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The Lived Experiences of Professional School Counselors Who Have Implemented Trauma-Informed Practices

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This is to certify that the doctoral dissertation by

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Abstract

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by

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MSE, University of Wisconsin-Oshkosh, 1991

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

For nearly 4 decades, trauma-informed care has been the focus of numerous scholarly studies in a variety of contextual settings. While the focus of most research in education has been on how school staff might implement trauma-informed practices, little research exists that supports the understanding of the role of the professional school counselor (PSC) in the implementation of trauma-informed care. The purpose of this hermeneutic phenomenological study was to examine how 9 PSCs experienced the implementation process of trauma-informed care within their school. This study used purposive and snowball sampling in a semistructured interview format to tease out themes related to the implementation process. Through the use of both inductive and deductive coding of the data, I identified several initial meaning units that I combined into subthemes, which resulted in three main themes. These themes included the impetus for moving to a trauma-informed approach, the factors involved in experiencing greater satisfaction in the implementation process, and the factors involved in experiencing less satisfaction in the implementation process. Key results of this study indicated when PSCs identify reasons for moving to a trauma-informed environment, they experience greater satisfaction in the implementation process, and their feelings of effectiveness increase. These results have social change implications for the training, practice, and supervision of current and future PSCs. Direct information from PSCs who have implemented these practices adds to the scholarly literature around the importance of treating youth with trauma histories in a sensitive informed way. Findings from this study may help train current and future PSCs in how to implement trauma-informed practices in their work with students.

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Dedication

I want to say a special thanks to my spouse, Steven, for his support of this endeavor. I know there were many times when I said “I have to work on my dissertation” and you allowed me to do so, even when it meant we had to forgo something you wanted to do. I want to also say thank you to my children, Chris and Kylie for being the best children a mother could ask for. Despite being mostly grown when I started this climb, your love and encouragement were most helpful. I love all of you. Thanks also to my higher power; Your guidance was most helpful when I felt like I wanted to give up. Thanks to all of you for being in my life and supporting my dreams.

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Chapter 1: Introduction to the Study

Introduction

Childhood adversity can provide immediate consequences for youth within the school setting, and the ways in which professional school counselors (PSCs) interact with children who have experienced adversity could help determine how far-reaching those consequences might be. The amount of adversity children face within the United States is on the rise (U.S. Department of Health & Human Services [USDHHS], 2016). In just the past 15 years, the United States has seen an increase in both the frequency and severity of family, school, and community violence as well as other potentially traumatizing events (Jones & Cureton, 2014; USDHSS, 2016). Between 2012 and 2016, there was a 3% increase in the number of reports of child abuse and neglect (USDHSS, 2016). The reasons for these increases are varied, but three important factors include increasing family financial insecurity, increasing housing insecurity, and increasing drug use by caregivers (USDHHS, 2016). Adverse experiences during childhood can have dramatic and lasting effects on children's physical well-being as well as impair their ability to function within the school setting, weaken their ability to regulate emotions and behaviors, damage their ability to relate socially and emotionally with others, and harm their ability to achieve future occupational success (Akin, Strolin-Goltzman, & Collins-Camargo, 2017; Bartlett et al., 2018; De Bellis, Woolley, & Hooper, 2013; Hardner, Wolf, & Rinfrette, 2017; Perfect, Turley, Carlson, Yohanna, & Saint Gilles, 2016; Prescod & Zeligman, 2018). Structural and functional changes within the brain can lead to deficits in a child's ability to perform required educational tasks (Carrion & Wong,

2012; De Bellis & Zisk, 2014; Huang, Gundapuneedi, & Rao, 2012). The literature is replete with the ill-effects of adverse experiences in the lives of young people and has devastating effects on their ability to perform in the school setting.

Past or current adversity affects children not only in the present, but can also lead to long-term consequences that may affect a person's ability to find gainful employment or cause future physical health problems that could potentially lead to early death (Felitti et al., 1998; Jaffee et al., 2018). It is clear from the literature that childhood abuse, neglect, and family dysfunction, as well as other adverse childhood conditions, can impede children's learning and affect how well these children perform academically, socially, and behaviorally. Although the number and severity of traumatic experiences that school youth endure are increasing, it is possible to address childhood adversity within the school setting to help lessen their adverse effects. As vital leaders in the educational environment, PSCs can play a central role in addressing childhood adversity within the school setting.

In this section I provide background information on childhood adversity and why this study is needed. I also offer a statement of the problem, give a rationale for this study, and discuss the theoretical framework I used. Finally, I discuss the assumptions, scope, delimitations, and limitations of this research study.

Background

Adversity in childhood is common and that adversity can have detrimental effects on the youth who experience it. The extant literature suggests that approximately 60% of young people have experienced one or more episodes of adversity on one or more

occasions throughout their childhood and adolescent years (see Felitti et al., 1998; Finkelhor, Shattuck, Turner, & Hamby, 2015; USDHSS, 2016; Wade, Shea, Rubin, & Wood, 2014). The types of childhood adversity I addressed in this study include child abuse, family dysfunction, parental substance abuse or absence through incarceration or divorce, and peer aggression; frequently referred to as adverse childhood experiences (ACES). I also addressed how these experiences relate to the academic, social, and occupational outcomes of youth (see Felitti et al., 1998; Finkelhor et al., 2015; Wade et al., 2014). Academic concerns around these ACEs include cognitive and academic deficits, often due to physical changes in the brain, which can include attentional problems, lowered IQ, lower academic achievement, and increased special education referrals (Bosquet Enlow, Egeland, Blood, Wright, & Wright, 2012; Bucker et al., 2012; De Bellis et al., 2013; Elklit, Michelsen, & Murphy, 2018; Goodman, Miller, & West-Olatunji, 2012). Social and emotional consequences of childhood adversity include exhibiting fewer prosocial behaviors, showing increased externalizing behaviors, and experiencing difficult interpersonal relationships (Alink, Cicchetti, Kim, & Rogosch, 2012; Godinet, Li, & Berg, 2014; Lawson & Quinn, 2013; Romano, Babchishin, Marquis, & Fréchette, 2015). Occupational outcomes of childhood adversity include issues with staying in school, problems with occupational identity, and having generally poorer occuational outcomes than their nontraumatized peers (Jaffee et al., 2018; Munford & Sanders, 2017; Strauser, Lustig, Cogdal, & Uruk, 2006). Because of the educational, social, and emotional costs of these experiences, as well as their resultant occupational effects, it becomes imperative that PSCs do what they can to lessen the

effects that such adversity has on children. The literature is clear that early adversity can lead to a host of negative outcomes for children that interfere with their ability to meet the educational demands placed on them. Therefore, it is imperative that PSCs respond to this epidemic of adversity that threatens to interfere with children's ability to lead successful academic lives.

Trauma response is an increasingly important focus for the school counseling profession and one way PSCs might work to address the adversity that children face is through creating a trauma-informed environment that assumes all children might have been exposed to adversity. Trauma-informed schools implement systematic and systemic efforts to help school staff realize that adversity has negative effects on youth, recognize the signs and symptoms of adversity in youth, respond in caring ways to youth who may have experienced adversity, and resist reacting in ways that may re-traumatize youth who have experienced adversity (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Up to this point, much of the research in trauma-informed education has examined how teachers might intervene with youth who have experienced trauma (Crosby, 2015; Cummings, Addante, Swindell, & Meadan, 2017; Phifer & Hull, 2016). There has also been some recent research related to how school staff, including PSCs, can use evidence-based methods to intervene with youth who have known histories of adversity (Jaycox et al., 2010). However, little research has examined the role of PSCs in the implementation of a trauma-informed environment within the school.

Limited research into the role that PSCs play in the implementation of school-wide trauma-informed care suggests the need for a qualitative study to address this gap.

Previous research has indicated that a majority of counselor educators from across the United States indicated that their programs offer trauma-response training; however, only 31% of working PSCs indicated that they had received such training in their school counseling program (Lokeman, 2011). Of the school counseling programs that offered some kind of trauma-response training, most have offered this training for less than 10 years (Lokeman, 2011). Due to the discrepancy in reactions related to trauma-response training, Lokeman (2011) recommended that future qualitative research studies examine the experiences of PSCs who have received training in trauma response. My study filled part of this gap by examining the lived experiences of PSCs who have received training in trauma response and the implementation of that training in the school setting with students.

Problem Statement

As one of the mental health professionals within the school building, PSCs are often one of the first to assist students who present with academic, social, and behavioral deficits. Often, the first priority of PSCs is to triage student needs based on the behaviors students exhibit (Conners-Burrow et al., 2013). PSCs are tasked with helping determine the reason behind these behaviors (American School Counselor Association [ASCA], n.d.-b). One possible reason behind these deficits is that some of these youth may have experienced adversity during childhood (Cronholm et al., 2015; Felitti et al., 1998; Finkelhor et al., 2015; Finkelhor, Turner, Shattuck, & Hamby, 2013; Wade et al., 2014). Additionally, a large percentage of these youth either have not been identified as having experienced adversity or, if identified, are not likely to receive outside assistance for their

adverse experiences due to a variety of reasons (Blodgett, 2012; Cole, Eisner, Gregory, & Ristuccia, 2013; Dempster, Wildman, & Keating, 2013; SAMHSA, 2014). Unaddressed adversity can cause physical changes within children's brains, which could interfere with their ability to perform academically and connect socially with others (Alvarez et al., 2014; Carrion & Wong, 2012; Huang et al., 2012). These deficits can then lead to future insufficiencies when it comes time to find gainful employment (Jaffee et al., 2018; Prescod & Zeligman, 2018). When childhood adversity interferes with a child's readiness to learn, it is imperative that PSCs do something to address that adversity so that they can learn. Having a better understanding of how to intervene, in a trauma-informed way, within the school setting would be helpful to PSCs and the students with whom they work.

While researchers have conducted a good deal of research related to helping teachers understand their role in helping traumatized students learn, very little literature exists that addresses the piece that PSCs play in helping students who have experienced adversity. Additionally, much of the literature that does exist related to PSCs and students who have experienced adversity focuses on the implementation of evidence-based practices for use with students with known traumas (see Bartlett et al., 2016; Jaycox et al., 2010; Lawson & Hight, 2015; Metz & Bartley, 2012; Plumb, Bush, & Kersevich, 2016). Since a large number of students have unidentified adversity, PSCs must find ways to work with all students in ways that assume that all students have experienced trauma, because those practices that work for students with trauma histories also work for students without trauma histories (Blodgett, 2012; McConnico, Boynton-Jarrett, Bailey,

& Nandi, 2016). Trauma is a known barrier to education. The ASCA (n.d.) charges PSCs with removing the barriers to learning that exist for students. Therefore, it is essential to examine what it means to be a trauma-informed PSC. To gain a deeper understanding of the role that PSCs play in implementing trauma-informed practices, it is vital to understand how PSCs who have already implemented these practices experienced this process. Interviews provide deep insight into the intricate interactions between PSCs, students, and other school staff (Ayres, 2012; Gill, Stewart, Treasure, & Chadwick, 2008). My hermeneutic phenomenological investigation was designed to explore and identify the specific experiences of PSCs who work with students who have experienced adversity. Through the narratives of those PSCs who have already implemented trauma-informed practices within their schools those PSCs who have not yet implemented these practices may better understand the tenets of trauma-informed practices, which might help inform their professional practice with students who have experienced adversity.

Purpose Statement

The purpose of this hermeneutic phenomenological study was to explore the lived experiences of PSCs who have implemented trauma-informed practices in their schools. Studies focused on adversity indicate that school-aged youth need school staff who can help them learn skills that will increase their competency in academic and social tasks (Coohey, Renner, Hua, Zhang, & Whitney, 2011). Professional school counselors are one of the mental health providers in the school who are responsible for assisting students in improving their skills related to academic and social tasks (ASCA, n.d.-b, 2012, 2015). Understanding the meaning that PSCs give to their experiences in working with

traumatized youth could help inform the practice of professional school counseling. The current study focused on what the process of implementing trauma-informed practices was like for PSCs who have already lived this experience.

Research Questions

In this study, I wanted to answer the overarching question, *what are the lived experiences of PSCs who have helped implement a trauma-informed approach for students who have experienced trauma?* To help me understand this overarching question, I also wanted to gather participant answers to the following questions:

- Describe your experience in implementing trauma-sensitive or trauma-informed practices with the students in your school.
- Using vivid language in your description, what has been your experience with those people you would consider to be your educational allies or trauma champions in the implementation of trauma-informed or trauma-informed practices in your school?
- Discuss your experiences with any barriers that you encountered as you were implementing trauma-informed practices in your school.

Significance of the Study

This study adds to the existing body of literature in the field of school counseling, specifically in how PSCs experience implementing trauma-informed practice within their school setting with children who have endured ACEs. While there is a depth and breadth of research into what ACEs are and how they can interfere with a student's ability to achieve academically, socially, and vocationally (see Flaherty et al., 2013; Hunt, Slack, &

Berger, 2017; Jaffee et al., 2018; Merrick et al., 2017), a paucity of research exists around what the role of the PSC should be in addressing the needs of youth who have experienced ACEs (see Blodgett & Dorado, 2016; DeKruyf, Auger, & Trice-Black, 2013). This study examined the experiences of current PSCs who have implemented trauma-informed practices within their schools. It is my hope that the themes identified by the PSCs who participated in this study will help me clarify possible options that other PSCs may use in assisting students who have experienced trauma. Beneficiaries of this research could include PSCs, PSC educators, students within the public-school setting, the communities in which those students choose to live, and future generations of school-aged youth.

Theoretical Framework

Phenomenology exists as both a philosophical ideal as well as a research methodology. A branch of metaphysics, phenomenology examines how people experience phenomena (Gadamer, 2008; van Manen, 2014). As a philosophy, phenomenology includes a focus on the conscious awareness of human beings and has existed for hundreds of years (Howell, 2017; Kafle, 2013; Stanford University, 2013; van Manen, 2014). As a research methodology, researchers have only recently begun using phenomenology in the qualitative study of understanding the experiences of people living through phenomena (Eberle, 2015; Finlay, 2009; Stanford University, 2013; van Manen, 2014). I used a phenomenological methodology in this study to aid the understanding of the experiences of PSCs who have facilitated the implementation of trauma-informed practices within their schools. In Chapters 2, 3, and 4, I provide additional information on

the background of phenomenology; in general, as well as how I specifically applied a hermeneutic lens through which I explored the data I collected.

Nature of the Study

I proposed a hermeneutic phenomenological study to understand the lived experiences of PSCs around the implementation of trauma-informed practices within their schools. I proposed this study to better understand how PSCs, who have implemented these practices, experienced working with students with trauma histories. Hermeneutic phenomenological studies are warranted when little is known about the phenomenon under investigation or when researchers wish to deeply understand how people have experienced certain phenomena (Eberle, 2015; Freeman, 2012; Kafle, 2013). I used the information I gathered from this study to better understand how PSCs experienced this phenomenon, and believe the results of this study will help inform best practice in PSC education and PSC practice. During this study, I used a variety of strategies and techniques to ensure that it meets the rigor required for qualitative studies.

I employed several different strategies in this study to ensure my study met the required rigor for qualitative research; first, my plan for this study was to conduct interviews using only the audio-recording feature of Zoom, an online conferencing program, with licensed or certified PSCs who have already implemented trauma-informed practices in their school with their students. I projected that these interviews would last approximately 60 minutes. For this study, I projected I would need between 6-10 participants, I actually recruited nine participants, which falls in line with the number of participants suggested for a phenomenological study to reach saturation (see Daniel,

2012b; Robinson, 2014). Robinson (2014) noted that the actual number of participants required to reach saturation will vary depending on criteria such as the make-up of the sample universe, the sampling strategy the researcher uses, and the type of sampling the researcher employs. Several researchers indicated that theoretical saturation is the point at which no new data or themes emerge from conducting further interviews (Daniel, 2012b; Robinson, 2014). Hennink, Kaiser, and Marconi (2017) suggested that rather than focusing on theoretical saturation, researchers should explore code saturation-when the researcher has "heard it all" and meaning saturation-when the researcher "understands it all" (p. 591). In this study, I wanted to focus on both types of saturation.

To ensure research trustworthiness in my study, I used both the hermeneutic circle and reflexive journaling to make certain that my personal biases and preconceptions about what it means to be a trauma-informed PSC and what the process of trauma-informed implementation looks like did not interfere in my ability to analyze and interpret the data I collected. As Heidegger (1968) suggested, it is impossible to completely separate the knower from that which the knower knows due to a person's preconception about the phenomenon. Therefore, it is important to make whatever knowledge a person has about a phenomenon explicit throughout the research process.

As noted, reflexive journals allow the researcher to make preconceived biases explicit. Ortlipp (2008) indicated that researchers might use this reflexive journal to "consciously acknowledge" their values, assumptions, thoughts, and beliefs (p. 695). In my reflexive journal, I outlined any presumptions I had about my own experience in receiving training in trauma-informed practices as well as my experience of working with

students who have experienced adversity. Gadamer (2008) and Heidegger (1968) indicated the importance of working in an iterative circular process, that they call the hermeneutic circle, to become thoroughly knowledgeable about a phenomenon. Keeping a reflexive journal helped me use the hermeneutic circle more effectively. In the iterative process, called the hermeneutic circle, I used my preconceived knowledge of trauma-informed care along with the data I collected from my participants to gain an even deeper understanding of the phenomenon of trauma-informed care and its implementation in the school setting. As I used the hermeneutic circle, I continued learning more about trauma–informed practices and how my participants embedded these practices within their school to assist students who had experienced trauma. Through the use of journaling and the hermeneutic circle, I was able to document what I learned from each of my participants and addressed how their narratives changed or informed my continued understanding of what it means to be a trauma-informed PSC.

Definitions

To understand the focus of this study, it is essential that I define several key terms since these terms may not be widely acknowledged or accepted by all people or groups.

Adverse Childhood Experiences (ACEs): ACEs are events in a child's life that inherently disrupt the child's ability to perform normal tasks, and which may cause significant levels of stress, which can disrupt normal physical, psychological, and educational development (Blodgett, 2012). Examples of ACEs included in this study are child abuse, family dysfunction, parental substance abuse or absence through incarceration or divorce, and peer aggression.

Polyvictimization/Polytraumatization: Polyvictimization/polytraumatization includes subjecting a person to multiple and related exposures of traumatic events, for example, being emotionally and physically abused by parents on numerous occasions (Levenson, 2017).

Trauma Focused: Being trauma focused suggests that those who provide services to youth who have experienced trauma can implement supportive interventions that address the behavioral symptoms students exhibit due to their experiences (Blodgett, 2012).

Trauma Informed: Being trauma-informed indicates that a person or organization has in-depth knowledge about trauma and its physical, psychological, and educational effects on children; the person or organization can use this information to support children to increase their developmental success (Blodgett, 2012).

Trauma Sensitive: Being trauma-sensitive includes actions taken by a person or organization that indicates basic knowledge about trauma and its general effects on children (Blodgett, 2012). A person or organization can be trauma sensitive or provide trauma-focused interventions without being fully trauma-informed.

Assumptions

Several key assumptions related to examining lived experiences are important in this study and it is necessary to explain these assumptions in detail because they may not be apparent to all readers. These assumptions could be related to the theory, the researcher, or the participants. Theoretical assumptions include assuming that all not all phenomena can be reduced to their barest essence (Heidegger, 1968). People always have

preknowledge about phenomena and as the researcher; I have preknowledge about trauma-informed care in the school setting. Experiences can only be understood through the interaction of the person in the experience as it is lived. A person's experience is also framed by their cultural and chronological contexts. Therefore, having a completely pure understanding of the bare essence of a phenomenon is not likely. Researcher assumptions include assuming that I chose questions that will help me understand the lived experiences of PSCs who have implemented trauma-informed principles within their school. In addition, if I have chosen appropriate questions, participant response to those questions will provide me with emerging themes around the experience of implementing trauma-informed practices within a school setting. Participant assumptions included assuming that not all the PSCs who qualify for my study will want to participate and assuming that those who do sincerely want to share their stories with me to help other PSCs on their journey to trauma-informed practice implementation. Acknowledging these assumptions helped provide the transparency necessary to create a trustworthy qualitative study.

Scope and Delimitations

The participants in my study were required to meet four criteria. The first criterion included graduating from a CACREP-accredited institution with at least a Master's degree in school counseling. Accreditation by CACREP has become the preferred method of ensuring PSC competence (CACREP, n.d.-b). The second criterion was having received a state-issued license or certification in school counseling. The third criterion was having received training or education around trauma and using trauma-sensitive or

trauma-informed practices in the school setting. The fourth criterion required participants to have at least 2 years of school counseling experience. I chose these criteria because PSCs who do not meet the criteria may not have had enough experience with counseling students, may not have had adequate training, or may not have had experience with the implementation of trauma-informed practices. I ensured that my participants had the requisite criteria to participate by asking them the following questions prior to their participation:

- Did you graduate from a CACREP-accredited institution?
- Are you fully licensed or certified to practice as a PSC in your state?
- What is the total number of years you have worked as a PSC?
- What types of education, training, or professional development did you receive either during your master's program or since related to using trauma-informed care or trauma-informed practices with students?

All my participants met my inclusion criteria except one, who I describe in Chapter 4.

For this study I chose not to explore the lived experiences of other school staff as my focus as a PSC is on how to improve the work of other PSCs. I also chose not to examine other types of trauma including human-made or natural disasters, community violence, and traumatic grief as these types of adversity, while possibly debilitating, do not occur often enough or affect a large enough segment of students to warrant the implementation of a school-wide trauma-informed approach. Additionally, I chose not to examine other roles that PSCs may adopt, as these other roles do not directly relate to what PSCs do in relation to implementing trauma-informed care.

To meet the needs of the topic and the population that I focused on, I chose to use purposive sampling of and conducted semistructured interviews with PSCs who have already implemented trauma-informed practices with their students since this group of PSCs can provide the best insight into the phenomenon under examination. Atieno (2009) indicated that those whom researchers choose to interview need to be experts in the phenomenon under investigation because if they are not, the researcher must rely on chance to better understand the phenomenon. My use of purposive sampling allowed me to ensure that I interviewed the right people and gathered the information I needed related to my research questions to ensure my data was relevant and trustworthy.

Qualitative research can provide useful information for researchers and practitioners; however, its focus is different than the focus of quantitative research. For qualitative research to meet the rigor requirements that signal a trustworthy study, the study needs to be credible, transferable, dependable, and confirmable. Credibility means that the researcher has examined the data, and the results the researcher reports accurately depict what the participants reported, transferability indicates that future researchers are able to replicate the study because the author described their research process in sufficient depth, dependability indicates that the data the researcher collected will remain relatively stable from participant to participant over time, and confirmability suggests that other researchers who replicate the study will reach similar conclusions when looking at the data (Hammarberg, Kirkman, & De Lacey, 2016; Korstjens & Moser, 2018; Morse, 2015). By following these well-established targets of rigor in this study, I have guaranteed I have achieved a trustworthy study.

Limitations

All research approaches have inherent limitations, and while it is nearly impossible to remove all limitations, it is up to the researcher to lessen the impact of those limitations as much as possible to prevent the limitations from reducing the rigor and trustworthiness of the study. Some of these limitations are due to the use of a qualitative methodological approach, while others are related to my role as a researcher. First, I address the limitations inherent in the methodological approach I chose, and then I address the limitations associated with the researcher.

Inherent in qualitative research are the time limits I have for completing this study. Morse (2015) maintained that qualitative research takes considerable time to complete. Additionally, application of results to wider or differing groups is often a limitation of qualitative research (Anderson, 2010). Due to the interpretive nature of qualitative research and the small, purposive sample sizes, generalizability to a larger population is not always feasible (Sutton & Austin, 2015). Purposive sampling and small sample sizes can also introduce potential research bias into my study (Morse, 2015).

My role as researcher can also cause limitations in this study. Due to its constructivist nature, qualitative research relies on the skill and presence of the researcher (Anderson, 2010). Considering I am new to qualitative research, one limitation in my study was my novice researching skills. Researcher bias is another potential limitation in my study. Researcher bias occurs when the researcher sees what they are looking for, or through asking biased questions (Morse, 2015). The limitations I described here may have had potential impact on the outcomes of my study. To ensure that my study met the

rigor requirements for qualitative research, I employed several specific procedures to address these limitations. One of these procedures was keeping a reflexive journal. Reflexive journals allow researchers to make their biases and preknowledge explicit so that they do not overly interfere in the data collection or analysis process (see Pezalla, Pettigrew, & Miller-Day, 2012). Use of my reflexive journal also helped reduce potential researcher bias. In this journal, I documented all my thoughts and actions during the research process. Another procedure I used was employing the hermeneutic circle. This circle includes revisiting information that is known to me as compared to information I gathered from my participants and understanding the interactions between the two (see Heidegger, 2006; van Manen, 2016) In addition, because I purposively selected my participants, I found participants who met the criteria I selected so that I could gather the most relevant data (see Daniel, 2012a). Since qualitative research uses smaller sample sizes, requires time-intensive procedures, and introduces the possibility of both participant and researcher bias, I also used member checking to ensure that the information I received was the information the participant meant to give (see Birt, Scott, Cavers, Campbell, & Walter, 2016). As part of the member checking process, I sent each participant their completed transcript to have them read through to determine if I had captured their story accurately. To ensure that the small sample sizes and time constraints did not adversely affect the results of my study, I employed the use of saturation. In saturation, participants are included until the responses I received elicited no new themes (see Hennink et al., 2017; O'Reilly & Parker, 2013; Saunders et al., 2017). Each of the steps I outlined here helped ensure that my study met the high standards set for

qualitative research.

Summary

The number and severity of traumatized students in schools continues to climb and this adversity has been shown to have detrimental effects on students' academic, social, and vocational outcomes. Issues related to the academic deficits, social maladjustment, and occupational insufficiencies associated with adversity can affect how well students do in school and life (Jaffee et al., 2018; Perfect et al., 2016; Shonkoff et al., 2012). Professional school counselors, as educational leaders within the building, are tasked with providing for the academic achievement, social-emotional welfare, and vocational aspirations of all students within the building (ASCA, 2012b). My goal in this hermeneutic phenomenological study was to investigate and understand the lived experiences of PSCs who have implemented trauma-informed practices within their schools. With this study, I interpreted the experiences that PSCs had as they moved towards creating a trauma-informed environment that meets the needs of all students, but especially those who have experienced adversity. I also helped inform the literature around the understanding of how PSCs might work from a trauma-informed approach with students through the implementation of trauma-informed care in their school, which has not been the focus of much research to this point.

In this chapter I provided the introduction of the study including the problem statement, the purpose, and significance of the study as well as providing pertinent background information. Additionally, I also provided information on the theoretical framework, my research questions, and possible sources of data. In Chapter 2, I provide a

more detailed review of the literature on trauma and childhood adversity, trauma-informed practices, and school counseling.

Chapter 2: Literature Review

Introduction

Adverse childhood experiences (ACEs) such as abuse, neglect, peer aggression, and family dysfunction have the ability to change the life trajectories of the youth who experience them. Van der Kolk (2014) summarized these adverse experiences this way:

> For every soldier who serves in a war zone abroad, there are 10 children who are endangered in their own homes. This is particularly tragic, since it is very difficult for growing children to recover when the source of terror and pain is not enemy combatants but their own caretakers. (p. 20)

Van der Kolk's description is an ominous foretelling of potential adverse outcomes for many youths today who have suffered from traumatic experiences. Children face adversity far too often, and that adversity has the potential to impact their ability to perform well in school. Finding ways to address the adversity youth face within the school setting will help their ability to perform well academically and behaviorally, which will allow them to navigate their educational course successfully.

Every day, school children across the country are dealing with the repercussions of trauma, often faring worse in school and in life than their nontraumatized peers do. Children who have experienced adversity frequently exhibit deficits in academic skills, social and interpersonal relationships, affect regulation, and internalizing and externalizing disorders that can ultimately affect their vocational aspirations (Bosquet Enlow et al., 2012; Hardner et al., 2017; Jaffee et al., 2018; Kisiel et al., 2014; Price, Higa-McMillan, Kim, & Frueh, 2013; Schwerdtfeger-Gallus, Shreffler, Merten, & Cox,

2014; van der Kolk, 2014). Because children who have experienced adversity perform more poorly in school than their nontraumatized peers, it is important for PSCs to do what they can to level the playing field for all students. Because of the education and training they have received in both educational practices and in providing mental health care, PSCs are in a prime position to assist students who present with trauma histories (ASCA, 2016, 2019; CACREP, 2016). The educational difficulties students face related to the adversity they have experienced might cause problems for PSCs if those PSCs do not know how to create an environment sensitive to the needs of the children they serve. In addition, the scholarly literature around how to address such adversity in a systemic way has not kept pace with the needs PSCs have around how to provide an environment that supports all students, but especially those who have experienced adversity (Bridgeland & Bruce, 2011). The scarcity of research around the experiences of PSCs using trauma-informed practices necessitates a qualitative examination of the lived experiences of PSCs who have implemented trauma-informed practices to help inform and enhance the practice of professional school counselors.

In this chapter, I outline the search strategies I used to find sources to support my writing. I also provide an overview of school counseling from the past to the present, and give an overview of psychological trauma, discussing the origins and the current position of trauma-informed practices within education. Additionally, I outline the gap in the literature related to the relationship between school counseling and trauma-informed practices within the school setting. Finally, I transition to Chapter 3, the methodology section.

Search Strategies

Search strategies I used to find sources to support my study included starting with the Thoreau search tool at the Walden Library. From there I determined which databases would yield the best results based on the number of articles each database produced. The databases I chose were psychINFO, psychARTICLES, SocIndex, Academic Search Complete, Education Source, and ERIC. I chose these databases because they would provide articles around school counseling, education, and trauma. If I needed to find an exact article, I used either Google Scholar or the Find Exact Article link at the Walden Library. To find background information on the history of trauma, trauma-informed practices, and school counseling, I used a variety of encyclopedias and books on these topics.

Keyword searches on trauma-informed practices included multiple subject terms including *trauma informed, trauma sensitive, trauma responsive,* and *trauma aware*, with and without a hyphen. Secondarily, I searched for school and school counseling related subject terms using terms such as *school-based intervention, school psychology,* and *school counseling*. Additionally, I ran truncated searches using school *psycholog** and *school counsel** to identify additional sources that might have used different endings for these words. I ran multiple searches in each of the identified databases using the same keyword combinations and recorded the number of articles produced. After examining the abstracts of all the articles, I included peer-reviewed articles published in 2012 or later, which provided useful information for my literature review.

While I was not able to locate literature specific to the intersection between PSCs

and trauma-informed practices, I did find a plethora of information on these two topics separately as well as literature on the implementation of evidence-based practices related to students known to have experienced adversity. My search then became a quest to identify what trauma-informed practices look like in education in general to help me piece together what they might look like in the school counseling context specifically.

Theoretical Foundation

In this section, I will outline the chosen methodology for my study and provide an in-depth examination of that methodology. For my study I used semistructured interviews within a phenomenological hermeneutic framework to improve my understanding of the experience of PSCs who have implemented trauma-informed practices in their schools. My goal was to determine emergent themes from the stories of these PSCs around the implementation of these practices. This study may provide better understanding of the experiences of PSCs and expand the known knowledge on the subject.

Phenomenology

The historical lineage of phenomenology includes a line-up of some of the greatest minds in philosophy. Heidegger, a protégée of Husserl, expanded Husserl's work into the realm of the meaning of being revealing itself to the philosopher (or researcher) who works to understand the question or questions at hand (van Manen, 2014, 2016). While there have been other philosophers who followed Husserl, it is Heidegger's work that fit best with my study. Therefore, I will expand on his philosophy about how people experience phenomena within the world. The philosophy that Heidegger developed is called hermeneutics.

Phenomenology is the study of how human beings experience situations, texts, or interactions in their daily life. In its current form, phenomenology was largely developed by Husserl and Heidegger as a philosophical ideology (Gadamer, 2008; Heidegger, 1968; Stanford University, 2013). As a research methodology, phenomenology seeks to understand how human beings interpret their lived experiences (Gadamer, 2006; Heidegger, 1968; Stanford University, 2013). So, although phenomenology originally began as a way to engage in philosophical discourse around a concept, it eventually grew into a valid research methodology that is widely-used today. According to the tenets of phenomenology, the reality of an experience only has meaning through the mind of the person who has experienced it (Gadamer, 2006; Heidegger, 1968; Stanford University, 2013). While the situation as experienced is known only to the experiencer, the phenomenon can be understood when the experiencer shares that situation with another. Important in the phenomenological approach is that the study of a person's experience is done with intentionality, experience directed toward a situation, object, or phenomena (Gadamer, 2006; Heidegger, 1968; Stanford University, 2013). Although some have criticized phenomenology as less than the formal scientific method, phenomenology allows one to create a deeper understanding of a phenomenon than do quantitative methodologies (Gadamer, 2008). Allowing research participants to share their stories in depth helps the researcher provide a more thorough understanding of the topic at hand. Through this process, the researcher can gather a much more descriptive picture of how people experience a situation.

Hermeneutics

Hermeneutics is one branch of a larger phenomenological family tree. Hermeneutics includes understanding how phenomena exist in tandem with how the experiencer lives that phenomenon (Heidegger, 1968). Heidegger initially espoused Husserl's teachings but eventually broke from his mentor's transcendental ideas due to fundamental ontological differences (Heidegger, 1968). While Husserl alleged that all phenomena could be reduced to their barest essence, Heidegger held that doing so was a complete impossibility due to a person's preconceived knowledge about the phenomena (Gadamer, 2008; Heidegger, 1968; Van Manen, 2014). Heidegger called this preconceived knowledge *fore-sight* or *fore-conception* (Heidegger, 1968; van Manen, 2014). Since Heidegger thought that removing the essence from its environment was not possible, he stressed that researchers should study the phenomena from the experiencer's point of view as it is lived in the world (Hammarberg et al., 2016). Heidegger called this point of view the person's *being* (Heidegger, 1968; Stanford University, 2013). Each person comes to every experience with an initial understanding of what that phenomenon is. A person's interpretation is what makes that experience unique. Exactly what one means by being is open to interpretation. For the purposes of my study, I will explain what Heidegger meant by his use of the word being.

Heidegger (1968) traced the history of the word *being* from its roots in ancient philosophy and noted that although many people felt that they understood what it means to be, they truly did not have a clear conceptualization of what that state entailed. Heidegger coined the term *Dasein*, to help others understand what it was like to be in the

place of the person who originally experienced the phenomenon (Heidegger, 1968; van Manen, 2014). In trying to understand the essence of being, Heidegger warned that one should not confuse the act of being with the idea of a being. Therefore, Heidegger understood that it was important for modern philosophers to examine and discuss the true essence of what it means to *be*. How a person experiences a phenomenon determines how they interpret what they have experienced. In shaping their final understanding of an event, researchers go through an iterative process called the hermeneutic circle.

Hermeneutic Circle

How a person experiences an event helps construct that person's understanding of the event. Through a person's interaction with their thinking about that event, their experience becomes part of their being (Heidegger, 1968). Heidegger called this iterative process the *hermeneutic circle* (Gadamer, 2006, 2008; Heidegger, 1968). Through the use of the circle, Heidegger supposed that one could question the existence of an event or situation and thereby learn more about the event with each successive understanding. Heidegger stated that "every questioning is a seeking. Every seeking takes its direction from what is sought" (1968, p. 3). Heidegger's belief about seeking helped shape what researchers have come to understand about a phenomenon. Gadamer (2006), expounding on Heidegger's work, described hermeneutics as the process of understanding. Additionally, Gadamer extended Heidegger's use of the hermeneutic circle by noting that through a person's interaction with a phenomenon, one's knowledge of the phenomenon changed based on what one learned about the phenomenon from the interaction. Furthermore, Gadamer noted that in experiencing a phenomenon one can only see it from

their perspective, and that perspective changes depending upon which angle the person uses to view the phenomenon. For example, based on Heidegger's and Gadamer's teachings, I can only understand my experience of using a trauma-informed approach from my own point of view and time in history; but, by adding in data from interviewing other PSCs I can piece together a larger understanding of the implementation of trauma-informed practices. Through the use of the hermeneutic circle, I will be able to take my preconceptions and expand on them by comparing my preconceptions to what I learn from my participants. I will then take that expanded knowledge and move back and forth between the two until I have arrived at as close an understanding of what it means to implement trauma-informed practices in the school setting.

Professional School Counseling

The profession of school counseling has been around for over 100 years. In that time, the profession has periodically had to reconstruct itself to keep up with the ever-changing needs of students (DeKruyf et al., 2013; Erford, 2015). Early guidance personnel, usually teachers who had taken a course or two in vocational guidance, helped youth prepare to meet the shifting needs of American society as it moved from an agrarian to an industrial culture (Erford, 2015; Gysbers, 2001; Schmidt, 2008). In the early days of professional school counseling there was little to prepare students for except to become gainfully employed. Over the ensuing years, due to changes in the economy and the cost of living, the new economy required new skills. While in the past, young people had often left school prior to graduation to make money to help support their families, many of these youth found themselves in dead-end factory jobs without the

proper training or education to move beyond this level of work (Brewer, 1918; Erford, 2015). New inventions and new occupations required new skills. Therefore, the purpose of the newly created vocational guidance movement was to help youth "choose, prepare for, enter into, and make progress in occupations" (Brewer, 1918, p. 1). As the century progressed, youth needed better-trained adults who could help guide them into careers that matched their attitudes, skills, and knowledge. Just taking a few courses was now not enough to meet the needs of the youth moving through the school systems at that time. Soon, both economic and cultural changes would swing the focus of student guidance from a vocational to a counseling emphasis.

As the times changed, so did the need for PSCs to keep up with those changing times. Innovation within the scientific community and influences from the social movement in the United States during the 1950s and 1960s caused new areas of growth and change for PSCs (Erford, 2015; Gysbers, 2001; Gysbers & Henderson, 2001). The launch of the Sputnik rocket in 1957 required a shift within the educational system to produce high caliber scientists and mathematicians (Erford, 2015; Hunt, 2017; Lambie & Williamson, 2004). In 1958, President Eisenhower signed the National Defense Education Act to expand the number of young people entering college interested in studying math, science, engineering, and teaching (Erford, 2015; Hunt, 2017; Lambie & Williamson, 2004; Schmidt, 2008). This legislation included a call for an increase in the number of PSCs as well as improvements to PSC training (Erford, 2015; Hunt, 2017; Lambie & Williamson, 2004; Schmidt, 2008). Again, changing times required an increase in the abilities of the PSCs who were working with youth. Societal and academic

changes pushed PSCs to gain additional training to meet these needs. This training was important so that PSCs could better identify and recommend high school students who showed promise in the fields of math and science (Erford, 2015; Hunt, 2017; Lambie & Williamson, 2004; Schmidt, 2008).

In addition to focusing on the vocational needs of students, PSCs also emphasized students' personal and social needs (Erford, 2015; Rogers, 1959; Schmidt, 2008). During this time, PSCs were expected to take on a more therapeutic role in the lives of children (DeKruyf et al., 2013; Schmidt, 2008). Increasing societal pressures increased the levels of stress on families, which in turn increased the level of stress experienced by students. As a result, PSCs needed additional skills to be able to address these concerns. As PSCs took on more responsibilities, the training necessary to remain competent and effective changed (Erford, 2015). In the late 1960s, the country's attention turned to social issues, and PSCs were expected to become qualified in helping students with issues such as poverty, war, and family unemployment (Erford, 2015). Due to increases in students' mental health needs during this era there was a push to increase PSCs' skills in basic therapeutic techniques (Erford, 2015; Schmidt, 2008). Rogers (1958) indicated that to be effective, therapists needed to embody three main characteristics: congruence, empathy, and acceptance. So for the next 5 decades, PSCs were taught these skills to help address the increasing personal, social, and mental health needs of the students with whom they worked (Erford, 2015; Schmidt, 2008). Throughout its existence, the field of professional school counseling has been responsive to the needs of students as well as the call for greater societal changes. Over time, leaders in the profession determined a need for larger

organizing bodies that would help systematize the school counseling profession so that its effects might reach more students in more comprehensive ways. The job of a PSC today is a rich complex amalgam of past duties as well as the addition of some entirely new work-related tasks. Multiple sources indicate that the major role of the PSC is to form helping relationships with all students with the intent of preventing future educational problems, while also assisting students to develop their fully realized human potential (ASCA, n.d.; CACREP, 2016; Erford, 2015; Schmidt, 2008). The role of the PSC has changed many times over the course of history based on the needs of society, the families, and the students. PSCs are one part of the educational system responsible for providing a comprehensive framework in which school staff can address the needs of all students. Knowing how PSCs can implement trauma-informed practices will help inform the future of the profession, which will help all students be more successful in life.

From the early-1900s through today, various organizations have delineated the basic requirements for the work that PSCs do. The first of these organizations was the National Vocational Guidance Association, created in 1913 (Feller, 2013; Gysbers, 2001). The focus of this organization was on assisting working people in acquiring new aptitudes to help them move from agricultural to industrial jobs, which required a different skill set (Feller, 2013). In 1952, several counseling, career, collegiate, and teacher organizations joined forces to create the American Personnel and Guidance Association to assist a wider variety of helping professions reach young people and assist them in achieving their life goals (American Counseling Association [ACA], 2019b; Gysbers, 2001). The first charter of this new group was the ASCA and since its inception,

ASCA's primary focus has been on improving PSCs' work in advancing students' academic, personal/social, and vocational goals (ACA, 2019a; ASCA, 2012; Erford, 2015). While there have been several changes in how ASCA provides direction to PSCs over the years, their goal is still to help guide PSCs in their work with students. The final organization to provide guidance for school counselors and their work with students is CACREP. Originally developed in 1981, CACREP-accreditation ensures that today's PSCs have the minimum requisite skills to perform the work required in their role within the school setting (CACREP, 2016). Some of these abilities include creating a comprehensive program that supports all students, functioning as an advocate and a change agent for students and their families, and working to remove the barriers that exist, which keeps students from achieving their full potential (CACREP, 2016). The road to today's PSC role was a long one, but through it all, students were the central focus. Current and future PSCs need to do all they can to ensure positive outcomes for the students with whom they work.

Overview of Trauma

For this study it is useful to define what trauma is and provide a brief history of how people have examined traumatic events over the past two hundred years. The word trauma derives from the ancient Greek and means to wound (Jones & Cureton, 2014). When a person experiences a potentially traumatizing event, his or her body or mind can become wounded; and this wounding may have long-term effects that change not only how a person views the world but also how that person operates within it (APA, 2016; van der Kolk, 2014). The Substance Abuse and Mental Health Services Administration

(SAMHSA, 2014) noted that for an event to be recognized as traumatic, one must believe that the event is threatening (physically, mentally, or emotionally), one must experience the event as traumatic, and one's experiencing of the event must have long-lasting adverse effects. A person perceives how safe or unsafe the world is depending on the experiences that person has had throughout life; and as will become apparent later, if several of these experiences are adverse, that person may come to distrust the world and the people in it. The importance of understanding the personal nature of trauma is essential when designing ways to address those traumas sensitively.

Conceptualization of Trauma

Although traumatizing events are highly personal making it difficult to quantify what one means when using the word trauma, often traumatized youth exhibit similar challenging behaviors. Some of the more common reactions of youth who have suffered trauma include being irritable, reckless, and hypervigilant (American Psychiatric Association, 2013). Additional, behaviors seen within the school setting in youth who have been exposed to multiple traumatizing events include reduced awareness of their surroundings, reduced ability to sustain goal-directed behaviors, increased aggression, and reduced levels of empathy (Stolbach et al., 2013). Many of the behaviors that PSCs are asked to help manage could be due to traumatic events that occurred in the lives of the youth with whom they work. These behaviors interfere with a child's ability to be engaged in school and can ultimately prevent them from learning.

Based on the symptoms a child exhibits or experiences, a clinician may apply one or more different diagnoses. An entire section of the Diagnostic and Statistical Manual of

Mental Disorders, 5th ed. (DSM-V) is devoted to trauma and stressor related diagnoses that clinicians might use to identify that a young person has experienced trauma (American Psychiatric Association, 2013). The diagnoses within this section include: reactive attachment disorder, PTSD, acute stress disorder, and adjustment disorder (American Psychiatric Association, 2013). However, not all traumatized youth show symptoms that meet these specific diagnostic criteria. For these youth, the diagnoses of other specified trauma- and stressor-related disorder or unspecified trauma- and stressor-related disorder could be used (American Psychiatric Association, 2013). In addition, other descriptors of trauma-including complex and developmental trauma-that do not meet the diagnostic criteria of PTSD might affect children who experience repeated and significant traumatic events (D'Andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012; Stolbach et al., 2013; van der Kolk, 2005; Wamser-Nanney & Vandenberg, 2013). Stolbach et al., (2013) noted that developmental trauma disorder best encapsulates the constellation of symptoms that children who have experienced repeated, significant adversity exhibit. It is clear from the literature that it can be difficult to determine whether the behaviors children display are from past adversity or from some other issue. Although mental health clinicians require a diagnosis to treat the underlying cause of the illness, it is more important for PSCs to treat the symptoms of the trauma, which interfere in the youths' ability to perform in the school setting.

Because of the confusion around the behaviors that traumatized youth exhibit, often these behaviors may mistakenly be labeled as something else. For example, attention-deficit/hyperactivity disorder (ADHD), anxiety, and depression frequently

produce symptoms similar to PTSD or other trauma-related disorders and may co-occur in youth who have experienced adversity (Hunt et al., 2017). Youth can arrive in the school building with a history of exposure to a variety of types of trauma. It is important for PSCs to know the symptoms that traumatized youth experience so that they are able to assist these youth by creating an environment in which they can be successful.

When it comes to traumatizing events, first-hand experience is not required. The experiencing of the event does not have to be direct to produce symptomatology; symptoms could arise from witnessing or hearing about such events (American Psychiatric Association, 2013). According to these definitions, many events might qualify as being traumatic such as domestic violence, war, school violence, or human-made or natural disasters. While there are many events that could qualify as being traumatic, this study focused on the classical ACEs-abuse, neglect, and family dysfunction (Felitti et al., 1998) as well as on a newly identified ACE, peer aggression (Cronholm et al., 2015; Wade et al., 2014). ACEs have documented dramatic effects on the academic, social/behavioral, and vocational outcomes for youth. Prior to discussing ACEs in more detail, I will first outline how our current conceptualization of psychological trauma came to be.

Origins of Psychological Trauma

The roots of psychological trauma are long and varied and include a variety of subsections of the population. Herman (1997) and Van der Kolk (2014) noted that over the past two centuries, people's understanding of psychological trauma had experienced three periods of high interest with periods of waning interest between them. Herman

indicated that interest in psychological trauma tended to peak when the social ramifications of trauma hit a critical mass-and people demanded that something be done to address its physical, psychological, and social effects. What people have understood about trauma has changed over the years depending on the information people gained from those who experienced it. New information over time advanced our understanding of what constitutes trauma and how it is experienced by those who have lived through it.

The first period of high interest happened during the 19th century and revolved around the diagnosis of women struggling with mental health issues. In this first phase, Freud, Charcot, and Breuer pursued the concept of hysteria and attempted to cure women of their hysterical symptoms (Gordon & Alpert, 2012; Herman, 1997; Webster, 2004). The cures they provided saw little success as the women continued to have symptoms after their treatment ended (Herman, 1997; Webster, 2004). Herman suggested that Charcot's understanding of women's hysterical symptoms was one of the first conceptualizations of psychological trauma. Charcot determined that women's symptoms were not directly related to the events that they experienced, but, were instead owing to the women's interpretation of those events (Herman, 1997; Webster, 2004). His interpretation was that is not the event that causes the traumatization; instead, it is the person's reaction to the event that determines that person's level of traumatization. This is often cited as one of the hallmarks of trauma as we understand it today (APA, 2016). Herman and Van der Kolk (2014) noted that shortly after the time of Freud, Charcot, and Breuer, interest in psychological trauma receded into the background. We know today that Charcot's understanding of how psychological trauma develops was correct. What

one person perceives as a minor incident, another person might interpret as severely traumatizing. Even though we learned much about trauma from the work of Freud and his peers, it would be many more years before mental health professionals would truly understand how trauma develops and the effects it can have in a person' life.

The second period of interest in psychological trauma arose in the early 20th century and addressed soldiers and veterans. Injured World War I soldiers returning from the front lines would often cry or become hopeless; and the people charged with helping them thought they were weak, treated them with disdain and dishonor, and suggested they were cowards not fit for service to their country (Gordon & Alpert, 2012; Herman, 1997; van der Kolk, 2014). Terms doctors used to describe these symptoms included *combat neurosis* and *shell shock*, because they thought that the affected soldiers were having physical reactions to the shells that had exploded near them (Gordon & Alpert, 2012; Herman, 1997; van der Kolk, 2014). Typical treatments for traumatized soldiers during this period included punishing them, giving them electric shocks, or court-martialing them (Herman, 1997). Often soldiers who had not been near exploding shells developed similar symptoms suggesting that the soldiers' reactions were psychological in nature rather than physical, which led to the first formal conceptualization of psychological trauma (Herman, 1997; van der Kolk, 2014). During World War II, the treatment of traumatized soldiers incorporated providing care to the soldiers as near in time and place to the trauma as possible, to minimize the amount of lost battle time (Herman, 1997). Since this was the standard treatment protocol, soldiers were returned to active duty or sent home without much additional follow-up care once doctors addressed

their physical needs (Herman, 1997). Not until after the Vietnam War did researchers and therapists begin to understand the symptoms veterans experienced were not due to any inherent weakness within the veteran's character, but that their coping systems were overwhelmed (Gordon & Alpert, 2012; van der Kolk, 2014). The constellation of symptoms soldiers experienced was labeled post-traumatic stress disorder (PTSD), and in 1980, the authors of the Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition (DSM-III) added PTSD as an official diagnosis (Gordon & Alpert, 2012). Because the people treating soldiers did not understand what was going on, none of the techniques they used had any considerable effect on the symptoms the soldiers experienced. A great deal of what we understand about trauma today arose from this research into war veterans. Having a diagnosis of PTSD allowed people to finally start getting the treatment they needed to heal. These changes in understanding led to our current understanding of trauma and its effects. Over time, the diagnosis of PTSD was expanded to include groups other than veterans as professionals and researchers noted similar reactions in these other groups.

The third period of interest in trauma took place during the 1970s and 1980s. During this time, violence against women was identified as a societal problem that affected both women and children (Gordon & Alpert, 2012). Previously, researchers had examined trauma only in combat veterans. However, in this third wave women and children who had been sexually abused, raped, or survived domestic violence had a voice in recognizing that PTSD could occur without a person having experienced the tragedies of war (Gordon & Alpert, 2012; Herman, 1997; van der Kolk, 2014). Over the years, our

knowledge of trauma has moved from the war front into medicine, human services, and ultimately into education. It was also during this time that a focus on childhood trauma came to the attention of researchers and how traumatizing events can affect the academic, social/behavioral, and vocational aspirations of youth. These traumatizing events eventually became known as adverse childhood experiences and their effects would be far-reaching.

Adverse Childhood Experiences

Childhood adversity comes in myriad forms. While discussing all the various types of trauma that children might experience is beyond the scope of this study, one type, adverse childhood experiences (ACEs) has been shown to have important repercussions on the academic, social, and vocational development of youth (Alink et al., 2012; Bucker et al., 2012; Jaffee et al., 2018). Blodgett (2012) defined ACEs as "inherently disruptive experiences in childhood that produce significant and potentially damaging levels of stress and associated physical changes" (p.1). Quite often, these ACEs begin early in life, are committed by the child's primary caregivers/associates, and happen consistently over time (Courtois, 2012; van der Kolk, 2014). ACEs comprise a group of interpersonal traumatic events that include but are not limited to child abuse, child maltreatment, parental/household dysfunction, parental substance abuse, and parental incarceration, which have been shown to result in harmful effects on youth within the school setting (Blodgett & Lanigan, 2018; Felitti et al., 1998). A newly identified ACE, peer aggression, can also have devastating effects on a child's ability to learn in school (Cronholm et al., 2015). Experiencing such ACEs could have far-reaching

consequences that extend well into adulthood (Felitti et al., 1998). By providing a school-wide environment of safety through trauma-informed practices, PSCs might help prevent or reduce the effects of the ACEs that children experience, which could help set students up for academic, behavioral, and social success. While it may not be possible to eliminate all the effects of the ACEs that children experience, it may be possible to limit the effects these episodes have on school-aged youth.

Prevalence of Childhood Adversity

Multiple sources indicate that child adversity continues to rise, and much of this maltreatment comes at the hands of children's caretakers. Between 2012 and 2016, there was a 3% increase in the number of reported child maltreatment cases in the United States from 8.8 to 9.1 per 1,000 children (USDHHS, 2016). These increases are due to increasing homelessness, decreasing socio-economic status, and increasing drug dependence (USDHHS, 2016). Experts estimate that one in four children will experience maltreatment before their 18th birthday (APA, 2016). Finkelhor et al. (2013) found in their nationwide phone survey of 4,503 children—1 to 17 years—or their caregivers that almost 13.8% of youth had personally experienced maltreatment and over half of the youth had witnessed a violent act in the previous year. Clearly, the youth in the United States are facing significant incidences of maltreatment and family dysfunction. To address this increase, the systems in which youth are involved must change to meet their needs. Many of these maltreated youth attend public schools and bring with them their unique histories of maltreatment, which may adversely affect children's ability to perform effectively within the school setting.

Original ACE Study

The use of ACEs as a way to measure childhood adversity and the resultant health issues they cause came about due to a study by investigators who were researching the connection between weight loss and negative experiences in childhood This study has become famous as the adverse childhood experiences study (Felitti et al., 1998). In their survey, Felitti et al. surveyed over 17,000 middle-class White American patients about the adversity they had faced in childhood. Felitti et al. hypothesized that the more exposure youth had to specific types of adversity prior to age 18, the higher that person's ACE score (0-10). Felitti et al. called this a dose-response relationship, meaning that the higher the exposure to adversity the greater the negative physical and mental outcomes due to that exposure. What Felitti and his colleagues found during this study was staggering. Almost two-thirds of the respondents had experienced at least one ACE, one-quarter of all the respondents had experienced two or more adverse experiences, and 6% of all respondents had experienced four or more ACEs. Felitti et al.'s findings suggested that childhood adversity was much more common than had been previously understood, echoing Freud over a century before. The results of the original ACE study strongly correlated childhood adversity with adult health outcomes in later life (Felitti et al., 1998). Health issues such as cardiovascular disease, obesity, diabetes, and mental illness could all be traced back to a person having experienced one or more ACEs in childhood (Felitti & Anda, 2009; Felitti et al., 1998). The mechanism behind these outcomes postulated by Felitti and Anda (2009), was that the occurrence of ACEs in childhood leads to social, emotional, and cognitive impairment, resulting in the adoption of risky

behaviors. Felitti and Anda further proposed that these risky behaviors could cause disease, disability, and social problems, which could culminate in early death. The Felitti and Anda study has current applications for PSCs in preventing the adoption of risky behaviors by students. If PSCs can help prevent students engaging in these risky behaviors, perhaps they can also help prevent the future disease and disability people might face due to experiencing adversity in childhood. One way in which PSCs might help is through helping create a trauma-informed environment in which all students, especially those who have experienced adversity, feel safe and supported.

Outcomes of Childhood Adversity

PSCs can gain insight into the early prevention and intervention of future difficulties for students by examining the types of adversity that youth experience and understanding both the short and long-term effects of that adversity. In this section, I will discuss the outcomes of adversity in youth around their academic/cognitive abilities, their social skills, and their future vocational choices.

Academic/Cognitive Outcomes

Children who experience adversity often develop difficulties in the skills required to perform well academically due to specific physical brain changes, which lead to outcome skill deficits that result in poor academic outcomes. Often youth who have endured adversity show physiological changes such as reductions in the white matter in their brains and reduced activation within their hippocampus, possibly leading to increases in cortisol levels, substance abuse and depression, reduced levels of attention, memory, and emotional regulation (Carrion & Wong, 2012; Huang et al., 2012). Changes

such as these within the brains of young people can ultimately rewire the child's brain such that they become even more incapable of processing and healing the trauma they face. Disruptive changes within the structure and function of the brain can lead to difficulties in performing the tasks youth need to engage within the academic setting.

The scholarly literature is rife with studies suggesting that children who experience adversity also lack critical higher order thinking skills. Not only do these youth have lower than average IQs (Bosquet Enlow et al., 2012; Bucker et al., 2012; De Bellis & Zisk, 2014; Viezel, Freer, & Lowell, 2015), but they also show reduced readiness for school (Bell, Bayliss, Glauert, & Ohan, 2018) and lowered reading scores (Maclean, Taylor, & Donnell, 2016). IQ scores for youth who experienced adversity in infancy often differ by more than 10 points from youth who did not experience any adversity (Bosquet Enlow et al., 2012). Some of the lack of school readiness includes difficulties with language processing, attention, working memory, and executive function (Bell et al., 2018; Bucker et al., 2012; De Bellis et al., 2013; Elklit et al., 2018; Kirke-Smith, Henry, & Messer, 2014). Additionally, youth who experience adversity struggle more than their nonmaltreated peers in cognitive flexibility, the ability to quickly change their thinking in response to differing tasks (Harms, Shannon Bowen, Hanson, & Pollak, 2018). Ultimately, students who experience adversity are more likely than their nonmaltreated peers to be identified as students in need of special education services (Elklit et al., 2018; Romano et al., 2015). Based on the scholarly literature, it is apparent that youth who experience adversity often are at an educational disadvantage because of their traumatic histories. Lowered IQ and deficits in frontal cortex processing may cause

many maltreated youth to struggle with the academic tasks asked of them often putting them behind their peers in educational attainment. It is not just children's academic needs that are compromised by adversity. Many youth also show signs of deficits in behavior, social connections, and relationship building.

Social/Behavioral Outcomes

Socially and behaviorally, children and adolescents who have trauma histories perform less well than their nontraumatized peers. Youth who have experienced trauma often exhibit lower levels of prosocial behaviors (Alink et al., 2012; Bell et al., 2018; Flynn, Cicchetti, & Rogosch, 2014). Often, aggressive behaviors such as peer aggression, defiance of authority, acting out, and making threats are directed towards other students and staff within the school (Alink et al., 2012; Darnell, Flaster, Hendricks, Kerbrat, & Comtois, 2018; De Bellis et al., 2013; Kirke-Smith et al., 2014). Alink et al. noted that there is something about adversity itself that inhibits the social functioning of youth. As with academic deficits, there is also a dose-response relationship between trauma and social, emotional, and behavioral deficits (Darnell et al., 2018; Grasso, Dierkhising, Branson, Ford, & Lee, 2016). Externalizing behaviors such as aggression and rule-breaking were more significantly related to adversity in boys than in girls, and girls showed more internalizing behaviors such as withdrawing from others (Godinet et al., 2014). When addressing social and behavioral deficits within the school, using a trauma-informed approach could help level the playing field so that the adversity youth might have faced does not undermine their chances of success in school. Both academic and social/behavioral problems could change the occupational outcomes for youth.

Career/Vocational Outcomes

While career choices are not on the mind of most students in the school setting, future career and occupational choices could be affected by the adversity youth face while growing up. Higher education goals for youth who have experienced trauma can be derailed by traumatic experiences due to both internalizing and externalizing behaviors, which can cause students to drop out or fail out of college (Hardner et al., 2017; Jaffee et al., 2018; Munford & Sanders, 2017; Strauser et al., 2006). Hardner et al. noted that the younger the child, the more negative the outcomes they experienced when it came to higher education. Research has also shown that the educational attainment level of caregivers often predicts the level of educational attainment that traumatized youth achieve (Hardner et al., 2017). These attainment levels might be affected by the abundance or lack of support the child received from family members (Munford & Sanders, 2017). As with the previous areas of research, there is a similar dose-dependent relationship between adversity and level of educational attainment and eventual occupational outcomes (Strauser et al., 2006). Interesting to note is that two moderating variables in a child's occupational outcomes were the concept of posttraumatic growth and an identifiable adult (or adults) with whom the child can connect (Jaffee et al., 2018; Munford & Sanders, 2017; Prescod & Zeligman, 2018). This finding has potential implications for my study, as one of the research questions is about educational allies or trauma champions. Although youth with trauma histories often have more difficulty with gaining higher education and satisfying careers, it may be possible through the creation of an environment in which youth feel safe and secure for them to begin making changes in

their lives that will allow them to reach their career goals. The caring environment that may help these youth is one, in which understanding trauma and its effects is at the forefront of all the work done with students. In the next section, I will discuss what trauma-informed practices are, where they began, what the main tenets are, and what their use looks like within an educational setting.

Trauma-informed Practices

Before PSCs can implement trauma-informed practices, they must first understand what trauma-informed practices are. Koury and Green (2017) defined trauma-informed practices as "an organizational approach that strives to prevent re-traumatization while promoting healing" (p. 145). Harris and Fallot (2001) stated that trauma-informed practices allow service practitioners to "know the history of past and current abuse in the life of a consumer with whom one is working" (p. 4). The four "R's" related to understanding trauma-informed practices include: realizing the wide impact of trauma, recognizing the signs and symptoms of trauma, responding with trauma-informed practices/policies, and resisting possible retraumatization (SAMHSA, 2014) Harris and Fallot (2001) noted that when a provider is trained in trauma-informed practices and works within a trauma-informed setting, the provider is better-equipped to understand the role that the traumatic experiences have had and continue to have on the lives of the clientele with whom that provider works. When PSCs have knowledge of the symptoms of trauma, the effects of trauma, and how to best provide support for students with a trauma history, they can better meet the needs of the students in holistic and integrated ways without causing further harm. Working within a trauma-informed school setting

gives PSCs the ability to prevent further damage to the child and to provide that child with interventions that will help them in achieving academic, social, and occupational success.

History of Trauma-informed Practices

While our knowledge of trauma and its effects on humans is expansive, our understanding and implementation of trauma-informed practices to support those humans is a relatively new phenomenon. Trauma-informed practices have gained momentum over the past 30 years, with their roots emerging in the work therapists conducted with veterans of the Vietnam War (Herman, 1997; van der Kolk, 2014; Wilson, Pence, & Conradi, 2013). During the 1980s the focus of therapists was on how to help heal the mental health and related traumatic stress issues people had (Wilson et al., 2013). In the 1990s the focus of trauma-informed practices shifted from veterans to the effects of trauma on women and children (Herman, 1997; Wilson et al., 2013). Both the feminist and child advocacy movements were instrumental in the emergence of the trauma-informed practices push in the 1990s (Herman, 1997; Wilson et al., 2013). Since then, people working in child-serving systems have noted the importance of treating traumatized youth with compassion (Cavanaugh, 2016; Dierkhising, Ko, & Goldman, 2013). The use of trauma-informed practices eventually expanded into the areas of social work, mental health, and, ultimately, education (Blodgett & Dorado, 2016; Cavanaugh, 2016; Dierkhising & Branson, 2016; SAMHSA, 2014). Moving from a veterans-only approach to a broader focus that includes civilians has helped clinical mental health counselors understand that the traumatic responses of their clients could occur outside of

combat situations. Our accumulated knowledge, through the literature, has allowed trauma-informed practices to grow from their infancy into what they have become today, a full-fledged approach in a variety of settings including within the educational setting.

Principles and Requirements of a Trauma-informed Organization

Becoming a trauma-informed organization requires top-down change that ensures all who provide services within that organization, as well as those who receive services, effectively recognize trauma and its effects. Blodgett and Dorado (2016); Dierkhising and Branson, (2016); and Harris and Fallot (2001) identified safety, consumer choice and empowerment, compassion, trustworthiness, and collaboration as important components of a trauma-informed environment. Additionally, within a trauma-informed setting, all providers associated with that organization can recognize and name the signs and symptoms of trauma (Bartlett et al., 2016; Chadwick Trauma-informed Systems Project, 2016; SAMHSA, 2014). In creating a genuinely trauma-informed environment, providers are asked to examine their expectations, language, and behaviors; and make any needed changes to ensure a safe, caring, consistent environment (Becker-Blease, 2017; SAMHSA, 2014). Avoiding retraumatization is critical in a trauma-informed environment (Cavanaugh, 2016; Dierkhising & Branson, 2016; Hanson & Lang, 2016;; SAMHSA, 2014). Creating an environment in which youth feel safe and secure is an important first piece of creating a trauma-informed school system. While the best case scenario in the school setting would be to prevent trauma from occurring in the first place, the next best option is to ensure that we surround students with educators who care for them in ways that are sensitive to their needs.

To be recognized as being truly trauma-informed, an organization must meet specific requirements. Some essential tenets required for an organization to become trauma-informed include universal screening for trauma, administrative commitment to change, basic training and education around trauma, identification of trauma champions, trauma-informed hiring practices, and a review of organizational policies/procedures to ensure they are trauma-informed (Chadwick Trauma-informed Systems Project, 2016; Harris & Fallot, 2001; National Child Traumatic Stress Network, 2016). Schools that wish to become trauma-informed must meet these same criteria. I will describe the most critical of these conditions in detail below.

Becoming a trauma-informed organization requires extensive change that must come from the top down. Harris and Fallot (2001) indicated that administrators within the organization need to be prepared to commit to changing to a trauma-informed approach so that all employees within that organization begin to think "trauma first" (p. 8). When applying trauma-informed care tenets within a school, the school administrator needs to provide direction for the staff. Administrative support in creating a trauma-informed environment within the school setting is critical. Additionally, school staff cannot be expected to know how to respond appropriately when students exhibit trauma-based behaviors if the staff members have not received adequate training in how trauma presents in the school setting. Also, the staff members that work in trauma-informed school settings need to undergo a paradigm shift in how they think about, understand, and respond to students who have suffered traumatic experiences. Moving from an attitude of what is wrong with this student to what has happened to this student is part of the mind

shift that needs to occur if staff wants to respond in a sensitive way to youth who have experienced adversity.

How staff members interact with people who have experienced trauma depends on whether they approach that adversity from a traditional or a trauma-informed mindset. Harris and Fallot (2001) noted that in non-trauma-responsive settings, those who work with consumers often conceptualize adversity as a single event, which the consumers will express in predictable and expected ways. Within a trauma-informed environment, employees understand that trauma can encompass a series of events that change how a person views the world, which the person could express in unexpected ways (Fallot & Harris, 2009; van der Kolk, 2014). If school staff lack understanding about the worldview of their students, they are likely to treat those students in a more traditional way, which makes it more likely that they will retrigger the student's adverse experiences, thus exacerbating the problem. Moving from a conventional response mindset to a trauma-informed mindset could help lessen students' negative responses to assistance.

Secondly, employees within the organization should understand the consumer-survivor in a larger milieu. Traditionally, in the human service and educational fields, the approach to working with people who have faced adversity has been on symptom relief from an isolated problem (Harris & Fallot, 2001). Harris and Fallot suggested treating the consumer-survivor within the broader context of that person's life circumstances. Harris and Fallot indicated that people who have experienced trauma already see themselves as a collection of problems rather than as a person with problems, so the job of the helper is to help provide structure and organization so that the person feels safe.

Examining the whole versus the parts approach is similar to the parable of the blind men and the elephant. If one only touches the trunk, he will see the object as long and cylindrical, whereas if the person just feels the elephant's leg, he will assume that the object is massively round and tall. The same holds for working with those who have experienced trauma. A clinician will often treat an anxious client for symptoms of anxiety. If a student presents with attention issues, staff members might assume that the student has ADHD as opposed to as having a potential trauma history. Both of these approaches could miss the larger trauma picture causing additional trauma for the student.

Thirdly, looking at trauma survivors as victims risks retriggering or retraumatizing the individual. Harris and Fallot (2001) pointed out that those who work with trauma-exposed clientele must understand the scope and sequence of the services they ought to provide to those affected. In the traditional model, the goal is to minimize risk to the organization by using cost-conscious, crisis-driven methods of working with consumer-survivors (Harris & Fallot, 2001). Instead, in a trauma-informed approach, control and autonomy are granted to the consumer-survivor so that the client and practitioner collaborate in a preventive, skill and strengths-based way (Harris & Fallot, 2001). The goal of trauma-informed practices within the school setting is to minimize risk to the student by allowing voice and choice about how and what services staff provide to them. When students feel listened to, they are more likely to respond in positive ways.

Finally, the provider of services must understand the importance of the service

relationship. Experiencing trauma typically means that social connections have been damaged or destroyed (Harris & Fallot, 2001; van der Kolk, 2014). As mentioned previously, it is critical in a trauma-informed setting that the provider work with the consumer-survivor in a collaborative way, giving the consumer more voice and choice in how they are treated (Harris & Fallot, 2001). When school staff respond to students in a way that suggests this is how we have always done it, where the student is a passive recipient who holds no power, the staffs response to the student replicates the power dynamics of the traumatic situation, thus potentially retriggering and retraumatizing the student. In a trauma-informed relationship, the staff and the student both bring valuable skills, assets, and resources to the table.

Trauma-informed Education

Workers in child-serving systems have used many terms to describe the knowledgeable, caring, and thoughtful ways they use for working with youth who have suffered trauma. Blodgett (2012 and Blodgett and Dorado (2016) called these approaches trauma-aware, trauma-sensitive, trauma-informed, and trauma-focused; each on a continuum from trauma-aware, the most general, to trauma-focused, the most specific. Blodgett and Dorado (2016) suggested that to be trauma-informed, a person or an organization must have particular knowledge about the deleterious effects of trauma and modify any supports they provide so that the child might achieve developmental success. Any interventions provided for children who have experienced trauma should focus on creating and maintaining healthy relationships, teaching children how to regulate their emotions, be evidence-based, and help support student success within the school

(Blodgett et al., 2016). In this process, it is vital that PSCs begin with being trauma-aware and continue moving along this continuum to ensure that the children they serve are receiving the supports and interventions necessary to prevent or ameliorate the adverse effects of trauma. While some youth within schools may not need any trauma-informed interventions, others may need intensive supports. By implementing a culture of being trauma-informed and layering on supports as needed, PSCs will be better prepared to handle issues that might arise for any of their students. Trauma-informed practices within a school setting are meant to construct a framework that allows those who have experienced trauma to be treated as fairly, equitably, and safely as their nontraumatized peers. Blodgett and Dorado (2016) noted that many schools use existing frameworks in which to embed their trauma-informed practices. An analogy that Harris and Fallot (2001) provided suggests that implementing a trauma-informed system is akin to the requirements put in place after the passage of the Americans with Disabilities Act (ADA). The ADA does not provide services to Americans with disabilities, but the Act does ensure that all Americans who have a disability have equal access to the buildings and services they need. Similarly, within the school setting, PSCs can help create an environment that is supportive of all students, thereby ensuring that the people within that setting will provide the interventions necessary to ensure that all students, especially those who have experienced adversity, are able to learn (Blodgett & Dorado, 2016).Through understanding the lived experiences of PSCs who have already implemented trauma-informed practices, future generations of PSCs may learn how to begin to implement this process within their schools.

Trauma-informed practices within schools are the most recent intervention in a long list of allied interventions that people have used to address student concerns and needs. Some of these allied interventions include social-emotional learning, restorative practices, and mindfulness/meditation (Blodgett & Dorado, 2016). As an intervention, trauma-informed practices within schools are still in their infancy, and very little information exists to help PSCs understand how they should respond to traumatized youth in a trauma-informed way (Blodgett & Dorado, 2016; SAMHSA, 2014). Because the use of trauma-informed practices within the school setting is so new, there has been little direction in how PSCs might be involved in the implementation of these practices (Blodgett & Dorado, 2016). As researchers investigate this process further, the results of their work will inform how PSCs might help implement trauma-informed practices within the school setting so that they can ensure that all students feel safe and secure. It is my hope that this study will be one such piece of research.

It is not a matter of *if* an educator will interact with children with trauma; it is a question of *when* and *how often*. PSCs do not have the luxury of choosing to work only with students who have not experienced trauma; they must work with all students enrolled in their school (ASCA, n.d.-b, 2016; Blodgett & Dorado, 2016). Therefore, it is vital to ensure that PSCs who work with youth who have experienced trauma are equipped with the necessary skills to be able to effectively help these young people (Blodgett & Dorado, 2016). PSCs who work with traumatized youth on a regular basis need to have access to methods of supporting students that work, based on scientific evidence (Blodgett & Dorado, 2016). Foundational concepts found in trauma-informed

practices in other disciplines could possibly help PSCs know what trauma-informed practices might look like within the school setting. Several core concepts of trauma-informed care from these other disciplines include creating an environment that is both physically and psychologically safe; one which stresses the importance of relationships and compassion, recognizing what trauma looks and sounds like, and focusing on not retraumatizing those who have experienced trauma (Cole et al., 2005, 2013). Other pieces of implementing trauma-informed practices include conducting screening and assessment of all youth who come into contact with the organization providing thorough training in trauma basics for all workers who interact with youth, and using trauma-informed hiring practices when onboarding new staff are also important considerations in a trauma-informed setting (Akin et al., 2017; Blodgett, 2012; Conners-Burrow et al., 2013; Dierkhising & Branson, 2016; Kramer, Sigel, Conners-Burrow, Savary, & Tempel, 2013; McKelvey, Selig, & Whiteside-Mansell, 2017; Popescu, Strand, Way, Williams-Hecksel, & Abramovitz, 2017; Taxman, Henderson, Young, & Farrell, 2014). Finally, reviewing all policies and procedures of the organization to ensure that said policies reflect a trauma-informed approach is critical (Akin et al., 2017; McInerney & McKlindon, 2014; Wolf, Green, Nochajski, Mendel, & Kusmaul, 2014). If a school is going to implement trauma-informed practices, staff within the building needs to look to exemplar cases from other places. Reinventing the wheel when it comes to tackling an initiative like this could result in disaster for all involved and end up causing more problems for youth who have experienced trauma. Using information from those who have already walked this path will be most helpful. In the next section, I will outline three

major initiatives that have made progress in the states in which they have been implemented.

State Initiatives in Trauma-informed Educational Practices

Several states have begun the process of integrating trauma-informed practices within their schools in large numbers, and to date, three states have produced the greatest push in the direction of trauma-informed education: Massachusetts, Washington State, and Wisconsin. Massachusetts was the first state to focus on the implementation of a trauma-informed framework within their state schools (Cole et al., 2013, 2005). Through a collaboration between the Harvard Law School and the Massachusetts Advocates for Children, supporters of creating an environment conducive to learning, regardless of a child's background, instituted the Trauma-informed Learning Policy Initiative (TLPI; Cole et al., 2013, 2005). Washington State followed by creating a program called the Collaborative Learning for Educational Achievement and Resilience (CLEAR; Washington State University, 2018). The focus of the CLEAR initiative is to "to create and sustain trauma–informed models of practice through staff development, consultation, and support" (Washington State University, n.d., para. 1). Since its inception in 2013, the CLEAR initiative has expanded from 29 schools in Washington State to also include schools in Oregon, Alaska, New York, and California (Washington State University, n.d.). Wisconsin, the third state to focus on trauma-informed care on a large scale, is working to become one of the first states in the nation to be recognized as a trauma-informed state. Governor Scott Walker and his wife committed to achieving this goal by 2018. Since 2012, 43 of Wisconsin's 72 counties and three of the 11 federally recognized

Native American tribes have participated in the Wisconsin Trauma Project (Stevens, 2017). In addition, between 2015-2018, the Wisconsin Department of Public Instruction piloted trauma-sensitive practices training in schools using the Response to Intervention model (Wisconsin Department of Public Instruction, n.d.). The school district in which I work was one of these pilot districts and I was involved in this training. Through these initiatives it has become apparent that movement towards trauma-informed educational practices is inevitable.

Despite these innovative programs, however, large-scale movement in the area of trauma-informed care within schools across the United States is sorely missing. Many of our neediest locations and our most vulnerable youth do not have access to educational staff who have received training in these practices (Blodgett & Dorado, 2016). Additionally, research into the specific role that school counselors might play in this movement is sparse. Because the field of trauma-informed practices in schools is still relatively new and little research exists that addresses the part of the PSC, I wanted to examine the experiences of those PSCs who have lived this process so that I had a better understanding of what this process was like for those PSCs. It is my hope that a distal outcome of my study will help PSC educators to use the information from my study to help inform best practices in the education of PSCs.

School Counselors and Trauma-informed Care

In today's world, the number of students who are successful in the current educational system without supports is decreasing, while the number of students who need different academic and behavioral approaches is increasing (McMahon et al., 2014).

Traumatic events are one of these changes that can interfere with a student's ability to make connections in the social realm and can affect a student's capacity to perform academically (Erford, 2015; Flynn et al., 2014; Hardner et al., 2017; Romano et al., 2015). PSCs must advocate for their profession and help determine what their ultimate role in the school should be. With the increasing mental health and trauma needs of the students, PSCs must be allowed to use the skills and training they have received to help make the school climate one in which all students can grow and thrive.

The role of PSCs continues to change with the needs of their students. PSCs need to embrace this change (DeKruyf, Auger, & Trice-Black, 2013). Due to their training and practice, PSCs are best positioned to help youth meet their academic, social, vocational, and mental health goals (McMahon et al., 2014). The time has come for PSCs to move away from feeling like they must go it alone. School counselors need to partner with others within the school community to ensure the success of all students, including those with trauma histories (Erford, 2015). One goal of PSC education is to ensure that all counselors-in-training leave their respective programs with the requisite skills to perform their duties in a school setting (CACREP, n.d.-a; Erford, 2015). What professional school counseling needs at this juncture is a more research-informed direction for where PSCs and PSC educators need to go when it comes to the implementation of trauma-informed care in the school setting (Blodgett & Dorado, 2016; Erford, 2015; Villares & Dimmett, 2017). Throughout the late 20th Century and into the first half of the 21st Century, the profession of school counseling has undergone even more changes as the needs of today’s students have escalated. Increasing student poverty, mental health needs, and

exposure to traumatic events cause serious learning difficulties for students, which can have dramatic effects on the future for these youth (Conners-Burrow et al., 2013; Elklit et al., 2018; Moore & Ramirez, 2016). By implementing a comprehensive school counseling program that includes trauma-informed principles, PSCs will be able to meet the developmental needs of all students within the school setting (ASCA, 2012; Erford, 2015). As the need for competent PSCs increases, the education and training required for PSCs to remain effective in their role as a champion for children will change. Our goal is to ensure that all youth are as prepared as possible to live and work in the 21st Century and beyond (McMahon, Mason, Daluga-Guenther, & Ruiz, 2014). Continuing to evolve will allow PSCs to meet the diverse needs of their students well into the future.

Summary

The scholarly literature around the role of PSCs indicates a need for qualitative research into what the experience of implementing trauma-informed care is like for PSCs. Much of the literature that does exist around the intersection of PSCs and trauma in school-aged youth focuses on the implementation of evidence-based interventions for children with identified trauma as opposed to the implementation of a trauma-informed framework (Jaycox et al., 2010; Plumb et al., 2016). While there is a plethora of scholarly literature around what trauma-informed care looks like from a teacher's perspective (Crosby, 2015), very little literature exists around what the implementation process looks like for PSCs. In addition, at least one researcher noted that the scholarly literature needs qualitative research around the role of PSCs related to trauma and crisis preparation (Lokeman, 2011).

In Chapter 3, I outline the method I used for this study. In that section, I define my choice of research design and the rationale for this choice, provide my research questions, discuss the central aspects of the study, and describe my role as the researcher. Additionally, I describe my sample selection logic, define my data analysis plan, and cover issues related to the trustworthiness of qualitative research.

Chapter 3: Research Method

Introduction

The purpose of my hermeneutic phenomenological study was to explore the lived experiences of PSCs who helped implement a trauma-informed approach to working with traumatized students in their schools. A thorough review of the extant literature indicated a lack of relevant literature around this topic; therefore, there was a need for qualitative inquiry to gain a deeper understanding of the process of implementing trauma-informed practices in schools, especially as those practices relate to the role PSCs play as a consultant to both students and staff. Qualitative research is indicated when one wants to deeply understand the true essence of what it means to experience something (Finlay, 2009; van Manen, 2014). Although my study did not directly produce this outcome, a future goal would be to use the results from this study to provide informed knowledge to PSC educators in preparing PSCs-in-training for working with children who have experienced trauma. To address the gap in knowledge related to PSCs and trauma-informed practices, I used a hermeneutic phenomenological approach in conjunction with a semistructured interview protocol with practicing PSCs to develop a thorough understanding of what they experienced during the process of implementing trauma-informed practices within their schools, including any training they had, barriers they experienced, and any trauma champions they identified in this process.

In this chapter, I outline the research design I chose as well as explain the role of the researcher, discuss potential researcher biases and pertinent ethical considerations, describe my chosen methodology, how I recruited participants, and how I collected and

analyzed the data. Additionally, I address how I protected participants' information. I also provide a summary and transition from Chapter 3 to Chapter 4.

Research Design and Rationale

Qualitative research is an appropriate investigative approach when a researcher is seeking to thoroughly understand a topic. The qualitative research tradition began as an alternative to quantitative research as a way for researchers to look deeply at a situation, problem, or phenomenon (Flick, 2018). Qualitative research employs the researcher as the research instrument and engages the researcher with text as the data rather than numbers (Flick, 2018). In this study, I wanted to answer the overarching question, *what are the lived experiences of PSCs who have helped implement a trauma-informed approach for students who have experienced trauma?* To help me understand this overarching question, I also wanted to gather participant answers to the following questions:

- Describe your experience in implementing trauma-sensitive or trauma-informed practices with the students in your school.
- Using vivid language in your description, what has been your experience with those people you would consider to be your educational allies or trauma champions in the implementation of trauma-informed or trauma-informed practices in your school?
- Discuss your experiences with any barriers that you encountered as you were implementing trauma-informed practices in your school.

To help me answer these questions, I employed a hermeneutic phenomenological

methodology. In the following section, I describe this methodology in more detail.

Hermeneutic Phenomenology

Heidegger (1968), the inventor of hermeneutics, indicated that reducing a phenomenon to its barest essence was impossible since one already has some knowledge about that thing as it already is within the world. Gadamer (2006), a philosopher who expounded on Heidegger's work, described hermeneutics as a process of understanding. In an effort to better understand a phenomenon, one must engage in an iterative process that Heidegger (1968) and Gadamer called the hermeneutic circle. Using the hermeneutic circle, one comes to experience a phenomenon with preconceived knowledge, and through interacting with the phenomenon the person's understanding of that phenomenon changes (Gadamer, 2006; Heidegger, 1968). One can only understand a phenomenon from the point of view and time in history of the person who has experienced the phenomenon (Gadamer, 2006). Heidegger called this experience *Dasein*, which literally translated from German means being-there (Gadamer, 2006). Being there when something happens can provide researchers with the essence of what that experience was like through the eyes of the person who lived it. Through the iterative process of moving from part to whole and back in relation to understanding the implementation of trauma-informed care within the school setting, I was able to move in an ever-widening circle gaining a deeper understanding of the implementation of trauma-informed practices by PSCs. Using a hermeneutic approach to understand the lived experiences of PSCs who have implemented trauma-informed practices in their schools provided me the opportunity to understand the process through which these PSCs progressed in their

pursuit of helping students be more regulated so that they were able to learn. In addition, understanding other PSCs' lived experiences in implementing trauma-informed care assisted me in extracting important themes about the process of implementation of trauma-informed practices within the school setting. Because there is limited scholarly literature that speaks to this process, my hermeneutic phenomenological study could further inform current practice in professional school counseling as well as the education of PSCs around the implementation of trauma-informed practices in schools.

Central Concepts of the Study

The phenomenon under investigation in this hermeneutic phenomenological study was the lived experiences of PSCs as they reflect on their experiences of implementing trauma-informed practices. Trauma-informed practices are defined as those actions taken by school personnel that create a safe and predictable environment in which all children, but especially those who have experienced trauma, can expect to have their social, emotional, and academic needs met in ways that do not trigger or retraumatize the child (Cole et al., 2013). With the increasing numbers of youth who have experienced traumatizing events, it is important for PSCs to be as knowledgeable as possible about these practices as well as how to best implement them in the school setting. My study helped elucidate what these practices are and how PSCs experienced implementing them.

Role of the Researcher

All research requires the use of some type of instrument, whether that instrument is an experimental intervention, a survey, an observation, an interview, or a person. When looking at the meaning people assign to the phenomena they experience, one must

consider using a qualitative research ontology such as phenomenology (Peredaryenko & Krauss, 2013). In the case of phenomenological research, the instrument involved is the person or persons conducting the interviews or engaging in the observation (Eberle, 2015; Flick, 2018; Pezalla et al., 2012). Since phenomenology focuses on the experiences of a small group of individuals who have all experienced the same phenomenon, the researcher can construct a much deeper understanding of the phenomenon from the shared experiences of those who have lived through it (Eberle, 2015; Flick, 2018). It is vital that a researcher uses the methodology that best fits the issue the researcher wants to understand. Since I wanted to understand how PSCs experienced implementing trauma-informed practices, it made sense to use a constructivist methodology such as phenomenology.

Positionality

My role in this study was as the human instrument, capable of discerning meaning from the interview data I gathered from the PSCs I interviewed about their implementation of trauma-informed practices in each of their unique settings (see Hammarberg et al., 2016; Peredaryenko & Krauss, 2013; Pezalla et al., 2012; Starks & Trinidad, 2007). In addition to being the primary instrument, I also acted as an observer of my chosen participants. When using observation in hermeneutic research, the researcher must use what van Manen (2014) referred to as close observation. Van Manen indicated that for researchers to best understand the lived world of the participant they must enter that world. In this way, van Manen suggested that the researcher becomes both an observer as well as a participant in understanding the phenomenon. Through the

semistructured interviews I conducted, I was able to determine the major themes associated with the unique experience of implementation of trauma-informed practices for each of the licensed PSCs I interviewed. Although the interviews took place using the audio-only feature of the Zoom conferencing platform, I was still able to monitor my participants for signs of distress by listening to the volume, rate, pitch, fluency, articulation, and tone of each participant during their interview. None of the participants I interviewed exhibited any signs of distress. As a matter of fact, all the participants indicated they were excited to participate in my study as they believed their input would be a valuable voice into the role of the PSC in implementing trauma-informed practices. As a working PSC who has experienced what it means to implement trauma-informed practices within a school system, I have my own interpretation of what that lived world has been for me, and now that I have completed the interviews and analyzed the data from my participants, I can say that while many of their experiences were similar in some important ways, each had their own unique experience with this process. Whereas each of my participants' journey was unique, the true meaning of implementing trauma-informed practices is most likely a combination of all our experiences,. In my role as researcher, I did not have any personal or professional relationships with any of my participants, as I recruited them through a variety of recruitment sites. Since there were no existing relationships with my participants, there was no need to manage these relationships.

Researcher Bias

All research has the potential for bias. As a novice researcher, getting the experience of interviewing and transcribing helped me become more finely attuned to

understanding my biases and preconceptions, which helped me explore the phenomenon more deeply without letting those biases and preconceptions interfere with the research (see Peredaryenko & Krauss, 2013). Mitigating bias is a core concept in any research project and can be achieved through a variety of practices. Hammarberg et al. (2016) discussed the correlates between quantitative and qualitative research. For each rigor standard in quantitative research, Hammarberg et al. (2016) offered a corresponding qualitative standard. These standards include trustworthiness, credibility, applicability, and consistency (Hammarberg et al., 2016). Increasing these standards ensured that I reduced any potential biases as much as I could and required several tools.

The first tool I used was reflexivity. During my data collection, I kept a reflexive journal in which I recorded my thoughts, impressions, and analytical notes. Grant, Rohr, and Grant (2012) identified two definitions of reflexivity. One is the process of recognizing researcher biases, values, and ideologies; the other includes reflecting on the data that emerges as the study unfolds. Gadamer (2006) asserted the importance of removing any barriers to understanding and suggestedthat bringing biases to light will keep researchers from acting with prejudice toward the phenomenon, which could act as a barrier to our understanding. Keeping this reflexive journal allowed me to bring to light any preconceptions I held about the implementation of trauma-informed practices prior to conducting my interviews. Rushing to judgment without having all the information, would likely have led to misinterpretation of my participants' experiences, which could have reduced the trustworthiness of my research.

The hermeneutic circle is a tool I used to help with my reflexivity in this study.

Gadamer (2006) stressed the importance of making anticipatory ideas explicit so that a researcher might check them against what they learn about the phenomenon from their participants. When understanding a phenomenon, Gadamer (2006) stated that the "meanings represent a fluid multiplicity of possibilities" (p. 271), indicating that the true meaning of the phenomenon is somewhere in the center of all the various possibilities, as no two experiences are identical. Since any discussion or remembering outside the original experience constitutes an interpretation, and because I have not lived my participants' lives, I could never know the absolute truth about their experiences (see Gadamer, 2008; Heidegger, 1968). Through the use of the hermeneutic circle, however, I learned more about my biases and experiences and was then able to compare them against the experiences my participants shared. Through the use of the hermeneutic circle, I was able to move in continually smaller, more intimate circles of learning about their experiences, understanding their experiences by comparing them to my own and each other, and learning more about what it means to be a PSC struggling to implement trauma-informed practices with administration, staff, and students. By my journaling, I was able to achieve this type of reflexivity through processing my thoughts, reflections, and reactions to participant disclosure during the interview process and in the analysis phase.

In addition to using the journal to document my thoughts on the process of interviewing, I also used it as a way to identify initial codes from my research questions, as well as to uncover codes, ideas, and themes from the participants' stories. After reading or coding an interview, I documented my reactions to what my participants had

said. I found on several occasions that the experiences my participants had were very similar to experiences I had had, or like what other participants had experienced. On the flip side, I also noted the unique narratives of each of my participants that differed from what I had experienced or that other participants had experienced. For example, there were a couple of participants who had had a difficult or incomplete implementation of trauma-informed practices; while other participants had had experiences that allowed for more systemic implementation. Journaling about these observations made it clear to me that each person's experience of the implementation process was unique, yet there were shared themes that were woven throughout all the narratives. Keeping a reflexive journal helped me remain open to the meaning that my participants gave to their individual process of implementing trauma-informed practices (see Gadamer, 2006; Ortlipp, 2008). The reflexivity I engaged in through journaling allowed me to extract a deeper understanding of each of their experiences, which permitted me to write a more comprehensive description of what the process of implementing trauma-informed practices was like.

A second tool I employed was a two-pronged approach to coding in this study. The first prong was to set up several a priori codes based on my research questions. A coding system is a method qualitative researchers use to make written words measurable through the use of patterns of thematic units (Linneberg & Korsgaard, 2019). Linneberg and Korsgaard (2019) indicated that qualitative researchers have the ability to choose the type of coding that will create the best results for the type of study they will conduct. Linneberg and Korsgaard noted that deductive coding is most often useful to keep a

study focused and less complicated. In deductive coding, the researcher creates a coding frame with approximately five to10 codes, based in the literature (Linneberg & Korsgaard, 2019). The researcher can then make more refined coding from these basic codes to deepen the content of the data in successive coding cycles (Linneberg & Korsgaard, 2019). For my study, I started with a deductive coding frame, which included codes for each of the six interview questions I asked. The purpose of setting up this a priori coding frame was to ensure that I gathered similar information on the experience of the PSCs I interviewed. After interviewing the participants, I completed my first cycle coding using these a priori codes. In successive coding cycles, I added an inductive approach, which allowed the interviewee's data to lead me from these initial codes into deeper and deeper cycles of meaning, understanding, and nuance. Morse (2015) indicated that when using semistructured interviews, it is important to have the coding system set up beforehand. Doing so allowed me to ask each participant the same questions, thus increasing the credibility, transferability, and dependability of my study (Hammarberg et al., 2016). Having an initial coding system set up prior to completing the interviews and before analyzing the data allowed me to understand the process I would use to complete the interviews and kept me on track during the interviewing process. I wanted to gather the participants' stories as cleanly as I could without interference from my biases through the asking of leading questions (Morse, 2015). The list of questions I asked can be found in Appendix A.

The third tool at my disposal included using member checks. Birt et al. (2016) defined member checking as the process of returning the transcript of the interview to the

interviewee to verify that the information collected accurately reflects what the interviewee intended. After transcribing and cleaning each interview, I sent the transcript back to the interviewee to have them verify that I captured the ideas they wanted to share. Conducting these member checks allowed me to ensure the credibility, transferability, and dependability of my research (Hammarberg et al., 2016). Several researchers have identified potential ethical and safety issues with providing participants with transcribed copies of their interviews. Some of these issues included increasing participant bias-due to allowing them the ability to change answers, or problems with participants answering in a way to make themselves look better to the researcher (Morse, 2015). Throughout each interview, I paraphrase information the participants shared so that I could do a spot check on whether I was accurately interpreting their answers. If anything a participant shared was unclear, I made sure that I asked for clarification during the interview. In addition, while conducting each successive interview, I employed the iterative process of the hermeneutic circle to move from my current knowledge about the phenomenon to a broader understanding of the lived experience of implementing trauma-informed practices by making comparisons between what the previous interviewee shared with what the current interviewee was sharing. Using the circle in this way, I was able to hold my thoughts, feelings, interpretations, and biases about the lived experiences of my participants in check. It is important as a qualitative researcher to become aware of and mitigate, as much as is possible, any implicit biases I might have related to this research topic (see Peredaryenko & Krauss, 2013). Continually checking my assumptions and biases throughout data collection and analysis was important in maintaining the

trustworthiness of my study (see Peredaryenko & Krauss, 2013). As I gathered more and more information, my biases became more apparent. For example, one bias I had that came to the front for me was my notion that teaching staff were often acting in a negative manner with students who had experienced trauma. During one of my interviews, the participant noted that she didn't believe this behavior to be negative, but just that the staff were uninformed. In journaling about this incident, my thinking about staff members who act in ways that seem not to be trauma-informed changed. I now look at this behavior as the staff member being less knowledgeable about trauma and that perhaps they need some professional development around trauma to help them respond in a more sensitive way. Finally, by using the iterative nature of the hermeneutic circle; I was able to create thick, rich descriptions of what it means to experience becoming a trauma-informed PSC. Morse (2015) suggested that thick description happens when the researcher has provided enough information so that those who are reading the research report have a good grasp of the phenomenon. Reaching saturation helped me achieve the thick, rich description I needed to allow my participants to tell their stories of trauma-informed practice implementation.

Methodology

For this study, I sought to understand the lived experiences of PSCs who have implemented trauma-informed practices with their students who have experienced trauma. The results of this study will shed light on an area that has not received much attention to this point. As PSCs, we are required by our governing bodies to remove any barriers that exist for students in their academic, social, and occupational pursuits

(ASCA, n.d.-b; CACREP, n.d.-a). Traumatic events in the lives of youth have been associated with reduced ability to perform in school in the areas of educational pursuits addressed by PSCs (De Bellis et al., 2013; Flynn et al., 2014; Hardner et al., 2017). Since there has not been a lot of attention in the scholarly literature around the role of the PSC when it comes to the implementation of trauma-informed care in the school setting, the use of a hermeneutic-phenomenological lens through which to examine the experiences of those PSCs who have implemented these practices was most logical. Heidegger's approach to phenomenology allows us to examine phenomena as people live it in their daily lives (Gadamer, 2006; Heidegger, 1968). Combining stories of PSCs who have already walked this road could lead to a better understanding of what this process entails.

Population

The goal of this hermeneutic phenomenological study was to elicit a deep understanding of the experiences of PSCs who have implemented trauma-informed care with their students. In order to participate, the PSCs had to meet certain criteria. The research population for this study included PSCs who have graduated from a CACREP-accredited institution and have had at least two years' of experience as a PSC, are fully credentialed and certified or licensed to work as a PSC in their state and have had some kind of training in trauma-informed care.

Participant Selection Logic

Inclusion criteria for participants in this study was that they be professional school counselors who had an earned Master's degree in School Counseling from a CACREP-accredited counseling program and who are currently licensed or certified to work in their

state as a PSC. In addition, I interviewed professional school counselors who have had experience or have received training in working in a trauma-informed environment and who have worked as a PSC for at least two years. I determined whether my participants had the requisite experience and training by asking the following questions prior to their participation in my study: did you graduate from a CACREP-accredited institution, are you fully licensed or certified as a professional school counselor in your state, what is the total number of years you have worked as a professional school counselor, and what types of education, training, or professional development did you receive either during your master's program or since related to using trauma-informed care or trauma-informed practices with students

I chose these inclusion criteria because professional school counselors who meet these criteria will have had experience working as professional school counselors in districts with a variety of students, including those who may have had traumatic experiences. The rationale behind choosing to use only licensed professional school counselors was that they have received the requisite training required by the ASCA and CACREP to meet the minimum standards to be licensed or certified as a professional school counselor (ASCA, 2012a; CACREP, n.d.-a). While these requirements prepare professional school counselors to be licensed, that licensure or certification is provided by their state department of education, which is why I am requiring them to be fully licensed or certified in their state. The requirements of the ASCA and CACREP include having an advanced degree (e.g., Master's), including instruction and supervised practicum/internship experiences in human growth and development, counseling theories,

both individual and group counseling, and social and cultural understanding (ASCA, n.d.-a; CACREP, n.d.-a). In addition, CACREP (2016) requires training in understanding the effects of trauma and crisis. To ensure that I got the data I needed to understand the experiences of PSCs who have implemented trauma-informed practices within their schools, it was vital that I interviewed the right participants. By making sure my participants met my inclusion criteria, I guaranteed that my data are valid, reliable, and trustworthy.

Sampling Strategy

Since including all participants within a population in a research study is impractical, researchers usually study a smaller group called a sample. Clow and James (2014) noted that the act of picking participants to include in the study is called sampling. In phenomenological research, the researcher is not so much selecting a sample as choosing examples from which to uncover the essence of the phenomenon under study (van Manen, 2014). The type of sampling used in qualitative research is different than that used in quantitative research, with qualitative research using much smaller sample sizes (Daniel, 2012b).

The first sampling procedure I used in this study was purposive sampling with a typical case focus. Purposive sampling has both strengths and weaknesses. One strength of using a purposive sampling technique includes giving the researcher more control over who the participants are, which can highlight the expertise of the participants in the research study (Daniel, 2016). The second strength of purposive sampling is that the amount of bias might be less when using a purposive sample than when using other

sampling techniques (Daniel, 2016). In addition, the validity of the data is typically higher from purposive samples as long as the research was done correctly (Daniel, 2016). So, while purposive sampling has several strengths, I must consider the drawbacks of this choice.

One of the significant limitations to purposive sampling includes preventing my ability to generalize the results to a larger population (see Daniel, 2016). In addition, compared to convenience sampling, purposive sampling takes more time, money, and effort, but the results are usually better than those studies that use convenience samples (Daniel, 2016). Due to some of the limitations with purposive sampling and the possibility of not getting enough participants through my initial solicitation, I decided to additionally employ snowball sampling, which helped me reach my final sample size of nine participants.

My use of snowball sampling allowed me to extend my supply of participants by accessing one additional participant (see Olsen, 2014). Snowball sampling has advantages and disadvantages. One benefit of using this type of sampling is that it is more cost-efficient due to the high likelihood of chosen participants taking part (Clow & James, 2014). One drawback, however, is that those who are recommended might not be as good a fit as those I selected as original participants (see Clow & James, 2014). Since I carefully chose my participants to reflect a specific population, the possibility of selection bias was reduced (see Hammarberg et al., 2016).

I originally planned to recruit between -610 participants, because on average phenomenological research suggests that number of participants (see Daniel, 2012b). My

final sample size was nine participants. This number of participants allowed me to reach saturation of my final themes (see Byrne, 2017; Howell, 2017; O'Reilly & Parker, 2013). Through my use of purposive sampling and with the addition of snowball sampling, I was able to gather enough data to create a rich description of what the experience of implementing trauma-informed care looks like within the school setting.

Instrumentation

For this study, I used a researcher-created semistructured interview protocol to answer the overarching research question. The interview questions I used are outlined in Appendix A. Each interview was audio recorded to aid in the transcription process after I completed each interview. The goal of the semistructured interviews was to develop a rich understanding of the experiences of PSCs who have helped to implement trauma-informed practices within their school. Gathering this data was important because the role of PSCs has changed over the years to meet the needs of the youth with whom they work and having an understanding of how PSCs work with students who have experienced trauma is a current need (see ASCA, 2016b; Erford, 2015). In addition, since the level of trauma that youth have experienced has increased, school staff often struggle to create educational climates that are conducive to academic achievement because of related increases in student behavior problems and decreases in student academic abilities, some of which might be due to increased adversity (ACES Too High, n.d.; Alink et al., 2012; Bosquet Enlow et al., 2012; Bucker et al., 2012).

All PSCs approach their work with students in a unique way. I know what my experience with the process of implementation of trauma-informed care has been, but I

was interested in examining the experiences of other PSCs to find out what their experiences had been. Due to the unique nature of trauma-informed care implementation among school counselors, there was some variation in this process for PSCs in different school settings however, there were many commonalities, which I was able to uncover through this research project. It was these commonalities that I will highlight as themes in my analysis section.

PSCs do not make the journey to helping their school staffs become trauma-informed alone; it is important to recruit allies along the way. Koury and Green (2017) indicated the need for those allies they called *trauma champions.* According to Koury and Green, trauma champions are those individuals within an organization who are willing to do what is necessary to ensure a change within the culture of an organization. Koury and Green also noted that having these trauma champions are critical to the sustainability of the trauma-informed care initiative within the organization. Because trauma champions are so important to creating and sustaining a trauma-informed culture within schools, I was also interested in finding out who my participants identified as invaluable allies in this process. In addition, it is important to identify any barriers the PSCs encountered in this process, as well as how they overcame those barriers, so that future PSCs can avoid these pitfalls. Finally, I determined how the PSCs felt the system needed to change, and what training they found to be helpful in becoming trauma-informed.

To ensure I got the data I needed, I incorporated several techniques. Throughout the interview, it was important for me to remind the interviewees that, as much as possible, I wanted them to describe their experience as it was lived (van Manen, 2014).

One problem with interviews is that interviewees often give answers they think the researcher wants to hear due to power differentials, gender differences, or social desirability (Grant et al., 2012). Also, Grant et al. noted that at times, the interviewee might assume that the researcher knows what they are trying to say, therefore, omitting some important information. I wanted to ensure that the data I collected represented, as closely as possible, the events the participants experienced as they implemented trauma-informed practices within their schools, so it was important that I set the stage to help my participants feel comfortable giving me that information. I discuss ways in which I did this in Chapter 4.

Procedures for Recruitment, Participation, and Data Collection

Recruiting participants included soliciting PSCs through the ASCA website's ASCA Scene, their online networking site. I also recruited participants from the Counselor Education and Supervision Network (CESNET) listserv. Additionally, I posted in the Walden University research participant portal. The recruitment script I used is included in Appendix B. From these initial contacts, I was able to find the number of participants needed to reach saturation.

I gathered data, in the form of semistructured interviews, from each participant through an online interview that I predicted would last about 60 minutes. Keeping participant data confidential was of utmost concern, so I wanted to be sure that our interviews were not overheard and that I maintained participant confidentiality (Walden University, n.d.). Therefore, I used the audio-only feature of the Zoom conferencing platform.

I did not anticipate any negative experiences for my participants during their interviews as my topic posed minimal risk to be retraumatizing for PSCs who might have unknown trauma histories. Therefore, during each interview, I listened for signs that my participants were uncomfortable. None of them appeared to be disturbed or upset by any of the questions I asked. I also debriefed with each participant at the conclusion of the interview to assess whether or not they had been unduly affected by the interview process or any of the questions. None of my participants indicated they had any negative effects from our interview. Finally, I offered to make available a list of local resources, in case the participants felt they needed to seek out additional assistance for any negative or difficult emotions they might experience. None of my participants indicated a need for resources.

While none of the participants I interviewed needed to exit the study early, I did have two participants indicate they would not be able to participate due to other commitments after agreeing to participate. These participants faced no negative retribution for choosing to exit before being interviewed. Since participation in this study was voluntary, participants had the option to remove themselves from the study without any penalty at any time with or without notification.

Data Analysis Plan

One of the most common features of qualitative research is conducting interviews and uncovering the themes related to the phenomenon (Smith & Firth, 2011). In conducting qualitative research, how I manage the data will be critically important in maintaining participant and data confidentiality (see Smith & Firth, 2011). Prior to

beginning the research project, I decided that I would store the data on a password-protected computer in password-protected files. I kept audio files separate from transcripts and provided a pseudonym for each of the participants to retain their anonymity. I also decided on the use of a semistructured interview process with one interview with each participant. The interviews were scheduled to last approximately one hour. After I transcribed the interviews, I sent a copy of the transcription to the participant to check it for accuracy. All my participants noted that the transcripts were accurate.

Qualitative researchers have many options to choose from when collecting and analyzing qualitative data. While some researchers might choose to use a software program to help with coding and identifying themes, I chose to use hand coding which allowed me to delve into the data in ways that helped me understand my participants' stories more deeply. Immersing myself in the data provided me with a big picture of the process and identify important themes. As van Manen (2014) stated, "analyzing thematic meanings of a phenomenon (a lived experience) is a complex and creative process of insightful invention, discovery, and disclosure" (p. 320).

In analyzing the data from my study, I engaged in the following process:

1. First, I transcribed each interview (removing any verbal disfluencies, e.g., "um", "like").
2. Next, I read the entire transcript to get the overall feel of the text and identify my initial code themes [holistic reading (van Manen, 2014)].
3. I then selectively read the revised transcript and circled or highlighted thematic

units of meaning (van Manen, 2014).

4. Next, I performed a detailed reading to tease out smaller units of meaning and pulled out "stories" that I used to illustrate themes in the participants' own words (van Manen, 2014).
5. In Chapter 4, I provide a general narrative, which is a summary of what the experience of implementing trauma-informed practices was like for the PSCs who participated in this study.
6. Finally, also in Chapter 4, I provide a general summary related to the population of PSCs who implement trauma-informed practices.

Detailed Data Analysis Steps

My data analysis for each interview began when I scheduled the interview with the participant. I described to each participant how I would protect their anonymity during this process. I also let each participant know that I would be recording the interview to aid in the transcription process. Once I gave the participants this information, I engaged in a bit of friendly conversationwith them to put them at ease. I officially started each interview the same way by stating I was beginning the interview on the recording with the phrase, "This is interview with participant number__." That way we would both know the interview was officially underway. Ericka came to the interview fully prepared. She let me know this by saying, "So I actually have the questions open too, because I jotted some notes for all of them before we started." Knowing that some of my participants had prepared before the interview helped me know that they had the opportunity to think through the questions before I asked them, which helped the

interview flow more smoothly.

At the end of each interview, I asked each participant to let me know if there was anything else they wanted to add around any of the questions I had asked, or if there was something they felt was important for me to know that they had not already shared. All of the participants said they had no additional information to add, but a couple of my participants did have questions for me about what my next steps were in the process of analyzing the data. Ericka shared her excitement for being able to participate in this study. When asked if she had additional information to add, she stated,

> I don't think so, just that I'm excited that you're doing this and thanks for letting me be a part of this because I'm doing a phenomenological study and so it was neat to get to be a part of yours. My study is on adult licensed counselors who experienced ACEs.

In my study, I used both purposive and snowball sampling. Therefore after each interview, I asked the participants to share my study with other PSCs they knew who might meet my inclusion criteria. Only Caitlyn said she knew of a co-worker who might be interested. When I asked her if she could recommend someone else, she said,

> Yeah, I was just thinking the counselor at the intermediate school, there's an advisor who has a background in social work, but the counselor is a recent graduate of a school counseling program. I could give her your email.

I let Caitlyn know that I was appreciative of her offer to recommend my study to someone else. That person did volunteer to participate in my study. After each interview, I thanked the participant and let them know I would send a completed transcript as soon

as I had it finished. I asked them to go through the transcript and determine if I had captured their story accurately. All of my participants indicated that the transcripts were accurate and none of them had any additions, deletions, or changes to the transcript.

During the transcription process, I omitted any verbal disfluencies (e.g. “um”, “like”, or repeated words) to make the transcripts more readable. For example, in Barbara’s interview, I made several changes to remove these verbal disfluencies. This is how one passage from her interview read after the initial transcription:

> …peer to peer, you know, watching what's happening in other classrooms, this school, where I have the elementary school where I was very much the classrooms were pretty sectioned off, if that makes sense, there were a number of teachers who didn't really want to, like, collaborate with other teachers. And what was frustrating is that my principal, for instance, and even the, like the behavior of the head of the behavior for the district, um, were champions, I would say, except for not enough to, to push the stuff. And so, um, my experience is that people believe in it, and they think that it's effective, but there's just a lot of potential conflict, I guess.

After removing the verbal disfluencies, this is the passage that remained:

> …peer-to-peer watching what's happening in other classrooms in the school, the elementary school where I was, the classrooms were pretty sectioned off, if that makes sense. There were a number of teachers who really didn't want to collaborate with other teachers and what was frustrating is that my principal, for instance, and even the head of the behavior for the district were champions I

> would say, except for not enough to push the stuff. So my experience is that people who believe in it and they think that it's effective but there is just a lot of potential conflict I guess.

Once I finished transcribing each interview, I read through the interview and noted my initial impressions of each. I recorded these impressions in my reflexive journal so that I could come back to this information later to compare it to codes that began emerging from the data to see what I might use to create my subthemes and main themes. For example, after Deborah's interview, I made the following notations about my initial impressions in my journal: *use teacher strengths, share ACEs with teachers, SEL curriculum, and EFT tapping*. In Ericka's interview, I noted the following: *not a lot taught about trauma taught in master's program, EFT tapping, breathing, and mindfulness.*

After recording these initial impressions, I re-read each interview transcript several times. The first time was to begin identifying my initial meaning units. Some of the initial meaning units included *allied interventions, training of staff, administrative support, and maintaining the status quo*. After recording the initial meaning units in my journal, I re-read each interview to begin to put these meaning units together into larger subthemes, which I then recorded in my reflexive journal. Some of the subthemes I recorded included: *training received, maintenance of status quo, negative emotions experienced, and personal stories*. Then I read each interview one more time to organize my subthemes into my emergent main themes. For example, I noted that there were several situations or conditions that helped the PSCs I interviewed to have a more

successful implementation process. Those situations or conditions included: *administrative support, identifying trauma champions, building positive relationships with students, adequate training of PSCs and staff, and collaboration with staff and administration*. Since these subthemes seemed to be related to the participants' description of a positive implementation process, I used these to describe my main emergent theme two: *Elements Related to Greater Satisfaction with Trauma-informed Implementation*.

Once I knew which meaning units, subthemes, and main themes I was using, I went through each transcript again to highlight particularly salient quotes that I could use within my results section to highlight stories from the participants that best helped describe the theme. For example, this quote from Ericka spoke to me as an important motivator for moving to a trauma-informed environment for students, *"There are people who come into your world, your personal world, that make you think 'I want to do something about this.' What can I do to help these children?"* This quote from Gary did a good job of summing up the frustration that PSCs feel when staff do not understand the importance of working from a trauma-informed perspective, *"There are certain philosophies of discipline, like, no, they got to suffer, they've got to get a consequence, they gotta, we need a pound of flesh."* I chose these quotes because they created a visceral reaction in me when I heard them. As I learned more about the lived experiences of my participants, I arrived at a better understanding of what trauma-informed approaches my participants felt work best for their students who experienced trauma.

Issues of Trustworthiness

Just because qualitative research differs from quantitative research does not mean it cannot have the same high quality in reporting research findings. The way the two types of research qualify their rigor varies (Casey & Murphy, 2009; Hammarberg et al., 2016). Quantitative research is concerned with objectivity (reliability and validity), while qualitative research is concerned with trustworthiness (credibility, transferability, dependability, and confirmability (Casey & Murphy, 2009; Hammarberg et al., 2016). To ensure trustworthiness, I strove to meet the criteria of explicitness, vividness, creativity, thoroughness, and congruence (see Casey & Murphy, 2009). Since I correctly sampled my population and achieved saturation of my data, I was able to thoroughly explore the topic under study (see Casey & Murphy, 2009). Doing so allowed me to be transparent in my research while providing an authentic representation of the participants' lived experience of the phenomenon.

I improved the credibility of my research by describing my experience with the phenomenon and by verifying my experience through the data collected from my participants. Examples of credibility within my study included how well I engaged with my participants and how well I created an audit trail (see Casey & Murphy, 2009). Creating an audit trail is a way in which I was able to make clear my biases and make transparent my decisions, assumptions, and interpretations (see Casey & Murphy, 2009). Examples of items I included in my audit trail are the transcripts of interviews, my process notes, my data analysis notes, and my study drafts.

Dependability increases when other researchers read my study and conclude that I

made the right decisions at each stage in the process of researching the phenomenon. The purpose of including rich, descriptive quotes within the research findings is so that I can demonstrate that I have interpreted and described the phenomena and the emerging themes well (see Casey & Murphy, 2009). Doing so highlights the confirmability of the study (Casey & Murphy, 2009). Casey and Murphy noted that including quotes also creates a feeling of authenticity of the participants. I have achieved transferability when those not involved with the research project can identify with the experiences of my participants and associate the results of my study with their own lives or in their own research. It is my responsibility to ensure that I took all the steps necessary to ensure that I created a highly credible study so that my study can join the scholarly literature and help inform the practice of professional school counseling.

Ethical Procedures

As the researcher, my primary job was to ensure the safety, security, and confidentiality of my participants. Ensuring that participants were treated with beneficence, justice, and respect aligns with the requirements of the Belmont Report and the Walden IRB (United States, 1979; Walden University, n.d.). When one conducts research, getting the consent of the participants is of vital importance. Informed consent is not just having the participant sign a piece of paper; it involves much more than that. Informed consent requires three components: providing information about the study, ensuring the participants comprehend the scope of the study, and including only those who voluntarily agree to participate (United States, 1979; Walden University, n.d.). When providing information about my study, I provided the participants with notice of

the type of research I was conducting, what the research purpose was, the possible risks or benefits involved in participating, and a statement that the participant was able to ask questions or withdraw from the research study at any time without penalty (see United States, 1979; Walden University, n.d.). Since potential participants had this information prior to their participation, they were able to make an informed decision about whether they would like to participate.

Additionally, it was vital to ensure that participant information and data remain safe and secure. Atieno (2009) indicated that the protection of participant data is the responsibility of the researcher. Keeping the participant data confidential was and is my utmost concern. Therefore, I replaced participant's real names with pseudonyms; I ensured that any identifying information the participants provided was stricken from their interview transcripts, although these could not be removed from the audio files. Therefore, I am keeping all audio recordings and transcripts in a password-protected file on a password-protected computer separated from the participant's demographic information and from their interview transcripts for the required amount of time.

Summary

The focus of this chapter was to explain the context of the study, the type of methodology I used, how I selected participants, and my role as the researcher. I also described what steps I took to protect participant and data anonymity as well as how I collected and processed the data. After receiving IRB approval (10-09-19-0520349), I conducted this study. In Chapter 4 I report my results.

Chapter 4: Results

Introduction

Due to the increasing level of childhood adversity, it is critical to understand how PSCs experience working with children with trauma histories as well as their experience in assisting other school personnel in the implementation of practices that support students with known or unknown trauma histories. While some youth may be open about the adversity they have faced, other youth choose not to disclose their trauma histories due to a variety of reasons. Creating an environment that is supportive and affirming of all youth will provide students with the milieu they need to be successful academically, socially, and occupationally; areas that are under the purview of PSCs (ASCA, n.d.-b, 2012). It is vital to ensure that all staff who work with students, especially PSCs who are charged with working with all students, have received adequate instruction and training around what trauma-informed care looks like in the school setting (Koury & Green, 2017). When PSCs have adequate training, they are better able to meet the needs of the students with whom they work and better able to collaborate with other staff members.

After a thorough literature review, I determined that a gap existed in trauma-informed practices in school, especially as they relate to the role of the PSC in this implementation process. Much of the current literature focuses on the implementation of trauma-informed practices by other school staff, namely teachers, but little literature exists around how PSCs fit within this process. Understanding current PSC experiences through their personal narratives is a first critical step in providing a context around which future discussions on the training of the next generation of PSCs could take place.

This study also provided an opportunity for the participants to share what their day-to-day experiences with students and school personnel were like while putting these measures into practice. Although each of the experiences of the PSCs I interviewed was unique, their combined stories allowed me to identify emerging themes that could elucidate a greater understanding of this process.

The purpose of this hermeneutic phenomenological dissertation was to examine the experiences of PSCs who played a role in the implementation process of trauma-informed practices within their school. In Chapter 4, I will restate my research questions, discuss the setting as it relates to my study, provide an analysis of the data I collected, show evidence of how I achieved trustworthiness, discuss the results of my study, provide a general narrative and summary of the phenomenon, and deliver a summary of Chapter 4 along with a transition to Chapter 5.

Research Questions

The main research question I sought to answer in this study was *What were the lived experiences of PSCs who helped implement a trauma-informed approach for students who have experienced trauma?* To answer my overarching question, I used a semistructured interview guide. During the interviews, I asked each participant the same six sub-questions (SQ):

- SQ 1 in as much detail as you are willing to share, please tell me about how you became involved in the implementation of trauma-informed practices within your school or your setting?
- SQ 2 what was your experience as a PSC in this implementation process?

- SQ 3 what types of education, training, or professional development did you receive either during your master's program or since related to trauma-sensitive or trauma-informed practices with students?
- SQ 4 in as much detail as you can, describe your experience in implementing trauma-sensitive or trauma-informed practices with the students in your school?
- SQ 5 what has been your experience with those people you would consider to be your educational allies (trauma champions) in the implementation of trauma-sensitive or trauma-informed practices in your school? Again, please provide specific examples.
- SQ 6 discuss your experiences with any barriers that you encountered as you were implementing trauma-informed practices in your school?

Setting

The invention of the Internet and the ability to connect with people remotely through a variety of means has created better access to information and easier means of communication. However, there are several drawbacks with using this form of technology. Not having the ability to be face-to-face with my participants may have caused possible positive or negative consequences for them (see Irani, 2019). One positive consequence might have been that the anonymity of not seeing me or knowing who I am could have caused my participants to feel free to be more honest with me (see Oltmann, 2016). However, a negative consequence could have been that it was more difficult for them to open up completely to a total stranger (see Irani, 2019; Oltmann,

2016). Based on the feedback I received from my participants, the convenience of using technology to assist in gathering qualitative data for this study was outweighed by the potential difficulties it might have produced.

Since I was using the Internet to conduct these interviews, it was inevitable that there would be some momentary glitches. During a couple of the interviews, there were times that our connectivity was not as good as I would have hoped. However, if the participant shared something that during the interview seemed garbled or unintelligible, I stopped them, paraphrased what I heard, and asked them to repeat any information that I missed. None of the participants complained about having to repeat something I did not fully understand. Several of the participants modified their location or position to assist in ensuring we had as good a connection as possible.

Because I conducted my interviews via the audio-only feature of Zoom with people I have no connection to, it was important for me to be able to quickly convey a feeling of safety, concern, and respect with them. Rabionet (2011) noted that one of the first steps a qualitative researcher needs to take is to establish rapport with the participant so that the person is willing to be open about the topic. I began each interview with a brief introduction and re-explanation of my study as well as engaging in a bit of friendly conversation with the participants to set them at ease. During the interview, I rephrased, paraphrased, and encouraged my participants to answer each of the subquestions as deeply as possible using vivid language. None of my participants expressed concern about me or the questions I asked and they all seemed to be quite relaxed and open to participation. Additionally, I reminded the participants of the voluntary nature of their

participation and assured them that even though I was recording the interview, the only person who would hear their responses was me. At the conclusion of each interview, I again engaged in friendly conversation and answered any questions they had about my study. Finally, I indicated I would be transcribing their interviews and sending the transcript to them to look over to confirm the accuracy of my transcription.

Demographics

At the time of consent, a total of nine participants met my inclusion criteria and agreed to participate in this dissertation. All nine participants gave consent via email before participating in the interview. The invitation letter, which also served as the consent form, clearly indicated the purpose of the study, the inclusion criteria, how participants could exit the study, if they chose, potential benefits or risks, and the expectations of their participation. Interviews were predicted to last approximately 60 minutes; however, the completed interview times ranged from 50 minutes to 75 minutes.

Each participant was asked to answer several demographic questions prior to participation to determine their appropriateness for inclusion in this study. I solicited inclusion criteria through questions about whether the participant had graduated from a CACREP-accredited program, had at least 2 years' experience as a PSC, was licensed or certified to work as a PSC in their state, and had received some type of training in trauma-sensitive or trauma-informed practices either before or after obtaining their master's degree. Participants also indicated their current work position and at what educational levels they have ever worked. Relevant participant demographics are summarized in Table 1. Participant 1 was included in the study because, although the

program from which she received her master's was not CACREP-accredited, she is currently in a doctoral program at that same institution, which does have CACREP-accreditation. To protect participant confidentiality and anonymity, I have provided pseudonyms for each of the participants. I chose to use pseudonyms to convey humanity for these participants rather than referring to them as P1, P2, etc.

Table 1

Individual Participant Demographics

	Pseudonym	Sex	Highest Degree Attained	Experience (years)	CACREP-Accredited	Current Position
P1	Abbey	F	Master's[a]	23.5	No[b]	High School
P2	Barbara	F	Master's	10	Yes	Middle school
P3	Caitlyn	F	Master's	15	Yes	Elementary school
P4	Deborah	F	Master's	2	Yes	Intermediate school (4-6)
P5	Ericka	F	Master's[a]	20	Yes	Elementary school
P6	Florence	F	Master's[a]	12	Yes	High school
P7	Gary	M	Master's	9	Yes	K-12
P8	Helen	F	Doctorate	10	Yes	Elementary school
P9	Isabelle	F	Master's[a]	11	Yes	Middle school

[a] Indicates this participant is currently enrolled in a doctoral program
[b] indicates this participant is in a PhD program that is CACREP-accredited

Data Collection

I conducted all nine interviews via the audio-only feature of the Zoom conferencing platform. All the interviews were completed in one sitting and while I tried to keep interruptions to a minimum, there were several unexpected incidences. For example, Internet connection varied from interviewee to interviewee; during two of the

interviews, the audio files contain portions of time that were difficult to understand due to signal break-up. When feasible, I asked the interviewee to repeat the information. If I had difficulty during the transcription of the interview due to garbled information, I did my best to relisten to the portion that was garbled. If I could not decipher it, I noted in the transcript that the words were unintelligible. Any gaps in the data were small and did not include significant information. Often, the contextual information around the unintelligible piece helped me understand the gist of what the participant was saying. During her interview, Barbara had to answer a knock at her door and was unavailable for approximately one minute. Rather than reschedule, I chose to wait until she finished talking to that person and resumed the interview. Ericka noted in her interview that she was using her cellular device via mobile data while sitting in the middle of her home. After several problems with glitchy reception, Ericka chose to move outside to get better reception. All other interviews contained no major interruptions.

I scheduled 1 hour and 15minutes for each interview. All interviews were completed within the timeframe I provided. All interviews were recorded to aid in the transcription process. I saved each audio file in a password-protected folder on a password-protected computer. While it was not possible to remove all potentially identifying information from the audio file, when I transcribed the interviews, I deleted any potentially identifying information. The audio files are stored in a separate folder from the transcripts.

After three attempts to solicit enough participants to contribute, with little success, I determined I would need to add an additional recruitment site. As per the

requirements of my institution's review board, I submitted a change request to include that additional site. There were no other changes in the plan that I had originally submitted.

Data Analysis

Data analysis in qualitative research requires immersing oneself within the data in an iterative manner so that the researcher can begin to understand the lived experiences of those who were involved in the phenomenon under investigation (Eberle, 2015; Kafle, 2013; Saldana, 2016). Because of the immersive nature of this type of study, the process is both time consuming and personal (Saldana, 2016). During qualitative study, researchers have several options for coding (Blair, 2015; Saldana, 2016). The first is *a priori* coding, which entails determining codes before the data collection phase, often called inductive coding; and allowing the data to reveal the codes as the data are interpreted, often called deductive coding (Linneberg & Korsgaard, 2019). My study included a combination of these coding styles. I identified several potential codes before I started collecting data, pulling information from the literature around trauma-informed care. I conceptualized these codes as a *sense of safety, building trust, positive relationships, a commitment to change, trauma screening, retraumatization, training staff,* and *trauma champions*. While I identified these potential coding themes before I conducted the interviews, in reading through the interviews, I did not rely solely on these themes. I documented them in my reflexive journal then put them aside and allowed the data to reveal what this experience was like for those who lived through it. Through a repeated process of journaling and reflecting on the initial units of meaning, I was able to

pull out larger overarching themes related to the implementation process. Many of my participants shared stories of their experiences that illustrate what this process was like that emerged in each of the themes and subthemes. These stories are highlighted in the results section.

As I continued to analyze the data through the iterative process of going from the data to my journal; where I wrote about how my thoughts, ideas, and understanding changed from interview to interview; then back to the data, the interplay between subthemes and larger themes became more and more apparent. In the final analysis, I noted three emerging main themes. These themes included (a) the impetus for moving to initiating a trauma-informed approach, (b) elements that created a greater satisfaction with the implementation process, and (c) elements that created a lesser satisfaction with the implementation process. I will discuss these themes and subthemes in the results section.

Discrepant Case Management

Sometimes researchers learn just as much, if not more, from data that does not align with their assumptions about what the results might show. While research has shown the existence of confirmation bias, examining the data for outliers can be beneficial. (Booth, Carroll, Ilott, Low, & Cooper, 2013). Based on the interviews I conducted, the data suggested that those PSCs who experienced elements that created a greater sense of satisfaction in their implementation process also experienced higher efficacy in their role as a PSC and felt a stronger sense of buy-in from administration, staff, and students. Of interest, however, was the data that suggested that those PSCs who

experienced elements that led to a less satisfactory implementation also experienced less job efficacy, more frustration, more anger, and lesser buy-in from administrators, staff, and students. Four of my participants had experiences that contained these discrepant experiences related to a less-than-optimal implementation of trauma-informed care in the school setting. While it could be tempting to discard these pieces of information, I chose instead to use these discrepancies to enhance the depth of my study by examining at the contrasting experiences of those who had greater satisfaction with their implementation process versus those who had less satisfaction with their implementation process. I will discuss specific discrepancies in the results section.

Evidence of Trustworthiness

Credibility

For qualitative research to be rigorous, it needs to meet certain criteria. The first of these is credibility. Credibility within qualitative research creates validity and truthfulness of the process and final product (Hammarberg et al., 2016). To ensure the credibility of my study I took the following actions. First, I provided each participant with a copy of the interview questions prior to our interview so that they would know exactly which questions I would be asking them. Doing so provided the participant with time to construct their answer so as to maximize their comfort level in providing an answer to each question. Second, during each interview, I paraphrased, clarified, or asked for additional information so that I would be able to accurately transcribe and understand the participants' responses. I also employed the use of member checking by sending the completed interview transcript to each participant and asked them to notify me of any

modifications, deletions, or additions they thought needed to take place. None of the participants indicated any changes were required. Finally, after each interview, I used a reflexive journal to note my first impressions of the interview and the information the participant shared. I also used the journal to ensure that I was able to make any biases I had about the implementation of trauma-informed care explicit as I was interpreting the participants' data.

Transferability

Within qualitative research it is not possible for the current researcher to extend the results beyond the purposive sample chosen for their study. However future researchers may be able to extend the results to other environments if the original researcher conducted a well-run, trustworthy study (Hammarberg et al., 2016). To achieve transferability in my study I made sure that I interviewed enough participants to be able to reach saturation on the topic of implementation of trauma-informed practices. I also used purposive sampling to enlist PSCs who had at least 2 years' experience in the field, had received some type of training in trauma-informed care, graduated from a CACREP-accredited institution and had attempted some level of implementation within their school or district.

Dependability and Confirmability

Ensuring rigor of qualitative research requires getting consistent results from repetitions of similar studies. Dependability is one criterion that researchers use to ensure that the results they describe would be similar to the results another researcher might arrive at given they conducted a similar study (Hammarberg et al., 2016). Confirmability

is the final criterion that researchers should address to ensure a quality study that would produce similar results (Hammarberg et al., 2016). To increase both dependability and confirmability, I relied on my reflexive journal. In this journal, I recorded information about my experiences in already having a background in trauma-informed care. Being able to move my experiences to the side allowed me to be open to the data from my participants. Additionally, it was important for me to create a record of what I did, why I did it, and what the results of my choices were. I documented these experiences in my reflexive journal. I also made use of the hermeneutic circle to revisit the initial meaning units, the emerging themes, and the connections between these two pieces from my data. I also compared what I knew, from my own experience with this process, to the experiences of the participants to analyze how they were similar or different.

Results

In an effort to understand the experiences of PSCs who have implemented trauma-informed care, I asked my participants the same six sub-questions. After analyzing the data, I was able to combine my initial meaning units into groups of subthemes. I then examined those subthemes for commonalities and grouped them into main themes based on similarities in the data. The interplay between the subthemes and the main themes are represented in Figure 1.

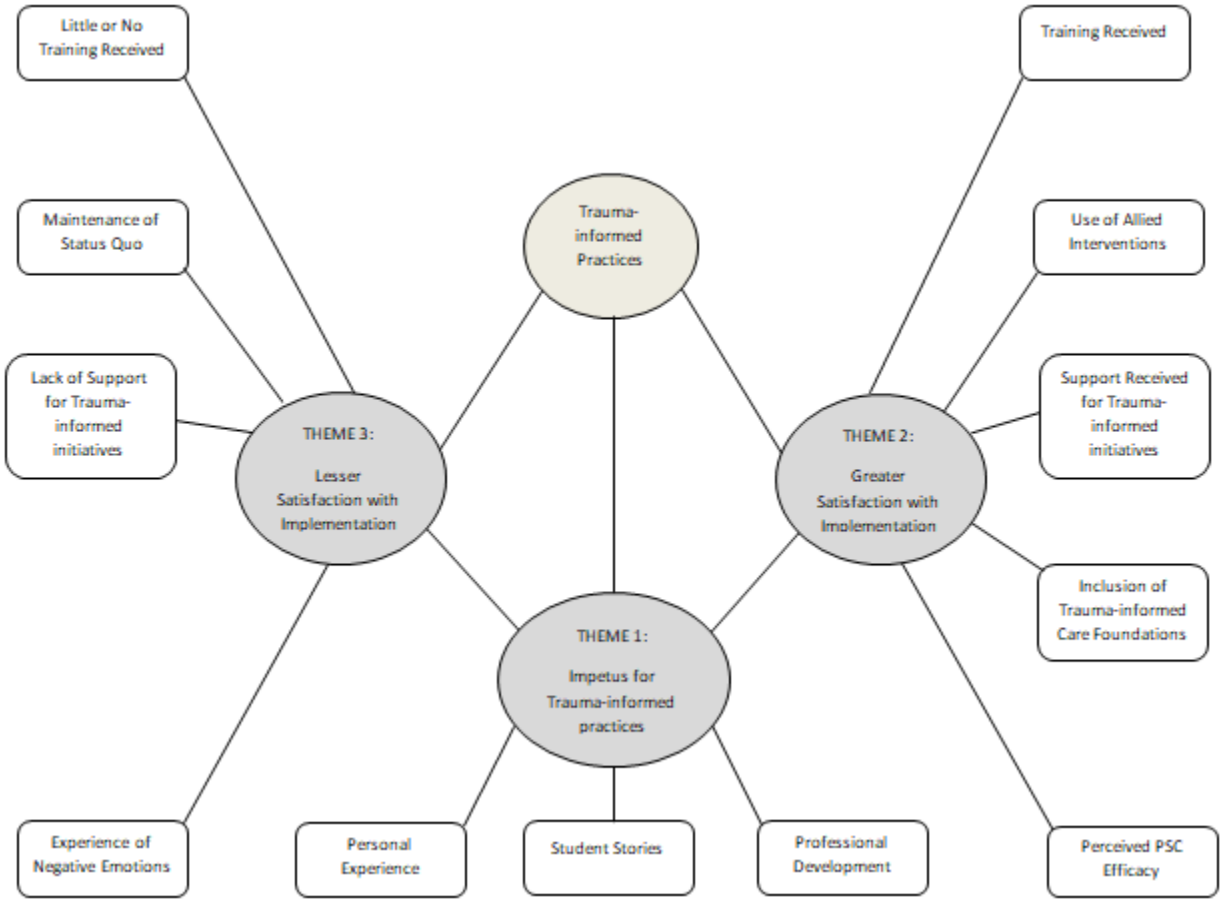

Figure 1

Interplay Between Emergent Themes and Subthemes

Emergent Theme 1: Impetus for Moving to Trauma-informed Practices

Related to question one was the impetus for becoming involved in the implementation of trauma-informed practices in the school. Initial meaning units and subthemes related to Theme 1 are listed in Table 2. I will describe the experiences of the PSCs I interviewed in detail below.

Table 2

Initial Meaning Units and Subthemes for Theme 1

Initial meaning units	Subthemes
Initiation of trauma-informed practices The 'why' of trauma-informed practices	• Student stories
ACEs Resiliency	• Personal experience
PSC training Prevention/early intervention	• Professional development

Each of my participants was able to identify one or more reasons why they felt it was important for them to gain additional knowledge about trauma-informed practices. Ericka stated it this way, "There are people who come into your world, your personal world, that make you think 'I want to do something about this.' What can I do to help these children?" All of my participants spoke about noticing children, such as those identified by Ericka. They also mentioned seeing an increase in the number and severity of behaviors that students exhibited within the classroom setting and varying responses from school staff in response to these behaviors. Knowing that students were changing, but feeling ill-prepared to provide assistance created a sense of frustration for some of the participants, Barbara indicated that because she did not have the knowledge and skills to deal with troubling student behavior that she spent "a lot of time crying in her principal's office."

Some of the participants noted that there were particular students who provided the impetus for wanting to learn more about trauma and provide ways to work with these

youth to create a more nurturing environment for them. One participant identified the need to learn more about trauma-informed practices because she had a personal experience with someone in her family who had suffered past traumas. The remainder indicated that their eyes were opened when they attended a conference or read an article about trauma and its impact on the lives of youth within the educational system.

Subtheme: Student stories. Often the students who come to school with the most needs are the ones who catch staff attention early. The heart wrenching stories they tell can tug at the heartstrings of many educators. So it was with the participants in this study. In fact Abbey, Barbara, Gary, and Isabelle all noted student stories as a main reason for their jump into implementing trauma-informed care. While Gary and Isabelle spoke about their students en masse, Abbey and Barbara were more touched by one or two students in particular. In speaking about his reasons for wanting to learn more about trauma-informed care and work to implement these practices, Gary stated, "I noticed a lot of needs. And I think I gravitated towards trauma because I felt like the regulation needs of some children were extreme." Isabelle also discussed the needs of many students when she responded with, "I think we were really feeling that there were a lot of unmet needs among our students."

Abbey and Barbara identified much more specific students who captured their attention and motivated them to seek out trauma-informed ways of helping these particular students. While Barbara discussed one student in particular, Abbey indicated her impetus was two students who stood out to her as needing a more trauma-informed approach to meet their behavioral needs. Barbara, while working in an elementary school,

was appalled at the way one Kindergarten student was being treated by both students and staff. Because of her training and knowing the history of this student, Barbara understood that many of his behaviors were attributable to some direct traumas within his family of origin. However, she noted that many of her colleagues could not see past the behaviors to find out what was really going on for this young man. In one poignant moment, Barbara shared this about an interaction between the classroom teacher and this particular student during one of Barbara's classroom guidance lessons.

> As soon as I went in there he came and told me he was a bully and so I was working with him to just give him ways to be successful and throughout that class we played a game and he ended up getting two turns because I was keeping him near me and some of the kids didn't get any turns. So at the end of this lesson, the kindergarteners were crying which is normal, and I help them understand that they'll get a turn next week, but what happened was the teacher stood up in front of the class and said "I can see why you are all crying when this boy got two turns and some of you got none, and he is obviously very naughty.

Barbara's experience illustrates the importance of creating a system in which the needs of all students, including those who have experienced trauma get the support they need.

Abbey, who currently works in a high school, talked about two of her students who were the impetus for wanting to know more about trauma. Her vignette shows how two students with trauma histories can have two very different experiences in the educational setting.

> Both were very, very intelligent students, but the one did not do very well

> academically because his triggers would always interfere with his learning. My transgender child was very smart, but much more conscientious of getting work done. Those were my two impetuses for thinking I need to get some more trauma-informed knowledge and try to continue to encourage my school and our district to look at trauma-informed practices.

While some participants learned about trauma-informed care as a way to assist specific students with trauma histories, others got there through different means.

Subtheme: Personal experience. Ericka's path to becoming trauma-informed occurred when she became aware of the trauma history of a family member after reading an article someone had sent her on ACEs. The article had a profound effect on Ericka, who called the reading of that article a "rock your world paradigm shift." After taking the ACEs questionnaire for herself, Ericka was led to a questionnaire on resiliency. Learning about how resiliency can have a positive effect for youth with trauma, she felt she needed to share this information with her family,

> I have a nephew who had a lot of trauma before he became my nephew. I remember that I called my sister and my brother-in-law, and this is what I talked to them about, the resilience component, and I was like, "This is what you need to do to help him build resilience."

The participants I have already discussed reached out for training in trauma-informed care due to a connection to a student or a family member. The others arrived at the need to understand more about trauma and its effects by attending some kind of professional development.

Subtheme: Professional Development. Caitlyn, Deborah, Florence, and Helen found their way to trauma-informed practices through some kind of professional development. Caitlyn and Deborah work in the same school district and became involved through trainings provided by a grant Caitlyn helped write. One of the goals of the grant was to implement a social-emotional learning curriculum in their district.

Caitlyn and Deborah spoke about how the grant they received provided opportunities for them that they would not have had were it not for the grant. In discussing the overall purpose of the grant, Caitlyn had this to say,

> It was a district-wide grant and one of the interventions was to develop a curriculum for grades K through 6 that was across the buildings which we had never had before. A SEL curriculum and then we also were able to purchase a curriculum for grades 7 through 12 for social emotional learning.

Deborah echoed Caitlyn's sentiment about the grant.

> A lot of the great programs that we wanted we needed funding for, so we obviously were trying our best, to do what we could but once we got the grant it helped us to take our program to a whole new level

Because of the grant the district received, Caitlyn and Deborah indicated they were able to do many of the things they wanted to do to help their district become more trauma-informed.

Florence and Helen each separately attended training or a workshop with a focus on trauma and trauma-informed care and during the interview spoke about their experiences. Florence attended a workshop on trauma and was so excited by what she

had learned that she felt the need to share the information with her supervisors:

> So I went back to my school and shared with them some of the information that I had received, some of the articles, some of the research that had showed and spoke to what it was and the effects of it and how it could possibly be implemented in the school setting.

Florence noted that, as a PSC who also has her clinical license, she was interested in how implementing these practices might help the social and emotional needs of her students. Helen attended a workshop led by someone from an alternative school in which the staff implemented trauma-informed practices. After implementing these practices, the school saw a significant decrease in behavior referrals and a significant increase in student achievement. Helen responded to my question about her impetus for wanting to learn about trauma-informed practices by sharing how attending this workshop affected her when she said, “I say it's life changing in the sense that my professional life changed. From that point on I became really immersed in learning more about trauma.” While each of my participants could identify at least one reason for their interest in learning more about trauma-informed practices, each of them had a much different experience with the implementation process.

Emergent Theme 2: Elements Related to Greater Satisfaction with Trauma-informed Implementation

One major theme that emerged pretty quickly from the data was that five of the participants seemed to have experienced greater satisfaction with their trauma-informed implementation process. Those participants were, Caitlyn, Deborah, Ericka, Helen, and

Isabelle. Each of them talked about similar elements that appeared to help with this more successful implementation. The initial meaning units and subthemes related to Theme 2 are presented in Table 3.

Table 3

Initial Meaning Units and Subthemes for Theme 2

Initial meaning units	Subthemes
Staff professional development Counselor professional development Collaboration	• Training received
Restorative practices Clinical counseling Mindfulness/meditation Calming areas/apps Classroom meetings EFT tapping SEL curriculum PBS	• Allied interventions
Administrative support Staff buy-in	• Support for trauma-informed initiatives
Safety Trust Respect Consistency Relationships Trauma champions	• Trauma-informed care foundations
Leadership Mindset Clinical skills/knowledge Direct services to students PSC role	• PSC efficacy

Subtheme: Training received. The participants I interviewed who had experienced increased levels of professional development, training, and collaboration

also noted a greater sense of satisfaction with their implementation process. I cannot say that these events are causative or even correlated, but noticing the similarity in their responses was an interesting observation. While a majority of the participants I spoke to indicated they received little or no training on trauma or trauma-informed care in their master's program; all of them said that they had received some kind of training in these practices while on the job. Helen noted that, "Most of my own learning happened outside of any formal educational setting." Florence stated, "I'm always looking for opportunities to continue to learn, so different workshops or conferences." These responses suggest that the PSCs I interviewed placed a strong emphasis on ongoing professional development regarding trauma and trauma-informed care.

Several components related to staff training included ensuring that whatever professional development staff receives is consistent over time, covers how to work with students from adversity, but also explains the brain science behind what trauma is and why it is important to work in this manner with students. All the participants agreed that a one-and-done training was not sufficient to ensure all staff knows how to work effectively with students with trauma histories. Isabelle summarized the importance of ensuring staff have adequate training with this statement,

> I think if we can at least get them [teachers] aware of what trauma-informed care is, aware of the biological and physiological changes that occur, aware of the prevalence in the degree that exists for our young people and the effects that are present as a result of those traumatic experiences, and what trauma even is.

Helen's account of the training required for staff to work effectively with students with

trauma histories was similar to Isabelle's. Helen's response about consistency in training echoed what many of my participants discussed. She stated, "I did some real general professional development with my staff over the course of a couple of years and then it was ongoing, of course with new staff and updates and that sort of thing." Helen noted that because they spent time before the implementation process on preparing staff for the change that their implementation process went more smoothly. Not only did Helen's district train their professional staff, but they also trained their support staff as well. In this statement, she shared her reason why,

> We also incorporated training for classified staff so that all the adults that work, come into contact with our kiddos, were receiving the same training so that they could implement the strategies in whatever role that they were in with kids.

Ensuring that staff have the proper training in trauma and trauma-informed care could help staff react more positively to student behaviors, so that a repeat of Barbara's experience in her classroom guidance lesson with the Kindergarten student does not happen.

While most of the participants who experienced greater satisfaction with their implementation process, there were some participants who experienced a less satisfactory implementation process who also discussed the importance of providing adequate training for staff. Barbara expressed some thoughts about how such training might work best when she said this,

> My feeling is a similar model like that for teachers, where there are questions that bring up these ways for them to be self-reflective and also learn from each other.

> So that this trauma-informed kind of stuff is coming from within them rather than being pushed on them...that's what I think needs to happen.

Training was one of the pieces of the trauma-informed implementation process that my participants agreed was essential in helping them and staff to become more aware of and to address challenging student behaviors.

Subtheme: Use of allied interventions. Those participants who experienced a greater satisfaction with the implementation process talked about the various allied interventions they used with students to help them with challenging behaviors. Allied interventions are those interventions, which while not specifically trauma-informed, in and of themselves, can help students become more regulated within the school setting (Blodgett & Dorado, 2016). Examples of the allied interventions that were mentioned by my participants were restorative practices, clinical counselors in the building, mindfulness and meditation, calming areas/apps, classroom meetings, Emotional Freedom Technique tapping, and social-emotional learning. In addition, several of my participants discussed how they intentionally linked these allied practices within a tiered system of support. One of the most common frameworks of tiered support is Positive Behavioral Supports (OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports, 2017). Tiered systems of support have been shown to be effective for all students, including students who have experienced trauma (Madigan, Cross, Smolkowski, & Strycker, 2016). Caitlyn, Ericka, Gary, Helen, and Isabelle all talked about the importance of tiered interventions when providing services for students. Caitlyn talked specifically about how the staff might strategically set up interventions for

students in a tiered system. She said,

> And then we have a 4-tier support program so maybe the child just needs to be monitored if they're doing well. Maybe I need to do a check in just to offer support like once a month. Some of the kids might also need one of the groups I do. And then we do have a mental health team at every school in our district from a local mental health center.

Isabelle talked about how she and her student services team used the PBS framework as a way to overhaul the services they provide to students. They started at Tier 1, which is where every student received services and worked through Tier 3, which is for those students who have not responded to the services provided in Tiers 1 and 2 (OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports, 2017). Illustrating how a student might utilize services from these Tiers, Isabelle talked about a particular student with whom she had worked for quite a while. Isabelle said this about that student,

> She's able to shift back and forth among our tiers, given what she's experienced and her presenting concerns at the time, but is now receiving services through our LPC. Also our LPC was able to help coordinate some services outside of our school district, as well, for her to get involved in. Her family has been able to now understand a lot more about her and her behavior and where the root of all this was.

This story illustrates the successful experience of one of my participants using a variety of interventions in order to assist a student with a history of some very traumatic

experiences.

As far as individual allied interventions, each of my participants indicated they used a variety of techniques so that they could meet the needs of traumatized students. There was not a consensus of use of any one particular type of intervention, but all of the participants used one or more of them in conjunction. Several participants had interventions that they preferred. For example, Caitlyn, in discussing their mindful moment room, one of the interventions they implemented to help students with self-regulation, stated,

> Like the mindful moment room, when you're working with them and they're all distressed. And you take them in there and you smell the lavender and take your rest and have one of those [indistinguishable] balls, you do the singing bowl. It's just amazing. I describe it as you can see the amygdala stand down. Their amygdala is turned on and they're wired and you can just see that relaxation that comes. To me it's just amazing to see that.

Additionally, several of the participants noted that they have clinical services provided within their schools. Most of my participants noted that due to the increase in student mental health issues, having a partner in addressing those needs was important. Several of my participants who experienced a greater satisfaction with the implementation process had a much more collegial relationship with their outside mental health providers. Ericka had this to say about her clinical mental health provider (MHP), “It’s just been really nice to have her. My MHP has been a tremendous help. We call ourselves the counseling team.” The experiences of the PSCs I interviewed suggested that the

intentional, concerted use of a variety of allied interventions could be useful in their work with students.

Subtheme: Support received for trauma-informed initiatives. As with the other subthemes, those participants who experienced a large degree of support and buy-in from their administration and colleagues seemed to also experience greater satisfaction with the implementation process. All of my participants indicated that administrative support or buy-in in the implementation of trauma-informed practices was very important.

According to my participants, administrative buy-in took several forms. Some of the participants noted that their administration support took the form of helping to provide professional development for staff. Abbey indicated support of this kind from her district administration,

> I think also my assistant superintendent and superintendent are supportive, because they're willing to pay for a professional development person to come to the east coast because that's not little bucks, yeah.

Other administrative support came in the form of encouraging participants to present in their district or at local conferences. Still other administrators supported the process by engaging staff in book studies or engaging students by sharing some of their own stories of success. Many of my participants also mentioned that garnering staff buy-in was critical in the implementation process.

Subtheme: Inclusion of trauma-informed care foundations. Several foundational components are necessary to work effectively with students who have

experienced trauma. If the students do not trust the adults they will not open up to them. All of my participants talked about the importance of these foundational components. One of these foundational concepts is the idea of a trauma champion. In the literature, trauma champions are those people who have an understanding of trauma, how it affects youth, and who are willing to support the process of implementation of interventions meant to help students learn (Chafouleas, Johnson, Overstreet, & Santos, 2016; Fallot & Harris, 2009; Koury & Green, 2017; SAMHSA, 2014). Being a champion is different than just buying in to an initiative. Champions are willing to take the ball and run with it and will do what is needed to support the cause. Abbey, in speaking about a staff member who she felt was a true trauma champion had this to say about her,

> We have an AP History teacher, as well, who sees a lot of this with her high-level kids. Not only will she come and consult with me an awful lot, she actually brings one of our SACS (Substance Abuse Counselors) in to do, I don't know that the kids get this, but it's a group where they can talk about whatever issues they have. And they like it.

Words that my participants used to describe the folks they thought were trauma champions included empathy, passion, and devotion; as well as being transparent, open and caring, Participants indicated that any staff member could be a champion. Several indicated that their administrators were trauma champions, while others indicated that they knew of teachers who fit this description. Florence indicated that she knew several teachers who she would classify as trauma champions. Gary had one of the most comprehensive descriptions of what he saw in staff members who he thought were

trauma champions:

> Oh, well, passion, devotion, empathy. I think people that understand the importance of education, they understand that they want to educate, but they also understand there's things children bring that block how well they can learn, and they get that. And they get that's why they're misbehaving or that's why things are awry. But let me change something. Let me approach the situation approach the student. There's an openness certainly, with a trauma champion that trauma is not a cookie cutter thing. What sets kids off is unique and they (trauma champions) have this open mindedness that they're going to continue to try to find a solution and try different things: open-minded, creative thinking huge, really huge. And the compassion, the ability to stay calm too, to me, that's huge.

According to the experiences of my participants, they indicated that trauma champions are critical in helping sustain a trauma-informed initiative.

Relationship building was also mentioned as a foundational trauma-informed concept. The participants I spoke to indicated that several administrators and staff members they worked with understood the importance of building strong positive relationships. Many of my participants could identify staff members who were experts at forming relationships with students. Helen shared one especially memorable teacher she had worked with who was adept at understanding the whole child and creating a strong bond with her students:

> There's one teacher that I had the absolute pleasure working with, who started implementing what she called, it was like something 360…And she had put

> together this Excel document where she had all the students' names, and then every column was something. So it was academic levels and that sort of thing. But it also was extracurricular sports, who lives at home, who their siblings are, favorite food, biggest fear, just a really wide range of things. And then every time that she'd have an interaction with a kiddo, or a parent, or another staff member that gave the teacher information about the kiddos she would log it. And she was really passionate about understanding the 'whole child' of every student in her classroom. And the way her students responded to her was just like magic.

Helen noted that unfortunately, this teacher was no longer in a teaching position because she moved to a different position in the district, but the story Helen told exemplifies what building relationships is all about.

Safety, trust, and consistency were also discussed as important foundational concepts. Trust is essential to any effective helping relationship. Florence described the concept of trust between students and staff in this way, "But the students are really open once they feel like they can trust you and so there's not been a lot of pushback." Abbey spoke about creating a sense of safety for her students. In relation to the two students who were her impetus for moving to a trauma-informed approach, she had this to say, "These children felt I was their safe place in the school building...for me that was important that they had a safe place so that we could work to get them regulated and back to learning." Deborah talked about consistency in her interview. In helping youth move from one educational level to another, she said, "Using similar language and using similar programs so that kids can have the same things available to them from school to school."

Deborah believed that this consistency was part of why her district has had greater success with their implementation process.

Subtheme: Perceived PSC Efficacy. The PSCs I spoke to who experienced greater satisfaction with their implementation process also spoke about feelings of efficacy in their role as a PSC.

One area of efficacy for PSCs is in the area of leadership. The ASCA asks PSCs to take on leadership roles within their building (ASCA, 2016a). Caitlyn discussed how her role has changed over the years from working in the school as a school counselor to her current position, which has given her more of a leadership role:

> So right now I'm the leader for our student services team and I arranged the training that we had in July. I'm meeting with principals and administrators to tell them about the grant and what we're doing. I've gone to school board meetings and I talked about the grant.

Ericka, who happens to be working on her PhD, had this to say about taking on a leadership role, "My PhD program has really helped me to find my voice. I'm the kind of person who...I'll be the leader and I have a lot to say if I know what I'm talking about."

Another area of PSC efficacy is in the work they do with students who have experienced trauma. Some of this work was done in classroom lessons, some was done in small groups, and some was done with individual students. Each of my participants spoke with passion and commitment about the work they do to help students be more regulated during the day. Some of these stories were very poignant and when the participants spoke about them, often it was apparent in their voices how honored they felt to partner in this

difficult work with these young people. Ericka spoke about how she used her classroom lessons to teach her students about emotions, “So I really just taught in my classroom guidance lessons, I’ve always, for years, I’ve taught about anger and what ways to calm yourself down when you're angry.” Florence shared information about conversations she had with individual students about difficult topics like substance use:

> What that looks like is then me just really having a moment to just do some psychoeducation with them individually, and just say, “Hey, this is what's going on. I see it, you’re self-medicating, let's talk about the reason why.”

Isabelle talked about how she feels much more efficacious now that she has started working with students in a trauma informed way, “I'm able to intervene more in a clinical way than I ever have before because of this universal language and model that we now have established among teachers.”

PSC mindset and role identity are two other pieces included in PSC efficacy. Several of the participants I spoke to talked about the importance of having a growth mindset. A growth mindset is one in which people believe that cognitive ability is malleable through hard work and experience and not fixed ability based on genetics(Yeager et al., 2019). Deborah discussed how difficult it is to move away from traditional ways of interacting with students,

> I realize that even though I'm a counselor, I even still had to change my mindset because you do get stuck in the traditional ways and you have to realize that's just not how it is anymore and that's not going to make a difference.

My participants realized the importance of not only shifting their own mindsets, but also

the mindsets of staff and students, especially as they relate to students with trauma histories. Ericka stated, “I just have on the bottom of my page mind shift is hard. It's hard to shift your mind to thinking, in ACEs they say instead of what's wrong with you, what happened to you.”

As to the school counselor’s role, several of my participants indicated the importance of being able to do what they were trained to do. The ASCA indicated that PSCs’ role should focus on duties that relate to the academic, social, and career goals of students and not focus on non-school counseling duties (ASCA, n.d.-b). In talking about her role as a PSC and the work she is able to do with students, Isabelle stated,

> So yes, I think that that is absolutely my role, especially in this time that we're in. To really educate and promote through modeling as well as just sharing information that supports what it is that this is and why it is important.

The experiences of the PSCs who I interviewed struggled with making the change from traditional ways of interacting with students to more trauma-informed ways of interacting with students. They also noted that it was just as difficult to help change the attitudes and minds of the staff with whom they worked. They realized however, that the better they were able to make these changes, the greater their satisfaction in their experience with the implementation of trauma-informed care.

Emergent Theme 3: Elements Related to Lesser Satisfaction with Trauma-informed Implementation

One of the sub-questions I asked during the interviews was about barriers. Since most of the participants who experienced elements related to lesser satisfaction in their

implementation process seemed to feel less efficacy in their role, I am including those elements in this theme. All participants provided a wide range of barriers both in response to the question specifically about barriers, but also in response to the other questions I asked. Because the answers were so varied, I chose to break down what the participants told me into several sub-categories. The initial meaning units and subthemes for Theme 3 are listed in Table 4.

Table 4

Initial Meaning Units and Subthemes for Theme 3

Initial meaning units	Subthemes
No funding for training No master's program training	• Little or no training received
Traditional discipline Metal detectors and police Non-violent crisis intervention	• Maintenance of status quo
Negative administrative interactions Lack of staff buy-in Staff and PSC burnout Effects of student trauma on educational outcomes	• Little or no support for trauma-informed initiatives
Frustration Anger Confusion	• Negative emotions

Of the participants I interviewed, Abbey, Barbara, Florence, and Gary all identified elements that fit within the category of experiencing a less satisfactory implementation process. Their experiences stood in stark contrast to the experiences of the other participants, but the responses they provided help show the challenges that PSCs face, so I am including their responses here as discrepant cases.

Subtheme: Little or no training received. One of the themes related to barriers the participants faced was a lack of training. This lack of training occurred for the PSCs in their graduate programs. Of my nine participants, six of them indicated that they received no or very little training in their master's program. Barbara indicated,

> I would say I really didn't have anything in grad school about this, no it wasn't even like a word I knew. And I'm thinking even back to when I took time off with my kid which was like 2011, and I'd have been working 2007 through 2011. I don't remember work focused on that at all or even coming up as a catchphrase

Ericka's response was, "Back when I graduated from my university, 20 years ago, there just was not a lot of trauma being taught in the counseling program back then. I don't even remember taking a class that was trauma-specific." Isabella, reflecting on her graduate program said, "We had many courses surrounding mental health, and mental health diagnoses, and treatment methods, and approaches in counseling techniques, and counseling, but nothing specific as far as trauma-informed care that I can recall." Gary's response to this question indicated he also did not receive any training around trauma-informed care in his master's program, "The word [trauma], which surprised me now in reading the literature, a lot of this stuff is old and it's like, we didn't hear about this sooner." His response echoed several of my participants in that although the concept of trauma has been around for years, they were surprised that they had not received any training around this concept while in graduate school.

Subtheme: Maintenance of status quo. One of the elements of a less than successful implementation process was the idea of maintenance of the status quo. Several

of my participants mentioned that some of the staff with whom they worked continued to maintain that the only way to address student behaviors was to discipline them in ways that had been used in the past. Gary noted that he felt a lot of frustration around the issue of staff being unable or unwilling to move to a more trauma-informed approach. In speaking about these staff members, Gary noted, “There are certain philosophies of discipline, like, no, they got to suffer, they’ve got to get a consequence, they gotta, we need a pound of flesh.” Deborah concurred with Gary in her statement, “Because obviously traditional discipline is kind of crappy and it doesn't work and sending kids home is not where they need to be because their home lives.” Many of my participants noted that the maintenance of the status quo attitude was more pronounced in staff who had been in the school setting for longer periods of time. Helen had this to say about the staff with whom she works,

> I think that often there's some teachers, particularly those that, and this is just my experience, but my experience was that teachers that have been in the education system for a long time, were often less receptive to the new information in the strategies, and were the ones that needed it the most.

The participants in my study noted it was sometimes difficult to help staff move past their fixed mindsets and be open to looking at students and their behaviors in a new way.

Other types of traditional ways of working with students were mentioned by my participants. These included referring students to a school resource officer (SRO) or using seclusion and restraint as part of the non-violent crisis intervention (NVCI) process. Three of my participants talked about their experience with these barriers. Ericka, Helen,

and Gary all had experiences with receiving training in NVCI and they had mixed experiences with this process. While the goal of NVCI is to verbally de-escalate students before their behaviors get out of control, there is a component of NVCI in which trainees are taught specific restraint holds (Crisis Prevention Institute, 2020). Gary recounted his experience with NVCI by saying this,

> And then they click into the whole non-violent crisis. Oh, that's another training I had that counts. I don't think that's trauma-sensitive, though, that NVCI, non-violent crisis intervention business. And certainly the part of it that talks about working on de-escalating a situation, but then boom, all that doesn't happen then boom, we can go hands-on, let's get the room, let's lock them in there for a while.

Both Gary and Ericka shared their dislike of using NVCI as a method of relating in a trauma-informed way with students. Erika's response on the use of NVCI included these words,

> So they made us go be trained, which I'm opposed to because honestly I don't want to hold the child down, because that is part of the training is how to do the holds and all that business. School counselors do not need to be holding children down, that is not relationship building.

Helen had a response that was different from Gary and Ericka's responses to NVCI. Helen's experience with NVCI focused more on the de-escalation piece. Here is what she offered on this topic,

> We use CPI for our de-escalation and restraint training, I guess restraints is kind of an afterthought to that…But it really went hand-in-hand in terms of

> understanding the escalation cycle, and then using really effective de-escalation techniques from an adult that's regulated themselves.

From these experiences it is easy to see that each person's individual response to an intervention can be quite different from another's.

Subtheme: Little or no support for trauma-informed initiatives. The participants who had a less satisfactory implementation process noted several administrative and staff responses that conflicted with the implementation process. Their responses indicated that most of this lack of support was not necessarily a downright refusal to implement these processes; but rather it seemed to be confusion about the purpose of these practices. Many of the PSCs I interviewed noted that certain staff and some administrators had an intense focus on academic achievement. While it is critical to ensure that students do well academically, school personnel cannot focus solely on academics. The connection between behavior and academics is well-researched (DeVries, Rathmann, & Gebhardt, 2018; Madigan et al., 2016; OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports, 2017). So, to leave out a large piece of the puzzle related to student achievement does not make sense. In discussing administrative support, Abbey suggested that confusion around trauma-informed practices can leave administrators at a loss for how to respond. Abbey shared this thought about this issue, "I think a lot of times if a principal or an administrator doesn't understand they can get a little punitive about what's going on in the classroom." Barbara probably had the most negative experiences with administrator lack of support. She talked passionately about how things are in her new school with her current

administration team,

> My school where I am now has a lot of brand new teachers, but the leadership of this school is very much “no coddling, make sure they get to class, make sure that they're in class. If they miss class then it's a problem.”

This kind of response from administrators was frustrating for several of my participants.

Teacher lack of support was also an issue for some of my participants. Most often this lack of support came because the teachers, with whom my participants worked, were overwhelmed by the number of initiatives they have had to implement. Florence noted quite a bit of stress among her colleagues. Because of this, she worked with her administration to implement a Wellness Wednesday, but was disappointed because few staff took advantage of this self-care station. Florence’s comments included these statements,

> Good question. Honestly, surprisingly, I thought that (Wellness Wednesday) would, because morale was down a lot, they just felt overwhelmed; we got more 504s that came in…Burnout is one of the biggest things. I think that at this point, maybe by, I want to say by November, I was looking at everybody like, I don't know what else to do.

Again, it is easy to sense the frustration of PSCs who struggle to implement trauma-informed care without the support of administration and staff.

Subtheme: Experience of negative emotions. Several negative emotions were mentioned by those participants who experienced a less than systemic implementation process. Some of the salient emotions they discussed were feelings of frustration and

anger around the implementation process. Barbara and Gary seemed to have the most frustrating of experiences.

Barbara's frustration centered on working in two different schools in which both staff and administration questioned the validity of trauma-informed care and its usefulness with students. In fact, she shared this information about her previous principal's response to her wanting to share information with staff about being trauma-informed,

> So it was just really frustrating because and I would send out articles or things, but...like in my school last year people just don't read their emails, and actually my principal at one point called me passive-aggressive for sending too many emails or articles out.

Barbara shared that when she had switched schools, that she had high hopes for administrative support around the implementation of trauma-informed care, but over time found herself in a situation that was "a surprisingly similar spot." She noted an exchange with her current principal,

> I did a training with my staff here just a week or two ago that was just basically information about the ACEs study and then about regulation and co-regulation. And again my principal kind of was saying "well I don't know about that, and how do we know if the kid is just doing it for attention versus really having a breakdown?"

Barbara did note however, that despite the setbacks she experienced in the implementation process, she is optimistic, "Because there are a number of people here

who's kind of a network so there's other schools and there's a number of people who are on the same page so hopefully that this will begin to take hold."

Similarly, Gary also experienced a lot of frustration and anger around his attempts at implementing a trauma-informed approach. The experience he had with a lack of support and follow through actually led him to retire from his full-time job. His words suggest the anger and frustration he felt from this lack of support,

> I was wanting to step away from it so that I wouldn't be, this is kind of strong, but I was almost feeling trapped within the environment that was trying to do something, but I know wasn't doing what it really should do as far as adjusting the trauma-sensitivity piece, because it only stayed at that talking level.

After leaving that position, he realized he still wanted to help schools, in some capacity, to continue working towards becoming trauma-informed, so he subsequently took another job with an external organization that pushes into schools to provide more trauma-informed care. His role in this new organization is to work with students on their social-emotional learning. But even in this position, he is still struggling with some tough emotions around the implementation of these practices.

> I'm very sensitive about perpetuating lack of movement towards a systemic solution. To say, "Oh, let's put these people, let's stem the tide, or let's not look at our operation, let's go business as usual. Oh, but then we'll provide these outside services and then that'll be the solution." I'm real sensitive to that. I'm not saying it is happening. I know the schools are using as much resources as they can. And that comes from care for children and in wanting to provide the best environment

> for learning. But I certainly wouldn't want to be somebody to just help prop up a system that's not moving the way it should.

Like Barbara, Gary also holds out hope that with continued work in this area, there is a chance to continue moving in a trauma-informed direction. He noted, “I mean, I believe in this town. I've been here 30 years. I'm from here, but I see it as a piece of wholeness of a wellness in our town.”

Even though some of the PSCs I interviewed had some very positive experiences with their implementation process, others did not have such a positive experience. However, even though their experiences may not have been what they would have liked, they learned a lot about themselves and the state of trauma-informed care in their schools. Perhaps through their work, they have planted the seeds for further growth.

Situated Narratives

Key themes in my study included training related to trauma and trauma-informed care, barriers to implementation, allied interventions, administrative support, buy-in from staff, inclusion of trauma-informed core concepts, and PSC efficacy. Not all themes or meaning units that emerged were included in the results because they did not reach saturation. In this section, I will discuss those themes that reached saturation.

Training Related to Trauma and Trauma-informed Care

All of the participants in my study received some type of training in trauma-informed care. However, the majority of them did not receive this training as part of their master’s program, but instead through some sort of conference, workshop, or personal reading on the subject. Two quotes are provided if that participant discussed their

master's level training in trauma-informed care and training they received post-master's.

"I had no training in trauma then." "A lot of my training and professional development has come because of my enrollment in my PhD program." (Abbey)

"I would say I really didn't have anything in grad school about this." "I did the trainings that my behavior person shared with me and the ones that I put together for staff." (Barbara)

"But, I've gone to several conferences about trauma and trauma-informed practices in schools, I have done online courses. I just finished a certification; it's a trauma-informed practitioner education certification, so I mean I just I always am learning." (Caitlyn)

"In my master's program we did have some classes that were kind of trauma-informed geared and talking about not-traditional discipline and trauma-informed counseling and the approach that you take. I would say, obviously just working in the school was like the best thing ever. Way better than any college class I could ever take." (Deborah)

"Even when I would go to conferences, I don't remember hearing a lot about any of this: adverse childhood experiences, childhood trauma, trauma-informed teaching, or trauma-informed school counseling. There was just not a lot out there." (Ericka)

"When I think about any courses, I'm pretty sure that they were, I was grateful that I went to a CACREP institution where I felt like I got an all-around very good education and came out prepared for this particular profession." "I was made aware about trauma-informed schools through a training that I went to, that I was asked to attend

through my university." (Florence)

"But the words trauma weren't used my pre-masters. I'm trying to think back at some in-services. I don't think there was many. I got my degree in 2004, so a little while ago." "Since my master's, it's been more overtly talked about, called what it is. Got the book, How to Teach Traumatized Kids to Learn." (Gary)

"There was one class we took called risk and resiliency, that I think was touching on some of these things without using the name trauma or trauma-informed, but I guess was something better than nothing." "I was really seeking out additional professional development, and resources, articles, studies, anything I could get my hands on about trauma and then about how schools were implementing some of the research-based trauma-informed practices." (Helen)

"We had many courses surrounding mental health, and mental health diagnoses, and treatment methods, and approaches in counseling techniques, and counseling, but nothing specific as far as trauma-informed care that I can recall." "We have partnered with a psychiatric hospital that does professional development trainings in our area. We've had a few guest speakers, presenters come with some really valuable information." (Isabelle)

Barriers to Implementation

All of the participants in my study related several barriers to the implementation of trauma-informed practices within their schools. The most often mentioned barriers were lack of administrative support, lack of staff buy-in, and maintenance of the status quo when it comes to teaching, financial issues, and behavior management.

“I think a lot of times if a principal or an administrator doesn't understand, they can get a little punitive about what's going on in the classroom.” (Abbey)

“There’s a lot of ‘you know what okay we understand that it’s important, but we just don't have the time, because the reading and the math are the first priority’.” (Barbara)

“Well I would say even at my school we have a couple of teachers who probably are the...I don't know how to describe it...two teachers who are kind of uncomfortable with what we're implementing.” (Caitlyn)

“You just have to get creative in how to make things work without money.” (Deborah)

“Which is one of the problems and that's why my administration, having their backing is so important because just like any programs that they try to implement, it doesn't fly unless the administration says “no you really have to do it” and then they check to make sure you’re doing it.” (Ericka)

“Some of the other barriers are resources, finances, to implement some things that might be in the students’ best interest, because we might not have the funds to implement certain things that might be deemed as best practices within trauma-informed schools.” (Florence)

“I think administratively too, those folks are probably overwhelmed too, doing what they can do to keep their buildings running, keep their whatever they have to do with their other administrative positions. It just seemed like the area of trauma became just one of the many things they had to deal with.” (Gary)

"I think all the barriers I can think of are like people (laughter)." (Helen)

"Well initially when this was first happening, some administrators that were currently in their positions had some hesitation with going in this direction." (Isabelle)

Allied Interventions

Most of my participants, especially those who had a more favorable implementation process mentioned the use of allied interventions. Several of the participants shared that they couched these interventions within a tiered system of supports so that the neediest students received the most intensive interventions, but all students received some of these interventions. Of the allied interventions mentioned, the one most often mentioned was social emotional learning, followed by the use of restorative practices, calming corners or areas, and Emotional Freedom Technique (EFT) tapping.

"I saw something this week, where it was a calming backpack. So the student could take it, and sit wherever in the room they were most comfortable. So it didn't have to be the particular calming corner, it could just be wherever they found their safe space, and they had whatever they needed to calm down." (Abbey)

"I had gotten a grant for a calming space in a classroom and so I left there and those teachers were going to be implementing that so my hope that as time moves on, even though I'm not there anymore, that that type of thing will begin to take hold and maybe spread out." (Barbara)

"I had already been doing a lot of work at my school before we got the grant basically social emotional learning and then it grew into trauma-informed practices."

(Caitlyn)

"Things like community circle and restorative practices having a calm corner," (Deborah)

"I will say that I do do tapping. Now that is one that I will do at school, is I do tapping." (Ericka)

"I've done that specifically through restorative practices with restorative communication." (Florence)

"A summer retreat to say that we would focus more on social emotional learning, and that we, in our leadership group in our building, would say we're going to do this and we're going to make it a priority in the fall." (Gary)

"After these, or during I should say, implementing these school-wide practices, we were really thoughtful about our tier two and tier three kiddos that were requiring additional, more intensive interventions." (Helen)

"We looked at what we were currently doing and putting those into tiers. That way we could see where our efforts were lying and where we needed to creatively come up with more strategies based on the needs." (Isabelle)

Administrative Support

All of the participants in my study indicated the importance of gaining administrative buy-in and support. Some of the participants did not always receive this support however, which led to those participants feeling less successful in their implementation process. Most of the participants did receive support from their administrators, which led to feeling more successful in their implementation process.

“I think because it's such an important topic and her doing that for us makes it important to her, and therefore important to our district.” (Abbey)

“I think the administration piece is so important because my principal got it. He said, ‘We're in a mental health crisis’ and he got it. He would tell the teachers “you can't teach them academics if you don't take care of their emotions”. I think the administrator piece is so important.” (Caitlyn)

“The administration plays a huge role. It’s really a pivotal role, as far as I'm concerned, in and how much you can get done in your school.” (Ericka)

“Even with my past superintendent was saying, these kids are not going to learn their academics, they're not going to be prepared for career placement and college if we don't handle and help them with their social/emotional issues and address those.” (Florence)

“Thankfully, I had an administrator that not only was really supportive of me and my work, but was really passionate about this topic, too. So I feel like I kind of lucked out with work in that sense.” (Helen)

“I think if more administrators understand our training, background, and where we hope to spend our time and which services we hope to be able to share with students, then there are many less barriers that a counselor would face in going this direction.” (Isabelle)

Buy-in From Staff

All of my participants could name some staff members who they identified as trauma champions in their school. My participants told me that these champions were

willing to work hard to establish positive relationships with students who had suffered trauma. According to my participants, these champions also were willing to try new things so that students experienced a safe, caring, trustworthy environment, which made their learning more successful.

"We have an AP History teacher, as well, who sees a lot of this with her high-level kids. Not only will she come and consult with me an awful lot, she actually brings one of our SACS (Substance Abuse Counselors) in to do kind of like it just I don't know that the kids get this but it's a group, where they can talk about whatever issues they have. And they like it." (Abbey)

"I mean as with all of us, with anything, if we feel strongly that it's good and believe in something then we're more likely to be champions ourselves." (Barbara)

"But anytime we're trying out something new like that, we pull in those teachers from each grade level and then they work within their clusters to get the word out and show how great it was for them or what things they would tweak. So we use them as our guinea pigs and for us to get some feedback." (Deborah)

"The ones who are empathetic to it and are willing to assist and become leaders are the ones who have experienced trauma themselves, so they understand it." (Florence)

"I think her attitude and her ability to communicate needs of children and how to who can check in with this person, who can help with this, and then galvanize the team that was real particularly skilled person and a skilled leader; level headed, devoted, passionate." (Gary)

"She is exactly what you're describing, but a five foot tall, very slight woman.

She's like a bulldog that gets in there and is so passionate about the work, and so passionate about her families and kids that she is like that linebacker." (Helen)

"He is very much connected and is just passionate about being connected, staying connected. That's part of his catchphrase and in announcements is "just stay connected." He makes this little statement at the end." (Isabelle)

Inclusion of Trauma-informed Core Concepts

All of my participants talked about one or more of the foundational trauma-informed concepts. The concept most often mentioned was around building relationships. All of my participants talked about the importance of establishing a caring, respectful relationship with students that honored the traumatic experiences they had. The second most mentioned core concept was safety.

That gave me faith in the whole idea of building those relationships and providing trauma-informed care to my kids, because they're getting what they need, they're coming back, they're not running away. (Abbey)

So our day starts with a morning meeting of about 20 minutes long and it's all based on connections and social and emotional learning. (Barbara)

So our day starts with a morning meeting of about 20 minutes long and it's all based on connections and social and emotional learning. (Caitlyn)

But these teachers, on our connections team, we pair them with students who are unconnected. We pair them together, we see who would be a good fit with each other, and then it's kind of like a mentorship. (Deborah)

Because there's such a huge connection between my own ACEs and the ACEs of the children who I work with. It's like a bridge that joins us together. (Ericka)

Oftentimes, those of us in the school are their only supports; they might not even be able to have that at home. (Florence)

It's a relational process where I can have various things like a basketball hoop, or Legos or something to help them behave or to keep moving, can help them come out of a dysregulated thing, and to help them that way. (Gary)

Starting from fresh using that school space where there is safety and there are adults that care and trust and are trustworthy. (Helen)

I think if they feel safe through our honesty and our reflection of just being people among them, then we have made so many gains in the right direction with just that alone. (Isabelle)

PSC efficacy

The PSCs who experienced the most satisfaction with their implementation process also noted the highest level of efficacy. All of the participants in this category talked about their work with students and feeling confident in what they were able to accomplish.

"So right now I'm the leader for our student services team and I arranged the training that we had in July. I'm meeting with principals and administrators to tell them about the grant and what we're doing. I've gone to school board meetings and I talked about the grant." (Caitlyn)

"Just realizing my own differences that I had to address: my own thoughts and

biases and all of that going into that and even sometimes I'm pretty open-minded I'm like I don't know about this but then being willing to try it and see how much it does work." (Deborah)

"My PhD program has really helped me to find my voice. I'm the kind of person who...I'll be the leader and I have a lot to say if I know what I'm talking about." (Ericka)

"So I think that my work now is motivated by what I felt I lacked in, when I entered into the world as a professional school counselor." (Helen)

"I'm able to intervene more in a clinical way than I ever have before because of this universal language and model that we now have established among teachers." (Isabella)

The PSCs who had a less satisfactory implementation process experienced more frustration and anger while feeling less efficacious in their role.

"I didn't even think of the idea that I'm the go to person." (Abbey)

"I would try to say we need to teach him let him practice the ways to behave but there was none of that." (Barbara)

"Burnout is one of the biggest things. I think that at this point, maybe by, I want to say by November, I was looking at everybody like, I don't know what else to do." (Florence)

"It certainly frustrated me to the point of working as best I could with the needs, working one-on-one, mostly with them because they required a focus." (Gary)

General Narrative

All of my participants identified at least one reason for why they wanted to learn

more about trauma-informed care and why they wanted to implement those practices in their school. Some of the participants identified specific students who were their motivation for taking on this process. Some of them noted that they had been to a conference, training, or read something that ignited a fire within them that pushed them in this direction. Few noted a personal connection to someone who had experienced trauma as the reason for becoming trauma-informed and helping their coworkers to become trauma-informed.

Just over half of the participants in my study had overwhelmingly positive experiences in their implementation process. They attributed these positive experiences to several things. One of the most important reasons was that they felt they had unconditional support from their administrative team. The participants who had the most positive experiences related that they had not only the support of their direct supervisor, but also the support of their building principal, their superintendent or district administrator, and their school board. These participants indicated they received more frequent and in-depth training around trauma-informed care and reported the use of interventions often allied with trauma-informed care, and implemented these practices within a tiered system of support for all students. The participants in this category also experienced important staff buy-in, especially from those staff they considered to be trauma champions, and related how those staff members were adept at creating and sustaining deep relationships with students who had experienced trauma.

Fewer than half my participants had a less satisfactory implementation process. They attributed their experiences to a lack of staff buy-in (for a variety of reasons), less

formal training in trauma-informed practices, and less administrative support. These factors led to the PSCs experiencing negativity about their role in the implementation process or feeling stymied in their endeavors. Additionally, the PSCs who experienced a less satisfactory implementation process also felt less efficacious in their ability to provide needed supports to the students most in need. Although these participants experiences bright spots in their implementation process, overall their experience was not what they had hoped.

General Summary of the Phenomenon

Professional school counselors take pride in their work with students. As students' needs increase all PSCs need to modify the approaches they use in their work with all students, especially in the work they do with students who have experienced trauma. When it comes to working with students who have trauma histories, all PSCs should first identify their reason for wanting to move to a trauma-informed approach in their school. Some PSCs might need to provide compelling reasons to their administration for why it is important to implement trauma-informed care. Others may already have the support of their administrative teams. Next, PSCs will want to ensure as effective an implementation process as possible. Therefore, all PSCs who want to implement a more effective trauma-informed process should work to receive training either during their master's program or in professional development after graduation. Additionally, all PSCs should garner administrative support in creating a plan for the implementation process. As part of this implementation process, all PSCs should work with their administration to provide training not only in what trauma is and how to create an environment in which all

students feel safe, but also provide training around why creating this environment is so important for students with trauma histories. Having that administrative support will help all PSCs create an atmosphere of buy-in from staff. Some PSCs should be aware that there may be staff that actively sabotages their efforts. Although some PSCs may experience staff members who try to maintain the status quo, all PSCs should be able to identify those staff members who will go above and beyond to assist in the implementation process. All PSCs who find these trauma champions should use them in ways that will help build positive relationships with all students, but especially those who have suffered traumatizing events. While many PSCs use a variety of allied interventions when implementing trauma-informed practices within their schools, some of those PSCs might frame the work they do within a tiered system of response to student needs. All PSCs understand that there will be barriers in the implementation process, some of these barriers might include a lack of funding, lack of support from administration, and lack of buy-in from their staffs. Some PSCs might experience a negative response from administration. While this may happen, PSCs should work to educate both administration and staff about the importance of implementing trauma-informed care with students. By being involved as a leader within their building or district, most PSCs should feel efficacious in their role as a PSC.

Summary

In recording the stories of the participants who volunteered to participate in this study, I was able to identify experiences that seemed to lead to a more systemic, and from the participants' viewpoint, a more successful implementation of trauma-informed care

with students. The PSCs who experienced a more systemic intervention indicated that there was greater staff buy-in, increased administrator support, sustained training, and an overall engaged belief in creating and sustaining positive, caring relationships with students while providing them with a range of allied interventions to assist in their ability to succeed within the school setting. Those who had a less systemic implementation experience noted similar concepts in relation to pockets of trauma-informed care implementation, however, their experiences were not as rich or fulfilled, thus leading them to feelings of anger and frustration and a sense that their implementation process was not as successful as they had hoped for. These interviews captured a moment in time for the PSCs who shared their stories with me. It may be entirely possible that those PSCs who did not experience a fully systemic implementation could still continue to work towards that end.

The focus of Chapter 4 was to describe the results of my study in detail. Ensuring trustworthiness in my study would help others determine whether I conducted my study in a rigorous and ethical manner. In Chapter 5, I will provide key findings from my study, discuss interpretations I made from the data I analyzed, discuss the limitations of qualitative research in general, but also in the context of my study in particular, provide recommendations for current implications and future research, and discuss potential social justice ramifications of my study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

While the number of children who experience traumatizing eventscontinues to increase, the burden of educating youth who have experienced traumatic events continues to fall on educational professionals. As one of the educational providers within the school building, PSCs are being asked to equip youth with the academic, social, and career skills necessary to be successful in life (ASCA, n.d.-b, 2012). The purpose and nature of this study was to explore, at a deep level, the lived experiences of PSCs who helped implement trauma-informed practices within their school or district. The goal of examining this population on this topic was to begin to fill the gap in the literature around the role PSCs play in the implementation of these processes within the school setting.

The focus of this chapter includes a discussion of key findings as they relate to the literature around the implementation of trauma-informed practices by PSCs. I will focus on all supportive, contradictory, and surprising findings from participant answers to my research question, *what are the lived experiences of PSCs who have helped implement a trauma-informed approach for students who have experienced trauma*? I will discuss how these findings relate to the theoretical framework I chose for this study and some potential implications of these key findings for PSCs, counselor educators, and institutions of higher education. Key findings in this study included three overarching main themes. Theme 1 included experiences that participants described as their impetus for wanting to help their school or district move towards a trauma-informed approach to student traumas. Theme 2 included experiences that participants had that suggested a

greater satisfaction with the implementation process. Theme 3 included experiences the participants had that suggested a less satisfactory implementation process. I will conclude this chapter with a discussion of the limitations of this study, recommendations for currentractice and future research possibilities, ideas for social change, and a brief summary.

Interpretation of Findings

During the analysis of my data, three main themes emerged. Those themes included stories related to the impetus for why each of the PSCs chose to initiate the process of implementation of trauma-informed care, factors that five of the participants experienced that lead to greater satisfaction with the implementation process, and factors that four of the participants experienced that led to lesser satisfaction with the implementation process. In this section, I will discuss how my experiences affected how I interpreted the data from my interviews, how my participants were affected by our interaction, and how my study builds upon the literature around the implementation of trauma-informed care within the school setting.

The Researcher's Experience

Dasein and fore-sight/fore-conception. Heidegger (1968) discussed the importance of being in the world. His conceptualization of being there was that human beings are always in the world and always within their unique experiences. As a PSC who has received training in trauma-informed care within the school setting, I have had an experience with the process of implementing trauma-informed care in my current work setting. Purposefully becoming aware of how I interpreted my attempt at

implementation brought my experiences to the forefront of my thinking. During my attempt at implementing trauma-informed practices with my staff, I encountered several pitfalls, some of which were echoed by some of the participants in my study. Several major pitfalls I encountered included a lack of staff buy-in, a district focus on academic achievement, a belief in the maintenance of the status quo about discipline, and an insufficient amount of time due to competing initiatives. Alternatively, I had high hopes of achieving great gains during the trauma-informed implementation process I attempted in my school setting and could therefore identify with the successes that my participants talked about during their interviews. Using my reflexive journal, I was able to note my original experience with trauma-informed care so that I would make any biases explicit. Then, as I conducted my interviews, I returned to my journal on multiple occasions and looked at what I knew about trauma-informed care, compared it to what my participants discussed as their experiences, and was able to see this process through new lenses.

Hermeneutic circle. Gadamer (2008) and Heidegger (1968) both discussed how one must engage with the phenomenon with the hermeneutic circle as a way of gaining a deeper understanding of a phenomenon. In my study, I used the circle as a way to move back and forth between my understanding of what it meant to be a trauma-informed PSC and what my participants' experiences were in their quest to become trauma-informed PSCs. During my iterative use of the hermeneutic circle, I noted several things. One issue that continued to occur in my thinking was a feeling of camaraderie when participants were sharing their stories. While this did not seem to detract from experiences the participants shared about positives related to their implementation process, I had to work

hard to not let my feeling of solidarity interfere when participants talked about their frustration, anger, and disappointment with their implementation process. I also had to be cognizant of not allowing my feelings of camaraderie to change the participants' experiences with this process.

The Participants' Experiences

Dasein and fore-sight/fore-conception. Throughout the interview process, I took steps to ensure that my participants' stories were influenced as little as possible by my experience. Each of my participants had a unique experience and I wanted to be sure to capture the essence of their experience as accurately as I could. All the participants in this study shared intimately about the experiences they had as they moved through the process of implementation. All my participants shared the struggles they encountered with staff and students, the successes they celebrated, and how they experienced being perceived by their administration and coworkers. Some of my participants shared the frustration they experienced when they came face-to-face with obstacles that stood in their way. Others shared the optimism and joy they felt when students and staff seemed to be moving towards the consistent use of trauma-informed practices. While several of my participants were in situations that they found favorable, others found themselves in situations that failed to meet their expectations. Some of these participants actually changed jobs so that they might find more favorable conditions for the implementation of trauma-informed practices. For the five of my participants who had experiences that they described as being more systemic, they noted that this process felt right to them, that it felt like the way students should be treated within the school environment. For the four of

my participants who had experiences they described as being less systemic, they indicated that they felt thwarted in their efforts to help staff become more trauma-informed and struggled with the status quo some staff exhibited when the participants made attempts at change. Even those who experienced this lack of feeling fulfilled noted that they understood the importance of becoming trauma-informed and that despite their lack of success in the past, they were determined to continue to fight for the implementation of trauma-informed practices within their setting.

As noted in the previous section, I experienced a feeling of camaraderiewhen talking to my participants about their experiences. As the questioning ensued, several of my participants noted that they too had a similar experience. When I prefaced questions with examples of my own or other participant experiences, many of my participants indicated that they had had similar thoughts, feelings, or experiences in their setting. Some of my participants upon hearing about what other participants had done indicated that they might be willing to try to incorporate some of these tactics in their own school.

Hermeneutic circle. Each of my participants acknowledged the importance of doing the work to make themselves and their environment trauma-informed. Many of my participants indicated that the training they received, whether it was a formal training or self-study in trauma-informed care indicated a shift in thinking about the work they do with students. The ones who noted this shift indicated that their previous thinking about or interactions with students became deeper and more nuanced. Many of my participants noted that they worked as part of a team that worked through cycles of examining where they felt their program was currently and discussed ways in which to improve the

services they and other staff provide to all students, but especially those who have experienced trauma. Several of my participants noted a strong emotional connection to students with trauma histories that they believe will stay with them forever. All participants talked at length about the critical nature of creating buy-in from administration and staff. It was the support from administration and buy-in from staff that my participants noted helped increase their feelings of efficacy in the implementation of trauma-informed practices.

Dialogue with the Literature

The scholarly literature around trauma-informed care within the school setting has historically focused on how teachers and administrators might implement these strategies within their classrooms or within the school setting with little focus around how PSCs might help in this implementation process. This gap in the literature was the impetus for this study. In this section, I will discuss what the literature shows about trauma-informed care in the school setting and how this literature relates to the experiences of my participants as players in this implementation process.

Impetus for Moving to Trauma-informed Care

The literature around complex interpersonal trauma is rife with data suggesting the negative academic, social, and career outcomes for youth who have experienced such trauma. Children with trauma histories are at a higher risk of academic difficulties (Bell et al., 2018; Bucker et al., 2012), decreased social skills, increased behavioral problems, disrupted relationships (Flynn et al., 2014; Hershberger & Jones, 2018; Perez, Jennings, & Baglivio, 2018), and lowered occupational attainment (Hardner et al., 2017; Jaffee et

al., 2018). All the participants I spoke to related stories of youth they worked with who exhibited many of the concerns highlighted in the literature. As a result, all my interviewees noted an urge to move towards a trauma-informed way of interacting and working with youth so that these issues might be ameliorated. The scholarly literature includes research that indicates that when youth are addressed in trauma-informed ways, they can experience posttraumatic growth and succeed at levels similar to their nontraumatized peers (Levenson & Grady, 2016). Additionally, as most of my participants shared in their interviews, their experiences of the power of positive, caring relationships helped the students they worked with to thrive and heal. The positive effects of building relationships as part of creating a trauma-informed environment are borne out by the literature (Conners-Burrow et al., 2013; Walkley & Cox, 2013). While my participants' reasons for moving towards a trauma-informed setting included stories about a personal connection to trauma, stories about professional development that lead to an interest in implementing these processes, and stories about individual students or groups of students who presented with various trauma histories, they also cited research they had read that indicated that trauma-informed practices could help students be more successful in school. It was these reasons that spurred the PSCs I interviewed into action in implementing trauma-informed practices within their schools.

Trauma-informed Foundational Concepts

At the heart of trauma-informed care in any setting are several foundational concepts and authors who have studied them have concluded that they are a requirement of any organization becoming trauma-informed. These basic concepts include

establishing trust, building relationships, creating a sense of safety, and providing consistency to those the organization serves (Cole et al., 2005; Fallot & Harris, 2009; SAMHSA, 2014). The foundational trauma-informed concepts mentioned above and having people who are willing to act as trauma champions were mentioned frequently by the PSCs I interviewed. These foundational concepts are presented in the literature around trauma-informed care as instrumental in ensuring that youth with trauma histories are not retraumatized by traditional discipline policies, procedures, or responses to challenging behavior (Crosby, 2015; Fallot & Harris, 2009; Kataoka et al., 2018; McInerney & McKlindon, 2014; Rumsey & Milsom, 2018; SAMHSA, 2014). All my participants discussed the importance of building relationships between school staff and students as a critical step in moving toward a trauma-informed setting. All my participants indicated they could identify at least one person, some identified more, in their setting who they thought were strong champions of the implementation of trauma-informed care. Most of my participants talked about ensuring that students have a safe and consistent environment in which to learn, and some of my participants said that they felt that trust was an important component of establishing a trauma-informed environment.

Administrative and Staff Support

The literature around trauma-informed schools suggests that having the support of both administration and staff in the implementation process is critical. Several authors noted that when administrators are the key proponents of implementing trauma-informed care, staff members are more likely to buy-in to this initiative (see Perry & Daniels, 2016;

Wiest-Stevenson & Lee, 2016). All the PSCs I interviewed who experienced a greater sense of systemic implementation talked about how critical that administrative buy-in was. They also noted that when staff exhibited a positive attitude towards working with students in a more trauma-informed way, the students responded much more positively to them than to staff who maintained the status quo of traditional discipline. The literature around support for trauma-informed care suggested similar themes of positive attitudes, growth mindset, and buy-in (see Chafouleas et al., 2016; Crosby, 2015; Fallot & Harris, 2009; Kataoka et al., 2018). All of my participants discussed the importance of having that administrator and staff buy-in, but a few of the participants indicated that even though they understood the importance of having that buy in, they felt they did not have strong enough support to feel successful in their implementation process.

Receiving Training

Training was one of the inclusion criteria I used for the selection of my participants. The literature around training in trauma-informed practices shows that receiving training not only in how to apply trauma-informed strategies, but also in understanding what trauma is and how it can affect youth is essential (see Blodgett & Dorado, 2016; Crosby, 2015; Fallot & Harris, 2009; Overstreet & Chafouleas, 2016; Perry & Daniels, 2016; Phifer & Hull, 2016; Yatchmenoff, Sundborg, & Davis, 2017). All the PSCs I interviewed indicated the importance of receiving training for themselves or providing training for staff related to trauma and trauma-informed practices. Even though most of the PSCs I interviewed indicated that there was a dire lack of training in their master's program, all of them indicated that because they knew this was an

important piece of the implementation process, they sought out training for themselves in their role as a PSC. Additionally, many of the PSCs I interviewed indicated that they sought support from their administrators to provide this vital training to their school staff. Their reports of providing this type of ongoing training in these practices aligns with the literature around training of staff (Anderson, Blitz, & Saastamoinen, 2015; Kataoka et al., 2018; McInerney & McKlindon, 2014; McIntyre et al., 2019; Walkley & Cox, 2013).

Use of Allied Interventions

Working with youth who have experienced trauma often requires a variety of interventions as each child is unique and the interventions used with them should match the child's needs. The PSCs I interviewed noted that, related to the subtheme of allied interventions, they all used one or more of the following: restorative practices, mindfulness/meditation, calming areas, classroom meetings, EFT tapping, social emotional learning, and clinical counseling. The use of these allied practices is supported in the scholarly literature (see Blodgett & Dorado, 2016; Chafouleas et al., 2016; Kataoka et al., 2018; McInerney & McKlindon, 2014; Plumb et al., 2016; Walkley & Cox, 2013). Blodgett and Dorado (2016) discussed several of these related interventions including teaching social emotional skills, resiliency skills, and restorative practice skills. Leitch (2017) suggested that teaching youth self-regulation skills might help them to be more resilient in the face of adversity. Many of my participants discussed the use of calming areas, relaxation, fidgets, or music to increase student self-regulation. All the PSCs I interviewed who experienced greater satisfaction with their implementation process noted they placed these allied interventions within a framework of tiered supports. Tiered

supports were recognized within the literature as being an important piece of the continued use of trauma-informed practices in the school setting (Blodgett & Lanigan, 2018; Madigan et al., 2016; OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports, 2017) . All my participants discussed their use of these allied interventions in their work with students. Many of my participants talked about teaching students to use good social emotional skills to help solve crises that arose.

Professional School Counselor Efficacy

The role of the PSC has changed over the years. Several researchers have discussed the confusion, competing requirements for, or a lack of understanding the role of PSCs (see Cinotti, 2014; DeKruyf et al., 2013). In an effort to clear up some of this confusion, the ASCA (n.d.-b, 2012) has delineated what they believe the role of the PSC to be; which is to help youth achieve in three domains, academic, personal/social, and career. More recently, the ASCA (2015, 2016b) has also provided position statements regarding PSCs and their role as it relates to student mental health and trauma. In these position statements, PSCs are encouraged to become "key players" in ensuring that students are being educated in a safe, supportive, trauma-informed environment (ASCA, 2016b, p. 66). The PSCs I spoke to talked about several characteristics related to PSC efficacy. These characteristics included leadership skills, PSC mindset, clinical knowledge/skills, direct services to students, and PSC role. All of my participants talked about their role in the school as someone willing and able to provide trauma-informed services to students, to help administrators to understand the importance of these practices, and to help educate staff in how to relate to students in more caring and

informed ways. While all my participants discussed what they believed trauma-informed care should look like not all experienced successful implantation. The four participants who experienced lesser satisfaction with their implementation process noted there was a breakdown between what they had envisioned and what they experienced. They noted that these negative experiences caused them to feel less effective in their role.

Barriers

When implementing any initiative, people are bound to experience barriers in that implementation process. Barriers can result from organizational or systemic processes that get in the way of successful implementation. However, barriers can also result from refusal to participate by the people who are expected to implement those practices. Organizational or systemic barriers can occur when the environment within the school is not conducive to the implementation process due to policies or practices that may inadvertently foster retraumatization of youth (Keller-Dupree, 2013). People barriers might occur when those who work within an organization do not see the value of the practices being implemented, have suffered traumatic experiences themselves, or have experienced secondary traumatic stress (Wolf et al., 2014; Yatchmenoff et al., 2017). All of the PSCs I interviewed talked about barriers they encountered in their implementation process. Some of the participants I interviewed mentioned that barriers they encountered fell into the organizational or systemic barrier category. Most of my participants, however, noted the most frequent barriers they encountered were people they worked with who seemed to want to focus more on maintaining the status quo than on becoming trauma-informed. Most of my participants noted they worked with other staff members

who felt their job was to make sure students received the requisite curriculum and that student behaviors that did not meet the expectations of the staff should be subjected to traditional means of discipline such as detentions and suspensions.

Much of what my participants shared with me resonated with what my experience had been and with what the literature around the implementation of trauma-informed practices shows. The similarities between my experience and the experiences of my participants helped solidify the importance of moving toward a trauma-informed care environment for youth who have experienced trauma. The literature supports this process (Blodgett, 2012; Cole et al., 2005; Cummings et al., 2017; Mendelson, Tandon, O 'Brennan, Leaf, & Ialongo, 2015). One surprising finding for me was that many of my participants noted barriers in the implementation process that were similar to ones I had experienced.

Limitations of the Study

Qualitative research has several inherent limitations. Some of these limitations are related to the way in which the data was gathered and may be related to the skill of the researcher. As I noted in Chapter 1, three main limitations related to qualitative research include this method being time and labor-intensive, lacking in generalizability, and often consisting of small, purposive sample sizes. My study included all three of these limitations. Being a lone researcher, I realized quickly that conducting, transcribing, coding and analyzing between six and ten interviews would take a considerable amount of time. While the experience was invaluable, completing these tasks took several hours per interview and several months to fully complete. The purpose of my study is not to

generalize the results by applying them to the general PSC population; however, the data I gathered was invaluable in understanding the rich experiences of the PSCs who have implemented trauma-informed practices. The results also add to the body of literature around the gap that exists in the literature about what this experience had been like for those who have implemented trauma-informed practices. Knowing that other PSCs have had similar experiences helps me to know that I am not alone and that others have walked this road before me. The fact that I included only nine participants, which were purposively recruited, introduced potential bias into my study. I worked diligently to ameliorate any potential bias by keeping a reflexive research journal. In this journal, I was able to write about my preconceived understanding about trauma and what it means to be a trauma-informed PSC. I was also able to examine each interview transcript looking for new information that might change how I understand trauma and the implementation of practices that support students with trauma histories. Although keeping this journal did not eliminate bias from my study, using it allowed me to reduce the level of bias in a dramatic fashion. In addition, I used member-checking with my participants, which also tends to reduce bias due to ensuring that participant stories heard were accurately represented in the written transcript (Birt et al., 2016).The use of member checking allowed my participants to let me know if I missed any important points of their experience with implementation.

Recommendations

Professional school counselors are at an opportune time to become leaders in the educational field. In fact, we are entreated by the ASCA to use our leadership skills to

help advance students' academic and behavioral skill development in addition to advocating for equity within our workplace (ASCA, 2016a). The area of trauma-informed care is one area in which PSCs can take the lead. Youth with trauma histories are more likely to do poorly in school, drop out early, and have poorer prospects for future occupational advancement (Flynn et al., 2014; Jaffee et al., 2018; Perfect et al., 2016). Often youth with trauma histories become part of the school-to-prison pipeline. Becoming a part of this pipeline is more likely to occur for students of color, who not incidentally, are quite frequently victims of adversity (Dutil, 2020). It is incumbent upon PSCs to exercise their leadership qualities to ensure that they understand what it means to be a trauma-informed PSC. It is vital that PSCs collaborate with their administrative teams as well as all their professional and support staff to ensure that all staff members are aware, not only of what trauma is, but how coming from a background of trauma can affect the social, academic, and career outcomes for students (Bell et al., 2018; Blodgett & Lanigan, 2018; Prescod & Zeligman, 2018). To this end, there are several recommendations I would make within two realms: current actions to be taken and future research opportunities.

Current Action Recommendations

Several of the participants I interviewed spoke of the importance of administrative support and increasing systemic implementation with strong administrative support and leadership. Ensuring that those in administrative roles (e.g. principals and their assistants, superintendents and their assistants, directors of instruction, and school boards) have adequate and ongoing training in trauma-informed care could help increase the level of

commitment administrators have for the implementation process.

Another area of current action, based on participant response, would be to ensure that staff members (both professional and supportive) receive training in trauma-informed care. That training should not only discuss how to respond to students with trauma histories, but also provide guidance to help staff understand the basics of brain science, suggesting that students who experience trauma see the world differently than those who have not had these experiences (see van der Kolk, 2005, 2014). Several of my participants suggested that when staff are able to change their mindset about why students with trauma histories behave the way they do, the staff are less likely to see student behaviors as a personal attack, and more likely to see the behavior as a symptom of trauma. My participants noted that when staff is able to make this mindset change, they are able to stay focused on building the relationships that will enhance the implementation of trauma-informed practices.

Additionally, based on reports of participants, there are master's level school counseling programs, that as recently as 2007, did not provide sufficient training or coursework specifically related to trauma: including its origins, effects, and possible outcomes within the educational setting, nor was there any specific training in what trauma-informed care is or how to implement such practices. Since there has been movement towards standardizing program credit requirements between clinical, higher education, and PK-12 programs, perhaps colleges and universities will consider adding programming related to trauma-informed care to the professional school counseling track (CACREP, n.d.-a). Therefore, I recommend these options to those persons who have a

say in that environment.

Future Research Recommended

One recommendation for future research could repeat this hermeneutic phenomenological study with a larger or more diverse group of PSCs. While I strove to create a trustworthy study, all studies contain bias and reflect the interpretation of the researcher based on who they interview. It is possible that a larger study or one with more diverse participants, conducted by another researcher, or groups of researchers, could identify additional themes around the implementation of trauma-informed practices. Also, while I did not ask my clients their ethnic heritage, I would hypothesize that most were not people of color and the demographic data indicated all but one of the participants were female. Gathering the experiences of school counselors of color or who identify as male would broaden the results of my study and highlight voices other than White, middle class, female PSCs.

Alternatively, researchers might conduct quantitative studies that examine the effectiveness of the implementation of trauma-informed practices in schools by PSCs. My study was focused solely on the experiences of PSCs who had implemented these practices in their schools. However, several of my participants noted that they felt the implementation fell short for several reasons, including nonsystemic implementation, lack of staff buy-in, and lack of administrator support. Future studies could examine the initial implementation phase and examine ways in which this implementation could be sustained.

Social Change Implications

School personnel are seeing increasing numbers of youth who are presenting with adverse experiences that could jeopardize their learning potential. PSCs have struggled with finding their place within the school environment (Cinotti, 2014; DeKruyf et al., 2013). While the ASCA suggests that PSCs work to address the academic, personal/social, and occupational aspirations of youth as part of their work, PSCs in this study reported they are being inundated with youth who have had life experiences that threaten their future outcomes (see ASCA, n.d.-b). Professional school counselors sit at an important intersection between students, school staff, administration, and the larger community. In this section, I will discuss the social change implications brought forth by my study as they relate to currently employed PSCs, students in counselor education programs, and counselor educators.

Early Intervention and Prevention

Professional school counselors need to continually change their practice so that they can work effectively with students on their educational, occupational, and personal development. Additionally, PSCs, as leaders in their school, need to assist staff and administration in finding ways to work with traumatized youth that will not exacerbate their past or current experiences (see Bryson et al., 2017). As elucidated by the participants in my study, finding ways to address the needs of all students, but especially those with trauma histories, as early as possible could have important ramifications on the academic and behavioral trajectories of students. Research in the area of trauma indicates that early intervention and prevention show more promise than later intervention or no

intervention (Fraser et al., 2014). The results of this study should encourage PSCs to work with their colleagues to ensure that everyone in the building has received training in trauma and trauma-informed practices so that everyone within the district knows how to address the needs of youth who have experienced trauma. Professional school counseling students, especially those who work at the elementary level, should take courses or participate in other opportunities to learn what they can about best practices in trauma and trauma-informed approaches in the school setting. Additionally, training in a tiered system of support may help PSC students become more adept at determining the level and intensity of interventions for youth who have experienced trauma. A recent study of PSCs indicated that most PSC programs do not adequately prepare PSCs for the realities they will face once they enter the workforce (Bridgeland & Bruce, 2011). Therefore, professional school counselor educators should examine the courses their students are required to take so that trauma and trauma-informed care principles and practices are interwoven throughout all coursework as well be a major focus of stand-alone courses that address trauma and trauma-informed care directly.

Advocacy

The role of the PSC in schools is an important piece of the entire educational journey for students. Frequently, due to role confusion, PSCs are often not utilized in ways that will benefit students most (Cinotti, 2014; DeKruyf et al., 2013). The PSCs who participated in my study talked about the importance of advocating for themselves, their program, and their students. The results of this study should encourage current PSCs to have critical conversations with their administrative teams to ensure that their role as a

PSC is clearly defined so that they are engaged with students in ways that match the guidelines set forth by both ASCA and CACREP (ASCA, n.d.-b, 2012; CACREP, n.d.-a). Of importance is ensuring that PSC students learn to become advocates for themselves and for their profession (McMahon, Mason, Daluga-Guenther, & Ruiz, 2014) Encouraging PSC students to begin advocacy while they are still in their preservice training can ensure they will work as advocates once they are in the profession. Professional school counselor educators can help advocate for the profession by working with school districts within their jurisdiction to help educate administration about the role that PSCs can play within their schools and districts. Additionally, educating administrators about the differences between PSC appropriate and PSC inappropriate activities can help current and future PSCs with ensuring that they are doing what they were trained to do. Additionally, advocating that all elementary school children have access to a licensed PSC in their building can help increase the trauma-informed care students receive as early as possible.

Perceived B**arriers**

All of the PSCs I interviewed noted that they encountered several barriers in their work with students with trauma histories. Some of these barriers included maintenance of the status quo when it came to behavior, academics, and discipline; lack of time, money, and resources to implement trauma-informed care practices to fidelity; and lack of support or buy-in from staff and administration. Removing these barriers to the practice of trauma-informed care will ensure that youth who have experienced trauma will receive the services they need without interference of policies or procedures that retraumatize or

stigmatize traumatized youth (see Bartlett et al., 2016; Chafouleas et al., 2016; Walkley & Cox, 2013). To ensure that barriers do not get in the way of their work, current PSCs should consult with their administrative teams to examine which barriers are getting in the way of the implementation of trauma-informed care and provide ways in which to address these barriers. Students who hope to become PSCs in the future should ask site supervisors or their graduate advisors about potential barriers they may encounter in their work once they become PSCs. That way the PSC students will be adequately prepared for what they might encounter once they enter the workplace setting. Professional school counselor educators need to make sure that they consult with current PSCs to identify the barriers they have experienced so that the counselor educators can translate these barriers to their students and discuss ways in which to approach these barriers in constructive ways.

Conclusion

Trauma's impact is far-reaching, widely destructive, and enduringly devastating to not only those who have experienced it, but also to those who are intimately connected to them. Additionally, trauma affects the communities that surround those who have experienced it creating an ongoing, intergenerational lineage of difficulty, adversity, and hardship. Professional school counselors are given the awesome task of ensuring that future generations are able to effectively steward our country in a positive direction by graduating youth with the requisite skills to navigate the world into which they emerge. When children, our most vulnerable asset, come to school with the burden of adversity, those within the school building must be ready to help these children attain an education

that will allow them to become productive members of society. As part of the professional educational community, PSCs have the tremendous task of finding ways to ensure that ALL youth have an equal chance of becoming who they were meant to be. They need to use their leadership skills in conjunction with their administrators to ensure that all staff understand trauma, know how to work with students with trauma, and how to create an environment that supports all students in achieving high academic standards. Having an understanding of how trauma shows up in schools and a plan for how to address that trauma in thoughtful, caring, compassionate ways will help PSCs help youth achieve their life goals.

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Appendix A: Interview Guide (Semistructured)

Interview ID _____ Date _____

Part 1: Demographic Information

What is your highest level of education?

_____ Bachelor's degree

_____ Master's degree

_____ Doctorate degree

_____ Other (please specify)

_____

Provide the type and level of license or certificate you currently hold (e.g., 5-year, lifetime, PreK-12, etc.)

_____

With which gender do you most identify?

_____ Male _____ Female _____ Prefer not to answer

Describe your current work position _____

_____

How long have you had this position? _____

At what educational levels have you worked? (Check all that apply)

_____ Elementary

_____ Middle

_____ High

_____ Other (list) _____

Total number of years you have worked as a professional school counselor?

_____

Did you graduate from a CACREP accredited program? Yes No Not Sure

Part 2 Question Guide

1. In as much detail as you are willing to share, please tell me about how you became involved in the implementation of trauma-informed practices within your school?
2. What was your experience as a professional school counselor in this implementation process?
3. What types of education, training, or professional development did you receive either during your master's program or since related to trauma-sensitive or trauma-informed practices with students?
4. In as much detail as you can, describe your experience in implementing trauma-sensitive or trauma-informed practices with the students in your school. Try to use vivid language in your description.
5. What has been your experience with those people you would consider to be your educational allies (trauma champions) in the implementation of trauma-sensitive or trauma-informed practices in your school? Again, please provide specific examples.
6. Discuss your experiences with any barriers that you encountered as you were implementing trauma-informed practices in your school.

Continuation/Clarification/Steering Prompts

Tell me more…"

When you said ___, tell me what you meant by that.

Let's get back on track…you were saying?

Appendix B: Research Announcement and Letter of Invitation

Dear Professional School Counselors

My name is Sharon Ann Hansen, a graduate student at Walden University in the Counselor Education and Supervision PhD program. I am writing this letter to invite you to participate in my dissertation study titled: "The Lived Experiences of School Counselors Who have Implemented Trauma-Informed Practices."

The purpose of my study is to examine the experiences you had as you implemented trauma-informed practices within your school building. According to ASCA, professional school counselors are responsible for ensuring the success of all students in three areas: personal/social, academic, and vocational. New requirements from ASCA also indicate that professional school counselors have knowledge and training in trauma-informed care to be able to address student needs.

- Your participation in this study would be completely voluntary and your identity will be kept strictly confidential. You will be identified only by a unique ID number. All the information you might provide will be kept in a password-protected file on a password protected computer.
- This dissertation is a qualitative study, which means I will be conducting interviews with each of the participants. Each interview will take approximately 60 minutes. These interviews will be scheduled at a mutually convenient time. I will be conducting these interviews via Zoom, which is an encrypted audio-conferencing platform. All interviews will be recorded to aid in transcription.
- Once you agree to participate, and we have arranged a date/time for our interview,

I will send you a secure link via email.

If you are interested in participating, please contact me.

Inclusion Criteria for this study include:

- Having graduated from a CACREP-accredited program
- Having at least two years' experience as a professional school counselor
- Having licensure or certification to work as a professional school counselor in the state in which you work
- Having received training in trauma-informed or trauma-sensitive care/practices either pre/post-graduation

If you meet these criteria and are interested in participating in my dissertation study, please contact me directly

Thank you for your time and consideration,

Respectfully,

Sharon A. Hansen

Doctoral Candidate, Counselor Education & Supervision Program

Walden University