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Drama, Trauma and the New Normal:
Understanding the Role of School Administrators
in Creating Trauma-Informed Schools

A dissertation submitted in partial satisfaction of the
requirements for the degree Doctor of Education

by

Felicia Lorraine Drew

2024

ABSTRACT OF THE DISSERTATION

Drama, Trauma and the New Normal:
Understanding the Role of School Administrators
in Creating Trauma-Informed Schools

by

Felicia Lorraine Drew

Doctor of Education

University of California, Los Angeles, 2024

Professor Megan Loef Franke, Co-Chair

Professor Kristen Lee Rohanna, Co-Chair

This qualitative study sought to gather data from secondary school principals to increase understanding of why from their perspective trauma-informed practices have failed to take hold in public secondary schools. Ten secondary school principals in a large urban school district participated in interviews to explore their understanding of chronic trauma, their understanding of how their students have been impacted by trauma, and what they perceive their roles, and the role of their school community should be in addressing chronic trauma for their students. An analysis of the interview data found that the study participants strongly believe that schools should be prepared to address the outcomes of chronic trauma for their students to ensure that students can learn. The study participants discussed broad approaches to addressing chronic trauma; however, there was evidence that a deep understanding of chronic trauma and how to

address it was absent for most of the study participants. The study found inadequate professional development and support from the school district for this initiative. As a result, the interview participants' responses to addressing student trauma were uneven. The school leaders in this study frequently conflated other school initiatives and educational strategies with trauma-informed school practices, demonstrating that initiative fatigue has impacted their ability to fully implement school-wide practices in which all stakeholders are prepared to intervene for student trauma and respond to students who are demonstrating the effects of trauma in a trauma-sensitive fashion. Another significant finding was that the secondary principals faced pressures from competing interests and resistance from their school community, preventing them from prioritizing creating a trauma-informed school. Implications for practice point to the role of school district leadership in ensuring that the conditions exist for school administrators to lead the work of creating sustainable school cultures that are trauma informed. District leadership must take responsibility for their failure to ensure successful school change efforts by creating conditions in which initiative fatigue has become a persistent impediment to improving student outcomes.

The dissertation of Felicia Lorraine Drew is approved.

John S. Rogers

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2024

DEDICATION PAGE

I dedicate this work to my family. To my husband, Robert, I give much gratitude for your unwavering love and patience. Your belief in me gives me more strength than you know. To my beautiful and brilliant sons, Alexander and Gabriel, thank you for being my unwavering support system, my sounding boards, and my cheerleaders when I questioned my ability to complete this work. Thanks to my parents for planting the love of learning in me and never letting me believe there were any barriers to achieving my dreams.

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Figure 1. Darling-Hammond & Cook-Harvey (2018) The Whole Child Ecosystem

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Chapter One: Introduction

Overwhelming data indicate that most students in the K-12 public education system have been exposed to some form of chronic trauma or stress during childhood. These events are also known as adverse childhood experiences (ACEs; Felitti et al., 1998; Iachini et al., 2016; Luthar & Mendes, 2020). ACEs include emotional abuse, physical abuse, sexual abuse, neglect, parental separation or divorce, family violence, household substance use, household mental illness, and exposure to community violence. Now well-established research demonstrates a link between ACEs and adverse physical and mental health outcomes for a significant portion of the population (Felitti et al., 1998; Jaycox et al., 2014; National Association of School Psychologists, 2015; Woodbridge et al., 2016). Such outcomes include a higher risk for chronic health issues, such as heart disease or cancer, and increased instances of mental health issues, such as depression and anxiety (Felitti et al., 1998). Children who are regularly exposed to trauma and stress are also more likely to struggle with self-regulation and engage in high-risk behaviors, including alcohol and substance use (Felitti et al., 1998; Jaycox et al., 2012; National Association of School Psychologists, 2015).

Unfortunately, most children do not receive the mental health treatment needed, and the consequences impact their educational outcomes and lives beyond school. Mental health experts point to schools as the most effective mechanism for ensuring that students — especially low-income, urban, and students of color — get access to that mental health treatment (Jaycox et al., 2014; National Association of School Psychologists, 2015; Perry & Daniels, 2016). That requires an education system that views them as whole beings needing mental health support; however, they are not receiving that support for many reasons. Documented issues include initiative fatigue, financial constraints, competing interests, poorly implemented training, and a lack of

teacher receptiveness (Alisic, 2012; Anderson et al., 2015; J.A. Howard, 2019; Reinke et al., 2011). As a result, highly effective leadership, and commitment at the school level, coupled with district-level support and commitment, are required to institutionalize what some see as a moral imperative. This study sought to investigate school administrators' facility to institutionalize the elements of a trauma-informed school — a school in which all stakeholders go beyond awareness to incorporate understanding in all aspects of the school community and seeks to intervene for and address the symptoms of chronic trauma (Jaycox et al., 2012; Kentucky Department of Education, 2020).¹

Statement of the Problem

In 2019, school faculties in the Los Angeles Unified School District participated in mandated professional development on ACEs and trauma-informed classrooms like many other school districts across the country. The centrally provided presentations defined ACEs and emphasized the importance of strong adult relationships in mitigating the effects of chronic trauma. The focus on trauma-informed practices and social-emotional learning has intensified due to the COVID-19 school closures in 2020 and 2021. In anticipation of the impact of the school closures on our children, an extensive Policy Analysis for California Education (PACE) report was published in May 2021. It listed 14 recommendations, five focusing on mental health and wellness, relationships, and restorative practices (Myung et al., 2021). This report accurately surmised that the COVID-19 pandemic and school closures would take a psychological toll on children. It proposed a return to school that included the characteristics of trauma-informed schools. The return to in-person instruction in the fall of 2021 indeed saw an increase in

¹ The term trauma-informed school is often used interchangeably with trauma-sensitive school in the education community. In this text, I will primarily use the more commonly used term trauma-informed school as defined here, unless the research that is being cited uses the term trauma-sensitive school.

problematic student behaviors across the country (Ingram, 2022; National Center for Education Statistics, 2022). Concerns about the effect of isolation and the loss of the public-school safety net during the school closures proved well-founded.

The Effects of Chronic Stress and Trauma

The trauma-informed practices discussed in the PACE brief were grounded in work that began more than twenty years before the pandemic. A major study conducted by the Center for Disease Control and Kaiser Permanente in 1995 established a causal relationship between early exposure to trauma, adverse childhood experiences, and adult health outcomes, including substance use, depression, heart disease, and cancer. The researchers concluded that experiencing trauma during childhood can lead to toxic stress that disrupts brain development, affects organ systems, and disrupts stress management systems (Felitti et al., 1998). Since then, many studies have examined the incidence and effects of ACEs in school-age youth.

One such study in Washington State determined that 13 out of every 30 students in the classroom have experienced three or more ACEs (Perry & Daniels, 2016). According to Woodbridge et al. (2016), most studies of trauma exposure find that most youth experience at least one traumatic event by age 21. The studies of ACEs or schools that implement programs to address trauma note that marginalized groups, particularly African Americans, Latinos, Native Americans, immigrants, and people experiencing poverty, were more likely to experience exposure to childhood traumatic events and more likely to experience more frequent exposure (Iachini et al., 2016; Jaycox et al., 2014; Woodbridge et al., 2016). These statistics indicate that most public schools have a significant student population experiencing mental and physical health outcomes related to ACEs.

These studies show that experiencing multiple ACEs can lead to chronic stress and subsequently affect a child's educational outcomes. Long-term exposure to chronic stress and trauma impacts a child's capacity for abstract reasoning and sustained attention, and their ability to recall information is diminished (Perry & Daniels, 2016; Woodbridge et al., 2016). Children experiencing these cognitive effects due to childhood trauma are more likely to be labeled at-risk or have behavior problems and receive diagnoses for learning disabilities, Attention Deficit Hyperactivity Disorder, and Oppositional Defiant Disorder (Perry & Daniels, 2016).

In addition to the data that show that ACEs impact most school-age children, the U.S. Department of Education statistics in 2015 noted that nearly 1.2 million violent incidents occurred on K-12 campuses, a rate of 25 incidents per 1,000 students in the 2009 – 2010 school year. The incidents of violence were greater in middle school than at any other level, with 40 incidents per 1,000 students compared to 21 incidents per 1,000 students at the elementary or high school level (Hydon et al., 2015). News media reports suggest that these numbers have been surpassed since schools reopened in the fall of 2021 (Meckler & Strauss, 2021; Sawchuck, 2021). Because of such statistics, it makes sense to many in school social work and school psychology that schools are integral in delivering mental health services to children who need them. Members of these fields have been at the forefront of the call for schools to become trauma-informed communities.

Trauma-Informed Schools

The elements of a trauma-informed school include an environment that promotes a positive and safe culture that engages in academic and nonacademic strategies for working with traumatized students, such as self-regulation and mindfulness (Hydon et al., 2015; Jones et al., 2018). Such schools also prioritize staff training on trauma, secondary trauma, and how to

partner with parents and clinicians. These schools partner with mental health professionals who will work with identified students, consult in classrooms, and collaborate with teachers. Finally, trauma-informed schools shift their view of discipline from a punitive lens to a focus on restorative justice (Jones et al., 2018; National Association of School Psychologists, 2015).

The increased interest in and call for trauma-informed approaches to schooling also represent an understanding that schools cannot meet their academic goals if students experiencing stress-related disorders cannot learn due to behavioral concerns or learning delays caused by the effects of chronic trauma. In their literature review, Dorado et al. (2016) also noted that the effects of chronic stress and trauma, when paired with explicit and implicit bias in schools, play a significant role in the school-to-prison pipeline.

A body of research demonstrates that school-based mental intervention can mitigate the impact of trauma and chronic stress on K-12 students. Studies have examined trauma-informed approaches that entail teacher-supported mindfulness exercises that take a few minutes (Bakosh et al., 2016) to more complex interventions that include Cognitive Behavioral Intervention for Trauma In Schools (CBITS), a more complex program of onsite clinical intervention and classroom workshops (Dorado et al., 2016; Langley et al., 2015; Perry & Daniels, 2016). These studies, primarily conducted at elementary schools, showed positive results for students when the interventions were carried out with support and fidelity. However, these successes have yet to translate to the broader adoption of trauma-informed practices in public schools.

The Research to Practice Gap

Even though there is widespread recognition of the impact chronic stress and trauma have on academic and behavioral outcomes for students and the success of pilot studies, the implementation of schoolwide initiatives to address the problem has not been significant (Arnold

et al., 2020; Baweja et al., 2016). The increased availability of evidence-based interventions and funding and mandated professional developments have yet to lead to widespread adoption (Arnold et al., 2020; Reinke et al., 2011). Reinke et al. refer to this as a “research to practice gap,” which they linked to several barriers: a lack of district and school administrative support, financial constraints, and availability of personnel. However, the most studied and cited barrier has been the role of teachers. Specifically, teacher perceptions and attitudes about their role in the delivery of interventions are most frequently mentioned or examined, such as in studies by Alisic in 2012, Reinke et al. in 2011, and Luthar and Mendes in 2020.

While much of the research points to the critical role teachers can play in remediating the impact of trauma on students (Chiodo & Kolpin, 2018; Perry & Daniels, 2016; Reinke et al., 2011), the research also shows that teachers resist taking on such a role. Teacher attitudes toward school-based mental health interventions that require their involvement in screening students for intervention or the delivery of interventions are complex and multi-faceted (Weston et al., 2018). First and foremost, teachers regularly report feelings of inadequacy and confusion (Weston et al., 2018) when addressing the needs of students with trauma. They report a lack of training and experience; furthermore, most teachers feel that school mental health professionals should be responsible for providing mental health support (Reinke et al., 2011). However, the teachers' role in screening and responding to trauma-related behaviors is critical (Alisic, 2012; Reinke et al., 2011). Additional barriers to implementing trauma-informed interventions in schools include a lack of funding, ineffective professional development and training of teachers, and a lack of administrative support (Luthar & Mendes, 2020; Reinke et al., 2011).

The limited research that discusses the difficulty in implementing schoolwide trauma initiatives focuses on teacher resistance and buy-in. At the same time, not enough of it examines

the work of school administrators in leading the school change effort. The challenges school administrators face in gaining teacher buy-in to a new policy or practice is a frequent topic of discussion among administrators (Feirsen, 2022), and the impact of obtaining the buy-in is substantiated by research (Lee & Min, 2017). A focus on trauma-informed schools also provides new and unprecedented challenges that may be philosophical and political in nature as well as emotionally challenging to teachers who might also be struggling with secondary trauma (Alisic, 2012; Hydon et al., 2015; Ross et al., 2012). Secondary trauma or secondary traumatic stress (STS) is defined as “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person” (Hydon et al., 2015, p. 323). The symptoms of secondary trauma can be intrusive, avoidance, negative mood, and emotions. These symptoms are frequently associated with two related conditions — burnout and vicarious trauma. Thus, administrators must recognize that STS, or what Hydon et al. referred to as compassion fatigue, is a real challenge that they must contend with for their employees and themselves (2015).

Before the pandemic, the association between childhood experiences with trauma and stress and educational outcomes for many of our students was clear (Kataoka et al., 2012; Porche et al., 2011). Because of the pandemic, the need for schools to adopt schoolwide trauma-informed and trauma-sensitive practices has only been heightened. Trauma-sensitive as used here means that individuals bring trauma-awareness to their interactions and communications with individuals who may have been affected by trauma. The pandemic and resulting cessation of in-person schooling increased the number of students who experienced prolonged trauma. In 2022, 80% of school administrators reported that the pandemic had impacted the social-emotional

development of their students in the return to in-person instruction, as evidenced by increased problematic behaviors (National Center for Education Statistics, 2022).

Understanding the complex task administrators must undertake to create trauma-informed schools while supporting and leading teachers is critical to understanding why these efforts have stalled. Knowing school administrators' feelings and beliefs about this work and the support they need to do this work is imperative because this initiative is critical to meeting the needs of our students.

Existing Research on the Implementation of Schoolwide Trauma-Informed Practices

While studies of trauma-informed school approaches exist, recent analyses suggest they are not solid empirical studies (Maynard et al., 2019). Other researchers believe that a review of the existing literature demonstrates that the move toward trauma-informed practices in K-12 schools has taken place with no consensus or formally agreed-upon understanding of what that looks like or even clear definitions of the terminology (Luthar & Mendes, 2020; Thomas et al., 2019). Additionally, according to Thomas et al., scholars have yet to consider the complexities of the school context and the competing responsibilities with which teachers must deal. In other words, studies fail to position teachers in the research. Moreover, relatively absent from all the research is the school-level administrator. Their perspectives and experiences related to this work are glaringly invisible in the research, as is an analysis of their capacity to do the work.

The research on educator engagement and perceptions of trauma-informed instruction provides an impetus for additional research. Though limited, it points to the complexities that school administrators must confront to establish trauma-informed school cultures effectively. A study from the Netherlands surfaced several teacher concerns (Alisic, 2012). It noted that there was very little research on teachers' perceptions regarding implementing trauma-informed

practices. This qualitative study involving 21 teachers revealed that many had concerns about their competency to support students and their mental health due to experiencing secondary trauma. Many believed it was not a teacher's role to provide mental health support. Similarly, a 2011 quantitative study by Reinke et al. provided data that closely aligns with the findings of the Dutch study. In that study, most teachers indicated that they did not feel competent to engage in lessons on social-emotional learning and that mental health professionals should do this work.

A 2015 study of a university–school collaboration attempted to address the concerns teachers express about their ability to intervene for students experiencing trauma (Anderson et al., 2015). The study, which involved classroom staff (aides and teaching assistants), provided several essential findings. After receiving a series of professional development workshops on trauma and its effects on students, self-care, and trauma-informed practices, participants completed surveys and participated in focus groups. Participants indicated they were more knowledgeable about how stress and trauma affect students; however, they continued to believe that an aggressive tone was needed to get students to behave. The teacher assistants continued to demonstrate a need for more understanding of how school staff behavior could contribute to student stress and compound their behavior. Participants in this study also stated that there were too many competing interests, such as learning to implement the new teaching standards (the Common Core State Standards), to allow for learning and implementing anything new (i.e., trauma-informed instruction).

More recent studies reiterate many of the findings about teacher perceptions regarding their roles in providing mental health support to their students and go a step further, adding that teachers express confusion and frustration about the expectations and limitations of their roles (Weston et al., 2018). A 2018 article detailing implementation efforts for evidenced-based

prevention programs to address student behaviors reinforced Reinke et al.'s findings in their 2011 study. It brought further depth and understanding to the issues. Specifically, Chiodo and Kolpin (2018) noted inadequate professional development and a need for ongoing support for teachers. They also provided the additional insight that evidenced-based programs are sometimes imposed upon school sites even when there is a mismatch between the teachers' beliefs and their readiness for implementation.

A review of the literature reveals that most of the research on trauma-informed schools, cultures, and practices almost exclusively focuses on elementary schools — this includes studies that look at pilot programs like the whole-school, multi-tiered HEART program, which addresses school culture and provides intensive clinical support (Alisic, 2012; Anderson et al., 2015; Dorado et al., 2016). This singular focus on elementary schools is disconcerting, considering the previously mentioned statistics about student violence at the secondary school level. Few studies have addressed the teacher's role in trauma-informed schools or teachers' feelings and beliefs about their responsibilities in implementing strategies to support trauma-informed schools. Those that address these factors, such as the HEARTS study (Dorado et al., 2016), are very small and limited in scope.

Finally, only a few research studies have looked at the role of administrators, including administrators who have already demonstrated a commitment to trauma-informed schools. One of these studies, the Trauma & Learning Policy Institute's descriptive study of trauma-informed schools, speaks to the elements of the successful implementation of a trauma-informed school action plan and the characteristics of a successful school leader (Jones et al., 2018). However, this study does not shed light on how those administrators addressed barriers to implementation. In another study focusing on administrators, Arnold et al. (2020) highlight the reasons that

Baltimore area school principals actively sought participation in a randomized control trial of a trauma intervention. They do not, however, discuss the outcomes of those programs over time or the administrator's experiences with implementing the program. The relative absence of school administrators from the literature on this subject is remarkable, considering that principal leadership is critical to successfully adopting school improvement initiatives (Fullan, 2000; White-Smith & White, 2009).

Study Overview

This qualitative study aimed to examine and describe the perceptions and beliefs of secondary school site administrators about their role in leading the work of institutionalizing universal trauma-informed practices while also exploring their feelings about their ability to do this task. The goal was to center their voices and better understand why the research to practice gap continues to exist despite the evidence that trauma-informed schools can improve academic and behavioral outcomes for students exhibiting the effects of chronic stress and trauma (Dorado et al., 2016; Jones et al., 2018; Perry & Daniels, 2016). Few studies about schoolwide or universal mental health initiatives or trauma-informed schools address the role of administrators, their perspectives on these initiatives, or their capacity for this heavy lift. The research about teachers' perceptions and attitudes toward trauma-informed classroom practices and schoolwide programs, though limited, points to some significant challenges for this vital work. Resistance to change is expected in educational settings and attempts to institutionalize a trauma-informed approach bring additional and unique emotional challenges. By employing qualitative methods to explore the ability of school site administrators to surmount the barriers to implementation this study provides valuable insights as we seek ways to mitigate the tragic and profound academic

and social-emotional effects of chronic trauma on our students, which have only been amplified in the last three years.

Research Questions

The existing research on implementing trauma-informed approaches in schools states that efforts have yet to successfully create and sustain universal, schoolwide mental health intervention programs (Arnold et al., 2020; Reinke et al., 2011; Thomas et al., 2019). Research on school change routinely points to the integral role of the school principal in leading the successful implementation of initiatives such as creating a trauma-informed school (Fullan, 2000; White-Smith & White, 2009). Thus, an examination of the role of school administrators was warranted to understand better why implementation efforts have failed thus far.

I hypothesized that several factors affect school administrators as they approach this work, including their understanding of the elements of a trauma-informed school community, their perceptions and beliefs about the roles schools should play in addressing the mental health needs of students, and their ability to lead the work of institutionalizing school change. This study focused on the following questions:

1. How do secondary principals understand and make sense of trauma and how the students in their school communities experience it?
2. How do secondary school principals envision their role and their school communities' role in addressing trauma?

Study Design

This study employed semi-structured interviews focused on secondary school principals in a large urban public school district. The goal was to collect data via interviews that assessed the following: secondary principals' knowledge of the impact of chronic stress and trauma on

their students; their knowledge about the evidence-based interventions that are already available; and their perceptions about the role they and their schools should play in delivering these interventions.

By engaging in forty-five minute to one-hour, semi-structured interviews with ten secondary principals, I hoped to give voice to a constituency that needs to be added to the research on this subject while providing more insight and depth than a survey or questionnaire could provide. As administrators are primarily absent from the current research on the schoolwide implementation of mental health interventions, it was hoped that a qualitative approach that centers principals would surface observations and concerns from the stakeholders who are most responsible for ensuring the implementation of any school change.

Study Significance

Considering the significant impact of chronic stress and trauma on our students, failing to address the effects on student outcomes proactively will make other school improvement efforts futile. Efforts to address opportunity gaps and improve the academic achievement of underserved populations widely acknowledge the need to address trauma and chronic stress (Californians for Justice, n.d.; T. C. Howard, 2016). Furthermore, the alarming statistics about school violence released in 2015 by the U.S. Department of Education and the pandemic's impact on children's social development (Ingram, 2022; National Center for Education Statistics, 2022) make the argument for trauma-sensitive schools even more compelling and significant.

Recognizing schools' critical role in addressing mental health needs and ensuring a safe learning environment seems non-negotiable. An administrator's top priority should be safe schools where all students can learn and are treated equitably. Empowering school administrators, faculty, and staff to do this work should be non-negotiable. Research points to

teachers being the biggest obstacle to this effort. However, discussions about the quality of the training, support, and leadership teachers receive need to be included in the research. Thus, to better understand why schools have failed to successfully adopt universal approaches to address childhood trauma, understanding the actions of school leaders regarding this subject should be moved to the forefront. This study sought to understand what has impeded school administrators from leading the creation of trauma-informed schools despite the broad consensus that it is needed. It also sought to identify what school administrators believe about the impetus to create trauma-informed schools and what tools and support they need to do this work. A focus on secondary schools is imperative because it has been most neglected thus far in the research, and it is at the secondary level that the impact of the trauma is most visible, as the statistics about school violence are seen to demonstrate.

Chapter Two: Literature Review

By 2018, trauma-informed practices were buzzwords in public education settings. In 2019, school faculties across the Los Angeles Unified School District participated in mandated professional development on adverse childhood experiences (ACEs), trauma-informed classrooms, and social-emotional learning. During the pandemic, media reports about the loss of the public-school safety net were published far and wide, along with stories about the harms of the isolation and lack of schooling caused by remote learning.

Reports from media outlets such as Newsweek and Education Week, for example, carried similar headlines about increased child abuse experienced by students who lost the security and scrutiny provided by schools during the school closures in 2020 and 2021 (Czachor, 2021; Sparks, 2021). Others, such as KPBS in San Diego, California, reported about the drop in child abuse reporting during the school closures and its implications for children (Hong, 2020). A Kaiser Family Foundation issue brief in May 2021, which referenced such media reports, supported the idea that school closures and isolation did cause increased mental health issues (Panchal et al., 2021). It cited surveys of parents and students in which participants reported worsening mental and emotional health and increased experiences with anxiety and depression. An extensive Policy Analysis for California Education (PACE) report published in May 2021 listed 14 recommendations, five focusing on mental health and wellness, relationships, and restorative practices (Myung et al., 2021). This report correctly anticipated that students would return to schools exhibiting the symptoms of trauma because of the experiences of loss and isolation related to the pandemic. These recommendations were intended to ground schools in practices that would mitigate the effects of the trauma of the pandemic.

As a result of reports like these, teachers in many districts across the country participated in additional professional development on the importance of building relationships with their students while learning to deliver remote instruction. LAUSD added pupil-free days to the calendar and provided professional development modules on engagement and strategies for relationship building. As we emerge from the pandemic and are confronted with stark examples of trauma-induced behavior, the efficacy of the professional development delivered before and during the pandemic comes into question. This literature review examines the historical role of crisis intervention in school, ACEs impact on students and their educational outcomes, the implications of childhood trauma for schools, and the challenges to effectively delivering trauma-informed practices in public schools. Most importantly, I examine the roles of educators — particularly administrators — in ensuring that this need to create trauma-informed school environments is met.

The Historical Role of Crisis Intervention in School

A review of the history of critical events in American schools over the last 150 years revealed that in the earliest years of public schools, educators, the U.S. Department of Education, and the American public did not recognize the need for school-based interventions in response to a community crisis (Jaycox et al., 2014). Jaycox et al. noted that early disasters, including a school massacre in 1927 during which 37 children were killed in Michigan, were considered isolated events. Over time, this perception shifted in some communities, and local school districts began to recognize the need to address crises, such as the deaths of community members or more alarming events like school violence, with temporary mental health crisis teams.

In 1984, a school shooting at a Los Angeles elementary school led to the creation of a crisis-intervention team model that is deployed in response to school and community crises. In

1999, the Columbine High School shooting in Colorado raised the alarm at the national level. School violence began to receive Congressional attention, and as a result, the U.S. Department of Education put in place initiatives that provided funding for school-based trauma services (Jaycox et al., 2014). By 2001, the role of schools in responding to community trauma and disasters was well established and supported by funding from the federal government. Project SERV (School Emergency Response to Violence) was created by the U.S. Department of Education and provided school districts with funding to respond to school violence, including suicide clusters. The shift in the public's view of the school's role in addressing trauma was demonstrated on a large scale in the aftermath of two major catastrophes – the terrorist attacks on September 11, 2001, and Hurricane Katrina in New Orleans in 2005 (Jaycox et al., 2012).

After these disasters, the children affected were most likely to receive counseling services in their schools, and schools were proactive in providing services (Jaycox et al., 2014). A study after Hurricanes Katrina and Rita demonstrated the value of school-based trauma intervention. During the study, students exhibiting signs of trauma were randomly assigned to a school-based or clinic-based intervention. Results show that 98% of those assigned to the school-based intervention began the intervention, compared to only 37% of those offered the clinic-based intervention — although parents were offered transportation, flexible scheduling, and childcare (Jaycox et al., 2014). Finally, in 2013, in response to the Sandy Hook school shooting, The White House Office of Safe and Healthy Students released a call to action (“The Time is Now”), which included guides for K-12 and higher education containing school intervention strategies to address school and community violence. Federal funding for schools to respond to traumatic events was also made available through Project SERV.

Over time, the recognition of the need for school-based intervention has become established, as has financial support; however, the research on childhood trauma calls for a more sustained and systematic approach within the school's walls daily to address trauma's impact on children (Langley et al., 2015; Perry & Daniels, 2016). This research shows that a significant population of our students deals with the effects of trauma every day, not just following major traumatic community events.

Adverse Childhood Experiences

The number of Americans with at least one ACE is startling. Even more surprising is how significant and enduring the impact of childhood trauma can be on an individual's mental and physical health outcomes. A major study conducted by the Center for Disease Control and Kaiser Permanente in 1995 established a causal relationship between early exposure to trauma (ACEs) and adult health outcomes, including substance use, depression, heart disease, and cancer. This seminal quantitative study involved sending a questionnaire to 17,000 adults. An alarming 70% of the survey's respondents reported experiencing at least one ACE. The researchers concluded that experiencing unmitigated trauma during childhood can lead to toxic stress that disrupts brain development, affects organ systems, and disrupts stress management systems (Felitti et al., 1998)). The results are considered groundbreaking. Subsequent studies have supported these findings and provided compelling evidence that traumatic stress at even lower levels is linked to obesity, reduced cognitive development, and impaired emotional regulation (Woodbridge et al., 2016). Iachini et al. (2016) noted that in the original ACEs study, ten types of trauma were identified: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, parental separation or divorce, family violence, household substance use, household mental illness, and the incarceration of a household member.

In 2019, a CDC report provided more concrete data on the prevalence of ACEs, including that 61% of adults said that they have at least one ACE; 16% reported four or more ACEs (Centers for Disease Control and Prevention, 2021). A policy report by the National Academies of Science, Engineering, and Medicine (NASEM) underscored the prevalence of trauma across all ethnicities, socioeconomic groups, and geographic locations (Luthar & Mendes, 2020). In other words, this is not just a problem for poor or minoritized groups, though they disproportionately suffer the effects of trauma. In that early seminal ACEs study done for the CDC and Kaiser Permanente, Felitti et al. noted that 25% of primarily white, middle-class, college-educated, employed, and insured adults have over three ACEs (Felitti et al., 1998).

Several studies have examined the incidence of ACEs in youth with slightly different findings, but all the data is significant and troubling. A study in Washington State determined that 13 out of every 30 students in the classroom experience three or more ACEs (Perry & Daniels, 2016). According to Woodbridge et al. (2016), most studies of trauma exposure find that most youth experience at least one traumatic event by 21. Another study states that 60% to 70% of youth are exposed to traumatic events by age 17 (Langley et al., 2015). The COVID-19 pandemic and the related school closures have taken the statistics about children's exposure to ACEs to unprecedented levels. In a German study from 2022, 29% of parents reported that their children witnessed an increase in domestic violence and 42% in verbal abuse due to increased parent stress and familial tensions brought on by the pandemic and the problems it brought on, such as unemployment and social isolation (Calvano et al., 2022).

What is consistent across all the studies is that children experience different kinds of trauma depending on their gender, race and ethnicity, socioeconomics, and location. For example, boys are more likely than girls to experience a traumatic event, more likely to witness

violence, and more likely to experience physical violence; girls, on the other hand, are more likely to experience sexual abuse (Iachini et al., 2016; Woodbridge et al., 2016). Symptomology also differs by gender, as girls are more likely to experience posttraumatic stress than boys (Woodbridge et al., 2016).

Most studies on ACEs or trauma-informed schools note that marginalized groups and those experiencing poverty are more likely to experience exposure to childhood traumatic events and more likely to experience more frequent exposure (Iachini et al., 2016; Jaycox et al., 2014; Woodbridge et al., 2016). Immigrant/refugee populations and African American, Native American, and Latino children are more likely to experience trauma than white or Asian children (Woodbridge et al., 2016). Low income and urban youth are more likely to have experienced trauma than their affluent, suburban, or rural counterparts (Jaycox et al., 2014). These statistics indicate that most public schools have a significant student population experiencing mental and physical health outcomes related to ACEs. It makes sense to many in school social work, school psychology, and educational leadership that addressing childhood ACEs and trauma-informed practices is an issue that most public schools, particularly urban schools, need to tackle. The challenge is how effectively they will do so.

Adverse Childhood Experiences and Their Impact on Academic Achievement

The increased interest in and call for trauma-informed approaches to schooling goes beyond simply addressing community needs for mental health services more efficiently. It represents an understanding that schools cannot meet their academic goals if students experiencing the effects of chronic trauma cannot learn due to behavioral concerns or learning delays. In her book *The Deepest Well* (2018), former California Surgeon General Nadine Burke Harris noted that children in her medical practice as young as five and six exhibited physical and

psychological markers of trauma and adverse educational outcomes. Absent parental support, the cognitive impact of the long-term activation of the brain's stress response leads to adverse emotional and behavioral problems in school (Mendelson et al., 2020). A child's capacity for abstract reasoning, memory, concentration, sustained attention, and the ability to recall information is diminished (Perry & Daniels, 2016; Woodbridge et al., 2016). Children experiencing these cognitive effects due to childhood trauma are more likely to be labeled at-risk or as having behavioral problems and be referred for special education. Perry and Daniels (2016) noted that when students are not adequately assessed, it can lead to diagnoses such as attention-deficit/hyperactivity disorder, oppositional defiant disorder, and learning disabilities.

While examining the relationship between ACEs and high school dropout rates, Iachini et al. (2016) added their voices to the call for trauma-informed schools. They linked the role of ACEs to school dropout rates that exceed 1 million students a year in the United States. Their descriptive exploratory study of ACEs in a group of repeating ninth graders identified several patterns that have implications for schools. All the study participants who reported at least one ACE also reported a school-related behavior change. While they did not make claims of a causal effect, Iachini et al. noted that the timing of school-related behaviors coincided with or shortly followed a traumatic event in the study participants' lives.

A Call for School-Based Delivery of Trauma-Informed Services

Broad educational initiatives, such as the current focus on accountability and achievement data, typically fail to consider how ACEs' effect on behavior and cognitive function for a significant segment of our school population. Traumatized children are more likely to have lower achievement scores, expressive and receptive language difficulty, higher suspension rates and higher referrals for special education (Jones et al., 2018) As such, these initiatives may still

not produce the desired results. School districts like LAUSD have increased awareness of these issues and as a result, now include trauma-informed practices as well as the need to reduce the dropout rate, raise achievement test scores, and reduce learning gaps in their school and district plans.

According to the Trauma & Learning Policy Institute's descriptive study on trauma-sensitive² schools (Jones et al., 2018) and the National Association of School Psychologists, a trauma-sensitive school seeks to support the mental and academic well-being of its students by embracing the following premises:

- Trauma-sensitive schools provide universal access to mental health intervention by creating an environment that promotes a positive and safe culture that includes academic and nonacademic strategies for working with traumatized students, such as self-regulation and mindfulness (Jones et al., 2018; National Association of School Psychologists, 2015).
- Trauma-sensitive schools prioritize staff training on trauma, secondary trauma, and how to partner with parents and clinicians (Jones et al., 2018).
- Trauma-sensitive schools center relationships between adults and the students with whom they work (National Association of School Psychologists, 2015).
- Trauma-sensitive schools have a sustained commitment to collaborating with mental health professionals who will work with specific students and consult in classrooms (Jones et al., 2018; National Association of School Psychologists, 2015).

² The Trauma and Learning Policy Institute deliberately uses the term trauma-sensitive instead of trauma-informed to distinguish school initiatives from the use of trauma-informed practices in the mental health community. As noted previously the term trauma-informed is most used in the education community. This use of trauma-sensitive as used here is only applicable to references to the work of TLPI.

- Trauma-sensitive schools shift their discipline policies from a punitive to a restorative justice lens (Jones et al., 2018; National Association of School Psychologists, 2015).
- Trauma-sensitive schools place traumatized students' needs at the center of their mission (Jones et al., 2018).

The call for trauma-informed schools has remained firm since the early studies on school-based trauma intervention despite the many barriers and obstacles that I describe later in this review. Educational psychologists, social workers, and counselors advocate for a central role for schools in addressing childhood trauma, though the recommended approach may vary. Arguments include appeals to individuals' reason and logic by pointing to what they believe is the obvious convenience and opportunity that school centrality provides (Luthar & Mendes, 2020; Reinke et al., 2011), moral imperatives to provide much-needed mental services to underserved communities (Luthar & Mendes, 2020), and proposals for collaboration between schools and the mental health community to accomplish academic and mental health goals (Perry & Daniels, 2016).

A review of the research reveals several visions for trauma-informed schools that instinctively appeal to advocates of social-emotional learning (SEL) and restorative justice initiatives, as well as to mental health professionals. These proposals involve differing levels of financial investment, teacher and parent involvement, and classroom impact. Many call for significant roles for mental health professionals (Nadeem et al., 2011; Perry & Daniels, 2016); others rely primarily on classroom teachers (Bakosh et al., 2016). Whatever the complexity level of the proposals, they all are rooted in a firm conviction that school-based programs are critical for mitigating the effects of childhood trauma.

Perspectives on the Roles and Responsibilities of Schools

In the literature review of their study on supporting teachers to provide trauma-informed instruction, Luthar and Mendes (2020) found arguments for a moral imperative and arguments that attempt to appeal to the logical and practical need for improved academic achievement. The literature, they say, advocates for teachers' responsibilities to explicitly include attending to students' mental health needs in addition to academics by employing a trauma-informed paradigm. According to Luthar and Mendes, upwards of 60% of the total child population has been exposed to trauma, creating a demand for a K-12 emphasis. They cited the repeated calls in the research literature for school-based mental health promotion and mental health literacy for teachers.

Luthar and Mendes (2020) also identified three benefits to trauma-informed schools. The first benefit is the ability of teachers to foster students' resilient adaptation. Second, adults can be critical in identifying early signs of children's reactive distress and minimizing a worsening of maladjustment with early interventions. Lastly, teachers who understand the effects of trauma are less likely to mislabel a child's reactive behavior as intentionally oppositional or respond in a punitive manner (Luthar & Mendes, 2020). In their 2011 study, Reinke et al. echoed some of these sentiments that schools provide an ideal setting for targeting children's mental health needs, academic performance, and the connection between them. They argued that teachers are natural implementers who can significantly influence mental health outcomes.

After events like 9-11, we learned that schools could circumvent many children's barriers to treatment, such as transportation, time constraints, stigma, and parent involvement (Langley et al., 2015). As noted previously, ideal models of trauma-informed schools provide students with access to clinical support (Jones et al., 2018; National Association of School Psychologists,

2015). In their study of implementing a trauma-informed program in Los Angeles elementary schools — *Bounce Back Intervention* — Langley et al. (2015) found that students referred to the school-based program were likelier to complete it than those who received a referral for services not based at the school site. Additionally, parents of young students were more likely to participate. Their results were consistent with the findings of Jaycox et al. (2012) in their research on school based CBITS programs. This collaboration between mental health professionals and schools provided onsite services that were not wholly dependent on teachers. As such, it addressed one of the barriers to school-site intervention by providing mental health services at schools while acknowledging the discomfort many classroom educators have with providing intervention themselves.

The research is universal in concluding that schools are instrumental in delivering mental health services to those children who need them most, no matter through which lens the researchers look. Despite this recognition, the implementation of school-based intervention is far from universal. While mental health professionals and clinicians agree that school-based intervention is essential to reducing mental health problems and improving academic outcomes, there is a significant "research to practice gap" in our schools (Reinke et al., 2011, p. 1). The increased availability of evidence-based interventions and research demonstrating the importance of targeting the school setting has yet to result in the widespread implementation of trauma-informed schools (Reinke et al., 2011). Many barriers and challenges in schools can explain that gap.

Barriers to Successful Trauma-Informed Schools

Multiple studies point out that while schools are uniquely situated to deliver trauma-informed services to students who may not have access to mental health interventions outside of

school (Mendelson et al., 2020; Perry & Daniels, 2016; Woodbridge et al., 2016), barriers exist to in-school screening and treatment. The barriers to the full adoption of trauma-informed practices in schools persist no matter the type of intervention that is put into place: a whole-school clinical model or one that only involves adopting trauma-informed responses to behavior in the classroom or administrative offices.

A literature review revealed that the successful trauma-informed programs described in the research were very comprehensive, costly, and relied on highly trained faculty and staff (Dorado et al., 2016; Langley et al., 2015; Perry & Daniels, 2016). Thus, insufficient school mental health personnel and other resource constraints are among the obstacles. Teacher perceptions and resistance, ineffective professional development and training, and lack of administrative support are also frequently cited (Luthar & Mendes, 2020; Reinke et al., 2011). Finally, feelings of stigma held by parents and difficulty identifying students who would benefit from intervention (Mendelson et al., 2020) also interfere with the success of school-based programs.

Added to these barriers is the pressure of organizational change that teachers experience. When asked to balance the demands of identifying students who are outwardly exhibiting trauma reactions, engaging in trauma-informed practices, and trying to address high academic standards, teachers may experience even more pressure and stress in carrying out their duties (Perry & Daniels, 2016). The accountability movement had already ramped up the perception among teachers that they experience undue scrutiny and pressure (Reinke et al., 2011). Many models of trauma-informed schools include pull-out services for students and classroom workshops based on psychoeducation — explaining to students how their bodies respond to stress and how to

engage in mindfulness and self-regulation. These practices run headfirst into pressure to address achievement and standards mastery (Mendelson et al., 2020; Perry & Daniels, 2016).

Whether or not teachers or mental health professionals are the primary providers of mental health intervention, public schools need to be structurally equipped to facilitate the provision of mental health services with substantial support in terms of personnel, high-quality training, and funding. Langley et al. (2015) noted this while discussing the limitations in their study of the school-based *Bounce Back Intervention*, which included onsite cognitive-behavioral group intervention. They stated that future research should attend to issues related to sustainability and implementation because their intervention produced positive outcomes for the participants, and it included extensive support, such as additional staff to do screening and assessments, making parent contacts, therapist training, and ongoing supervision. These supports all come with high financial costs. Langley et al. also shared that site administrators and clinicians cited competing responsibilities and lack of support from school boards and district administrators as barriers to implementation. These barriers, coupled with the need for more funding, can undermine the building of a sound structure needed to support such programs absent strong school-site leadership and focus.

Like the *Bounce Back Intervention* study by Langley et al. (2015), a pilot study in New Haven, Connecticut, involved tiered support layers. Conducted by the New Haven Trauma Coalition in public schools in 2014, the study involved classroom workshops by teams of clinicians on topics such as mindfulness, trust, and stress response, small group interventions, and onsite care coordinators who worked with parents to coordinate the services. They also recognized the intervention's limitations as, during their study, the care coordinators eventually

had to work multiple sites. High costs are associated with the increased personnel and training required for this model (Perry & Daniels, 2016).

Beyond the lack of personnel and funding, appropriate commitment to professional development is needed (Reinke et al., 2011). While studying barriers to mental health programs in schools, Reinke et al. found teachers self-reported needing more knowledge about evidence-based practices. They concluded that the professional development that the teachers received needed to be improved. The teachers participating in their study believed there needed to be more staff training or coaching. They pointed to insufficient programs for parent support, inadequate funding, and inadequate school mental health personnel.

Particularly germane to this study is the research that notes that one of the most significant barriers to adopting a trauma-informed approach may be the failure to engage in leadership practices that ensure teacher support. A policy that expands the responsibilities of classroom teachers requires a shift in the culture of schools and obtaining the endorsement of all those involved (Luthar & Mendes, 2020; Perry & Daniels, 2016). An expert on trauma-informed organizational culture, Sandra Bloom, said that attempting to “implement trauma-informed processes without first implementing trauma-informed culture change is like throwing seeds on dry ground” (Luthar & Mendes, 2020, p. 148). Effective school administrators understand the structures that exist in their schools and how to operate within them to effect change. One must clearly understand teachers' attitudes and needs to address the barriers they create to creating trauma-informed schools. With that understanding, a pathway for shifting school culture can be established.

Teacher Needs and Perceptions of Trauma-Informed Schools

The absence of strong teacher buy-in has been frequently cited as a significant impediment to implementing universal trauma-informed practices in schools (Alisic, 2012; Anderson et al., 2015; Reinke et al., 2011). Teacher buy-in for a school transformation or initiative requires strong, informed school site leadership and support. Research has revealed that teacher resistance can result in plans put forward by a principal being rejected, stalled, or modified, or having only minor effects when rolled out in the now traditional fashion of the school-based management model (Weiss, 1995). Understanding teacher perceptions of trauma-informed schools is just one component of helping administrators address this challenge.

If successfully implementing a trauma-informed paradigm and approach to schooling necessitate a culture change, a thorough understanding of teacher needs and perceptions is required. Luthar and Mendes (2020) and Reinke et al. (2011) explicitly explored teacher perceptions and needs in their studies of supporting educators as they support students in trauma-informed schools. Both studies illustrate teachers' perceptions of their roles, identify barriers to implementation, and highlight possible means to overcome these perceptions and barriers.

In keeping with the original ACEs study (Felitti et al., 1998), the 292 teachers in the Reinke study (2011) reported significant experiences with students exhibiting symptoms of posttraumatic stress disorder or trauma-induced behaviors. This quantitative study surveyed teachers' perceptions of their needs and roles related to trauma-informed schools and the barriers to institutionalizing the practices. Most teachers (75%) reported working with students with mental health issues, such as disruptive behaviors, attention issues, and hyperactivity. An even more significant number reported working with children who displayed defiant behaviors or had family stressors. A positive outcome was that 89% of these teachers also stated that schools

should address students' mental health issues. Most agreed that implementing behavior intervention was a teacher's role. However, these teachers also felt that school psychologists should play a more significant role in screening for trauma, conducting assessments, and teaching social-emotional lessons in the classroom. In other words, they did not see themselves responsible for social-emotional learning and addressing mental health outcomes.

Most teachers in the Reinke study (2011) also reported not feeling equipped to engage in trauma-informed practices. Fewer than 40% of the teachers surveyed agreed that they possessed the knowledge needed to meet the needs of their students. Nearly 60% of them reported that they did not have the skills to meet the mental health needs of the students, nor did they have the cultural knowledge and communication/interpersonal skills to meet the mental health needs of culturally diverse students.

A qualitative study from the Netherlands surfaced several teacher concerns (Alisic, 2012) and gave voice to the data collected by Reinke et al. It noted a need for more research on teachers' perceptions regarding implementing trauma-informed practices. This study involved 21 teachers and revealed that many had concerns about their competency to support students and their own mental health due to experiencing the symptoms of secondary trauma — sadness, anger, despair, and more. Many believed it was not a teacher's role to provide mental health support. This data may be troublesome to a school administrator or district that believes they have deployed effective professional development.

In Luther and Mendes's (2020) qualitative pilot study, additional conversations with teachers provided more profound insight into their concerns about their roles in trauma-informed schools. They utilized first-hand teacher reports to assess their needs in trauma-informed schools. Their findings complement the quantitative data Alisic (2012) and Reinke et al. (2011) provided

as they highlight the considerable psychological costs for teachers working in trauma-informed classrooms. In their study, teachers verbalized the feelings of inadequacy that were quantified in the Reinke study. Those who participated in the survey identified stressors that can be placed in four categories: compassion fatigue, feelings of inadequacy, evaluative policies, and the pressures of standardized testing. The latter two categories speak to teachers' stress from balancing performance demands with the new responsibilities of providing mental health intervention.

In the studies by Reinke et al. (2011) and Luthar and Mendes (2020), the teacher-participants and the researchers identified needs that should be addressed to ensure the successful implementation of school trauma-informed programs. First is additional training on dealing with trauma-reactive distress or behaviors. Second is the increased presence of mental health professionals—social workers, school psychologists, and counselors—at school sites. Both recommendations require a sustained and substantial increase in funding. Additional needs include a commitment to mandated SEL instruction with dedicated infrastructure in the school day, training and coaching provided by individuals with relevant expertise and experience from outside the school site, a safe space for discussions, and ongoing support for teachers to address compassion fatigue (Luthar & Mendes, 2020).

Coupled with the findings that there has not been wide adoption of a trauma-informed approach to instruction and intervention in schools, the research on teacher needs and perceptions and attitudes toward trauma-informed schools reveals a failure on the part of school districts and administrators thus far. The persistent lack of understanding of its components and resistance to employing trauma-informed strategies on the part of teachers speaks to the failure of school change efforts around this initiative and school change initiatives in general (Anderson

et al., 2015; Blitz et al., 2016). Addressing teacher and staff buy-in and addressing their perceptions is critical to creating a trauma-informed school culture, as Anderson et al. (2015) noted. Thus, more needs to be written about the role of the school administrator in the adoption and full implementation of a schoolwide program.

The Ability of School Administrators to Create Trauma-Informed Schools

The Trauma and Learning Policy Initiative (TLPI) states in *Helping Children Learn: Creating and Advocating for Trauma-Sensitive Schools* (Cole et al., 2013) that in order to create trauma-sensitive schools, coalitions of like-minded individuals must work together to create the conditions for the work to be done and to build a consensus about the need for a whole school approach for addressing trauma. At the center of this coalition is the school principal. The school principal, they assert, must be fully invested and engaged in ensuring that the elements of a trauma-sensitive school are in place. Otherwise, efforts will only have short-term gains. Considering this expert guidance, the relative absence of the school principal in the existing research is both notable and perplexing.

The research on implementing school-based mental health intervention programs focuses heavily on mental health partnerships, district-level involvement, or descriptions of program design (Dorado et al., 2016; Langley et al., 2015; Nadeem et al., 2011; Perry & Daniels, 2016). Most of these studies acknowledge teachers' concerns about their roles and the interruption to classroom instruction. Some suggest strategies to address teacher concerns and ensure collaboration or cooperation (Langley et al., 2015; Perry & Daniels, 2016). None of the studies describe the school site administrators' roles or concerns beyond a nod to competing interests or expenses. The studies that explicitly probed teachers' beliefs and attitudes about implementing schoolwide trauma initiatives not only more deeply shared teachers' views about their roles in

such initiatives but also clearly articulated that they believed that their training was inadequate (Alisic, 2012; Reinke et al., 2011); a significant minority (34%) believed that a lack of administrative support was an important reason for students falling through the cracks (Reinke et al., 2011). Again, however, no comparable studies for those responsible for leading the charge — school administrators.

These studies demonstrate the level of challenge that the adoption and implementation of a schoolwide trauma-informed approach presents for school administrators. School principals in public schools continually have to juggle competing interests (Nadeem et al., 2011; White-Smith & White, 2009). They also lack adequate school mental health personnel and funding and have to confront shifting district priorities and teacher perceptions and attitudes (Alisic, 2012; J. A. Howard, 2019; Perry & Daniels, 2016; Reinke et al., 2011). Unfortunately, the few studies that discuss the role of the principal in this work indicate that training and systemic supports may not exist to assist administrators in countering those challenges (Allen et al., 2020; J. A. Howard, 2019).

Existing Literature on the School Administrator and Trauma-Informed Schools

The limited research on the role of school administrators in the implementation of trauma-informed initiatives highlights their desire to do the work while also making the case that they have not been supported to do so.

A 2017 quantitative study on educators' perceptions of youth mental health and school mental health services provides data that is very applicable to those advocating for trauma intervention in schools. Of the study's sample of 786 educators, 127 were school administrators and 296 were school mental health professionals (Moon et al., 2017). The study's results noted that while both administrators and teachers expressed a need for additional training and

education on student mental health issues and school mental health, administrators were significantly more likely to express the belief that addressing student mental health was a part of their job than teachers. The study's authors found that school administrators were also more likely to be concerned about student mental health than teachers and their level of concern was close to that of the school mental health professionals surveyed. Moon et al. note that their data points to need for more teacher training and support for administrators because, they argue, administrators who are more knowledgeable about mental health will likely be more effective in overcoming the barriers to the successful implementation of mental health interventions.

Recognizing the need to prepare school administrators to lead the work of transforming schools to be trauma-informed that was alluded to by Moon et al., a team of researchers in North Carolina reviewed 16 principal preparation programs in their state. There is one of a few studies on the role of the school principal in leading this work. The researchers found that North Carolina's School Executive Standards did not include trauma-informed practices and no specific trauma-focused coursework was offered. As a result, they proposed that the state redesign its standards to include the six elements of a trauma-sensitive school as outlined by the Trauma and Learning Policy Initiative (Allen et al., 2020).

A third study in the state of Queensland in Australia found that a lack of a systemic, trauma-informed framework resulted in an approach that is inconsistent and primarily piecemeal (J. A. Howard, 2019). This qualitative study found that school principals and teachers lacked a depth of knowledge about trauma's impact and strategies to address it, training, and support to mitigate the impact of secondary trauma. In keeping with other studies, Howard further stated that school administrators were likely to prioritize competing interests without systemic support.

A search for research on the role of school administrators in implementing and creating a schoolwide commitment to addressing the needs of trauma yielded the few studies referenced here. The studies that do discuss the roles of administrators were limited in the value of the data they provided because the school principals participating in those studies had been proactive in responding to or seeking the opportunity to participate in a study about trauma-informed schools or participate in a pilot (Arnold et al., 2020; Jones et al., 2018). Absent from those studies is the outlook of those school administrators who did not respond to the researchers or did not volunteer. Alma Harris (2002) noted many years ago in her research on effective leadership in schools facing challenging contexts that there is little existing research on leadership in such schools — and little seems to have changed.

Principals and School Transformation

The research on the role of principals in school transformation provides insight into the leadership practices that can lead to the institutionalization of the policies and strategies that will best serve the students in our schools who are experiencing the long-term effects of chronic trauma. This research also deepens our understanding of the complexities school principals face as they approach the work of school change.

In her comparative study of how school leaders shape teacher sensemaking while implementing a new reading policy, Cynthia Coburn (2005) illuminated how school principals' leadership practices shaped teacher learning and adopting of a new policy. Noting that consistent research has pointed to the vital role principals play in the success or failure of new school initiatives or policies, Coburn also recognized the need for more research on how school principals influence teacher interpretation and adaptation of instructional policy. Her study

addressed this issue and supplied valuable information about how a school site administrator's leadership practices influence the full adoption of a school initiative.

Coburn's (2005) findings illustrate that school principals can shape teachers' sensemaking about a new policy, directly and indirectly, in several ways. First, they shape access to policy ideas by controlling access to policy messages. It is principals, she noted, who most likely attend district meetings where new initiatives are introduced, and it is school principals who interpret school district policies and initiatives for teachers. Thus, principals significantly influence teacher access to district policy messages and filter what teachers hear about those policies based on their interpretations and inclinations.

Second, Coburn (2005) found that a school principal's knowledge and understanding of a policy or subject will impact how they transmit the information to their teaching staff and how they approach implementation. Coburn noted that the two principals in her study approached a new reading initiative in vastly different ways because their pedagogical philosophies informed their interpretations. Finally, the principals created the learning conditions for teachers. Successful implementation of the new initiative depended on whether the principal prioritized providing time for collaboration and shared sensemaking. Those who actively participated in the learning and sensemaking alongside their teachers were also more successful in leading the work of adoption of a district-mandated school policy.

Even when participation in a school initiative is voluntary and self-initiated, principals' perceptions affect the initiative's implementation. In their study of principals' perceptions of their leadership roles related to the implementation of a high school initiative called the High School College Collaborative, White-Smith and White (2009) noted that effective school principals had a definite impact on the successful implementation of school improvement efforts. Additionally,

they pointed out that the successful adoption and implementation of a school initiative only occurs with an effective principal with a clear vision of how a school can reach its goals. They also noted that the principal's role has many complexities and challenges that must be overcome. These challenges include responding to district and state accountabilities, the demands of their stakeholders, and competing initiatives.

Studying the work of four high school principals leading the first year of the High School College Collaborative implementation, White-Smith and White found an apparent contradiction. Though the school principals volunteered to participate in the program and subscribed to its values and core beliefs, they perceived the work as extra on top of their regular duties. This perception existed despite the training they received from the National Education Partners (NEP), which received the funding to implement the High School College Collaborative. During two full days of training, NEP exposed these principals to readings encouraging them to embrace change theory and regard chaos as a necessary component of school change. Some of the principals also altered the program's features as they juggled the interests of their stakeholders and the requirements of their school district or university partners. Even when school principals elected to participate in adopting a school initiative, the outcomes were affected by their perceptions, the systems in which they operated, and the competing demands of their stakeholders.

White-Smith and White's study highlights what Fullan calls the "more daunting, more complex, and more meaningful" role of the school principal in school change (Fullan, 2000, p.24). White-Smith and White (2009) also provided data that supports Fullan's theory for action to make improvement efforts sustainable. Fullan stated that principals must recognize that school change requires reculturing schools, which is more complicated than most realize, and that real

change will lead to dilemmas about what to do. Furthermore, school leaders must act differently during different phases of the change process with no checklist for leadership, just guidelines for action (Fullan, 2000). Fullan also recognized that this work must occur within a system that supports school principals. The complexities of the daily reality of schools and, of course, the challenging work of a school administrator demand that they are well-grounded in the elements of change theory if they are to lead the work of improving outcomes for all students.

In 2006, Fullan published a more detailed theory of change for school culture. In this work, he analyzed three very commonplace theories of action that currently characterize educational initiatives: (a) standards-based district-wide educational initiatives (the theory of action that is most commonly applied for creating trauma-informed schools), (b) professional learning communities, and (c) “qualifications” frameworks, which focus on the recruitment and training of quality leaders (Fullan, 2006). These theories of action, he notes, are flawed because they fail to truly address what is happening in classrooms and the state of school culture. Alternatively, Fullan proposes a theory of action based on several core premises that overlap and influence each other.

Fullan’s theory of change for school improvement identifies seven practices or premises in which school leaders should engage to get results. They include a focus on motivation, capacity building, learning in context, changing context, a bias for reflective action, tri-level engagement (school and community, district, and state), and a need for persistence and flexibility (Fullan, 2006). While this study will not employ Fullan’s theory of change as a theoretical framework, the extant research often notes that three of the premises of Fullan’s theory of change —persistence, motivation, and tri-level engagement at the school, district, and state level — are absent (J. A. Howard, 2019; Nadeem & Ringle, 2016; Reinke et al., 2011).

Theoretical Framework

This study was grounded in two theoretical frameworks: contemporary trauma theory and the Whole School, Whole Community, Whole Child model. Operating within these frameworks, mental health providers and trauma-informed educators believe that the effects of chronic trauma are not immutable and that the victims of chronic trauma can receive adequate treatment and support (DeCandia & Guarino, 2020; Goodman, 2017). Contemporary trauma theory (CTT) and the whole child model are linked by rejecting a tradition of blaming individuals exhibiting the effects of trauma and instead focusing on providing a system of support so that the effects of trauma can be mitigated. Understanding whether secondary school administrators embrace the values that underlie CTT and the whole child approach to schooling is critical to analyzing how their beliefs and perceptions affect their embrace of schoolwide trauma initiatives.

Contemporary Trauma Theory

Sandor Ferenczi, a Hungarian psychoanalyst, established the foundations of CTT. In the early 20th century, Ferenczi was one of the first psychoanalysts to identify trauma as being at the root of the neuroses of his patients (Dupont, 1998). His work continues to be an influence on those who work with victims of trauma. R. Goodman, in her article on CTT and trauma-informed care in substance use disorders, explained that CTT represents a paradigm shift in how social workers regard victims of trauma. CTT, she said, alters the view of substance abusers who are trauma survivors as weak, sick, or of poor moral character (Goodman, 2017). Instead, she argued they should be viewed as psychologically and physically injured and needing help and support. This latter viewpoint underpins the calls for universal, school-based interventions like CBITS (Jaycox et al., 2012). It is also at the heart of arguments for bringing a trauma lens (Cole et al., 2013) to the discussions about school discipline and the school-to-prison pipeline (Dorado et al.,

2016). CTT establishes that support and trauma-informed practices trump traditions that engage in punitive discipline, regarding trauma victims as willful bad actors, and over-referral to special education programs.

In the field of social work, CTT has been drawn upon to urge practitioners to believe that chronic trauma and the resultant outcomes, such as substance abuse, can be treated and mitigated. It has been the social work community and school mental health providers at the forefront of calls for addressing chronic trauma in schools. In the same way the social workers who embrace CTT seek to influence the attitudes of their colleagues; those who view schools as the most reliable avenue for providing mental health services seek to convince the educational community that they can also improve the outcomes for the youngest trauma victims. This study will measure if secondary administrators accept the principles that underly CTT and to what degree the agreement with CTT translates to action.

The Whole School, Whole Community, Whole Child Model

A trauma-informed approach to care and intervention not only assumes that an individual experiencing the effects of chronic trauma is a victim who needs care and help instead of blame, but it also calls for a wholistic, multilevel response — an ecological model (Crosby, 2015; DeCandia & Guarino, 2020).

The groundwork for an ecological model for trauma-informed schools was laid years ago when the whole child concept significantly influenced K-12 education. Developed in 2007 by the Centers for Disease Control and the Association for Supervision and Curriculum Development, The Whole School, Whole Community, Whole Child (WSCC) model provided a framework for addressing children's health in schools. Influenced by Bronfenbrenner's ecological model of child development, WSCC is a student-centered initiative. It seeks to garner community and

family involvement with schools and to address the connection between health and academic achievement (Lewallen et al., 2015). WSCC established that schools must focus on more than delivering academic content for children so that they can reach their full potential. It recommended policies and evidenced-based strategies that focus on building community and family partnerships to ensure student access to nutrition and health education, physical education and activity, social and emotional climate, and psychological services, among other things. In 2013, this whole school approach was reiterated in the work of TLPI, which stated that viewing students through the trauma lens clarifies the need for a whole school approach as students who experience chronic trauma experience feelings of disconnection from the school community. They argued that a welcoming, supportive school community can diminish these feelings and increase student success (Cole et al., 2013).

Building on the CDC recommendations, a Learning Policy Institute report on educating the whole child defines a whole child approach to education as one that recognizes the interrelationship of all areas of development and puts in place policies and strategies to support them (Darling-Hammond & Cook-Harvey, 2018). Their report lists six critical lessons from scientific findings on learning and development and discusses their implications for schools. Four of the six findings are closely associated with the research on children and trauma.

The first finding is that brain development is malleable, and the brain continues to grow and change into adulthood in response to relationships and life experiences. Second, the WSCC model asserts that relationships are essential to healthy development and learning and that children need strong, supportive relationships with adults — and teachers can provide these relationships. A third finding is that learning is social, academic, and emotional. This concept is only sometimes intuitive for all educators. Students who trust their teachers are more open and

motivated for learning experiences. Addressing students’ emotional needs and growth mindset will improve their self-regulating ability and increase confidence and interpersonal skills. The fourth relevant finding shared by the Learning Policy Institute is that multiple ACEs and excessive stress affect learning, and how schools respond can either remedy the effects of that stress or compound it. Punitive responses can increase the stress an already traumatized student is experiencing, while mindful, restorative approaches can help students learn self-regulation skills and build trusting relationships.

Darling-Hammond and Cook-Harvey (2018) explicitly called out adversity as a significant impetus for educators to widely adopt a whole child approach. To meet the needs of all students, including those scarred by trauma, schools function as a part of an ecosystem supported by local, state, and federal policies that deliver universal trauma-informed care (DeCandia & Guarino, 2020). Figure 1 represents the Whole Child Ecosystem model envisioned by Darling-Hammond and Cook-Harvey in their LPI report. Some argue that schools, as the most consistent microsystem, can and should be the focal point for a reliable and effective delivery system for trauma-informed care (Jaycox et al., 2012, 2014; Langley et al., 2015).

The Whole Child Ecosystem

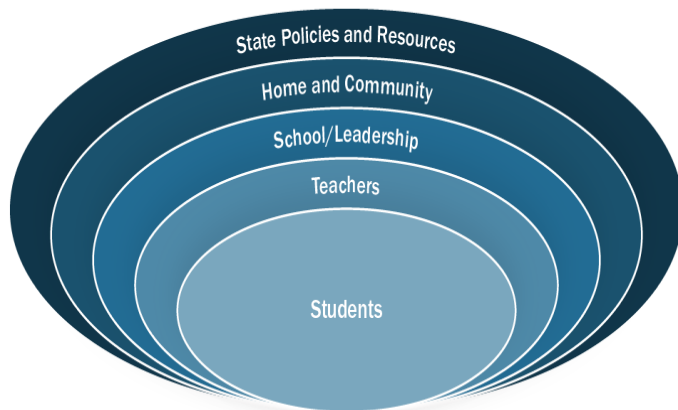


Figure 1 The Whole Child Ecosystem as envisioned by the Learning Policy Institute
Darling-Hammond & Cook-Harvey, 2018

Launched by ASCD in 2007, the whole child initiative has been a cornerstone of public school policy for nearly two decades (ASCD, 2014). WSCC is highly relevant to this study because the impetus for creating schoolwide trauma-informed environments is grounded in a belief that schools are the most accessible, reliable, and dependable system to which children have access. Some argue that it is not only common sense but a social and moral responsibility for schools to deliver mental health services to our children (Luthar & Mendes, 2020). This study also assessed whether school administrators regard themselves and the schools they lead as a part of this whole child ecosystem and what they believe their part is in addressing the effects of chronic trauma on the students they serve.

Conclusion

The need for trauma-informed schools has become even more significant in our post-pandemic reality. The many barriers to the implementation of universal trauma-informed practices are significant. Creating trauma-informed schools faces the traditional barriers to new school initiatives — lack of funding, lack of personnel, and shifting district priorities. This initiative may be even more challenging considering the data on teacher attitudes toward trauma-informed schools. This data points to significant concerns about buy-in to this specific initiative, compassion fatigue, teacher efficacy, and the effects of secondary trauma. Also, in this extraordinary social climate, the whole child approach has become a political issue for some. However, the statistics about childhood trauma and its effects demonstrate that without attention to the mental health needs of our K-12 public school students, efforts to improve academic achievement and address student behavior will make little headway. Thus, having administrators equipped for the hard work needed is imperative. It may no longer be optional to understand what they need to accomplish this work and to provide them with the tools and resources.

Chapter Three: Methods

Today, well-established research demonstrates that there is a link between adverse childhood experiences (ACEs) and negative physical and mental health outcomes (Felitti et al., 1998; Jaycox et al., 2014; National Association of School Psychologists, 2015; Woodbridge et al., 2016). Unfortunately, most children are not receiving the mental health treatment needed, and the consequences impact both their educational outcomes and lives beyond school. Mental health experts point to schools as the most effective mechanism for ensuring that students — especially low-income, urban, and students of color — get access to that mental health treatment (Jaycox et al., 2014; National Association of School Psychologists, 2015; Perry & Daniels, 2016). Adopting a universal trauma-informed approach in schools will not only increase the likelihood that students who need mental health services receive it, but such an approach can also reduce the overidentification of students for special education and reduce the use of punitive discipline (Dorado et al., 2016).

The need for addressing the outcomes of chronic trauma within the school setting has become even more apparent in the aftermath of the COVID-19 pandemic, as evidence of the trauma experienced during remote instruction is reflected in the increased reports of disturbing student behaviors on school campuses since the return to in-person instruction (Ingram, 2022; National Center for Education Statistics, 2022). However, the adoption of schoolwide trauma-informed programs is not widespread (Arnold et al., 2020; Baweja et al., 2016) despite the research on successful schoolwide mental health intervention programs and investments in professional development. This study aimed to employ data-collection methods that would more fully explain the reasons for this implementation gap. My hope was to investigate the facility of

secondary school administrators to institutionalize the elements of a trauma-informed school and place the goals of addressing student trauma at the center of their mission.

Research Questions

1. How do secondary principals understand and make sense of trauma and how the students in their school communities experience it?
2. How do secondary school principals envision their role and their school communities' role in addressing trauma?

Research Design and Rationale

This qualitative study employed semi-structured interviews of secondary school principals in a large urban public school district. I conducted ten 30 -45-minute interviews that probed their understanding of the chronic trauma their students experience, how it impacts their students, and the role they believe they and their school community should play in addressing the effects of that trauma. It was my hope that a qualitative study will add to and strengthen the conclusions of previous studies by providing more detailed insights from an essential stakeholder in the K-12 setting, particularly those who have experienced success in creating a trauma-informed school culture.

As secondary administrators are primarily absent from the current research on the schoolwide implementation of mental health interventions, the qualitative study provides insight into the perceptions and attitudes of the stakeholders most responsible for ensuring the implementation of any school change. Additionally, the responses gathered here provide an understanding of school administrators' concerns or struggles with creating trauma-sensitive schools and while also identifying the markers of successful implementation that can be shared and highlighted.

Although a qualitative study alone does not provide broadly generalizable data, the insights and experiences shared by these urban school principals provide valuable information that can support district and state leaders in addressing the implementation gaps by filling a glaring void in the research. As Merriam and Tisdell (2016) explain, quantitative data provide information about the beliefs and espoused educational practices; qualitative data provide the cultural stories and examples of how the espoused play out in the work.

Site and Sample Selection

Site Selection

The study participants were secondary principals who are all employed by or recently employed by the same large urban district in Los Angeles County. The district's demographics indicate that a significant percentage of the students are experiencing chronic stress or are already demonstrating the effects of childhood trauma. Eighty percent of the students enrolled in the district are Latino or African American. Thirty percent are in special education, and eighty percent qualify for free or reduced-price lunch.

In 2019, the school district included trauma-informed instruction in its professional development goals and provided materials for school site administrators to deliver professional development to their faculty. The district's strategic plan, which was adopted in 2022, specifically cites the use of trauma-informed practices to address the joy and wellness of its students. Since this district's approach to the delivery of professional development and initiative efforts is typical of secondary schools, the data from this research may be generalizable to other urban school districts. In particular, the responses from administrators in a large, urban school district such as this one may provide insight into the barriers to implementing of schoolwide, trauma-informed approaches for school administrators in urban schools elsewhere.

Access and Sample Selection

I have been a secondary school administrator for twenty-two years. As a result, I have worked closely with or networked with many administrators over the years and have built collegial relationships with several of them. I used my personal connections to reach out to secondary principals first in my small school network and then expanded my search each round to the larger geographic region and then finally identifying additional potential interview candidates by getting referrals from colleagues. Interview participants were offered a gift card to compensate them for their time, but several declined the gift card.

I personally contacted secondary principals in the school district via email with an invitation to participate in the study. In my immediate geographic location, there are 46 traditional middle schools and high schools. Those 46 schools exist over a large geographic area with remarkably varied demographics, providing access to interview subjects working with very diverse school communities. Emails were sent to approximately thirty-five principals. The invitations were sent out individually in several rounds and in a curated fashion to approximately five principals at a time. Once a sample of thirteen participants that represented a cross section of experience and school communities agreed to participate, I concluded this process. In the end, nine of the direct contacts scheduled and participated in an interview. The tenth participant, a recently retired principal, was identified through a contact with another colleague.

Several factors were taken into consideration to ensure a cross section of participants. These included the schools' locations, making sure that both middle and high schools were represented, ensuring a cross section of male and female principals, and the experience level of the principal. Geographic location in the Los Angeles area coincides with a school's socioeconomic and ethnic makeup so getting principals from a wide area was important.

Therefore, including interview participants from different geographic regions would bring attention to the relationship (if any) between the perceptions and experiences of school administrators with the trauma-informed initiatives and school demographics and so the invitations were sent strategically to principals in different areas of this very large geographic area. The final criterion was that participants are current principals at the secondary level or have been principals in the last two years.

Study Participants

I interviewed all the study's participants between February 14, 2024, and April 12, 2024, via Zoom. All the interview participants work for or recently worked for the XYZ School District. Eight of the interview participants are currently principals, one recently transferred to a central office position and the tenth retired at the end of the 2022- 2023 school year. Three are high school principals, two are span school principals, and five are middle school principals. Their experience as principals ranged from three years to 18 years. The XYZ School District is divided into smaller management units by geography and all the principals work in the same geographic region of the school district.

Though these school principals work in the same geographic region, the demographics of the schools vary widely. Three of the schools are situated in relatively affluent neighborhoods. In XYZ School District, even schools in wealthier communities can be Title I schools because declining enrollment allows students from outside the neighborhood to enter through open enrollment and magnet programs. As a result, all the principals who participated in this study are leading Title I schools. The schools in the affluent neighborhoods had a relatively lower percentage of students on free and reduced lunch - around 50%. On the other hand, the seven other schools represented had very high percentages of students identified as socially and

economically disadvantaged, with the highest being 98%. Those schools in the more affluent neighborhoods were also more ethnically diverse than those identified as high-poverty schools. These schools still have a statistically significant white student group, a large Latinx student population, and smaller but notable Black and Asian student groups. The other schools were almost entirely Latinx and had large immigrant communities. All the principals described experiencing very troubling student behavior in the last three years since schools reopened following the COVID-19 Pandemic related school closures.

Data Collection Methods

I conducted 10 semi-structured interviews that were approximately 30 - 45 minutes in length with school administrators who represent the spectrum of implementation of a schoolwide trauma-informed approach and demographics of the school district. These individuals were recruited as noted above. The interviews were conducted via Zoom and recorded to the Zoom cloud. Otter AI as utilized as a backup.

The interview protocol (see Appendix A) included fourteen questions about the principals' understanding of their students' experiences with chronic trauma, the challenges their school communities may be experiencing with addressing trauma, steps they have taken to address and implement trauma-informed practices in their schools, and their personal feelings about the role of schools in intervening for students who are experiencing trauma. Questions such as "What responsibility do you believe schools have for addressing students' social emotional learning?" and "What actions or decisions have you made in relation to trauma-informed school initiatives?" were included to answer the research questions posed by this study while also providing a portrait of the alignment of the administrators' beliefs with the theoretical frameworks that guide trauma-informed school initiatives – CTT and the whole child approach.

Data Analysis

For the data analysis process, I utilized a qualitative data analysis software, to manage the interview data and analyze the interviews. My coding process was both deductive and inductive and emerged in a very organic fashion. Though I intended to use structural coding in the first coding cycle, compelling patterns and themes became very clear as the interviews were taking place and those codes wrote themselves and so they were hard to ignore as I read the transcripts. Essentially, I used both structural codes and pattern codes simultaneously during the first coding cycle. A second round of coding was done to determine if anything was missed during the first round as I was working with a larger number of codes than originally intended.

A deductive process, structural coding is particularly appropriate for qualitative studies that utilize semi-structured interviews with multiple study participants (Saldaña, 2013). Thus, structural coding seemed particularly appropriate for my data analysis. Codes that were based on my research questions and theoretical frameworks were created and assigned to passages or segments of the interview data during the first coding cycle. These codes included *understanding of whole child approach*, *perceptions of the school's role*, and *approaches to implementing trauma-informed initiatives*.

Pattern coding, a method of grouping the data into smaller sets or themes, was used for both the first and the second coding cycle. According to Saldaña, pattern coding is useful for identifying the major themes that may emerge from the data and for searching for the explanations and causes in the data. While primarily a deductive process, unexpected themes can emerge during this process making it inductive as well. For that reason, pattern coding proved particularly valuable for explaining the relationship administrators have to the identified gaps in the implementation of trauma-informed initiatives in public schools and identifying possible

solutions to this problem. A final, third cycle of open coding was be done to identify any additional themes that emerged, to consolidate themes and sets as needed, and to determine if I mischaracterized any of the data.

Validity and Reliability

Because I have been a secondary school administrator in the XYZ school district where I conducted my research for so long, I recognized a need to be proactive to avoid potential bias. To accomplish this, I used several strategies. First, I ensured that my data collection methods were valid and reliable. To ensure that I did not have a bias in my protocols and could gather sufficient evidence, my interview protocol was reviewed by colleagues, and my dissertation co-chairs for bias and alignment with my research questions. I also field-tested my interview questions by interviewing a recently retired administrator.

To reduce participant reactivity during the interviews, I emphasized the confidential nature of the interviews while striving to establish a relationship with each participant based on trust and mutual respect. Multiple protocols were employed to ensure external validity (Creswell & Creswell, 2020). Validity and reliability were increased by using rich and thick descriptions to convey my findings. Direct quotes from the interviews provided detailed and concrete information that created a complete picture of the experiences of school administrators while also confirming or contradicting my biases (Maxwell, 2013). Standardized protocols and coding procedures were used to collect sufficient data for each question and avoid focusing on favorite quotes (Creswell & Creswell, 2020). Finally, my prolonged time in the field as a school administrator provides me with an in-depth understanding of the phenomena examined in this study.

Positionality

Because my goal was to give voice to school administrators in an area where it has been neglected, I believe that presenting myself both as a UCLA graduate student and an experienced principal working in the same community served to my advantage in obtaining the cooperation of other administrators. My dual role as a researcher from UCLA increased my credibility by framing me as an expert while also being one of them, which I believed engendered trust from my fellow secondary administrators. I emphasized that my goal was to bring their needs, concerns, and viewpoints to the center of the conversation about trauma-informed schools and school change initiatives in general and as a result the interview participants were very candid in sharing their experiences and opinions.

Ethical Considerations

School administrators may be concerned that there will be repercussions for speaking frankly about district initiatives or policies. Ensuring their anonymity and obtaining informed consent was imperative. Interview participants were assigned pseudonyms to protect their identities. The purpose of the study was articulated and shared with participants both in the invitation to participate and prior to starting the interviews.

Conclusion

Investigating school site administrators' perceptions of the initiatives designed to transform schools into trauma-informed institutions provided insight into this school district's efforts so far. This study helped to close the gaps in the existing data and identified some of the reasons for the research-to-implementation gap that have already been documented in prior research. Finally, it gave voice to school administrators on this critical initiative explaining why their own efforts to address trauma in their schools are falling short and provides district-level

administrators with guideposts for recalibrating initiative efforts by identifying the needed support and professional development that school site administrators need to accomplish this vital work.

Chapter Four: Findings

Considering the alarming statistics about the number of students who go to school each day bearing the scars of trauma, my study seeks to shed light on why initiatives to create trauma-informed schools have failed to take hold. I also wanted to examine the issue from the perspective of a stakeholder who has been mostly missing from the limited research on trauma-informed schools — secondary school administrators. I sought to uncover how secondary principals understand and think about chronic trauma and its effects on the students they serve, what they believe the role of schools in addressing the effects of trauma should be, and hopefully get deeper insight into why widespread adoption of trauma-informed school practices has not been achieved.

District Context

As described in chapter three, these principals all work in a large school district in southern California whose demographics indicate that most of its students are likely to have experienced or are experiencing multiple adverse childhood experiences (ACEs). As described by Felitti et al. in their groundbreaking study in 1995, these potentially traumatic experiences include abuse, neglect, parental separation, witnessing community violence, and exposure to substance abuse. The XYZ School District provided school administrators with a short professional development in 2019 on ACEs. The school district subsequently provided a second professional development presentation on ACEs and the effect of chronic trauma for school administrators to share with their faculties. In 2020, additional voluntary Saturday professional development for administrators about the effects of chronic trauma was offered, and due to the pandemic, it was offered remotely. During the pandemic, professional development was provided to all teachers on the importance of developing relationships and connectedness in

response to the nationwide crisis of students checking out emotionally and cognitively when schools shifted to remote instruction. In 2022, this school district's strategic plan explicitly identified trauma-informed practices as a strategy for creating welcoming school environments. However, the phrase "trauma-informed practices" makes only one appearance in the document. Other features of a trauma-informed school are present in this plan, such as a stated commitment to providing a spectrum of services that support mental health and address holistic wellness.

How Secondary Principals Interact with Student Trauma

It was exciting to find that the participants in my study, by and large, spoke earnestly about their belief that schools must assume the critical role of addressing the effects of trauma. Some discussed this belief with something akin to passion. Studies examining the perception of teachers of trauma-informed school initiatives point to a lack of administrative support as one reason for teacher failure to implement trauma-sensitive practices in their classrooms. A significant constituency of the teachers surveyed for those studies also expressed a belief that they should not be responsible for addressing student trauma. These findings cause one to wonder how school administrators feel about trauma-informed initiatives. While a quantitative study from 2017 reported that school administrators were more likely than teachers to support school mental health interventions (Moon et al., 2017), there is no qualitative research that explains the origins of teacher perceptions or that give administrators the opportunity to explain what they believe causes the research-to practice gap. Thus, finding that my study participants support efforts to intervene for students experiencing trauma was heartening. However, the evidence collected demonstrated an absence of a nuanced understanding of the effects of chronic trauma and its prevalence, as well as the absence of a thorough understanding of how to address trauma. The study participants also expressed a belief that there are limitations in the ability of

public schools to provide this support to their students. While most principals acknowledged that they did not feel fully equipped to lead the task of creating trauma-informed schools, some felt that they were better equipped than their colleagues. Finally, the evidence collected also demonstrated that these principals experience a great deal of frustration and struggle to juggle the competing interests and demands placed upon them. These demands present obstacles to dedicating the time and focus needed to create trauma-informed schools. In this chapter, I will outline six findings that emerged from my analysis of the interviews.

Understanding of Chronic Trauma and its Effects on Students

It became apparent during the interviews that these principals are very caring school leaders who want to help their students succeed. However, they lacked a deep and nuanced understanding of what the effects of chronic trauma can be, what it looks like for their students, and what needs to be done to help those students. Many participants referenced trauma-informed practices and social-emotional learning practices interchangeably throughout the interviews. Few articulated a complete understanding of the wide range of effects trauma can have on students. Many only described trauma in terms of the most extreme behaviors, such as suicidal ideation, fighting, and drug use. All repeated similar phrases about the importance of relationships in addressing trauma, a theme of the district-provided professional development.

Understanding of the Effects of Trauma

The principals who participated in this study had a wide understanding of the effects of chronic trauma on their students. Only a few recognized that trauma could be affecting their students in ways that are not readily seen. Most of the principals discussed the consequences of trauma for their students as it related to the more extreme behavior that they had to address daily

on their campuses. One expressed the belief that chronic trauma was not a problem for her students prior to the COVID-19 pandemic.

Joan and Stacy represent the extremes of how the principals who participated in this study understand their students' experiences with trauma. Joan is a middle school principal finishing her third year of her first principal assignment. She was one of only a few principals who communicated that they understand that trauma manifests itself in many ways, and she was also the most explicit.

I think the most important thing that people need to realize is that it shows up in a lot of different ways. And in some kids, you can just look at them and interact with them once and say, oh my God, I wonder what they've gone through. And others, they're quiet and they've internalized a lot. But that doesn't make them any less traumatized. So, I think we judge a lot by first impressions. And you can't in this case.

Hopefully, by understanding that trauma manifests itself in many ways, Joan will provide access to screening for trauma and access to services for all her students and not just those who act out most extremely. Stacy, a span school principal who was also the most experienced principal in the study, on the other hand, described her students' experiences with trauma in relation to only the most extreme behaviors that she saw after the pandemic because prior to the pandemic, she reported that "As a priority, I didn't rank it that high because...we didn't really have a lot of trauma affecting the kids at our school site." It became evident from the entirety of Stacy's responses during her interview that it is her perception is that few of her students experienced trauma before the pandemic because she did not see certain behaviors that she associated with trauma. She described behavior that she experienced on her school site after the pandemic and that she ascribed to trauma,

...a lot of RARDs (risk assessments) were filed from kinder through eighth grade. It wasn't just our middle schoolers. So that was kind of eye-opening for us. So, a lot of social media taking its toll on our students and them not knowing, nor the parents being aware of how they could support. And they had no clue what was going on. And all of those issues were coming to the campus and affecting their learning. So, we definitely had to stop and address that because it started...changing the culture of the school. And that became the focus for faculty as well.

Stacy's perception that her students did not experience trauma before the pandemic belies what we know from the research about the incidence of ACEs in our society, and Stacy's students, 78% of whom are socio-economically disadvantaged, would not be immune to exposure to ACEs.

No one else who participated in the study indicated that they did not have students with trauma on their campuses before the spring of 2020, but about half of them focused on the students who were exhibiting the most disruptive or extreme behaviors while discussing how their students exhibited trauma or what they felt was most important to understand about their students' experiences with ACEs. Caroline is the principal of a middle school that serves a large migrant community and one with a large, unhoused population. She provided another example of how the understanding of trauma was linked to the outward and more disturbing behaviors when she shared that she believed that the most important thing for people to know is that “when I look at the kids that are the most in need, the ones that are causing us the most challenging situations, day to day, all of them have some trauma in their lives.” Most of the principals, like Caroline and Stacy, discussed the increase in fights, suicidal ideation, and general rudeness when discussing the effects of trauma on their students. Louise described physical aggression, a lack of

remorse, and bullying after the pandemic, while Norma noted that they had never experienced fights at her school site before the pandemic. These principals shared similar concerns about these extreme behaviors, and few discussed the other and less visible ways that trauma could be affecting their students, as Joan did.

Approaches to Addressing Student Trauma

Especially since the return to in-person instruction, the XYZ school district has made available multiple resources to support schools as they address the mental health needs of their students. These supports included hiring more psychiatric social workers, who were funded for some schools at least partially, contracts with local mental health agencies to whom students can be referred for therapy, the support of district-level school mental health coordinators, access to free social-emotional learning curriculums, and district staff who share strategies and resources. All the principals were taking advantage of some of the resources they were aware of, and a couple expressed gratitude for this. Joan recognized the district's effort to support trauma-informed schools by saying, "I applaud them for that. This is the first time I've seen them really trying to address the social-emotional needs..." However, it became clear as principals discussed their approaches to addressing student trauma that they were not all aware of the full spectrum of supports available to them, and many were conflating programs and initiatives that had nothing to do with trauma-informed schools with those efforts.

The use of psychiatric social workers and the services of local mental health agencies was cited as an important resource by most of the principals who participated in this study. Some principals discussed their psychiatric social worker (PSW) as being instrumental to their programs. Douglas, for example, discussed the critical role of the PSW at his school in developing resilience training for his high school students. He felt she was so valuable that he

used his school budget to fund a second one. Earl similarly highlighted the importance of his PSW who leads parent and student workshops on his middle school campus. Those who did not have a psychiatric social worker noted that it was a high priority for them to obtain one. Fortunately, all the schools were able to make referrals to local mental health agencies, though some also discussed the limitations of those agencies including capacity and parent follow through. One principal, Stacy, was lucky to have partnered with an agency that also supported parents.

In addition to using mental health personnel, the one initiative that all the principals frequently cited as a part of their approach to addressing student trauma was restorative justice. Though their district no longer provides restorative justice advisors, many have used school funds to employ someone responsible for leading restorative justice efforts on their campuses. Douglas cited it as one of his school's most important initiatives post-COVID-19. When asked what trauma-informed strategies had been put into place to address student behavior, he shared the following:

So, we had gone through RJ training, you know, early on before the pandemic and we had the RJ training, but I feel like we had it in our minds, but we didn't use it nearly as much as before as we do now.

The move to institutionalize restorative justice practices was an initiative before the COVID-19 pandemic. Two underlying principles of restorative justice, reducing exclusionary discipline and focusing on relationship building, are indeed elements of a trauma-informed school. Trauma-informed schools recognize that traditional punitive systems of responding to behavioral issues will not work with students who are trauma-impacted and can, in fact, exacerbate their trauma. Restorative justice practices are important elements for a trauma-

informed school to have in place. However, as described by these principals, despite the attempt to utilize restorative justice practices, many of their school communities are still struggling to proactively address student behavior rather than be reactive.

Most of the principals listed social-emotional learning, which focuses on the skills needed to foster healthy relationships and self-regulation, as a primary way to address chronic trauma in their schools. For instance, Patty, a middle school principal of a high-needs school, stated it was the first thing she focused on. When asked what she thought was the most important thing to know about ACEs and chronic trauma, Patty said, "The social-emotional piece is key." She described how she incorporated SEL into her school's practices. Patty used the terms SEL and trauma-informed practices interchangeably, as did several other principals. Joan, the principal of a high-needs school, and Earl, the principal of a high-achieving middle school, shared when asked how they addressed trauma that they had worked with district support staff to create and provide social-emotional learning lessons for teachers to use in their advisory classes. Like restorative justice practices, SEL is essential for being a trauma-informed school, but it is only one element of many identified by TLPI. While valuable and interesting, the other strategies or initiatives discussed during the interviews have much more tenuous relationships to creating a trauma-informed school.

Conflating Initiatives and Strategies

Study participants also shared strategies for addressing chronic trauma, such as creating culturally relevant lessons, working with a local university to create a racial and equity program for high school students, and employing equitable grading and instruction (EGI) practices. The links between the strategies described and research-based trauma-informed strategies seem

tenuous because the goal of trauma-informed schooling is to provide intervention and reduce trauma-related symptoms.

One of the most unique strategies was described by Sharon, the principal of a very popular span school serving students in grades four through 12, who discussed replicating a race and equity program from a local university that she had participated in for her students because she was alarmed by their use of hate language following the return to school in 2021:

... just to put it very simply, and I not only have had enough of it, I realized that we're not teaching the kids. We're not in a way giving them the tools to lead the work to establish student communities of racial equity that would then go on to address the trauma being caused by hate language... Why aren't we giving them that level of scholarship in those topics of how to really systemically create institutions that strive to put supports in place for racial equity?

Sharon describes the newly created program as an important feature of her school's response to the trauma her students experienced during the pandemic. Sharon was not the only principal who described designing a special school strategy not clearly related to trauma-informed schooling. Earl spoke at length about an initiative at his school to allow students to make up work at the end of each grading period.

Earl asked his faculty to refrain from assigning new assignments at the end of each semester in an effort to employ equitable grading and instruction (EGI) practices. Earl explained that this move toward equitable grading practices is related to creating a trauma-informed school because it has a social-emotional component. Earl stated the following: "Of course, you know, I have my thoughts about EGI, I think in ways, it's social-emotional in nature." Two other principals, Caroline and Stacy, shared that they use out-of-classroom personnel to run social

skills groups. Caroline particularly explained that poor social skills that she attributed to trauma were rampant and a primary concern for her, however, she also equated students who were newcomers (recently arriving immigrants) with poor social skills while discussing a strategy that she employed to address trauma:

I think one of the things that we finally managed to get off the ground was, I have an RJ teacher who runs social skills groups...my PBIS counselor is running a newcomer group to try and bring home those skills...And so those are the things we've put in place as identifying those groups and trying to provide a little additional support around connection to school, connection to an adult on campus. And then instruction around how to behave appropriately and what is okay and what is not.

Caroline described using the services of a restorative justice advisor, as well as positive behavior and intervention support advisor, to focus on teaching social skills to newcomers. The initiative she described included important features of trauma-informed practices — creating connections to school and to adults on campus —, but it was not clear if she assumes that recent immigrants to the U.S. are all experiencing the effects of trauma or if she assumes they all lack what she believes are appropriate social skills simply because they are immigrants. Thus, it is difficult to determine if this program Caroline discussed is about trauma-informed care.

Throughout the interviews, the participants whether they were leading high achieving schools or struggling schools, discussed how their school communities responded to the effects of chronic trauma on their students by sharing a broad spectrum of strategies that were quite similar. These strategies included the use of psychiatric social workers and external mental health agencies and a plethora of references to previous educational initiatives like SEL and restorative justice. Many also discussed strategies and initiatives that, though they may be

helpful and productive, were not rooted in the research on intervention for chronic trauma in any way.

The Effect of Ongoing Education on the Capacity to Lead Trauma-Informed Schools

While most of the interview participants reported that they feel only somewhat equipped to lead professional development for their faculty and staff on trauma-informed schools, a few added during the discussion that they felt more knowledgeable about ACEs and trauma-informed practices than most of their colleagues and thus better equipped to lead the work of creating trauma-informed schools. Those principals attributed their confidence to participating in ongoing education outside of the school district. Indeed, these principals discussed their efforts to address trauma with a longer list of strategies they had put into place than their colleagues and were more likely to describe strategies of their design.

Douglas, for example, discussed the use of restorative justice practices and the use of a psychiatric social worker like everyone else. However, he went much further when describing how his school community addressed student trauma. Douglas described a robust community of care and support. He described a large and successful Black Student Union, a counseling team that meets weekly to identify students whose behavior may indicate they need additional support, a mentoring program in which he participates, and videos on resilience that were produced for the students by his psychiatric social worker and his Pupil, Services, and Attendance counselor. As mentioned earlier, Douglas stated that he could not remember or point to a specific professional development from the XYZ School District about ACEs or trauma-informed schools. Douglas explained that it was his opinion that to grow your capacity as a leader in the XYZ school district "Sometimes you have to seek it out a little bit more. It's not always readily available. Sometimes I feel like, well, why didn't we get a PD on this?" Instead, he attributed his

ability to create this community to participating in a collaborative for high school principals, which a local university curated. He said the following about his experiences:

I think there's been a great effort through the organizations or groups I've been a part of to kind of inform me. I'm not sure if every principal gets some of the conversations I've had and meetings I've had with ... the UCLA collaborative or other groups.

Douglas is a hands-on principal with a remarkable connection to his students and community. He engages in ongoing education outside of his district offerings. He believes it has given him access to knowledge and skills that would be difficult to access if he relied only on his school district. Like Douglas, Earl also believes that his knowledge of how to lead a trauma-informed school comes from his education outside the confines of his workday. Earl is currently a doctoral student, and while he acknowledges that he could learn more, he believes his knowledge is above average. Earl discussed learning about social-emotional learning, a key element of a trauma-informed school, in his doctoral program.

I learned a lot about social-emotional learning through my doctoral program. I had to do literature reviews on it and stuff like that. So, I know probably more. And I've shared some of my research with my staff as well, with my leadership team, right? And so, I think I'm okay. I think I'm more than average...

Earl also described programs at his school that were more extensive than those the other study participants described. In addition to the equitable grading initiative described earlier, Earl discussed working extensively with district support personnel to develop SEL programs. To that end, working with his school leadership, he extended his school's homeroom period to ensure that teachers had time to deliver the lessons on social-emotional learning and special homerooms were created in which small groups of students who would benefit from mentoring were

programmed with six or seven teachers who volunteered to work with the students. He utilizes a psychiatric social worker and two interns to lead training for students and parents. His school also has a large student leadership program, and those students mentor sixth-grade students. Earl and Douglas spoke at greater length about their school communities efforts to address their students' social-emotional needs. They described more self-initiated programs designed by their school leadership teams.

Joan, the one principal who reported feeling well-equipped to lead professional development on trauma-informed practices, rated her capacity to lead the work of creating a trauma-informed school as a four out of five. Joan reported that educating herself about trauma-informed school practices was essential to her work. In explaining how she reached that four out of five level, Joan said, "I would say the district has given me up to a three out of five, but the four out of five... has been trial and error on my part and taking suggestions from other people and really trying to be proactive..." Joan was the only principal who discussed an ongoing professional development program, with the support of district-level school mental health personnel, for her faculty and staff on social-emotional learning and responding to student behavior. Joan also shared that she invited a school mental health coordinator to her weekly meetings with her out-of-classroom staff on several occasions "to talk about trauma, to talk about mental health, to talk about all of those kinds of topics." Though her ongoing education was not as formal as Douglas's and Earl's, Joan also felt that education beyond that provided by the district made her better equipped to address the needs of her trauma-impacted students, and she described an approach to professional development and support for her teachers that was more extensive than most of her colleagues.

Those interview participants who felt more confident in their skills or knowledge about trauma-informed school practices and their ability to lead this work attributed that confidence to education attained from other sources. These principals described themselves as being more educated about trauma than most and stood out during the interviews for describing more extensive and sometimes creative school programs at their sites.

Perceptions of the Role of Schools in Addressing Trauma

All the principals stated without equivocation that schools must have systems in place to address the trauma their students are experiencing, but there were some nuances in their reasons for feeling this way. All the principals believe that their schools must be prepared to meet students where they are to support them because they recognize that trauma will interfere with students meeting academic goals and behavior norms. Some of the principals interviewed referenced a belief in addressing the whole child as being an integral part of the school's mission.

Patty's feelings about the need for schools to address their students' social, emotional, and mental health needs represent the view communicated by all the principals interviewed. Patty argued for addressing the mental health needs of her students so that the business of addressing academic goals can take place as if it were a non-negotiable requirement,

So, I think it's a big piece because if we don't have the kids mentally right, it doesn't matter how fantastic of a teacher we are, how fantastic a lesson is, if they're not... like being present ...like the kids have to be present, like not just physically, but mentally, but when they're thinking of, you know, this happened at home last night, how am I going to walk home? Like, you know, all those things. And they're not equipped to deal with it. I mean, like, adults struggle with it and they're adults, right? So, imagine like 11 to, you know...all kids, not even just this age group.

Patty's belief that to get to the academics schools must first address the psychological states of their students was echoed by every principal interviewed. Sharon expressed sentiments almost identical to Patty's. Though her student body is more diverse and located in a vastly different neighborhood, Sharon, too, saw addressing mental health and trauma as a necessity and expanded on Patty's argument about the role of the school in addressing trauma by discussing the school as a lever to get students access to outside interventions as well:

I have to say I believe schools have a hundred percent responsibility. And that is with a caveat. We often spend more time with a student in pivotal years ... for academic and emotional development than they do with anyone else outside of school. And I think schools are the perfect lever, but I think we also don't often have the resources that a student needs. And so, I think it really is the responsibility of the school and the district to often be the liaison, to get the student the care that they need to address the trauma.

In discussing the pivotal role of schools in a student's academic and social life while also serving as a connection to a larger sphere of influence outside of the school, the influence of the Whole School, Whole Community, Whole Child Model on school leadership could be heard in Sharon's comments. As framed in 2007, WSCC's ecological approach advocates for schools to embrace the role of building community and family partnerships to provide students access to health and nutrition education, psychological services, and social and emotional support. This framework could be heard throughout the conversations with many interview participants, but only a few tied their efforts to create trauma-informed schools to WSCC. Louise articulated a strong belief in WSCC, and she articulates this to her faculty unequivocally:

As a former high school health teacher, I know that trauma-informed response, or not necessarily initiatives but awareness, is part of what we do. I always tell my faculty that

you can't have one without the other. We have to have the social, emotional, the safe. And then you combine that with the academics, but one can't stand alone.

Like Louise, all the principals stated without hesitation that they believe schools must address the trauma that their students are experiencing. A few also shared that this is a practical response to the reality they are confronted with rather than a philosophy about the role of schools. Stacy was the most forthright in sharing her thoughts.

I mean, I think it's important to educate the whole child, you know, and the social emotional is a piece of that, so I think that's extremely important. However, I also have this feeling of when something goes wrong in society, it always looks to the school sites to fix it. And we can't be everything to everyone, you know... That's always been a struggle... it's just tough trying to take on all the social issues from the community.

Although, you know, you need to tackle those in order to support them instructionally, you know what I mean? Like...you have to meet their social needs, emotional needs before they're going to be able to hook onto the instruction piece. So, it does go hand in hand, but...it's a struggle to balance that.

In her responses, Stacy articulated an internal struggle with the school assuming the role of addressing what she characterized as "society's issues." While Loise shared that she firmly believed in the WSCC model, Stacy did not. The struggle for balance that she described is tangible in the increased workload that is being taken on because the school is dealing with these "issues." Many may be hesitant to share this point of view or concern out loud, but it is a very real for some. It is only one of the many concerns or obstacles, both philosophical and logistical, that were shared.

The Limitations to Being a Trauma-Informed School

All but one of the principals interviewed believed that secondary schools, as they are currently constructed, are limited in their ability to become trauma-informed school communities fully. The insights these principals shared during their interviews reveal that they are all dealing with the obstacles to creating a trauma-informed school that many would consider predictable, such as lack of funding and teacher resistance. However, they also discussed significant limitations that may have been unforeseen and are even more challenging to address.

Some principals described confronting pushback from their school communities on all fronts. They received negative feedback from not only teachers but from parents and students as well. Resistance from parents and students was something that they were not prepared to confront. Others discussed the fact that the resources available to them now cannot fully address all the components that need to be in place to support the needs of their trauma-affected students. Still, others noted the absence of a plan to support parents as the most significant limitation they recognize. Their responses demonstrate that they believe that they are expected to address the needs of all their students who are coming to school with symptoms of trauma, and they want to meet this expectation. However, as constructed now, the typical secondary school that operates from 8 a.m. to 3 p.m., with financial and personnel constraints, has limitations that prevent them from doing so.

School Community Resistance

The current research on creating trauma-informed schools discusses teacher concerns and teacher resistance, but no studies found to date discuss parent and student resistance. So, it was surprising to hear a couple of principals bring up this issue. One principal described parent and student resistance to trauma-informed curriculum initiatives, others referenced parents who do

not understand the restorative approach to school discipline that has been adopted, and still others discussed the persistent stigma associated with mental health care.

Rebecca, the principal who recently left her principal assignment, led a school where 52% of the students at this school qualify for free and reduced lunch. It also hosts an acclaimed gifted program. She shared that one of her most significant obstacles to attempts to create a trauma-informed school came in the form of pushback to attempts to bring a trauma-informed curriculum to her classrooms from not only teachers but from some parents and students as well. Focusing on Children Under Stress (FOCUS) curriculum was rolled out in science classrooms. Rebecca shared during her interview that parents, especially the parents of the students in her program for gifted students, did not see "the point in it for kids...who they deemed were well adjusted." Those parents "want them to be more focused on academics...because those are not topics they wanted them to discuss in school." Principals were not prepared to deal with this sort of reaction and resistance.

On the other end of the demographic spectrum is Joan's school, which is 96% economically disadvantaged and experiences the presence of gang activity regularly. Joan also sees resistance from her parent and student community as a limitation to addressing chronic trauma within the traditional secondary school setting:

I think we're very limited. We're limited with resources, including personnel time, reluctance on the part of everyone involved. I think, you know, not only from the students and the teachers, but from the parents too. I think there's a general stigma still around mental health and needing help.

Joan believes that there is still a stigma around seeking mental health care in her community, and that is an obstacle to implementing trauma-informed practices at her school. Patty also referred

to a stigma around mental health when sharing her thoughts about the help she needed to serve her community. While sharing that she needed support in educating her parent community, she discussed cultural perceptions, using suicide as an example. Patty said: “for me, here,... a lot of its culture, right? They're coming from, you know, Mexico, Guatemala, Honduras, and you know, you never talk about suicide...you just like suck it up and you figure it out, right?”

Finally, Louise was one of two study participants who cited parents as an obstacle or concern to deal with because of their resistance to implementing restorative approaches to discipline. She describes this obstacle in this way:

... parent engagement and collaboration I'm finding is sometimes mostly very much hit or miss because there's a disconnect between their experience in school and how things were handled and how we're trying to use the restorative practices. It's distinctly different from what...we experienced in school for progressive discipline or mediations or counseling. So, the parent piece has recently become a challenge as well. And I understand as a parent, but they don't get to see behind the scenes. So that's kind of the hard thing.

The resistance that Louise, Joan, Patty, and Rebecca described immediately impacts the students that trauma-informed practices are designed to support by potentially blocking access to services and curriculum. On an individual level, students may have parents who will not provide consent for their participation in support services. On a larger scale, it can also lead school administrators to discontinue programs like FOCUS or resort to punitive discipline systems.

Limitations Created by the Structures of School Settings

Despite their stated desire to help their students who are experiencing trauma, several principals cited that the systems in place in traditional secondary schools served as a source of

frustration. Time and time again, the principals stated that their goals or efforts to implement trauma-informed practices were undermined by a lack of time, personnel, and competing demands. These challenges seem frustrating because they can be remediated more easily than the parent and student reaction to trauma-informed instructional strategies.

Norma, a high school principal, is more knowledgeable than most about ACEs and the strategies to address chronic trauma. Like most of her colleagues, she expressed time and the overwhelming demands upon her and her staff as a limitation to her ability to put into place trauma-informed strategies fully. Norma expressed the difficulty she faced in trying to balance the day-to-day demands of running a school with implementing trauma-informed strategies:

It is not that we do not know what's out there...but it is the time to implement all those wonderful strategies that I don't find, even with a full-time psychiatric social worker, with a full-time psychologist, with four counselors...it's hard. I mean, one example is that there is a lot of research out there that having calming rooms...this beautiful room where kids could go and decompress or just sit...so I'm like, oh, I gotta have one of those, and...we open a beautiful room...I'm going to assign a counselor every day so the counselor could be there. And then we realize, wait a minute, if that counselor is there ... for the kids who wanna go and just decompress and one of their children... Now that counselor is not available for that kid.

While Norma is frustrated that the desire to implement research-based strategies is thwarted by the sheer volume of demands that she and her staff must address, Sharon pointed out that some of the strategies employed and services provided cannot adequately address the needs of her students because of their limited scope.

I think our limitation is in expertise and lack of human resources.... Like for instance, a student who is unhoused, we have the homeless unit, but the support that's provided on a daily basis doesn't necessarily negate the trauma that's being caused by a student being unhoused or the situation they're in. And it would be wonderful to have somebody trained there who can really provide that day-to-day check-in that support that's individualized and differentiated.

In their assessments of their realities, Norma and Sharon identify a significant problem that all the principals encountered. During the school day, even with the additional personnel they have gained in the last couple of years, they still do not have the time and personnel to begin to serve all those students who have significant needs on their school sites, and they have no control over what is happening beyond the school's walls. Now, schools are faced with budget cuts as the federal emergency funds are ending, and Douglas, whose hopes for a second psychiatric social worker have been dashed, noted that schools are faced with the "barriers of resources and time."

Absence of Support for Parents

In their study of the HEARTS program, Dorado et al. described a multi-tiered approach to a school-based trauma intervention and prevention program (2016). Tier three of this program focused on collaboration between the school-based program and parents and caregivers. This program took into consideration that parents are a crucial component to helping their students heal, and building parent capacity to support their students was critical. This program also considered that parents and caregivers themselves may have also experienced complex trauma. The principals interviewed for this study who discussed the absence of student support beyond the school day, and for parents recognized a need that existing research such as the HEARTS study already identified for successful school-based trauma-intervention programs. Five of the

ten principals shared a frustration that the supports for students with trauma stopped at the school's threshold. Two of them specifically cited a lack of support for parents who need assistance and education so that they can support their children as the most significant limitation to schools addressing student trauma.

Several principals mentioned that parents looked to the school leadership for guidance. Douglas, a high school principal with nine years of experience, expressed his worries about what happens when students leave school. While discussing what he believes is a significant limitation to the ability of schools to address and mitigate the effects of chronic trauma, Douglas said, "I feel like ... I just have to run a boarding school and just bring some of them with me...I have to send them home sometimes when I feel like all the work we're trying...sometimes will revert back."

The feelings that Douglas articulated were also the biggest concern for Caroline. Caroline believes that the XYZ School District's broad approach to parent education is not adequate for addressing student trauma:

...Until we target parents with the specific, 'We see that there's a struggle here because your child continues to have these problems. We need you to come in.' We're not really gonna get anywhere because the schools can't do it by themselves, and the parents can't do it by themselves... And instead of saying, 'Hey, we have this great parent workshop.', it's, 'we've seen that this is an issue with your child. We're gonna have a workshop and we'd like for you to join us and we're gonna offer it at this time, and then at this time and at this time, which day are you coming?'

Caroline goes even further and sums up her concerns about the absence of a parent component in addressing the needs of students who are exhibiting trauma-induced behavior issues quite simply.

We're not going to get enough traction unless we're able to impact the 18 hours a day that kids are with their families...it'll only be a drop in the bucket if we can't find a way to impact the home environment in a different way.

Douglas, Caroline, and the other principals who spoke about sending the students home as a limitation may sound like they are blaming parents. However, they recognize that their schools are missing an element of CBITS that the early research noted was important.

A System in Conflict

While all the principals interviewed believe that addressing the social-emotional and mental health needs of their students should be a high priority, 100% of the principals reported that numerous obstacles prevent them from making the creation of a trauma-informed school community as high of a priority as they would like. In addition to the limitations that the principals feel are inherent in the current structure of the public secondary school, they shared that there are additional obstacles placed before them that they must confront daily. These obstacles include the conflicting demands imposed on them by their school district and teacher resistance.

Compliance and Accountabilities

More than half of the principals who participated in the study cited district demands as being an obstacle that interfered with their ability to attend to their students' trauma. Three of the study's participants cited state and district accountabilities they must meet as the number one reason they could not make creating a trauma-informed school community a high priority,

though they recognized it should be. Joan summed up this obstacle by saying, "I struggle with my priorities because there are things the district makes me prioritize. And then there are things that I would like to prioritize. I would very much like to prioritize children's mental health, but it doesn't necessarily come out that way." Many of her colleagues share Joan's struggle to balance the demands placed on school principals by her district. Norma explained the obstacle in greater depth this way:

So, as you know, we don't have a lot of accountabilities with providing this trauma-informed services, but we do have the accountabilities on the percentage of students testing on the i-Ready accountabilities, on the amount of students being on the chronic band. So, I don't want to be on any list of not doing what I'm expected to do. What my district, my employer tells me I should be doing.

Norma said that making the decision not to push her teachers hard to employ trauma-informed strategies so that "kids feel that ...they're safe" while she is demanding that "they meet all of the standards because you better give me 70% proficiency" sometimes makes her feel like a "hypocrite" because "when it comes to this...I have to do something that I don't personally agree with."

Louise also shared that she struggled to make addressing student trauma a priority. She said that it is her aspiration to make creating a trauma-informed school "a nine or ten" in her priorities, but "in reality, it is a four or five", and compliance issues were the reason. Louise argued that the attention paid to compliance and paperwork should be 50% of an administrator's responsibility and attention to trauma and SEL be 50%, but it is not. She offered that many of her colleagues share this issue as well. Louise said, "I listen to my colleagues, I listen to teachers. I'm

seeing what we're being provided as administrators. You know, the paperwork and the compliance and ... all of that stuff, it's not equitable.”

The focus on meeting state achievement accountabilities and responding to the increased scrutiny means that school administrators do not have enough time to invest in training their staff and faculty on trauma-informed practices. The district also continues to roll out new curriculums and academic interventions that have diverted efforts from addressing the effects of chronic trauma and the social and emotional needs of their students. Regarding professional development, for example, Joan said

It is like everything else that the district does. There's not enough time really to implement or to have sustained conversations. It's not a one and done deal. And that's what it really becomes. ...I think we should have a full day of PD every week. And that might begin to address all of the various ills we have.

In citing conflicting demands from the district to meet state and district accountabilities, Louise, Norma, and Joan confirm the findings from the limited studies on the roles and perceptions of trauma-informed school initiatives. In those past studies, administrators reported giving up trauma-informed efforts or not giving them their full attention because they could not manage the balance with the other demands from their school district leadership.

Teacher Resistance

Not surprisingly, given the existing though limited research, all the interviewees cited teacher resistance to trauma-informed practices as an obstacle to creating trauma-sensitive school communities. Principals cited faculty resistance to efforts to implement social-emotional learning curriculum in the classroom and restorative approaches to school discipline as interfering with their efforts.

All the principals who participated in the study could describe teachers like Joan described when she said, "...I have teachers who firmly believe this is my subject, this is what I'm gonna teach, and I'm not gonna do anything else." Along those same lines, Norma discussed having "very "difficult conversations" with teachers, one of whom said to her,

'I became a math teacher, and I will not engage in a restorative justice circle at my school. I do not believe in that kumbaya crap', and I'm just actually, you know, quoting the teacher. 'So no, I'm not going to do that. I am not qualified to handle a kid having an anxiety attack because of, you know, he, the father beat up the mother last night, and I just am not equipped to that. So please do not ask me to do that.'

The research on teacher perceptions of trauma-informed school initiatives already reflects what Joan, Norma, and all the other principals shared. The professional development on trauma-informed strategies and practices tried to counter this by laying out the logical reasons for classroom teachers' participation. However, as already articulated by our principals, the professional development needed to be more in-depth, repeated, and supported with resources, in their opinion. Only Joan discussed the efforts of her administrative team to ensure that their teachers received ongoing training and support because concerns about safety and student behavior demanded ongoing attention.

The principals described teacher resistance to employing trauma-informed strategies in their classrooms and discussed teacher objections to practices like restorative justice being adopted schoolwide. Principals shared that they struggle to change the mindsets of those teachers with traditional viewpoints and that some teachers do not feel supported because they believe students are not receiving discipline. As Caroline pointed out, "I think it's very challenging to change mindsets...I'm just thinking of the staff,...there's a few there that have had their own

traumas, overcame them... are successful and are teachers and doing what they do. 'I did it. Why can't you?' while Douglas suggested that there are "just archaic ideas..." as he shared that "there's some challenges when it comes to their perceptions of how the class should be run and everyone should be quiet and listening and this and that, and not connecting."

Caroline also shared that in addition to teachers struggling with shifts in the approach to discipline, she pointed to some faculty members' lack of understanding of the life experiences of the students in her school. She reported that many of her teachers "can't understand because they are so far removed from that kind of upbringing. They didn't have... the major trauma." This perception was also shared by several other principals in the study.

All the principals shared the problem of addressing issues of faculty who are unwilling to engage in trauma-informed practices in the classroom and who struggle to understand the value of restorative approaches to addressing student behavior. Some, like Rebecca and Joan, feel it makes their jobs much more difficult. Others, like Patty and Douglas, are hopeful that their growing population of new teachers will represent a shift in teacher receptivity to trauma-informed and SEL strategies. Unfortunately, for half of them, this is the major obstacle to their school communities becoming trauma informed.

Conclusion

The findings of this study provide insight into how secondary school principals understand how their students experience chronic trauma and its effects, their perceptions of their roles in creating trauma-informed schools, the role of their school community in addressing chronic trauma, and the obstacles they face in doing that work. Their responses during the interviews revealed a cohort of principals who care deeply about their students and who recognize their power to improve outcomes for their students. Because of their advocacy for

students, many were employing a myriad of resources to not only deal with the unprecedented behaviors they were confronted with over the last three years but also to be proactive in intervening for students who need it. Their responses revealed that school principals need help on many fronts to prioritize their students' social-emotional needs. Every day, they juggle increasing demands from the district to respond to state and federal accountabilities while dealing with resistance from teachers, parents, and students. They also need more personnel and funding. Some need help with their lack of expertise and feelings of inadequacy regarding trauma-informed initiatives. Ultimately, they need more time and flexibility to deal with all the competing interests and the ability to shift priorities and relieve the current weight of all their responsibilities.

This study confirms many of the findings of the previous research on why trauma-informed school initiatives are not taking hold while also allowing us to hear directly from principals about how they are currently responding to the needs of the students who are experiencing the outcomes of chronic trauma. This study also shares findings that are absent from most studies; school leaders want to address the needs of their students who are experiencing the effects of chronic trauma, and they continue to try to do so in a variety of ways despite the obstacles. It is good news that they have yet to give up on this effort, and their responses tell us precisely what they need to do to better meet those students' needs.

Chapter Five: Discussion

The research on the impact of chronic trauma and adverse childhood experiences on America's youth and the anecdotal data provided by administrators and teachers about their students' mental health and behavior are very glum. Every day, faculty and staff in American public schools struggle to address student behavior and poor attendance and to support students who are chronically struggling academically. To contribute to this situation, the state of the mental and physical health of our youth since the COVID-19 school shutdowns of 2020 has reached no lows. The good news is that the psychology, medical, and psychiatric social work communities, in their examination of the effects of childhood trauma, have provided the research to help us understand the roots of many of these behaviors and academic struggles, as well as provide models for how schools can intervene and better support these students.

An introduction to this research during a brief professional development on ACEs led me to a path of exploration and deep learning as I connected quickly with the idea that schools can take steps to remediate the effects of chronic trauma. As a part of my learning, in 2020, I read Doctor Nadine Burke's book *The Deepest Well* (2018). As the former California Surgeon General recounted her journey of learning how profound the impact of experiencing multiple ACEs was on her patients, I experienced feelings akin to shock and surprise. The realization that there are so many students in our classrooms experiencing childhood trauma every day hit me hard. I also experienced a revelatory moment as I contemplated the idea that the reason that the forward progress of school reform stalled in the 2000s was because of a failure to address the effects of chronic trauma on our students. Perhaps we had reached a saturation point with school reform efforts because as many as 20% of the students seated in our classrooms (more in severely impacted communities) were dealing with health issues, cognitive delays, and issues of

dysregulation that were not being adequately addressed or, in some cases, their symptoms being compounded by the systems, practices, and attitudes in place in the average school. An idea formed in my mind: the education community has failed to understand that we must first prioritize addressing student trauma to create a student body that is ready to learn.

The research shows that school-aged children who are experiencing the effects of multiple ACEs are over-referred to special education programs, overmedicated, quietly failing, or receiving punitive discipline instead of receiving help (Perry & Daniels, 2016). The research also shows that efforts to establish schoolwide trauma-informed communities that employ trauma-informed practices in and outside the classroom are effective. When schools offer Cognitive Behavior Intervention for Trauma in School or even smaller-scale schoolwide efforts to intervene and mitigate the effects of chronic trauma, academic and behavioral outcomes improve (Bakosh et al., 2016; Jaycox et al., 2012; Langley et al., 2015). Despite this data, the education community has failed to agree upon a definition of what a trauma-informed school looks like (Maynard et al., 2019), and schools and school districts have failed to employ trauma-informed practices in a sustained fashion (Reinke et al., 2011). To understand why, I interviewed ten secondary principals to gain insight from a stakeholder group that has largely been absent from the research. This study sought to understand from the perspective of the individuals most responsible for leading and sustaining school change how they understand and make sense of trauma, how their school communities experience trauma, and how they perceive their responsibility for addressing their students' trauma.

Discussion of Findings

Research Question One

The first research question sought to uncover how these secondary school principals understood and made sense of trauma and its effects on the students in their school communities. Their responses to the interview questions were consistent. They demonstrated that, for most, a deep understanding of the broad spectrum of ways that chronic trauma can affect children was absent or at least not at the forefront of their concerns. The approaches to addressing trauma that were described demonstrated this lack of understanding and showed that they were conflating a variety of educational initiatives and strategies with trauma-informed practices.

The Absence of a Nuanced Understanding of Chronic Trauma

In their descriptive study of trauma-sensitive schools, the Trauma and Learning Policy Institute shared that providing opportunities for building a shared understanding of trauma sensitivity is critical for implementation (Jones et al., 2018). Their study described robust professional development that included multiple full days of learning about trauma, its impact on students, and the benefits of a whole-school approach. This extensive foundational training was followed by professional development on the strategies that support a whole school approach, such as classroom management and positive behavior support. In contrast, as recounted by the participants in my study, the XYZ School District failed to ensure that all its school leaders know what ACEs are, what the definition of chronic trauma is, how it affects students, and how schoolwide approaches can be beneficial.

The principals in this study described the professional development they received as minimal, and for some of the interviewees, the professional development was not memorable. Douglas, a high school principal, for example, noted that he could not pinpoint an exact

professional development where ACEs, chronic trauma, or trauma-informed schools were discussed. Norma, another high school principal, when discussing the preparation and support provided by her school district, added the following:

They have provided us with some strategies, and there is that PBIS office that we could always call for support. And, but well, you know, our meetings are...mostly two hours of operational stuff, and not 20 minutes of that is dedicated to trauma-informed practices... So, the district has some, but I don't think that they're actively putting that out there for us on a silver platter.

Each principal in the study discussed what they felt was inadequate professional development or a lack of awareness of the district's plan related to trauma-informed schools. Based on their lack of memory of professional development, some of the participants in my study may not have participated in it at all. While the district provided additional voluntary professional development on a Saturday, this approach to educating their administrators was inadequate to reach a preponderance of school leaders.

This lack of education is problematic because the professional development on student trauma was left to school administrators to deliver to their faculties. Implementing schoolwide trauma-informed practices also depends on their leadership. While all the participants seemed to have at least a basic understanding of what ACEs are when asked what the two most important things one should know about ACEs and chronic trauma, most of the responses were overly simplistic statements about the importance of relationships or understanding that student behavior could be affected by their personal traumatic experiences. Many repeated similar soundbites from a specific professional development presentation that focused on the importance of relationship building. Louise, a middle school principal who otherwise communicated a good

deal of knowledge about ACEs, for example, simply said that the most important thing to know about students and trauma is that "Relationships matter. And we should be encouraging student voice." Several interview participants also focused on the more extreme exhibitions of student behavior, such as fighting, drug use, and suicidal ideation. In addition to exhibiting a limited understanding of chronic trauma and its effects, several study participants, in their comments, regularly equated SEL with trauma-informed practices as if they were the same thing.

While there was only one participant out of ten who claimed that trauma did not exist in her school community before the COVID-19 pandemic, it was still alarming. Her claim reveals an absence of an understanding of the prevalence of ACEs or how trauma can manifest itself. The more extreme behavior that her school community experienced upon returning to in-person instruction in the fall of 2021 was not unique to her school, but for her, it seems to define how trauma-affected students behave. While she is the only person who communicated that trauma did not impact her students before the pandemic, most of her colleagues also focused on the effects of trauma as it related to certain behaviors. These were student behaviors that disturbed classrooms or the school community at large and, at the most extreme, suicidal ideation. The significant uptick in student discipline concerns following the return to in-person instruction in 2021 may have influenced their responses. However, how they approach addressing student trauma will be as limited as their understanding of it.

An overarching theme emerged in the interviewees' responses: "I know trauma when I see it." This pattern begs the question of the effects the administrators do not see. While the misbehavior and dysregulation that the study participants described are outcomes of trauma and are problematic, other impacts are not always as visible or disruptive. Chronic trauma can impact a child not only emotionally and behaviorally but physiologically and cognitively as well.

In their research on Cognitive Behavior Intervention for Trauma in Schools, Jaycox et al. noted that CBITs is an early intervention designed to identify children with symptoms of trauma that parents and teachers may not recognize (Jaycox et al., 2012). For school principals, an understanding that the outcomes of experiencing multiple and prolonged ACEs can lead to health outcomes such as asthma and anxiety or lead to cognitive delays is essential. Students experiencing chronic trauma may experience depression, have truancy issues, or be misdiagnosed with attention deficit hyperactivity disorder, for example (Felitti et al., 1998; Jaycox et al., 2014; National Association of School Psychologists, 2015). These less dramatic outcomes affect student attendance and academic achievement and lead to referrals to special education programs. However, the focus of their responses was on the most extreme student behaviors, such as fights, suicidal ideation, and drug use, perhaps because these behaviors are the most visible and time-consuming and because of the increase in these behaviors in the wake of the COVID-19 pandemic. Also critical is an understanding that proactively addressing trauma can improve both mental and physical health outcomes. Screening for trauma can take place in the health office, the attendance office, the dean's office, the counseling office, and in the office of the psychiatric social workers, but not if we are not attuned to the fact that it is not only the children who are acting out in the most visible ways who are trauma-impacted.

Implementing Trauma-Informed Practices

Prior to the pandemic, the schools in the XYZ School District could use their school funding to purchase the time of a psychiatric social worker. Following the pandemic, the school district funded psychiatric social workers at least partially for most schools. However, there was a shortage of qualified psychiatric social workers, and some of the participants shared that this was an issue for them. Schools were also facilitated to increase access to local mental health

organizations. As a result, most of the principals discussed accessing these resources as a part of their approach to addressing chronic trauma. The XYZ School District had also launched initiatives and unevenly supported social-emotional learning programs and restorative justice in some schools for a few years. All the principals who participated in this study discussed putting one or both strategies into place at their schools to address the effects of chronic trauma.

Despite district support for these four practices, there was no consistency across the spectrum of participants, even though they are all in the same geographic region. Only a few principals described having all four of these strategies in place. It was also problematic that in addition to making referrals for counseling, most of the study participants hung their hats on just one practice, such as restorative justice or SEL, instead of discussing a schoolwide, multifaceted, and holistic approach that included other significant elements for trauma-informed schools such as working to create a sense of shared responsibility for addressing trauma and creating a school community that is safe physically, emotionally, socially and academically for all students (Jones et al., 2018). This absence of a schoolwide and holistic approach could be attributed to several factors, particularly the need for more adequately trained support personnel that most interview participants discussed. Principals cannot fully implement every one of the initiatives they are presented with or even those they may seek out themselves without adequate support. Their self-reported lack of knowledge of trauma-informed school initiatives may also be a factor. The quality of implementing the strategies described by the interviewees could not be assessed during this study.

It also became apparent that accompanying the limited understanding of how chronic trauma affects students, or perhaps because of it, is a lack of understanding of how to address it. Many of the principals conflated trauma-informed practices with other initiatives or strategies. A

couple of those do have a relationship to trauma-informed schools — restorative practices and SEL — but the others that were described are not trauma-informed practices at all. The strategies discussed included focusing on culturally relevant lesson planning, creating a race and equity education program for high school students, using a restorative justice teacher to lead social skills groups, and implementing equitable grading and instruction practices.

The question that arises is why these principals are conflating such far-flung practices with trauma-informed practices. There are multiple explanations possible. Education has been flooded with so many initiatives rolled out quickly that even school administrators need to be better grounded in their origin and the purpose of all of them. The initiative to create trauma-informed schools is included in this cascade. A research-to-practice brief published in 2020 by the National Center for Youth Opportunity and Justice discusses this issue. The authors of the brief cite initiative fatigue as a possible barrier to implementing school responder models (SRM) for addressing behavioral health (Greene & Kramer, 2020). In their brief, Greene and Kramer refer to the work of Eric Abrahamson. Abrahamson, a professor at Columbia Business School, coined the term change-related chaos. According to him, change-related chaos results when so many initiatives have been launched that school administrators no longer know which initiative they are implementing or why. A second possible explanation is that because of an absence of a cohesive explanation by their school district about what a trauma-informed school is and the absence of an understanding of how to address the trauma-induced behaviors they are dealing with on their campuses, the principals are reaching for anything that they think will work. A third and very likely explanation for their responses is that in response to my interview questions, absent that understanding of trauma-informed practices, my study participants sought to provide

what they thought were appropriate responses and included everything they were trying on the school sites that they thought would fall into the trauma-informed strategy bucket.

Need for District Support

The XYZ School District claims its schools provide a trauma-informed school environment. However, the principals who participated in this study did not hesitate to share that they need to understand the term trauma-informed school fully. Indeed, they almost universally stated that the district had failed to communicate to them what the expectations are for a trauma-informed school, failed to make visible to the principals the resources and supports that are available to them, and failed to ensure that they received adequate professional development on ACEs, chronic trauma, and trauma-informed schools. As a result, many opportunities to support a schoolwide effort are being missed.

The experiences shared during the interviews indicate that the services and supports for students across the schools represented in the study are very uneven due to the gaps in the principals' knowledge. One example of such a gap in their knowledge included one principal who did not have a psychiatric social worker but shared that she hoped to get one that could facilitate small groups for those who were impacted by specific trauma. This principal was unaware of CBITS and that training for CBITS was available to the district's psychiatric social workers. Another example is that only one of the principals discussed a focus on mindfulness. Mindfulness is considered a vital component of a trauma-informed approach for addressing self-regulation. Not one of the interview participants discussed using the research-based mindfulness program available to all schools in the district at no cost. These discrepancies mean that students are not receiving the same level of support and care across the district. This lack of clarity and support resulted in most of the interviewees describing experiences with varying levels of

frustration and a sense of helplessness when it comes to addressing one of their primary concerns — trauma-induced behavior.

Research Question Two

The second research question sought to gather data on how secondary principals perceived their roles in creating trauma-informed schools and how they perceived the role of their school community in addressing trauma. The interview participants were consistent in communicating their belief that schools should serve as levers for helping students who are experiencing the effects of trauma. They were also consistent in communicating that schools need to have systems in place to address student trauma. There were, however, different opinions about what principals should be expected to do and whether schools should be doing this work.

Principals' Perception of Trauma-Informed Schools

Most of the participants in this study were unequivocal in their belief that schools should be prepared to address the effects of chronic trauma on their students. This finding is in keeping with the findings of Moon et al.'s study on educator's perceptions of youth mental health (Moon et al., 2017). The primary reason offered for this belief was that students who are experiencing trauma are not ready to learn because of the effects of that trauma, and thus, schools need to address those effects. A few recognized that because students spend most of their waking hours in the care of school personnel, the school is best suited to address their needs and connect them with resources. Their perspectives align with the arguments made in favor of trauma-informed practices that were outlined in the early literature about trauma-informed schools. In discussing the needs of their students and how they approached supporting those students, several principals described innovative and heartfelt approaches, making it clear that this cohort of principals was forward-thinking, compassionate, and putting their students' needs at the center of their school

goals. While some were reacting to student behavior, they were doing so in a thoughtful and restorative fashion. The influence of the Whole School, Whole Community, Whole Child model could be heard in most of their responses.

Though all the principals stated that schools must be prepared to address the effects of ACEs on their students, some responses indicated that not all were comfortable with leading the work. Not all of them agreed that it was their job to lead the work of creating trauma-informed schools. In this regard, these responses were consistent with the previously cited findings on teachers' perceptions and a more recent study of administrators in Kentucky (Wells et al., 2022). In their study, Wells et al. examined the extent to which administrator preparation programs provided relevant training and those school administrators' perceptions of their role in promoting trauma-informed practices and their competence to perform that role. In their study, school administrators expressed a need for more clarity about the expectations for trauma-informed schools and how to address student trauma and communicated differing opinions about their roles. In this study, individuals felt that the school district should assume more responsibility by providing more experts to lead the work, and some felt it was only their job to shepherd those experts. A few participants in my study communicated very similar sentiments. Nevertheless, they agreed that the work needs to be done.

Limitations and Obstacles

While there was an agreement that schools should address trauma, the principals in my study were mostly resigned to the idea that there were limits to what could be done within the confines of a traditional secondary school. The limitations and obstacles that they described had many commonalities. In the end, all but one principal stated that creating a sustainable trauma-informed school could not be their top priority because some other more compelling demands

and obstacles prevented it from being so. The study participants perceive the role of schools in addressing trauma as very important and necessary, they do not feel that they have the time to put the work of creating trauma-informed schools at the forefront of their minds. In other words, the demands upon them force them to react to what seems most compelling and prevent measured approaches to creating trauma-informed schools.

The demands the study participants said they are juggling come from many directions. On the one hand, they are responding to district requirements to implement new and multiple academic interventions and curriculums, gather achievement data, report on school plans and outcomes to address accountabilities, and address persistently high attendance rates. These accountabilities are made highly visible and are very time-consuming. Principals feel forced to put trauma-informed initiatives on the back burner so that they are not "on any list" as Norma noted during her interview. On the other hand, school principals perceive that they are juggling other concerns at their school sites presented by their teachers, students, and parents.

First, the interview participants perceive that their faculties resist delivering social-emotional learning curricula and restorative practices. While the principals cited this as an obstacle, and their responses were consistent with the research on teacher perceptions, the existing research also shows a link between a lack of training and education for teachers in trauma-informed schools and their resistance to the initiative. The principals cited their need for more clarity and a problematic district approach to professional development as a concern for themselves. So, teachers also need more clarity about trauma-informed instruction, and efforts to address teacher resistance should be a focus to eliminate this perceived obstacle. A second concern that study participants raised is the reactions of parents who challenge nontraditional approaches to school discipline and who resist curriculum efforts that they consider "woke."

Again, education and engagement may be the key, not avoidance of a new initiative that challenges the status quo. Finally, principals cited the expectation that they lead professional development on yet another initiative and deal with the daily concerns of running a school, including fighting students, social media bullying, unfilled teaching positions, and facilities issues. According to the interview participants, something must be sacrificed, and taking the time to research how to create a trauma-informed school on their own and then understanding how to balance these priorities and demands is a monumental challenge. The participants in the study made it clear that they believe that the expectations were not reasonable, and the support of trained personnel is critical to schools being able to meet all the demands made upon them.

The limitations and obstacles that were described by the principals who participated in the interviews touched on many of the issues raised by previous research on the de-adoption of trauma-intervention programs and a second study on high school reform (Nadeem & Ringle, 2016; White-Smith & White, 2009). In both of those studies, access to resources, district, and stakeholder support, and competing initiatives affected the quality of implementation and, in the Nadeem and Ringle study, led to the abandonment of the CBITS program that was put into place.

Calling Yourself Trauma-informed Does Not Make It So

It seems like the XYZ School District treated trauma-informed schools like it has treated many other school initiatives that have come and gone. One or two professional developments were provided to the schools and required (but not monitored). The interviewees shared that the professional developments were isolated and needed more support of follow-up materials or a clear outline of the expectations for how schools should proceed. Additional professional development was provided, but individuals – principals and teachers alike – had to find it for themselves. Had it not been for the pandemic, one must wonder if the additional support

provided, such as increasing the ranks of psychiatric social workers, would have followed. It was clear from the interviewees' perspective that there is no substantive effort on the part of the XYZ School District to make visible the resources available or to ensure that they, the principals, understand what it means to be a trauma-informed school. Suppose none of your school administrators can explain your district initiative related to trauma-informed schools or even recall a single professional development. In that case, there has been a failure somewhere. Simply including a statement about being trauma-informed in your district plan does not make it so. Unfortunately, school districts frequently commit to an initiative but do not put the total weight of their resources behind it. However, in this case, one must wonder if they are missing the key to unlocking a barrier to success for many of their students by failing to commit to this initiative fully.

Implications for Practice

The findings of this study significantly add to the existing research on the implementation of trauma-informed school practices and suggest several implications for school-level administrators and school district leadership who seek to create trauma-informed school environments that are prepared to address the needs of all the students. Though it has been three years since schools reopened for in-person instruction following the pandemic-related school closures, the attendance data and reports about the mental health outcomes for adolescents, especially students of color, the need for trauma-informed schools remains heightened for all student groups. The rich data gathered in the interviews of the secondary principals provides guideposts that are significant to moving forward with not only the work of leading trauma-informed schools but for addressing school reform in general and for examining the current expectations of school principals.

A Need for Meaningful Professional Development and Ongoing Education

In California and several other states, the methods for acquiring an administrative credential today are broad and range from taking an exam to enrolling in a credential program. The nature and quality of credential programs are highly variable, so the standard for ongoing education at the district level must be higher. In that 2022 study of Kentucky school administrators' perspectives, Wells et al. reported that their study participants felt that the learning in their administrator preparation programs did not adequately prepare them for leading trauma-informed initiatives, and the quality and content are highly variable from program to program. Louise, a participant in my study, brought up this issue and noted that the "administrative credential doesn't take you through a trauma-informed course."

Once the credential is obtained, many states currently have no minimum requirements for ongoing education. Nor is there one in XYZ School District, and there is no meaningful financial support for continued higher education. The professional development provided in the school district needs more depth and breadth. As this study showed, principals who engaged in ongoing education beyond the administrative credential outside the district were more confident in their ability to lead professional development, implement new strategies, and more likely to create more programs on their campuses.

Principals, like teachers, need high-quality, ongoing education, but even more so because they need education on trauma-informed schools, trauma-informed practices, and, most notably, change management to do the work credibly. TLPI noted that at the school level, the impetus for becoming a trauma-informed school does not have to come from the school principal. However, for it to be sustained, the school principal must make trauma sensitivity one of the school's priorities and make sure that trauma-informed practices are woven throughout the school and

aligned with other initiatives (Cole et al., 2013). School principals can only achieve this goal if they understand trauma-informed practices and the need for a schoolwide approach and have the skills to change school culture.

Time and Autonomy

As Matthew Fleming noted in a recent article in *Leadership*, trauma may be the greatest barrier to school improvement (Fleming, 2024). In his article, Fleming notes that school districts spend millions of dollars on professional development, yet we still await the improvement we hope to see. To his point, in just the last few years, there have been initiatives on social-emotional learning, culturally relevant pedagogy, restorative justice, and implicit bias. Despite the investment in these initiatives, their full implementation remains aspirational in most schools. These initiatives are in addition to the millions of dollars spent on curriculum and the accountabilities for academic achievement that have only become more pronounced since the school closures in 2020. Instead of continuing to layer on initiatives, he suggests cutting as many as possible to give educators the time and space to address trauma.

The current approach to professional development, in which multiple initiatives are being addressed simultaneously or are quickly shifted from one focus to another, does not allow school administrators to deeply engage their faculties in the work of addressing chronic trauma. It was clearly articulated by the principals who participated in this study that they need time to provide the level of support their faculties need to learn about trauma-informed practices. The principals also feel that the competing demands on their own time have prevented them from deeply engaging in learning what being a trauma-informed school entails or developing a plan and following through with its implementation. Louise wisely assessed the situation like this,

I think that doing a professional development, whether it's online or in person, is just the first step. Without follow up, without individual or small group conversations, without me going in and saying, 'Hey, I know you're having a trouble with this class and this student. I just want you to know, without giving you too much detail that there's some trauma happening.' And so ... it has to go beyond the Tuesday. It has to go beyond the Saturday. It's again, its relationships. So, the relationship between the school leader and the teachers and the support staff to understand that we will approach and be aware of trauma, it's daily. It's ongoing... So, in that regard, I think that the district should...definitely invest in making sure that those supports are there for administrators and not necessarily expecting that all administrators, I can only speak for myself, are capable of, of taking that on.

Finally, the demand to accelerate student achievement post-pandemic and focus on compliance issues leads them to deprioritize a focus on trauma-informed practices because test scores and test completion rates are more visible, and quick results are desirable. What is lost in the current myopic approach to intervention and get quick results paradigm is an understanding that centering efforts on creating a trauma-informed school can increase student achievement. Academics and social-emotional health need to be addressed. However, it is difficult for school leaders to see how they can do it all especially when they live in fear of public censure. Thus, they need the autonomy and trust of their district leadership to strategically utilize their resources and time to do the work of putting schoolwide systems in place to address trauma.

Clearly Defined Expectations

During their interviews, the principals who participated in this study made it clear that the XYZ School District still needs to provide them with a vision is a trauma-informed school.

While most schools had one or two elements of a trauma-informed school, no school had them all in place, and no principal could explicate the elements of a trauma-informed school. The term trauma-informed school needs to be defined for principals, and then the resources and support services must be curated and identified.

Resources and Supports

Principals need more support from their school districts and governing bodies in funding, staffing, and access to adequate mental health agency support. The principals who participated in this study reported that they need more support personnel to do the work of supporting all their trauma-impacted students and to be proactive instead of reactive. While most of them had at least a part-time psychiatric social worker, one principal never had the support of a psychiatric social worker due to a lack of available candidates. Also, the current staffing formulas cannot meet the number of students who need to be served. In the face of declining enrollment and the loss of federal emergency funds, schools are looking at reducing their counseling staff and other support personnel. However, the mental health needs of their students remain significant.

To meet this vital need, schools need a commitment from district leaders and governing agencies to provide funding and actively recruit mental health support staff. Another resource that is widely neglected is a comprehensive plan for addressing the needs of parents in plans for a schoolwide, trauma-informed approach. There is also a need for regular communication between school leaders, teachers, and the mental health agencies that have been contracted to work with the schools. Finally, district red tape must be removed to allow greater access to more mental health agencies based in the community. Negotiating the approval process to begin a new community partnership can be time-consuming and confusing, and district policies also limit the number of mental health agencies a school may have as partners. The study participants noted

that the capacity of their current partners has been reached, and students must wait extraordinarily long periods to obtain services.

The Impact of Initiative Fatigue

The initiative fatigue that Greene and Kramer feared would undermine school responder models for behavioral health intervention is taking its toll based on the responses of these interview participants. In the wake of the introduction of the WSCC model in 2007, accountability and compliance-based mandates have increased and coexist with numerous other academic and social-emotional initiatives. Not only did the principals in this study provide evidence of the burnout and change-related chaos described by Abrahamson, the participants in this study also evidenced another effect of initiative fatigue identified by Greene and Kramer in their brief. Greene and Kramer discussed the law of initiative fatigue as conceived by Douglas Reeves, which posits that "when the number of initiatives increases while time, resources, and emotional energy are constant, then each new initiative — no matter how well conceived or well-intentioned — will receive fewer minutes, dollars, and ounces of emotional energy than its predecessors" (Reeves, 2010 as cited in Greene & Kramer, 2020). This effect was glaring during the ten interviews.

It was clear that some of the study participant struggled to even articulate what the trauma informed school initiative entailed. The responses from the principals also made it clear that they believe they can only address some of the initiatives and compliance issues with quality under the current school structures. It is time that district leadership and the education establishment come to terms with the role that initiative fatigue has played in the failure of school change efforts, whatever they may be.

Study Limitations

The most notable limitation of this study is selection bias. One must acknowledge that study participants who voluntarily responded to an email asking for their participation in a research study about trauma in schools may have a personal bias for or an interest in the subject. Thus, the interview participants may have been more likely to indicate they support schools playing an active role in remediating the effects of trauma for their students than those unwilling to participate in this study.

A secondary limitation is that the data collected was collected from one urban school district in southern California. As a result, an assumption that the data is generalizable to other school systems, such as rural or small school districts, cannot be made. The scope of the semi-structured interviews was limited to 10 participants, and due to the qualitative nature of the interviews, the findings may not be widely generalizable. The study also assumed that participants had the same minimum understanding of the elements of a trauma-informed school when, in fact, they did not. There is also a concern that my bias may have influenced my data analysis despite all my efforts.

Recommendations for Future Research

Future research on trauma-informed school practices should focus on the role of parents and their interaction with schools in addressing student trauma. There was an overwhelming consensus among the study participants that one of the limitations that school communities face in addressing trauma is engaging and supporting the parents. Some also cited parent resistance as an obstacle to meeting their goals. A second focus for future research is examining the relationship between race and class and access to resources and funding for mental health services. The continued segregation of schools is well documented in the research, and the

impact of that segregation and the accompanying economic disparity needs examination as it applies to the creation of trauma-informed schools. Because marginalized communities are more likely to be exposed to adverse childhood experiences and to live with the outcomes of generational trauma, making sure that all students have access to a trauma-informed school community is an issue of equity. Finally, because this study consisted of interviews with just ten individuals, a broader study that includes participants who do not have self-selection bias may provide greater insight into the attitudes of school administrators toward trauma-informed initiatives.

Conclusion

The school principals who participated in my study are an awe-inspiring group. Their collective intelligence, creativity, and compassion inspired me and filled me with hope for the students in the XYZ School District. Much to my delight and surprise, they all communicated a belief that it is their role and that of their school community to try to mitigate the effects of chronic trauma for their students. The participants in my study expressed a strong belief in the importance of schools serving as a lever for providing students with the support needed. They were very definitive in their belief that schools could make a difference. With different conditions and increased support, the work of creating trauma-informed schools can be accomplished, but there are many barriers to overcome. It is heartening to know that the support of these school principals for such initiatives is not one of those barriers.

What has also become clear to me is that despite the abundance of research available, district leadership repeatedly makes the same mistakes. They fail to invest in any one initiative in a sustainable fashion that allows it to take root, and we lurch from one school initiative or trend to the next. Despite public commitments to research-based practices, the continued failure to

heed the learnings about initiative fatigue is evident. Instead, the aftermath of the pandemic has seen the public-school tradition of shifting from one initiative or curriculum to another go into overdrive. Our slapdash approach to school reform only creates sustained and meaningful growth for some of our students, and feelings of frustration could easily be detected during the interviews.

We can buy all the available technology applications and new curriculums and continue to roll out one after another. However, there will continue to be students we do not reach because they are not emotionally or mentally ready to receive what we offer. A student who is trauma-impacted and is wandering the school's halls, who has been sent to the dean's office, or who is at home sick again is going to miss the latest diagnostic or the after-school intervention course. Until we put the systems in place to address the needs of these students, all the money we invest in the latest academic initiative to improve test scores will be wasted for those students. It is like applying paint to a wall that has not been primed. Eventually, the paint will peel; if we apply a new coat of paint on the same unprimed surface, it will peel again. For the sake of our children, it is time that we take a good, long look at our school governance and approach to school and make some dramatic shifts in how we do things. One of those shifts is acknowledging that we have not built our schools for everyone and that we now have a significant constituency in front of us who are not ready to learn academics. We need to recruit and compensate teachers and administrators who understand that and provide them with resources, high-quality ongoing education, and the support they need to address the needs of the whole child truly.

Appendix A

Interview Protocol

Thank you for your willingness to participate in this interview today. I fully recognize the significant demands on your time. As you know, I am currently a doctoral student in the UCLA Educational Leadership Program. For my dissertation I am studying the research-to-implementation gap in creating schoolwide trauma-informed communities in public secondary schools. Specifically, I want to understand how school administrators perceive such implementation efforts, what successes or barriers they have experienced and what support, if any, they need to sustain a trauma-informed school culture.

Our conversation today should take approximately 45 to 60 minutes. Everything you share during this interview will be confidential. Your identity will remain anonymous as pseudonyms will be employed, so please feel free to honestly share your views. Schools and school districts will not be identified in this study. I will record our Zoom meeting as well as utilize a backup recording to ensure that I accurately transcribe our conversation. No one else will have access to my recordings and all data will be physically and electronically secured.

Do I have your permission to record our interview?

If at any time you wish to stop the recording, please let me know.

Do you have any questions before we begin?

I have twelve questions prepared for our interview today. If one of your responses also answers another question, I will invite you to add anything else you feel is relevant. At any time, you are welcome to say if you feel that you have already answered a question.

Background:

1. Please briefly share your background and experience as a school administrator including your current position and how long you have been at your current school.

RQ1- How do school leaders understand and make sense of trauma and how the students in their school communities experience it?

2. Tell me what you think are the two most important things to know about adverse childhood experiences and trauma and their impact on students.
3. What kinds of student behavior did you and your team encounter following the return to full in-person instruction in fall 2021?
 - a. Did you feel well prepared to address these behaviors?
 - b. How has your school community's response to student behavior changed if at all?
4. In the limited research on teachers' perceptions of school trauma-informed initiatives, teachers often cite a lack of administrative support as the reason for why they are not employing trauma-informed practices. What do you think about these findings?

RQ2 – How do secondary school principals envision their and their school communities' role in addressing trauma?

5. How would you rank where you place trauma-informed school initiatives within all your responsibilities as a school leader?
 - a. What factors impact how you prioritized addressing this initiative?
6. What actions or decisions have you made in relation to trauma-informed school initiatives? Was there any event that led you to take these steps?
7. What obstacles have you encountered in creating a trauma-informed school culture?
 - a. To what degree do you feel that your school district has prepared you to lead a trauma-informed school?
8. What responsibility do you believe schools have for addressing students' social emotional learning?
 - a. Providing mental health intervention?
 - b. Why do you feel this way?
9. What limitations, if any, do you believe there are to addressing the effects of chronic stress and trauma for students in a traditional secondary school setting?
10. Do you believe your faculty and staff are very well equipped, somewhat equipped, or not equipped right now to address trauma-induced behaviors in their classrooms? Why do you believe that?

11. Do you feel very well equipped, somewhat equipped, or not equipped to provide professional development on trauma-informed instruction for your faculty and staff? Please explain why you feel this way.

Ongoing Support and Conclusion

12. If you could speak directly to school district leadership about their trauma-informed initiatives, what would you say?

Thank you for sharing your experiences and time with me today.

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