-618-7038 or by email at jhl0046@auburn.edu. A copy of this document will be given to you to for your records.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESEARCH STUDY. YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO PARTICIPATE.

Jennifer Lawson
Investigator/Date

Ellen Hahn
Co-Investigator/Date

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CLICK ARROW BELOW TO BEGIN SURVEY

Directions: Please consider your knowledge, experiences, and practices related to your role as a school principal in a trauma-informed school as you complete the following survey questions. The questions will be multiple choice and open-ended. Thank you for your time and attention to answering these questions.

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	Minimal Knowledge	Below Average Knowledge	Average Knowledge	Above Average Knowledge	Extensive Knowledge
What is your level of knowledge related to trauma-informed best practices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Minimal Professional Development	Below Average Professional Development	Average Professional Development	Above Average Professional Development	Extensive Professional Development
What level of professional development have you received to support teachers and stakeholders in trauma-informed best practices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strong Agree
I am prepared to be an instructional leader for trauma-informed best practices in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat agree	Agree	Strong Agree
Faculty and Staff participate in on-going professional development and collaboration related to a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat agree	Agree	Strongly Agree
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trauma-informed school approach.

The COVID-19 pandemic has influenced my understanding of creating and sustaining a trauma-informed school environment.

<input type="radio"/>							
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The COVID-19 pandemic has influenced my commitment to creating and sustaining a trauma-informed school environment.

<input type="radio"/>							
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What types of professional development do you receive to support teachers and stakeholders in trauma-informed best practices?

How do you ensure staff members are held accountable for implementation of trauma-informed best practices within the school?

How has the COVID-19 pandemic impacted your vision for a trauma-informed school environment?

We thank you for your time spent taking this survey.
Your response has been recorded.

Appendix B

The Missouri Model: A Developmental Framework for Trauma-Informed Approaches

Trauma Aware

Definition	Processes	Indicators
<p>Key Task: Awareness and attitudes</p> <p>Trauma aware organizations have become aware of how prevalent trauma is and have begun to consider that it might impact their clientele and staff.</p>	<p>Leadership understands that knowledge about trauma could potentially enhance their ability to fulfill their mission and begins to seek out additional information on the prevalence of trauma for the population served.</p> <p>Awareness training is offered (including definitions, causes, prevalence, impact, values and terminology of trauma-informed care.)</p> <p>People are made aware of how and where to find additional information, and are supported in further learning.</p> <p>The organization explores what this new information might mean for them and what next steps may need to be taken.</p>	<p>Most staff:</p> <ol style="list-style-type: none"> 1) know what the term trauma refers to; and 2) are aware that knowledge about the impact of trauma can change the way they see (and interact with) others. <p>The impact of trauma is referenced in informal conversations among staff.</p>

Trauma Sensitive

Definition	Processes	Indicators
<p>Key Task: Knowledge, application, and skill development</p> <p>Trauma sensitive organizations have begun to:</p> <ol style="list-style-type: none"> 1) explore the principles of trauma-informed care (safety, choice, collaboration, trustworthiness, and empowerment) within their environment and daily work; 2) build consensus around the principles; 3) consider the implications of adopting the principles within the organization; and 4) prepare for change. 	<p>Values of a trauma-informed approach are processed with staff.</p> <p>Through a self-assessment process, the organization identifies existing strengths, resources and barriers to change as well as practices that are consistent or inconsistent with trauma informed care.</p> <p>Leadership prepares the organization for change and leads a process of reflection to determine readiness for change.</p> <p>The organization begins to identify internal trauma champions and finds ways to hire people who reflect in their attitudes and behavior alignment with the trauma informed principles.</p> <p>The organization examines its commitment to consumer involvement and what next steps could be taken.</p> <p>The organization begins to review tools and processes for universal screening of trauma.</p> <p>The organization begins to identify potential resources for trauma specific treatment.</p>	<p>The organization values and prioritizes the trauma lens; a shift in perspective happens.</p> <p>Trauma is identified in the mission statement or other policy documents.</p> <p>Trauma training for all staff is institutionalized, including within new staff orientation.</p> <p>Basic information on trauma is available and visible to both clients and staff, through posters, flyers, handouts, Web sites, etc.</p> <p>Direct care workers begin to seek out opportunities to learn new trauma skills.</p> <p>Management recognizes and responds to compassion fatigue and vicarious trauma in staff.</p>

Trauma Responsive

Definition	Processes	Indicators
<p>Key Task: Change and integration</p> <p>Trauma responsive organizations have begun to change their organizational culture to highlight the role of trauma. At all levels of the organization, staff begins re-thinking the routines and infrastructure of the organization.</p>	<p>Planning and taking action.</p> <p>Begin integration of principles into staff behaviors and practices.</p> <p>Begin integration of principles into staff supports:</p> <ul style="list-style-type: none"> • Addressing staff trauma • Self-care • Supervision models • Staff development • Staff performance evaluations <p>Begin integration of principles into organizational structures:</p> <ul style="list-style-type: none"> • Environmental review • Record-keeping revised • Policies and procedures re-examined • Self-help and peer advocacy incorporated 	<p>Staff applies new knowledge about trauma to their specific work.</p> <p>Language is introduced throughout the organization that supports safety, choice, collaboration, trustworthiness and empowerment.</p> <p>The organization has policies that support addressing staff's initial and secondary trauma.</p> <p>All clients are screened for trauma and/or a "universal precautions" approach is used.</p> <p>People with lived experience are engaged to play meaningful roles throughout the agency (employees, board members, volunteers, etc.)</p> <p>Changes to environments are made.</p> <p>Trauma-specific assessment and treatment models are available for those who need</p>

Trauma Responsive Cont.

		<p>them (either directly or through a referral process).</p> <p>Organization has a ready response for crisis management that reflects trauma informed values.</p>
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Trauma Informed

Definition	Processes	Indicators
<p>Key Task: Leadership</p> <p>Trauma informed organizations have made trauma-responsive practices the organizational norm.</p> <p>The trauma model has become so accepted and so thoroughly embedded that it no longer depends on a few leaders.</p> <p>The organization works with other partners to strengthen collaboration around being trauma informed.</p>	<p>Measuring impact on clients</p> <p>Revision of policies and procedures</p> <p>Implementation of the agency's model/values is measured for fidelity to a trauma informed model and appropriate corrective actions taken.</p> <p>Practice patterns of staff</p> <p>Program assessments</p> <p>Interventions to address the impact of secondary trauma on staff is monitored</p> <p>Focus on reduction of stigma of trauma</p> <p>Human resource policies support hiring staff with knowledge and expertise in trauma</p> <p>The organization and staff become advocates and champions of trauma within their community</p>	<p>Leadership including hiring of new leaders demonstrates a commitment to trauma informed values (safety, choice, collaboration, trustworthiness and empowerment).</p> <p>All staff are skilled in using trauma-informed practices, whether they work directly with clients or with other staff.</p> <p>All aspects of the organization have been reviewed and revised to reflect a trauma approach.</p> <p>People outside the agency (from the Board to the community) understand the organization's mission to be trauma-related.</p> <p>People from other agencies and from the community routinely turn to the organization for expertise and leadership in trauma-informed care.</p> <p>The organization uses data to inform decision making at all</p>

Trauma Informed Cont.

	<p>Advocacy at a macro level with payors and policy-makers for systemic changes that support trauma informed approaches</p>	<p>levels.</p> <p>A variety of sustainable training is promoted and made accessible to staff, including at new staff orientation.</p> <p>Ongoing coaching and consultation is available to staff on-site and in real time.</p> <p>The business model including fiscal structures works to meet the need to address trauma.</p>
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