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## Changing teacher perceptions and actions through Trauma-Responsive Professional Development

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## **Changing Teacher Perceptions and Actions Through Trauma-Responsive Professional Development**

One in every four students in America has experienced some form of trauma. Students coming to school with trauma experience behavioral challenges as well as struggle academically (Allen et al., 2020; Cook et al., 2003; Larson et al., 2017). Recently, the Covid-19 Pandemic, job losses, and protests over social injustice could have an impact on many students, but it is still uncertain to what extent (Kuhfeld et al., 2020). Most teachers and administrators are untrained and ill equipped to successfully handle students living with trauma without re-traumatizing the student or excluding them from the educational setting. Students removed from the educational setting frequently fall further behind academically and sit at home, ironically, where the trauma often occurs. There is also a link between students who are frequently suspended and the pipeline-to-prison (Darensbourg et al., 2010; Skiba et al., 2014).

In this qualitative study, we investigated the perceptions and actions of teachers to capture changes that occur when teachers participate in professional development regarding early childhood trauma. The intent is for teachers to become more empathetic and child-centered by increasing their knowledge regarding the effects of early childhood trauma on the brain, body, cognitive development, and social development. Another purpose for this study was to ascertain how students perceive their relationships with their teachers and their teachers' actions towards them for classroom behavior when teachers receive professional development on early childhood trauma.

### **Conceptual Framework**

The conceptual framework used was Standards for Professional Learning (SPL), which was developed by Learning Forward (2014). Standards for Professional Learning guided the

development and implementation of professional development for teachers. This research, structured on the conceptual underpinnings of SPL, studied the perceptions of teachers and students after teachers received professional development on the topic of early childhood trauma. Based on this conceptual framework, we believed that effectively implemented professional development might influence or explain the changes in teachers' perceptions of why students misbehave and their actions towards misbehaving students.

### **Methods**

A qualitative design seeks to understand a phenomenon, perspectives, and process, of the people involved (Merriam, 1998). This design method was selected as a means to deeply investigate the relationships among teachers, their perceptions, and responses to students who regularly display negative behaviors in the classroom setting. There are many different reasons why students misbehave and there are also many different factors that determine how teachers respond to negative classroom behavior. These factors make the boundaries between the phenomenon and its context blurry. This design allowed us to construct interview protocols that would identify teachers and students' perceptions and the thoughts behind their actions.

### **Research Questions**

These research questions guided our research:

1. What do teachers report about how their perceptions and actions to negative student behavior have changed after a series of professional development workshops on childhood trauma?
2. What do students report as their perceptions regarding their teachers' actions towards negative student behavior after their teachers have received a series of professional developments on early childhood trauma?

3. How do teacher perceptions compare to the perceptions of the students they serve?

### **Professional Development Intervention**

The teachers who participated in the study collaborated in four professional learning experiences over the course of a semester. An expert on helping students who have experienced trauma and adversity delivered the four professional learning workshops for all 73 teachers in the intermediate/middle school. Butler University's Applied Educational Neuroscience also certified the expert, a professional consultant who has more than a decade of experience teaching in schools with students who had experienced trauma and adversity.

Cognitivists believe that “[l]earning involves the reorganization of experiences in order to make sense of stimuli from the environment” (Merriam et al., 1999, p. 254). Ertmer and Newby (2013) agreed that learning is the act of creating meaning from experience. The objective for the professional learning was for teachers to reorganize their past and current experiences in the classroom by reflecting on the information from the professional learning. It was also vital for the participants in the professional learning to be reflective regarding student behavior and their thoughts and actions.

The sessions for the professional learning experiences included: Session I: How trauma affects childhood development; Session II: The dysregulated student; Session III: Strategies to co-regulate with students; and Session IV: The trauma-informed classroom. Throughout the sessions, the expert taught the participants skills and classroom strategies from the book *Fostering Resilient Learners* (Souers et al., 2016), which was the trauma-informed model for this professional learning experience.

Throughout each presentation, the participants had reflective questions to answer, followed by small group discussion on questions such as: How does this change your view of

students who struggle to meet classroom expectations? What is one strategy learned today that you feel like you can implement this week? Why do you feel it is important to co-regulate with dysregulated students? Each professional development was held before school once each month. Attendance was mandatory for all teachers and attendance logs were kept. Each PD session was recorded so that any teacher who might have been absent from the face-to-face session was required to review the session independently.

After each PD session, participant feedback was collected on evaluation forms. The consultant and first author reviewed these forms, determined the major teacher requests for future training, and then embedded teacher requests into revising the training for future PD sessions. We also monitored office referral data to identify trends in classroom disruption and to have one-on-one coaching sessions with particular teachers who seemed to be struggling with classroom management. These coaching sessions were used to ascertain what was typically occurring before disruptions arose, which particular student(s) seemed to be struggling, and to brainstorm strategies that could aid the teacher with helping the student(s).

### **Setting and Participants**

This study was conducted in an intermediate/middle public school on the far eastside of a Midwestern city in one of the largest school districts in the city. The participants consisted of five teachers and 10 students: two students of each teacher. The teachers and students were from the same school. Roughly, 70% of the students in the school are Black/African American, 20% are Hispanic, and 10% are White. One student recruited for the study represented each teacher had no office referrals the previous school year and the first semester of the year of this study and the other recruited student had multiple office referrals from the previous school year and the first semester of the school year of this study. The students' ages ranged from 10 to 14. There

were 10 students who participated in this study. Nine of the students were Black and one student was Hispanic. Six students were fifth graders, two were seventh graders, and two students were eighth graders.

The school has 70 teachers; 74% of the teachers are White, 20% are Black, and 6% are multiracial. Four of the five teachers who volunteered to participate in the study are White, one was Black, and all of the teachers are female. The teachers in this study had a wide range of teaching experience, but overall, they shared a common problem of above average discipline referrals.

### **Data Analysis**

Qualitative methods were used to analyze the data that were collected and to paint a picture of the actions, interactions, and behavior of people (Roberts, 2010). There were two cycles of coding during the data analysis process to begin to make sense of the respondents' answers to the interview questions.

The initial cycle of coding was descriptive. During this first phase of coding, the interviews were read through an expansive lens to identify information that may be useful. Words or phrases that begin to emerge as potentially important were assigned a word or phrase that categorized similar information later in the analysis process. NVivo, a computer-assisted qualitative data analysis software program was used to code and organize respondents' answers into themes. NVivo can increase the thoroughness of qualitative data analysis (Leech et al., 2011).

The second cycle or Axial coding was used to group similar phrases into themes (Miles et al., 2014). During Axial coding, we identified emerging categories that related to one another

and synthesized these. The pattern codes were then organized into a narrative description and supported with field note data (Miles et al., 2014).

### **Limitation of the Study**

Halfway through the study, the world experienced the COVID 19 pandemic. During the pandemic, there were many changes within the school setting where this study took place. There were times when the school's teachers who were in the study were required to teach students virtually, there were times when the whole staff was ordered to work from home, and there were times when students came back into the building on a hybrid schedule by attending live school every other day). These changes caused the study's professional development to be virtual, which lessened the intimacy and connectedness that working together in person provides. The teacher and student post-study interviews were also conducted virtually.

### **Results**

This section contains a description of the findings supported in the post-study regarding the participants' changes in perceptions after teachers engaged in a series of professional developments on early childhood trauma. The major findings were:

1. Teachers stated that they began responding to dysregulated behavior with a more **child-centered approach** (less punitive measures), tried to understand the cause of negative student behavior, instituted emotional check-ins with their class throughout the day, and built positive relationships with all students.
2. Two of the five teachers in the study still displayed **deficit-based thinking** at the end of the study by stating that the reason that some students misbehave in class is due to the behaviors modeled by adults in the students' lives or the students' having "bad" parents.

3. Many students stated that their teachers began to manage their classrooms in a more **equitable** manner by trying to understand the antecedents of each individual student's behavior before deciding if consequences were needed and stating that their teacher treats all students the same, in a caring and respectful way. Whether the student was always calm or sometimes dysregulated, their teacher helped each student with their individual needs.
4. Many students noticed their teachers began responding to dysregulated students with **trauma-informed** strategies, such as talking one-on-one with students, leading mindfulness activities, giving students choice, listening to students' concerns, and giving students breaks when they are upset.

As we answered the research questions, we found that our findings were often supported by the literature. Educating teachers about early childhood trauma and teaching them trauma-responsive strategies can change teachers' perceptions and actions regarding negative student behavior.

**Research Question One: What do teachers report about how their perceptions and actions to negative student behavior have changed after a series of professional development workshops on childhood trauma?**

Professional development on the topic of early childhood trauma can affect teachers' perceptions and actions towards students with negative behavior. Through the themes that emerged from the pre-study and post-study interviews, it seems that many of the teachers' perceptions and actions changed towards dysregulated students. The content of the professional development sessions is extremely important because understanding where certain behaviors come from can change a person's perception of the behavior.



Our conceptual framework, “Learning Forward’s Standards for Professional Learning,” defines the essential elements of and conditions for professional learning that leads to changed educator practices and improved student results” (Drago -Severson et al., p vii). The standards include: (a) learning communities, (b) resources, (c) learning designs, (d) outcomes, (e) leadership, (f) data, and (g) implementation (Learning Forward, 2014). Below is a discussion regarding how each standard was leveraged to create the professional learning that was the basis for this study.

The Learning Forward Standard *Data* states: “Professional learning that increases educator effectiveness and results for all students uses a variety of sources and types of students, educator, and system *data* to plan, assess, and evaluate professional learning” (Learning Forward, 2014, p. 43). The administrative team collected empirical *data* and monitored daily *outcomes* between the pre-study interviews and the post-study interviews to be able to guide school-wide decisions regarding what content and strategies from the PD’s needed to be reviewed, as well as to plan for future PD’s.

After each PD session, I (first author) collected participant feedback through evaluation forms. The consultant and I reviewed these forms, determined the major categories from teacher requests for future training, and then embedded teacher requests into revising the training for future PD sessions. We also monitored office referral data to identify trends in classroom disruption and to have one-on-one coaching sessions with particular teachers who seemed to be struggling with classroom management. These coaching sessions ascertained what was typically occurring before disruptions arise, which particular student(s) seem to be struggling, and to brainstorm strategies that could aid the teacher with helping the student(s).

The *Professional Learning Community* standard indicates: “*Professional learning* that increases educator effectiveness and results for all students occurs within learning communities committed to continuous improvement, collective responsibility, and goal alignment” (Learning Forward, 2014, p. 43). During the series of professional developments, the teachers and administrators participated in grade level *professional learning communities* once a week during the grade level preparation periods. DuFour (2004) suggested that regular professional learning community meetings are a necessary process for continuous growth. During the learning community meetings, the teachers would facilitate the sharing of weekly assessment data. The teacher facilitators also led the analysis of student behavior data. This time was intended for teachers to share strategies and brainstorm interventions to help students improve. During the strategy and intervention portion of the learning community meetings, the facilitator and grade level administrator would include reminders of whole class emotional check-ins, regulating strategies, and trauma-informed responses to dysregulated students to keep key ideas and strategies learned in the professional learning fresh in the teachers’ minds.

The Learning Forward *leadership* standard states: “Professional learning that increases educator effectiveness and results for all students requires skillful leaders who develop capacity, advocate, and create support systems for professional learning” (Learning Forward, 2014, p. 43). During weekly administration meetings, the *leadership* team would discuss what we were seeing in classrooms regarding teacher and student interactions. There were standing agenda items to remind all administrators to refer to upset students as dysregulated students with each other and all staff, to remind teachers of mindfulness techniques, to not publicly redirect students across the classroom, to meet with upset or dysregulated students one-on-one before calling a dean, and to remind teachers to give students breaks to get water and calm down before the student’s

behavior escalated. The coaching strategies above were meant to build the teachers' capacity and to ensure that our support system for teachers was aligned and consistent.

The results of this study showed a change in most of the teachers' perceptions of students' negative behavior and how they responded to the behavior. This, in part, is due to the alignment with the study's professional development with successful PD structures that were found in the literature. The literature recommended that PD will create better outcomes for students if it is ongoing, intensive, and gives the participants 20 practice instances or more to help them master a new skill. The PD in this study occurred over the course of a semester and teachers had approximately 80 days in the classroom to practice new strategies that they learned in the PD on trauma. There were four-one hour PDs; however, every week during PLC's student behavior and trauma-informed best practices were discussed. The administration also reminded teachers daily of best practices and strategies to use with dysregulated students.

Two major themes emerged as findings during the second cycle of coding: *child-centered approach* and *deficit-based thinking*. A *child-centered approach* is an approach that entails teachers' "providing students' choice and control, adapting to individual developmental differences, and providing a caring and supportive learning environment" (Bansberg, 2003, p. 143). When children live in environments that are unpredictable or regularly stressful, they can have a physiological response that originates from a feeling of lack of control. Once teachers understand more about trauma, adversity, and disruptive attachment, they will begin to make more progress with disruptive students (Bloom et al., 2013).

In the classroom, a teacher who approaches teaching and classroom management in a *child-centered approach* gives their students choice and control. Most of the teachers in this study became more child-centered in their perceptions and actions by the end of the study.

During the post-study interviews, most teachers spoke of the importance of building relationships with students, giving dysregulated students' time and space to calm down, and of taking dysregulated students aside of the classroom to speak to them privately to ascertain what that student needed at that moment. These strategies align with strategies suggested from some of the researchers in the literature reviewed for this study. Most trauma-informed care models stress the importance of classroom environments that are both physically and emotionally safe, that are predictable, and where each student has a positive relationship with a caring teacher (Cook et al., 2003; Plumb et al., 2016; & Sourers et al., 2016). Dr. Bruce Perry also stated, "The bottom line is that healthy relational interactions with safe and familiar individuals can buffer and heal trauma-related problems" (Perry, 2009, p. 248).

Many trauma-informed strategies are also culturally responsive strategies, especially building healthy relationships between students and adults (Sadin, 2021) and not excluding students from school (Nishioka, 2020). Two teachers in the study began having emotional check-ins with their class. When their students walked into the classroom each morning, the students were taught to go to the "Mood Poster" in the back of the class and place the emoji that most identified with the way that they are feeling when they entered the room. The teacher would go to any student privately (who was sad or angry, as identified by the emoji that they placed by their name) and chat with them to see if she could help in any way or if the student just needed to talk. This practice exemplifies creating an emotionally safe classroom with a caring adult leading the classroom. "The environment we establish, the relationships we build, the focus we encourage, and the kindness we share can influence the beliefs, attitudes, behaviors, and outcomes in our classrooms" (Souers et al., 2016, p. 90).

Unfortunately, the power of deficit-based thinking also became a theme in this research. Adults who choose the field of education bring with them into the classroom all their years of socialization, preconceived ideas, implicit, and explicit biases. What teachers and support staff have seen and heard about other cultures also builds the lens through which they see children who look, think, and/or act differently than they do. Human beings are also hardwired to be cautious of people who look different than they do. During the Stone Age, a person who looked different than you or your tribe meant potential danger (Nicholson, 1998). So, you could say that it is human nature for us to treat people who do not look like us differently.

Understanding how trauma impacts the brain and body can support teachers in becoming more child-centered and empathetic. However, because of the length of time that each person is socialized before stepping into the classroom, the amount of time that it could take to change a person's perceptions of certain behaviors from students could greatly vary. Two of the five teachers at the end of the study stated that some students misbehave because of "bad" parents or the modeling of inappropriate behaviors from adults in the student's life. This is deficit-based thinking and deficit-based thinking can show up in the classroom as teachers having low expectations for students who misbehave and ignoring these students' strengths (Sharma et. al, 2014).

The lack of change in perspective for two of the teachers in this study could be due to the fact that people change at different rates and for different reasons. John Kotter (2002) states in *The Heart of Change*, "Changing behavior is less a matter of giving people analysis to influence their thoughts than helping them to see a truth to influence their feelings" (Kotter, p.2). Although the truth about trauma's detrimental impact on our students' life, our classrooms, and community was clearly and repetitively communicated, some factor in the two teachers' socialization,

mindset, or a life event impeded a change in their perspective regarding why some students misbehave. Lortie (1975) believed that: (1) educators have been socialized in their field since childhood and adopt the norms, (2) the average educator was a good student, (3) educators subconsciously protect a system that was of personal benefit, and (4) educators implement practices that protect the system (academic obstacle course) (Lortie, 1975). These could also be contributing factors to the lack of change in perspective from the two teachers in the study.

**Research Question Two: What do students report as their perceptions regarding their teachers' actions towards negative student behavior after their teachers have received a series of professional developments on early childhood trauma.**

Many of the students in the study perceived a change in the way that their teacher responded to misbehaving students. Many of the students stated that their teacher treated the well-behaved students and the students who struggle behaviorally the same. I interpret the above statement as the students perceiving that their teacher is not less patient or negative towards students who misbehave in class. The students also discussed their teachers responding to dysregulated students in trauma-informed manners. The two themes that emerged during the students' post-study interviews were equitable treatment of students and trauma-informed responses.

Creating equitable outcomes for all students depends on the teacher meeting the individual needs of each student. This is important for students who have experienced any forms of trauma. Teachers who understand early childhood trauma begin to understand that trauma can cultivate hypervigilance in students. Traumatized students also have trouble focusing, have trouble forming relationships with teachers, have poor self-regulation, negative thinking, experience executive function challenges, struggle to think, and they may act out for attention.

When teachers understand the impact of trauma on children's brains and body, they begin to stop asking "what is wrong with you" and begin wondering "what has happened to you?" (Allen, 1994).

During the post-study, the students' perceived changes in their teachers' actions could be due to the teachers' new understanding of early childhood trauma. The students' responses describe their teachers' treating all students equitably. ". . .The ongoing process of "tribalism"—creating an "us" and "them"—is a powerful but destructive aspect of the human condition, exacerbating trauma in individuals, families, and communities attempting to heal" (Perry, 2009, p. 248). This study aligned with Dr. Bruce Perry's research, when Perry indicated that teachers' understanding of the pervasiveness of trauma and caring relationships can buffer and heal students impacted by trauma. Such gains in teacher understanding can lead to classroom communities where everyone is accepted, and no one is treated inequitably.

Early childhood trauma affects students academically as well as their ability to self-regulate during stressful situations. Teachers who understand how trauma impacts students' brains and bodies are more equipped to create trauma-informed classroom environments, react to dysregulated students in a trauma-responsive manner, and be able to co-regulate with students who are upset (Mental Health Coordinating Council, 2017). During the post-study interviews, the students stated that their teachers began seeking to understand student behavior, spoke with upset students one-on-one, and sent less students to the dean. These behaviors that the students discussed reflect an alignment with the trauma-informed care model, Fostering Resilient Learners, which was used as the content of the teachers' professional learning.

The Fostering Resilient Learners model emphasizes relationships, responsibility, and regulation as the key components to trauma-informed care (Souers et al., 2016). The students'

responses to “What qualities do the best teachers have?” imply that the best teachers build relationships with their students. Teachers building caring relationships with students is supported by years of trauma research as a powerful strategy for helping students who have experienced trauma or who are living in stressful or neglectful homes (Cook et al., 2003; Plumb et al., 2016; Souers et al., 2016). The students’ responses indicate that they feel cared for by their teachers, which matters just as much as their teachers providing the actual care (Noddings, 2002).

Another component of Fostering Resilient Learners is regulation. Many of the students’ post-study responses to, “What do good teachers do when students’ misbehave?” were: allow students to take a break, let the student get water, or take them outside the classroom to talk to them. The students’ answers are describing trauma-informed regulation strategies that their teachers are using, which align with the literature on trauma-informed care. Trauma-informed approaches are needed in classrooms where there are children who have experienced some form of trauma. When the teacher takes students outside to talk to them, if the teacher gets down on the students’ level, empathizes, and works with the student to calm down and seek a solution to the student’s problem, these provide vivid examples of co-regulation. Co-regulation is an interactive process of regulatory support. “The supportive process between caring adults and children, youth, or young adults that fosters self-regulation development is called ‘co-regulation’” (Rosanbalm et al., 2017, p. 1).

**Research Question Three: How do teacher perceptions compare to the perceptions of the students they serve?**

Some connections between the findings regarding how teachers’ perceptions compare to their students’ perception in this study and the literature on trauma-informed care could be made.



Most models that are being used to address children's trauma emphasize the need for environments that are both physically and emotionally safe, predictable, allow students choice, and provide caring connections between students and adults (Plumb et al., 2016; Sourers et al., 2016; Cook et al., 2003).

These findings also aligned with Abraham Maslow's Theory on Hierarchy of Needs. Maslow suggested that if individual needs are met, it is easier for each individual to move up the hierarchy to improve themselves and achieve higher levels of actualization (Maslow, 1943). This aligns with many of the students' and teachers' post-study interview responses. Most of the teachers indicated a desire to understand the causes of each student's behavior so that they can provide them with what they need. The students perceived that their teachers began taking dysregulated or upset students into the hallway to talk. Most likely the teachers in these scenarios were attempting to see what is wrong and how can they help the student. At times the teacher is also reminding the student of the classroom expectations and better ways to communicate the needs in the future.

Maslow's Theory indicates that when our physiological needs are met, then it becomes more likely that we are ready to learn new skills and knowledge (Maslow, 1943). The student participants in this study perceived that their teachers better began to address their needs when they mentioned their teacher teaching them breathing activities when they are upset, listening to their concerns, and taking students aside to talk about their needs.

In general, Fitzgerald et al., (2020) determined that teachers' and students' perceptions often differ regarding different aspects of the classroom. Students seem to have a more positive perspective of their own actions compared to their teachers' more negative view. "Students report 65% of the time that they copy down notes provided nearly every lesson compared to the

22% reported by teachers. 90% of teachers report that students have opportunities to explain their ideas about once a week or nearly every lesson compared to 58% of students” (Fitzgerald et al., 2020). This does not align with the findings from this current study. By the end of this study most of the teachers and students seemed to agree on what misbehaving students need. Even those teachers with remnants of deficit thinking demonstrated growth in their understanding of why students struggle behaviorally.

Havik et al.’s study found that students who perceived “high-quality classroom interactions were more engaged in school, and teachers’ emotional support showed the strongest association with engagement . . .” (Havik et al. 2019, p. 1). This finding aligned with this study. Students stated that the best teachers are nice, give students second chances, help them with their work, and care about how students feel. When these students’ desires align with their teacher’s actions, it can create a safe, predictable classroom where all students can learn.

### **Implications and Recommendations for Practice**

There are several implications or recommendations for practice that can be derived from this study. Educating teachers on the impact of early childhood trauma can change the way that teachers perceive and react to students who struggle behaviorally in the classroom. Pre-service training regarding early childhood trauma would be beneficial to new teachers and empower new teachers with strategies to better support their students. More inclusive training on students’ social and emotional needs and culturally responsive teaching could also equip preservice teachers with the tools that they will need in the classroom to ensure that all students feel safe and cared about. If teachers begin the first day of school with a deeper understanding of adolescent behavior, as well as the impact that trauma has on the brain and body, they will have more tools and strategies to create a well-run, safe, and predictable classroom environment. New

teachers would also know how to respond to dysregulated students, co-regulate with them, and de-escalate disruptions without re-traumatizing the students. This in turn could lead to less students being excluded from the classroom setting.

Patricia Jennings expresses that trauma-informed schools benefit all students. Teachers who are trauma-informed can facilitate increased participation with all students, support resilience, and improve emotional intelligence and communication skills of students. All students in trauma-informed schools also show improvement in their attendance, behavior, and graduation rates (Jennings, 2019).

Another implication is that changing the perspectives and actions of teachers is a difficult process. People who choose to become teachers are unique from almost every other profession because they have spent so much of their lives observing teachers. Dan Lortie, in *Schoolteacher: A Sociological study* (1975), calls this phenomenon, *The Apprenticeship of Observation*. This phenomenon leads to most new teachers coming into the field of education with preconceived ideas of what it is like to be a teacher. Once they experience dysregulated students whose behaviors are impeding instruction, the teachers may take these behaviors personally.

Allen et al. (2020) argued that most school leaders are not prepared for trauma-informed leadership; therefore, principals lack an understanding of the impacts of trauma on students' social, emotional, physiological, and academic needs. These researchers recommend that school leaders utilize the work of the Massachusetts Advocates for Children and the Trauma and Learning Policy Initiative. This initiative resulted in what is termed the *Flexible Framework*. The Flexible Framework can be a powerful organizational tool to create a school-community focus on trauma sensitive schools. These six core operational functions are critical to addressing trauma in our schools:

1. **Leadership** that keeps a school focused on creating trauma sensitive schools;
2. **Professional Development** that enhances all school staff members' abilities to create and sustain trauma sensitive learning environments;
3. **Access to Resources and Services** that support the full participation of all students by coordinating services with mental health and other agencies outside the school;
4. **Academic and Nonacademic Strategies** that establish clear expectations, predictable routines, and classrooms where children feel safe;
5. **Policies and Protocols** that align with and support trauma-informed practices; and
6. **Collaboration with Families** that engages them in their children's education, making them feel welcome, and realizing the important role they play in their child's success.

We strongly recommend that professional development, created and implemented to promote trauma-sensitive schools, should follow best practice. Such best practice can be found through Learning Forward's Standards for Professional Learning (SPL), for example. These standards influenced the quality of the professional development and implementation in this study. At least some of the teachers' changes in perceptions may also be due to the fidelity of following the guidance of the SPL. The SPL suggest weekly professional learning community meetings, administrator walkthroughs, and consistent feedback provided to the teachers to ensure that the professional learning is ongoing, consistent, and embedded within the school culture.

### **Recommendations for Future Research**

This study was conducted over the course of one semester of a school year. Conducting the study for a longer period of time might result in deeper insights regarding the impact of early childhood trauma PD on teachers' perceptions and actions. We would recommend that such PD should include trauma-informed care, restorative practices, culturally responsive teaching, and

strategies to partner with key stakeholders in the school community. The trauma-informed care PD would educate the teachers on what trauma looks like behaviorally in the classroom, give teachers proactive and reactive strategies, and build a community of support.

Restorative practice PD could instruct teachers on how to heal harm that has been committed in the classroom between peers and between students and teachers. The culturally responsive training can create a less traumatic classroom experience because it will lower a culturally biased curriculum, include culturally relevant strategies, and allow students to see themselves represented throughout the day while they are learning. Saundra Bloom's trauma-informed care Sanctuary Model (Bloom 1997) promotes (1) Non-violence, (2) Emotional intelligence, (3) Social learning, (4) Democracy, (5) Open communication, (6) Social responsibility, and (7) Growth and change, which are elements that support culturally responsive practices (Stanwood et al., 2004).

The strategies taught to support trauma-sensitive schools not only support students who may potentially be living with toxic stress, students of color, or students who are living in poverty; additionally, these strategies can benefit all students by teaching resilience, responsibility, communication skills, and social responsibility. When trauma-informed care is enacted effectively, elements of restorative justice, culturally responsive pedagogy, and ethic of care naturally become integrated into those trauma-informed care practices and foster reciprocal caring relationships between the students and teachers (Cook et al., 2003; Noddings, 2002; Plumb et al., 2016; Sourers et al., 2016). Therefore, these research-based approaches can work together to positively support students' academic and developmental outcomes.

A mixed methods approach is also suggested to increase the sample size by including an assessment, such as The ARTIC Scale Trauma-Informed Care Survey, to acquire quantitative

data. The researchers could also conduct post-study interviews in order to gain rich qualitative data through interviews from students and teachers.

### **Conclusions**

Many of the students in our classrooms today have experienced some form of traumatic event in their life or experience stressful environments (U.S Government Accountability Office, 2019). Many teachers bring with them to the teaching profession thoughts and ideas about children that were derived from their socialization and possible implicit biases that developed over the years. Because of this, many teachers may not understand some of their students' behaviors and reactions to certain situations. However, teachers who understand how early childhood trauma impacts their students' brains and bodies can become more empathetic and child centered. This can lead to classrooms that are predictable, caring, empowering, and emotionally safe.

The findings from this study suggest that well-behaved students and students who sometimes struggle desire to be understood and cared for by adults who are patient and who give them second chances when they make mistakes. Teachers who participate in professional development on the topic of early childhood trauma can become more child-centered and potentially become more reticent to send students to administrators. They also seek to understand student behavior and teach their students regulation strategies.

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