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Trauma-Informed Teaching Perspectives of Arts and Non-Arts Educators: A Mixed Methods Study for Transformational Change

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Trauma-Informed Teaching Perspectives of Art and Non-Art Educators:

A Mixed Methods Study for Transformational Change

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By Annie Catherine Shrawder

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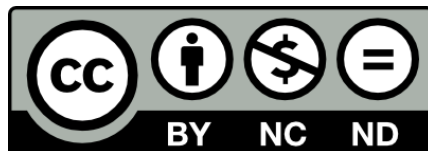
TRAUMA-INFORMED TEACHING PERSPECTIVES

This Dissertation for the Education Doctorate in Transformational Teaching and Learning

Degree

By Annie Catherine Shrawder

has been approved on behalf of the College of Education

Dissertation Committee:

Dr. Helen Hamlet, Committee Chair

Dr. Amy Pfeiler Wunder, Committee Member

Dr. Scott Tracy, Committee Member

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ABSTRACT OF THE DISSERTATION

Trauma-Informed Teaching Perspectives of Art and Non-Art Educators:

A Mixed Methods Study for Transformational Change

By

Annie Catherine Shrawder

Kutztown University of PA, 2024

Kutztown, Pennsylvania

The purpose of this study was to understand and answer the overarching research question: To what extent are PA educators prepared to recognize and respond to students impacted by trauma and Adverse Childhood Experiences (ACEs)? This question is investigated using a mixed methods action research design on the preparedness of k-12 arts and non-arts educators within one school district. This study unpacks the level of preparedness of educators teaching students with trauma and adverse childhood experiences. The data analysis provided perspectives of non-arts teachers and arts teachers in one school district. Additionally, academic research revealed that the arts positively counteract the negative effects of trauma, and makes a case for why all teachers need to be trauma-informed. This study reveals how learning through the arts can become a solution that all teachers can benefit from as trauma-informed educators. The results of this study inform recommendations for professional development on trauma-informed pedagogy for all educators to apply transformational change within their teaching environments.

TRAUMA-INFORMED TEACHING PERSPECTIVES

Signature of Investigator _____*Anne Shrawder*_____ Date __03/18/2024____

Dedication

To my husband Tom:

You are my guiding light, my anchor, and I am so appreciative for your support and belief in me. You have inspired me to dig deeper into my calling as an art educator and have unwaveringly supported me throughout this rigorous doctoral program. Thank you for listening to my ideas, always sharing psychology knowledge, and contributing humorous remarks when I needed them most. I love you and am thankful for you.

To my parents:

Thank you with all my heart for the support and love you have given me in achieving this goal. You have both set me up throughout undergraduate and graduate school and for that I am incredibly appreciative.

To my brothers, Dan and Scott:

Dan, you have been a source of inspiration from achieving your doctoral degree to encouraging me in moments I needed it most. Thank you for your humor, listening ear, and caring nature. I appreciate and love you.

Scott, thank you for providing an empathetic ear, encouragement, and for inspiring me through your life what the human spirit and resilience are capable of. I appreciate and love you.

To Khadija:

You're my sister, and my confidant. You're my dearest friend and have been an unwavering source of strength and inspiration throughout this process.

To my students past, present, and future:

You have been my driving force and my why. The experiences you have shared with me have impacted me forever. I will always advocate for you.

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Chapter 1

Trauma-Informed Teaching Perspectives of Art and Non-Art Educators:

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As an art teacher I have taught students from various socio-economic backgrounds in urban, rural, private, charter, and public-school settings across grades K-12. Despite the differences in students' ages, cultures, demographics, and temporal spaces, there was and is a phenomenon affecting students. The well-being of students and their ability to function in their daily lives is being impacted by trauma known as Adverse Childhood Experiences (ACEs). Research shows the prevalence of trauma experienced by children is on the rise, and educators need to be prepared to meet this need (Burke Harris, 2018). Trauma and ACEs can negatively impact a child's psychological, biological, and social/emotional ability in their daily functioning, as well as cause long-term health problems following them throughout adulthood (ACEs connection, 2016). A source of hope behind the content of this study is the work and research done by Dr. Nadine Burke Harris, former first Surgeon General of California, and author of the book, *The Deepest Well: Healing the long-term effects of childhood trauma* (Burke Harris, 2018). Dr. Burke Harris pointed out in her research findings and professional experiences in communities prevalent with ACEs that a heartbreaking aspect of childhood trauma is the lack of awareness and preparedness of adults on the buffering effects that a safe and nurturing adult can do to regulate a child's biological stress response (Harvard Public Health, 2020; Burke Harris, 2018). Without going into too much detail, I am an adult with Adverse Childhood Experiences (ACEs). I am living proof that with the support of caring and trusted adults a child with four or more ACEs could lead a successful and resilient life as an adult. While developing from a child to a young adult, there was a pivotal moment in my life when I felt a sense of belonging which

research has proven can counteract the negative effects of ACEs. The belonging I felt was due to my experience with teachers' influence in the arts. My journey to healing was through relationships with adults through my involvement in witnessing art, creating art, and being around others who were passionate about art. Experiencing art was transformative and helped me to heal from ACEs while building empathy through process. I chose to become an art teacher to impact students positively and provide the same resilience and care that changed my own life for the better through the supportive healing qualities that the practice of art making and arts instructors offered me.

Positionality and Pretext

In my art teaching experience, I have taught students in pre-k through 12th grades in varied educational settings. It is crucial to know the researcher's background because it impacts the study design, the study itself, and the results (Holmes, 2020). My experience with all grade levels in schools with students of various backgrounds afforded me the unique ability to understand relate to k-12 teacher perspectives. In this research study I am a practitioner defined by Herr & Anderson (2015) as, "native to the setting" because I conducted the study within the same school district where I was an art teacher (p.67). This study investigated if educators were prepared to teach students with ACEs. The best method used in this investigation was mixed methods. The benefit of this approach was to be transparent and honest about the results and findings. To best inform the trustworthiness and validity of this study from my unique positionality of art teacher/researcher/practitioner I examined arts and non-arts teachers' experiences and perspectives. According to Herr & Anderson (2015), "Our sense is in making explicit the tensions we experience as researchers in our varying roles and statuses, we have the

possibility of crafting uniquely complex understandings…we hope to avoid the blind spots that come with unexamined beliefs" (p. 55).

The goal of the study was to examine an in-depth understanding from related art and visual art teachers' beliefs and perspectives through individual interviews following a survey from non-art and art teacher perspectives. As an educator and individual I knew there were experiences teachers witness professionally and in their personal lives that inform their views on trauma. As a researcher and practitioner, I utilized reciprocal collaboration while conducting this research study with teachers in my district. Reciprocal collaboration allowed me to achieve equitable power relations as an insider to discover the gaps of understanding and to assess the needs for professional development within the school district where I taught (Herr & Anderson, 2015). As a researcher I acknowledge that I used principles from trauma-informed care in my own teaching methods, and before I understood them, I was utilizing some of them unknowingly. I was more effective since understanding what they are through adding them in my practice. In this study I created intentionality in revealing the truth behind teachers' perspectives with or without professional development to find preparedness, comfortability, confidence, teaching, communication, and perceptions around the topic of trauma-informed teaching.

During my time as an undergraduate fine art student and as a graduate preservice art teacher I was on a mission to pursue my life's questions on the topics of suffering and resilience through reading literature within the humanities, psychology, music, and the visual and performing arts. I did a great deal of reading books by people who overcame trauma and was specifically moved and inspired by the life, teachings, and resilience of Dr. Maya Angelou. A quote that inspires my teaching pedagogy and pursuit of finding truth within my research study is from an interview she had with Oprah where Ms. Angelou stated, "When you learn, teach; when

you get, give" (Maya Angelou, 2019). I connected with this sentiment and way of being due to my personal experiences with childhood trauma and desire for holistic outcomes for teachers and students.

Resistance is defined as an act derived from our higher nature including rejecting immediate gratification when in pursuit of all things noble and praiseworthy with integrity (Pressfield, 2002). As a teenager, I experienced resistance and resilience that shaped me into the educator I am today. To provide more information about me as a researcher/practitioner and action researcher I provided a narrative from my experience (Clandinin, 2016). During my sophomore, junior, and senior years in high school I attended evening art classes at Lafayette College free for high school students living in the City of Easton in Pennsylvania. While in class I was quiet most of the time because I was not confident, yet I felt like I was a part of a community. The professor's teaching style, humor, and his care made me feel like a welcomed member of the group. There were only ten of us who participated most evenings. This small group normally would have made my skin crawl because I couldn't hide behind a sea of kids in a class. However, this teacher recognized my desire to stay hidden and never required me to be outgoing to feel included. One evening this fine arts professor had a guest artist visit and this guest artist shocked me because he had no right arm. I remember him explaining to us that it had been amputated, although I do not remember why, or if he even explained that part because I was feeling devastated for him. That initial devastation dissipated quickly because his energy was electrically positive, he was smiling, and was eager to be there with us. He was leading us in a drawing of still life objects set up on tables in the middle of the room, with our easels around it, lit with overhead dramatic lighting. We were creating a drawing of one object from various angles, and I distinctly remember him using the term "multifaceted". I felt that word deeply

connect and resonate like music in my soul. I thought, I am multifaceted, humans are multifaceted. Then I thought, "Hold on, what isn't multifaceted?" I will never forget that moment. This visiting artist, an adult, made me feel like he knew without saying anything what tragedy and suffering was and used art to spark joy in others. He exemplified for me just by existing that he was the definition of multifaceted, and I connected with that deeply. I knew at that moment that my life's purpose was to help others through art. I felt a connection and a sense of belonging so strong that I knew art could be more than a creative endeavor. It could provide a "safe place" for healing and exploration. I was going to be the best artist I could be. I was going to achieve something great beyond my circumstances and transcend the trauma and adversity I was experiencing in my life. This guest artist and my teacher provided an environment and experiences through art where I made a tangible connection to concepts that helped me to belong to a group which lead to acceptance and healing.

Historical Context of Trauma

Historically, trauma is recognized as a long-standing human dilemma of suffering with profound impacts on the well-being of those affected cross-culturally and individually (Hyatt-Burkhart, 2011; Levers, 2012). According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the three components of trauma are the event or events causing physical, emotional, life-threatening harm, the experiences, and the effects of the event(s) (SAMHSA, 2022). Trauma includes human violence, medical crises, natural disasters, and effects psychological, existential, and physical well-being (APA, 2010). Author of *Trauma and Recovery*, Judith Lewis Herman MD explained that "traumatic events call into question basic human relationships" (p. 51), because trauma separates people from a sense of self as well as disconnection from healthy and loving relationships. Additionally, emotional trauma and abuse

can be caused by illness, medical procedures, and/or accidents (van der Kolk 2005). The CDC indicated that 61% of adults surveyed across 25 states in the U.S. reported they had experienced at least one ACE before age 18, and nearly one in six reported they had experienced four or more types of ACEs (CDC, n.d.). Adverse childhood experiences, known as ACEs, are types of trauma. Adverse childhood experiences (ACEs) include ten different types of trauma that children can experience before the age of 18 including neglect, physical/mental abuse, divorce, violence in the home, caregivers in the home with substance abuse and/or mental illness, school or community violence, unexpected death of a family member or close friend, natural disasters, motor vehicle accidents, or other serious accidents (Center for Youth Wellness, n.d.; Mosley-Johnson et al., 2018; Wamser-Nanney & Vandenberg, 2013). ACEs are also described as toxic stress, and toxic stress can negatively affect a child's developing brain due to production of cortisol as a part of the stress-response system (CDC, 2022). ACEs affect brain development and the immune system because of the stress-response system. Being aware of the effect of ACEs is detrimental to the health and wellbeing of students because ACEs affect the brain and impact how a student learns, uses self-control and self-regulation which is also known as executive function in the brain (CDC, 2022).

Psychologists categorized trauma into three types: acute, chronic, and complex (Cook et al., 2005). ACEs are categorized as different types of traumas such as acute traumas which are single events and can be situational such as homelessness, a car accident, or death of a parent (Fisher et al., 2020, p. 4). Acute trauma can become complex and chronic, for example a death of a parent could turn into care being by provided from an outside source who could perpetrate abuse which would have been an acute trauma one event being the death of the parent, but without healthy resilience and aftercare such as having new care from an abusive source or new

caregiver who has an addiction. Acute trauma is defined by Substance Abuse and Mental Health

Services Administration (SAMHSA) as "an event, series of events, or set of circumstances that

are experienced by an individual as physically and/or emotionally harmful that have lasting

adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-

being" (SAMHSA, 2014, p. xix). Acute trauma can influence health and quality of life, and

recovery can be long-term and life-long. Traumatic stress can be caused by exposure to a

perceived risk of death or serious injury and can lead to posttraumatic stress disorder. PTSD can

become a chronic condition and includes reexperiencing the event, persistent intrusive thoughts,

avoidance of reminders of the event, and hyperarousal (American Psychiatric Association, 2000;

Davis, et al., 2001; Levers, 2012). Someone experiencing PTSD can have behaviors of

impulsivity, aggression, or depression. (Levers, 2012).

Complex traumas extend over a long duration of time and are chronic or recurring such

as living with a parent with addiction or abuse (Fisher et al., 2020, p. 4-5). Complex and chronic

traumas are commonly found together with multiple forms of trauma compounding on top of one

another. Complex traumas typically involve immediate family members and are long-lasting and

repetitive occurrences (Bath, 2008; Fisher et al., 2020, p. 4). For example, if a child loses a

parent due to illness and their living parent has an addiction, and the child is emotionally and/or

sexually abused that child would be categorized as experiencing complex trauma. Complex

traumas are involved and long-lasting which means overcoming them requires considerable time

(Bath, 2008). There are neurological challenges of complex trauma because traumatized children

learned to associate adults with negative experiences and emotions. Those feelings create

emotional responses that can lead to behaviors characterized by avoidance, suspicion, and

hostility (U.S. Department of Health and Human Services, 2016). Due to the impacts of trauma

teachers need to take time to cultivate positive experiences creating feelings of security and trust over time to help students with complex traumas feel safe (Bath, 2008). Positive student and teacher relationships are founded on safety and trust which contribute to student well-being.

Resilience

Resilience is developed by the care of adults in children's lives (Bashant, 2020; Center for Youth Wellness, n.d.). A trauma-informed teaching approach has long-lasting positive impacts on students despite their life outside of the school environment. My desire for all students to feel cared for by adults at school lead me to ask the following questions on teacher preparedness and perspectives on trauma-informed teaching. The overarching research questions leading the investigation of this study are the following:

1. To what extent are arts and non-arts educators in one district prepared to recognize and respond to students impacted by trauma and ACEs?

2. What professional development is needed to prepare arts and non-arts teachers with confidence in teaching students with trauma/ACES?

3. Do teachers think the prevalence of teaching students with trauma is higher or lower since the COVID-19 pandemic?

4. What are teacher perspectives on the leading cause of trauma affecting students?

The Effects of Trauma in Early Childhood and Adolescence

In the field of neuroscience, imaging showed how the brain develops from early childhood, through adolescence, and into early adulthood and has peak times for different systems through childhood and adolescence (Cohen et al., 2006). More specifically, areas such as the hippocampus, whose job is learning and memory, develop at a rapid rate in early childhood whereas the prefrontal cortex regulating thoughts and attention develops rapidly

during adolescence (Cohen et al., 2006). Traumatic experiences that occur during the times of

early childhood and adolescence have the potential to negatively impact a child's brain

development (Campbell, 2011; Ghosh, 2011; Soleimpanpour et al., 2017). Trauma's effect on

children behaviorally can cause challenges such as difficulty regulating their emotions, the

ability to show empathy, and/or establish appropriate peer relationships (Dulmus & Hilarski,

2006). From my perspective as a high school art teacher, I have witnessed students suffer

through panic attacks and anxiety. I needed training on how to best handle those scenarios. In my

teaching experiences with students k-12 I have collectively witnessed students who responded to

perceived stress by reacting emotionally, and/or leave the classrooms inappropriately. These

experiences have been eye-opening for what the professional development and training needs are

for myself and for teachers.

According to the CDC, nearly three of four U.S. high school students reported at least

one ACE and one in 13 students reported four or more ACEs since the pandemic (Petruccelli, et

al., 2019). This research indicated that in a classroom of 20 high school students, at least one of

them is at risk of suicide and suicidal ideation, making the case for educators to have awareness

of trauma and protocol for reporting (Soleimpanpour, et al., 2017). Biologically, the stage of

adolescence ages 11-21 is a simultaneous time of rapid growth where physiological, cognitive,

social, and emotional changes occur (Soleimanpour et al., 2017). As a result, adolescence is a

vulnerable age group in need of positive support from adults as a buffer system to navigate the

transformative stage of life to help with resilience of their emotional and cognitive development

(Bashant, 2020).

An Art Teacher Lens on Trauma-Informed Teaching

When a person with trauma has been exposed to a stressor, even if the stressor is small, the brain reacts through a fight, flight, or freeze response that activate several systems in the body and releases stress hormones that are designed to be protective for survival (Cook, et al. 2005; van der Kolk, 2015). Responding to trauma through fight, flight, freeze, fawn can be described as functioning with ongoing, pervasive anxiety, stress, and fear (van der Kolk, 2015). Teacher preparedness and awareness of how a traumatized person's stress response systems are affected can make a difference of how the child is perceived and how their needs are addressed. A child's actions and demeanor without a trauma-informed teaching approach could potentially be misunderstood by their teachers. Stress response emotions and the inability to cope have negative consequences for appropriate development neurologically and developmentally (van der Kolk, 2015). There are teaching approaches, solutions, and strategies to help students who are traumatized from one or more ACEs. While teachers provided many roles in students' lives, the role of psychologist should not be one of them. This is for the benefit of students and teachers because schools need to be a place of safety and predictability which encourage curiosity and optimal learning for students. Clear boundaries and roles help students establish a sense of safety in relationships. Trauma-informed teaching empower educators to respond appropriately in a student's healing journey instead of providing uninformed counsel or treatment that may be inappropriate despite well intentions (Venet, 2019).

Art class environments are unique places that foster resilience and healing despite the various traumas that students may have experienced. Art class is a place where students are in environments to be relaxed and engaged in what is known as the flow state (Snyder & Lopez, 2002). The flow state is a phenomenon of intrinsic motivation, where the people in the flow are

immersed in work while being challenged appropriately to hold their attention during a sustained duration of time (Snyder & Lopez, 2002). Art teachers provide an environment that fosters a flow state for achieving a mindful experience which can be healing for students with trauma and chronic stress (Campbell, 2011; Csikszentmihalyi, 2013). When students perform while slightly challenged in their work and focused creatively, they reach a state of being where their brain is participating in a mindful experience (Campbell, 2011). There are positive outcomes to teaching with a trauma-informed approach in art. According to Merrick (2018), students respond positively to discussion with teachers during art activities and talk openly about how they are feeling within the school setting. Students respond positively to discussion with teachers and peers during the art making process and talk openly about how they are feeling about their art which can be a positive experience for them (Merrick, et al. 2018).

In this section is an example of how art revealed a student's mental state. An eleventh-grade student sat captivated working on her oil pastel drawing quietly during art class. This student was academically performing at the top her class and was involved in extra-curricular activities such as volleyball and served as president of both the Sustainability Club and the Women's Empowerment Club. She was also a member of the National Art Honors Society, and the National Honors Society. Her achievements on paper portrayed her as a thriving teenager, invested in extra-curricular activities and thrived with academics. The reality was that during art class her work showed a side of her that most adults and classmates did not get to see. Her honest inward dialogue was expressed through her tangible work of art, Her art work addressed mental health and resonated with my past teaching experiences of students who seemingly had it altogether but who were struggling.

Figure 1: Student Art
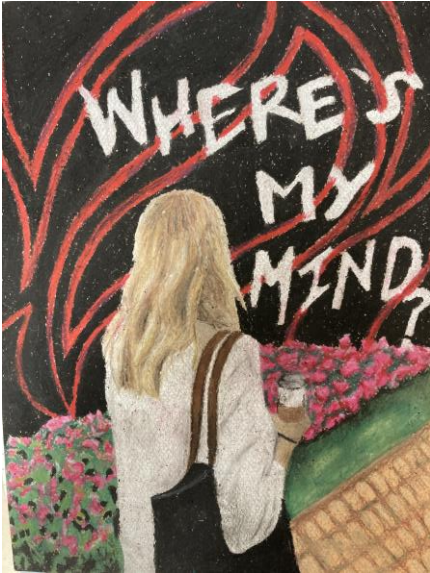
In her pastel drawing she created a space of beauty with a person doing an everyday activity in a garden, yet the background contrasted in color with the question "where's my mind?" This left the me as her art teacher with questions. Accompanying her work she wrote an artist statement as part of the assignment where she allowed the viewer insight to the depths of her conceptual idea. Although this student appeared like she was doing well, beneath the surface and in the mind and body there was much more going on that needed to be considered with compassion. In her artist statement she wrote, *"This is what I describe as mindless moments. In a time of great beauty, there can still be moments of loneliness and regret, which is portrayed by each part of this oil pastel drawing. The simplicity of life with a psychological interpretation gives insight into a person's personal thoughts and emotions, which I think is well represented in this medium." – Anonymous, 11th grade student.* I discussed this drawing with the student artist for additional insight. She elaborated that her personal experience was during the COVID-19 pandemic shutdowns when she was not learning in person or virtually, followed by virtual learning, she was scared, anxious, worried, and fear took on a regular space in her mind and body. She let me know that

slowing down her routine and the daily work of honors, AP classes, volleyball, and obligations left her wondering what life was really about. Returning to school was not an easy transition, but a process of picking up the pieces of prolonged anxiety during the time spent isolated. The environment within the art room and project-based learning allowed for this student to express her personal experience and encouraged others to share their own and reflect on the process which led to healing and resilience during art class. The beauty of how visual art and belonging fit together are through personal experiences made tangible and shareable through art. This student's art and personal narrative were shared with the students in her class, and she encouraged students to share their experiences of dealing with the profound effects of COVID-19. This student did not have trauma in the form of ACEs yet was deeply impacted by the chronic stress due to the pandemic. Self-expression in art class provided a relief and way for her to create art about her experiences.

Theoretical Overview

Students in grades K-12 learn through tiers of instruction and support based on their needs. The supports include 504 plans, individualized instruction plans (IEP's), as well as through guidance counselors and learning support teachers. Students have adults in positions meant to help and support them. There are administrators, teachers, learning support teachers, nurses, security personnel, volunteers, office staff, instructional technology, as well as academic instructional coaches who have the potential to be a resilience factor through interaction and relationships which can create positive outcomes for students with trauma and ACEs (Bradley, et al., 2013).

There are not always interventions and processes in place to inform teachers on how to acclimate students to the learning environment after they return from treatment for mental health

or awareness of teaching pedagogy which could be useful for teachers to reach students experiencing trauma. School settings and teachers need to be trauma-informed. It is necessary for teachers to have tools in their practice to address trauma and ACEs. It was important for me as a researcher/practitioner to understand if teachers felt prepared to instruct students with trauma/ACEs. I have witnessed firsthand how trusting teacher/student relationships with flexibility and care have helped students to express their enjoyment of school which is a resilience factor for children with trauma and ACEs (Finstad, et al., 2021).

Past students of mine have expressed to me that they came to school specifically because they had art class. I asked students why they looked forward to art class when they expressed these sentiments and unanimously stated it was because of my care for them and the sense of community they experienced while creating something from their own perspective. They had a sense of belonging with me as an adult who listened to and supported them paired with self-expression. There has been evidence in trauma-informed theory that teachers are adults who express authentic care and engage students through establishing a sense of belonging where each student feels like they have a community that supports and understands them (Jennings, 2018).

Teachers need to be trauma-informed and prepared to support students from diverse backgrounds at various developmental stages of life. There are students who return to school from mental health intake centers, and/or from a leave of absence for family reasons, immigration, or due to natural disasters (Levers, 2012). The theories in the theoretical framework in this study advocate for teachers to be transformational leaders, trauma-informed, and to be change agents to create a sense of belonging in students which can change the negative trajectory for children under the age of 18 who have four or more ACEs (Center for Youth Wellness, n.d.).

Maslow's Hierarchy of Needs

Maslow (1943, 1987) established a theory where a sense of belonging is a basic human need through the hierarchy of needs theory from the field of psychology. Maslow's early theory described human needs through a pyramid design with physiological needs at the base including, sleeping, eating, safety, and resting (Maslow, 1943). The second tier of the pyramid included psychological needs such as love, belonging, and esteem. Self-actualization was the top and third section of the pyramid including creative endeavors such as work and personal pursuits (Maslow, 1943). According to Maslow (1943) higher needs on the pyramid could come to the surface once bottom needs were satisfied (p. 375). Maslow's theory addressed belonging as a basic human needs and proved why teacher-student relationships were critical for resilience in student's lives. If a sense of belonging is truly a basic human need as according to Maslow then we as educators need to do what we can for students to become invested, seen, and supported. As Maslow developed understanding of the pyramid, it became more apparent its design was not fixed but meant to have growth over time for individuals and communities of people. His theory developed over time across several decades, and revealed that sense of belonging could be just as important as sleeping and eating for individuals. (Maslow, 1943, 1962, 1987).

Figure 2 – *Maslow's Hierarchy of Needs Pyramid*

SELF-ACTUALIZA-TION
morality, creativity,
spontaneity, acceptance,
experience purpose, meaning
and inner potential

SELF-ESTEEM
confidence, achievement, respect of others,
the need to be a unique individual

LOVE AND BELONGING
friendship, family, intimacy, sense of connection

SAFETY AND SECURITY
health, employment, property, family and social abilty

PHYSIOLOGICAL NEEDS
breathing, food, water, shelter, clothing, sleep

(McLeod, 2023)

Trauma-Informed Theory of Individual Health Behavior (TTB)

When a child had traumatic experiences, the body's response affects one's ability to cope with daily stressors. This stress response, if prolonged over time changes the wiring of the brain resulting in observable behavioral concerns impacting learning (Bashant, 2020). According to Dr. Nadine Burke Harris (2020), the first surgeon general of California, "It's unfair to ask teachers to be therapists or doctors. The role of educators is in delivering that daily dose of buffering care that's so important for healing" (p.1). Educators need to be trauma informed with awareness of what to do to help students that have trauma. In the U.S. the Substance Abuse and Mental Health Services Administration (SAMHSA) developed Trauma-Informed Care (TIC). TIC originated from Trauma-Informed Theory of Individual Health Behavior (TTB) and was developed in the 1970's in response to Vietnam veterans returning from war when PTSD was identified and developed (Marks et al., 2022, p. 154; van der Kolk, 2014). TIC was created for

health care workers to address the well-being of patients and has been utilized by the field of

education, and human services. The trauma-informed theory of individual health behavior (TTB)

teaches awareness of resilience factors in healing which are safety, autonomy, trauma awareness,

and trust (Marks, et al., 2022).

Teachers foster autonomy in student learning by allowing for individual choice within

assignments, create a safe environment, and develop trusting relationships. Agency is an

important aspect of overcoming traumatic stress and is achieved through consciousness of

focusing in the moment instead of living in the past trauma when it was experienced (van der

Kolk, 2014, p. 96). For children under the age of 18 creating a meaningful connection with an

adult can provide resilience from negative impacts of trauma (Brunzell, et al., 2019). The joining

of a meaningful connection with a teacher to art making can help students to focus on the present

and not the past trauma through the mindfulness and safety that learning environment possesses

(Brunzell, et al., 2019; Bashant, 2020). Due to the subjective nature of how trauma affects the

brain and body it was important for students experiencing a trauma-response to be with teachers

who understand how the successes of the TIC model and trauma-informed pedagogy principles

build trust and facilitate mindful experiences for students.

The process for teachers to become trauma-informed is recommended by the following

awareness: adverse childhood experiences (ACEs) and how they impact learning, how and where

to report trauma and abuse, and the role of an educator as a buffer and resilience maker to assist

students with trauma (Marks et al., 2022, p.154-155). Trauma-informed care, known as TIC, is a

plan with principles and training to help educators gain awareness and pedagogy to teach

students with trauma. The six principles of trauma-informed care are the following:

1. Safety

2. Trustworthiness and transparency

3. Peer support

4. Collaboration and mutuality

5. Empowerment and choice

6. Cultural, historical, and gender issues

The TIC approach provides attention awareness, sensitivity, and empathy while learning about others' experiences (CDC, 2020).

Transformational Leadership Theory

Transformational leadership theory was rooted in empowering others to unlock their own leadership potential (Northouse, 2016). It aims to create a community (Northouse, 2016). Based on neurobiology, students cannot learn information if they do not feel safe, seen, and cared for within their school settings (Aupperle et al., 2012). Students who experienced trauma and continue to experience trauma need adults in their lives who can foster their resilience and become a caring adult in their life. Transformational Leadership Theory is composed of what are known as the four I's which embody the community-based servant leadership style through individualized consideration, intellectual stimulation, inspirational motivation, and idealized influence (Noland & Richards, 2014, p. 7; Northouse, 2016). The transformational leader makes it their goal to know the individual strengths, interests, and needs of each student with a mentor/mentee approach to help the students engage in intrinsic motivation (Noland & Richards, 2014). I am known by my students as open and vulnerable by learning alongside them and welcoming their ideas and individual contributions. This approach organically merges transformational leadership and holistic education. According to L. H. Campbell (2011) holistic

teaching is first a transformation of the individual teacher, who can then impart the transformation to their students.

Definition of Terms

According to the Center for Disease Control and Prevention, **Adverse Childhood Experiences also known as ACEs** are traumatic events that potentially occur during childhood affecting children between ages 0-18 (CDC, 2022). About 61% of adults surveyed in the U.S. reported that they had experienced at least one ACE before the age of 18 and 1 in 6 reported they had experienced four or more ACEs.

Trauma according to the American Psychological Association is "any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person's attitudes, behavior, and other aspects of functioning." (APA Dictionary of Psychology, 2020) add reference. The Substance Abuse and Mental Health Services Association (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."

Maslow's Hierarchy of Needs is a theory in psychology explained through a five-tiered pyramid. The needs at the bottom of the hierarchy must be satisfied first before the needs higher up in the pyramid. The bottom of the pyramid includes food, water, and rest as basic physiological needs, yet the next tier of the pyramid defines the basic need to belong and feel loved (McLeod, 2018). If belonging is a basic need, then students need to feel they belong in their social environments at school. There is evidence that after school programs and extra-

curricular activities such as sports and club involvement can provide a way for students to belong

and to enhance their state of wellbeing (Durlak & Weissberg, 2007).

Well-being is an important part of the human experience. According to the World

Health Organization, health can be defined through physical, mental, and social wellbeing

(Yaden et al., 2021). When visiting a family doctor physical health is what is mostly considered,

but the whole person's mental and social wellbeing can contribute to the overall health of an

individual including disease, illness, and mental illness (Yaden et al., 2021).

Subjective well-being also known as SWB is defined in the field of psychology as a

way for individuals to take an inventory of their own mental states including emotions and of

their life. Improving SWB is way for people to access resilience and enhance their wellbeing

through positive interactions with others in social settings and expressing gratitude to others

(Yaden et al., 2022).

Trauma-informed pedagogy aims for the possibility of teaching students who have

experienced trauma (CAST, 2018). There are a set of teaching approaches that consider the

broader impacts of trauma and the potential paths to resiliency. This approach is anchored on the

assumption that individuals are more likely than not to have experienced some form of trauma in

their lives (Buffalo Center for Social Research, 2021). Trauma-informed pedagogy originate out

of research on post-traumatic stress disorder (PTSD) among veterans, and additionally has been

influenced by research on intergenerational trauma, sexual violence and assault, and more

recently due to the impact of COVID-19 (Barnard Center for Engaged Pedagogy, 2021).

Resilience is the process and outcome of successfully adapting to difficult or challenging

life experiences, especially through mental, emotional, and behavioral flexibility and adjustment

to external and internal demands (APA Dictionary of Psychology, 2020).

Chapter 2: Literature Review

Historical Context of Trauma

According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V), "a mental disorder is characterized as an imbalance of an individual's cognition, emotion regulation, or dysfunctional behavior in the psychological, biological, or developmental processes underlying mental functioning" (American Psychiatric Association, 2013, p. 20). The DSM-V (2013) additionally stated, "Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities" (p. 20). The word "trauma" came from Greek origin word "traumata" meaning a physical wound or injury (Boyd et al., 2005; Cerney, 1995; Treisman, 2021). Defining factors of trauma that experts in clinical settings have agreed on are that individual trauma resulted from a single or series of events, or set of circumstances which impact a person's social, emotional, mental, and spiritual well-being (Menschner & Maul, 2016). Adverse events have life-long lasting effects on the individual's health and mental wellbeing, and traumatic events during childhood increase the probability for negative health outcomes during adulthood (Menschner & Maul, 2016; Marie-Mitchell & O'Connor, 2013). Without the buffering effects of a caring adult ACEs can alter a child's brain and body processes, negatively affecting learning, behavior, growth, hormonal systems, and immunity (CDC, n.d.; Bashant, 2018). ACEs according to Blodgett (2012), are defined as "disruptive experiences in childhood that produce significant and potentially damaging level of stress and associated physical changes" (p.1). Chronic stress can even affect the way DNA is read and transcribed (Center for Youth Wellness, n.d.). Due to the overwhelming population of people with ACEs, and the lifelong health issues chronic stress causes, trauma is identified as the greatest public health issue in America that is hidden in plain sight (Sonu et al., 2021).

There is evidence that trauma affects a child's health long term into adulthood due to the overactive stress response system (Harris, 2018). It is found that 26% of children in the U.S. have witnessed or experienced trauma before the age of four (Briggs-Gowan et al., 2010). According to van der Kolk (2014), "as long as trauma is not resolved, the stress hormones that the body secretes to protect itself keep circulating and the defensive movements and emotional responses keep getting replayed" (p.66). Trauma responses are unique to individuals because no two environments are exactly alike and there are variations that cannot be perfectly interpreted the same by two people (van der Kolk, 2014).

Rooted deep in the history of human beings, the stress response system played an important role: to warn people of imminent danger so their bodies would uniquely react to their dangerous environments to protect them from harm (Marks, 2020). If trauma remains unresolved, the stress hormones that the body creates to protect itself keep circulating, and the emotional responses continue to replay until the body and mind can rest. The stress response system adapts and responds to people and environments, and due to trauma, it may remain engaged and turned on similarly to a broken thermostat. I compare the body's stress response to trauma as a thermostat because thermostats adapt to the room and regulate temperature in the same way that the stress response system responds in our bodies. It activates when it is needed like heat in a home, but when it is on and running all the time it cannot regulate and shut off when needed. When the stress response system is always running, minor stressors can be perceived as life-threatening such as fight, flight, and freeze (Cook, et al. 2005). This causes the body to produce cortisol, a stress hormone, in excess and that negatively affects the body's immune system to fight off illness causing many dysfunctions of working body systems (Harris, 2018). There is medical evidence that childhood trauma increases a person's lifelong potential

for serious health problems and engagement in health-risk behaviors. As a result, there is a need

for incorporating trauma-informed principles into the care of patients with trauma backgrounds

(Menschner & Maul, 2016).

Prevalence

Due to the COVID-19 pandemic there is major concern from professionals in the

educational and health care fields regarding the wellbeing of adults, adolescents, and children

(Marks, 2022). Populations of school age children 4-18 require adults to take care of them.

Children require adults to foster resilience, and act as a buffer to help them manage daily

stressors, yet adults' mental health in the U.S. is affected negatively due to the COVID-19

pandemic and economic recession (Bashant, 2020; Panchal et al., 2021).

A major concern for adults impacting the level of care of parents and guardians are the effects

the COVID-19 pandemic has had on mental health (National Library of Medicine, n.d.). The

Kaiser Family Foundation (KFF) is a non-profit that conducts research and communication

programs focusing on major health care issues for all 50 states in the U.S. such as rankings,

trends, demographics, health costs, and health coverage (National Library of Medicine, n.d.).

According to survey findings provided by the (KFF) from the Census Bureau's

Household Pulse Survey (health and economic impacts of the Covid-19 pandemic) 4 out of 10 of

adults in 2021 reported symptoms of anxiety or depressive disorders which is more than the 1 in

10 who reported these symptoms in 2019 (Panchal, 2021). In July 2020 a KFF (2020) tracking

poll reported adults with negative impacts on their mental health and well-being. The reported

results included 36% of adults had trouble sleeping 36%, with 32% eating, 12% increase of

alcohol consumption, 12% of substance use, 12% worsening chronic conditions due to worry and

stress. From January to June of 2019 NIHS found 11.0% of adults with symptoms affecting their mental health and wellbeing.

It is clear there is an increase of stress affecting adults who care for children. Additionally, an increase of anxiety and depressive disorders have been on the rise due to the pandemic across adult age groups 18-65 and higher (Panchal, 2021). According to the census bureau and the household pulse survey (2020) 56.2% of young adults ages 18-24 experienced anxiety and depression with 48.9% ages 25-49, 39.1% ages 50-64, and 29.3% ages 65+ (Census Bureau, 2020). It is important for teachers to know that each state has its own definitions of child abuse and neglect based on federal law standards (ACS, 2020).

The reality is that educators will come in contact with students who are affected by ACEs and traumatic events, and they need to be prepared to know what trauma is and the prevalence of its effects on caregivers and children in K-12 school settings. Educators need to feel prepared to recognize and respond to students with ACEs/trauma. Throughout the United States, 50% of children's ACEs are acquired by the age of three (Cuno, K. & Umylny, P., 2016). Due to the overwhelming prevalence of trauma in children's and adults' lives educators need trauma-informed teaching pedagogy and teaching practices.

Signs of Trauma in K-12 School Settings

It is challenging to identify the internal impacts of trauma on a child's development. Researchers know that trauma manifests itself in outward signs that affect student's ability to learn and grow in school (National Child Traumatic Stress Network, 2011). These signs include, but are not limited to: difficulty focusing, attending, retaining, and recalling, high frequency of absences, self-regulation challenges, fear to take risks, anxiety regarding due dates, group work, public speaking, and moods of anger, helplessness, dissociation, withdrawal and isolation (Marquart

and Baez, 2021; Barnard Center for Engaged Pedagogy, 2021; National Child Traumatic Stress

Network, 2011). Children who are experiencing trauma or who have post-traumatic stress

disorder may have difficulty focusing on their work or concentrating because they could

experience intrusive thoughts distracting them from the tasks they need to complete (Davis, et

al., 2001). Aggressive behavior seen in students occur due to their negative emotions and

difficulty regulating them, showing empathy, and establishing peer relationships that are lasting.

If a child experienced ACEs related to violence in the home, they display behaviors that are

violent and aggressive, or could be internalized such as depression and anxiety (Dulmus &

Hilarski, 2006).

        As an art teacher I witnessed my K-12 students' behaviors such as run out of classrooms,

harm classmates, display outbursts of anger and/or emotional responses, and defiance.

Concerned and curious if it was just students at my school, I asked art teacher colleagues from

surrounding districts if they witnessed similar behaviors in their students and it became apparent

that the behaviors were a pattern which many teachers were also experiencing in k-12 students.

Trauma-Informed Care & Trauma-Informed Pedagogy

        Children of all ages need adults in their lives who understand how trauma impacts their

self-regulation, behaviors, communication. Students need teachers to provide healing

environments of connection which mitigates the negative side-effects of trauma (Bath, 2008).

Trauma-informed care (TIC) is used in the health care field and has been adapted in the

education field and human service jobs (source). TIC is founded on principles: safety,

trustworthiness & transparency, peer support, collaboration & mutuality, empowerment &

choice, and includes cultural, historical, & gender issues (CDC, 2020).

Figure 3: *Principles of Trauma-Informed Care*

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Center for Preparedness and Response (CPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.
Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:

1. SAFETY   2. TRUSTWORTHINESS & TRANSPARENCY   3. PEER SUPPORT   4. COLLABORATION & MUTUALITY   5. EMPOWERMENT VOICE & CHOICE   6. CULTURAL, HISTORICAL, & GENDER ISSUES

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by CPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

(CDC, 2020)

Trauma-informed pedagogy encompasses resilience building ways of forming and maintaining relationships with students to create a positive emotional foundation (Bashant, 2020). According to Blodgett (2012), trauma-informed practice involves the specific use of knowledge about trauma to modify adaptations and relationships with children to improve developmental success. Originally, trauma-informed pedagogy arose from research on post-traumatic stress disorder affecting veterans; and has been influenced by research on intergenerational trauma, sexual violence, and assault, and more recently by the impact of COVID-19 (Marquart & Baez, 2021). Marquart and Baez attest, "The coronavirus pandemic has served as a catalyst for faculty to adopt trauma-informed teaching and learning (TITL) practices, as educators across disciplines have shifted their teaching to be more compassionate, flexible, consistent, and predictable in response to the worldwide trauma and distress" (2021, 63). Adopting a trauma-informed teaching practice gives the teacher a clear role to provide support and positive relationships specifically intended to aid in the overall well-being of students (Venet, 2021; Bashant, 2020).

Despite the challenges and outward signs of trauma, teachers do not have to identify all students who have trauma or know the ins and outs of each individual story and circumstance of student's lives (Venet, 2019). The pedagogical principles of trauma-informed teaching are identified as flexibility, providing positive feedback to reduce negative thinking, fostering feeling of safety, providing success and competence, teach self-regulating exercises, and make expectations clear (Jennings, 2018; Minahan, 2014).

Teachers wear many hats in students' lives, but psychologist is an inappropriate role for teachers to take on. Instead, teachers need to define what trauma-informed practices and pedagogy look like while keeping clear boundaries. It is possible for teachers to develop vicarious trauma by caring for students and listening to their own trauma which interrupts sleep, causes guilt, anger, and hopelessness (Venet, 2021). Establishing clear boundaries for students is one way teachers can foster safety and predictability while maintaining a supportive relationship. The following are guided questions of intentionality according to Venet (2021) for teachers to ask themselves when deciding how to develop boundaries and support students: "What is the purpose of my conversations with this student about their mental health or trauma? How do these conversations support or detract from the academic purpose of our time together? Am I the only caring adult this student has identified? Who else could I connect them with? Is the student's trauma bringing up anything for me? Am I identifying strongly with them? Am I feeling the need to "save" them?" (p.3). A trauma-informed response from teachers maintaining healthy boundaries, to be mindful of power dynamics, flexible with student deadlines, and seek ways to provide empowerment, remind students of in-school resources, and engage in the teacher's own self-care (Barnard Center for Engaged Pedagogy, 2021).

Transformational Leadership Theory

Teachers and administrators in school systems are not able to provide a safe environment outside of the school day and buildings; however, they can provide many experiences and useful methods for fostering resilience and wellbeing. According to Dr. Nadine Burke Harris, the first surgeon general of California, the six interventions necessary for healing from ACEs are sleep, mental health, healthy relationships, exercise, nutrition, and mindfulness (Harris, 2018). Teachers are placed into daily settings with students to establish healthy relationships, teach and encourage the importance to students about sleep, exercise, nutrition, and can facilitate a space for mindfulness. There are aspects such as scheduling, course offerings, duration and time of classes, and curriculum in a student's day where administrators have the opportunity to aid in the wellbeing of students.

Due to the prevalence of trauma and ACEs among children, there has been and is a need for teachers to adopt the mindset of trauma-informed care (TIC) for K-12 students through early-childhood and adolescence (Harris, 2018; Marks et al., 2022). Dr. Nadine Burke Harris, the first Surgeon General of California, was a pediatric doctor in a low-income impoverished community in Los Angeles and discovered the correlation of ACEs and physical health in children (Harris, 2018). According to Dr. Burke Harris, (2018) "Twenty years of medical research has shown that childhood adversity literally gets under our skin, changing people in ways that can endure in their bodies for decades. It can tip a child's developmental trajectory and affect physiology. It can trigger chronic inflammation and hormonal changes that can last a lifetime. It can alter the way DNA is read and how cells replicate, and it can dramatically increase the risk for heart disease, stroke, cancer diabetes, even Alzheimer's" (Harris, 2018, p. xv).

Trauma-informed care primarily utilizes literature from medical doctors, and clinical psychologists on the effects of trauma and ACEs. Teachers can be equipped to help prevent, manage, and understand the behaviors resulting from trauma in their daily interactions by utilizing trauma-informed pedagogy (Bashant, 2020; Marks et al., 2022). Teachers should understand and implement practices from TIC and trauma-informed pedagogy to create meaningful connections to help traumatized students (Bashant, 2020; Harris, 2018). There is a major difference between teachers and health care professionals. Educators have daily interactions with students whereas health care professionals may interact with students once a year for well-visits or when children are sick and in need of medical care (Soleimanpour et al., 2017). For example, in 2017 in the U.S. 20% of adolescents between 10-15 years and 27% of older adolescents 16-17 years did not receive annual well-visits to the doctor and 64% of adolescents with mental disorders did not receive services to address their illnesses (Soleimanpour et al., 2017).

Keeping Maslow's hierarchy of needs in mind with students needing a sense of belonging the medical field's three pillars of trauma-informed care are providing safety, maintaining and establishing connections, and managing emotions (Bath, 2008, p.18; Maslow, 1986). Patients progress with healing and recovery when they are cared for (Bath, 2008). Adolescents tend to engage in risk taking behaviors that can leave them vulnerable to morbidity, mortality, and injury (Marks, 2022). Teenagers typically have greater responsibility for their own health than when they were in the early-childhood stages of dependency which can be positive for them if their parents/guardians are neglectful because they can exercise autonomy over their situations (Soleimanpour et al., 2017). Educational, social welfare systems, community health and

clinicians need to provide services to support students of all ages who have been exposed to

ACEs (Soleimanpour et al., 2017).

According to Maslow (1943,1986) having a sense of belonging is a core developmental

need of children throughout early childhood into adolescence. One way for teachers to

contribute to student's sense of belonging is through establishing trust and safety (Bath, 2008;

Maslow, 1986). Trust and safety are obtained by fostering positive relationships with students to

help their connection to others and school. Connection is the second pillar of TIC, and teachers

foster connections through the classroom environmental peer/peer and student/teacher

relationships (Bath, 2008). Educators could supply students with structure and stability in their

day-to-day schedules which can be healing for children and adults who have ACE's (Noland &

Richards, 2014). If the adversity we can experience as children affect our physiological and

mental health then adults need to provide positive experiences and create an environment for

wellbeing (Center for Youth Wellness, n.d).

Children with complex traumas at the elementary ages may struggle with emotion and

impulse management (Bath, 2020). Self-regulation is one of the most fundamental steps in child

development. Children need to be able to calm themselves and manage their own emotions and

learn the tools with an adult practicing calming down alongside them to foster security, safety,

and self-regulation. This pedagogical teaching approach is called "co-regulation" and is a tool in

the trauma-informed teacher's toolbox (Bath, 2008). Helping traumatized children in elementary

school when they are scared or stressed to learn new ways of effectively managing their

emotions can be something teachers can explicitly teach to help children who may be prone to

running out of a classroom at inappropriate times, or who have a disruptive emotional response

during class (Bath, 2008; Bashant, 2020).

The research on a child's brain development, holistic teaching, and wellbeing that teachers utilize for student success is found in Bass's transformational theory (Nickerson, 2021). Aforementioned in chapter 1, transformational theory was founded on creating an inspirational mission of self-identity in the leader and in the followers. The foundational four I's: idealized influence, inspirational motivation, intellectual stimulation, and individual consideration align themselves with the teacher changing first before they can instill change in students. Idealized influence is how leaders can become role models through being respected and trusted individuals with a vision. Inspirational motivation in leadership is the ability to encourage all to commit to a vision through fostering community (Bass & Avolio, 1994; Nickerson, 2021). Leaders who motivate and inspire others express their thoughts clearly and truthfully to help followers respect and trust the vision (Nickerson, 2021). Intellectual stimulation is what art teachers do because they use the varying ages, interests, and subjectivity of each student to express themselves through their art. Teachers can intellectually stimulate students by asking for their input on lessons, discussing their work, and through helping one another with projects. The last I is for individual consideration and what teachers should do to implement individual consideration is to focus on each individual student needs by recognizing motivations, desires, and to customize approaches for each individual to find success (Nickerson, 2021).

Chapter 3 Methodology

Purpose of the Study

The purpose of this study was to understand the overarching research questions which analyzed the preparedness of k-12 arts and non-arts educators within one school district in Pennsylvania to recognize and respond to students with ACEs and trauma. The study explored the level of preparedness and confidence of educators in being trauma informed. The results from this

study provided insight to inform recommendations on trauma-informed pedagogy for educators to apply transformational change within their teaching environments. There is an abundance of research studies on how trauma affects children. There is less research on trauma-informed teaching methods, and even fewer including the perspectives of teachers. Educators provide resilience for children with adverse childhood experiences through their learning environment and teaching pedagogy, yet little is known about teacher's perspectives and daily practices of effectively identifying and meeting the needs of students with trauma and adverse childhood experiences. This study hypothesized that teachers generally did not feel prepared to identify students with trauma or taught lessons on how to appropriately manage stress. Teachers have a challenging job because there is a high prevalence of students who have experienced one or more ACEs, trauma, and stress across the U.S. (Harris, 2018). It is likely that shutdowns and isolation due to the COVID-19 pandemic have resulted in higher rates of children, ages 0-18 experiencing emotional distress associated with an adverse childhood experience or traumatic event compared to levels before the pandemic (CDC, 2021). Teachers need training and professional development to respond to the high prevalence of students with trauma.

This study is an in-depth part of the puzzle of practice for teachers because their perspectives were analyzed through data collection and analysis. To enhance the well-being and sense of belonging in student's lives teachers need the opportunity to engage in what Ivankova & Stick (2007) call "multiple ways of seeing and hearing" and "multiple ways of making sense of the social world" (p. 20) through research.

Continuing Research

According to the Substance Abuse and Mental Health Services Administration (2021) "more than two thirds of children reported at least one traumatic event by age 16". As a response

to this crisis in 2021 there was a study supported by Pennsylvania Department of Education (PDE) and conducted by professors at Bloomsburg University which assessed the level of trauma informed preparedness of PA educators from a various sampling of school districts (Knoster, et al., 2021). According to the study's findings, of the 4,793 participants one out of two educators reported that they did not feel adequately prepared to recognize signs of trauma in their students, meaning half of the teachers in the study did not feel prepared (Knoster, et al., 2021). The findings within this action research study added to the discourse of teacher perspectives which the work of professors at Bloomsburg University and PDE started.

Research Design

As an artist selects their medium, techniques, and subject matter, a researcher selects the ultimate methodology, characteristics of questions, emphasis, and sequence making up the strands of research (Ivankova, 2014). According to Herr & Anderson, (2014) "action research is inquiry that is done by or with insiders to an organization or community, but never to or on them" (p. 3). In participatory action research, practitioners use qualitative and quantitative data to create a rigorous and cohesive set of conclusions (Ivankova, 2014). Herr & Anderson (2014) state, "participatory action research, in particular is less a methodology than an orientation or stance towards the research process and the participants" (p. 1). Action research is flexible in procedure, therefore is a useful pairing with mixed methods because they are meant to evaluate complex situations and find effective solutions (Hinchey, 2008; Ivankova, 2014, pg. 46). In this action research study, the researcher was also a practitioner within the school district and a high school visual arts teacher.

This study utilized a mixed methodology within the participatory action research study. Mixed methods utilize quantitative and qualitative data which provided a rich understanding of

teacher preparedness of trauma-informed teaching. In this study the researcher utilized a mixed methods explanatory sequential design (Cresswell & Plano Clark, 2018). There were two complementary phases of data collection and analysis utilized to understand the problem of practice from an in-depth solution-based perspective (Cresswell, 2012; Cresswell & Plano Clark, 2018). Phase 1 was quantitative and conducted through the 16 item close-ended 5-point Likert scale web survey followed by the phase 2 analysis of qualitative data through selective interviewing with semi-structured interview questions (Ivankova, 2014). According to Ivankova & Wingo on action research (2018) "When combined with mixed methods, action research can produce more scientifically sound and more transferable results by synergistically integrating qualitative stakeholder engagement methods with quantitative outcome-based oriented approaches" (p. 979).

The mixed methods study started with the collection and analysis of quantitative data in the form of a survey. The survey's purpose in this study informed the researcher of the extent to which teachers were prepared to recognize and respond to trauma and ACEs. In this study, the preliminary data from the survey provided a zoomed-out view from the perspective of k-12 educators in one district. The proceeding qualitative data was a zoomed in view, nuanced and detailed, assessing the quality of the information collected from k-12 arts and related arts teachers (Cresswell & Plano Clark, 2018). The choice of selecting arts, music, and related arts teachers in the interviews was because this population of teachers was underrepresented in the quantitative data. There were eight k-12 arts and related arts teachers out of 67 total teachers from the school district who participated in the survey. The other reason for selecting arts and related arts educators was due to research that students can find resilience within learning through the arts in schools (Walker, 2008; Kay, 2020). The interviews were qualitative, and provided an in-depth

investigation that complimented and explored the findings from the initial survey. Cresswell's description of the mixed methods explanatory sequential design utilized the participant selection model in phase 2 (Cresswell, 2018). To describe the methodology as a metaphor within the discipline of art, a mixed methods design for trauma-informed research is not just singular or one-note, but a symphony of information to use for data analysis and transformative change for the future educators and students.

The researcher prioritized the second qualitative phase of the study which provided an in-depth explanation of the results from the survey. The data collection and data analyses were explored through the quantifying and qualitative participant perspectives and unique experiences. Together, action research and mixed methods achieved the improvement of educational practice, teacher empowerment, and to assist in professional growth of educators meant to understand solutions (Cammoarota & Fine, 2008; Herr & Anderson, 2014; Cochran-Smith & Lytle, 2009; Mertler, 2019).

Study Site

The study took place in a public-school setting located in one district in Pennsylvania. The school district was a combination of rural and suburban with miles of farming townships, a small town, and housing developments sprinkled in with shopping centers. Historically the district was singularly rural and was a farming community surrounded by Mennonite farms and private Mennonite school houses. The district had two elementary schools, a middle school, and high school, and consisted of roughly 2,313 students K-12 at the time of the study. The teacher to student ratio was 15:1. During the 2021-2022 school year there were 199 total classroom teachers across grades K-12 (NCES, 2022).

Table 1: *Student Populations within the Pennsylvania School District*

Minority Enrollment	20%
Hispanic/Latino	14%
Black	2.6%
Asian	1.9%
2 or More Races	0.6%
White	80.8%

Participants

Phase 1: There was a web-based 5-point Likert survey sent electronically as a Google

form through secure district email to all k-12 teachers within the school district. Convenience

sampling was implemented in this action research because the researcher/practitioner conducted

research within their school district among educational practitioners (Herr & Anderson, 2015;

Teddlie & Yu, 2007). Guidance counselors, paraprofessionals, and support staff were not

included in the survey because the purpose of the survey was to understand teacher perspectives,

and including guidance counselors and additional school staff could have negatively affected the

study.

Table 2: *Participant Overview: Arts vs. Non-Arts*
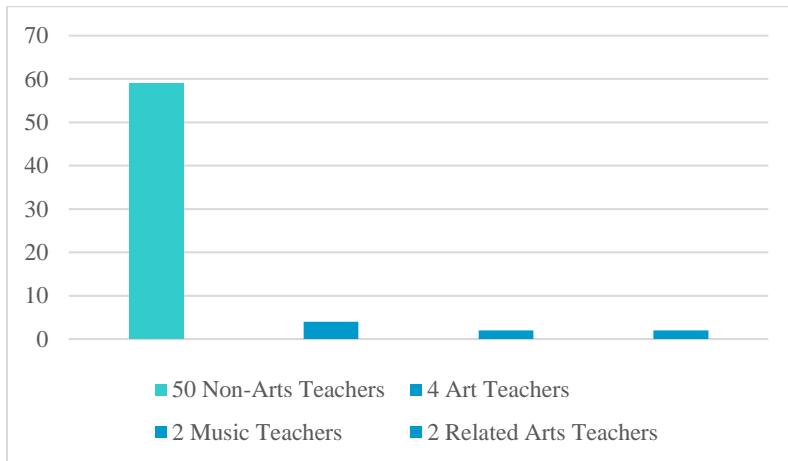
Table 3: Participant Overview: Gender
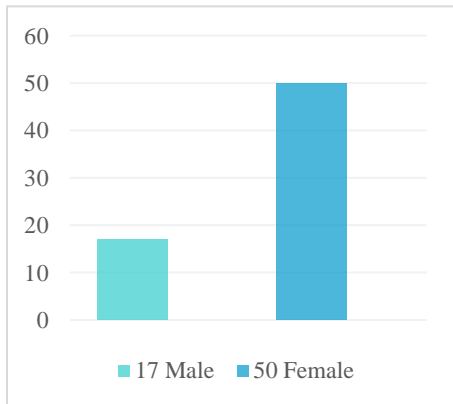
Phase 2:

Table 4**:** *Participant Overview for Interviews*

Participants	Gender	Years of Experience	Grade Level Taught	Content Area
1	F	21-30+	K-4	Art
2	F	11-20	K-4, 5-8	Art
3	F	21-30+	5-8	Art
4	F	21-30+	9-12	Art
5	F	21-30+	9-12	Related arts: photography and tech. ed.
6	M	11-20	9-12	Related arts: tv media and video
7	F	0-10	9-12	Music
8	F	21-30+	9-12	Music

The participant selection model is a part of the sequential explanatory mixed methods design and was utilized in the qualitative phase 2 of this study (Cresswell, 2003). There were eight k-12 participants selected for semi-structured interviews who taught music, visual art, photography, and film. These eight arts and related arts teachers were chosen amongst the 67 participants after the survey results were analyzed. The results of the survey were analyzed. They revealed no significant difference in preparedness between non-arts teachers and arts-teachers

which indicated that the researcher needed more information on the sub-group to understand the

level of preparedness due to the nature of how the arts are taught and the familiarity with high

volume of students seen on a regular basis by k-12 arts teachers in school. Arts teachers taught

all elementary and middle school students all year in each school while high school arts teachers

taught students everyday all year or every day for half the school year. This high volume of

student interaction was an additional contributing factor to selecting arts and related arts teachers

from the sub-group from phase 1.

Additional reasons for selecting the subgroup of arts related arts teachers were the

process of creating and discussing art in critiques established and maintained a sense of

belonging in students. The purpose for selecting arts/related arts teachers was to give a voice to

underrepresented populations of arts/related arts teachers along with the opportunity to hear from

a population of teachers whose disciplinary content fosters environments of subjective nature

where students share their firsthand experiences through the arts (Kay, 2020).

Research Questions

The overarching research question for this study were primary and investigated what the

quantitative and qualitative data aimed to assess on teacher perspectives of trauma-informed

teaching. In the phase 1 quantitative stage there were 16 survey items which were a part of

understanding the perceptions of preparedness from the participants. In phase 2 the individual

semi-structured interviews were investigated to understand preparedness and to gain specific

details on the preparedness of educators based on their experiences with the interview questions.

These overarching research questions were investigated throughout phases 1 and 2 of the study.

1. To what extent are arts and non-arts educators prepared to recognize and respond
   to students impacted by trauma and ACEs?

2. What professional development is needed to prepare arts and non-arts teachers with confidence in teaching students with trauma/ACES?

3. Do teachers think the prevalence of teaching students with trauma is higher or lower since the COVID-19 pandemic?

4. What are teacher perspectives on the leading cause of trauma affecting students?

Procedure

The researcher's action plan to conduct this study consisted of tangible steps: the permission process gained access to the survey, recruited participants, and collected the data in both phase 1 and phase 2. The researcher met with the superintendent of the school district to discuss the proposed research study. The superintendent supported the study, yet formal approval in the form of a letter was required from the Institution Review Board (IRB) at Kutztown University. Upon reviewing the formal written research proposal from the researcher, the superintendent approved the research study, pending IRB approval. Following approval, the researcher needed to conduct the study and acquired permission to use the Trauma-Informed Survey of Pa Educators from the PDE survey sent out to over 4,000 educators in Pennsylvania in 2021. The researcher contacted the Pennsylvania Department of Education (PDE) directly and was informed to contact the authors of the survey who were professors within the higher education system in Pennsylvania. The researcher emailed the leading author and obtained approval from Dr. Tim Knoster from Bloomsburg University to use the survey in this research study.

Once the study was approved by IRB the researcher sent the approval and necessary documents to the administrative assistant of the superintendent to add to the school board minutes. The school board approved the study at the following meeting, and the researcher began

recruiting participants. The researcher sent an email to each district administrators and principal

assistants in the offices of the two elementary schools, one middle school, and high school for

participant recruitment. This email included an outline of the study and the consent form, found

in Appendix A. Teachers had two weeks to review the necessary documents and voluntarily sign

up. At the end of the sign-up window, 67 teachers had signed up and completed the consent

form; therefore, the researcher selected all 67 volunteers to participate in the study.

As indicated in the data collection section, participants were then emailed the 16-question

5-point Likert scale survey to complete through Google Forms. Teacher participants had two

weeks to complete the survey. Upon completing the study, the researcher organized the

qualitative and quantitative data. The raw quantitative data was stored on a Google Sheets

spreadsheet and then converted to an Excel Sheet. The functions on Microsoft Excel ran the

descriptive statistics based on the data.

Instruments

Phase 1: Pa Survey of Trauma-Informed Educators

In this mixed methods study there was a web based electronic Likert 5-point scale close-

ended survey sent to all teachers within the school district in Pennsylvania. The survey selected

was titled: "Trauma-Informed Survey of PA Educators: To what extent are PA educators

prepared to recognize and respond to students impacted by trauma or distress, including

trauma/distress related to COVID-19?" According to the Pennsylvania Department of Education

(PDE), "In spring 2021, 4,973 Pennsylvania educators completed an anonymous survey to assess

the perceptions of their preparedness and ability to support students who experienced emotional

distress or trauma" (Knoster, et al., 2021). This survey was created by professors from

Bloomsburg University located in Pennsylvania. This study was modified from a replication of

the Kognito white paper: "Are teachers and staff ready to apply trauma informed practices?"

(Kognito, n.d.).

Phase 2 Art and Related Art Teacher Interviews

There were eight art and related arts teachers within the K-12 school district who were

interviewed after the quantitative survey data collection. They were interviewed individually

through zoom during a time frame of 45-60 minutes. There were five correlating questions

designed to go in-depth where the survey could not expand upon followed by sub questions

which arose organically due to the semi-structured nature of the questions. The interviews were a

means to understand the effects of action in the context where they occurred (Herr & Anderson,

2014; Kemmis, p. 7, 1982).

Participant Recruitment

The first phase was quantitative data collection and analysis. Following, was the second

phase including the qualitative data collection and analysis. For the purposes of this study, the

school district was referred to using a pseudonym, Rural School District, to keep the identity of

the participants and data private. After IRB approval was awarded, a preliminary informational

email was sent out to all k-12 teaching staff within the Rural School District informing them of

the timeline and nature of the study. One week later the email for participant sign-up with

surveys were sent out to all k-12 teachers. The overview of the research study, the procedures,

consent form, participant signup with demographics, and the survey were sent out in one google

form for the participant's convenience. The participant sign up with demographics included

grade level taught, gender: male or female, content area, and years of experience. All teachers

who participated documented their demographics through the survey Google form. Participant

selection for phase 2 of the mixed methods study was among k-12 art and related arts teachers

which used the participant selection model from the mixed methods explanatory sequential

design (Cresswell & Plano Clark, 2018).

Art teachers were selected to provide the qualitative data in semi-structured interviews

because they had the ability to arrange victories for students socially and emotionally due to the

nature of the process of art making, and due to freedom within the art curriculum (Kay, 2020).

Art is not included in standardized testing; therefore, the art curriculum can be adapted to meet

the unique needs, cultural backgrounds, and interests of students (Hutzel & Scott, 2011). Art is a

subject where students express their own individuality and experiences through tangible ways.

Logistically, art educators, and specialists teach most student populations within a school district.

This exposure to students of various backgrounds allows art educators to teach a wide range of

students including marginalized populations such as the developmentally delayed, physically

disabled, immigrants, refugees, migrants, children from low socioeconomic status, victims of

human trafficking, victims of natural disasters, as well as harassed and persecuted vulnerable

members of society (Hutzel & Scott, 2011; Venet, 2019).

Personal experience as an art teacher allowed the researcher/practitioner to consider that

in the district there were one or two art teachers serving hundreds of children within elementary,

middle, and high school settings. Art teachers in general in and outside of the study can be

consistent and provide stable environments in their classrooms for students exposed to trauma

and with chronic stress. Within schools there are educators who are specialists in the arts and

teach multi-disciplines of music, art, theatre, dance, etc. At the same time there are teachers who

focus on what is traditionally called the core content subjects such as science, math, history,

reading and language arts. There are differences in teachers within school districts who have

flexibility in their subject matter and curriculum to foster resilience for students through specific

planning. Art teachers are a small sub-group of teachers with the flexibility to use art as a bridge into other subjects, concepts, and modalities of learning. The adverse effects of toxic stress and trauma through childhood requires time and dedication for teachers to adapt their knowledge, beliefs, and attitudes to their teaching pedagogy.

Data Collection

In this mixed methods study the researcher explored the problem of practice using more than one type of data to "examine overlapping but different aspects" (DeCuir-Gunby & Schutz, 2017, p. 53), such as the knowledge, beliefs, and attitudes of k-12 art teachers and k-12 non-arts teachers. The data from phase 1 was collected through the survey results and the data from phase 2 was collected through semi-structured interviews. The interviews were recorded and transcribed through the Otter ai program, a digital online transcript subscription program.

Data Analysis

Phase 1

In the quantitative phase 1, descriptive statistics was used to present the findings from the survey. Each survey item's responses were recorded in google forms which were analyzed and through pie charts and visually presented in chapter 4. The data from each survey along with the demographics from the survey were analyzed using descriptive statistics. The descriptive statistics revealed the mean, standard deviation, and range of participant scores. The standard deviation and mean were used to create two independent t-tests and one ANOVA to reveal the level of preparedness of teachers regarding gender: male and female, content taught: arts vs. non arts, and years of experience: 0-9, 10-20, 21+.

Phase 2

The qualitative phase 2 semi-structured interviews consisted of individual interviews that were organized by theme after being coded. Coding is the assessment and arrangement of data in a useful and meaningful way (Cresswell & Plano Clark, 2018). Additionally, coding refers to the "process of analyzing qualitative text data by taking them apart to see what they yield before putting the data back together in a meaningful way" (Elliott, 2018, p. 2850). Coding allowed themes to emerge from the data (Cresswell, 2003). The coding was done by the researcher first in in three sessions over the course of three months and then coding was completed by the fellow scholars who were also doctoral candidates in the Transformational Teaching and Learning program at Kutztown University. The researcher conducted three rounds of coding independently after meeting with the learner scholar community. The final two rounds of coding utilized a deductive method as the researcher looked for key theoretical components in the data. The final coding round re-examined the codes and themes that emerged. One of the team members from the learner scholar community was a white, female educator who has been teaching for 7 years, and the other team member was a science teacher at an urban public high school in Pennsylvania who has been teaching for 22 years. The team members met and examined their biases and were well versed in the coding method and inter-coder reliability.

Trustworthiness and Validity

When considering trustworthiness in a study one means confidence in the data collection, interpretation, and methodology used to ensure the quality (Yin, 2017). The process of selecting the methodology arose from attention to detail and is rooted in academic research and literature. The 5-point Likert scale survey was pre-determined trustworthy because it had been given to thousands of PA educators in response to the Kognito 2020 White Paper: "Are teachers and staff

ready to apply trauma informed practices?" This survey on trauma-informed teaching was a

recipient of the Education Research and Evaluation Scholar Award from the Pennsylvania

Department of Education in September 2021 (Pennsylvania Department of Education, n.d.).

      A critical component of an action research study is methodological triangulation. The

methodological triangulation in this study referred to the use of multiple sources to cross-

examine the research and data analysis to ensure credibility (Adler, 2022; Curry et al., 2009).

Triangulation occurred using two data sources to provide in-depth understanding and merged

quantitative and qualitative data to answer the research questions. Bekhet & Zauszniewski

(2012) suggest "methodological triangulation involves using more than one kind of method to

study a phenomenon (para. 1). It has been found to be beneficial in providing confirmation of

findings, more comprehensive data, increased validity, and enhanced understanding of studied

phenomena." Figure 4 demonstrated the methodological triangulation of the data sources that

were compared to interpret the findings in this mixed methods study.

Figure 4 – *Methodological Triangulation*
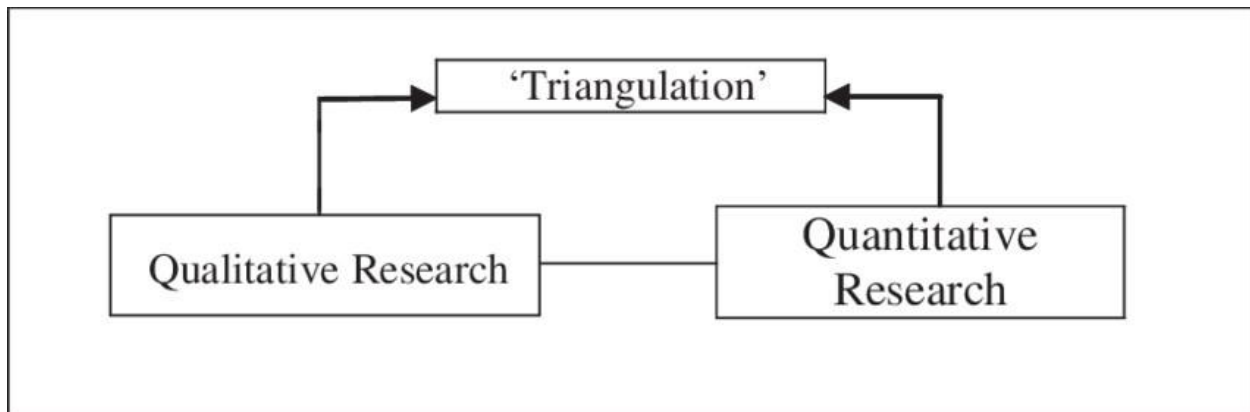
(Rahman, 2012)

      An additional component to trustworthiness and validity of this study was the use of

fellow scholars within the cohort of doctoral candidates to counter discrepancies and limit biases

in the study. In the positionality statement in chapter 1 the researcher established transparency of experiences which addressed potential biases.

Security

As a measure of security for the participants, each participant was labeled with a "participant #" for the research process in phase 1, phase 2, and merged results sections and in their demographics table. In the quantitative phase 1 they were assigned a number as their survey responses were analyzed in Microsoft Excel. In phase 2, the qualitative data participants were assigned a number in each qualitative response. Additionally, the researcher had a key to the label of each participant. All the information collected throughout the research process was stored on a password-protected computer, and all files were permanently deleted a year after the study was completed.

Limitations

Mixed methods studies are in depth and require time to provide a large quantity of participant data from the quantitative and qualitative data collection phases (Cresswell & Plano Clark, 2018; Brady, et al., 2009). The study is localized to one school district, therefore; only draws conclusions within one school district. The study is limited in the one school setting where it was conducted.

Chapter 4: Results

In this chapter the data analysis process is explained through the explanatory sequential mixed methods design. The quantitative survey results from phase 1 followed by phase 2, the qualitative interview findings, and concluded with merged results of both phases for side-by-side comparison (Creswell & Plano Clark, 2018). Research by Creswell (2003) supported how the

mixed methodology design had "advantages of collecting both closed-ended quantitative data and open-ended qualitative data" (p.72).

To explain the results process through art, the quantitative data results are viewed as an outline drawing, and the qualitative interviews add color within the outline adding depth and appreciation for the full picture. The quantitative data is the outline, and the qualitative data is the added color, allowing for the fullness of the picture to be interpreted.

In phase 1 the survey questions and responses are revealed through pie charts summarizing participant responses from k-12 arts and non-arts teachers. Additionally, the results from phase 1 include the two independent t-tests and ANOVA. The results from phase 2 utilized verbatim quotes from interviews revealing themes.

1. To what extent are arts and non-arts educators prepared to recognize and respond to students impacted by trauma and ACEs?

2. What professional development is needed to prepare arts and non-arts teachers with confidence in teaching students with trauma/ACES?

3. Do teachers think the prevalence of teaching students with trauma is higher or lower since the COVID-19 pandemic?

4. What are teacher perspectives on the leading causes of trauma affecting students?

Research Findings

Phase 1: Quantitative Survey Results

The 16-item survey was assessed on a 5-point Likert scale. In the table below, items numbered 1-5 address teacher perceptions on preparedness of trauma-informed teaching utilizing the following: very low (1), low (2), medium (3), high (4), very high (5). The survey items 6-10 assessed teacher confidence. The remaining items in the survey numbered 11-16 assessed

perspectives using the same low to very high assessment. Survey items 6-16 utilize strongly

disagree (1), disagree (2), neither disagree/agree (3), agree (4), strongly agree (5).

Table 5: *Survey Items/Questions*

	5-point Likert Items/Questions on Preparedness
1.	Recognize when a student is exhibiting signs of psychological trauma or distress
2.	Talk with a student exhibiting signs of psychological trauma or distress to motivate them to connect with mental health support services
3.	Use communication strategies to help a student exhibiting signs of psychological trauma or distress feel safe connect with mental health support services
4.	Teach students activities to manage their stress and emotions in alignment with the PA Career Ready Skills
5.	Implement trauma-informed approaches in teaching
	5-point Likert Items/Questions on Confidence
6.	I feel confident in my ability to recognize when a student is exhibiting signs of psychological trauma or distress
7.	I feel confident in my ability to talk with a student exhibiting signs of psychological trauma or distress to motivate them to connect with mental health support services
8.	I feel confident in my ability to use communication strategies to help a student exhibiting signs of psychological trauma or distress feel safe
9.	I feel confident in my ability to teach students activities to manage their stress and emotions
10.	I feel confident in my ability to implement trauma-informed approaches in teaching
	5-point Likert Items/Questions on Perspectives
11.	I think that a student who is receiving mental health treatment is showing a sign of personal strength
12.	Most teachers and staff in my school think that a student who is receiving mental health treatment is showing a sign of personal weakness
13.	Part of the role of teachers and staff in my school is to connect students experiencing psychological trauma or distress with mental health support services
14.	Students who disrupt my class do not care about learning
15.	I do not take it personally when a student is verbally aggressive towards me
16.	In your opinion, do you believe all educators should receive explicit training in trauma-informed classroom practices

The following 16 pie charts display the results from each survey item/question 1-16.

1. Recognize when a student is exhibiting signs of psychological trauma or distress

Figure 5: *Results*

1. Recognize when a student is exhibiting signs of psychological trauma or distress
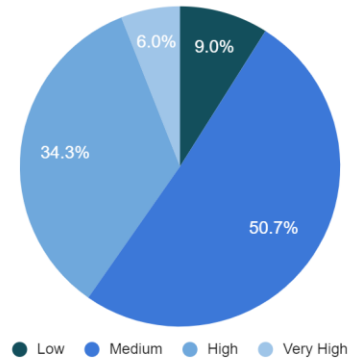
2. Talk with a student exhibiting signs of psychological trauma or distress to motivate them to

connect with mental health support services

Figure 6: *Results*

2. Talk with a student exhibiting signs of psychological trauma or distress to motivate them to connect with mental health su…
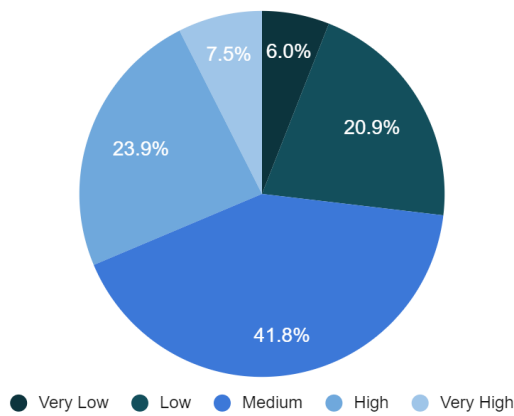
3. Use communication strategies to help a student exhibiting signs of psychological trauma or

distress feel safe connect with mental health support services

Figure 7: *Results*

3. Use communication strategies to help a student exhibiting signs of psychological trauma or distress feel safe connect wi…
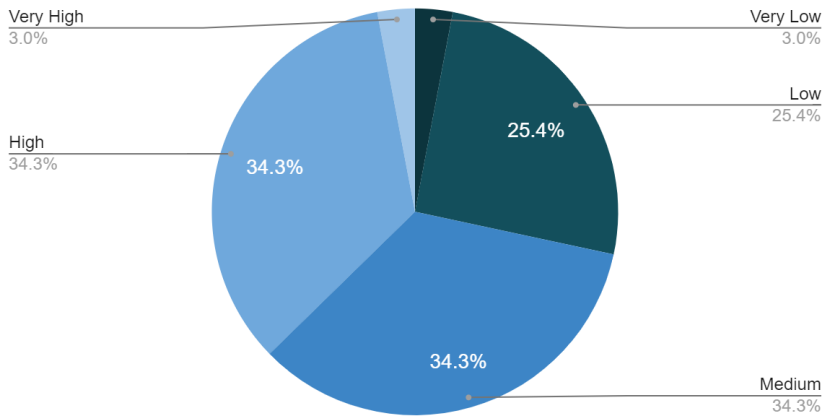
4. Teach students activities to manage their stress and emotions in alignment with the PA Career

Ready Skills

Figure 8: *Results*

4. Teach students activities to manage their stress and emotions in alignment with the PA Career Ready Skills
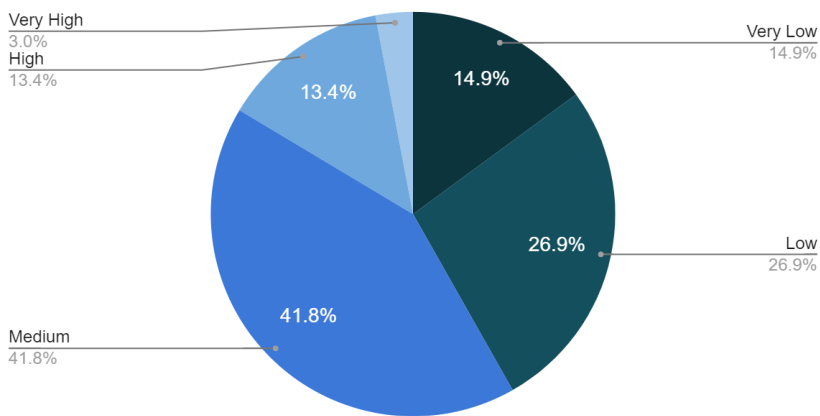
5. Implement trauma-informed approaches in teaching

Figure 9: *Results*

5. Implement trauma-informed approaches in teaching
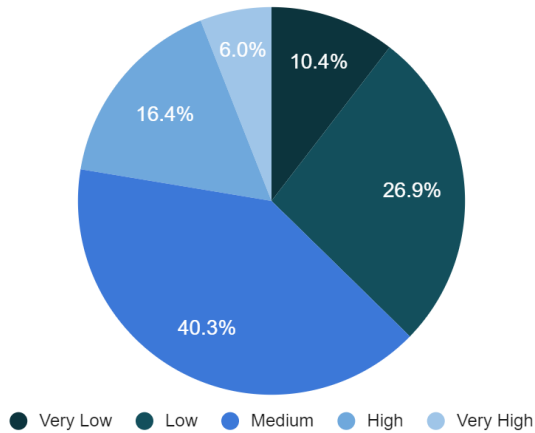
6. I feel confident in my ability to recognize when a student is exhibiting signs of

psychological trauma or distress

Figure 10: *Results*
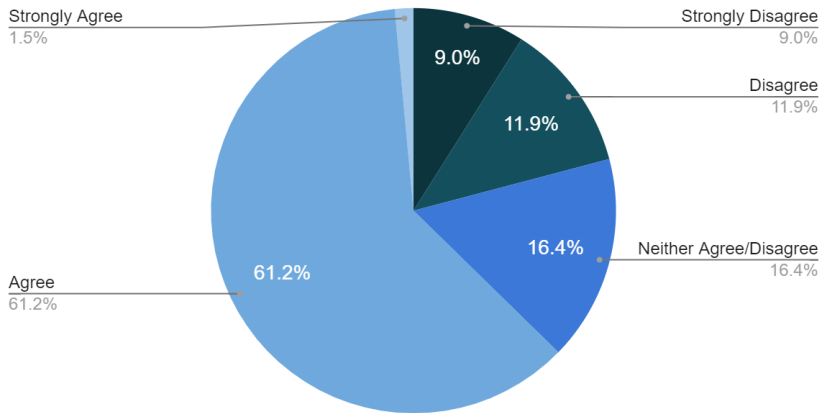
7. I feel confident in my ability to talk with a student exhibiting signs of psychological

trauma or distress to motivate them to connect with mental health support services

Figure 11: *Results*

7. I feel confident in my ability to talk with a student exhibiting signs of psychological trauma or distress to motivate them to…
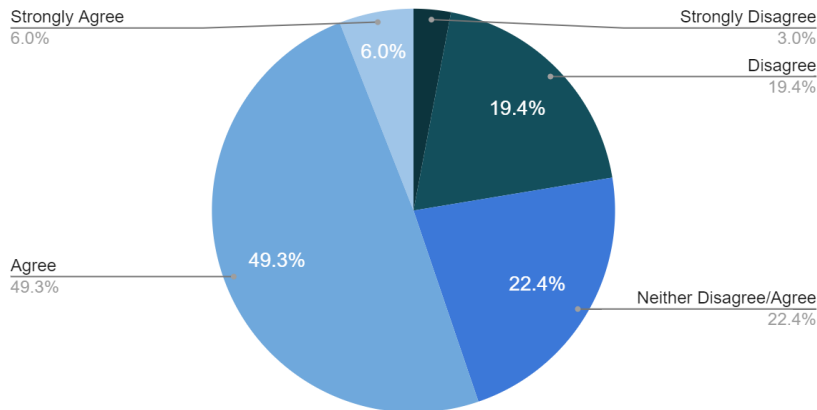
8. I feel confident in my ability to use communication strategies to help a student exhibiting signs of psychological trauma or distress feel safe

Figure 12: *Results*

8. I feel confident in my ability to use communication strategies to help a student exhibiting signs of psychological trauma or…
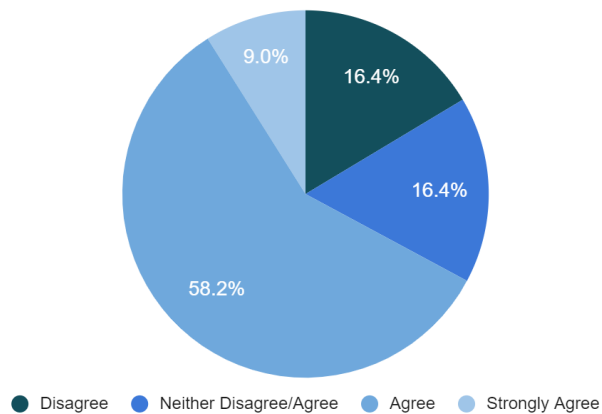
9. I feel confident in my ability to teach students activities to manage their stress and emotions

Figure 13: *Results*

9. I feel confident in my ability to teach students activities to manage their stress and emotions
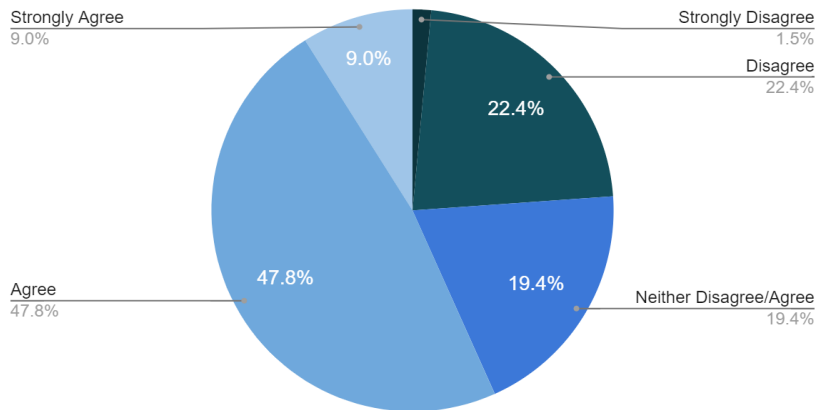
10. I feel confident in my ability to implement trauma-informed approaches in teaching

Figure 14: *Results*

10. I feel confident in my ability to implement trauma-informed approaches in teaching
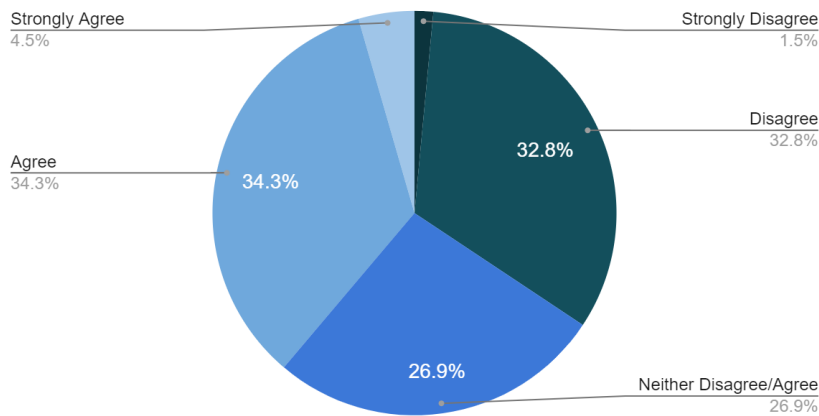
11. I think that a student who is receiving mental health treatment is showing a sign of

personal strength

Figure 15: *Results*

11. I think that a student who is receiving mental health
treatment is showing a sign of personal strength
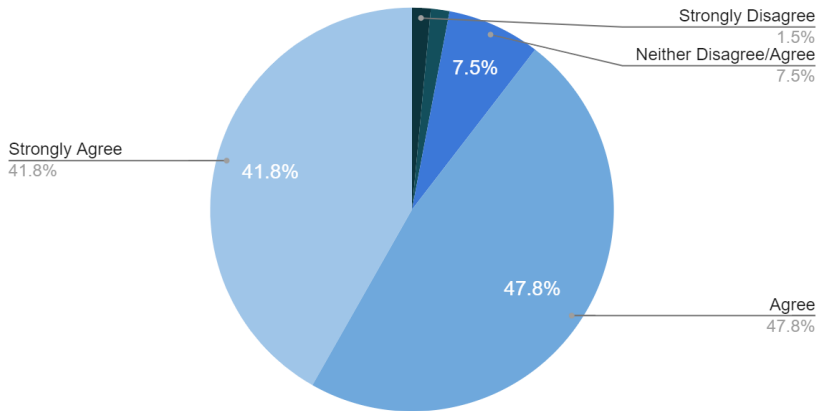
12. Most teachers and staff in my school think that a student who is receiving mental health

treatment is showing a sign of personal weakness

Figure 16: *Results*

12. Most teachers and staff in my school think that a student
who is receiving mental health treatment is showing a sign of…
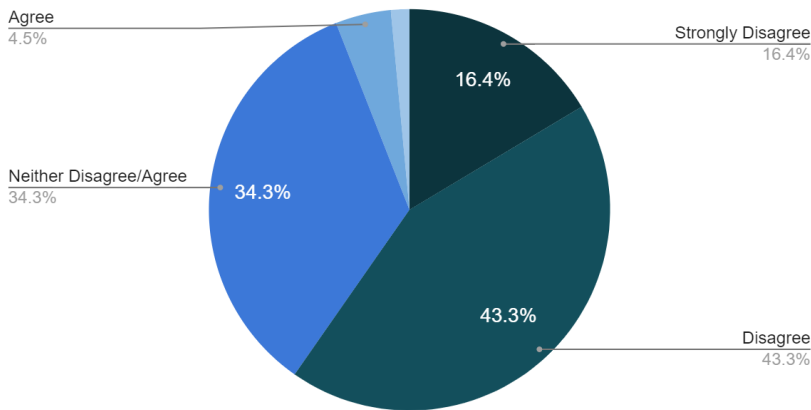
13. Part of the role of teachers and staff in my school is to connect students experiencing

psychological trauma or distress with mental health support services

Figure 17: *Results*

13. Part of the role of teachers and staff in my school is to connect students experiencing psychological trauma or distre…

Strongly Agree
16.4%

Disagree
3.0%

16.4%

Neither Disagree/Agree
20.9%

20.9%

58.2%

Agree
58.2%
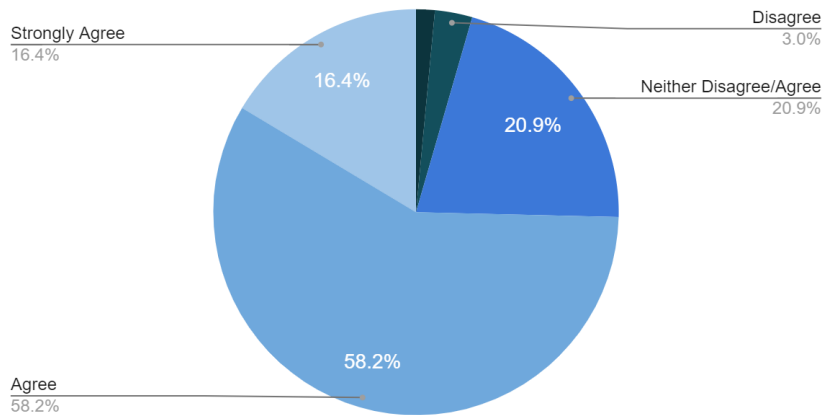
14. Students who disrupt my class do not care about learning

Figure 18: *Results*

14. Students who disrupt my class do not care about learning

Agree
3.0%

Strongly Disagree
23.9%

Neither Disagree/Agr…
25.4%

23.9%

25.4%

47.8%

Disagree
47.8%
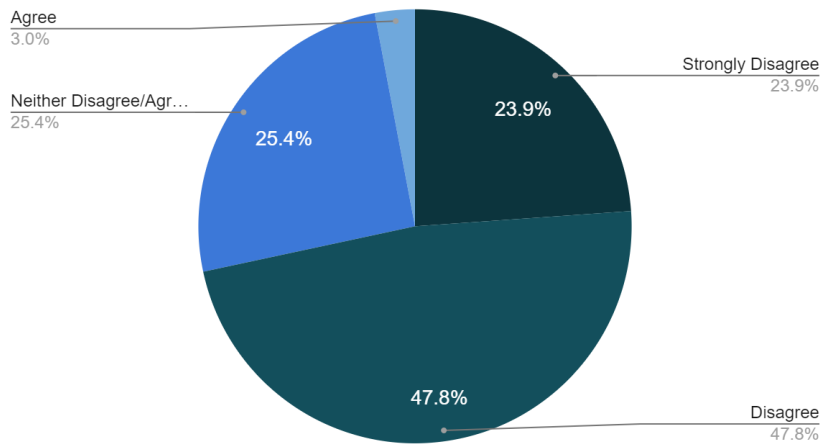
15. I do not take it personally when a student is verbally aggressive towards me

Figure 19: *Results*

15. I do not take it personally when a student is verbally
aggressive towards me
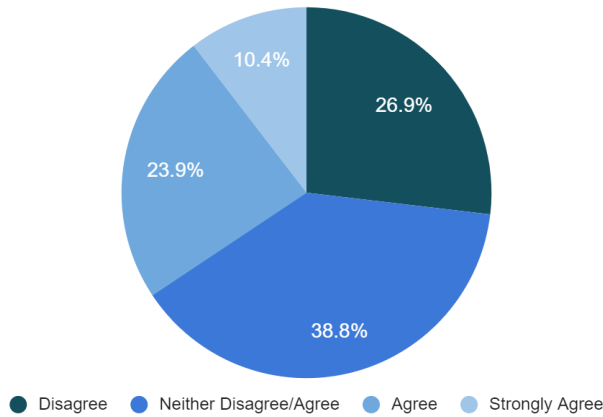
16. In your opinion, do you believe all educators should receive explicit training in trauma-

informed classroom practices?

Figure 20: *Results*

16 In your opinion, do you believe all educators should receive
explicit training in trauma-informed classroom practices
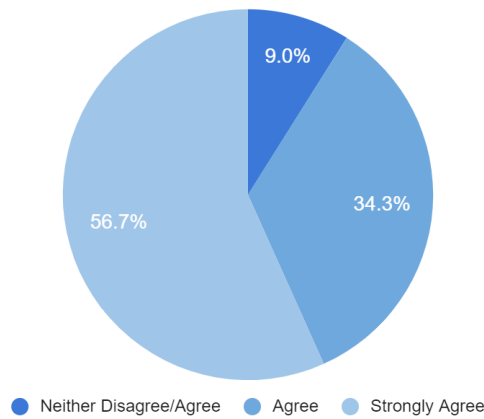
Following the results of each survey question/item, the survey result responses were

analyzed by quantitative statistical analyses using the Excel program. The first quantitative

analysis was an independent t-test (p=.05). This first independent t-test was performed to

evaluate whether there was a difference in gender between male and female teachers in their

trauma-informed preparedness. The mean in preparedness for female teachers was (M = 3.29, SD

= 0.47). The mean for male teachers was (M = 3.13, SD = 0.56). As evidenced by the t-test

results, there was no significant difference between the two groups, t(65) = 1.11, p = 0.26.

The second independent t-test was performed to evaluate whether there was a significant

difference between arts and non-arts teachers in their level of trauma-informed preparedness.

The mean in preparedness for arts teachers was (M = 3.16, SD = 0.66). The mean for non-art

teachers was (M = 3.27, SD = 0.46). As evidenced by the t-test results, there was no significant

difference between the two groups, t(65) = -0.63, p = .052.

In the third analysis a one-way ANOVA was conducted to compare the effect of years of

experience with the level of trauma-informed preparedness. The years of experience were

analyzed from 0-10, 11-20, 21-30+ years. The ANOVA revealed that there was not a statistically

significant difference the years of teaching experience had on the level of preparedness at the

p>.05 level for the three conditions F(2,64) = 0.06, p = 0.94. There was not an additional post

hoc test needed after these results were analyzed because the p-value concluded that no group

was significantly different which would require further investigation.

Phase 2: Qualitative Interview Results

In the TV series the Rings of Power inspired by J.R.R. Tolkien's Lord of the Rings the

character Galadriel says, "sometimes to find the light, we must touch the darkness" (Shaw,

2023). The darkness is the reality that teachers will unavoidably encounter students with adverse

childhood experiences and trauma affecting their learning (Treisman, 2016). The metaphor for

light is the knowledge and discourse that the interview results provide in addition to the survey,

t-tests, and ANOVA.

In study, the participant selection model enabled the researcher to select the subgroup of

arts and related art educators from the k-12 participants who took the survey. As described in

chapters 1-3, the purpose for selecting arts and related arts teachers is multifaceted. Selecting arts teachers was to give a voice to the underrepresented population of teachers from phase 1, and due to the nature of the arts disciplines, and profound impact the arts have on society and individuals. The k-12 arts teachers in this study taught music, visual art, photography, and film courses which allowed for variety in experiences and insight to arts perspectives from this subgroup.

The themes explained in this chapter emerged through coding all transcriptions from the eight interviews with personal documents of notes taken during the interviews. Over the course of three months the researcher analyzed the interview transcripts three separate times to identify reoccurring themes then analyzed those themes with the quantitative survey items. The table below shows the relationship of the overarching research questions, interview questions, and sub questions from the semi-structured interviews. The interview questions were asked directly to the participants, and the sub questions arose organically while discussing teacher perspectives. The semi-structured interviews provided evidence expressing the need for trauma-informed practices among teachers. As mentioned in the methodology section in chapter three, the researcher reviewed the survey questionnaire items and constructed the interview questions to explore teacher perspectives, attitudes, beliefs, and feelings regarding the perception of preparedness and their personal experiences (Ivankova, 2015). Table 6 reveals the relationship between the overarching research questions, interview questions, and the sub questions. The overarching questions are the framework to this study, the interview questions were planned, and the sub questions emerged from the semi-structured interview process (Cresswell & Poth, 2016).

Table 6: *Research Questions*

Overarching Research Questions	Interview Questions	Sub Questions

What professional development is needed to prepare arts and non-arts teachers with confidence in teaching students with trauma/ACES?	What professional development or training have you had on the topic of trauma-informed teaching?	What do you think trauma-informed teaching practices are? Do you know what ACEs stand for?
Do teachers think the prevalence of teaching students with trauma is higher or lower since the COVID-19 pandemic?	Do you think the prevalence of teaching students with trauma is higher or lower since the COVID-19 pandemic?	What role do you think COVID-19 has played in the lives of students?
What are teacher perspectives on the leading cause of trauma affecting students?	What do you think is the leading cause of trauma affecting students?	
To what extent are arts and non-arts educators prepared to recognize and respond to students impacted by trauma and ACEs?	Do you think trauma-informed teaching is a part of your own teaching practices? Do topics of mental health show up in students' artwork, conversations, and interactions in your classroom?	Can you recall and describe an experience you had with a student who may have chronic stress and/or trauma?

The following four themes were consistent within each of the eight interviews and are listed in the order of what emerged throughout the coding process of interview items/questions that were discussed.

1. Communication

2. Confidence

3. Preparedness

4. Perspectives

The themes are explained with evidence taken from the interview transcripts and displayed in the

qualitative phase 2 tables. The tables also described the action researcher's/practitioner's insider

perspective on the practices found in the explanations of each theme from the participant's

responses in the interviews (Herr & Anderson, 2015). Participatory action research emphasizes

participants as members of the community sharing their lived experiences which are essential to

this study (Baumfield, et. al., 2008). The participant demographic table from the methodology

section in chapter 3 is copied below for reference of the participants identified in their responses.

Table 2: *Participant Overview for Interviews*

Participants	Gender	Years of Experience	Grade Level Taught	Content Area
1	F	21-30+	K-4	Art
2	F	11-20	K-4, 5-8	Art
3	F	21-30+	5-8	Art
4	F	21-30+	9-12	Art
5	F	21-30+	9-12	Related arts: photography and tech. ed.
6	M	11-20	9-12	Related arts: tv media and video
7	F	0-10	9-12	Music
8	F	21-30+	9-12	Music

Theme 1: Communication between guidance counselors and teachers

The first theme that emerged among all 8 participants was communication. The

communication needed to be trauma-informed was communication between teachers and guidance

counselors. The participants were asked the interview question: *Do topics of mental health show*

up in students' artwork, conversations, and interactions in your classroom, this is where the theme

communication came up the most for each participant in the interviews.

In table 7 interviewee perspectives on communication indicate the categories found within the overarching theme. The themes communication, confidence, preparedness, and perspectives are evidentiary support summarizing the interview responses. The right side of the table under these categories reveal notes from the researcher/practitioner to provide additional knowledge to provide insider perspective as an action researcher (Herr & Anderson, 2015).

Table 7**:** *Theme 1 Communication Between Guidance Counselors and Teachers*

Participant 1	Communication
"I think it's [pause] you know, I see behaviors like withdrawing or acting out or throwing things or kicking things or you know, but I don't very rarely ever get any information as far as, like looking for guidance counselor is concerned. If there was behaviors going on outside of the classroom. A big challenge, I feel like we don't get to know the kids as much because we only see them once every six days and so I don't really know their personalities. Well and so, okay. This is because they have trauma. We may know later like once they say hi to a guidance counselor, you know, this person is throwing things or this person is you know, kicking things. Then we say, yeah, there's some stuff going on, but I feel like the biggest challenge is knowing, isn't it? because they love trying new things or they are just frustrated you know, like, it's, that's my biggest challenge is knowing why."

"I was just gonna say, depression and anxiety affect people. You know, what, if you don't tell me I could, I could say something that started trigger them and I don't want that to happen if it is avoidable. If you would have just said that to me to begin with. I don't know more about it. If that's something that people know about, you know, like guidance counselor's know about or whoever you | Art teachers who are specials and electives teachers are rarely communicated with by guidance or core content teachers who are non-arts teachers on what behaviors have been observed earlier in the week or before art class. Elementary art teachers do not see the same classes every day and can be left out of conversation on how best to support specific students based on their individual needs. |

should be communicating with each other about triggers for students."	
Participant 2	Confidence
"I had, well, one year I had students do, it was like a portrait and then it had, the positives and the negatives because you know, we all have things that are great about us and we all have things that we need to work on. And some of my artwork got taken down because they were using words like depression and suicide and that like wasn't ok. I mean, all of the families that have artworks that were taken down like the guidance counselors already knew about those kids and they thought it was a safe place to put that in their artwork. So I mean, that's, I guess, progress because they're not afraid to express it. Yeah. But as long as they're not, you know, actually taking their lives."	This teacher expressed that guidance counselors asked the art teacher to take down the artwork that had themes of depression and suicide because the student used those words in their art. The student felt safe with the art teacher to express themselves freely and to put it in their art. There needs to be clarity from guidance on what type of self-expression is allowed to be portrayed in school. Arts teachers need to be guided on how to approach sensitive topics.
Participant 3	Confidence and Preparedness
"You can tell times who they are. But I don't want them coming in with you know, they'll come in with relationship problems. I don't want to get into the relationship problems with these kids. Yeah. You know, that's not my job. You know, there's a lot of things that are going on with these kids that they come to teachers with or counselors with. It's not really our job. And people are addressing these things. And it's like, yeah, therapists they need a therapist, not a school guidance counselor"	Teachers and guidance counselors need trauma-informed training because teachers may feel it isn't their job to foster resilience if they do not know ways to do it or how to report what they hear when they do build trustworthy relationships with students. Trustworthiness is a main principle of the trauma-informed care (TIC) model.
Participant 4	Confidence and Preparedness
"Sometimes students request not to go to guidance they don't feel cared for there, or they don't know them very well."	The principles of trauma-informed care should be a part of training put into practice in the school environment. Guidance counselors may see students less than the teachers they see daily, and so guidance needs to

	communicate and build in time to build relationships with students and teachers.
Participant 5	Communication
"But I mean I would find things out about my kids from other kids. It was never like this, you know, unless they have five for an IEP or they have something written down. That's formal. Guidance counselors don't share information with you that you should know Yeah. Things that you could, like. You have a kid that just doesn't come to school. Well, in my world, they just don't come to school. How am I supposed to know that they're working full time to support their family? Like for me, that's something that is not it's not I'm not breaking the law by knowing that."	It would be helpful for guidance counselors to communicate with teachers about students they know who have adverse childhood experiences (ACEs). Teachers without communicating student needs make assumptions and then make decisions that aren't compassionate or logistical for students.
Participant 6	Confidence and Preparedness
"School can be a free for all, you know, at times. You can be in a class and you know, and need to talk to somebody about something but, you know, the guidance counselor is not available, you know, and only the most serious cases I think when it comes to that stuff get dealt with"	Teachers know that student adversity and behaviors are not always going to be handled perfectly, but the expectation is that they are handled confidently by the guidance department.
Participant 7	Confidence and Preparedness
"Or if I would sit on it for a minute, and then like, call guidance for help. Because I, fortunately, haven't had too many of those. But I do feel like I wouldn't instantly snap into this is what I need to do. Right? Because I feel like when that has happened, I've just been shocked by what the kid told me. And then I'm like, Well, what do I do? Yeah."	Teachers need to feel confidence and understanding how to handle news from students is challenging without clear instructions and protocol from administrators, guidance counselors.
Participant 8	Confidence and Preparedness
"Guidance was involved. Various other entities, you know, I'm trying to come up with	Teachers and guidance counselors need to work together to create a plan for students to

the word not institutions, but like, counseling, outside counseling organizations and nothing seemed to work and it wasn't thankfully, I guess? It wasn't just me. That was not getting these kids to do anything. It was across the board. I remember one specific student, her guidance counselor, her meeting and after school meeting with every single teacher on this child's schedule. Of course, the guardians were there, our principal, and every adult and the nurse like every adult that this child encounters on a daily basis was in this meeting. And we all were saying the same thing. And we were all coming up with different things we were sharing like these are the things that we have tried with you. These are the responses you have given. How can we help you? the student kept pushing back saying, Well, I'm just I just get stressed out. This is just how I am. There's there Yeah. It was it was very, it was kind of a waste of time if I'm being honest. Because nothing improved for any of us. And in fact that then, it wasn't too long thereafter that the student was pulled and went virtual, which I don't think was the right call."	be successful within school settings. When learning in the academic environment does not work there should be a learning plan and support instead of the student going virtual.

Interviewees reported their perspectives involving the need for guidance counselors and teachers to foster safety and trust for students to want to speak with guidance counselors. Within the k-12 visual arts curriculum students create projects through self-expression based on their perceptions and life experiences. Teachers reported that counselors needed to be prepared to support teachers and students to teach self-expression in open, supportive, and safe environments as topics of mental health arose in student artwork. Elementary and middle school teachers' schedules allow them to teach students once a week. The high school students select art as an elective. As a result, the arts/related arts teachers at the high school teach the same students daily in their classes, but do not teach every student in the school. This is a big difference between the

elementary/middle levels and the high school. This is important to know in this study because elementary and middle school arts teachers need communication from guidance of updates regarding student behaviors, challenges, and accommodations because they do not see students regularly to notice changes in students as easily as high school teachers due to scheduling. At the high school level, it is equally important for communication with guidance because teachers see students daily meaning teachers can be helpful by reporting noticeable changes in student behavior.

A central finding was that communication and expectations between guidance and arts teachers need to be prioritized due to the prevalence of students with social/emotional needs. Specifically, teachers voiced their need for communication and training on the topics of protocols, behavioral needs, social/emotional changes in students, as well as collaboration and communication with guidance counselors to benefit students and empower teachers. Communication between guidance counselors and k-12 arts teachers would help teachers to know what their role is and to feel supported teaching students with ACEs and trauma.

Theme 2: Confidence in trauma-informed teaching

The second theme that emerged was confidence in trauma-informed teaching. The overarching research questions that the perspectives in this theme answered were: *To what extent are arts and non-arts educators prepared to recognize and respond to students impacted by trauma and ACEs?* and *What professional development is needed to prepare arts and non-arts teachers with confidence in teaching students with trauma/ACES?*

The categories communication, confidence, preparedness, and perspectives are evidentiary support summarizing the interview responses. The right side of the table report

additional notes from the researcher/practitioner to provide knowledge of an insider perspective

as an action researcher (Herr & Anderson, 2015).

Table 8**:** Theme 2: *Confidence in Trauma-Informed Teaching*

Participant 1	Perspectives and Preparedness
"Well, I think if I see something I need to relay it to a counselor because I could talk to the kid but I don't feel like I would know exactly the right thing to say or do to help them. You know, so, yeah, I would rather talk to somebody who's more, you know, educated."	Teachers identify they do not know how to handle trauma in students and that they need training and help from trained trauma-informed faculty.
Participant 2	Preparedness, Confidence, and Perspectives
"I just don't always know if I have enough practice in doing it correctly, and that makes me not have the confidence to like, be able to do that in the classroom. Like if I say something wrong, or I do something wrong, then I'm afraid like, that's going to come back on me. So sometimes it's easier just to not because I don't know what I'm not confident and comfortable enough with what steps I am supposed to take. Right? To say." "Now, I've geared more of my projects like that towards just the positive and like, let's focus on all the good stuff. Yeah. You're gonna have those flaws, but let's keep it all. It's better to dwell on the positive than the negative."	This art teacher's perspective is to provide resilience for students through their art projects rather than centering art projects around challenging emotional themes.
Participant 3	Perspectives and Preparedness
"I honestly have had no training whatsoever. And I don't even really want to touch the trauma thing. Because I'm afraid I'm going to	This teacher is not comfortable with being trauma-informed because of the outcome.

trigger something in somebody and go off the rails."	
Participant 4	Perspectives and Preparedness
"There is way more that I need to know and as a whole our school isn't trauma informed for teachers either. Teachers also have many things they deal with and the whole system is not trauma informed."	Educators can have trauma and adversity and need support with trauma-informed care from administration. Teaching faculty need to be trauma-informed.
Participant 5	Confidence and Preparedness
"Sometimes I feel that way. Other times, not so much. I think as a whole probably not" "Sometimes I'm better at identifying things and I'm doing something about it, because sometimes I don't know what to do with it."	A lack of knowing what to do for students with trauma and ACEs keeps teachers from reporting and providing students with trauma-informed care.
Participant 6	Preparedness and Communication
"Yeah, I do. I mean, I think every case is going to be, you know, different. Um, but as far as like the classroom goes, I mean, we're trained to, you know, recognize it and then kind of I mean, this sounds terrible, but like to pass it off. You know what I mean?"	Teachers understand "pass it off" as a negative way to help students with trauma when they communicate with teachers. Teachers need to know how to communicate with students about student experiences.
Participant 7	Preparedness and Confidence
"Mostly" "I wouldn't always know what to immediately say, like if some kids said something really serious to me. I don't know if I would instantly know what to do."	Students who are experiencing adversity and want to need to share their trauma to trusted adults need trauma-informed teachers who can feel confident in their ability to move through those conversations.
Participant 8	Preparedness and Confidence
"Somewhat prepared, not there yet"	Honest dialogue is important in understanding what teachers' perceptions are on their own perspectives of preparedness.

In conclusion, teachers did not feel prepared to assist students with trauma and ACEs. Participants 5, 7, and 8 expressed that they were "somewhat", "mostly", and "sometimes" prepared to teach students with trauma, but lacked preparedness and confidence. Participants 1, 2, 3, and 4 reported not being trauma-informed. Participant 1 said, "I wouldn't know exactly the right thing to say or do to help them. You know, so, yeah, I would rather talk to somebody who's more, you know, educated". Participant 2 stated, "It's better to dwell on the positive than the negative" in the types of projects she plans for students. Planning positive lessons for students is a trauma-informed approach utilizing resilience, but there is still a lack of confidence and is evidenced when she responded, "I just don't always know if I have enough practice in doing it correctly, and that makes me not have the confidence to like, be able to do that in the classroom" (Bashant, 2020). Participants 3 and 4 stated, "I honestly have had no training whatsoever" and "there is way more that I need to know and as a whole our school isn't trauma informed for teachers" which shows the need for trauma-informed professional development. Lastly, participant 6 stated, "Um, but as far as like the classroom goes, I mean, we're trained to, you know, recognize it and then kind of I mean, this sounds terrible, but like to pass it off", which expressed that he felt unprepared to report trauma. "Passing off" is reporting. Reporting trauma is an important step in helping students. His response, "this sounds terrible" in regard to "passing off" or reporting trauma shows the perspective that it's a "terrible" thing to pass off the trauma when in fact teachers are mandated reporters, and are needed to report suspected abuse (Todd, 2021). In fact, the responses provided contributing factors why teachers may not have reported trauma due to limited understanding of child abuse laws and reporting procedures, compassion fatigue, and fear of possible repercussions for themselves and students (Abrahams et al., 1992; Bell & Singh, 2017).

To summarize, teachers needed to know who and what to communicate when students disclose trauma or stressors to arts and related arts teachers verbally or through their artwork. Arts teachers did not know how to handle conversations with students regarding their stressors. Teachers need training on what trauma and ACEs are so when students do communicate with them teachers can discern between trauma or common stressors, and when to report and when students are stressed to support in class without reporting (Todd, 2021).

Theme 3: Teacher Preparedness: Leading causes of ACEs/Trauma

The third theme that emerged among all 8 participants was the dialogue on the perspectives of the leading causes of ACEs/Trauma. The participants were asked, *What do you think are the leading causes of trauma affecting students?* This question arose from the overarching research question *What are teacher perspectives on the leading causes of trauma affecting students?*

This question prompted teachers to consider what they thought the potential leading causes of trauma and adversity could be in students' lives. Their responses in table 9 on the left are identified through categories listed on the right summarizing the types of trauma they believe their students experience the most.

The responses of teacher's perceptions on the leading causes of trauma revealed the lack of preparedness to be trauma-informed. Interviewees needed to understand how to define trauma and ACEs. Knowledge of ACEs would empower teachers to gain an awareness on the types of trauma students experience. The ten ACEs experienced before the age of 18 were categorized as the following: abuse, household challenges, and neglect (CDC, n.d.). According to the CDC (n.d.), the following categories and descriptions are from the original ACE study. It is important

to note: the original ACE study is not available for public domain which is why it is listed in

bulleted format taken directly from the CDC (CDC, n.d.).

> "Abuse

- o **Emotional abuse:** A parent, stepparent, or adult living in your home swore at

  you, insulted you, put you down, or acted in a way that made you afraid that you

  might be physically hurt.

- o **Physical abuse:** A parent, stepparent, or adult living in your home pushed,

  grabbed, slapped, threw something at you, or hit you so hard that you had marks

  or were injured.

- o **Sexual abuse:** An adult, relative, family friend, or stranger who was at least 5

  years older than you ever touched or fondled your body in a sexual way, made

  you touch his/her body in a sexual way, attempted to have any type of sexual

  intercourse with you.

- Household Challenges

  - o **Mother treated violently:** Your mother or stepmother was pushed, grabbed,

    slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with

    something hard, repeatedly hit for over at least a few minutes, or ever threatened

    or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.

  - o **Substance abuse in the household:** A household member was a problem drinker

    or alcoholic or a household member used street drugs.

  - o **Mental illness in the household:** A household member was depressed or

    mentally ill or a household member attempted suicide.

- o **Parental separation or divorce:** Your parents were ever separated or divorced.

- o **Incarcerated household member:** A household member went to prison.

- Neglect

  - o **Emotional neglect:** Someone in your family never or rarely helped you feel

    important or special, you never or rarely felt loved, people in your family never or

    rarely looked out for each other and felt close to each other, or your family was

    never or rarely a source of strength and support.[2]

  - o **Physical neglect:** There was never or rarely someone to take care of you, protect

    you, or take you to the doctor if you needed it[2], you didn't have enough to eat,

    your parents were too drunk or too high to take care of you, or you had to wear

    dirty clothes." (CDC, n.d.)

Table 9**:** *Theme 3: Leading causes of ACEs/Trauma*

Participant 1	Homelife
"I just think automatically of home life but yeah, like the way parents interact with their kids. My own children experienced divorce but I tried to help them through it and put their best interests first"	This teacher compares their own children's home life with their students experiences and highlights how as a parent this teacher helped their children not to have a traumatic experience through divorce.
Participant 2	Environmental Hazards
"I would say it's addiction to technology. Yeah, like the kids just don't want to ever put their phones down." "And then they're never getting face to face conversations and they're never having real conversations because they can't read tone in text or, you know, they just share this crazy stuff on social media. That's just detrimental to their brains."	While addiction to technology is not a categorial ACE, there could be the possibility of neglect from parents due to a lack of awareness of how smart phone use can negatively affect students.
Participant 3	Preparedness

"I don't want to get into their mental health. I don't want to Yeah, it's awful to say but I don't want to know all that stuff because I don't know what to do with it once I have it. Yeah, and I don't want to open up that can of worms. Yeah. Because it is traumatic. And it's, you know, it's serious. Yeah. So, you want to take it seriously." "Maybe because I don't want to address trauma. People think I don't care. It's not that I don't care. It's that. I don't want to screw them up more. Cause more trauma by what I do with it, because I don't know what I'm doing with it."	Trauma-informed teaching empowers teachers to understand their roles and how to help students. This teacher is not prepared or open to learn about trauma-informed training. Additionally, they care about the students and want to provide safe care and is uncomfortable when students express intimate details of their lives through art.
Participant 4	Homelife
"Leading causes could be home life, and cell phone use like isolation"	Isolation could be a result of lack of connection due to overuse of cell phones.
Participant 5	Home Life and Environment
"I think a lot of it is family dysfunction and kids who do know who their friends are, like they don't really know who to go to or to trust and they get stabbed in the back a lot by each other" "higher rate of drug use than any administrator would ever admit"	Friends and peers are not on the list of ACEs, but relationships do affect a child's development. The drug use comment could be an outcome of a child with ACEs who is are unidentified as needing help in the school setting.
Participant 6	Lack of Trust and Resources
"Oh, honestly, I would say it's a lack of mental health resources. You know, like kids really do not have a safe place to just talk you know, about their issues." But, I mean, when you think about it in us, the kids you know, like we are you know, teacher, parent, you know, Guardian, on way more roles than I think teachers initially had. So, we do take on the role of a therapist, you know, and it's like, because some of the stuff that some of the kids tell you like, you know,	Schools need a list of mental health resources for teachers to inform students and parents of services available to them. Students will be more likely to share their experiences if they have support and rapport with an adult they know has their best interest in mind.

it's it's it can be a lot, you know, Oh, absolutely. You know, have you talked to your guidance counselor? Well, I don't like my guidance counselor."	
Participant 7	Lack of Family Support and Homelife
"Oh, I feel like the thing that kids openly talk to me the most about is just the feeling of being overwhelmed. And I think it's really interesting how open they are about that because I feel like in the past kids would just like grumble to their teacher like, they just kind of grumble behind your back about it, but I feel like in general, kids just feel overwhelmed about things. I [pause] Sometimes I don't know I'm struggling to come up with examples, but I know stuff does come up let's see with music. I don't know I feel like not a lot has recently just, I feel like mostly my kids will say, oh, I have too much going on. like that's what they taught me the most about. There's some individual cases, like, like I have a student that comes in before fifth period every day. And he tells me about stuff going on in his in his home life and sometimes I'm always I'm kinda like, I don't know if he should be telling me this, but it's not nothing too bad, but I can tell he's just venting to me about things that are going on. I've kids that tell me how overwhelmed, they are because they have to go to work."	Students need to be able to talk about their daily stressors. It is important for teachers to be trauma-informed to understand the differences between stressors and trauma. what stressors are and what a child who is traumatized can look like and the differences.
Participant 8	Environmental Hazards
"Need to be on technology and personal devices, cell phones "cell phones have completely changed our kids"	While addiction to technology is not a categorial ACE, there could be the possibility of neglect from parents due to a lack of awareness of how smart phone use can negatively affect students.

In conclusion, types of trauma such as home life, environmental hazards, preparedness, environment, lack of trust, and lack of family support were reported. Additionally, the interviewees identified varying leading causes affecting students based on their experiences and relationships with students. Two of the main causes identified by teachers were identified by technology such as "cell phone use" "technology" and "home life". The remaining causes teachers identified were, "family dysfunction", "overwhelmed", and "lack of mental health resources". One participant stated her discomfort with trauma due to her lack of preparedness and confidence, "I don't want to get into their mental health. I don't want to yeah, it's awful to say but I don't want to know all that stuff because I don't know what to do with it once I have it".

Teachers need professional development and training on what ACEs are because many of their observations are stressors but aren't necessarily due to trauma. Research on brain development in children under 18 explains that the brain develops based on relationships and experiences (Patterson & Vakili, 2013). Art teacher perspectives were insightful because they recognized that human connection significantly impacted students.

Theme 4: Perceptions of COVID-19 on mental health

This theme arose because of the following interview question: *Do you think the prevalence of teaching students with trauma is higher or lower since the COVID-19 pandemic?* This question aimed to understand what teachers thought about the role COVID-19 had in students' lives, and how it affected them. It is helpful to understand perspectives on the effects of COVID-19 on students' mental health to see if those perceptions reveal a need for professional development on trauma-informed training. The right side of the table identified the themes which emerged, perspectives and preparedness.

Table 10**:** *Theme 4: Perceptions of COVID-19 on Mental Health*

Participant 1	Perspectives
"Then we want to because like us mentally are thinking that COVID was such a traumatic experience that we need to be a little bit more [pause] I can't think of another word besides tolerance, you know, understanding of what they're maybe going through. I noticed like when they look at kids visually, I'm not sure about that. Like my behaviors aren't necessarily from COVID."	It is challenging for teachers to know what behaviors are due to COVID and what are unrelated.
Participant 2	Perspectives and Preparedness
"I mean, getting out of COVID-19 was such a challenging thing for all of us as teachers, let alone now we have to deal with the problems that came along with it, that we were trying to get our teaching habits back in place that we might not have spent as much time on the kids or I don't know not have like, even know what they're going through. Because can they even really express it all?" "It seems that COVID has created these kids to be more like so I guess, in into themselves or so attached to like social media and what the real world is not that they like don't know how to just be their own kids. Maybe it was because they were in isolation, and they were locked in their house for a while and they didn't have anything else to do and they fell into some bad habits which are then taking their mind. And the social media is taking their minds into these other places where it probably shouldn't be or, you know, who knows what their home lives were when, you know, they're zooming, go doing online school and stuff."	This teacher shared possible factors students deal with now post COVID-19. Students could have developed bad habits impacting their learning which isn't necessarily trauma.
Participant 3	Perspectives

"Oh my gosh, yes. The after the shutdown, these kids have come back with needs like they have never had before, because they cannot even think for themselves. They cannot figure out how to get started on anything. Like I need to pick this up and start drawing with my pencil so I need to have pencil. They'll sit there for an hour without a pencil"	"Oh my gosh, yes. The after the shutdown, these kids have come back with needs like they have never had before, because they cannot even think for themselves." This teacher believes COVID-19 had a direct effect on student learning and outcomes.
Participant 4	Perspectives
"Covid has definitely impacted students' ability to function and to act their age on their grade level"	"Covid has definitely impacted students" This teacher states that COVID-19 has impacted students academically.
Participant 5	Perspectives and Communication
"Don't know if it's necessarily COVID That is the reason why we're not getting information. I feel like we never got information"	"Don't know if it's necessarily COVID" This teacher was reflecting on information from guidance, students, and administrators on student mental health needs. Considering a lack of communication not as an outcome of COVID, but as a systemic problem before COVID occurred.
Participant 6	Perspectives
"absolutely. Here's the thing, because I only have these kids for a semester. It's like the problem is, is you realize it, and this is what it's from. And it's like, I think the thing that helps that is time Yeah, you know, because like you need time to like build the relationship you need time to, you know, the kid needs time. You know, to get used to the classes and that type of stuff. And we hit the ground running in my classes because I only have them for 18 weeks. So and you would think 18 weeks is a long time. But you know, when you're talking about kids being socially isolated for as long as they were socially isolated, like, the phones are like a huge issue. I mean, they were an issue before I think	This teacher noticed a change in students returning since COVID-19 with their cell phone use and lack of personal skills.

they're, they're 10 times more of an issue now because I think a lot of these kids tried to do school literally through their phones or with their phones. But I definitely noticed like the, the discussion and the interaction between students in class is a lot less with the groups after COVID It is getting better and again, time I think the more we distance ourselves from COVID the better it will get but I definitely noticed a difference."	
Participant 7	Perspectives
"like I definitely have some kids who I feel like I had to get out of a funk after COVID Like, hey, like a big thing I push with my kids is hey, you need to need to tell me your needs. Like I don't I can't read your mind. And I feel like I feel like I've had to do that so much more. So COVID And like, even pre here [pasuse] like, I felt like I my kids were more willing to talk their needs to me." "Yeah, and on the other of that, I feel that I have some kids who this is a very small group. I feel like I have some kids who, since COVID are willing to talk about their issues, but it's almost like they're putting it on a pedestal. That's a weird thing to say."	"I feel like I have some kids who, since COVID are willing to talk about their issues, but it's almost like they're putting it on a pedestal. That's a weird thing to say." This teacher notices that students are putting their mental health status out there for others to know about for attention seeking behavior as if having mental health issues are trendy and a positive social status way to identify as unique and special.
Participant 8	Perspectives
"Yes. And I don't know if it's as a result of that, or if now we're just because we all live that experience and we're all more hyper aware of it like I don't I don't know it's like the chicken and the egg. Our kids are not okay. As a whole, they're just not okay."	"Yes. And I don't know if it's as a result of that, or if now we're just because we all live that experience and we're all more hyper aware of it" There is uncertainty if student mental health needs are increasing because of COVID-19 isolation or if they were headed in that direction before, and/or if COVID-19 made it worse.

In conclusion, the qualitative responses reported a noticeable difference in students returning from COVID-19. The differences between the effects of trauma and stress according to Dr. Bessel van der Kolk, "life is full of stress, wherein your body can go back to feeling safe and calm, but trauma refers to stress so extreme that you can't return to baseline" (van der Kolk, 2021, para. 1). For some individuals, COVID-19 may have been traumatic, and for others COVID-19 may have been stressful but not been traumatic. According to the eight participants COVID-19 has impacted students in different ways. Some participants noticed a decrease in student's motivation to learn, for example participant 3 stated, "they cannot figure out how to get started on anything... like I need to pick this up and start drawing with my pencil, so I need to have pencil…they'll sit there for an hour without a pencil". Participant 2 conjectured that students have fallen into "bad habits" which are affecting their mental health since being home all the time during COVID-19. For example, she reported, "Maybe it was because they were in isolation, and they were locked in their house for a while, and they didn't have anything else to do and they fell into some bad habits which are then taking their mind. And the social media is taking their minds into these other places where it probably shouldn't be or, you know, who knows what their home lives were when, you know, they're zooming, go doing online school and stuff." Participant 7 reported, "like I definitely have some kids who I feel like I had to get out of a funk after COVID".

Trauma and ACEs can negatively impact learning and behavior. Academic research indicates that the higher the ACE exposure in early childhood-adolescence before the age of 18 outcomes lead to students less likely to engage in school, repeat a grade, more likely to be diagnosed with attention deficit hyperactivity disorder (ADHD), and bullying others (Webster, 2022). Teachers need trauma-informed training to understand the problem and causes so they can

offer supports and feel empowered to help students. All eight participants replied that they

noticed a difference in students' work ethic and behavior after COVID-19 including increased

cell phone use.

Mixed Results

Phase 1 quantitative and phase 2 qualitative results were integrated through the joining of

themes found in the data from the survey responses and interviews. According to Creswell and

Plano Clark (2018), "the researchers would not have been able to see clearly the results" without

a "joint display" table connecting the results (p. 238). Joint display tables are utilized in this

chapter to reveal the results from quantitative phase 1 followed by qualitative phase 2. The joint

display tables answered the four overarching research questions:

1. To what extent are arts and non-arts educators prepared to recognize and respond
   to students impacted by trauma and ACEs?

2. What professional development is needed to prepare arts and non-arts teachers
   with confidence in teaching students with trauma/ACES?

3. Do teachers think the prevalence of teaching students with trauma is higher or
   lower since the COVID-19 pandemic?

4. What are teacher perspectives on the leading cause of trauma affecting students?

Research Question 1: *To what extent are arts and non-arts educators prepared to recognize and*

respond to students impacted by trauma and ACEs?

Table 11 indicates results from phase 1 including the overall results, the years of experience

ANOVA, and the independent t-test on gender including male and female participants. The

qualitative phase 2 results described male and female perspectives. The quantitative data is

supported by the themes and responses that emerged from the qualitative data.

Table 11: *Research Question 1, Mixed Results*

Research Question 1	Phase 1 Overall Results	Phase 1 Years of Experience	Phase I Gender Comparison	Phase 2 Qualitative Results
To what extent are arts and non-arts educators prepared to recognize and respond to students impacted by trauma and ACEs?	All participants reported not being prepared to recognize and respond to students with trauma/ACEs.	An ANOVA was conducted with years of experience as the variable. No significant difference was found.	A t-test was conducted with gender as the variable. No significant difference was found.	Male and female participants both reported to be unprepared. Male: "I think every case is going to be, you know, different. Um, but as far as like the classroom goes, I mean, we're trained to, you know, recognize it and then kind of I mean, this sounds terrible, but like to pass it off. You know what I mean?" Female: "I wouldn't always know what to immediately say, like if some kids said something really serious to me. I don't know if I would instantly know what to do."

To conclude, in the quantitative phase 1 results all participants reported being unprepared

to recognize and respond to students with trauma/ACEs. The phase 1 t-tests measured

preparedness and gender which resulted in no significant difference between male and female

teachers. Arts and non-arts teachers were not prepared to teach students with trauma and ACEs.

The phase 1 ANOVA measured the extent of preparedness to years of experience which resulted

in no significant difference proving that teachers were unprepared regardless of if their years of

experience 0-9, 10-20, 21+ years. The qualitative results from phase 2 supported the quantitative

phase 1 t-test results where male and female participants reported feeling unprepared. The

qualitative male and female examples report the lack of preparedness from both genders. The

table indicates that across both phases of data analyses teachers were unprepared to be trauma-

informed in their teaching practices.

The second research question aimed to understand if professional development was

needed to prepare educators to teach students with trauma/ACEs.

Research Question 2: *What professional development is needed to prepare arts and non-arts*

teachers with confidence in teaching students with trauma/ACES?

Table 9 reported results from phase 1 including the overall results, the ANOVA based on years

of experience, and the independent t-test on gender including male and female participants. The

qualitative phase 2 perspectives describe and support the phase 1 male and female quantitative

results.

Table 9 - *Research Question 2, Mixed Results*

Research Question 2	Phase 1 Overall Results	Phase 1 Years of Experience	Phase I Gender Comparison	Phase 2 Qualitative Results
What professional development is needed to prepare arts and non-arts teachers with confidence in teaching students with trauma/ACES?	All participants reported a need for professional development focusing on trauma/ACEs.	An ANOVA was conducted with years of experience as the variable. No significant difference was found.	A t-test was conducted with gender as the variable. No significant difference was found.	Male and female both reported to be unprepared and in need of professional development. Male: "Um, but as far as like the classroom goes, I mean, we're trained to, you know, recognize it and then kind of I mean, this sounds

				terrible, but like to pass it off. You know what I mean?"
				Female: "I just don't always know if I have enough practice in doing it correctly, and that makes me not have the confidence to like, be able to do that in the classroom."

In conclusion, the quantitative phase 1 overall results showed that professional development was needed to prepare educators with confidence in teaching students with trauma/ACEs? The phase 1 t-tests measuring gender resulted in no significant difference meaning that regardless of gender, all educators needed professional development. The phase 1 ANOVA results indicated no significant difference between years of experience proving that teachers needed professional development regardless of if they had 0-10, 11-20, 21+ years of experience. The qualitative results from phase 2 supported the quantitative phase 1 t-test results. Male and female participants reported a lack of confidence to teach students with trauma and ACEs, and as a result were in need of professional development. The qualitative phase 2 results support the phase 1 quantitative results. All the results indicate that teachers need professional development to feel confident in teaching students with trauma and ACEs.

The third research question sought to understand the perspectives of teachers to understand if they thought the prevalence of students with trauma was higher or lower due to the COVID-19 pandemic. Research Question 3: *Do teachers think the prevalence of teaching students with trauma is higher or lower since the COVID-19 pandemic?*

Table 12 presents results from the phase 2 qualitative responses from the themes and

responses that emerged from the interviews.

Table 12**:** *Research Question 3, Mixed Results*

Research Question 3	Phase 2 Overall Results	Qualitative Responses from each interviewee participant
Do teachers think the prevalence of teaching students with trauma is higher or lower since the COVID-19 pandemic?	All participants reported a noticeable difference in students with trauma since COVID-19 pandemic.	"It seems that COVID has created these kids to be more like so I guess, into themselves." "The after the shutdown, these kids have come back with needs like they have never had before, because they cannot even think for themselves." "I definitely noticed like the discussion and the interaction between students in class is a lot less with the groups after COVID It is getting better and again, time I think the more we distance ourselves from COVID the better it will get but I definitely noticed a difference." "mentally we are thinking that COVID was such a traumatic experience that we need to be a little bit more, I can't think of another word besides tolerance, you know, understanding of what they're maybe going through." "I don't know if it's as a result of that, or if now we're just because we all live that experience and we're all more hyper aware of it" "Covid has definitely impacted students' ability to function and to act their age on their grade level." "I've noticed a difference in the type of student that kids are." "I definitely have some kids who I feel like I had to get out of a funk after COVID. Like, hey, like a big thing I push with my kids is hey, you need to need to tell me your needs."

To conclude, the qualitative phase 2 overall results indicated that all participants reported a noticeable difference in students with trauma since the COVID-19 pandemic. The phase 2 qualitative responses revealed what teachers' perceptions of trauma are. The interviewees indicated that the prevalence was higher since returning from the COVID-19 pandemic. Additionally, the qualitative interview responses revealed teacher's lack of knowledge of identifying trauma in students.

The fourth research question evaluated the perspectives of teachers to understand what they believed were the leading causes of trauma. Research Question 4: *What are teacher perspectives on the leading cause of trauma affecting students?*

Table 13 presented qualitative phase 2 results. The qualitative interview responses provided evidence and informed the qualitative results.

Table 13**:** *Research Question 4, Mixed Results*

Research Question 4	Phase 2 Qualitative Results	Qualitative Responses
What are teacher perspectives on the leading cause of trauma affecting students?	All participants reported that there were leading causes of trauma affecting students.	"I would say it's addiction to technology. Yeah, like the kids just don't want to ever put their phones down." JW "They don't know how to be nice to each other. They don't know how to talk to each other. They don't know how to be around each other. Because they've been isolated, especially those who were isolated during the pandemic." LR "Leading causes could be home life, and cell phone use like isolation" EH "I think a lot of it is family dysfunction, and kids who do know who their friends are" SS "Oh, honestly, I would say it's a lack of mental health resources. You know, like kids

		really do not have a safe place to just talk you know, about their issues. " SG
		"Oh, I feel like the thing that Kids openly talk to me the most about is just the feeling of being overwhelmed." EM
		"Need to be on technology and personal devices, cell phones "cell pones have completely changed our kids"CW
		"I just think automatically of home life but yeah, like the way parents interact with their kids. ShS

In conclusion, the phase 2 qualitative results reported that all 8 participants identified the leading cause of trauma from their individual perspectives. The qualitative responses reported their perceptions on the leading cause of trauma such as: addiction to cell phones, home life, isolation, lack of mental health resources where the teacher takes on the role of parent/guardian/therapist, and overwhelmed students. Table 14 expresses the qualitative responses next to the number of educators who thought these were the leading cause of trauma affecting students.

Table 14**:** *Leading Cause of Trauma*

Qualitative Response Data on Leading Cause of Trauma	Number of Participants
Home life affecting parent/guardian relationships	3
Cell phone "addiction" affecting the ability to form human connections in person	2
Isolation	1
Lack of mental health resources/ teacher takes on role of parent/guardian/therapist	1
Overwhelmed Students	1

In the qualitative responses the interviewees shared their perspectives on what they viewed was trauma. They did not mention adverse childhood experiences (ACEs) or provide insight into how they defined trauma which supported the quantitative results that teachers were found to be unprepared to teach students with trauma/ACEs.

Additional Findings

This section reported additional phase 2 qualitative findings from the interviewee perspectives which support the phase 1 quantitative results. Teachers reported not knowing if trauma was the cause for behavioral changes in students after returning to school from the COVID-19 pandemic. As a result of the COVID-19 pandemic shut downs there were about 10 million U.S. jobs lost out of 22 million jobs lost internationally

Teachers in this study taught students during COVID-19 through the timeline of shutdowns of schools in the district. The timeline included a period of time without any instruction, to full virtual learning, then to hybrid with asynchronous learning, and finally back to full time learning in person. Qualitative phase 2 interviewee responses reported teaching and learning through COVID-19 created isolation paired with unsupervised time for students. Teachers reported that students' may have not had parents/guardians monitoring social media and smart phones which could have contributed to the perceptions of what interviewees thought were the leading causes for trauma. For example, participant 8 stated, "Yes. And I don't know if it is as a result of that, or if now we're just because we all live that experience and we're all more hyper aware of it like I don't know it's like the chicken and the egg. Our kids are not okay. As a whole, they're just not okay." The "chicken and the egg" comment was when she was reasoning if student behavioral concerns were before the pandemic or were exasperated and made worse by the pandemic shutdowns. It is challenging for teachers to tell if trauma is a result from COVID-

19, although they all acknowledge notable changes for the worst since COVID-19. Based on teacher perspectives from the qualitative results on the leading cause of trauma, teachers need to understand what trauma and ACEs are and what behavioral changes, attitudes, and signs could be because of trauma/ACES.

Participant 2 highlighted the concern for students dealing with isolation as a leading cause of trauma, "Maybe it was because they were in isolation and they were locked in their house for a while and they didn't have anything else to do and they fell into some bad habits which are then taking their mind. The "bad habits" mentioned by participant 2 could be a result of neglect from a parent/guardian or a symptom of trauma, but it is not within itself trauma. This is an example that teachers are perceptive yet needed additional trauma-informed professional development on how to identify, report trauma, gain awareness of the prevalence of students' with trauma, and support students.

Chapter 5

Vulnerability of the Study

I am aware that there are barriers to preparing teachers through awareness of adverse childhood experiences because accompanying ACEs can be shame and fear in examining the reality that two thirds of the population have one or more ACEs (Harvard Public Health, 2020). Part of the power ACEs hold over individuals keeps them from healing because there is lack of awareness which adds to the silence of acknowledging ACEs as a part of the human experience (Burke Harris, 2018). If I could speak directly with the reader (you), it would be my preference to sit with a hot beverage of your choice, cozied up in front of a window overlooking a large pastoral landscape while discussing your thoughts on this study thus far. I would ask you your thoughts on the results in chapter 4 in relationship to what you think about

the topic of trauma and adverse childhood experiences. I would ask you if you felt you could be honest and vulnerable as I have been in this study and would ask permission to ask you a personal question. With discretion and care I would ask you if there was a time when you have had connections to anyone in your life who went through trauma or adversity, or if perhaps that person was you. My intentions would be to have a mutually beneficial discussion with compassion as a means for transformational change. I would ask what was helpful in the person's or your own resilience while suffering with trauma? I would ask this because research on childhood trauma reveals that a large part of intervention is the relationship and openness with adults on ACEs (Drexler, 2020). Safe, stable, nurturing adults can help children regulate their biological stress responses for them to function normally (Burke Harris, 2018; Drexler, 2020). Dr. Nadine Burke Harris, former Surgeon General of California and leader in ACEs intervention stated (2018) "One study showed that when individuals with four or more ACEs had the full range of buffering assets including a trusted adult whom they felt like they could say anything to or connect with—their self-reported childhood poor health, which included things like headache and abdominal pain and other pediatric diseases, dropped from 59.8 percent to 21.3 percent. It was a dramatic difference, and yet this information is not widely known or widely applied. That, for me, is the heartbreak." This profound statement by Dr. Burke Harris resonated with me as the source of my own heartbreak and the reason why I am advocating with this study for teachers to become trauma-informed to understand the positive impact they can have on students just by listening, being available, recommending care, and reporting ACEs (Drexler, 2020). Children under the age of 18 attending school interact daily with teachers and adults. Teachers interact with students more than their family doctors, school psychologists, and in unique circumstances more than their parents and guardians. The problem explored in this

dissertation points to the elephant in the room which this research investigated. The problem off

practice need to be considered in the field of education not just in Pennsylvania where this study

took place, but throughout the U.S, and on a global perspective. The reason for this bold

statement is due to the severity of the problem of practice affecting people's relationships, the

ability to learn, read, rest, interpret situations, self-regulate, and live a full life (Harris, 2018).

Summary of the Study

This study provided k-12 arts and non-arts educators within one district a seat at the table

of discourse on the National crisis affecting student behavior, learning, and well-being which is

adversity in the form of trauma and ACEs (Center for Youth Wellness, n.d.). This study

answered the following overarching research questions:

1. To what extent are arts and non-arts educators prepared to recognize and respond
   to students impacted by trauma and ACEs?

2. What professional development is needed to prepare arts and non-arts teachers
   with confidence in teaching students with trauma/ACES?

3. Do teachers think the prevalence of teaching students with trauma is higher or
   lower since the COVID-19 pandemic?

4. What are teacher perspectives on the leading cause of trauma affecting students?

The mixed methods action research study assessed teacher preparedness through two

phases of the sequential explanatory design. The quantitative phase 1 started with the survey of

67 k-12 participants within the same district as the researcher (Herr & Anderson, 2015).

Following the survey, the results were analyzed through two independent t-tests which revealed

that teachers were not prepared to be trauma-informed regardless of gender and if they were arts

or non-arts teachers. The final test was an ANOVA which also revealed that none of the k-12

teachers were prepared to be trauma informed regardless of years of teaching experience. In the following qualitative phase 2, k-12 arts and related arts teachers were selected to provide their experiences and perspectives on trauma-informed teaching preparedness. The eight semi-structured interviews investigated the quantitative findings further. The findings revealed an emergence of themes. Interviewees revealed that they cared tremendously for students and their lack of confidence in preparedness was not due to a lack of care. One finding from the results in chapter 4 was that teachers did not use the terminology from ACEs or acknowledge ACEs as the possible leading cause of trauma in students. The ability to identify students with trauma and report trauma was lacking and was an area of preparedness that teachers need training on. Interviewee responses revealed the need of training on trauma-informed teaching in order to learn new behavior management/classroom management skills to help students social and emotional wellbeing. The two phases of results were mixed together using joint-display tables revealing the overall results from both phases with evidence (Cresswell & Plano Clark, 2018).

This is the final chapter of this trauma-informed advocacy and investigation story. This final chapter is a bridge joining together the study results with implications and recommendations for educators, advocates, stakeholders, and those wanting to learn about the impacts of educator preparedness on trauma-informed awareness and practice. The results reveal the need for teachers to be prepared to teach students with trauma and ACEs.

Limitations

This study addressed the needs in my district regarding teacher preparedness. I am an insider/researcher in this investigative work. As mentioned in chapter three in the methodology section, the limitations of this study include the limited number of participants and localized perspectives to one school district in Pennsylvania. The study was conducted within one school

district, and the information came from 30% of all k-12 arts and non-arts educators in the district, and eight k-12 arts/related arts educators in the district. The survey was utilized to continue the knowledge to assess trauma-informed teacher preparedness by the Pennsylvania Department of Education (PDE).

The Value of Preparedness

There is a philosophical question deep within this study that investigates the disruption of the wellbeing of people, and what educators are doing about it. Education addresses aspects of the human spirit such as human development, human interest, human resilience, and humility. At the basic level it requires communicating information to others to learn something new. Teaching is an exchange between parties and the process of teaching is an art and a science. There is a science to how individuals learn, and each teacher finds their way of delivering material through the art of their practice along with unique personal attributes. As an educator of nearly 10 years and a student of 23 years, and an insider/researcher within this study I have witnessed the exchange of teaching and learning become disjointed and disrupted because of trauma and adverse childhood experiences (ACEs). As a society we need to value teacher preparedness and awareness of ACEs and trauma to help our children as they navigate the challenges on the journey to adulthood.

Results of the Study Summary

The quantitative and qualitative phases in chapter 4 revealed that teachers were not prepared to teach students with trauma and ACEs. This final chapter provided implications, recommendations, and addressed the ongoing need for continuing research and investigation on trauma-informed teacher preparedness which this study contributes to the field of education.

As revealed in this study many teachers did not know what adverse childhood experiences (ACEs) were or the impact on student's behaviors and learning. According to research on prevalence, up to two-thirds of children in the U.S. have experienced at least one type of trauma such as adverse childhood experiences: abuse, neglect, witnessing violence, a parent or guardian with mental health needs, divorce, etc. (CDC, 2019). The prevalence of students with trauma demand that teachers be prepared to teach students with trauma and ACEs. Trauma is the largest public health crisis our children face today (ACEs Connection, 2016; CDC, 2019; Harris, 2018).

Implications of Unprepared Teachers

The implications if teachers remain unprepared to teach students with trauma and ACEs are innumerable. The implications include barriers that limit teachers from becoming trauma-informed at the administrative level where policies are developed, within higher education at the level for pre-service teachers including teachers working towards higher ed degrees, as well as within the contexts of classroom environments within the school district within this study and beyond. The following sections address the implications of the barriers of teachers becoming trauma informed at various levels of the education community.

Implications at the Policy and Administrative Level

A major challenge for educators and administrators in becoming trauma informed is that there is currently not a dominant or consistent framework for trauma-informed teaching practices and pedagogy in policies in the U.S. (Marin et al., 2017; Thomas et al., 2019). According to the National Association of State Boards of Education (NASBE) School Health Database, "16 states required that teachers get professional development on trauma as of 2019." (NASBE, 2022, para. 3). States have autonomy in how they choose to adapt the principles from Trauma-Informed Care

(TIC) in the health field to trauma-informed teaching practices (Thomas, et al., 2019). Teaching from TIC principles are interpreted within various programs and policies which are instructed by educators to implement (NASBE, n.d., para. 3). Teachers need on-the-job training to adopt trauma-informed care methods (Thomas et al., 2019).

Possible reasons why teachers in this study were not prepared to help students with trauma-informed teaching could be due to a lack of knowledge within the education field of the prevalence and impact trauma has on children under the age 18 (ACEs Connection, 2016). Teachers in this study were not isolated in their lack of preparedness. It is likely that many teachers in the field assume that students do not have trauma or that there are not many students affected by it, but research shows it is unwise to make that assumption (Triesman 2016; Venet, 2018). For teachers to feel confident in trauma-informed practices, Martin et al. (2017) suggests a shift in mindset, "becoming trauma-informed involves a shift in culture, practice, and theoretical framework" (p. 965). In response to trauma as the "hidden health crisis" in 2021 the U.S. Surgeon General created two National advisories titled, "Protecting Youth Mental Health" and "Social Media and Youth Mental Health" (ACEs Connections, 2016; Murthy, 2023). The advisories suggested for educators to be trained in social and emotional learning (SEL) and trauma-informed training (Murthy, 2023). The original 1994 ACE study from the CDC found childhood trauma was significantly more pervasive than previously thought by educators (CDC, n.d.; Venet, 2018). To summarize, a barrier for why teachers may not have trauma-informed training is lack of consistency in the type of training available for educators, and the lack of policy from leaders in the education community mandating trauma-informed practices be taught and presented as professional development as a teacher requirement for certification and practice once a certified teacher.

Implications in Higher Education for Pre-Service Teachers

Research in trauma required me to investigate developmental psychology and the impacts of trauma on development based on psychology, neuroscience, and biology. While teachers do not need to know the ins and outs of and in-depth research on the effects of trauma on children during each developmental stage; however, knowledge of developmental psychology is useful for teachers to understand how students learn through developmental stages. The research from chapter two paired with the lack of preparedness of the study on trauma's impact development of early childhood and adolescence led me to wonder about the training undergraduate and post-baccalaureate teachers receive in education programs regarding psychology course requirements. I reviewed course checklists from local Pennsylvania colleges/universities to investigate psychology courses offered. I found through checklists that elementary education prek-4 programs require education majors to take two psych classes, child psych and educational psych but not additional cognitive or general psych classes. Whereas special education majors certified in prek-12 are required to take child psych, educational psych classes, and an additional general psych class in their program checklists. Alarmingly, at a university local to the study setting the k-12 principal certification program and elementary ed 4-8 certifications in language arts, science, reading, and history do not require psych classes in their undergraduate programs. Students in middle school go through rapid changes as they leave early childhood and enter adolescence (Dulmus & Hilarski, 2006). It is possible that the lack of familiarity on developmental, cognitive, and behavioral psychology content could be an added barrier to the preparedness of teachers to have trauma-informed awareness and practices. It is possible that the lack of psychology courses required in teacher education programs is a theme across many states and college preparatory programs.

The qualitative results from the interviews revealed a gap in knowledge of basic concepts from general psychology courses. For example, Maslow's hierarchy of needs from the theoretical framework in chapter two revealed the basic human need for a sense of belonging (Maslow, 1943; Maslow, 1987). A consideration that is imperative to student success in healing from trauma is teachers who are knowledgeable of concepts in psychology such as familiarity with topics such as cognitive, developmental, and abnormal psychology. Abnormal psychology is important because children come to school with parents who have mental health and prolonged illnesses. Cognitive and developmental psychology investigate topics which educators find useful including how people acquire, perceive, process, and store information (American Psychological Association, n.d.). Cognitive psychology explores relationships between cognition and emotion which are disrupted by trauma (Chew & Cerbin, 2021).

Fostering and inviting students to become a valuable part of the learning community can create a sense of belonging and help students who are traumatized feel safe and establish healthy relationships (Campbell, 2011). Teachers should be trained to understand that a sense of belonging is a fundamental need, and if a student feels safe and belongs to a community, they are more likely to become curious and open to learning in that environment (Center for Whole Child Education, n.d.; Maslow, 1987). Concepts from the psychology field helps teachers understand the science of how people learn by applying concepts to reach all students. A healthy practice for educators to adopt is for teachers to assume that all students have trauma and ACEs, so they foster sense of belonging for all students.

In conclusion, the implication of this study's overall results revealed that educators were unprepared due to lack of trauma-informed teaching training. These results could be due to the

lack of psychology course requirements in teacher certification programs within the state of PA where the study was conducted.

Implications of Classroom Pedagogy

Another possible barrier of teacher's lack of trauma-informed preparedness and confidence could be due to unfamiliarity on knowledge of the benefits for student health outcomes through implementing trauma-informed practices. An example of unfamiliarity and lack of confidence among teachers regarding trauma arose while completing the participant recruitment process in my dissertation research within the study. When I was handing out the IRB approved recruitment letter with the possible participants there was a large number of k-12 teachers uncertain if they wanted to participate. There were a handful of teachers that told me they thought the topic of trauma-informed teaching was "just a check in the box" from administration and that they were not sure trauma-informed teaching was helpful. As I explained the participant approved IRB forms, I reassured these teachers that this survey was for my research only, and that they would remain anonymous. I explained that the study was to evaluate the truth of their perspectives on trauma-informed preparedness. Some teachers remained uncertain about sharing their perspectives and did not participate in the survey. Others agreed to participate once they understood the process and goal of the study after my affirmation about the intent of the study. I appreciated their honesty, and considered why they felt that trauma-informed teaching was just a check in the box and not something applicable. It struck me that there could be a stigma attached with the term trauma as well as misconceptions on the meaning and prevalence. Educators are not trained therapists or psychologists; therefore, they may feel out of their wheelhouse when considering teaching the whole student and applying trauma-informed principles as a part of their pedagogy.

In the overall results of this study there was a lack of confidence of trauma-informed teaching practices. The qualitative results revealed that educators had a lack of confidence to identify what defined trauma. Additionally, they expressed a lack of confidence of how to report trauma, and best practices for student needs.

Additional Implications of Unpreparedness

The number of ACEs a child experiences before the age of 18, called an ACE score, is crucial in determining long-term health outcomes (Drexler, 2020). According to a report by Harvard Public Health (2020) "In November 2019, the CDC published a surveillance study of 25 states, conducted between 2015 and 2017, finding that 15.6 percent of adults reported four or more types of adverse childhood experiences. If these ACEs could have been prevented, the agency found, 1.7 percent of cases of overweight or obesity, 23.9 percent of cases of heavy drinking, and 44.1 percent of cases of depression could have been averted. Meanwhile, according to the Center for Youth Wellness, an estimated 35 million children in the U.S. currently suffer from toxic stress." Childhood adversity also known as trauma/ACEs has long-term consequences for society. Untreated and unrecognized ACEs are detrimental to health and wellness for future generations (Burke Harris, 2018). The initial ACE study found strong relationships between abuse and household dysfunction during childhood with a variety of health outcomes including the leading causes of death in adulthood in the U.S. which is heart disease (Felitti, 1998; National Library of Medicine [NLM], 2022). The study found that adults who had four or more ACEs were 12 times more likely to develop alcoholism, drug use, have anxiety, depression, and suicidal ideation/suicide (National Library of Medicine, 2022). The correlation between health outcomes and ACEs have been studied for years and present the findings through research that untreated ACEs have negative health outcomes including diabetes, cancer, and

heart disease (Felitti, 1998; NLM, 2022). It is known that ACEs have a stronghold over

individual health which affect a students' lifetime.

Implications for the school district within in the study revolve around the main themes:

communication, confidence, preparedness, and perspectives which emerged from the interviews.

In the interviews, the arts teachers reported needing communication from guidance counselors

regarding students identified with ACEs and trauma. Teachers reported not feeling confident or

prepared to teach students with trauma and ACEs and did not use ACEs or trauma vocabulary

and vernacular in their descriptions of what they thought the leading cause of trauma were. They

shared perspectives on the changes they noticed in students since returning to school in person

since COVID-19. In conclusion, the implications of teachers not being prepared to teach students

with ACEs and trauma affect their ability to know how to help students and identify the needs

they have.

Implications of COVID-19

The COVID-19 pandemic increased exposure to ACEs in children under the age of 18

due to increased death and/or separation of a caregiver/guardian, loss of employment (National

Child Traumatic Stress Network [NCTSN], 2021; Taylor, 2021). In fact, it is known that

between April 2020 and June 2021 over 140,000 children in the U.S. lost a parent/guardian due

to COVID-19 (Hillis et al., 2021). Due to the high prevalence of trauma the educational

community and teachers are called to identify and utilize trauma-informed teaching practices.

Educators need to know the implications to enhance and sharpen the effectiveness of teachers in

the field.

Recommendations

Following the implications of the barriers in the educational community limiting trauma-informed teaching are recommendations for three tiers of education (Perry & Imig, 2016). These recommendations are categorized through a tier of support, CPED calls a "bottom-up effort by top-down supports" (Perry & Imig, 2016, para.1). The tiers of support mirror the categories of the implications starting with the policy and administrative level, followed by colleges and institutions, and lastly, teacher classrooms. Within each category the overall results and qualitative results of the research were analyzed, and recommendations are suggested based on the four themes from the interviews: preparedness, confidence, communication, and perspectives. The recommendations provide a board and local target. These recommendations are solution focused of what could occur within schools outside of the study, and within the study setting to help teachers become trauma-informed.

Policy and Administrative Level

Administrators and policy makers in education need be called to action to increase awareness on ACEs and prioritize trauma-informed teaching with policy and professional development in school settings under educational leadership. This study revealed the problem that teachers do not know what ACEs are and are not confident or prepared to help students with resilience in response to trauma. Research on trauma-informed preparedness outside of this study revealed similar findings that on average teachers lack knowledge on trauma and ACEs (Marquez-Aponte, 2020). Administrators and policy makers are in positions to prioritize training and professional development on identifying and reporting trauma (Chafouleas et al., 2018).

Examples from the qualitative interview responses expressed the perspectives of lack of preparedness of how to respond to trauma. Participant 5 shared her lack of preparedness to know

how to report and what to do with knowledge of a child's trauma when she said, "Sometimes I'm better at identifying things and I'm doing something about it, because sometimes I don't know what to do with it." Participant 4 said, "There is way more that I need to know and as a whole our school isn't trauma informed for teachers either. Teachers also have many things they deal with and the whole system is not trauma informed." Participant stated 3 said, "I wouldn't always know what to immediately say, like if some kids said something really serious to me. I don't know if I would instantly know what to do." There needs to be additional trainings besides mandated reporter training initiated by administrators for teaching faculty.

A recommendation for administrators within the school district where the study was conducted and for administrators outside of the study are to inform teachers utilizing the social and emotional learning framework (CASEL, n.d.). CASEL follows a framework backed by research and designed as program of support and training to cultivate safe, caring, and supportive environments, and buffer against mental health risks (Durlak & Mahoney, 2022; CASEL, n.d.).

An important role of teachers and school environments is to create spaces of safety. All teachers in Pennsylvania are mandated reporters and undergo mandatory training. It is important to note that mandated reporting is not a replacement for trauma-informed professional development (Pennsylvania Child Welfare Information Solution, n.d.). Instead, mandated reporter training would pair well with trauma-informed training. Administrators and policy makers could create a research study measuring the outcome of SEL programs such as CASEL on student populations. Studies like this could be implemented for them to make informed decisions on selecting the best programs for schools to utilize in becoming trauma informed.

A recommendation for administrators including the building principals within the study could provide professional development in the form of a book club. The book club is a solution-

focused professional development training. PD rarely includes teachers' years of teaching experience, expertise, and concerns in the planning and implementation relevant to teachers (White, 2016). Educators are passive in the learning process (Blanton & Brommel, 2019). The book club would become a modality to inform and transform educators using the four I's of transformational leadership theory, as explored in the theoretical framework (Nickerson, 2021). This book club would serve as a way for educators to discuss their thoughts as ongoing conversations and changed perspectives as trauma-informed awareness increases among educators.

Recommendations for Higher Education within Institutions

Implementing aspects of trauma-informed care (TIC) into teacher preparatory programs can be achieved through a crossdisciplinarity approach of learning and teaching (Miller, 1982). According to Miller (2020) "Crossdisciplinary approaches involve real interaction across the conventional disciplines, through the extent of communication" (para. 2). An example of synthesizing a crossdisciplinary approach to implementing TIC in education preparatory programs could be during the lesson planning stages. During lesson plan pedagogy instruction professors could teach students the principles of TIC such as safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment voice and choice, cultural, historical, and gender issues (CDC, 2020). These principles are a part of the lesson planning process yet could be taught specifically to address trauma awareness.

Perspectives from arts teachers within the results of the study revealed that they want training on how to include trauma-informed practices. A recommendation that would help teachers in this study and pre-service teachers could start with the lesson planning process. Educators could be asked to consider TIC principles though effectively integrating them into

lesson planning using Bloom's Revised Taxonomy of Learning terminology. Bloom's Revised

Taxonomy of Learning from 2001 is titled, *A Taxonomy for Teaching, Learning, and*

Assessment. According to Armstrong (2010) this updated Bloom's Taxonomy use verbs to label

categories that describe the cognitive process in the lesson planning stage. The categories were

presented as "skills and abilities," with the understanding that knowledge was the necessary

precondition for putting these skills and abilities into practice (Armstrong, 2020). Education

students are taught to consider the skills, abilities, knowledge, and possible dispositions in a

lesson plan through action words which direct the learning through the content knowledge

(Anderson & Krathwohl, 2001). Bloom's taxonomy is a pre-existing staple of learning taught

within education programs across the U.S. (Armstrong, 2010). The fundamental content taught to

budding educators in teacher preparatory programs is where equity, diversity, and inclusion

through trauma-informed care principles of peer support, collaboration and mutuality,

empowerment voice and choice, could be considered in lessons for students (Armstrong, 2010;

CDC, 2020). Bloom's taxonomy of learning through vocabulary enhances lesson planning

(Armstrong, 2010). Lesson planning is a fundamental part of participants daily teaching practice

and pre-service teachers' formal education. Lesson planning can be addressed through

considering dispositions, communication, and collaboration of guidance counselors together in

the learning process as a means to foster positive relationships as resiliency from adverse

childhood experiences (Anderson & Krathwohl, 2001; Burke Harris, 2018; Drexler, 2020).

          In conclusion, arts teacher participants revealed their need for communication

between teachers and guidance counselors as a part of their preparedness and confidence to

become trauma informed. This section provides solutions for teachers in the school district where

the study was conducted and pre-service teachers through effective lesson planning around TIC

principles and collaboration between guidance counselors and educators.

Recommendations for Classroom Pedagogy within the study setting

Teachers are uniquely poised to deliver trauma-informed practices by being a buffering

adult to support students with adversity (Burke Harris, 2018; Costa, 2017). Teachers have the

responsibility to create learning opportunities that foster a sense of belonging among students

through pedagogy. Research shows that through a sense of belonging students make meaningful

connections which are detrimental to resilience from ACEs (Burke Harris, 2018; Drexler, 2020;

Maslow, 1987). The following pedagogical approaches are suggested as recommendations of

what teachers can do to implement the buffering effects of a holistic learning environment that

considers the whole child's wellbeing as resilience to trauma (Campbell, 2011). These

recommendations can be implemented and adapted by educators from the school district where

the study was conducted along with k-12 educators across the U.S. in their classrooms. The

following pedagogical teaching recommendations are intertwined with best practices from a

trauma-informed care (TIC) and the conditions of learning developed by educator and researcher

Brian Cambourne.

Effective teaching pedagogy designed for teachers to structure learning more intuitively

and in a freeing way is through Brian Cambourne's conditions for learning (Crouch &

Cambourne, 2020). These conditions for learning increase the probability for student

engagement through the following: Expectation, Responsibility, Employment, Approximation,

and Response (Crouch & Cambourne, 2020, p. 77). These conditions are a framework that

intertwine with the principles from TIC listed in the theoretical framework in chapter two. The

TIC principles of safety, trustworthiness and transparency, peer support, collaboration and

mutuality, empowerment voice and choice, cultural, historical, and gender issues overlap with

how the conditions of learning are taught to be implemented (CDC, 2020; Crouch & Cambourne,

2020). The overarching goals of TIC principles and Camborurne's conditions both aim to greatly

increase the probability for students to feel of safety, belonging, while increasing learning

through relationships with "purposeful nurturing by discerning and deliberate teachers" (CDC,

2020; Crouch & Cambourne, 2020, p. 77).

Participants in the study revealed in the overall results the need for preparedness to teach

students with trauma and ACEs. There are existing teaching methods that cross into trauma-

informed care. The recommendations in this section reveal practices that teachers in this study

could be exposed to and explicitly taught.

Teachers can introduce students to collaboration and communication through peer

support, safety, and empowerment through expectations, responses, and responsibility of

learning. For example, a teacher could deliver their lesson by talking to students all together

extensively and then allow students to perform independent work demonstrating their

understanding. This allows students to have autonomy which is a principle in TIC. A teacher

could utilize principles of TIC and the conditions of learning by presenting the lesson through a

concept to students and then allowing them time to discuss or have a collaborative activity where

they engage with one another followed by a critique or summary of what they discussed with

each other through independent work or continued through the collaboration within partners or

groups. Teachers need to create learning environments of safety and trustworthiness in order for

students to feel comfortable sharing their work and freeing them to make mistakes (Durlak &

Mahoney, 2022). Ultimately, holistic teaching is a being trauma-informed because it considers

the whole child (Campbell, 2011; Crouch & Cambourne, 2020).

In conclusion, teachers can infuse their existing teaching methods and pedagogical approaches with the principles of TIC. Teachers in the school district where the study was conducted could benefit from Brian Cambourne's conditions of learning pedagogy and TIC. Professional development is valuable to grow teachers' confidence, preparedness, and communication around the topic of trauma-informed teaching practices.

Teaching with an Arts Perspective

Woven throughout this study teachers were identified as arts and non-arts teachers. Within arts subjects there exists self-expression, and storytelling. Due to the subjective nature of the arts themes of trauma can become apparent in student art. Art and mindfulness correlate and it is known through research that mindfulness can be a part of care children need recovering from trauma (Burke Harris, 2018). Mindfulness exercises can improve awareness of the body and that can be obtained through meditation, yoga, breathing exercises, or through the arts such as painting, drawing, acting, or dancing (Bashant, 2018). Well intended mindfulness programs in schools provide trainings for teachers across the U.S. I remember receiving trauma training at one of my former school district professional development sessions. During one of these sessions I was instructed to have my k-5 elementary students sit with soft music playing and ask them to practice mindfulness exercises where I was to guide them to be silent and to focus on their breath. I knew a little about developmental psychology and trauma at the time and had reservations about implementing this practice. van der Kolk, leading trauma psychologist brought awareness to research that for many traumatized people sitting still and noticing things can be overwhelming for children with trauma and ACEs (van der Kolk, 2014). Practicing mindfulness is helpful and is backed by research in psychology that it can help someone get out

of being locked into an emotional reaction, and can bring about a presence allowing it to unfold

and resolve itself in a way that is healing (Brach, 2013).

Additional Arts Perspective: Creating Resilience through the "Flow" State

In addition to trauma-informed care (TIC) and trauma-informed teaching pedagogy the

researchers of the "flow" state and of positive psychology have discovered the correlation

between art making and wellbeing. The researcher Mihaly Csikszentmihalyi grew up during

World War II in Europe and after he emigrated to the U.S. and wondered: "How come some

people bounce back from terrible trauma and others don't", and "what do you need in order to

live a happier life? (Grenville-Cleave, 2012). He studied artists, dancers, and chess players

because of how they engaged in their activities for the joy and love of doing them. He discovered

they had something in common which is engagement and the components that make up what he

called the "flow" state. Flow is known as "being in the zone" or engagement" and can be enjoyed

while doing work and finding the right balance between challenge and skill (Csikszentmihalyi,

2013). The contributing factors of the flow state are as follows and listed by Grenville-Cleave,

(2012):

    1. If what you are doing is a challenge but you're able to meet it

    2. if your goals are clear and you get immediate feedback on how you're doing

    3. if you feel completely absorbed by what you're doing, feel completely unified and one
       with your activity

    4. feel in control and not scared of failing

    5. Lose track of time as if it goes slowly or faster than expected

    6. its intrinsically rewarding, no feeling of self-consciousness

Art teachers have the amazing opportunity to create resilience in students suffering from the effects of trauma through the "flow" state by challenging students in projects they enjoy and supplying them with immediate feedback. Human nature seems to be always pulling towards finding rest and relaxation, yet Dr. Csikszentmihalyi (1990), stated "The best moments in our lives are not the passive, receptive, relaxing times . . . the best moments usually occur if a person's body or mind is stretched to its limits in a voluntary effort to accomplish something difficult and worthwhile". Creating beauty meant to inspire awe and wonder through art and human expression focuses on the eternal and lovely aspects of life which research commends as a way to healing from trauma as it is reconnective in the brain (O'Donohue,2018). There is another intriguing aspect to flow from a research study that relates to how k-12 and studio art courses in colleges and workshops are conducted in group settings that contribute to well-being. Researchers from St. Bonaventure University recruited students to participate in activities that would create flow in a team or individually (Walker, 2008). Students rated flow more enjoyable in a group or team setting than when alone and reported it a joyful experience when interacting with one another and talking while the skill and challenge levels were equal (Walker, 2008). Art teachers create collaborative and communicative experiences daily for students.

Teachers need to learn about the prevalence of trauma to understand the likelihood that they will encounter students with learning and behavioral needs due to trauma and ACEs; therefore, need to learn how to teach with a trauma-informed approach. Traumatized students are likely to have difficulty with self-regulation, negative thinking, being on high alert in circumstances, difficulty trusting adults, have inappropriate social interactions, and can show signs of aggression (Lacoe, 2013; Terrasi & de Gararce, 2017). Neurobiologically, if students do not feel safe, known, and cared for they cannot learn (Aupperle et al., 2012).

In the Psychological First Aid (PFA) developed by the National Child Traumatic Stress network and National Center for PTSD, "the first PFA core action refers to building a trusting relationship with a child and establishing contact so that he or she feels that someone is available and that an adult will listen, validate, support, and care for them. (Field et al., 2017, 174). Teachers need to be proactive and responsive to their students. For students with ACEs and trauma small changes teachers use in the classroom can foster feelings of safety, and they have the potential to greatly impact a student's ability to learn (Minahan, 2019). Small changes in teaching create great impact. This is an example where no small act is too small to make a great positive impact on students.

Advancement in ACEs Studies

Since writing this dissertation there have been recent advances of studies about ACEs. Webster (2022) suggests that "The initial ACE study found a strong relationship between exposure to abuse or household dysfunction during childhood and multiple health risk factors for the leading causes of death in adulthood. In their research Felitti et al., found that adults who had experienced 4 or more ACEs showed a 12 times higher prevalence of health risks such as alcoholism, drug use, depression, and suicide attempts. These findings raised awareness about the connection between childhood experiences and outcomes as an adult."

In addition to the original ten types of adverse childhood experiences that originated in the 1998 ACE study conducted by the Center for Disease Control and Prevention (CDC) and Kaiser Permanente Insurance the new proposed ACEs being studied are known as adverse childhood community environments (CDC, n.d.). These events negatively impact children's ability to learn (Ellis, 2020; Jamieson, 2020). In addition to the adverse childhood community environments are additional ACEs in figure 21 (Center for Child Counseling, n.d.). Two of these

ACEs under consideration include "bullying or harassment in school", and "treated badly because of race, sexual orientation, place of birth, disability, or religion" (Center for Child Counseling, n.d.). As revealed in chapter 4 there is interviewee evidence from the ACEs from the qualitative interviews on what interviewees identified as trauma. For example, Participant 5 reported her thoughts on the leading cause of trauma when she stated, "I also feel like kids who don't know who their friends are, like, they don't really know who to go to or to trust and they get stabbed in the back a lot by each other. Yeah. And I know that our school district particularly has a much higher rate of active drug use than any administrator would ever admit." The community event which the proposed ACEs impacted students greatly were the COVID-19 pandemic shutdowns. There were about 10 million U.S. jobs lost out of 22 million jobs lost internationally (Kuhfeld, et al., 2022). To address the interviewees perceptive on drug use, the National Library of Medicine concluded through a study that there are two main reasons why adolescents have drug use; either to enhance a positive state, or cope with a negative state (Dow & Kelly, 2013). There is a correlation of ACEs and drug use based on negative environment, or exposure to parents/guardians/siblings who use drugs and alcohol to enhance or cope (Dow & Kelly, 2013). The results within this study revealed that teachers did not use ACEs terminology in their responses because they were unprepared to do so. Interviewee responses and observations of their experiences and perspectives demonstrated that they encountered students with ACEs, but were missing the next step of how to implement trauma-informed teaching into their practice which would help their student population.

Figure 21: *ACEs Under Consideration*

Adverse Childhood Experiences

10 ACEs

Parental Divorce or Separation
Caregiver in Jail or Prison
Caregiver Depression, Mental
Illness or Suicide Attempt
Domestic Violence or Threats
Emotional Abuse or Neglect
Sexual Abuse or Exposure
Food, Clothing or Housing
Insecurity
Physical Abuse, Hitting or
Slapping
Caregiver Problem with Drugs
or Alcohol
Felt Unsupported, Unloved and
Unwanted

ACEs Being Studied

Placement in Foster Care
Bullying or Harassment
at School
Parent or Guardian Died
Separated from Caregiver through
Deportation or Immigration
Medical Procedure(s) or Life
Threatening Illness
Frequent School or Neighborhood
Violence
Treated Badly Because of Race,
Sexual Orientation, Place of Birth,
Disability or Religion

Source: Center for Youth Wellness, ACE Questionnaire

Intergenerational Transmission

Adverse Community Environments

Poor Housing Quality
and Affordability
Discrimination
Deterioration of Physical
Environment
Lack of Access to
Educational Opportunities
Low Sense of Collective Political and
Social Efficacy

Intergenerational Poverty
Lack of Opportunity and
Economic Mobility
Poor Transportation
Services or System
Community Disruption
Damaged Social Networks
and Trust
Unhealthy Products
Long-Term Unemployment

Adapted From: Ellis W. Dietz BCR Framework *Academic Peds* (2017)

Social-Cultural Environment   Physical Environment   Economic Environment

©Center for Child Counseling

(Center for Child Counseling, n.d.)

Closing Comments

Compassion and sensitivity are major parts of the motivation for researching the topic of

trauma-informed teaching preparedness. Compassion and sensitivity have been a part of my

original philosophy of education which I developed as a pre-service teacher when completing my

k-12 art education certification. The hope that I have from the results of this study is that now

there is a baseline of truth which can be acknowledged and acted upon. Based on the data

analyses, this study's findings suggested that teachers need to increase their awareness and

understanding of trauma-informed teaching in their practice and pedagogy to reach the

overwhelming majority of students in the U.S. population with Adverse Childhood Experiences

(ACEs).

As a teacher/researcher/practitioner I have discovered through this action research study

that I am on the threshold of a timely need. As an insider and researcher, I have made

recommendations for my district and a broader audience of educators in the U.S. The time has

now come to listen, assess, and act on behalf of children and adults in our society by moving the

education field forward to meet the needs of teachers and students. As a transformational leader,

identified in transformational leadership theory, I aim to lead by idealized influence within my

school district by achieving the publication and research revealed and conducted within this

study. Transformation starts with my mindset and is given as a gift to others as this research

advocates for all students to have equitable outcomes while advocating for educators to become

transformed by the truths woven throughout and revealed in this study.

References

Abrahams, N., Casey, K., & Daro, D. (1992). Teachers' knowledge, attitudes, and beliefs about

child abuse and its prevention. Child Abuse & Neglect, 16(2), 229-238.

https://doi.org/10.1016/0145-2134(92)90030-U

ACEs Connection: A Community-of-Practice Social Network. (2016). *Childhood trauma:

America's hidden health crisis.* http://www.acesconnection.com/clip/childhood-trauma-

america-s-hidden-health-crisis

Adler, R. H. (2022). Trustworthiness in Qualitative Research. *Journal of Human Lactation*,

38(4), 598–602. https://doi.org/10.1177/08903344221116620

Administration for Children and Families (2020, January 15). *Child abuse, neglect data

released.* 29th edition of the child maltreatment report.

https://www.acf.hhs.gov/media/press/2020/2020/child-abuse-neglect-data-released

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders,

fourth edition, text revision [DSM-IV-TR] (pp. 467-468). Washington, DC: American

Psychiatric Association.

American Psychiatric Association. (2010). *Trauma and stressor-related disorders. American

psychiatric Association: SDM-5development.* Retrieved from

http://www.sdm5.org/proposedrevision/pages/TraumaandStressorRelatedDisorders.aspx

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders

(5th ed.). Washington, DC: Author

American Psychological Association. (2020). *In APA dictionary of psychology*. Retrieved

    February, 4, 2023, from https://www.apa.org/topics/resilience/

American Psychological Association. (n.d.). *Cognitive psychology explores our mental*

    processes. https://www.apa.org/education-career/guide/subfields/brain-science

Anderson, L. W., Krathwohl, D. R. (2001). *A taxonomy for learning, teaching, and assessing: A*

    Revision of Bloom's Taxonomy of Educational Objectives. New York: Longman.

Armstrong, P. (2010). Blooms taxonomy. Vanderbilt university center for teaching. Retrieved

    January 11, 2024 from https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonony/.

Aupperle, R. L., Melrose, A. J., Stein, M. B., & Paulus, M. P. (2012). Executive function and

    PTSD: Disengaging from trauma. *Neuropharmacology, 62*(2), 686–694.

Bashant, J. (2020). Building a trauma-informed, compassionate classroom: strategies and

    activities to reduce challenging behavior, improve learning outcomes, and increase

    student engagement. PESI. *ProQuest Ebook Central*,

    https://ebookcentral.proquest.com/lib/kutztown-ebooks/detail.action?docID=6741024.

Bass B. M., Avolio B. J. (1994). Improving Organizational Effectiveness Through

    Transformational Leadership. Thousand Oaks, CA: Sage.

Bath, H. (2008). Calming together: The pathway to selfcontrol. Reclaiming Children and Youth,

    16(4), 44-46.Barnard Center for Engaged Pedagogy (2021), *Transition to In-Person*

    Teaching, https://cep.barnard.edu/transition-person-teaching

Baumfield, V., Hall, E., & Wall, K. (2008). *Action research in the classroom.* Thousand Oaks,
    CA: SAGE.

Bekhet, A. K., & Zauszniewski, J. A. (2012). Methodological triangulation: an approach to

    understanding data. *Nurse researcher*, *20*(2), 40–43.

    https://doi.org/10.7748/nr2012.11.20.2.40.c9442

Blanton, B. S., Broemmel, A. D., & Rigell, A. (2020). Speaking volumes: Professional

    development through book studies. *American Educational Research Journal*, *57*(3),

    1014–1044. https://doi.org/10.3102/0002831219867327

Bell, M. & Singh, M. (2017). Implementing a collaborative support model for educators

    reporting child maltreatment. Children & Schools, 39(1). 7-14.

Blodgett, C. & Dorodo, J. (2016). *A Selected Review of Trauma-Informed School Practice and

    Alignment with Educational Practice.* Washington State University Extension, Child and

    Family Research Unit.

Bogdan, Robert C., and Sari Knopp Biklen. (2007). *Qualitative Research for Education: An

    Introduction to Theories and Methods*. 5th ed., Pearson.

Bowlby, J. (1988). A secure base: Parent–child attachment and healthy human development.

    New York, NY: Basic Books

Bowlby, J. (1980/1998). *Attachment and loss: Vol. 3 Sadness and depression. Attachment and

    loss.* London, United Kingdom: Pimlico.

Boyd, J., W.S. Barnett, E. Bodrova, D.J. Leong, & D. Gomby. 2005. "Promoting Children's

    Social and Emotional Development Through Preschool Education." Policy brief. New

    Brunswick, NJ: NIEER.

Brach, T. (2014). *True refuge: Finding peace and freedom in your own awakened heart.* Bantam.

Bradley, B., Davis, T. A., Wingo, A. P., Mercer, K. B., & Ressler, K. J. (2013). Family

environment and adult resilience: contributions of positive parenting and the oxytocin

receptor gene. *European journal of psychotraumatology*, *4*(1), 21659.

Brady, A-M., Byrne, G., Doyle, L. (2009) An overview of mixed methods research. *Journal of

Research in Nursing*. 2009;14(2):175-185. https://doi.org/10.1177/1744987108093962

Briggs-Gowan, M. J., Ford, J. D., Fraleigh, L., McCarthy, K., & Carter, A. S. (2010). Prevalence

of exposure to potentially traumatic events in a healthy birth cohort of very young

children in the northeastern United States. Journal of Traumatic Stress, 23, 725–733.

Brunzell, T., Stokes, H. & Waters, L. (2019). Shifting teacher practice in trauma-affected

classrooms: practice pedagogy strategies within a trauma-informed positive education

model. *School Mental Health 11*, 600–614. https://doi.org/10.1007/s12310-018-09308-8

Campbell, L.H. (2011). Holistic Art Education: A Transformative Approach to Teaching

Art, Art Education, 64:2, 18-24, DOI: 10.1080/00043125.2011.11519116

CASEL. (n.d.). *Advancing social and emotional learning. Casel.* https://casel.org/

Center for Child Counseling. (n.d.). *ACEs toolkit.*

https://www.centerforchildcounseling.org/programs/fightingaces/acestoolkit/

Center for Whole Child Education. (n.d.). *Environments filled with safety and belonging.*

https://turnaroundusa.org/environments-filled-with-safety-and-belonging/

Center for Youth Wellness. (n.d.). *ACEs and Toxic Stress.* Center for Youth Wellness.

https://centerforyouthwellness.org/ace-toxic-stress/

CDC. (2019). Adverse childhood experiences. Retrieved

from www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

CDC. (2020, September 17). *Infographic: 6 guiding principles to a trauma-informed approach.*

https://www.cdc.gov/orr/infographics/6_principles_trauma_info.htm

CDC. (2024, January 17). *Leading causes of death*. National center for health statistics.

https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm

Cerney, M. S. (1995). Healing the past: An incest victim's journey back to health guided by

psychological testing in her treatment process. *Rorschachiana*, *20*(1), 112.

Chew, S. L., & Cerbin, W. J. (2021). The cognitive challenges of effective teaching. *The Journal*

of Economic Education, *52*(1), 17-40.

Clandinin, D. J. (2016). En*gaging in narrative inquiry.* Routledge.

Cohen, J., Mannarino, A., & Deblinger, E. (2006). Treating trauma and traumatic grief in

children and adolescents. New York: Guilford Press.

Cook, J. M., Simiola, V., Hamblen, J. L., Bernardy, N., & Schnurr, P. P. (2017). The influence of

patient readiness on implementation of evidence-based PTSD treatments in Veterans

Affairs residential programs. *Psychological Trauma: Theory, Research, Practice, and*

Policy, 9(Suppl 1), 51-58. https://doi.org/10.1037/tra0000162

Cresswell, J. W., Plano Clark, V. L., Gutmann, M., & Hanson, W. (2003). Advanced mixed

methods research designs. In A. Tashakkori & C. Teddlie (Eds.) Handbook of mixed

methods in social & behavioral research (pp.209-240). Thousand Oaks, CA: Sage.

Cresswell, J. W. (2012). Educational research: Planning, conducting, and evaluating quantitative

and qualitative research (4th ed.). Upper Saddle River, NJ: Merrill Prentice Hall.

Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among*

five approaches. Sage publications.

Cresswell, J.W. (2017). Mindfulness interventions. Annual Review of Psychology, 68(1), 491-516). https://doi.org/10.1146/annurev-psych-042716-051139

Crouch, D. & Cambourne, B. (2020). *Made for learning: How the conditions of learning guide teaching decisions.* Richard. C. Owen Publishers, Inc.

Csikszentmihalyi, M. (2013). Flow: The psychology of optimal experience. New York, NY: Random House.

Cuno, K. & Umylny, P. (2016). Two Generations, One Future: Supporting Parent-Child Relationships in Primary Care [PowerPoint slides]. Retrieved from http://www.nysecac.org/files/4714/6660/2179/Adverse_Child_Experiences_PPT.pdf

Curry, L. A., Nembhard, I. M., & Bradley, E. H. (2009). Qualitative and mixed methods provide unique contributions to outcomes research. *Circulation*, *119*(10), 1442–1452.

Davis, L. L., English, B. A., Ambrose, S. M., & Petty, F. (2001). Pharmacotherapy for post-traumatic stress disorder: A comprehensive review. Expert Opinion on Pharmacotherapy, 2(10), 1583, 1595.

DeCuir-Gunby, J., & Schutz, P. (2017). Developing a mixed methods proposal: A practical guide for beginning researchers. Sage

Dow, S. J., & Kelly, J. F. (2013). Listening to youth: Adolescents' reasons for substance use as a unique predictor of treatment response and outcome. *Psychology of addictive behaviors: journal of the Society of Psychologists in Addictive Behaviors*, *27*(4), 1122–1131. https://doi.org/10.1037/a0031065

Drexler, M. (2020). *Launching a revolution.* Harvard Public Health. https://www.hsph.harvard.edu/magazine/magazine_article/launching-a-revolution/

Dulmus, C.N., & Hilarski, C. (2003). When Stress Constitutes Trauma and Trauma Constitutes

    Crisis: The Stress-Trauma-Crisis Continuum. *Brief Treatment and Crisis Intervention, 3*,

    27-36.

Durlak, J. A., & Mahoney, J. L. (2022). Programs for children and adolescents: A review of

    meta-analyses and directions for future research. *Psychological bulletin, 148*(11/12), 765-

    782. DOI:10.1037/bul0000383

Elliott, V. (2018). Thinking about the coding process in qualitative data analysis. *The Qualitative*

    Report, *23*(11), 2850–2861.

Ellis, N., & Loughland, T. (2016). The Challenges of Practitioner Research: A Comparative

    Study of Singapore and NSW. Australian Journal of Teacher Education, 41(2).

    http://dx.doi.org/10.14221/ajte.2016v41n2.8

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., &

    Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many

    of the leading causes of death in adults: The Adverse Childhood Experiences (ACE)

    Study. *American journal of preventive medicine*, *14*(4), 245-258.Finley, T. (2023,

    September 23). *How teachers can build confidence.* Edutopia.

    https://www.edutopia.org/article/how-teachers-can-build-confidence/

Finstad, G. L., Giorgi, G., Lulli, L. G., Pandolfi, C., Foti, G., León-Perez, J. M., Cantero-

    Sánchez, F. J., & Mucci, N. (2021). Resilience, Coping Strategies and Posttraumatic

    Growth in the Workplace Following COVID-19: A Narrative Review on the Positive

    Aspects of Trauma. *International journal of environmental research and public*

    health, *18*(18), 9453. https://doi.org/10.3390/ijerph18189453

Fisher, D., Frey, N., Savitz, R. S. (2020). *Teaching Hope and Resilience for Students Experiencing Trauma: Creating safe and nurturing classrooms for learning*. Teachers College Presss.

Ghosh Ippen, C., Harris, W., Van Horn, P., & Lieberman, A. (2011). Traumatic and stressful 82 events in early childhood: Can treatment help those at highest risk? Child Abuse and Neglect, 35, 504–513.

Grenville-Cleave, B. (2012). *Positive psychology: A practical guide*. MFJ Books.

Harris, N. B. (2018). *The deepest well: Healing the long-term effects of childhood adversity*. Mariner Books.

Hasler, B. P. & Clark, D. B. (April, 2013). Circadian Misalignment, Reward-Related Brain Function, and Adolescent Alcohol Involvement. Alcoholism: Clinical and Experimental Research, 37(4), 558-565.

Herman, J. L. (1992/1997). Trauma and recovery. New York, NY: Basic Books.4x

Herr, K., & Anderson, G. L. (2015). The action research dissertation: A guide for students and faculty (2nd ed.). Sage.

HHS (US Department of Health and Human Services, Administration on Children, Youth, and Families, Children's Bureau). 2013. Child Maltreatment 2012. Annual report

Hillis, S. D., Blenkinsop, A., Villaveces, A., Annor, F. B., Liburd, L., Massetti, G. M., Demissie, Z., Mercy, J. A., Nelson, C. A., 3rd, Cluver, L., Flaxman, S., Sherr, L., Donnelly, C. A., Ranmann, O., & Unwin, H. (2021) COVID-19-associated orphanhood and caregiver death in the United States. *Pediatrics*. Https://doi.org/10.1542/peds.2021-053760

Hinchey, P. H. (2008). Action research: Primer. New York: Peter Lang.

Holmes, A. G. D. (2020). Researcher positionality--A consideration of its influence and place in qualitative Research--A new researcher guide. *Shanlax International Journal of Education*, *8*(4), 1-10.

Hutzel, K., Scott, N. (2011). Art education online: Possibilities for multicultural art education through international collaboration. *International journal of arts education*. Retrieved February 16, 2023, from https://hutzelmulticulturalonline.pdf

Ivankova, N.V. (2014). Implementing Quality Criteria in Designing and Conducting a Sequential QUAN → QUAL Mixed Methods Study of Student Engagement With Learning Applied Research Methods Online. *Journal of Mixed Methods Research, 8*, 25 - 51.

Ivankova, N., & Wingo, N. (2018). Applying mixed methods in action research: Methodological potentials and advantages. *American Behavioral Scientist, 62*(7), 978–997. https://doi.org/10.1177/0002764218772673

Jamison, K., (2020, July 24). *ACEs and Children's Environments.* Center for Child Counseling. https://www.centerforchildcounseling.org/aces-and-childrens-environments/

Jennings, P. A. (2018). *The trauma-sensitive classroom: Building resilience with compassionate teaching*. New York: W.W. Norton & Company.

Howley, A. (2020). *History of Trauma-Informed Care and Education.* Ohio Leadership. Ohhioleadership.org

Hyatt-Burkhart, D. (2011). *The lived experience of mental health workers in a residential treatment facility who work with multiply traumatized children and self-identity as experiencing vicarious trauma and vicarious posttraumatic growth.* Unpublished doctoral dissertation Duquesne University.

Kay, L. (2020). *Therapeutic Approaches in Art Education.* Davis Publications.

Kessler, R.C., McLaughlin, K. A., Green, J. G. (2010). Childhood adversities and adult

psychopathology in the WHO World Mental Health Surveys. Br J. Psychiatry; 197:

478-85

Knoster, T., Empson, D., Runge, T. (2021). Trauma-informed survey of PA Educators. *PDE*.

Retrieved February 11, 2023, from

http://www.pennsylvaniadepartmentofeducation.gov

Kuhfeld, M., Soland, J., Lewis, K., & Morton, E. (2022). The pandemic has had devastating

impacts on learning. What will it take of help students catch up. *Brookings*. Retrieved

February 13, 2024, from https://www.brookings.edu/articles/the-pandemic-has-had-

devastating-impacts-on-learning-what-will-it-take-to-help-students-catch-up/

Kumar, Mahesh. "Verbatim Vs Non-Verbatim Transcription: Differences, Requirements, &

Jobs." *Transcription Certification Institute*, 5 December 2017. Accessed online 19 June

2017. https://blog.transcriptioncertificationinstitute.org/verbatim-vs-non-verbatim-

transcription-differences-requirements-jobs/.

Lacoe, J. (2013). *Too scared to learn? The academic consequences of feeling unsafe at

school*. Working Paper #02–13. Institute for Education and Social Policy.

Langer, S. (1962) *Philosophical Sketches*. Baltimore: Johns Hopkins University Press.

Laurel H. Campbell (2011) Holistic Art Education: A Transformative Approach to Teaching

Art, Art Education, 64:2, 18-24, DOI: 10.1080/00043125.2011.11519116

Levers, L. L. (2012). Disability issues and the role of rehabilitation Counselors in a global

context. In D. R. Maki & V. Tarvydas (Eds.), *The professional practice of rehabilitation

counseling: Formative perspective and features* (pp. 163-188). New York, NY: Springer

Publishing.

Makarova, E. & Kuchuk, E. (2011). *Edith Kramer. Art tells the truth.* Len Fim Studio.

Malchiodi, C. (1998). *Understanding Children's Drawings.* The Guilford Press

Marie-Mitchell, A., O'Connor, T.G. (2013). Adverse childhood experiences: translating

      knowledge into identification of children at risk for poor outcomes. Acad. Pediatrics;

      13:14-9

Marks, C., Pearson, J. L., Zúñiga, M. L., Martin, N., Werb, D., & Smith, L.

      R. (2022). Articulating the Trauma-Informed Theory of Individual Health

      Behavior. *Stress and Health*, 38(1), 154– 162. https://doi.org/10.1002/smi.3068

Marquart, M. & Báez, J. (2021). Recommitting to Trauma-informed Teaching Principles to

      Support Student Learning: An Example of a Transformation in Response to the

      Coronavirus Pandemic. *Journal of Transformative Learning*, 8(1), 63-74.

Marquez-Aponte, E. (2020). Trauma-informed strategies to support complexly traumatized

      adolescents in schools in the time of the COVID-19 pandemic. *Theory in Action, 13*(3).

      124-139. https://doi.org/10.3798/tia.1937.2040

Marrone, M. (2014). *Attachment and Interaction: From Bowlby to Current Clinical Theory and*

      Practice Second Edition: Vol. 2nd ed. Jessica Kingsley Publishers.

Martin, S. L., Ashley, O. S., White, L., Axelson, S., Clark, M., & Burrus, B. (2017).

      Incorporating trauma-informed care into school-based programs. Journal of School

      Health, 87(12), 958-967. https://doi.org/10.1111/josh.12568

Maslow, A.H. (1943). "A Theory of Human Motivation". In Psychological Review, 50 (4),

      430-437.

Maslow, A. H. (1962). *Toward a psychology of being*. Princeton: D. Van Nostrand Company.

Maslow, A. H. (1987). *Motivation and personality (3rd ed.)*. Delhi, India: Pearson Education.

Maya Angelou. (2019, August 28). Retrieved from https://www.biography.com/writer/maya-

    angelou.https://www.biography.com/writer/maya-angelou

McLeod, S. (2023, October 2). *Maslow's Hierarchy of Needs*. Simply Psychology.

    https://www.simplypsychology.org/maslow.html

Merrick M.T., Ford D. C., Ports K.A., (2015). Vital signs: estimated proportion of adult health

    problems attributable to adverse childhood experiences and implications for prevention—

    25 states, MMWR Morb Mortal Wkly Rep 2019;68:999–

    1005. https://doi.org/10.15585/mmwr.mm6844e1

Merrick M.T., Ford D.C., Ports K.A., Guinn A.S. (2018). Prevalence of Adverse Childhood

    Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23

    States. *JAMA Pediatric.* 172(11):1038–1044. doi:10.1001/jamapediatrics.2018.2537

Merrill, S. (2020, September 11). *Trauma-informed teaching: trauma is 'written into our*

bodies'-but educators can help. Edutopia.

    https://www.edutopia.org/article/trauma-written-   our-bodies-educators-can-help

Mertler, C. A. (2019). Action Research: Improving Schools and Empowering Educators. SAGE

    Publications

Miller, R. C. (1982). Varieties of interdisciplinary approaches in the social sciences. *Issues in*

    Integrative Studies, *1*, 1–37.

Minahan, J. (2014). *The behavior code companion: Strategies, tools, and interventions for*

supporting students with anxiety-related or oppositional behaviors. Cambridge, MA: Harvard

Education Press.

Minahan, J. (2019). Building positive relationships with students struggling with mental

health. *Phi Delta Kappan, 100*(6), 56–59.

Morse, J.M., & Niehaus, L. (2009). *Mixed methods design: Principles and procedures.*

Walnut Creek, CA: Left Coast Press.

Mosley-Johnson, E., Garacci, E., Wagner, N. *et al.* Assessing the relationship between adverse

childhood experiences and life satisfaction, psychological well-being, and social well-

being: United States Longitudinal Cohort 1995–2014. *Qual Life Res* 28**,** 907–914 (2019).

https://doi.org/10.1007/s11136-018-2054-6

Murthy, V. (2023, June 12). *U.S. Surgeon General Issues Advisory on Social Media and Youth*

Mental Health. Office of juvenile justice and delinquency prevention.

https://ojjdp.ojp.gov/news/juvjust/us-surgeon-general-issues-advisory-social-media-and-

youth-mental-health

National Association of State Boards of Education. (2022, June 14). *States adopt trauma*

informed teacher training, few consider secondary traumatic stress.

https://www.nasbe.org/states-adopt-trauma-informed-teacher-training-few-consider-

secondary-traumatic-stress/

National Center for Health Statistics. (2020-2023). U.S. Census Bureau, Household Pulse

Survey. Anxiety and Depression. Retrieved

from: https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm

National Child Traumatic Stress Network, Secondary Traumatic Stress Committee.

(2011). Secondary traumatic stress: A fact sheet for child-serving professionals. Los

Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

National Child Traumatic Stress Network (2021). *The traumatic impact of COVID-19 on children and families: Current perspectives from the NCTSN.* https://www.nctsn.org/sites/default/files/resources/special-resource/traumatic-impact-covid-childrenfamilies.pdf

National Library of Medicine. (n.d.). *Kaiser Family Foundation.* National Library of Medicine. https://www.nlm.nih.gov/nichsr/stats_tutorial/section4/ex7_KFF.html

Nickerson, C. (2021, Oct 04). *Social constructionism definition and examples*. Simply Psychology. www.simplypsychology.org/what-is-transformational-leadership.html

Noland, A., & Richards, K. (2014). The relationship among transformational teaching and student motivation and learning. *The Journal of Effective Teaching, 14(3), 5-20.* https://files.eric.ed.gov/fulltext/EJ1060434.pdf

Northouse, P.G. (2016). Leadership: Theory and Practice. 7th Edition. Los Angeles: Sage Publications

O'Donohue, J. (2018). Walking in wonder: Eternal wisdom for a modern world. Convergent Books.

Panchal, N., Kamal, R., Cox, C., Garfield, R. (2021, February 10). *The implications of COVID-19 for mental health and substance use.* KFF. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

Patterson, J. E., Vakili, S. (2013). Relationships, environment, and the brain: how emerging research is changing what we know about the impact of families on human development. *Family Process. 53*(1), 22-32. https://doi.org/10.1111/famp.12057

Pennsylvania Child Welfare Information Solution. (n.d.). *Mandated reporters.* https://www.compass.state.pa.us/CWIS/Public/ReferralsLearnMore

Pennsylvania Department of Education (n.d.). *Research reports.*

https://www.education.pa.gov/DataAndReporting/ResearchEvaluation/Pages/Research-

Reports.aspx

Perry, B. D. (2006). Fear and Learning: Trauma-Related Factors in the Adult Education

Process. *New Directions for Adult and Continuing Education*, 110, 21-27.

https://doi.org/10.1002/ace

Perry, J.A. & Imig, D. G. (2016). *What do we mean by impact. Impacting Education:*

Journal on Transforming Professional Practice. Vol.(1). DOI 10.5195/ie.2016.26

Petruccelli K, Davis J, Berman T. Adverse childhood experiences and associated health

outcomes: a systematic review and meta-analysis. Child Abuse Neglect.

2019;97:104127. https://doi.org/10.1016/j.chiabu.2019.104127

Poland, Blake D. "Transcription Quality as an Aspect of Rigor in Qualitative

Research." *Qualitative Inquiry*, no. 1, vol. 3, 1995, pp. 290-310.

Pressfield, S. (2012). *The war of art: Break through the blocks and win your inner creative*

battles. Black Irish Entertainment LLC.

Rahman, Khan. (2012). 'Triangulation' research method as the tool of social science research. 1.

154-163.

Rossman, G. B., & Rallis, S. F. An introduction to qualitative research: Learning in the field (4th

ed.). Sage.

SAMHSA. (2014). Tip 57: *Trauma-informed care in behavioral health services*. Department of

Health & Human Services.

SAMHSA. (2021, October 8). *Understanding child trauma.* https://www.samhsa.gov/child-

trauma/understanding-child-trauma

SAMHSA. (2022, September 27). *Trauma and violence.* Substance Abuse and Mental Health

Services Administration (SAMHSA). https://www.samhsa.gov/trauma-violence

Serafini, G., Parmigiani, B., Amerio, A., Aguglia, A., Sher, L., & Amore, M. (2020). The

psychological impact of COVID-19 on the mental health in the general population. *QJM:

An International Journal of Medicine., 113*, 531

537. https://doi.org/10.1093/qjmed/hcaa201.

Shaw, A. (2023, March 27). *Finrod's the rings of power.* Screenrant.

https://screenrant.com/rings-of-power-finrod-darkness-speech-make-no-sense/

Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *Trauma and

Violence*. https://www.samhsa.gov/trauma-violence

Snyder, C. R. & Lopez, S. J. (2002). Handbook of positive psychology. Oxford University Press.

Soleimanpour, S., Geierstanger, S., & Brindis, C. D. (2017). Adverse Childhood Experiences and

Resilience: Addressing the Unique Needs of Adolescents. *Academic pediatrics*, *17*(7S),

S108–S114. https://doi.org/10.1016/j.acap.2017.01.008

Sonu, S., Marvin, D. & Moore, C. (2021). The Intersection and Dynamics between COVID-19,

Health Disparities, and Adverse Childhood Experiences. *Journal of Child & Adolescent

Trauma* 14, 517–526. https://doi.org/10.1007/s40653-021-00363-z

Taylor, S. S. (2021). Trauma-informed care in schools: A necessity in the time of COVID-19.

Beyond Behavior. https://journals.sagepub.com/doi/pdf/10.1177.10742956211020841

Terrasi, S., & de Galarce, P. C. (2017). Trauma and learning in America's classrooms. *Phi

Delta Kappan, 98*(6), 35–41.

The Center for Health and Health Care in Schools. (n.d.). *Kognito white paper.*

https://go.kognito.com/Whitepaper_Research-Findings-Trauma-Informed-

Practices.html

Thomas, M. S., Crosby, S., & Vanderhaar, J. (2019). Trauma-informed practices in schools

across two decades: An interdisciplinary review of research. *Review of Research in

Education, 43*(1), 422-452. https://doi.org/10.3102/0091732x18821123

Todd, R. (2021, October 27). *Trauma-informed practices recognizing the signs of trauma.*

Edutopia. https://www.edutopia.org/article/recognizing-signs-

trauma/#:~:text=Educators%20are%20mandated%20reporters%20and,the%20student

%2C%20despite%20our%20intentions.

Treisman, Karen. (2016). Working with Relational and Developmental Trauma in Children

and Adolescents. 10.4324/9781315672762.

U.S. Department of Health and Human Services. (2016). *A Treatment Improvement Protocol-

Trauma-Informed Care in Behavioral Health Services-Tip 57*. SAMHSA, HHS.

van der Kolk, B. A. (2015). *The body keeps the score: Brain, mind, and body in the healing of

trauma.* Viking.

van der Kolk, B. A. (2021, July 3). *How trauma affects the body and brain.*

https://www.besselvanderkolk.com/blog/how-trauma-affects-the-body-and-brain

Venet, A. S. (2019) "Role-Clarity and Boundaries for Trauma-Informed Teachers," Educational

Considerations: Vol. 44: No. 2. https://doi.org/10.4148/0146-9282.2175

Walker, C.J. (2010). Experiencing flow: Is doing it together better than doing it alone? *The

Journal of Positive Psychology, 5*(1), 5-11.

Wamser-Nanney, R. & Vandenberg, B. R. (2013). Empirical Support for the Definition of a

    Complex Trauma Event in Children and Adolescents. Retrieved February 3, 2023, from

    https://complextrauma.org/wp-content/uploads/2019/01/Complex-Trauma-6.pdf

White, K. M. (2016). Professional development that promotes powerful interactions: Using

    teacher book clubs to reflect on quality in teacher-child relationships. *Dimensions of*

    Early Childhood, *44*(3), 28-34.

Yaden DB, Claydon J, Bathgate M, Platt B, Santos LR (2021) Teaching well-being at scale: An

    intervention study. PLOS ONE 16(4):

    e0249193. https://doi.org/10.1371/journal.pone.0249193

Yin, R. K. (2012). Case study methods. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D.

    Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol.*

    2. Research designs: Quantitative, qualitative, neuropsychological, and biological (pp.

    141–155). American Psychological Association. https://doi.org/10.1037/13620-009

Appendix A: Participant Consent Form

CONSENT FORM

You are invited to participate in a research study being conducted through Kutztown University. We ask that you read this form and ask any questions you may have before you decide whether or not you want to participate in the study. The University requires that you give your signed agreement if you choose to participate.

This study is being conducted by: Annie Shrawder

Title of the Study: *Trauma-Informed Teaching Perspectives of Art and Non-Art Educators: A Mixed Methods Study for Transformational Change*

Purpose of the Study: The purpose of this research study is to understand teacher preparedness to recognize and respond to students with trauma due to the profound effects of the COVID-19 pandemic within one school district in Pennsylvania.

Procedures:

If you agree to participate in this study, we would ask you to do the following things…

1. For all participating teachers: read and answer a 16 question Likert scale survey within a week of receiving the survey. (Approximately 15-20 minutes to complete)

 2. For art teachers: select a time for a one-hour interview via Zoom. Participants will voluntarily respond to interview questions regarding their lived professional teaching experiences surrounding trauma-informed teaching.

Risks or Discomforts, and Benefits of Being in the Study:

The study has no risks and/or discomforts.

The benefits to participation are…

a. adds to knowledge/ literature base regarding this population of students

b. investigates professional development intervention to support students

Confidentiality and Anonymity:

Records will be kept private and will be handled in a confidential manner to the extent provided by law. In any report or presentation, we will not include any information that will make it possible to identify a research study participant. You will remain anonymous. Pseudonyms will be provided to all participants in the study for reporting purposes. Upon completion of the study, all data and information obtained from the study will be permanently deleted.

Voluntary Participation:

1 of 3

Your participation is voluntary, refusal to participate will involve no penalty, and you may discontinue participation at any time without penalty.

Contacts and Questions:

The **researcher** conducting this study is:

Annie Shrawder

Email: ashrawder@fleetwoodasd.org

Advisor name: Dr. Helen Hamlet

Email: Hamlet@kutztown.edu

 Phone: 610-683-4202

Department: Counselor Education & Student Affairs

Kutztown University of Pennsylvania

 414 Old Main "A" Wing Room PO Box 730, Kutztown, Pa. 19530

If you have questions regarding the research study, you may contact the researcher listed above. If you have any questions or concerns about the rights of research participants, please contact the IRB Committee at Kutztown University at 484-646-4167.

Future Research Studies:

Your information collected as part of the research, even if identifiers are removed, it will not be used or distributed for future research studies.

Statement of Consent:

I have read the information described above and have received a copy of this information. I have asked questions I had regarding the research study and have received answers to my satisfaction. I am 18 years of age or older and voluntarily consent to participate in this study.

_____

Signature of Participant   Date

Thank you for your participation.

Appendix B: Participant Demographics

Participant Information

Records will be kept private and will be handled in a confidential manner to the extent provided by law. In any report or presentation, we will not include any information that will make it possible to identify a research study participant. You will remain anonymous. Pseudonyms will be provided to all participants in the study for reporting purposes. Upon completion of the study, all data and information obtained from the study will be permanently deleted within a year.

Gender *

○ Male

○ Female

○ Other

Most recent grade level(s) you have taught? *

☐ KG

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

☐ Other...

Please specify what subjects/content areas you teach within your position: Elementary/ Middle School content areas/ High School content areas/ Reading Specialists/ Special Ed./ Gifted *

Short answer text

Years of experience teaching *

Short answer text

Have you ever received professional development on trauma-informed teaching practices? *

○ Yes

○ No

○ Uncertain

After section 2   Continue to next section

Appendix C: Five-Point Survey

Trauma-Informed Survey of PA Educators

This survey investigates the extent PA educators are prepared to recognize and respond to students impacted by trauma or distress, including trauma/ distress related to COVID-19

Please indicate your preparedness to:

Description (optional)

1. Recognize when a student is exhibiting signs of psychological trauma or distress *

○ Very Low

○ Low

○ Medium

○ High

○ Very High

2. Talk with a student exhibiting signs of psychological trauma or distress to motivate them to *
connect with mental health support services

○ Very Low

○ Low
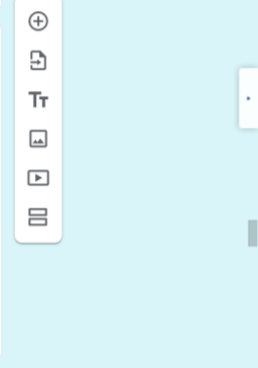
○ Medium

○ High

○ Very High

3. Use communication strategies to help a student exhibiting signs of psychological trauma or *
distress feel safe connect with mental health support services

○ Very Low

○ Low

○ Medium
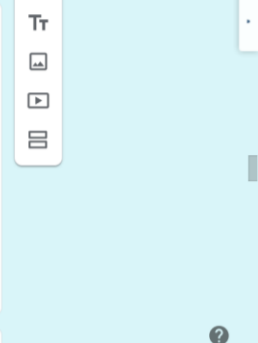
○ High

○ Very High

4. Teach students activities to manage their stress and emotions in alignment with the PA *
Career Ready Skills

○ Very Low

○ Low

○ Medium

○ High

○ Very High

5. Implement trauma-informed approaches in teaching *

○ Very Low

○ Low
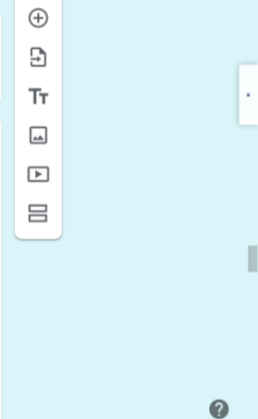
○ Medium

○ High

○ Very High

Indicate how much you agree/disagree with the following statements:
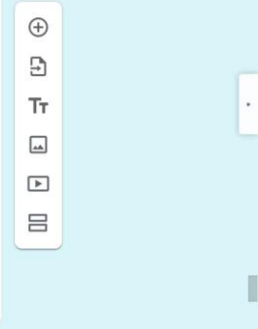
Description (optional)

6. I feel confident in my ability to recognize when a student is exhibiting signs of psychological *
trauma or distress

○ Strongly Disagree

○ Disagree

○ Neither Disagree/Agree

○ Agree

○ Strongly Agree

7. I feel confident in my ability to talk with a student exhibiting signs of psychological trauma *
or distress to motivate them to connect with mental health support services

○ Strongly Disagree

○ Disagree

○ Neither Disagree/Agree

○ Agree

○ Strongly Agree

8. I feel confident in my ability to use communication strategies to help a student exhibiting *
signs of psychological trauma or distress feel safe

○ Strongly Disagree

○ Disagree

○ Neither Disagree/Agree

○ Agree

○ Strongly Agree

9. I feel confident in my ability to teach students activities to manage their stress and *
emotions

○ Strongly Disagree

○ Disagree

○ Neither Disagree/Agree

○ Agree

○ Strongly Agree

10. I feel confident in my ability to implement trauma-informed approaches in teaching *

○ Strongly Disagree

○ Disagree

○ Neither Disagree/Agree

○ Agree

○ Strongly Agree

11. I think that a student who is receiving mental health treatment is showing a sign of *
personal strength

○ Strongly Disagree

○ Disagree

○ Neither Disagree/Agree

○ Agree

○ Strongly Agree

12. Most teachers and staff in my school think that a student who is receiving mental health *
treatment is showing a sign of personal weakness

○ Strongly Disagree

○ Disagree

○ Neither Disagree/Agree
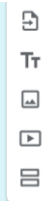
○ Agree

○ Strongly Agree

13. Part of the role of teachers and staff in my school is to connect students experiencing *
psychological trauma or distress with mental health support services

○ Strongly Disagree

○ Disagree

○ Neither Disagree/Agree

○ Agree

○ Strongly Agree

14. Students who disrupt my class do not care about learning *

○ Strongly Disagree

○ Disagree

○ Neither Disagree/Agree

○ Agree

○ Strongly Agree

15. I do not take it personally when a student is verbally aggressive towards me *

○ Strongly Disagree

○ Disagree

○ Neither Disagree/Agree

○ Agree

○ Strongly Agree

16. In your opinion, do you believe all educators should receive explicit training in trauma-informed classroom practices? *

○ Strongly Disagree

○ Disagree

○ Neither Disagree/Agree

○ Agree

○ Strongly Agree