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Junior High Teachers' Perceptions of Differentiating Instruction for Students with Trauma

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This is to certify that the doctoral study by

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Walden University
2023

Abstract

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MSc, Walden University, 2018

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Dissertation Submitted in Partial Fulfillment

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Abstract

The problem for this study was that junior high school teachers faced challenges involving differentiating their pedagogy to meet academic needs of students with trauma. The purpose of this qualitative study was to explore junior high school teachers' perceptions of this topic. The conceptual framework for this study was the trauma-informed care and practice framework that is influenced by six key principles and four elements of trauma-informed care approach. Two research questions were focused on perceptions of junior high school teachers regarding differentiating instruction to meet needs of students with trauma, and supports needed to address their pedagogical challenges involved with differentiating their instruction. A basic qualitative design was used to capture insights of 12 junior high school teachers via semistructured interviews; the purposeful sampling process was used to select participants. Emergent themes were identified through in vivo and process coding, and findings were developed and checked for trustworthiness through member checking, rich descriptions, and researcher reflexivity. Findings revealed the need for professional development regarding trauma effects on the brain and the creation of a multidisciplinary team approach. This study has implications for positive social change by creating a structure to improve practices of teachers who are challenged when instructing and supporting students with trauma.

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Dedication

This study is dedicated to the Almighty God, the Father of our Lord Jesus Christ who redeemed me through salvation, gave me strength and health to complete this work, provided grace to persevere on the doctoral journey, and multiplied intelligence to undertake and accomplish its tedious and challenging academic rigour. I also dedicate this work to my lovely and blessed children – Deborah, David, and Joseph who will be proud to call their mother a "Doctor" and have something to propel them beyond the skies.

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Chapter 1: Introduction to the Study

The impact of trauma as a mental illness on individuals and their families, school systems, the healthcare system, workplace, and the economy in general is of extreme significance (Mood Disorders Society of Canada, 2022). Childhood trauma results from witnessing or involvement in events where children are deeply vulnerable or threatened for a lengthened duration of time (National Child Traumatic Stress Network, 2020). According to Cénat and Dalexis (2020), complex trauma can impact both physical and mental health of victims. Cénat and Dalexis (2020) explained various traumas students can experience include but are not limited to war experiences, physical abuse, emotional abuse, psychological abuse, sexual abuse, neglection, and torture. Children who have experienced any complex trauma attend school with varying needs that teachers must help meet. For teachers and administrators to create trauma-sensitive schools, it is mandatory to fully understand the context of trauma and recognize its widespread effects on youth (Alexander, 2019). Understanding students' trauma and responding appropriately through differentiating instruction according to needs are crucial steps which lead positive educational achievement and wellbeing for students with trauma in the classroom. This study was focused on perceptions of junior high teachers involving differentiated instruction for students who have experienced trauma.

This study involved addressing a gap in practice and literature relating to perceptions of junior high school teachers and their challenges in the classroom regarding differentiating instruction to meet needs of traumatized youth. Results of this study may contribute to and advance social change by providing insights to educators and

administrators involving how to support teachers through targeted resources and professional development programs and overcome their challenges in order to mitigate negative effects of trauma on students' education (Berger et al., 2021). Chapter 1 includes an introduction to the study, background of the problem, problem statement, and purpose of the study. Additionally, research questions, conceptual framework, nature of the study, assumptions, scope and delimitations, limitation, and significance of the study are discussed.

Background

Increasing numbers of students attend schools with personal traumatic histories, as schools are usually the first point of contact for students with mental health services in Canada and elsewhere (Georgiades et al., 2019). 20% of Canadian children will experience mental health by the age 16 and 67-70% of children and adolescents experienced deterioration involving at least one mental health domain such as depression, anxiety, irritability, attention, hyperactivity, or obsession/compulsions (Canadian Paediatric Society, 2022). By age 16, 66% of children in the U.S. have experienced one traumatic event (National Child Traumatic Stress Network, 2021). In the U.S., 8% reported a lifetime prevalence of sexual assault, 17% reported physical assault, 39% reported witnessing violence, while many others were reported to be experiencing multiple and repeated traumatic events (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). The Mental Health Commission of Canada (2022) reported 70% of persons living with mental illness see their symptoms begin before adolescence. Mental illness affects 1.2 million of children and youth. By age 25, this

number rises to 7.5 million (about one in five Canadians). According to the SAMHSA (2022), results of traumatic stress in students who have experienced traumatic events present differently. Inability to cope with the increased anxiety due to the COVID-19 pandemic exacerbated traumatic experiences for some children (Public Health Ontario, 2020). Two-thirds of parents reported their children's mental health worsened during the pandemic, and 48% reported their children were experiencing new mental health challenges since the onset of the pandemic (UNICEF Canada, 2021).

For those in junior high school, signs of traumas include feeling depressed or alone, anxiety, developing eating disorders and self-harming behaviors, abusing alcohol, substances or drugs, and becoming sexually active (Brown et al., 2022; SAMHSA, 2022; Xu et al., 2021). Youth who need mental health services as they are entering the adult mental health system are often not well supported. Of this group, less than 20% receive appropriate treatment, close to the number of children receiving needed mental health services. Impacts of these adverse childhood experiences (ACEs) can extend beyond children, with far-reaching experiences for entire communities (Bethell et al., 2017; McCoy et al., 2019). This prompted educators to begin to navigate teaching of mental health literacy, but school resources and structures have not changed, and they are struggling. According to Kutcher (2022) teaching mental health is inconsistent across Canada as it is not compulsory for school curriculums to deal with the issue. Again, children born to immigrant families face a greater risk of poor mental health outcomes, as in Canada there are mental health disparities between immigrant and non-immigrant children (Gadermann et al., 2022). This often leads to lack of a strong commitment and

uncertainty about what teachers should be doing regarding mental health. Training Canadian teachers how to incorporate and implement mental health-informed curriculum can positively influence self-efficacy in terms of providing mental health support and the ability to foster a healthy classroom environment (Samir, 2022).

A gap in practice and literature exists regarding junior high school teachers' perceptions of challenges involving differentiating instruction for students with trauma. Hence, this study involved exploring perceptions of this population as they endeavor to meet academic needs of their students. Through recognizing and comprehending this topic, appropriate supports can be provided for teachers to better understand childhood trauma and implement strategies for reducing negative and toxic effects associated with trauma to help students thrive in the classroom.

Problem Statement

The problem that was addressed through this qualitative study was that junior high school teachers face challenges involving differentiating their pedagogy to meet academic needs of students with trauma. At the local setting where data were collected, some administrators through personal communications expressed the necessity for teachers to have more strategies and change their pedagogical skills to effectively support their students who are experiencing childhood trauma that affect their learning. Through professional development workshops and teachers' professional learning community (PLC) sessions in 2021, it was determined these teachers need more strategies to support students with trauma.

From 1993 to 2021, 20% of Canadian children have been diagnosed for at least one mental disorder (Vaillancourt et al., 2021), while in the U.S., childhood trauma affects 34.8 million children or nearly half of the American children, which can severely harm their future health and wellbeing (National Institute for Children's Health Quality, 2022). Nearly every school and classroom have children who have been exposed to childhood trauma (Coody & Coody, 2022; Trauma and Learning Policy Initiative, 2022). 20% of youth may be suffering from some form of mental health issue (Alberta Teachers Association, 2022). Although school counselors, psychologists, and social workers are frequently regarded as central mental health service providers, teachers' mental health literacy is critical to promoting children's physical and psychological health and wellbeing (Imran et al., 2022).

Deaton et al. (2022) emphasized the need for teachers to be trained to address student mental health concerns in the classroom as well as strategies to support students' needs. Deaton et al. found overall, teachers lack support and training to address student mental health concerns in the classroom, resulting in various attempts involving trial and error. Considering the increasing need for school mental health services, implementation of new mental health initiatives, and essential role of teachers in service delivery, more information is required about teachers' experiences with student trauma as there is a lack of research. More research is needed regarding strengths and weaknesses of interventions as well as successful implementation strategies.

Many teachers are not adequately prepared to instruct students impacted by childhood trauma. Brown et al. (2019) identified a gap that despite teachers' expected

roles involving supporting students' mental health, preservice teacher education programs lack training components and certification standards for teaching students with distressing experiences that may lead to mental health issues. Many teachers do not have training in special education, nor do they feel confident in their abilities to meet needs of learners who require special education services (Gilmour et al., 2022). A potential consequence of insufficient teacher preparation, skills, supports, and student demands in the classroom, is that teachers may eventually decide to leave their current teaching placements, school, or the teaching profession, which is harmful to student academic outcomes (Bettini et al., 2020; Gilmour & Wehby, 2020; Gilmour et al., 2022). This is problematic as turnover can aggravate both full-time and substitute teacher shortages in terms of high-need schools and subjects. Other challenges experienced by teachers involving addressing students' trauma challenges in the classroom include role clarification between themselves and service providers and a need for strong interprofessional relationships to enhance collaboration (Maelan et al., 2020). The National Center for Health Statistics (2020) identified, anxiety, depression, and attention deficit hyperactivity disorder (ADHD) as the most commonly diagnosed mental disorders in children. Efforts to meet needs of these children in schools and successfully plan interventions for academic achievement are challenging for teachers. As a result of challenges faced by teachers in the local setting regarding differentiating instruction for students with trauma, understanding junior high teachers' perceptions of differentiating instruction for these students becomes necessary in order to appropriately support these teachers to meet students' academic and socioemotional needs.

Purpose of the Study

The purpose of this qualitative study was to explore junior high school teachers' perceptions of challenges involving differentiating pedagogy to meet academic needs of students with trauma. Teachers play a significant role in addressing students' mental health issues including trauma (Deaton et al., 2022), and therefore their perceptions of differentiating instruction for these students should be sought, explored, and understood in order to support students emotionally and academically. As many schools now require effective implementation of trauma-informed practice responses, exploring voices and lived experiences of teachers has taken on greater importance given the recent Covid-19 pandemic that intensified you and child adversity and mental health (Brunzell et al., 2022) . There has been minimal research regarding how teacher preparation programs prepared them to teach students impacted by trauma. This research involved addressing the gap in research by studying junior high school teachers' perceptions regarding their challenges involving differentiating instruction with students of trauma as well as essential resources to support teachers in overcoming their struggles.

Research Questions

The following research questions guided this qualitative research study:

RQ1: What are perceptions of junior high school teachers regarding differentiating instruction to meet needs of students with trauma?

RQ2: What supports or resources do teachers need to address their pedagogical challenges in terms of differentiating their instruction to meet needs of students with trauma?

Conceptual Framework for the Study

The framework that grounded this basic qualitative study was the trauma-informed care (TIC) framework that started in medicine in the 1960s as an approach that involves taking trauma into account when diagnosing and treating individuals. The trauma-informed care framework includes six key principles: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice, and choice, and cultural, historical, and gender issues (Substance Abuse and Mental Health Services Administration (SAMHSA), 2014). Trauma-informed care calls for changes in institutional culture where emphasis is placed on understanding, respecting, and appropriately responding to effects of trauma (Bloom, 2010).

Four key elements of the trauma-informed care approach are known as the Four R's: realizing the impact of trauma, recognizing signs and symptoms of trauma, responding by integrating knowledge about trauma into policies, procedures, and practices, and resisting retraumatization (SAMHSA, 2014). The trauma-informed care framework was used to address strategies for educators aiming to implement trauma-informed teaching while avoiding possible retraumatization. This framework was used when asking teachers questions about their perceptions of differentiating instruction for students with trauma, as well as supports and resources needed to address pedagogical challenges involved with differentiating instruction for these students.

The trauma-informed care (TIC) principles were used to understand trauma in youth and explain the effects of ACEs on the body, brain and behavior of traumatized youth. Educators are encouraged to invest in collaboration and mutuality while engaging

in peer support to avoid being vulnerable to secondary traumatic stress (STS; Koslouski & Chafouleas, 2022). Ormiston et al. (2022) explained secondary traumatic stress to mean the consequent emotions and behaviours that naturally result from the knowledge of a traumatic experience someone being helped has suffered. Teachers' expected expertise, training needs, and understanding of the prevalence of childhood trauma and its impact on youth was explored through research questions.

If teachers are not properly aligning teaching strategies with SAMHSA principles, challenges and frustration can arise when teaching students with trauma in terms of academic achievement and behaviour. Teachers provide support to enhance traumatized children's ability to handle academic challenges (Guy-Evans, 2020) through the methods available to them. However, they may not always understand that students impacted by trauma learn differently due to effects on the brain that relate to several impairments, causing them to perform poorly in school (Mahmud, 2022). This trauma-informed care framework guided me in asking teachers about their perceptions regarding supports they needed to address their pedagogical struggles involving differentiated instruction to meet needs of students with trauma. In Chapter 2, a comprehensive and detailed analysis of the trauma-informed care framework is discussed.

Nature of the Study

A basic qualitative research design was employed for this study. Through this qualitative research design, interviews were used to collect junior high teachers' narratives regarding their experiences involving differentiating instruction for students who have experienced trauma. Burkholder et al. (2020) described interviews as a

predominant form of data collection that leads to rich information from study participants

which can involve transcriptions of responses, vocal tone and inflection, and body

language. DeJonckheere and Vaughn (2019) explained one of the core forms of in-depth

qualitative interviews is semistructured interviews that was used in this study.

Conducting qualitative research and using semistructured interviews provided me

opportunities to learn and focus interviews with autonomy to explore pertinent ideas and

further enhance understanding of the issue being studied. An interview protocol was used

for gathering data. Study participants were selected through purposeful sampling.

Participants' responses were recorded for eventual transcription and coding using in vivo

and process coding

Definitions

The following terms were used in this study:

Adverse childhood experiences (ACEs): Potentially traumatic events that occur in

childhood between 0 and 17. (Centers for Disease Control and Prevention [CDC], 2022).

Childhood trauma: A scary, dangerous, violent, or life-threatening event that

happens to children between 0 and 18 (Center for Child Trauma Assessment, Services

and Interventions, 2022).

Child traumatic stress: Anxiety or strain that occurs in children when they are

exposed to traumatic events or situations that overwhelm their ability to cope. This

exposure can be acute or chronic from directly experiencing or only witnessing trauma.

80% of children experience traumatic stress reactions after exposure to traumatic events

or situations (McDowell, 2022).

Complex trauma: Children's exposure to multiple traumatic, severe, and pervasive events early in life, which can disrupt many aspects of their development and formation of a sense of self, while also interfering with their ability to form secure attachments upon which their physical and mental development require for safety and stability (National Child Traumatic Stress Network, n.d.).

Differentiation of instruction: An instructional approach that accommodates diversity of students by coping with student diversity, adopting specific teaching strategies to meet students' needs, invoking a variety of learning activities, monitoring individual student needs, and pursuing optimal learning outcomes for all learners (Lindner & Schwab, 2020).

Junior high teachers: Teachers who work to educate and develop young minds in grades 7 through 9 to prepare them to confidently progress to high school (Alberta Teachers' Association, 2022).

Student mental health concerns: Illnesses such as anxiety, depression and ADHD including symptoms that can affect students' thinking, perceptions, behaviours, and moods (Deaton et al., 2022).

Trauma: A severe emotional response to a terrible event such as rape, accident, war, or natural disaster. Typical reactions after these events include denial, rejection, and shock, while longer term reactions include unpredictable emotions, strained relationships, and flashbacks (American Psychological Association, 2022).

Trauma-informed teaching: A teaching approach characterized by realization of widespread impacts of trauma on youth and pathways to recovery .Trauma experiences may be accompanied by specific signs and symptoms (Champine et al., 2022).

Assumptions

It was assumed that junior high teachers answered interview questions honestly and conscientiously in order to ensure data reliability. I assumed all participants worked with students who experienced trauma or are experiencing trauma that affects their learning in classes. It was assumed that participants would provide adequate narratives about their experiences in differentiating instruction for their students with trauma. Additionally, I assumed participants adequately represented populations of junior high teachers who are providing instruction for students with trauma, and their perceptions could be generalized to larger populations.

Scope and Delimitations

This study involved perceptions of junior high teachers in an urban school district located in Alberta, Canada. Participants were 12 educators teaching junior high students in grades 7 through 9. Their perceptions were explored through interview questions asking involving challenges with differentiating instruction to meet needs of students with trauma. All participants were interviewed individually. Excluded from participation were specialist teachers, administrators, social workers, and education assistants. Semistructured interviews were used for data collection to address challenges participants experienced while differentiating instruction for students with trauma.

The research site was selected because of the high population of students with mental health concerns who require more comprehensive support to meet their unique emotional and behavioural needs compared to the other sites. Private and charter schools were excluded from this study. Findings from detailed thematic analysis of this population's perceptions and experiences may support advancement of appropriate and relevant professional learning opportunities for these educators after the study completion.

Limitations

In this study, a sample of 12 participants was small compared to the number of junior high school teachers who provide instruction for students with trauma in the whole district. As such, generalizability of results and findings may be limited. It may be difficult to generalize findings to elementary, high school, or early childhood teachers who may also teach students with trauma. According to Hennink and Kaiser (2021), qualitative studies can reach saturation with relatively small sample sizes with little or no new codes or themes created from new data.

Interviews were the only method of gathering participants' perceptions and experiences in this study. Another limitation involves researcher bias which can happen unintentionally. As the sole researcher and teacher of students struggling with mental health concerns, results of this study may unintentionally be affected by my personal experiences working with these students. To avoid this, I did not engage in unexplained or deceptive forms of research to deliberately mislead participants about purposes and goals of the study, or how data would be used.

Significance

This research may contribute to current studies involving ensuring all students are successful in school. The aim of this study was to address a gap in literature regarding junior high teachers' perceptions of their struggles involving differentiating instruction for students with trauma as well as implications of differentiated instruction to meet students' needs. Students who have been impacted by trauma may learn differently due to effects on cognitive performance and the brain that can lead to low executive functioning, poor self-regulation skills, and memory and visual-learning impairments, causing them to perform poorly in school (Mahmud, 2022). However, there is limited research regarding teachers' perceptions and experiences involving how they were trained to teach students impacted by trauma successfully. Teachers' perceptions were studied to better understand their challenges while providing academic supports for students experiencing traumatic stress in the classroom.

As students affected by trauma are in mainstream, alternative, and flexible learning settings , building capacity for implementing trauma-informed instruction aimed at meeting their needs in terms of improving student attention, emotional resilience, self-control, and memory and immune responses becomes a necessity. This research may lead to positive social change by identifying challenges of these teachers and highlighting resources to support them.

Summary

Chapter 1 included an introduction, background information, and problem and purpose statements. Research questions used to guide data collection were included. The

conceptual framework, nature of the study, assumptions, scope, delimitations, and

limitations were discussed. The study's significance and implications for social change

were explained. Chapter 2 includes a discussion of current literature related to the study,

research strategies, and detailed analysis of the conceptual framework.

Chapter 2: Literature Review

Chapter 2 includes an extensive literature review on childhood trauma and its impact, psychological trauma and differentiation of instruction for students with trauma. The problem addressed in this study was that junior high school teachers struggle to differentiate their pedagogy to meet academic needs of students with trauma. Considering the increasing demand for mental and behavioural health supports in schools (Deaton et al., 2022), and paramount responsibilities of teachers in service delivery, knowledge of teachers' experiences is urgently required with regard to mental health concerns of students in order to facilitate adequate and targeted support for trauma-informed teaching (Brown et al., 2019; Kostouros et al., 2022). The purpose of this basic qualitative study was to explore junior high school teachers' perceptions of challenges involved with differentiating pedagogy to meet academic needs of students with trauma. Abundant literature exists on childhood trauma and its impact on children' cognitive, academic, and social emotional developments. However, research involving junior high teachers' perceptions and experiences regarding how they teach students impacted by trauma is minimal. This study involved filling this gap in literature.

Chapter 2 includes strategies used to conduct literature searches, conceptual framework, background information regarding historical trauma, ACEs, and effects of childhood trauma. The literature review continued with descriptions of developmental trauma disorder, trauma-informed care, and trauma-informed teaching. Finally, differentiation of instruction is explored, as well as teachers' essential roles within the school setting in terms of trauma interventions for students.

Literature Search Strategy

To search for literature involving teachers' perceptions of their struggles in terms of differentiating instructions for students with trauma, a variety of sources were used. Both online and physical resources were researched to address the topic. The Walden University Library and Google Scholar were consulted for peer-reviewed articles, books, and other publications mainly that were published between 2019 and 2023. The following databases were used in this study: SAGE Journals, ERIC, EBSCOHost, Google Scholar, ProQuest Central, GALE, PBIS, and Library and Archives Canada. I used the following search terms: *trauma*, *childhood trauma*, *complex trauma*, *adverse childhood experiences*, *impact of childhood trauma*, *developmental childhood disorder*, *trauma-informed care*, *trauma-informed teaching*, *differentiation of instruction*, *teachers' perceptions of trauma in the classroom*, *teachers' perspectives of differentiation of instruction for students of trauma, trauma-informed care, trauma-informed approach,* and *trauma-informed practice.* Various scholarly articles were reviewed for relevance in terms of trauma-informed care practice, childhood trauma, and teacher perceptions of struggles with differentiating instruction for classroom students impacted by trauma. Truncated and wildcard searches were used to find variations of search terms, especially in cases where there was little current research.

Conceptual Framework

This study was grounded in the trauma-informed care framework. Trauma-informed care for children emanated from trauma impact studies on children.

TIP, TIC, and TIA refer to an organizational change framework that explores the development of coherent cultures, practices, and policies across systems of care (DeCandia, 2014). This approach differs from trauma-specific interventions designed for treating trauma associated symptoms and disorders because these are clinical in nature. TIC promotes institutional change processes that involve incorporating TIP across various system levels for creating policies, practices, and environments designed for building collaborative relationships for recovery and retraumatization prevention (Bunting et al., 2019).

The TIC approach includes six principles: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical and gender issues. Four key elements of trauma informed care assumptions known as the Four Rs are generated from these principles. These are realizing the impact of trauma, recognizing signs and symptoms of trauma, responding by integrating knowledge about trauma into policies, procedures, and practices, and resisting retraumatization (Pennsylvania Commission on Crime and Delinquency, 2019; SAMHSA, 2014).

Schools globally are attempting to incorporate the TIC approach within the Positive Behavioural Interventions and Supports (PBIS) framework. Positive Behavioural Interventions and Supports (PBIS) is an evidence-based framework used for promoting positive school climates and improving the student social and behavioral outcomes (Lloyd et al., 2023). Educators, following the lead of mental health organizations, are beginning to intensify efforts in ensuring teachers work in a system that accurately

provide information about the prevalence and impact of childhood trauma. However, a recent literature analysis found no rigorous evaluations or evidence of the impact of these efforts in educational settings (Eber et al., 2020; McCoy et al., 2019; Reinbergs & Fefer, 2018). Ongoing analysis of teaching implementation and interrelated strategy refinement (Eber et al., 2020) are methods to use while providing trauma-informed interventions to improve the social-emotional, behavioural and academic achievements for students with trauma.

<div align="center">**Literature Review Related to Key Variables and Concepts**</div>

History of Psychological Trauma

Psychological trauma is a relatively newly understood social and medical term (Shugol, 2020). The study of psychological trauma began in the later end of the nineteenth century with the work of the French neurologist Jean Martin-Charcot (1825-1893) who was the first person to attempt to study and define a disease known as "hysteria" (Shapiro & Forrest, 1997). Prior to Charcot's research, hysteria was considered a disease with incomprehensible and incoherent manifestations and symptoms (Herman, 1992). Charcot documented the characteristics and development of the disease. Charcot demonstrated the ailment was psychological in nature by artificially producing the disease's symptoms in patients by using hypnosis (Shapiro & Forrest, 1997). Charcot did not produce the nature of the disease and was not able to offer a plausible intervention for treatment. The goal of Charcot's students inclusive of Pierre Janet, William James and Sigmund Freud included conducting a research on the nature and possible treatment for hysteria.

Janet and Freud inferred the signs of hysteria as the psychological trauma result borne out of an altered state of consciousness by intolerable emotional reactions to traumatic events. Janet called the reaction "dissociation, while Freud called it "double consciousness" (Herman, 1992, p. 12). Janet and Freud discovered symptoms could be relieved by verbalizing the traumatic events stored in unconscious memory. Janet referred to this treatment as "psychological analysis", while Freud called it "psychoanalysis" (Shapiro & Forrest, 1997). The work produced modern psychotherapy, a treatment to discuss the hysteria by the patient in an encouraging manner for symptoms alleviation (Shapiro & Forrest, 1997). This Psychoanalytic theory dominated research into trauma towards the end of the nineteenth century to the early 20th century.

The research of psychological trauma resurfaced during World War I after the death of Charcot and the recantation of Freud's work. Charles Myers, a British psychologist examined soldiers for "shell shock" (Herman, 1992, p. 20). The prolonged exposure to war and the aftermath produced hysterical symptoms in men and women. Traditionalists viewed soldiers afflicted with combat neurosis "as cowards and inferior human beings" (Herman, 1992, p. 22). Yealland, who believed the Traditionalists, used threats, punishment, and shame methods with soldiers presented with mutism due to psychological trauma effects. This continued W.H.R Rivers, a physician, provided a more humane treatment based on psychoanalytic principles (Shapiro & Forrest, 1997). After about a century of research, the value of crisis intervention after a psychological trauma rose. This research began uncovering facets of psychological trauma.

Shugol (2020) presented the significant historical events associated with psychological trauma chronologically from an investigative perspective to illustrate the nonlinear development of the concept of mental trauma. Shugol (2020) described how people developed extreme levels of physical stress referred to traumatic neurosis (Macleod, 2022) in light of the technological developments of the 19th century. The massive number of patients and the intensity of the suffering challenged the existing medical knowledge to begin thinking psychological terms. Further developments of the understanding of psychological trauma can be traced to the World War 1 also called the Great War (1914-1918 and extended until 1920) (Cebula, 2020). This was the first war where modern technologies such as tanks, chemical weapons and machine guns were used.

A renowned English neurologist Sir Charles Symonds (1890-1978) during World War II service with the Royal Air Force published articles emphasizing the role of fear initiating psychological breakdown in combat airmen (termed Lack of Moral Fibre) (Macleod, 2022; McAllister, 2022). Serving in a medical capacity in prior war, and well acquainted with dangers of the war Symonds re-presented the phylogenetic conceptualizations formed by his colleagues addressing shell shock (Macleod, 2022). In 2013, the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) re-classified PTSD, and removed the diagnosis from the Anxiety Disorders category. This view was introduced a century ago by the trench doctors of World War I and affirmed by Symonds' clinical experience and studies in World War II (Macleod, 2022).

Trauma experiences have been identified by the WHO as a key factor for suicide deaths with estimated 800,000 suicide deaths globally each year (Grandison et al., 2022; World Health Organization, 2018). Grandison et al.'s (2022) findings regarding suicidal histories in adults experiencing psychological trauma indicated that even among adults with suicidal history seeking psychological trauma treatment, 95% or higher of adult study participants reported to have experienced childhood emotional abuse (CEA) and childhood emotional neglect (CEN). Repeated or pervading traumatic events such as childhood trauma are known to further increase negative risks including suicide (Angelakis et al., 2019). The experience of trauma is extremely out of the ordinary that the affected individual might lose fundamental assumptions about the world (Wilde, 2022). This is the reason traumatizing experiences can be termed overwhelming, unbearable, or unbelievable.

Considering the absence of background feelings of belonging in trauma, researchers often focus their work on post-traumatic stress disorder as the most severe and long lasting of the trauma- and stressor-related disorders when considering psychological trauma (Wilde, 2022). As discussed by Wilde (2022), (post-)traumatic experiences essentially entails range of disorders. Therefore, psychological trauma is viewed as encompassing the significant alterations to an individual's experience of being in the world, following a severely distressing event. Jenness et al. (2021) found that maltreated youth's traumatizing experiences led to the development of neurological alterations in the brain that contribute to psychopathology in people.

Today, trauma, crisis, danger and fear are prevalent in societies as studies about psychological trauma and the impacts continue to increase. Post-traumatic stress disorder (PTSD) is the most widely recognized among the trauma-related disorders (Hudak & Gannon, 2022). Trauma at first was mainly researched as a result of tragedy and war (Shapiro & Forrest, 1997), but presently has become a part to human experience with creation of different crisis intervention techniques for promoting mentally healthy individuals. For children with psychological trauma, this can create significant difficulties with behaviour and learning.

ACEs

The term ACE was first coined by Felitti et al. in American research on the effects of adversities across life course. The term has since been interpreted as circumstances causing persistent stress responses in child's immediate environment. Some unsettling childhood experiences are normal and common. These including stressful feeling prior to moving house or exams. Some children grow up with emotionally demanding experiences or tough environments making their core belief system to recognize a lack of secure attachment style formation (Downey & Crummy, 2022). These can be traumatic with an enduring impact on their development, health and wellbeing (Bunting, et al, 2019;). Such experiences can be sexual and physical abuse and neglect within their home environment or community or having to take on adult responsibilities (Bunting et al, 2019). Other potential traumatic events according to the Substance Abuse and Mental Health Services Administration (2022) include psychological, physical, or sexual abuse; Community or school violence; Witnessing and/or experiencing household violence;

National disasters or terrorism; Commercial sexual exploitation; Unexpected or violent

loss of a family member; Refugee or war experiences; Military family-related stressors

(e.g., deployment, parental loss or injury); and serious accidents or life-threatening

illness.

These experiences can be exacerbated by the child's wider social circumstances,

such as poverty or discrimination on the basis of race, ethnicity, culture, gender or sexual

identity. ACEs have been expounded in various ways since first conceptualized.

According to Young Minds (2018):

> Adverse Childhood Experiences (ACEs) are highly stressful, and potentially
>
> traumatic, events or situations that occur during childhood and/or adolescence. It
>
> can be a single event, or prolonged threats to, and breaches of, the young person's
>
> safety, security, trust and bodily integrity. These experiences directly affect the
>
> young person and their environment, and require significant social, emotional,
>
> neurobiological, psychological or behavioural adaptation. Adaptations represent
>
> children and young people's attempts to survive in their immediate environment
>
> (including family, peer group, schools and local community), finding ways of
>
> mitigating or tolerating the adversity by using the environmental, social and
>
> psychological resources available to them, establishing a sense of safety or
>
> control, making sense of the experiences they have had, the community or family
>
> that they are growing up in and the identity they are forming. (p. 28)

The key periods for growth, development, and education are childhood and adolescence

and these are vital for shaping the period of adulthood period. A hostile environment can

challenge the phases in which a child grows (Nivatha & Jayanthi, 2022). If young

children live in hurtful environments or circumstances or are exposed to conditions that

are adverse for them early on in life, this can lead to long or short tern effects in their life

and/or health. When confronted with continuous early life stress (such as ACEs), their

particular reward pathways in the brain (such as the hypothalamic-pituitary-adrenal axis)

become dysregulated and do not function in a normal manner (Wu et al., 2022). Human

studies document a relationship between the neurobiological effects of child maltreatment

and alterations in the size and volume of areas of the brain associated with addiction,

such as the prefrontal, thalamic, and cerebellar regions (Wu et al., 2022). A person's

response to adverse childhood experiences determines whether or not they are considered

traumatic, in which the experience is so overwhelming that it engulfs their coping

mechanisms leading to lasting negative effects on wellbeing (Quarmby et al., 2022).

Children with history of adverse childhood experiences that show post-traumatic stress

symptoms have also demonstrated additional risks for negative behaviours including

substance use, as studies suggest that early life stress is related to difficulties with

emotion regulation, which is also associated with substance use in later life (Wu et al.,

2020).

     With 20% of children experiencing various ACEs (Keane & Evans, 2022),

adverse childhood experiences have led to huge mental health issues for many young

people. According to the 2017 follow up survey mental health statistics released by

Young Minds (2021), a UK's recognized mental health platform supporting young

people's mental health, a staggering data shows the mental health population of children

between ages 5 to 16 up to the junior high school. One in six children aged five to 16

were identified as having a probable mental health problem in July 2021, a huge increase

from one in nine in 2017. That's five children in every classroom (NHS Digital, 2021).

The number of A&E attendances by young people aged 18 or under with a recorded

diagnosis of a psychiatric condition more than tripled between 2010 and 2018-19 (NHS

Digital/The Independent, 2020). 83% of young people with mental health needs agreed

that the coronavirus pandemic had made their mental health worse (Young Minds, 2020).

In 2018-19, 24% of 17-year-olds reported having self-harmed in the previous year, and

seven per cent reported having self-harmed with suicidal intent at some point in their

lives. 16% reported high levels of psychological distress (NCB and UCL Research,

2020). Suicide was the leading cause of death for males and females aged between five to

34 in 2019 (ONS: Deaths Registered in England and Wales, 2019). Nearly half of 17-19-

year-olds with a diagnosable mental health disorder has self-harmed or attempted suicide

at some point, rising to 52.7% for young women (NHS Digital 2018). Adults who

experienced four or more adversities in their childhood are four times more likely to have

low levels of mental wellbeing and life satisfaction (Young Minds, 2021).

For some children already suffering the effects of adverse childhood experiences,

the impact of Covid-19 pandemic increased their mental health problems, as heightened

family stress and turmoil increased the risk for and exacerbated child maltreatment

(Racine et al., 2020). Cost et al. (2021) found that 67% to 70% of children and youth

experienced deterioration in at least one mental health domain during Covid-19. Cost et

al. (2021) also found rates of deterioration were greatest for those with pre-existing

condition and among children who perceived greater stress from being socially isolated.

This is consistent with other cross-sectional studies examining Covid-19 in children and

youth with a pre-existing mental health problem as well as other pre-existing

vulnerabilities like physical health problems and neurodevelopmental conditions (Hawke

et al., 2020).

The negative effects of ACEs and their impact on physical and mental health has

been widely studied and will continue to be studied. The ACE study is an ongoing

research study that explores the relationship between childhood trauma experience and

the long-term medical health and social consequences (Centre for Child Trauma

Assessment, Services and Interventions, 2022). Results from show that approximately

65% of children experience at least 1 adverse event during their childhood and that nearly

40% of children experience at least 2 or more ACEs (Centre for Child Trauma

Assessment, Services and Interventions, 2022). Centre for Child Trauma Assessment,

Services and Interventions' (2022) study stated that the greater number of ACEs a child

has been exposed to, the greater the risk for developing physical and mental health

problems throughout their lifespan (e.g., heart and lung disease, alcoholism, risk for

intimate partner violence, drug use, poor academic or work performance, depression,

suicide). This assertion was corroborated by the Centers for Disease Control and

Prevention (2022) which stated 61% percent of adults had at least one ACE and 16% had

four or more types of ACEs.

Stated earlier in this review is the fact that the signs and symptoms of childhood

traumatic stress differently manifest in particular child and at different stages and ages

(Center for Early Childhood Mental Health Consultation, 2019; Gillette, 2021;

SAMHSA, 2022). For students at the middle to junior high school who have or are

experiencing trauma, it can exhibit in different moods, thoughts and behaviours at various

times to become part of the child's normal development (Canadian Medical Health

Association, 2022). These include, getting significantly lower marks in school, avoiding

friends and family, having recurring outbursts of anger, changes in sleeping or eating

habits, acting out or rebelling against authority, drinking a lot and/or using drugs, not

doing the things he or she used to enjoy, constant worrying, experiencing frequent mood

swings, not concerned with his or her appearance, obsessed with his or her weight,

lacking energy or motivation, increased risk-taking behaviour, feeling very down

(Canadian Medical Health Association, 2022; Larson et al, 2017), and becoming involved

in risky sexual behaviour (Substance Abuse and Mental Health Services Administration

(2022).

Children growing up with toxic stress may grow to have difficulty forming

healthy and stable relationships, unstable work situations as adults, struggle with

finances, and depression throughout life (Centers for Disease Control and Prevention,

2022) and these can be passed to their own children. Other children may face further

exposure to toxic stress from historical and ongoing traumas due to systemic racism or

the impacts of poverty resulting from limited educational and economic opportunities

(Centers for Disease Control and Prevention, 2022). Adverse childhood experiences

(ACEs) disproportionately impact African Americans as a result of profound subjection

to historical-systemic oppression in addition to personal and intergenerational trauma

exposure (Hampton-Anderson et al., 2021). While Felitti et al., 2019 stated individuals

from all sociodemographic backgrounds can be exposed to and negatively be impacted by

ACEs, Hampton-Anderson et al.'s (2021) study on the adverse childhood experiences in

African Americans showed a compelling evidence that the experience of childhood

adversity is not equal across racial/ethnic groups. Hampton-Anderson et al. (2021)

concluded that increased vulnerability to ACEs in African Americans reflects a complex

interplay of contextual factors that can negatively impact the physical and mental health

over time. Conching and Thayer (2019) and McCrea et al. (2019) corroborated the

discussion that the combination of historical-systemic, community intergenerational, and

personal trauma exposure may impact African Americans' stress-related biology and

approach to coping and render them more vulnerable to the negative and long-term

effects of ACEs. This inequality partially explains the reason that socioeconomically

disadvantaged children and youth are overly represented when it comes to mental health

problems (Guhn et al., 2020).

ACEs can affect the brain negatively (Wu et al., 2022). The relationship between

early life adversities and cognitive flexibility is underreported (Kalia et al., 2021). Kalia

et al. (2021) found that perceived chronic stress was not associated with cognitive

flexibility but did correlate positively with ACEs. Hence, individuals with a higher

number of ACEs were more likely to report higher levels of perceived chronic stress,

while exposure to adverse childhood experiences predicted lower scores on completed

categories. Kalia et al.'s findings provided further evidence that individuals with early

life adversity exhibit reduced cognitive flexibility in adulthood. Earlier, Arnsten's (2015)

study of how stress weakens the prefrontal networks corroborated Kalia et al.'s (2021) findings. Arnsten's (2015) study indicated multiple cognitive disorders are worsened by exposure to stress and involve dysfunction of the newly evolved prefrontal cortex.

Developmental Trauma Disorder

Each year, more than 3 million children are reported to authorities for abuse or neglect in the US, and about 1 million of those cases are substantiated (van der Kolk, n.d.). Many more thousands of children undergo serious traumatic curative and surgical procedures and are accident and community violence victims (van der Kolk, n.d.), while the leading cause of mortality among children is found to be trauma (Willer et al., 2022). Nevertheless, most trauma begins at home with huge majority of people (about 80%) responsible for child maltreatment are children's own parents (van der Kolk, 2019). In psychiatry and medical examination, developmental milestones inquiry is common. Van der Kolk asserted that from research, traumatic childhood experiences are not only extremely common but also have a profound impact on many different areas of functioning. For instance, children exposed to alcoholic parents or domestic violence rarely have secure childhoods as their symptomatology tends to be pervasive and multifaceted and likely to include depression, various medical illnesses, and a variety of impulsive and self-destructive behaviors (Sen-Aslam, 2021; van der Kolk, n.d).

Children who experience both traumatic victimization such as maltreatment, exploitation, violence, and fundamental disruptions in their attachment relationships with primary caregivers are at risk for psychiatric (internalizing) and behavioural (externalizing) disorders that continue beyond, posttraumatic stress disorder (PTSD)

(Ford et al., 2021; LyonsRuth & Brumariu, 2020). The need for a transdiagnostic approach to assessing and treating traumatized children was highlighted by a study that found that when post-traumatic stress disorder (PTSD) was diagnosed in childhood, there was a 5–7 times increased risk of developing a depressive, anxiety, or disruptive behaviour disorder within the next six years (Basu et al., 2020; Ford et al., 2021). This necessitated the development of trauma-informed care approaches to support children's mental health. Bloomfield et al. (2020) and Anda et al. (2020) supported this in their discussion that the movement in the mental health and many collaborating fields to adopt trauma-informed approaches to assessment and treatment has emphasized the importance of not overlooking the potential impacts of traumatization beyond the symptoms of post traumatized stress disorder (PTSD).

Kaplan et al. (2016) found prearrival trauma, psychological continuation of traumatic events, developmental impact of trauma, and the quality of family functioning were found to influence cognitive functioning, learning, and academic performance. For many children who have experienced or are still experiencing developmental trauma disorder, the school environment can be likened to a battleground where the world assumptions as a dangerous place can obstruct the ability to regulate their classroom behaviour. As discussed by the Trauma and Learning Policy Initiative (n.d.), many of the impacts of their traumatic experiences on classroom behaviour arise from the same problems that create academic difficulties – the inability to process social cues and to convey feelings appropriately. Schools need to understand the educational effects of trauma to become safe and supportive environments for students of trauma to make

positive adult and peer connections for confidence and interest in their learning

advancement (Alexander, 2019; Keane & Evans, 2022).

TIC

Duffee et al. (2021) explained the conception of trauma-informed care stated that

the current advancement to understand the lasting effects of childhood adversities paved

the need for organized strategy to identify and intervene with children, adolescents, and

families who may be at risk for maladaptive responses. This led to the emergence of

trauma-informed care concept which appeared in literature in response to greater

recognition of the prevalence of trauma (Baker et al., 2018; Bargeman et al., 2021;

Brown et al., 2022; Rajaraman et al, 2022). The existence of trauma coupled with

disadvantageous environments propelled the ongoing global commitment to sustained

healthy child and adolescent developments framework in the 2030 Sustainable

Development Goals, which trace back to the 1989 Convention on the Rights of the Child

(CRC) (Bargeman et al., 2021).

TIC framework becomes critical for pediatric clinicians to operationalize in

practice (Goddard, 2021), with the Four R's approach: realize, recognize, respond, and

resist re-traumatization used by pediatric providers as guidance. The TIC approach

includes the realization of how adverse childhood experiences (ACEs) impact health. It

emphasizes the recognition of symptoms and screening protocols for ACEs, and the

health care provider's ability to provide services that prioritize safety, empowerment and

support to respond to, and not re-traumatize patients (Varghese &Emerson, 2022).

Goddard (2021) explained how recent events including Covid-19 have triggered

worldwide mental and emotional trauma in youth, leading caregivers to start operationalizing trauma-informed care into practice, as future presentations of trauma are expected.

Implementing a TIC approach involves acknowledging that health care organizations and care teams need to have a complete picture of a patient's life situation - past and present - in order to provide effective care services with a healing orientation (Trauma-Informed Care Implementation Resource Centre, 2021). The main aims of TIC as discussed by the Trauma-Informed Care Implementation Resource Centre (2021) are to seeks to: realize the widespread impact of trauma and understand paths for recovery; recognize the signs and symptoms of trauma in patients, families, and staff; integrate knowledge about trauma into policies, procedures, and practices; and actively avoid re-traumatization. These care framework Four R's according to Goddard (2021) are to provide guidance for understanding and addressing trauma by caregivers. Using the TIC approach, Substance Abuse and Mental Health Services Administration (SAMHSA) clearly stated that "all people at all levels of the organization or system have a basic realization about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals" (2014, p. 9).

A TIC approach adheres to six key principles (Figure 1 below) of safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical and gender issues as opposed to a prescribed set of practices or procedures by Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) which still hold true today.

Figure 1

Guiding Principles of TIC
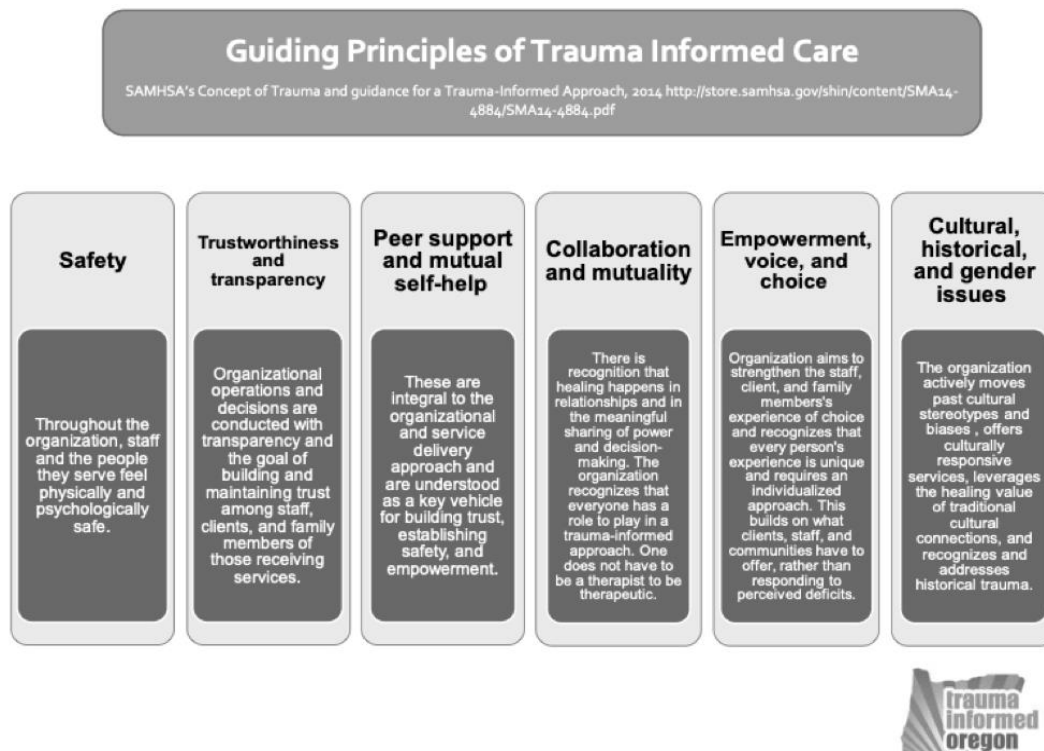
Figure 1 shows six guiding principles of TIC that must be accomplished through intentional practice improvement. Trauma Informed Oregon (2022) institute discussed TIC as recognizing that traumatic experiences terrify, overwhelm, and violate the individual. The institute views trauma-informed care as a commitment not to repeat these experiences and, in whatever way possible, to restore a sense of safety, power, and self-worth.

Berger's (2019) systematic review to TIC in schools found that it provides guidance for integration of multi-tiered trauma approaches into existing school multi-tiered frameworks. However, Thomas et al. (2019)'s interdisciplinary review indicated trauma-informed education in schools, also referred to as trauma-informed practices,

requires administrative buy-in and support, trauma-sensitive classroom practices, positive and restorative responses to behavior, policy and procedure changes, teacher and staff professional development, and strong cross-system collaboration among school staff and mental health professionals. This approach is being suggested as a means of improving student performance and retention as well as school climate.

Trauma-Informed Teaching

TIP, sometimes known as trauma-sensitive practice or safe and supportive schools, creates a shared understanding and common language for educators about how to create welcoming, caring, respectful and safe schools (Government of Alberta, 2022). The emphasis is for all students to benefit from learning environments that are calm, predictable and supportive. Implementing TIP in schools paves the way for the creation of a school environment where every student feels safe and supported and staff understand how trauma affects behavior and emotions Government of Alberta (2022). Through using TIP in schools, Harper et al. (2020) discussed how educators engage in critical thinking about their professional practice and investigate and challenge their dominant assumptions about their teaching successes, failures, and journeys as lifelong learners, unlearners, and educators.

Trauma-informed teaching (TIP) recognizes the impact of childhood trauma on student learning, relationships and behaviour in the school. This practice is informed by the TIC framework (Duffee et al., 2021). Hobbs et al.'s (2019) analysis of trauma-informed practice for educators highlighted how all schoolteachers, regardless of the educational context should expect to have some students in their classroom who have

been affected by complex or childhood trauma. Therefore, teachers require an understanding of how trauma affect students and develop a skillset to support and respond effectively to the needs of these students (Brown et al., 2019). Unfortunately, Hobbs et al.'s (2019) review concluded multiple studies found that teacher feel that they have not received sufficient training and subsequently feel inadequately equipped to meet the needs of students affected by trauma in their classrooms. L'Estrange and Howard (2022) emphatically discussed that a university-delivered trauma-informed training as an essential part of education system is desperately needed to address the educational difficulties and inequalities stemming from childhood trauma.

TIP or teaching in schools is being implemented at different levels of commitment. Berger and Martin's (2021) study about embedding the TIP within the educator sector discussed the lack of evidence regarding TIP in schools and the challenges caused by inconsistent definitions, lack of program integration and school policies related to trauma-informed practice. Further, Cohen et al.'s (2021) study analysis indicated trauma-informed approaches (TIA) in schools are still in their infancy. Thomas et al. (2019) also conducted a practice analysis of the websites of national advocacy groups and state Department of Education (DOE) agencies for relevant resources, tools, and information to determine the most frequently promoted practices and approaches being recommended to districts to support the use of trauma-informed school practice. Thomas et al. found that some state DOE webpages range from including little information on trauma to virtually nothing mentioned across their websites. Further, some state DOEs, in partnership with universities and non-profit organizations, and state

and federal grant initiatives are making concentrated efforts toward implementation and

providing specific guidance on trauma-informed practice approaches. In many states,

Thomas et al. found the content of TIP is embedded in or connected to the domains of

social and emotional learning (SEL), school safety, school discipline, and/ or Positive

Behavior Interventions and Supports (PBIS). Additionally, a wide variation exists in the

depth and breadth of resources and work reflected through each website.

   The levels and types of trauma-informed resources available in schools for

commitment to trauma-informed practice vary. Thomas et al. (2019) explained the wide

variation in the type of resources being provided on Department of education (DOE)

webpages, including toolkits, research and/or practice briefs, guidebooks, PowerPoint

slides, and online training and learning modules. Thomas et al. further explained that

many key resources promoted are those developed in the medical, mental health,

research/policy/advocacy, and social service fields. These provide broad frameworks for

implementing trauma-informed practice in any organization. For instance, the American

Institutes for Research provide a trauma-informed care curriculum to support

organizations who seek to embed trauma-informed practices into all aspects of

organizational programming (American Institute for Research, 2016; Thomas et al.,

2019). They also provide guiding principles in five key domains (that is, supporting staff

development, creating a safe and supportive environment, assessing needs and planning

services, involving consumers, and adapting practices). Thomas et al. added for one to

modify strategies, practices, and training based on the population and context being

served. In the excess of resources being used, substantive overlap exists in the core content of the various approaches, frameworks, and principles.

Orapallo et al. (2021) studied the effectiveness of trauma resources to improve the knowledge and attitudes relevant to trauma-informed approaches within the school staff. They concluded from results that although models vary, but trauma-informed school organizational change interventions are typically implemented through staff training, teacher skill-building and coaching, leadership consultation, screening for and implementation of evidence based therapeutic resources for students with clinical-level distress, and supportive linkages with family and community (McIntyre et al., 2019). Orapallo et al.'s (2021) study results suggested high staff satisfaction with the trauma smart resources training, as staff demonstrated knowledge of core concepts related to trauma-informed care, and developed more favorable attitudes toward trauma-informed care following Trauma Smart training. Orapallo et al. (2021) were led to conclude that training school staff to be trauma smart is feasible and acceptable with the potential to improve staff knowledge and attitudes in using trauma-informed resources in schools.

Principles of TIP in Schools

The original trauma-informed principles (safety, trustworthiness, choice, collaboration, and empowerment) were developed by Roger Fallot and Maxine Harris (Fallot & Harris, 2009), the pioneers of trauma-informed care. The Substance Abuse and Mental Health Services Administration (SAMHSA), home of the National Center for Trauma-Informed Care (NCTIC), adapted the principles and added a sixth, cultural, historical, and gender issues (Carello, 2022). Carello adapted these principles for use in

school and classroom settings through collaborations among educators. Carello referred to these principles as Trauma-Informed Teaching and Learning (TITL) General Principles (Carello, 2020): Physical, emotional, social, and academic safety: Efforts are made to create an atmosphere that is respectful of the need for safety, respect, and acceptance for all students, faculty, and staff in both individual and group interpersonal interactions, including feeling safe to make and learn from mistakes. Trustworthiness and transparency (Storey & Neaum, 2021): Trust and transparency are enhanced by making expectations clear, ensuring consistency in practice, maintaining appropriate boundaries, and minimizing disappointment. Support and connection: Individuals and groups are connected with appropriate peer and professional resources to help them succeed academically, personally, and professionally. Collaboration and mutuality (Storey & Neaum, 2021): Opportunities exist to provide input, share power, and make decisions. Individuals and groups act as allies rather than as adversaries to reach common goals. Empowerment, voice, and choice (Storey & Neaum, 2021): Individuals and groups are empowered to make choices and to develop confidence and competence. Cultural, historical, and gender issues (Storey & Neaum, 2021): Individuals and groups strive to be responsive to historical, cultural, and gender issues in order to respect one another's diverse experiences and identities. Resilience, growth, and change. Strengths and resilience are emphasized over deficiencies and pathology. Feedback is provided to convey optimism and to facilitate growth and change.

Trauma-Informed Lens of Teachers

Trauma-informed lens refers to teacher's perspective of the student and the classroom. A teacher who is trauma-informed can examine different possible ways to explain why a certain child is behaving in particular ways and can respond appropriately in a manner that will not re-traumatize the child or increase trauma for the child. For example, illustrating what trauma-informed lens looks like, the Government of Alberta (2022) website for instructional support on trauma-informed practice explained the practice of teachers at the middle school: "At the beginning of the school year, staff from a middle school explored how trauma impacts the lives of students. Using the lens of trauma, staff review school and classroom policies and procedures to ensure they are using the most supportive practices" (para. 12). Brunzell et al. (2015) identified two developing and popular streams of trauma-informed teacher practices. These are "repairing the dysregulated stress response" and "repairing disrupted attachment styles" (p. 66–67). These two themes represent the two most pervasive impacts of complex trauma (Hobbs et al., 2019; Krasnoff, 2015), and contain many of the practical strategies that have been highlighted in related publications (Australian Childhood Foundation, 2010; Bloom, 1995; Brunzell et al., 2016a, 2016b; te Riele, 2014).

Teacher Self-Care While Being Trauma-Informed

While teachers care for children of trauma, they risk developing compassion fatigue (Ormiston et al., 2022). Teachers like the other professionals on the forefront of supporting students impacted by trauma, can struggle to learn new practices when they are continuously their limited resources of planning time, focus, and other resources

(Brunzell et al., 2022). Teachers may also be managing vicarious impacts (secondary stressors) of witnessing, supporting, and understanding youth impacted by complex trauma (Alves et al., 2020; Anda et al., 2020). Regarding the effects of students' trauma-related behaviors on their teachers, previous research has shown that this leads to a loss of meaning for teachers who feel inadequately prepared to support students to meet their learning needs; and this loss of meaning is directly related to compassion fatigue and workplace burnout for these teachers (Brunzell et al., 2021). This unsuccessful management of student disruption by teachers undermines their feelings of being significant at work. Warning signs of secondary traumatic stress discussed by Resilient Educator (2021) include: difficulties sleeping/having nightmares, excessive fatigue, physical aches and pains, lack of motivation and/or decreased productivity, difficulties concentrating, isolation – avoiding people or activities that once brought joy, and feelings of anxiety, hopelessness, or anger. Secondary traumatic stress is not a permanent condition. Prioritizing self-care, talking to supportive family, friends, and professionals, and finding healthy outlets to relieve the stress can also help. These problems can resolve with time, allowing for a clear and healthy mindset ready to support and encourage hurting students in schools (Resilient Educator, 2021).

  Circumstances exist in which teachers may be at risk of developing compassion fatigue or vicarious trauma (Eddy et al., 2020; Kaden, 2020). For example, the different interpersonal factors present in students have an impact on the presence of compassion fatigue (CF) and secondary traumatic stress (STS) in teachers. Ormison et al.'s literature review found teachers working with students eligible for special education services led to

increases in compassion fatigue (CF) and/or secondary traumatic stress (STS) for the

educators. To create and maintain a supportive trauma-informed classroom, it is essential

that teachers regularly engage in self-care to deal with their own vicarious trauma based

on their preferences. Exercises educators can engage in include traveling, physical

exercises, seeing a therapist, art, reading, meditation, dancing, fishing, painting and other

creative pursuits (Ormiston et al., 2022). This is an area for further exploration given that

this is understudied in literature (Christian-Brandt et al., 2020).

Differentiation of Instruction

The need for differentiation of instruction can be traced back to centuries ago

when one teacher taught a wide range of students with differing abilities in one room

schoolhouses without technology. Various students' capabilities notwithstanding can be

found in standard classrooms today, but supporting each student based on learning needs

has drastically improved from the traditional method of all students learning and

demonstrating knowledge the same way. Carol Tomlinson (Tomlinson, 2000) provided

one of the most popular definitions of differentiation of instruction. According to

Tomlinson (2000; 2022), differentiation means tailoring instruction to meet the individual

needs. Whether teachers differentiate the content, process, products, or the learning

environment, the use of ongoing assessment and flexible grouping makes this a

successful approach to instruction. VanTassell-Baska et al. (2020) gave a more recent

definition of differentiation of instruction as the processes by which curriculum,

instruction, and assessments are modified to be responsive to the needs of learners, while

Eikeland and Ohna (2022) defined it as a means of responding to student diversity in order to meet the vision of a school for all.

The most fundamental levels of differentiation reflect teachers' efforts in responding to learner differences in the classroom. At least four classroom elements that teachers can differentiate instruction are based on student readiness, interest, or learning profile (Tomlinson et al., 2022). These four elements include Content, Process, Products, and Learning Environment. Godor (2021) supported Tomlinson's (2022) explanation that differentiated instruction occurs when teachers use students' level of readiness, interests, and learning preferences to adjust the content, process, or products, which increases engagement and academic performance, however, disagreed based on his study to investigate teachers' preferences for differentiating their instruction that teachers cannot offer every form of differentiation to every student all the time. Eikeland and Ohna (2022) through their configurative review of differentiation of instruction in education discussed how differentiation has been widely addressed within a western context, and appears as a versatile occurrence "under various guises and with a variety of terms and modes of operationalizations" (p. 1) in different places. Eikeland and Ohna (2022) investigated how differentiation appears in the international context and to contribute to a much-needed overview of the concept. Eikeland and Ohna analyzed 28 scientific papers representing a broad range of national affiliations.

Hersi and Bal (2021) emphasized understanding how teachers are addressing learners' multifaceted needs while fostering deeper learning outcomes as critically important to transforming classroom practices. Focusing on Maryland teachers, Hersi and

Bal's article contributed to a greater understanding of teachers' use of differentiated instruction where teachers self-reported on their actual and desired practices of the process of differentiating instruction. The teachers' indicated statements are associated with individualized planning, self-directed learning, and student autonomy. Hersi and Bal's study suggested that the teachers desired to use the constructivist, student-centered approaches more consistently than they currently do. There is no single, best and proven model for successfully implementing trauma-informed practice (Centre for Education Statistics and Evaluation, 2021) or differentiation of instruction within the educational settings. Differentiation of instruction to support students experiencing trauma requires creating a safe, supportive, and trauma-sensitive classroom environment.

The Handover Research (2019) brief highlights some best practices for trauma-informed differentiated instruction, and these include creating a welcoming physical classroom environment with organized space that reduces environmental triggers and avoids overstimulation through warm colors, natural and dimmable lights. Other suggestions include a supportive psychological environment with clearly communicated expectations, consistency and predictability in classroom procedures, daily structures, and transitions. Teachers can also support students' coping with trauma by establishing meaningful, positive teacher-student relationships, which helps students feel safe and supported to learn. Developing positive connections with students experiencing trauma will require teachers to model and teach strong social-emotional skills (SES) such as self-monitoring and self-regulation skills. While creating strong relationships with students, teachers should develop strategies and skills to notice and de-escalate a student's

behavioral or emotional overreaction within the school setting. Strategies for these include calmly redirecting the student's behavior, offering support and choice, and avoiding escalation responses such as increasing voice volume or close physical contact (Alexander, 2019).

Greiner et al.'s (2021) article highlighted the need for training teachers to responding to students' challenging life experiences based on feelings of unpreparedness and the frequency of children's yearly challenging life experiences. The instruction that supports the learning and academic development of students coping with trauma should be predictable and sequential. It should offer repetition and encouragement, and includes concrete examples, physical manipulatives, and visual organizers. Students experiencing trauma would also benefit from differentiated instruction that meets their learning needs and from additional support to ensure grade-level academic development and achievement. Small teacher intentional daily changes in classroom and instructions everyday can make a big positive difference for the traumatized students (Minahan, 2022) in the school.

School Setting

Although school is the place where the challenges faced by young people affected by trauma is particularly problematic, it is also one of the most powerful places for lessening the impact of trauma (Hobbs et al., 2019). Hobbs et al. (2019) identified schools as the ideal settings for embedding trauma-informed approaches because they are the place where most children and young people spend the majority of their time outside of the home. According to the Youth Mental Health Canada (2019), an estimated 1.2

million children and youth in Canada are affected by mental illness - yet, less than 20 percent of these number will receive appropriate treatment. Evidence from the United States indicates only a small number of young people exposed to childhood trauma receive early intervention, making schools an excellent setting for capturing a large population of young people who may need support (Baweja et al., 2016). Hobbs et al. (2019) further discussed that a lack of resources in vulnerable and/or trauma-affected communities also means the possibility of the school or teacher providing the only interventions that students will receive.

A whole school trauma-informed approaches involve both teacher practice and school-wide procedures and policies that pertain to school and classroom structure, providing systemic supports for students across the school, staffing models, communication and connection with families and the community, and overarching philosophical standpoints that understand, respect, and respond to the individual needs of students (Hobbs et al., 2019). Muttillo et al. (2022) stated schools offer numerous opportunities for the implementation of trauma-informed care. In Muttillo et al.'s (2022) organizational case study, the importance of professional development trainings for staff was advised as these resulted in increased knowledge about TIC with potential to create school environments that foster student recovery from trauma. Whole school trauma-informed programs in the school settings have demonstrated positive outcomes for students impacted by trauma, and this is most notably reduction in trauma-related symptoms (Santiago et al., 2018).

Some learners have profound and ongoing needs while others have short-term or situation-based needs that call for flexible and responsive learning environments that can adapt to their changing needs (Government of Alberta, 2022). Niemi's (2021) investigation of how teachers both adapt and are affected by this new demand for responsive pedagogy found shared vision, open discussion, commitment and enough time for preparation helped teaching adaptation. The most responsive and flexible learning environment some learners may require include (a) instruction and support in a grade-level classroom with same-aged peers; (b) individualized instruction in smaller group settings; (c) a specialized classroom or setting; one-on-one instruction or (e) a combination of all the above (Government of Alberta, 2022). Whatever the needs of learners, an attitude and practice that embraces and celebrates diversity and learner differences and demonstrates an ongoing trauma-informed care and approach for students of trauma must be intentionally developed. The school setting must intentionally promote equal opportunities for all learners.

Teachers' Perceptions

Perceptions can be defined as a combination of knowledge and ideas expressed as a result of experience in relation to a particular topic (Kirkgoz, 2018) or issue. For instance, teachers can provide their perceptions about a new curriculum after implementing it with their students. Wink et al. (2021) expressed how managing students' problem behaviors in the classroom is a difficult challenge for many teachers. A teacher's ability to empathize with students' perspectives and life experiences could impact their approach to the student's problem behaviors. However, few previous studies examine

teacher empathy (Wink et al., 2021), burnout or struggles regarding instructing their students of trauma. In the lives of students, teachers are highly essential as discussed by Hubel et al. (2020). Teacher perceptions as insights and viewpoints regarding their professional practice for clearer picture of what their job entails with students are important for studies such as this. Exploring and understanding teachers' perceptions of their challenges of differentiating instruction for their students with trauma may aid supporting teachers to effectively intervene and build positive relationships with their academically, socially, emotionally and behaviorally challenging students.

For this study, junior high teachers provided perceptions of their challenges in differentiating pedagogy for their students with trauma. As transition to secondary school has received heightened interest from researchers in recent years, with many regarding the issue as the most stressful events for young adolescents (Evans et al., 2018), the junior high teachers in grade 7 to 9 were selected to give perceptions of their experiences with teaching those with trauma among this student population.

Summary and Conclusions

Abundant literature exists regarding complex trauma experienced in childhood and adverse effects on children's learning abilities, brain, and socioemotional abilities. Research involving the TIC approach to teaching emphasizes recognition of the impact of childhood trauma on student learning, relationships, and behaviour in schools. The literature review revealed that childhood traumatic stress is mostly caused by ACEs, and children are likely to experience at least one of these in their lifetime. Effects of these ACEs can last beyond childhood, with many childhood trauma survivors likely to have

health problems, mental health issues, and low academic achievement later in life. Studies and reviews supported the need for differentiating instruction for students with trauma in classrooms.

The literature review revealed there was minimal research on junior high teachers' perceptions of differentiating instruction to students with trauma. The purpose of this qualitative study was to explore their perceptions of challenges involving differentiating pedagogy to meet academic needs of students with trauma. This chapter included an extensive literature review on current literature pertaining to the topic, literature search strategies, and the conceptual framework. Chapter 3 includes the research design and rationale, role of the researcher, methodology, participant selection, instrumentation, data collection and analysis, trustworthiness, and ethical procedures.

Chapter 3: Research Method

The purpose of this basic qualitative study was to explore junior high school teachers' perceptions of challenges involved with differentiating pedagogy to meet academic needs of students with trauma. Secondary education teachers find it difficult to put differentiated instruction into practice (Smets et al., 2022), especially in classrooms with over 20 students (Hollowell, 2020). Strengths of using the differentiated teaching style include grouping students by academic ability levels and needs, support from additional staff such as education assistants, varieties of teaching resources, administrative support, and good home support, which may not otherwise be readily available (Brunzell et al., 2015; Bryant et al., 2019). The challenges teachers encounter when differentiating instruction for their students with trauma is discussed in terms of perceptions of junior high school teachers who were participants recruited for this study from one urban school district in Alberta, Western Canada. This chapter includes the research design and rationale, my role as the researcher, research methodology, data analysis plan, trustworthiness, ethical procedures, and a chapter summary.

Research Design and Rationale

A basic qualitative approach was used for this study. Two research questions that guided this study were:

RQ1: What are perceptions of junior high school teachers regarding differentiating instruction to meet needs of students with trauma?

RQ2: What supports or resources do teachers need to address their pedagogical challenges in terms of differentiating their instruction to meet needs of students with trauma?

Qualitative research is a research approach that involves collecting nonnumerical data (Qualtrics, 2022; Ravitch & Carl, 2021). This study involved exploring teachers' perceptions that were documented through interviews without numerical data, making the qualitative design appropriate for the study. Through this approach, researchers can be present with participants to engage, interview, and record their experiences and insights within natural settings.

The basic qualitative research design was selected for this study to answer the two research questions. Quantitative and mixed methods were considered but these were not deemed appropriate to study this topic. The quantitative design mainly involves using structured data, statistical analyses, and objective conclusions to answer scientific research questions (Rana et al., 2021). Mixed methods is a combination of quantitative and qualitative data collection (Dawadi et al., 2021; Qualtrics, 2022). The study included teachers' descriptions and narratives of their practices involving the focus area. A thematic approach was used to explore and analyze data.

It was determined that the best method to answer research questions was through interviewing participants. Interviews provide rich information from study participants in terms of text of responses, tone and inflection, and body language (Burkholder et al., 2016; Rubin & Rubin, 2012). Interviews were semistructured, and participants were interviewed individually. Through semistructured interviews, I prepared a sequenced list

of specific questions and follow up prompts to ask participants during interviews about their perceptions regarding differentiating instruction for students with trauma and supports needed to effectively differentiate pedagogy for these students in classrooms. Individual interviews were conducted through the Zoom video conferencing platform during times that were convenient for participants.

Role of the Researcher

In qualitative research, the researcher is the primary instrument (Ravitch & Carl, 2021). I was the sole researcher in this study serving as the observer while collecting data through interviewing selected individuals. While observing participants during the interview process, I verified their narratives through their body language and mannerisms while answering questions, and recorded all responses for eventual transcribing for themes during data analysis. I needed to demonstrate respect by listening to participants and adjusting questions to respond to what was said, rather than imposing my initial ideas without regard for answers to prior questions. Also, interviewing participants entailed entering into conversation for the study partnerships, which required being ethically responsible.

Currently, I work as a special education teacher teaching junior and senior high students with mental health issues. I have been in this current role for 4 years now, having worked prior as a general education teacher for 16 years. Though study participants were from my province, participating in the study was voluntary. No teacher was coerced or advised to participate as a result of a personal or professional relationship. I was not in any supervisory role or position to influence participation, and district

administrators did not influence any teacher to participate. No participant received any incentive or compensation.

Researcher biases that may arise from conducting a study included personal opinions which were taken care of by maintaining fidelity for participants, paying careful attention to processes during the data collection stages, and relationships with participants, focusing on describing and analyzing data. Researcher reflexivity became necessary for me to assess my identity, positionality, assumptions, biases, subjectivities, and values vigilantly and systemically. Actively engaging in self-reflection, addressing biases and preferences, as well as analytical interpretations of data helped me reduce biases and quickly interpret data. Researcher reflexivity helped to support rigorous, honest, and ethical research as discussed by Ravitch and Carl (2021).

Being the sole researcher for this study, it was important that my choice of data collection tool, interview, aligned with research questions. I collected experiences of participants who produced data needed to answer my research questions. I chose interviews as they are easier to analyze than focus group tool. Specifically, semistructured interviews were conducted with prepared questions that were adjusted or added based on participant responses.

Methodology

Qualitative research is used to make sense of experiences or circumstances in terms of what they mean to people or how people make sense of such experiences (Mey, 2022). Methods including interviewing, focus groups, and participant observation are used by researchers using the qualitative approach to try to gain insight into the people's

perspectives to understand their viewpoints or lived experiences. This study used a basic qualitative method to interview junior high school teachers and explored the perceptions of their challenges in differentiating instruction for students of trauma. The goal of this research to recruit 12 teachers teaching the junior high school students, and those students who have experienced trauma or are experiencing trauma that affect their education was achieved. There was no commitment of any incentive or compensation for participating in the study. All identifying markers for all participants were removed to protect participants' and school district's privacy.

Participant Selection

The 12 participants for this study included three male and nine female teachers teaching the junior high school students who have experienced childhood trauma or are experiencing childhood trauma. Purposive sampling was used to select these teachers from traditional and specialized school settings with junior high students of trauma within a school district in Western Canada. The rationale for choosing purposive sampling was the better matching of the sample to the research's aims and objectives, thus improving the rigour of the study and trustworthiness of the data and results (Campbell et al., 2020). A relatively small and purposively selected sample may be employed within a qualitative study with the aim of increasing the depth (as opposed to breadth) of understanding (Palinkas et al., 2015). Hence, the rationale for the small number of participants. This sampling strategy was for selecting participants that were most likely to provide helpful and appropriate and information (Campbell et al., 2020) and was a way of identifying and selecting cases that would use limited research resources effectively (Palinkas et al.,

2015). Adopting a purposive strategy was based on the assumption that, given the aims and objectives of the study, specific kinds of people, in this case the teachers of students of trauma, might hold different and important views about the ideas and issues in question and therefore needed to be included in the sample (Campbell et al., 2020).

Approval from both the Institutional Review Board (IRB), Canada's Research Ethics Board, the school district, and the principals of the research schools were received prior to selecting the 12 participants. The first criterion on which participant selection was based included being employed as a teacher in one of the selected schools within the research district. The second criterion was teaching at least one junior high school student struggling with the impacts of trauma in a classroom for at least one year. The second criterion was necessary for participants' perceptions of their struggles in differentiating instruction for students of trauma. To establish participants met the criteria, consent for volunteering in the study required eligible educators to indicate by physically signing and dating the consent forms.

Potential participants were identified and recruited through an invitation letter sent via emails to all eligible teachers. The school website had the email addresses of all teachers within the school district. The letter gave my information, clearly described the study with its purpose, stated the criteria for participation, and explained the interview expectations for selected participants. Potential participants were also asked to fill out a consent form for the interview audio recording and email back to indicate their intention to volunteer for the study. Selected participants that met all criteria were contacted

through email about this confirmation, and their preferred time for the interviewing process. This process continued until the desired number of participants was achieved.

Instrumentation

For this study, an interview protocol (see Appendix A) was developed to collect data. To conduct interviews, an interview protocol was needed as a guide in gathering information (Jahja et al., 2021) from junior high teachers about their perceptions in differentiating instruction for their students of trauma. The interview protocol contained an introduction, a list of questions to ask the teachers, closing instructions, and resources to access for mental health if participants felt overwhelmed after the interviews about the whole interview process. Interviews enable the researcher to collect data from participants while allowing some related issues, information or new insights to emerge during the interviews (Jahja et al, 2021).

The interviews for this study were semistructured. Basic qualitative research designs frequently use the semistructured in-depth interviews. In semistructured interviews, the researcher uses the interview instrument to organize and guide the interview but can also include specific, tailored follow-up questions within and across the interviews (Ravitch & Carl, 2021; Qualtrics, 2022). Using this approach, the interview instrument included specific questions to ask the teachers, while the questions' order, wording, and sub-questions followed a specific and conversational course co-constructed with individual participant for rich data production. At the interviews, participants were informed of their decision to discontinue the interview if they felt uncomfortable at any point in the process. The participants received a promise statement to expect the summary

of study findings when concluded and were provided with my contact information if at any time they wished to withdraw their consent before the study was concluded.

All the interviews were conducted virtually via the Zoom video conferencing platform. As technology and social media continuously mediate all facets of society, the field of qualitative research, like most fields, is recognizing the necessity to adapt to new ways of approaching methodology, which of course includes interviews (Ravitch & Carl, 2021). Researchers have begun to consider new forms and forums for interviewing, including virtual interviewing or online interviewing, which is interviews without the physical presence of the interviewer and interviewee (Ravitch & Carl, 2021), and this research followed this format.

The interview questions were developed by me and examined by the committee chair and second member, Walden's IRB, the Canada's Research Ethics Board, and my local site to determine the appropriateness of the questions in answering the research questions. Confidentiality terms were addressed with each participant, and the format and structure of the interview explained clearly. All teachers' responses during interviews will be audio recorded on Zoom following participants' consent, and notes were taken as a reflexive journal. During the interview, the participants engaged in a friendly and respectful manner, while controversial questions about students' mental health or trauma were avoided. After the interview, the instrument was labelled using pseudonym names and real dates for follow-up or questions if necessary (Ravitch & Carl, 2021). Recording participants responses verbatim provided accurate notes and data that were later

transcribed for coding (Saldana, 2021). Recorded interviews were secured in my personal computer hard drive and locked with a password.

Procedures for Recruitment, Participation, and Data Collection

Following Walden University's Institutional Review Board's (IRB) full approval, participant recruitment began. Prior to this, as a Canadian student studying in the United States, two sets of ethics approval were obtained to carry out research within the chosen research school district in Canada. The steps involved first obtaining a conditional IRB approval from Walden University, then using this for approval from Canada's Research Ethics Board (REB). To receive the Canadian ethics approval, an application was made to an independent research ethics board, Community Research Ethics (CREO) because of a lack of affiliation with any Canadian University. Ethics approval from the CREO was used to receive approval from the research school district to conduct research with the junior high teachers. This was then shared with Walden's IRB to obtain the IRB's full approval to conduct my research and begin to recruit participants.

Data were collected from the local setting as an example to help solve the larger problem. To begin recruitment of teachers for the study, the invitation letter and approval letters were sent to the principals who shared with potential participants within their schools. The principals reserved the right to accept or reject the proposal to conduct research with their staff after perusing the documentation. On the principals' approval, potential participants me through the information on the invitation letter. The invitation letter provided my information, clearly described the study with its purpose, stated the criteria for participation, and explained the interview process and expectations for

selected participants. Potential participants were asked to fill out a consent form for the

interview audio recording and email this back to indicate their intention to volunteer for

the study. Using purposive sampling, 12 selected participants meeting all criteria were

contacted through email about their participation confirmation, privacy protection, and

the preferred times for the interviewing process. No participant withdrew consent,

therefore, no need to recruit more teachers.

 Interview protocol using the semistructured form of interview was used for data

collection. This means, a set of open-ended questions were prepared in advance with ad-

hoc questions asked in some cases based on participant's responses or narratives. As soon

as participants indicated an interest to partake in the study, interview schedules were

made. Timing and content of the interviews were essential. Participants were informed

ahead of time to plan for approximately 30 to 45 minute interview duration.

 The interviews were held virtually through the Zoom conferencing platforms. No

student teaching time was lost as the scheduling was at not at teachers' student-contact-

time. At the interview, the issues of confidentiality, privacy of participant information,

and audio recording on the virtual platforms, my personal phone or recorder were

discussed and consented to before proceeding. The Zoom transcript features generated

automatic transcription after the interviews. Some audio recordings were also transcribed

using otter.ai. The transcriptions were checked against the audiotape for accuracy.

Participants were notified of their right to discontinue the interview at any time if they

felt pressured or uncomfortable during the process. Participants had an opportunity to ask

any questions before the interview was over. At the conclusion of the interviews, each

participant was thanked for contributing to this study and helping me obtain my degree.

All recorded audio data were reviewed and analyzed for transcription and themes.

Participants engaged in memberchecking after transcriptions were generated.

Data Analysis Plan

Having a data management plan is useful as "qualitative studies tend to produce a

significant amount of data" (Ravitch & Carl, 2021, p. 254). Each planned interview with

this study's participants which lasted around 45 minutes or less generated a transcript

with many pages. There was an analysis plan in place to intentionally organize the data as

they were collected. For instance, before any data collection, there was a folder created in

my personal computer to safely store transcribed data according to timelines and codes.

Having a living codebook which is a set of tools for documenting the data process was

helpful (Reyes et al., 2021).

Data generated from the semistructured interviews with participants were

transcribed as verbatim as possible, because transcripts are not only a representation, but

also are a form of interpretation (Ravitch & Carl (2021). All the data from the junior high

teachers' perceptions of differentiating instruction for their students of trauma were

transcribed verbatim while ensuring fidelity to participants' experiences and words

(Barbour, 2014). As this study employed the integrative approach to data analysis,

understanding how the data shaped the scope and nature of the collected data set was

necessary. While looking across the whole data, a valid picture and complete perspectives

of teachers were determined.

Connection of data to a specific research question commences with coding. A code is a researcher-generated interpretation that symbolizes data (Saldaña, 2021). Codes attribute meaning to each individual datum for later purposes of pattern detection, categorization, theme, assertion or proposition development, theory building, and other analytic processes (Saldana, 2021). In Vivo Coding and Process Coding were used to code the data from the teachers for solid representation (Saldana, 2021). In Vivo coding entailed using authentic narratives originated from the participants, while Process coding was used to label conceptual actions explained by the teachers regarding their instruction differentiation experiences with students of trauma. From codes, categories will be formed.

Themes, which are usually broader than codes and categories were developed from the categorized data. These were the products of coding, categorization, and doing an analytic reflection of the data. To produce the themes, related categories were merged. This entailed recognizing the similarities, differences, and relationships across the categories. When these similarities, differences, and relationships had been acknowledged, statements or phrases were assigned to the categories. The themes should be inclusive of all of the underlying categories, as well as descriptive of their content, the relationships between them, and be responsive to any similarities or differences observed (Saldana, 2021). All the data to be used were generated from the interview transcripts. Each theme was connected to the research questions to determine how these questions had been answered through the data analysis. Several readings of data were done with distinct analytical goals across the readings and concepts to support in exploring

overlapping meanings as they related to the research questions. Tables to display the codes and emerging themes from each RQs were created.

Trustworthiness

Credibility, transferability, dependability, confirmability and authenticity are the five most pertinent terms for determining the trustworthiness of qualitative research (Kyngäs et al., 2020). To ensure quality is to ensure the validity and trustworthiness of the research.

Credibility

Credibility is truth of study findings (Stahl & King, 2020). Credibility was established through memberchecking by involving participants in verifying the interpretations of the themes after findings are done.

Transferability

Transferability means that research is bound contextually and can be applicable or transferable to broader contexts while still maintaining context-specific richness (Ravitch & Carl, 2021). To address transferability issue in this study, the design methods and time frames for data collection of data in the study were described fully, including the total duration of the study and the study participants. To increase the potential for transferability, rich descriptions and specific details about the context of the participants' responses were included.

Dependability

Dependability is the extent that the study could be repeated by other researchers as well as likelihood that findings are consistent. Consistency and transparency of the

processes from beginning to the end, and having the interview questions inspected by my chair and committee member, Walden's IRB, Canada's Research Ethics Board, and local site ensured dependability. Similarly, providing an opportunity for participants to review the interview transcripts and summary ensured accuracy and dependability, while engaging in reflexive auditing and describing researcher's involvement in the research process decisions also addressed dependability issue in this study.

Confirmability

Confirmability means the degree of neutrality in study findings. This means that the findings were based on participants' responses and not on any potential bias or personal motivations of the researcher (Statistics Solutions, 2022). This is ensuring that researcher bias does not disrupt the interpretation of what the research participants expressed to fit a certain narrative. The issue of confirmability was addressed through reflexivity.

Authenticity

My personal beliefs and challenges about teaching students with trauma or mental health issues were suppressed while interviewing participants and later engagement in data analysis. Results and findings were based exclusively on analysis of generated data and the developed themes from the transcripts. All the processes of reading and organizing data, coding, categorizing and thematic analysis were well documented.

Ethical Procedures

Qualitative researchers face huge ethical challenges from the design of their study to the final phase as ethics in qualitative research is multifaceted and complex (Ravitch &

Carl, 2021). The essential qualities of qualitative research and the existing relationship

between the researchers and the participants can pose ethical challenges for the researcher

due to the personal involvement in the procedures. These challenges range from the

issues of anonymity, informed consent, confidentiality, researchers' potential impact on

the participants and so on. To adapt ethical challenges in this study, specific ethical

guidelines before and during the research were formulated. Special consideration was

given to participant privacy, ways to build rapport, protocols for managing data, and

supporting informed consents (Carter et al., 2021).

Preceding the recruitment of participants for data collection, approval was

obtained from the Walden University IRB, Canada's Research Ethics Board, the research

school district, and the principals of the seven research schools prior to selecting the

participants. After receiving necessary permissions, participant selections followed. All

selected teacher participants received letters in their emails detailing the purpose of the

study, privacy protection, interview processes, informed consent forms, and procedures

for data collection and analysis. The letter to participants also stated the research process

and participants' rights pertaining to withdrawing their consent at any phase before the

study was concluded without any penalties, and a statement of no compensation or

incentives for participating as participation was voluntary. One-on-one interviews were

scheduled for participants who provided consent to participate in the study. The

participants had the opportunity to ask any questions before, during and after the study.

Serious consideration was given to the treatment of data related to data

management and security. Ways that data can be compromised especially in the age of

social media, cloud storage and password compromise were considered to ensure adequate protection of participants' information. I made sure the electronic files were password protected and securely stored personal notebooks to protect participants' confidentiality by using pseudonyms in my journals and memos for continuous reflective writing. The storage of all collected data and participants' information will be kept for 5 years in a confidential, secure manner for 5 years according to Walden University's data retention policy. All data will be deleted completely at the end of 5 years according to the policy.

Summary

The purpose of this qualitative study was to explore junior high school teachers' perceptions of challenges involved with differentiating pedagogy to meet academic needs of students with trauma. Chapter 3 includes information on the basic qualitative method used to interview junior high school teachers and explore their perceptions regarding this topic. The rationale for choosing this design method was discussed. My role as the sole researcher and personal biases and beliefs were also discussed. The purposive sampling method was detailed along with criteria, number of participants, and procedures for participating in the study. The data collection instrument was a semistructured interview protocol. The data analysis plan along coding, categorizing, and thematic analysis was discussed, as well as ensuring trustworthiness of the study. Ethical procedures, data collection, and treatment were discussed. Ethical issues regarding conducting research in personal work environments were also detailed with ways to address them. In Chapter 4, an in-depth analysis of data collection is discussed with results.

Chapter 4: Results

The purpose of this basic qualitative study was to explore junior high school teachers' perceptions of challenges involved with differentiating pedagogy to meet academic needs of students with trauma. Teachers can encounter challenges while trying to implement TIA in addition to high stress levels (Brown et al., 2022). As teachers' roles in terms of addressing students' mental health issues is significant in schools (Deaton et al., 2022), their perceptions involving this topic should be explored and understood. I sought to address the gap in literature by studying junior high school teachers' perceptions regarding this topic in order to provide adequate resources and support these teachers in overcoming some of their challenges.

Two research questions were explored in this study:

RQ1: What are perceptions of junior high school teachers regarding differentiating instruction to meet needs of students with trauma?

RQ2: What supports or resources do teachers need to address their pedagogical challenges in terms of differentiating their instruction to meet needs of students with trauma?

This chapter includes the purpose of this study, research questions, study setting, data collection procedures, data analysis, results, evidence of trustworthiness, and a summary.

Setting for the Study

This study was conducted within one school district in Alberta, Western Canada. Participants were junior high school teachers teaching students with trauma within their

classrooms. There were no compelling personal and/or organizational conditions that influenced participants or their experiences at the time of study that may have affected interpretation of study results. The organization approved the study to be undertaken within the school district.

Participants in this study were a sample of 12 teachers (three males and nine females) working within the school district. Participants' specific demographic details regarding race, gender, age, level of education, and position in the district were not collected in accordance with ethical standards. All participants taught junior high students and used differentiated instruction for at least one student with trauma in their classrooms.

Data Collection

The number of participants in this study was 12. These comprised educators teaching students in seventh through ninth grade within the school district. Prior to data collection, approvals were obtained from three authorities to undertake the study. Walden's IRB interim approval was used to obtain Canada REB approval on November 18, 2022, which was necessary to receive the research site's approval. The research site's approval was received on January 23, 2023, while Walden IRB's full approval (#11-03-22-0746398) was obtained on February 9, 2023. To commence recruitment of participants, I emailed study invitations and approval letters to principals of eight schools within the district. These principals distributed invitations by emailing potential participants in the school on my behalf. Invitations instructed potential volunteers to contact me through email to volunteer and fill out consent forms.

Participants

Consent forms were emailed to participants who physically signed, dated, and returned documents before scheduling interviews. Participants had enough time to read and consider the study before deciding to partake. Information on how to withdraw from the study at any stage before its conclusion was explicitly communicated to all participants.

Interviews

Seven of 12 interview sessions were conducted on my computer in my home study. The remaining five interviews were conducted on phone in my vehicle in quiet car parks away from any building or noise. All interviews took place via Zoom. Zoom meeting links were individually set up and sent to each participant prior to interviews. Interviews were scheduled to last between 30 to 45 minutes. The longest session was 35 minutes, while the shortest was 14 minutes. Interviews for data collection lasted for 6 weeks between February 10 and March 22, 2023 and during convenient time for each participant.

The data collection instrument was semistructured interviews (see Appendix B) with six questions developed by me related to research questions. The interview protocol was used during every interview session. Participants were thanked for their support during the study and were reminded of supports to access if overwhelmed by questions regarding traumatized students they instruct. These resources were also listed on the consent form. Transcriptions were accessed from Zoom cloud recording storage. Otter.ai was also used to transcribe five interviews. Every participant was sent transcriptions of

their narratives to verify accuracy of their accounts and perceptions through email. This member checking procedure was used to establish credibility of data through participant validation.

There were no abnormalities or deviations from the data collection plan presented in Chapter 3. Invitations for participant recruitment proceeded as planned as school principals circulated the invitation emails sent them by me to eligible teachers within their schools. Consent forms were received from participants who volunteered to participate in the study. All participants attended interviews as scheduled, and no modifications were needed of interview questions. There were no unusual circumstances encountered during data collection.

Safeguards were incorporated to protect privacy and confidentiality of participant information. All identifying data and recordings from interviews were securely stored with passwords on my computer, to which I had sole access. Pseudonyms TA1 to TA12 were assigned to uniquely identify each participant, while obscuring identifying details for privacy protection.

Data Analysis

Inductive coding is a preferred method of creating original codes from raw data the first time researchers review data (Saldaña, 2021). Inductive coding was used in this study to develop codes from data without any preconceived notions from me about emergence of codes. After all interviews were completed and transcribed verbatim, transcripts were read and thoroughly and repeatedly reviewed for full understanding of participant narratives.

The first phase of data analyses comprised attaching labels to words, phrases, sentences, and short sequence of texts based on responses to each of the interview questions. In Vivo codes were used to preserve the data in participants' original language, while process codes were used to convey some actions in the data as explored in this initial coding phase of data analysis. At the completion of the first phase, numerous and specific codes were generated.

The second phase of data analyses involved grouping the portions of coded segments into categories. Coded data that appeared related or similar through engaging closely with primary data were codified to form categories as a result of their relationship in generating related ideas and concepts. The outcome in this phase produced a reduction of the many pieces of coded data from the initial coding phase.

The third phase involved a synthesis of codes and categories into comprehensive themes by integrating words or phrases between categories that logically established their connection. From the categories emerged carefully constructed themes that were repeatedly revised based on the whole data. Thematic analysis was discussed based on all the themes derived from the overall data to complete the process (See Table 1).

Table 1

Codes Derived from IQs

IQ	In Vivo code	Process code
Q1: From your perception, needs what is differentiation of instruction?	TA1: "Not offering one size fits all" "Skill level"	Understanding the learner
IQ2: Do you differentiate	TA2: "Complexity"	Working with

instructions for students of trauma in your classroom?		diverse students
- Why do you do that?	TA3: "ACEs" TA12: "I care about them"	Using trauma informed lens
IQ3: What are your perceptions about differentiating instruction. to meet the needs of your students of trauma?	TA3: "Challenging" TA5: "Doesn't happen enough" TA10: "It's a necessity"	Understanding trauma impacts
- What type of childhood trauma has any of the students you teach experienced?	TA1: "intergenerational trauma" TA7: "Spectrum of trauma"	Trauma and social issues
IQ4: What are the challenges that you experience about differentiating instructions for your students of trauma?	TA3: "Burnout" TA6: "Professional development" TA9: "Lack of resources" TA11: "Time to plan"	
IQ5: What are the benefits that you experience about differentiating instructions for your students of trauma?	TA1: "Classroom runs smoothly" TA12: "Community" TA4: "Life skill advancement"	Strengthening relationships Increasing school attendance
IQ6: What are the supports or resources that you feel are needed to address the pedagogical challenges that you have faced or are currently facing in differentiating instruction for your students of trauma?	TA1: "Professional learning" "Collaborate and connect" "Folks outside of education" "Trauma informed practice" TA2: "Enough time" "Multidisciplinary team" TA3: "Technology" "Teachers that are specialized" TA7: "More things for parents" TA9: "Test design" "Trauma informed practice" "Families"	Creating connecting opportunities with peers Having varied professionals

"Refocus on needs"
"Pre-service teaching"

TA10: "Small class size"
  "Good administration"
  "School system"
  "Specialized programs"

TA12: "Psychologists"
  "People who specialize in trauma"
  "Professional development"
  "Trauma-informed practice"

After initial coding which generated many codes from each of the interview questions related codes were grouped into categories. All the categories were meticulously and repeatedly reviewed based on the two research questions and the conceptual framework for this study. At the completion of this review and recategorization of the coded data, a total of twelve themes emerged from the different categories. The similarities and dissimilarities with other codes were looked into, and finally in the third level of analysis, the second order codes were aggregated into conceptual codes necessary for the themes to emerge (see Table 2).

Table 2

Themes Derived from Categories Connected to RQ1

Codes	Categories	Themes
Not offering one size fits all Different supports Accommodating for students Meet the students where they're at Pacing learning Design of instruction	Differentiating instruction	Trauma awareness impacts teaching
Trauma and social issues Intergenerational trauma	Trauma history	

ACEs
Physical abuse
Sexual abuse
Drug abuse
Socio-emotional trauma
Separation from caregivers
Refugee children
Poverty

Trauma Trauma informed Using trauma informed lens Trauma informed practice Lower the bar Acknowledging trauma	Trauma informed care	Differentiation of instruction promotes behaviour management/Emotional regulation for students of trauma
Meet their needs Life skill advancement Refocus on needs Need extra support Being integrated Struggle Adapting to students' needs Deliver to their needs Specific learning needs Tailoring towards needs	Student needs	Teachers struggle to use differentiation of instruction to create a safe space for meeting the needs of students of trauma
Caring place Refocus Specialized programs Small class size Creating safe space Safe place for learning Environment Structure Creating environment for safety	School setting	
Different levels Student learning profiles Creativity in teaching Explore different ways Variety of options Interests Working with diverse students	Differentiating by students' profiles	Acknowledging students' learning styles and teaching with a growth mindset are essential for instructing students of trauma

Trust Buy in Social relationships Safe relationships Feel that they belong Sign of respect Community	Teacher/Student relationship	Differentiating instruction promotes relationship building between teachers and their students of trauma
Feeling of self-worth Role modelling Confidence and advancement Resilience	Student perceived competence	
Busy caring for their basic needs Burnout Need extra support Overwhelmed	Teachers' self-care	Teachers experience burnout and dissatisfaction regarding differentiating instruction for their students of trauma
Not done the best job Try different methods Extremely challenging Not knowing the whole picture	Teachers' dissatisfaction	

Six themes related to RQ2 are outlined in Table 3.

Table 3

Themes Derived from Categories Connected to RQ2

Codes	**Categories**	**Themes**
Professional learning Lack of understanding Trauma and development Professional development on trauma Test design A team PD Collaborate and connect Capacity	Professional development/ Training	Teachers need supplementary self-efficacy trainings to address the pedagogical challenges in differentiating for their students of trauma

Pre-service teaching More education	Preparation program	
Teachers that are specialized Big team to support Whole team Folks outside of education Psychologists People who specialize in trauma	Multidisciplinary team	Multidisciplinary support system is essential for instructing students of trauma
Administration School system Good Administration	Administrative role	Administrative role and support in schools for teachers in differentiating appropriately for students of trauma
Dysfunctional families Parents Poor environment Poverty More things for parents	Family supports	Timely Resources for Families of Students of Trauma to Successfully Collaborate with Teachers
Classroom presentation Class runs smoother Less behaviour Behaviour Safety Small class size	Classroom resources	Teachers require an adequacy of learning resources to effectively differentiate instruction for their students of trauma
Additional time Time and space Enough time Planning time Extra time Time to plan	More time for teachers	Teachers will benefit from increased planning time to differentiate appropriately for their students of trauma

Discrepant Cases

Data that were unusual resulted from closure of some specialized schools within

the school system, leading to some students' inability to get placement due to their

intelligence quotient level not being low enough to be appropriately placed in the proper educational settings. These perceptions were not expected within the whole data set but were determined through carefully seeking for contradictory themes. The qualities of these discrepant cases were factored into the analysis by categorizing them with those related to administrative role. During member checking, the participant confirmed the accuracy of the narratives to reflect the analysis.

Results of the Study

Junior high teachers' perceptions of differentiating instruction for students of trauma were explored through six interview questions from 12 participants. Through a thematic data analysis, 12 themes emerged from the whole data. These themes were identified through merging of related categories developed from codes using In Vivo coding and Process coding. Individual theme will be discussed in relationship to each of the two research questions.

RQ1

Six themes evolved from RQ1. To address this research questions, participants were asked the interview questions 1, 2, and 3 (see Appendix A) There was a total concurrence among participants about the concept of differentiating instruction in general, and their efforts in employing the approach in their practice to instruct their students of trauma. However, there were differences in their rationale for differentiating. While some teachers expressed their reason was for meeting students' academic needs, others differentiated for these students mainly to reduce behaviour issues in the classroom, increase school attendance, build relationships, create a safe space, care for

them, and to avoid retraumatization. All teachers perceived that they experienced burnout and a low satisfaction level in their practice while trying to differentiate instruction for their students of trauma.

Theme 1: Trauma Awareness Impacts Teaching

All the 12 participants concurred that an awareness of students' past trauma history and how the experience could impact learning for students can direct the teacher on how to plan and deliver appropriate instruction for students. While explaining the differentiating of instruction process for students of trauma in the classroom, TA1 said:

> From my perception, I think differentiation of instruction or differentiating is meeting the unique needs of all of the students that are in your care or that are in your classroom. So, not offering a one size fits all model to teaching and learning. But something that meets the skill level and you know, and in order to do it, you sort of have to have an awareness of the students who they are, their needs and where they are at academically.

Similarly, TA2 highlighted how an awareness of students' trauma background can impact teacher by saying, "So as you know, students with trauma in their background, come up with some information that would benefit the teacher to know previously. And so of course, it is pertinent for you to understand the type of trauma for that particular student before you differentiate". Based on an awareness of a student's trauma background, teachers are able to provide a differentiated instruction based on individual student needs, and to become trauma-sensitive educators (Alexander, 2019). This theme is linked to one of the components of the framework for this study which an element of trauma-informed

care approach: Responding by integrating knowledge about trauma into policies,

procedures and practices (SAMHSA, 2014).

Theme 2: Differentiation of Instruction Promotes Behaviour Management/Emotional

Regulation for Students with Trauma

All participants with the exception of TA2 stated they teach students who have

experienced more than one type of trauma in their classroom. For all these participants,

differentiating instruction enhances the ability to manage the classroom to some extent in

order to experience reduced behavioural problems from their students of trauma. TA1

linked the behavioural problems to eventual social issues for students by stating "I think

some of the students I work with don't know they're traumatized and their families don't

maybe understand intergenerational trauma, but it translates to a lot of, you know, social

issues". However, TA1 expressed some benefit of differentiating in relation to classroom

management by stating "So, when you're accommodating a student and supporting them,

like, you know, like a, a way that I could differentiate could be to tailor a task to the

students interests or needs or something I know about them, it allows your classroom to

run smoothly, and so you have less behavior."

TA6 revealed the reasons for differentiating instruction for the students of trauma

in the classroom and said:

> So, it's like being more mindful of how we're delivering content, and what we're
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> asking them to do, and just that it's something that's not going to be
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> triggering for our kids and something that's going to want them to continue to
>
> keep them learning and engaged in the classroom.

 TA9 expressed how differentiating instruction and giving students choice can help avoid triggers in this classroom by explaining, "And if it may be a trigger based on something that's happened in their past, you know, give them something different or give them a different choice". TA11 corroborated TA9's perceptions about using the approach of differentiating instruction to manage students of trauma's behaviours and regulate them emotionally by stating "Behaviours that are related to the trauma that are coming out in the classroom, so that that gets a challenge, right on habits, you have to think about the behaviors as being a symptom of the trauma, and think about how can we regulate that kid to make the instruction tailored towards them so that we can capture them." Three participants agreed that added to differentiating instruction for these students should be the creation of a safe environment which is crucial to managing behaviours.

Theme 3: Teachers Struggle to Use Differentiation of Instruction to Create a Safe Space for Meeting Needs of Students of Trauma

        Although nine participants (TA1, TA2, TA4, TA5, TA6, TA7, TA9, TA11, and TA12) described creating a safe space as being necessary for meeting the needs of students of trauma, all the 12 participants reported some challenges in differentiating for students to create a safe space for learning. According to TA10, a shift in focus would help teachers differentiate accordingly and not try to teach to exams. This was articulated through TA10's narratives on some of the challenges experienced while differentiating to meet the needs of students, "I think there just needs to be a refocus on needs, what kids need, and not so much what I guess what, I don't want to say the government or what the curriculum says, I think there needs to be more focus on what students need". TA7

described that sometimes the instruction would have to be shelved safety in the classroom by stating "And, you know, if we don't do any math, that's not the most important thing. They need to feel that they can be safe and find a way to regulate even when they're having those big feelings".

To TA12, it is difficult not to retraumatize them even while differentiating instruction for the students of trauma. This was articulated by revealing that "Probably not, not being 100% certain or confident in being able to avoid all of the things that are going to upset them. So, yeah, I think it's almost impossible to not upset them, whether it's with topics or whether it's with assignments". For some participants, the struggle is about not being confident in their understanding of their students' traumatic experiences to plan appropriate instruction according to needs. TA5 stated:

> So, trauma is a tricky beast, right, like, for I've always had trouble understanding learners from a trauma lens because I didn't experience that myself. So, like whenever you're taking in a student with trauma or trying to give them a learning activity you know, trying to challenge a student that's had past trauma experience will result in them disengaging from learning activity.

Morton (2022) affirmed that teachers in the middle or junior high schools need to create a welcoming, inclusive, and positive classroom climate while meeting the needs of their students of trauma. Understanding the interconnectedness of trauma and behaviour and creating appropriate instruction are essential approaches to establishing safe spaces for students of trauma.

Theme 4: Acknowledging Students' Learning Styles and Teaching with a Growth Mindset are Essential for Instructing Students with Trauma

Symmes (2019) concluded that the ability to envision overcoming a challenge requires supportive instruction, particularly when the challenge or obstacle is difficult. Students of trauma face an uphill task overcoming their fixed mindset as a result of the alterations to their brain at the time of exposure to trauma. Some participants described how having a growth mindset, a paradigm shift, and opportunities while teaching the students of trauma are important for their achievement and positive risk taking in their learning. TA8 explained "When we've got kids that have lived through trauma, and much of that trauma not created by them, or it's under their hands, the reasons for it are out of their hands, give them an opportunity to have to be successful."

Using the students' learning profiles can support the growth mindset in students of trauma. The dimensions of student variance that can guide planning of instruction include readiness, interest, and learning profile (Tomlinson, 2017). To support the use of student readiness to plan appropriate instruction for a growth mindset, TA2 asserted, "You know, you might be ready to teach a whole lesson, but that student in particular is not ready. Right? So, you are looking at slowing down". TA3 also spoke about "taking a student's interests, their emotional state, their needs and their strengths, and then developing academic tasks that are for that student based on those things" to emphasize the importance of differentiating based on interests and strengths to develop a growth mindset in the students of trauma.

Theme 5: Differentiating Instruction Promotes Relationship Building between

Teachers and Students with Trauma

Teachers are generally expected to create an excellent classroom climate for trust and relationship building in the classroom. The presence of positive relationships between teachers and their students can help avoid emotional fatigue and serve as a source of well-being for both teachers and learners (Cui, 2022). For these students, they have minimal engagement because according to TA11, "their capacity for learning is very short", because as stated by TA4, "they just don't have that prefrontal cortex ability", and as such will only engage with teachers with whom relationships have been built. TA1 perceived relationship building with students as one benefit experienced through different differentiating instruction. In the words of TA1, "I'd say the major benefit is the strengthening in relationships. The students know that they feel seen, right? They feel like you know who they are, and you care".

TA7 notably perceived differentiation of instruction for the students of trauma as mainly a solid relationship and interactions with the students. TA7 said:

> From experience for me, the biggest piece is like making sure you have that relationship with your students so that you can know what they need. So, for me, whenever I'm thinking about differentiating for my students, it comes from the time I've taken to get to know them, and also being able for them to trust me when I need to push them a little bit too, and meeting them where they're at. I've had to do a lot of differentiation for, especially assessment of learning. And it comes

down to a lot of conversations, which also is such a great way to build your

relationship with your kids.

Furthermore, two participants discussed the need for solid relationships between

the school and family with suggestions for reconciliation and repair of damaged bonds

between the two. TA10 said, "You need to heal some relationships with schools and

parents. I think, sometimes, you know, those are pretty broken, and the parents don't trust

the school system. I think that's a big part of the process, how we can rebuild some of that

trust when it's broken with parents, and families". TA9 stated "Their parents haven't

connected with me," while lamenting the lack of desired parent and school relationship in

supporting the students of trauma in the school where there are numerous students

diagnosed with different types of trauma that affect their education. Relationship building

through differentiating instruction for students of trauma aligns with one of the six key

principles of a TIC approach which is the framework for this study.

Theme 6: Teachers Experience Burnout and Dissatisfaction Regarding Differentiating

Instruction for Students with Trauma

This theme is connected to both between RQ1 and RQ2. All the participants

overwhelmingly described their differentiation of instruction experiences for their

students of trauma as challenging and highly demanding leading to burnout and low level

of satisfaction with their work with these students. For some, the burnout feeling

stemmed from having to focus more on caring for the students' basic needs with no

tangible academic work done almost on a daily basis. For instance, TA1 stated "I

struggled to get to the learning part, because I'm too busy caring for their basic needs",

while TA3 similarly shared, "I think for me the biggest thing is burnout. Because our students are going through so much all the time, and that then displays in behaviors, it's hard as an adult". TA10 further said, "Having to be the nurse and the psychiatrist, and the psychologist and, you know, all those things are pretty overwhelming for one teacher". TA9 generalized these feelings to the experience of many teachers in general within the education system by saying, "In education right now, I think teachers are overwhelmed. I think they're getting kind of burnt out".

The lack of understanding the concept of trauma, how it affects students in the classroom, or not having a personal traumatic experience were responsible for the confusion of some participants as they try to differentiate instruction for their students of trauma. TA4 stated, "So, trauma is a tricky beast, right, like, for I've always had trouble understanding learners from a trauma lens, because I didn't experience that myself" to explain the lack of understanding about trauma and the learners that have experienced it to provide adequate academic support for them. TA9 stated, "Like I'm one person for numerous kids, and there's just no way that I get to everyone in the school" to demonstrate the burnout and dissatisfaction experienced having to care for many kids with trauma in the school.

RQ2

Six themes were derived from RQ2. Participants responded to the IQ4, 5, and 6 (see Appendix B) to address this research question. All respondents unanimously agreed that they certainly need more professional training related to the concept of trauma to successfully address the pedagogical challenges currently experienced in differentiating

instruction for their students of trauma. Participants also detailed varied required supports and resources for teachers including those for students, and even parents to address their challenges in differentiating instruction for their students with trauma. Nonetheless, three participants in specialized schools/settings applauded some available resources in their sites that have helped in supporting the teaching of their students with trauma.

Theme 7: Teachers Need Supplementary Self-Efficacy Trainings to Address Pedagogical Challenges Involving Differentiating Instruction for Students with Trauma

Embedded in this theme principle is that organization must aim to strengthen the staff to build capacity as they offer their service to individuals; in this case teachers to students. Participants discussed how professional learning will support them in their work with students of trauma. TA1 stated, "I definitely think like, some more professional learning would be really good around specifically connected to differentiating instruction". TA4 responded by saying, "So, I think we need way more PD on trauma, and specifically like brain composition of trauma". To support the need for professional learning on trauma affects the brain, TA6 stated, "We cannot know everything, and some of the challenges is in our own professional development of learning. How does trauma affect the brain? How does it affect development? How does it affect functioning? And then with underneath that understanding how specific trauma affects the kids in their development". Professional learning on test design for students of trauma was also required through the perception of TA9 who emphasized "I would say professional development around test design. How to build tests that are differentiated".

Preparation program for pre-service teachers was also mentioned as an example and a target point for capacity building and self-efficacy training for teachers for teachers to learn about differentiating instruction for the students with trauma as they enter the teaching profession. An excerpt from TA9 regarding this was "I don't know if there's truly a full understanding from staff as a whole, like for teachers as a whole, maybe even more education and pre-service teaching, so, I think more pre-service education would maybe help people coming in, what you learn in university and then what happens in the classroom is not reality". Doing this will enhance the knowledge of teachers while undergoing their education programs to be trauma-informed in their practice towards supporting students of trauma as trauma-informed training during pre-service education is lacking.

Other examples of how teachers can develop their belief in their own abilities to do their job include requesting professional trainings as discussed by Davis et al. (2022), and engaging in practices that advance supportive and secure relationships with students (Hajovsky et al., 2020). These will improve the personal growth of teachers for self-efficacy.

Theme 8: Multidisciplinary Support System is Essential for Instructing Students with Trauma

Many participants expressed the need for a multidisciplinary team to collaborate with teachers in schools for instructing students of trauma effectively in the schools. TA1 stated, "I think as educators, we sort of stay on our island, and then the other professionals down there. So, I think if there's a little more collaboration, it would just

strengthen our understanding of how to best support the students." This team will aid in understanding the profile of the students and the level of trauma that they had experienced. TA2 said:

> Well, I just feel that the level of trauma the students come with are multifaceted. And so, to address those needs, you need to have a multi-disciplinary team that can offer expertise. I guess in their realm and offer that angle to support the child as a whole. So, I feel that, you know, having one teacher to address this piece isn't going to be enough. It has to be a whole team.

> TA1 stated, "And then I think too, like bringing in folks outside of education, so psychologists or, or whatnot that can support us in helping the students as well". TA11 also discussed a similar idea of collaborating with psychologists and said, "Access to, you know, psychologists to kind of specialize in teaching and learning, that would be one thing, because I think they can offer a different lens towards individual students", while TA3 specifically proposed having teachers specialized in trauma teaching and other areas aside general or subject teachers by saying, "It would be really great to get teachers that were specialized in different areas, helping these students learn."

> TA12 working in a school with hundreds of students with many students of trauma, emphasized the importance of having other professionals work with teachers for support in differentiating instruction for their students of trauma. TA12 said:

> I would love to have professionals come and help with planning with teachers. I think if we had psychologists or people who specialize in trauma and came and we sat down and planned lessons together, and they worked through... show us

how to be more trauma-informed with us in the actual process of lesson planning,

I think that would be helpful.

Due to the overwhelming challenges of teachers in supporting and planning appropriate instructions for their students of trauma in the classrooms, a multidisciplinary support system with provide various professional perspectives to support these students while balancing teacher well-being and practice satisfaction.

Theme 9: Administrative Role and Support in Schools for Teachers in Terms of Differentiating Instruction Appropriately for Students with Trauma

This theme was developed through one participant's perceptions of supports needed to address the pedagogical challenges faced in differentiating instructions for students of trauma. As school leaders are key in setting the tone for the trauma-informed school culture in their schools (Venet, 2018), having the buy-in and support of administrators is important (Thomas et al., 2019). Emphasizing the need for good administration that will prioritize the mental and emotional security of the students of trauma, TA10 said:

I think the whole idea of administration, realizing that we can't push the academics, because I think, in my earlier years, that was a big push. You know, especially for those grades 6, 9, 12, teachers who have to have their students write the external exams, you feel the pressure from above. And I think when you have a good administration, who puts the mental health first of the students rather than the academics, you know, ensuring that they're ready for learning is really important. So, I do feel like it comes from above that the atmosphere of the school

where the administration is the type that trust the teachers to know, what is best

for the students is so important.

This theme is in alignment with the trauma-informed care principle on Trustworthiness

and Transparency which states; organizational operations and decisions are conducted

with transparency and the goal of building and maintaining trust among staff, clients and

family members of those receiving services.

Theme 10: Timely Resources for Families of Students of Trauma to Successfully

Collaborate with Teachers

This theme was derived from participants' narratives through their comparison of

students of trauma with those who have not experienced trauma. According to them,

students of trauma put up a shield and tend to be very guarded and not trust easily

compared to those without trauma experiences as a result of being disappointed by people

they trusted. Some of these students have dysfunctional families, live in poverty, poor

environment, and have experienced all kinds of trauma. Participants perceived that timely

support for families of students with mental health will equip them to in turn support their

children very early before the issue degenerates to a level of negatively impacting their

education. TA6 said:

> I wish there were more things – clinician, psychologist - for parents. Because
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> sometimes, I think we focus so much on what the kids need. But maybe if we put
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> some more focus on what those parents needed, then they could be those extra
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> supports for their kids, which sometimes they're dealing with their own trauma
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> and their own struggles, and all of those things, but it's so hard for them to be able

to give their children what they need. And if we were able to put more supports in place earlier on in the like, in like young families' lives to be able to give them this even before there's trauma just so that they have access to all these people and resources.

Some participants believed that parents need early mental health support to help their children build the basic knowledge and executive skills necessary for academic achievement. TA5 stated:

This is the usually fully true for all students with trauma, because oftentimes the parents of our students, either because they couldn't or they weren't there, miss out on the foundational knowledge that kids need like reading before that, doing basic maths together, you know, like cleaning or doing laundry or counting, the things that typically you would do with very small children. I'm talking pre-school. A lot of our kids haven't had that. And so, there's a huge, huge, huge gap in foundational knowledge and I think when they get to school that gap just gets exacerbated unless they're caught pretty early and given remedial support.

As parents or the primary caregivers are the first contacts for students of trauma and all students in general, providing timely and available resources for them may help equip them to be able to tackle the negative impacts of childhood trauma in their children during the early stages.

Theme 11: Teachers Require Adequacy of Learning Resources to Effectively Differentiate Instruction for Students with Trauma

This theme was generated from all respondents' responses to the questions regarding the challenges experienced while differentiating instruction for their students of trauma, and the supports or resources needed for effective differentiation. TA3 stated, "We don't have many teaching and learning resources" to express the need for more learning tools for students and even teachers to differentiate effectively for their students of trauma. TA6 reported, "Sometimes we don't have all the resources that we want to implement". TA9 affirmed an urgent need or provision for more learning resources for students as lack of these culminate in not differentiating enough for these students. According to TA9, "In the classrooms, my perception would be that it's not happening as much as it should be, it's what I would say."

Participants provided examples of needed materials for differentiating instruction especially in literacy and numeracy areas. Suggesting literacy materials for the students on trauma in the classroom, TA5 suggested:

> We need more books that are vocab appropriate for Junior High, there isn't a lot of them in the market. And I mean like low vocab. And so, finding books like that is very, very, very difficult. So, I would say, that is a resource that I see like crying out for there isn't a lot of them in the market. We're trying to address like former gaps, I guess, at the moment. And yeah, it's hard to find this, like, you know. So, I would say that that's a big need. But again, just you know, resources and activities that are appropriate for older youth that doesn't make them feel like in Kindergarten.

Regarding resources, the need for technological resources for student learning was paramount in participants' responses. According to TA9:

> The challenges that I see would be resources, and sort of lack, I think. We don't have enough resources in terms of physical resources for teachers or enough resources either technological resources, or decodable texts, or different sort of resources for literacy or numeracy, or with computers and not enough sort of even external things with like mental health, like extra sort of mental health support for the students.

> Further, TA3 said:

> I think it would be really useful to have more technology, more materials. So, when it comes to technology piece, there are so many times where students are unable to write or unable to process things. And so, something like having, you know, things like Live scribe, pens, things like text to speech devices would be really helpful. When it comes to learning materials, different types of pens, craft supplies, arts, it would really help engage the students' interests, and what they want to do with their learning.

Aside learning resources in school for students, TA6 also mentioned the need for students to have appropriate basic medical resources such as eyeglasses. TA6 stated, "Kids that are like coming to school, and don't even have glasses and can't even see, and so, how can we support and differentiate for our kids when they don't have some other basic needs met?" to elaborate on the need for the provision of basic medical needs for students. Some of the benefits participants believe will be derived from having adequate

learning resources for students of trauma include "better meet the needs of the students" (TA1), "really good way of engaging the students" (TA3), "challenge a student", "life skill advancements", "show confidence" (TA4), "little bit more impacted", "more school engagement" (TA5), "finding it easier to come to the classroom" (TA6), and "access the curriculum" (TA9). More provision of the basic medical resources will increase the functionality of these students in the classroom.

Theme 12: Teachers will Benefit from Increased Planning Time to Differentiate Instruction Appropriately for Students with Trauma

Struggling with time was explicitly discussed by five participants and implied by others as they responded to the question on the challenges faced in differentiating instruction for their students of trauma. Participants were in consensus on the need for additional time to plan, deliver, engage in professional development, collaborate with colleagues, and build relationship with students. TA2 stated, "Okay, what do I need? I feel part of the struggle is that there isn't enough time for, like, you know, a team PD, to collaborate with other teachers, say on a Friday afternoon, to talk about the different ways of like pedagogy or scaffolding student learning". TA3 said, "We don't have any time it feels to have a prep time, to have time to plan for IPPs, to plan good resources. It feels like going through the motions rather than really good rich work because we don't have time". TA4 added, "I also think time. Sometimes, we're consumed with all our other responsibilities, and so our time to develop our own understanding is not always optimal". TA9 summed it up by saying, "The teachers need to be given time".

All the teachers both those teaching as special education teachers and those teaching as subject teachers complained about the lack of sufficient time to differentiate instruction for their students of trauma. For those teachers in traditional schools where they have to plan for regular instructions and differentiated versions for their students of trauma, it is particularly challenging to find the time for balance for these two group of students and meet the students of trauma where they are at. Teachers emphasized additional time to differentiate effectively for their students of trauma and find a balance between work and their own well-being.

Discrepant Case

The non-conforming data included the closure of specialized schools. This data was categorized under the administrative role, and grouped under theme 9. The rationale for this grouping was as a result of administrative decisions which compelled the closure of those specialized school according to TA10.

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Evidence of Trustworthiness

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According to Adler (2022), research must be trustworthy. Multiple strategies exist to establish trustworthiness of research. To validate this study, credibility, transferability, dependability, and confirmability are concepts that were depended on for validity. Further, by deliberately seeking deviant cases or nonconforming data, the trustworthiness of this research was established.

Credibility

As stated in Chapter 3, credibility was established through member checking by involving participants in verifying the interpretations of the themes after data analysis at

the completion of all interviews. McKim (2023) emphasized member checking as a technique to establish trustworthiness and validity in research. All participants verified the data and gave feedback about the accuracy of their narratives. As the sole researcher, I also engaged in reflexivity by reflecting and briefly documenting in journals my personal biases as the data were analyzed.

Transferability

Although, in qualitative research, the aim is not to generalize from sample to a population (Burkholder et al., 2020), however, it is important that the essence and findings must be relevant beyond the study's limits. The reader reserves the responsibility to transfer the information derived from the study. In this study, efforts were made to provide ample setting, design methods, study duration, and purpose for a reader to make knowledgeable decision regarding the results of this study. Rich and abundant descriptions of participants' narratives were also included to buttress the themes.

Dependability

As discussed by Burkholder et al. (2020), dependability denotes consistency in data collection, analysis, and reporting. There were no methodology shifts to be communicated in this study as all phases of data collection and analysis outlined in Chapter 3 progressed as planned. Having the partner site and Canada's Research Ethics Board review, inspect and react to the interview questions ensured dependability. Furthermore, giving an opportunity for the 12 study participants to review and verify the accuracy of their interview transcripts and summary not only assured dependability and accuracy, but also helped strengthen the study. Engaging in reflexive description of the

researcher's engagement in this study decisions further addressed the issue of dependability.

Confirmability

Confirmability allows readers to recognize participants' experiences detailed within the study, establishing confidence from the participants' perspective to quickly recognize their shared experience with the researcher (Nieminen & Suikkala, 2022). In this study, all the results and findings were based on participants' responses and not on any personal bias or researcher interests. The researcher bias did not disrupt the interpretation of participants' narratives to favour preconceived opinion or assumption. Therefore, it is possible that other researchers will most likely derive the same conclusions or themes from all the analyzed data.

Summary

The purpose of this qualitative study was to explore junior high school teachers' perceptions of challenges associated with differentiating pedagogy to meet academic needs of students with trauma in a specific urban school district in Alberta, Canada.

To answer the two research questions, 12 junior high teachers participated in semistructured interviews to provide narratives that led to data that were analyzed using in vivo and process coding. Overall, 12 themes were developed from data analysis.

Themes revealed that trauma awareness impacts teaching, teachers struggle to use differentiation, differentiating instruction promotes relationship building between teachers and students with trauma, teachers experience burnout and dissatisfaction regarding differentiating instruction for this population, teachers need self-efficacy

trainings to address pedagogical challenges, multidisciplinary support systems are essential for instructing students with trauma, and teachers require adequacy of learning resources to effectively differentiate instruction for these students, and benefit from increased planning time.

      Chapter 5 begins with an introduction reiterating the purpose and nature of the study. This is followed by summaries of key findings, interpretations of findings, and study limitations. Recommendations for further research are then discussed followed by study implications. The chapter ends with a conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to explore junior high school teachers' perceptions of challenges involved with differentiating pedagogy to meet academic needs of students with trauma in a specific urban school district in Alberta, Canada. A basic qualitative research design was employed for this study. Through this research design, semistructured interviews were conducted to explore 12 junior high teachers' narratives. The two research questions that guided this study were:

RQ1: What are perceptions of junior high school teachers regarding differentiating instruction to meet needs of students with trauma?

RQ2: What supports or resources do teachers need to address their pedagogical challenges in terms of differentiating their instruction to meet needs of students with trauma?

At the end of data analysis, 12 themes emerged: trauma awareness for educators impacts teaching, differentiation of instruction promotes behaviour management/emotional regulation for students with trauma, teachers struggle to differentiate instruction to create a safe space for students with trauma, acknowledging student learning styles and teaching with a growth mindset are essential for instructing students of trauma, differentiating instruction promotes relationship building between teachers and their students with trauma, teachers experience burnout and dissatisfaction regarding differentiating instruction for their students with trauma, teachers need self-efficacy trainings to address pedagogical challenges involving differentiating instruction for students with trauma, administrative role and support in schools should be available

for teachers in differentiating appropriately for students with trauma, timely resources for families of students with trauma to successfully collaborate with teachers, teachers will benefit from increased planning time to differentiate appropriately for their students with trauma, having a multidisciplinary support system is essential for instructing students with trauma, and teachers require adequacy of learning resources to effectively differentiate instruction for students with trauma.

Interpretation of the Findings

Twelve participants answered six questions during semistructured interviews to generate data that were analyzed for 12 themes. Six themes aligned with RQ1 while six additional themes aligned with RQ2. Findings from this study confirmed and extended knowledge in the discipline through comparisons with peer-reviewed literature described in Chapter 2.

Theme 1: Trauma Awareness Impacts Teaching

All participants agreed that awareness of previous or current trauma experienced by students can guide teachers in terms of differentiating instruction that supports academic achievement of such students in the classroom. Duffee et al. (2021) said trauma-informed teaching involves recognizing the impact of childhood trauma on student learning. With that understanding, teachers can set students up for success through the use of differentiated learning approaches that can meet their academic needs.

Theme 2: Differentiation of Instruction Promotes Behaviour Management and Emotional Regulation for Students with Trauma

Trauma can disrupt children's emotional response systems (Downey & Crummy, 2022). These disruptions can lead to behavioural, emotional, and social manifestations. Participants discussed how differentiating instruction for their students with trauma helped keep them engaged in the classroom, thereby leading to emotional and behavioral regulation and reduced behavioral issues in the classroom.

Theme 3: Teachers Struggle to Use Differentiation of Instruction to Create Safe Spaces for Meeting Needs of Students with Trauma

Although participants confirmed that they differentiate instruction in their classrooms and experience less behaviour regulation with students, they expressed they were challenged when creating safe spaces for students not to be retraumatized in order to meet their needs. Challenges included inability of teachers to not retraumatize students with trauma, as safety in the classroom and school is paramount to these students having experienced trauma that affect their security and attachment. Bunting et al. (2019) stated a lack of attachment and security can be traumatic with impact on children's development, health, and wellbeing. As stated by Hobbs et al. (2019), although school is the place where challenges faced by young people affected by trauma are particularly problematic, it is also a powerful safe places for lessening the impact of trauma.

Theme 4: Acknowledging Students' Learning Styles and Teaching with a Growth Mindset is Essential for Instructing Students with Trauma

According to Tomlinson (2017), it is feasible to create classrooms where learners' variances and learning styles can be addressed through differentiated instruction. The importance of using students' strengths, interests, and learning styles to create opportunities for growth was discussed by participants in order to stimulate learning for students with trauma. According to Godor (2021), differentiated instruction occurs when teachers use students' readiness, interests, and learning preferences to adjust content, process, or products, leading to increased engagement and academic performance for students.

Theme 5: Differentiating Instruction Promotes Relationship Building between Teachers and Students with Trauma

Relationship building was perceived by participants as one of the most salient factors that drives connections with teachers, as well as necessary for engaging students with trauma in the classroom. Continuous building of healthy relationships between students and teachers should be a focus for teachers.

Theme 6: Teachers Experience Burnout and Dissatisfaction Regarding Differentiating Instruction for Students with Trauma

This study revealed teachers experience burnout and low levels of satisfaction while differentiating instruction for students trauma. TA1, TA3, TA4, TA9, and TA10 expressed experiencing physical burnout as a result of daily demands involving managing behaviors or planning for instruction, while TA2, TA5, TA6, TA7, TA8, and TA11

expressed they felt burnout and dissatisfaction as a result of insufficient knowledge regarding trauma and its impacts on students. TA10, stated "having to be the nurse and the psychiatrist, and the psychologist and, you know, all those things are pretty overwhelming for one teacher." Teachers' overwhelming feelings can lead to risks of developing compassion fatigue for students (Ormiston et al., 2022). Teachers may also be managing vicarious impacts due to witnessing, supporting, and understanding students impacted by complex trauma (Alves et al., 2020; Anda et al., 2020). Ormiston et al. (2020) suggested teachers engage in continuous self-care to manage vicarious trauma. This is necessary as many teachers reported having emotional responses to experiences involving students with trauma in the classroom.

Theme 7: Teachers Need Supplementary Self-efficacy Trainings to Address Pedagogical Challenges in Order to Differentiate Instruction for Students with Trauma

Another key finding was the consensus by all 12 teachers interviewed regarding the need for self-efficacy training to effectively instruct their students of trauma. Hobbs et al. (2019) concluded teachers feel that they have not received sufficient training regarding understanding trauma, and consequently feel inadequately equipped to meet the needs of their students affected by trauma. Different teachers stated they need trainings in diverse areas. Hence, teachers require professional developments on how trauma affects the brain, manifestations of traumatic impacts in the classroom and a skillset to support and respond effectively to the needs of their students of trauma as discussed by Brown et al. (2019). To support the need for professional learning on trauma affects the brain, TA4

said, " I think we need way more PD on trauma, and specifically like brain composition

of trauma", while TA6 responded, "We cannot know everything, and some of the

challenges is in our own professional development of learning. How does trauma affect

the brain? How does it affect development? How does it affect functioning? And then

with underneath that understanding how specific trauma affects the kids in their

development". TA9 expressed, "I would say professional development around test

design, how to build tests that are differentiated". This finding corroborated Muttillo et

al.'s (2022) finding in literature review that staff professional development trainings are

important for increased knowledge about trauma-informed care with potential to create

school environments that foster student recovery from trauma. With one in five Canadian

children been diagnosed with at least one mental health disorder in the last three decades

(Vaillancourt et al., 2021), teachers' self-efficacy in addressing trauma issues in the

schools has become a necessity.

Theme 8: Multidisciplinary Support Systems are Essential for Instructing Students

with Trauma

Five participants indicated the need for having a multidisciplinary support system

to collaborate with teachers to support the education of the students of trauma in schools.

For instance, TA1 stated, "I think too, like bringing in folks outside of education,

psychologists or whatnot that can support us in helping the students as well". This

confirms a whole team and school-wide approach discussed by Hobbs et al. (2019) in the

literature review that facilitates trauma-informed school-wide procedures and policies

pertaining to school and classroom structure, providing systemic supports for students

across the school, staffing models, communication and connection with families and the community to respond to the individual needs of students. A multidisciplinary approach coupled with teachers that specialize in teaching student of trauma will help advance student learning and care.

Theme 9: Administrative Role and Support in Schools for Teachers Involving Differentiating Instruction Appropriately for Students with Trauma

Thomas et al. (2019) confirmed trauma-informed practices require administrative buy-in and support to empower teachers through policy and procedure changes, teacher and staff professional development, and strong cross-system collaboration among school staff and mental health professionals. This supports participants' discussion that the administration of the school plays a major role in prioritizing the mental health of students of trauma for their safety and security in school than learning. According to Kostouros et al. (2022), teachers must be provided with resources and support including systems and leaders to create effective trauma-informed standards in their classrooms to meet the needs of learners.

Theme 10: Timely Resources for Families of Students with Trauma to Successfully Collaborate with Teachers

Teachers suggested the need for timely resources to support families of students with trauma to be able to aid with their children's well-being early. For some of these families, members experiencing trauma do not access timely help with their own well-being to be empowered enough to provide stability and foundational learning skills for their own children. TA5 highlighted this need as challenge to students' lack of

foundational learning skills by saying, "The most common challenge is because oftentimes, the parents of our students, either because they couldn't or they weren't there, miss out on the foundational knowledge that kids need", while TA7 reported the need by saying, "I wish there were more things – mental health resources - for parents, because sometimes I think we focus so much on what the kids need. But maybe if we put some more focus on what those parents needed, then they could be those extra supports for their kids".

Theme 11: Teachers Require Adequacy of Learning Resources to Effectively Differentiate Instruction for Students with Trauma

This theme aligned with the needed resources teachers would require their students of trauma to have while differentiating instruction for them. From the findings of this study, teachers feel that their students of trauma do not have targeted learning resources such as vocabulary appropriate texts, high interest, low ability reading passages for junior high students that allow access to achieving curricular outcomes. TA9 described the need for students to have necessary learning resources to make differentiating easy for teachers by saying, "We don't have enough resources in terms of physical resources or enough technological resources, or decodable texts, or different sorts of resources, literacy or numeracy or computers are not enough". Orapallo et al. (2021) confirmed this with the study on the effectiveness of trauma resources to improve the knowledge and attitudes relevant to trauma-informed approaches for students within the school and classroom.

Theme 12: Teachers Benefit from Increased Planning Time to Differentiate Instruction Appropriately for Students with Trauma

There was consensus among participants that they will benefit from having additional time to plan lessons for their students with trauma. When asked about the supports they would require to effectively differentiate for their students of trauma, TA9 answered, "The teachers need to be given time," while TA3 supported this by saying, "You know education, we so much try to express, you know, take time off, and to do all this, yet we don't have any time it feels to have a prep time to have time to plan for IPPs to plan good resources." According to Brunzell et al. (2022), teachers can struggle to learn new practices when they are continuously experience limited resources of planning time, focus, and other resources.

Findings in the Context of the Conceptual Framework

The conceptual framework that grounded this study is the trauma-informed care framework, with historical roots in the trauma-informed services that began in medicine in the 1960s as an approach that takes account of trauma when diagnosing and treating individuals (National Centre for Trauma-Informed Care, 2012). Findings from this work can be interpreted through the six principles of trauma informed care framework that can be generalized in schools. Two of the findings in this study indicated the use of differentiating instruction to create a safe space for meeting the needs of students of trauma, and promoting emotional regulation for students through differentiating instruction. The first principle of the trauma-informed care-framework emphasized safety. Although, participants struggle with using differentiating instruction to create a

safe space for students of trauma, they understand and recognize the place of physical and psychological safety for the students with trauma that they serve.

Another guiding principle of the trauma-informed care indicates trustworthiness and transparency. Theme 5 of the findings demonstrates an alignment with this principle. It explains how teachers use differentiated instruction to build relationships with their students. This theme aligns with the trauma-informed care framework that indicates a goal of building and maintaining trust among staff, family members, and students.

The findings regarding teachers' collaboration with other professionals outside education and essential of having a multidisciplinary team can be evaluated in the complex of the trauma-informed framework principle of collaboration and mutuality. This principle of trauma-informed care places emphasis on recognizing that healing happens in the meaningful decision making and sharing of power, where the organization recognizes everyone involved has a role in the trauma-informed approach. Participants suggested a collaborative team approach to differentiating instruction and supporting the students of trauma will provide adequate understanding to better reduce teachers' challenges of differentiating instruction for these students. Three participants working in specialized settings appraised the support of the psychologists with their students with trauma emotionally and psychologically.

Some participants further noted that having good administration that prioritize students' mental health and trust teachers to know what is best for students can promote empowerment in the teachers. For instance, TA10 stated, "And I think when you have a good administration, who puts the mental health first of the students rather than the

academics, you know, ensuring that they're, they're ready for learning is really important". This closely aligns with empowerment that is emphasised in the context of eh trauma-informed framework. Moreover, empowerment, voice, as principles in the framework can be connected to empowering the students of trauma, and giving them choice, and voice differentiating for them based on their strengths, interests, and learning styles for a growth mindset which is one of the themes generated in this study findings. The findings can further be evaluated in connection with three of the four elements of the trauma-informed principles. These included the correlation of 1. Realizing the impact of trauma; 2. Responding by integrating knowledge about trauma into policies, procedures and practices; and 3. Resisting re-traumatization (SAMHSA, 2014) that themes aligned with.

Limitations of the Study

This research was conducted with the best effort toward trustworthiness and rigor to mitigate limitations (Deaton et al., 2022). However, the study was not without its limitations as typical of several studies. The sample size of 12 participants is small in comparison to the thousands of junior high school teachers that daily instruct students of trauma in the district. Hennink and Kaiser (2021) discussed how rapidly qualitative studies can reach saturation with relatively small sample sizes. The study reached saturation quickly regarding participants' responses to two questions asking for their perceptions about what differentiation of instruction meant to them, and the types of traumas their students have experienced. This means the reader can consider generalizing those aspects of the study findings. However, in general, generalizability of the results

and findings may be limited. As mentioned in Chapter 1, this study's participants included only the teachers of junior high school students as discussed in Chapter 3 during data collection and in Chapter four during data analysis.

Furthermore, as discussed in Chapter 1, results from the data collection instrument may not be guaranteed. With regard to triangulation, the interview was the only method of data collection. Final reports may not be guaranteed as these derived solely from teachers' perceptions without being supported by any other tools. Another limitation is connected to researcher's bias. Another limitation has to do with the researcher's current role as a teacher of students with mental health problems which might have influenced the data analysis. In order to lessen the influence of my potential bias while collecting data and during the process of data analysis, the suggestion of Ravitch and Carl (2021) was followed to not engage in covert or deceptive forms of research to deliberately mislead participants or readers about the purposes and goals of the study or how the data will be used.

Recommendations

Based on the themes of this study which were generated through teachers' narratives about their awareness that trauma impacts student learning, their efforts in creating differentiation of instruction for their students with trauma, and the realization that students of trauma benefit from instruction differentiation to meet their needs, more learning resources that would facilitate the teaching and learning for these students should be provided so teachers can appropriately instruct these students. The need for these learning resources was strongly articulated by TA9 by stating " We don't have

enough resources in terms of physical resources or enough technological resources, or decodable texts, or different sorts of resources, literacy or numeracy or computers are not enough". Four other teachers supported TA9's perception relating to the provision of more teaching and learning resources for instructing students with trauma.

Schools can offer advice relevant authorities about the provision of timely resources for families of students of trauma. Through this effort, families can receive early intervention and be able to support their children and work with the school in an effort to lessen the impact of trauma on these students for learning achievement. Three of the participants expressed the need to focus on families of students of trauma and equip them with adequate tools to support their traumatized children. TA7 reflected, "I wish there were more things for parents, because sometimes I think we focus so much on what the kids need. Maybe if we put some more focus on what those parents needed, then they could be those extra supports for their kids".

From the findings, it was clearly demonstrated that teachers lack training in their understanding of how trauma affects the brain, functioning, and children in their development. Due to the significant extent of time students spend with teachers, it is crucial to train teachers on how brain composition of trauma, and make the training mandatory for teachers who specifically instruct students with trauma in their classroom. This can be an annual professional development. Again, it is recommended that teacher preparation programs can also consider training incoming teachers some skill acquisition and classroom application in differentiating instruction for students with trauma as the number of these students continues to rise in schools globally. Professional development

by the district for veteran teachers on differentiating instruction and specific classroom strategies for supporting students with trauma should be ongoing, especially in this post Covid-19 era where many students developed post-traumatic stress disorder (PTSD) due to the traumatic experiences of the pandemic (Nagarajan et al., 2022).

Another recommendation regards having multidisciplinary support systems in schools for shared resources with the teachers of students with trauma. Five of the participants indicated the need and their desire to have professionals that are knowledgeable in trauma mitigating approaches outside of school work with them on strategies to facilitate their instruction differentiation and regulation skills with their students with trauma. Three out of the twelve participants indicated the benefits of these professionals in their specialized settings. Therefore, school districts can consider employing more of these professionals to collaborate with these teachers in all the schools where their services will be needed.

Six of the participants found differentiating for their students with trauma emotionally draining leading to burnout. Added to this is the feeling of empathy and dissatisfaction felt by many participants regarding their challenges in differentiating appropriately for their students with trauma without retraumatizing them. Cui (2022) discussed how professional wellbeing of educators is essential not only for educators, but for their learners as well. Hence, it is recommended that teacher self-care and well-being continues to be areas for further research. Findings further revealed teachers need increased time for planning, delivering and managing stress that accompany differentiating and supporting their students with trauma. This phenomenon can be

explored further in study. Finally, this research can be duplicated at the elementary and high school levels.

Implications

Many, including teachers are aware of the occurrence of trauma in people generally, but lack a deep knowledge about the impacts on humans including effects on educational achievements. For people in urban areas, especially an estimated 75% of children, the need for mental health support is huge (Deaton et al., 2022). This study explored the perceptions of teachers of junior high students of trauma to highlight the challenges and experiences associated with instructing these students. The interview tool used for data collection was appropriate to gather needed data for analysis. The pedagogy of these teachers may be enriched through this study findings.

This study's potential impact for positive social change at the level of individual regards the unique perceptions of teachers about differentiating for students with trauma with evidence of challenges with teaching these students. The lived experiences of these teachers were brought to the fore. The results and findings have implications for junior high school teachers who instruct young adolescents experiencing childhood trauma that affect their educational achievement. Strategies that can improve the practices of these teachers to adequately instruct their students with trauma can be developed based on the findings. The results can further lead to ongoing training for trauma-informed practice to enhance pedagogy or differentiation.

This study's implications for school administrators can be highlighted in the need discussed by teachers for administrators' support and trust for teachers in supporting the

students with trauma in the schools. Some teachers shared the importance of students of trauma being well supported with their mental health prioritized as opposed to academics. This area continues to be suggested phenomenon of further research.

Another social change implication for schools is partnering with other professionals that most of the participants in this study advocated for. Districts should consider providing more disciplinary support team to work collaboratively with teachers especially in the community schools. Psychologists and family counsellors specifically for supports on addressing trauma impacts in children with strategies for teachers should be considered for schools.

Based on themes derived from the perceptions of all the 12 participants in this study for professional developments in the area of gaining better understanding about childhood trauma, and how trauma affects the brain, school districts need to develop and incorporate more trauma-informed professional development trainings for teachers. These trainings can focus on aspects such as recognizing trauma effects in students, differentiating instruction for traumatized youth, changes in brain composition of trauma victims, and practices to enhance teacher efforts in avoiding retraumatization of their students.

Childhood trauma prevalence in schools - one in five Canadian children been diagnosed for at least one mental disorder (Vaillancourt et al., 2021), 38 million US children been affected by trauma that severely harms their future health and well-being (National Institute for Children's Health Quality, 2022) - indicates implications for pre-service education training. Teachers need training while undergoing preparatory

programs on how to adequately address the impacts of childhood trauma in their students.

Mental health literacy programs can be included in the syllabus of these educational

programs. This area will benefit for further research exploration.

<p style="text-align:center">Conclusion</p>

Appropriately supporting the education of students with trauma globally is critical

due to the impacts of complex trauma on these students. From the collected and analyzed

junior high teachers' perceptions of differentiating instructions to meet the needs of

students of trauma, it was revealed that teachers need training – preservice and on the job

continuous professional development, learning and classroom resources for students,

solid administrative support and trust, and interdisciplinary team approach to effectively

advance their professionalism and use of trauma-informed lens and approach to teaching

and creating safe spaces for students of trauma. This study contributes to the field of

education by revealing the importance of exploring teachers' perceptions of

differentiating instruction for their students of trauma with the aim of responding to the

findings for teaching improvement and effectiveness. It also emphasized teacher self-care

through the inductive thematic analysis of teacher perceptions.

This study addressed a gap in practice found within the literature about the

perceptions and narratives of junior high school teachers' challenges regarding meeting

the academic needs of traumatized youth. The findings of this study may advance social

change through evidence of required support that administrators and districts can

investigate or consider establishing to support teachers in constructing strategies

entrenched in trauma-informed approaches. Doing this may enhance student academic

achievement, prosocial behaviours, trust, safety, change, resilience and growth.

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Appendix A: Interview Protocol

Topic: Junior High Teachers Perceptions of Differentiating Instruction for Students of Trauma

Interviewer: Olawanle Lawson

Interviewee Code #:

Location of Interview:

Date:

Time:
The confidentiality of information and all responses is guaranteed.

Message to interviewee: Welcome. Thank you for joining me today and for taking out time to support this study. This study is being conducted about junior high teachers' perceptions of differentiating instruction for students of trauma. As you know, the purpose of this interview is to seek your perceptions regarding differentiating instruction for the students of trauma that you teach, and the supports or resources you feel are needed to address the pedagogical challenges in differentiating instruction to meet the needs of these students. This interview should last about 30-45 minutes. After the interview, I will be transcribing your responses for data analysis. I can quote your direct responses sometimes if necessary for thematic analysis. You will not be identified with your answers in any way as all identifying factors will be obscured. You have the freedom to skip any question or stop the interview altogether at any point if uncomfortable with the whole process. Please be informed that this interview will be audio recorded for transcription.

- Please, do you have any questions?

- Can we start the interview now?

Research Questions where the interview questions were generated are:

1. What are the perceptions of junior high school teachers regarding differentiating instruction to meet the needs of students with trauma?

2. What supports or resources do teachers need to address their pedagogical challenges in differentiating their instruction to meet the needs of students with trauma?

Appendix B: Interview Questions

Question 1. From your perception, what is differentiation of instruction?

Question 2: Do you differentiate instructions for students of trauma in your classroom?
- Why do you do that?

Question 3. What are your perceptions about differentiating instruction to meet the needs of your students of trauma?
- What type of childhood trauma has any of the students you teach experienced?

Question 4: What are the challenges that you experience about differentiating instructions for your students of trauma?

Question 5: What are the benefits that you experience about differentiating instructions for your students of trauma

Question 6: What are the supports or resources that you feel are needed to address the pedagogical challenges that you have faced or are currently facing in differentiating instruction for your students of trauma?

- Can you please explain why these are important for addressing the challenges that you have discussed in differentiating instruction for your students of trauma?

Closing:

- Thank you for your responses. Is there anything else that you will like to share?
- Do you have any questions for me?
- We have come to the end of the interview.

- **Resources for support** that you can access if overwhelmed by today's interview include:

  - Mental Health Help Line 1 877-303-2642
  - 211 Alberta Connect to Helplines 211
  - Talk Suicide Canada 833-456-4566
  - Health Link 811

- Thank you so much for your time. Goodbye.