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Public-School Superintendents' Perceptions of Trauma-Informed School Assumptions and Principles

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This is to certify that the doctoral dissertation by

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Walden University
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Abstract

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by

Denise Presnell

MA, Appalachian State University, 2017

BS, Appalachian State University, 1993

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Research shows that trauma-informed practices in schools can increase student performance and well-being. School social workers are well-suited to bring these practices to their system but are most successful when partnering with public-school superintendents. The purpose of this generic qualitative study was to understand public-school superintendents' perceptions of trauma-informed school assumptions and principles. The study was guided by four assumptions for trauma-informed care, six principles for trauma-informed schools, ecological systems theory, and empowerment theory. Research questions were designed to ask participants about their experiences of trauma in their schools, their perceptions of the assumptions and principles, the benefits and challenges of implementation, and their role in empowering others to use such practices. Data were collected from semi–structured interviews with eight participants who were superintendents in rural western North Carolina school systems. Themes and subthemes were developed through hand coding and thematic analysis of the data. Final themes were (a) schools as an ecosystem for trauma, (b) community conditions, (c) value shifts in schools and communities, (d) agreement with the assumptions and principles, (e) complex and multifaceted roles, (f) micro and macro challenges (g) micro and macro benefits and (h) using empowering leadership. The findings of this study have implications for positive social change by potentially leadings school social workers to develop partnerships with superintendents to develop or strengthen trauma-informed practices in their school systems to create systemic change that better supports the use of trauma-informed practices in school districts.

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Dedication

I dedicate this work to my brother Quinn. Always loved, always missed, always remembered. I live in your honor and take seriously the responsibility of accomplishing things because you cannot. I also dedicate this to those who come from trauma and adversity. Know that your circumstances are not your identity nor your destiny. We get to choose who we are and the life we live.

Acknowledgments

Thank you to my children for your love, encouragement, and steadfast certainty that I can do anything to which I set my mind. A special thank you to my mother who showed interest and pride in this journey, provided support all along the way, and encourages everyone in our family to pursue their passions. Also, deep gratitude to my aunt, who has supported the dreams of so many of us in our family.

A special thanks to Kellie Reed Ashcraft who believed in my potential long before I believed in myself. I am also deeply grateful to the Watauga Education Foundation who, through their grants to educators, contributed financial support to me in my pursuit of both my MSW and my PhD. Thank you to my committee members, Dr. Gilkey and Dr. Moore, for your input and guidance. Dr. Gilkey's positivity from our first conversation validated this study throughout our work together.

Additionally, the enthusiasm and commitment of Dr. Scott Elliott and Dr. Paul Holden for connections, relationships, and implementing trauma-informed practices led me to choose this topic. I am appreciative of their interest and support in this study and my progress. Lastly, I wish to acknowledge all the educators I worked with in my 29 years in the public school system. Your work ethic, determination, heart, openness to trauma-informed practices, and ability to pivot in the face of significant challenges are an inspiration to me. It has been an honor and a privilege to work alongside you.

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Chapter 1: Introduction to the Study

Introduction

Currently, students with a history of trauma experience negative impacts on multiple levels, including academic, behavioral, emotional, physical, and social (Baez et al., 2019; Campbell & Khin, 2020; McIntyre et al., 2019; Yohannon & Carlson, 2019). These negative outcomes can include academic failure, higher rates of suspension and expulsion, higher rates of depression and suicidality, poor relationships with adults and peers, poverty, domestic violence, and substance abuse. For students who live in rural communities, the rates of trauma exposure to events, such as divorce, parental incarceration, and domestic violence, are even higher and the rates of exposure to multiple traumas is double that of children who live in urban areas (Keesler et al., 2021). Students who attend schools that practice trauma-informed techniques have more positive outcomes (Bulanda & Johnson, 2016; Crosby et al., 2018; Dorado et al., 2016). Some of these positive outcomes include improved academic performance, an overall increase in physical and mental wellness, and significant reductions in suspensions and expulsions (Blitz & Lee, 2015). Additionally, in schools and school systems where trauma-informed practices are in place, educators rate school climate higher, teachers report higher rates of job satisfaction, and parents feel a stronger sense of school connectedness (Blitz & Mulcahy, 2017; Crosby, 2015; Overstreet & Chafouleas, 2016). Trauma-informed school practices have several components, including teacher training, additional student support for learning emotional regulation and social skills, and revisions of policies and procedures to be more positive and less punitive (Crosby et al., 2018; Mendelson et al.,

2020). School social workers are an integral part of a school system's movement toward becoming trauma-informed, and partnering with superintendents is often the most successful first step (Blitz & Lee, 2015; Plumb et al., 2016).

Implementing trauma-informed practices is most successful when superintendents are themselves trauma informed, make trauma-informed practices a priority for the system, create safe spaces for students and teachers, and provide opportunities and support for staff training on the impacts of trauma (Day et al., 2015; Dorado et al., 2016; Fondren et al., 2020; Overstreet & Chafouleas, 2016). However, superintendents often find that challenges exist when attempting to implement trauma-informed practices into a school system. These challenges can include a lack of knowledge, both the superintendent's and their staff's, about the impacts of trauma, the belief that one must select either a trauma-informed approach or interventions that focus on content acquisition and instruction, the embracing of the traditional practice of separating mental health interventions from the classroom, and questions about the most effective means for proceeding with the implementation of trauma-informed practices (Morton & Berardi, 2018). When exploring the research about this topic, I found little about public-school superintendents' perceptions of trauma-informed school assumptions and principles. Additionally, I found even less research on the topic in relation to rural school settings. The purpose of this study was to close that gap and learn more about the public-school superintendents' perceptions of trauma-informed school assumptions and principles.

The major sections of this chapter include the background of the topic, in which I will detail the seminal study of the impacts of childhood adversity as well as other types

and impacts of trauma. I will share the problem statement and the purpose of the study and detail the theoretical frameworks of empowerment theory and ecological systems theory. Next, I will discuss the nature of the study, definitions, and assumptions. Lastly, I will provide information about the scope, delimitations, and limitations of the study, ending with the significance of the study.

Background

Research studies on childhood trauma and its impacts have been around for decades. More recently, researchers have studied how trauma can influence student well-being and school performance to better understand how best educators might respond to the needs of affected children and the staff and administrators who serve them. Researchers cannot begin to explore how schools respond to trauma without first considering the seminal adverse childhood experiences (or ACEs) study of 1998. Two physicians, Felitti and Anda, conducted a study about the impacts of ACEs with over 17,000 participants (Felitti et al., 1998). The researchers found that ACEs were linked to long-term poor health outcomes, including higher rates of diabetes, heart disease, and cancer, as well as a possible shorter life expectancy of up to 20 years. Through this study, Felitti et al. identified 10 experiences that can cause trauma in children: physical, emotional, and sexual abuse, physical and emotional neglect, divorce, witnessing domestic violence, or having a parent who is incarcerated, mentally ill, or has a substance use disorder. The researchers found that by the age of 18, 60% of people have experienced at least one traumatic event, with 15% experiencing four or more. Currently,

at least 1 in 6 children are abused (Centers for Disease Control and Prevention [CDC], n.d.).

Other researchers have identified additional experiences that can cause trauma and negative impacts for children (Blitz & Mulcahy, 2017; Boelen & Smid, 2017; Kataoka et al., 2018; Record-Lemon & Buchanan, 2017). Some of the research suggests that experiences that can cause trauma include personal, community, political, and race-based violence, as well as exposure to war or terrorism (Blitz et al., 2016; Mendelson et al., 2020; Wade et al., 2014; Wiest-Stevenson & Lee, 2016). In addition, experiences like loss and traumatic grief can cause negative impacts (Fondren et al., 2020; Hodgdon et al., 2019). Further, there is research to suggest that trauma can come from the chronic stress of living in poverty, homelessness, unsafe housing, a single-parent home, or food insecurity (Finkelhor et al., 2015; Pataky et al., 2019). At a macro level, research has shown that broader issues such as prejudice, discrimination, racism, homophobia, displacement, immigration, and undocumented status can cause trauma (Bulanda & Johnson, 2016; Campbell & Khin, 2020; Kang & Burton, 2014; Todd et al., 2020).

The rates of trauma exposure are higher for students in rural school settings (Biddle & Brown, 2020; Frankland, 2021; Keesler et al., 2021). Conditions in rural communities, such as higher rates of poverty, incarceration, and domestic violence, increase levels of toxic stress on families, leading to students with higher rates not only of single trauma but to multiple traumas as well. Researchers found that for children living in rural communities, the rates of exposure to multiple traumas are at least double that for students living in urban or suburban communities (Keesler et al., 2021). Negative impacts

of trauma increase as the exposure to multiple traumas increase, making students in rural communities more likely to be enrolled in special education programs and have lower academic achievement and poorer health (Frankland, 2021).

The Children's Defense Fund (2021) issued a report on the state of America's children with some of these traumatic experiences. The report indicated, of the 73 million children in the United States in 2019, 1 in 7 lived in poverty, with 71% of those being children of color (Children's Defense Fund, 2021). Further, 1.5 million children experienced homelessness, an increase of 15% over the year prior, and 1.7 million were food insecure (Children's Defense Fund, 2021). Child and teen deaths by gun violence were the highest they had been in 19 years, with gun violence being the leading cause of death for youths ages 1-19 (Children's Defense Fund, 2021). One in 4 children is the child of immigrants (Children's Defense Fund, 2021). Between April and June of 2018, authorities removed 5,600 children from their parents due to immigration issues; as of this writing, 1% of those children have yet to be recovered (Children's Defense Fund, 2021).

Of all the contexts and settings in which children experience the impacts of trauma, the school setting is one of the most salient experiences (Baez et al., 2019; Pataky et al., 2019). At least 1 in 4 children in the classroom has experienced at least one traumatic event (Wolpow et al., 2015). The rates are even higher for students in rural settings, as rural communities often experience higher incidents of divorce, domestic violence, parental substance abuse and mental illness, and poverty (Frankland, 2021; Keesler et al., 2021). Childhood trauma impacts school success on all levels, including

academic, behavioral, psychological, social, and physical (Stokes & Brunzell, 2019; Yohannon & Carlson, 2019). Academically, students with trauma experiences have difficulty with short-term memory, attention, concentration, comprehension, memory, abstract reasoning, problem solving, language acquisition, and reading (Blitz et al., 2016; Frydman & Mayor, 2017; Rosenbaum-Nordoft, 2018). Behaviorally, students who have trauma in their background have higher rates of absenteeism and lower rates of engagement and are less likely to do homework (Bilias-Lolis et al., 2017; Chafouleas et al., 2016). Emotionally, students who have experienced trauma are likely to have higher rates of anger, depression, anxiety, hopelessness, self-harm, and suicidality; lower frustration tolerance; and more difficulty regulating their emotions (Fondren et al., 2020; Plumb et al., 2016; Wiest-Stevenson & Lee, 2016)

In the social arena, students with a trauma history are more likely to have issues with trust, difficulty analyzing threat and safety, and difficulty understanding another person's point of view, which can significantly impact their ability to form healthy attachments with teachers, staff, and peers (Day et al., 2015; Stokes & Brunzell, 2019). At a macro level, schools that do not practice trauma-informed techniques have higher rates of office referrals, suspensions, expulsions, and dropouts (Dorado et al., 2016; Pataky et al., 2019). These exclusions can lead to students having missed instruction, a lack of school connectedness, disruption in school attachment, and the lack of educational attainment (McIntyre et al., 2019). The rates of trauma exposure are higher for students in rural school settings (Biddle & Brown, 2020; Frankland, 2021; Keesler et al., 2021). Conditions in rural communities, such as higher rates of poverty, incarceration, and

domestic violence increase levels of toxic stress on families, leading to students with higher rates not only of single trauma but to multiple traumas as well. Researchers found that for children living in rural communities, the rates of exposure to multiple traumas are at least double that for students living in urban or suburban communities (Keesler et al., 2021).

Schools that have staff that practice trauma-informed techniques, such as unconditional positive regard and teacher training on trauma impacts on the brain, have an environment that positively impacts students from trauma (Crosby et al., 2018). Students have improved focus and content retention, higher grades, and higher graduation rates (Crosby, 2015; Mendelson et al., 2020). Researchers have found that students from trauma who learn in a trauma-informed environment have improved attendance, increased positive behaviors, and decreased incidents of risky or violent behavior (Baez et al., 2019; Plumb et al., 2016). In addition, the students' ability to regulate their emotions improves, their stress levels decrease, attachment increases, and they feel more connected to school (Crosby, 2015; Dorado et al., 2016).

The research suggests that trauma-informed assumptions like recognizing the prevalence of trauma, resisting retraumatization, and emotional regulation training for staff and students not only improve outcomes for students but positively impact teachers, parents, and the school system as well (Bulanda & Johnson, 2016; Overstreet & Chafouleas, 2016). In addition, studies have shown that the use of trauma-informed principles such as unconditional positive regard help create a school culture in which students achieve at a higher level and experience less emotional difficulty (Day et al.,

2015; Thomas et al., 2019). Research shows that when educators use these practices, teachers feel better equipped to manage negative classroom behaviors (Stokes & Brunzell, 2019). Teachers find an increase in satisfaction, resilience, and stamina and experience less burnout (Crosby, 2015; Stokes & Brunzell, 2019). Overall school climate improves, and parents feel more positively about their children's school experiences (Dorado et al., 2016).

Successful implementation of trauma-informed school practices relies on school social workers as an integral part of the process (Blitz & Lee, 2015). This includes social worker involvement in assessing school culture; reviewing discipline policies; selecting a social-emotional learning curriculum; collaborating with the community; educating students, staff, and families; and providing leadership for the school to shift perceptions of students from trauma and the use of trauma-informed care (Plumb et al., 2016). Researchers recommend that school social workers help assess school readiness and support administration in the shift to trauma-informed school practices (Blitz & Lee, 2015; Chafouleas et al., 2016). School social workers experience difficulty and barriers in engaging systems in transformation without the support of superintendents (Blitz & Lee, 2015; Chafouleas et al., 2016). Additionally, working within a rural school system setting presents unique challenges for school social workers, such as elevated rates of stigma in addressing mental and emotional needs of students and lack of funding for training and staff development (Keesler et al., 2021).

The research suggests that leadership from the administration is critical for trauma-informed school implementation to be successful (Blitz et al., 2016; Blitz &

Mulcahy, 2017; McIntyre et al., 2019). School superintendents can aid in the success of

trauma-informed schools by making trauma-informed practices a priority (Day et al.,

2015). Superintendents who learn alongside staff, make the practices an integral part of

the system, and model use of the techniques make effective implementation more likely

(Stokes & Brunzell, 2019; Middleton et al., 2015). Previous research suggests that school

social workers should collaborate with superintendents to ensure training not only of

teachers and staff but also district administration, help create a shared vision with trauma-

informed values and assist in integrating trauma-informed practices on multiple levels of

the system (Fondren et al., 2020; Rudasill et al., 2018; Yohannan & Carlson, 2018). I

intend for the findings of this study to help equip school social workers with an improved

understanding of what is needed to prioritize trauma-informed practices among school

superintendents. This knowledge may help school social workers be more effective in

their work to encourage the practice trauma-informed techniques in school systems.

Problem Statement

Childhood trauma impacts school success on all levels, including academic,

behavioral, social, and psychological (Pataky et al., 2019; Rosenbaum-Nordoft, 2018).

Students with trauma experiences who attend schools that are not trauma informed have

higher rates of absenteeism, dropping-out, discipline issues, referrals to the office, and

suspensions and expulsions (Mendelson et al., 2020; Stokes & Brunzell, 2019). These

students have lower rates of academic success and lower scores on standardized tests

(Crosby, 2015; Yohannon & Carlson, 2019). Students who have experienced trauma are

more likely to have trouble using appropriate social skills, making friends, and

associating with peers who have a positive culture. In addition, these students are more likely to experience higher rates of depression, anxiety, suicidality, and other mental health disorders (Blitz & Lee, 2015; Stokes & Brunzell, 2019).

Children attending schools in rural communities can have exposure to multiple traumatic events at rates double that of students in urban areas (Keesler et al., 2021). Further, schools in rural communities are less equipped to address the unique challenges of teaching and supporting students with backgrounds of trauma experiences (Keesler et al., 2021). Schools in rural settings have smaller tax bases, reducing funding for teacher positions, facility maintenance, and transportation as well as smaller numbers of staff, causing staff to assume multiple roles, leading to fatigue and burnout (Biddle et al., 2020). Additionally, schools in rural communities are geographically isolated, have difficulty hiring and retaining highly qualified staff, and are in communities with high rates of poverty and stigma toward professional mental and behavioral health services, all of which make more difficult meeting the needs of students who have experienced trauma (Biddle et al., 2020; Keesler et al., 2021).

Research suggests that trauma-informed practices improve outcomes for students while also increasing teacher satisfaction, parent–school connectedness, and school climate (Plumb et al., 2016; Pataky et al., 2019; Thomas et al., 2019). Additional research is needed on the impacts of trauma-informed practices in rural school settings (Frankland, 2021). Researchers of trauma-informed approaches in schools have done only about 2% of their research on schools in rural settings. A trauma-informed environment is

important to support positive long-term outcomes, but more information is needed (Mendelson et al., 2020; Stokes & Brunzell, 2019; Yohannon & Carlson, 2019).

In my reviewing of the literature, finding research on superintendents' perceptions of trauma-informed school assumptions and principles was challenging. The key objective of this study was to better understand the perceptions of trauma-informed school assumptions and principles among K–12 public school superintendents of rural school systems in western North Carolina. An improved understanding of public-school superintendents' perceptions of trauma-informed schools' assumptions and principles may offer school social workers suggestions for successful implementation of trauma-informed principles by providing insight into how best to engage and partner with their system superintendents. Substance Abuse and Mental Health Services Administration ([SAMHSA], 2014), one of the leading contributive sources of knowledge regarding trauma, recommends four assumptions for trauma-informed care; (a) realizing the impacts of trauma, (b) recognizing the symptoms of trauma, (c) responding with the techniques of trauma-informed care, and (d) resisting retraumatization. Certain principles, from The Heart of Learning and Teaching curriculum, have proven effective in training school staff in trauma-informed techniques (Day et al., 2015). These principles include (a) empowerment, (b) unconditional positive regard, (c) maintaining high expectations, (d) checking assumptions, (e) being a relationships coach, and (f) providing opportunities for participation (Wolpow et al., 2015).

Purpose of the Study

The purpose of this study was to understand perceptions of trauma-informed school assumptions and principles among public-school superintendents who lead rural school systems in western North Carolina. The study was qualitative. A qualitative study is based on the value that human participants are complex beings and their experiences are best shared through conversations in their own words about their thoughts, feelings, and opinions (Guest et al., 2020; Hagaman & Wutich, 2016; Sebele-Mpofu, 2020).

Research Questions

The following research questions guided this study:

RQ1: How do public-school superintendents in rural, western North Carolina describe their experiences with students with trauma in their schools?

RQ2: What are these public-school superintendents' perceptions of trauma-informed school environments based on the assumptions and principles of trauma-informed schools?

RQ3: What do these public-school superintendents perceive to be the benefits and challenges of implementing trauma-informed school assumptions and principles?

RQ4: What do public-school superintendents perceive to be their role with administrators, teachers, and staff to implement trauma-informed school assumptions and principles?

I designed these questions to support the study's purpose and provide opportunities for me to explore the experiences of the school superintendents in their own words. In using these questions, I gathered rich, detailed data from participants. Further,

through the research questions, I gained insight into participants' experiences and used that information to support implementation of trauma-informed practices in schools.

Theoretical Framework

The theories that grounded this study are empowerment theory and ecological systems theory. Empowerment theory, in general, explains that individuals best know their own needs, are best served to have the power to address and alleviate those needs, have strengths that can be used for a higher quality of life, and have experiences that make them the experts in developing effective ways to solve their problems (Rigaud, 2020). Educators can apply empowerment theory to some of the key assumptions of trauma-informed care like avoiding retraumatization by educating staff on the impacts of trauma and resilience, which can then support staff's sense of knowledge and skill when working with students who have experienced trauma. In addition, having a trauma-informed perspective can increase staff's feelings of competence when building trusting relationships with students who have a history of trauma (Bilias-Lolis et al., 2017; Lynch, 2018; National Child Trauma Stress Network, 2017; [SAMHSA], 2014). Educators can also apply empowerment theory to some of the key principles of trauma-informed care like teaching staff and students emotional regulation techniques (Crosby, 2015; Day et al., 2015; Plumb et al., 2016; Thomas et al., 2019). This reflects empowerment theory's core assumption that developing peoples' strengths to recognize and meet their own needs is a highly effective means of empowering them to make positive changes in their lives.

Bronfenbrenner defined ecological systems theory as the systems in which an individual belongs, the interactions between and among those systems, and the impacts on the development and well-being of the individual (Masten, 2016). Ecological systems theory provides an applicable framework for understanding the thoughts of public-school superintendents on childhood trauma, the assumptions and principles of trauma-informed schools, and the benefits and challenges of implementation of trauma-informed practices. Ecological systems theory describes systems that impact an individual's development and quality of life (Campbell & Khin, 2020; Drakenberg & Malgrem, 2013; Rudasill et al., 2018). These systems are micro (people the individual has direct contact with, such as peers, teachers, and family); mezzo (the quality of those interactions); exo (societal and environmental factors, such as schools, communities, and neighborhoods); and macro (broader systems, such as governmental policies and procedures, and societal and environmental factors; Bulanda & Johnson, 2016; Thomas et al., 2019; Todd et al., 2020). Educators can apply ecological systems theory to some of the key principles of trauma-informed care like relationship coaching. When superintendents model emotional identification and regulation for administrators and staff who then model and encourage it for students, this supports healthy interactions between and among staff and students. This reflects ecological systems theory's core assumptions that the relationships between the systems in an individual's life impact their life, and positive interactions have positive impacts.

Ecological systems theory can be used to understand the relationship between trauma and empowerment (Rigaud, 2020; Masten, 2016). Trauma experiences can occur

on the levels of micro (individual, such as child abuse), exo (environmental, such as in neighborhoods and individual schools), and macro (broader systems, such as the policies and/or practices of school systems and/or communities). The systems can serve to be a source of trauma, but also serve to promote resiliency and empowerment in the individual as the individual works to deal with the effects of trauma.

When considering the role of public-school administrators in addressing trauma in the school environment, superintendents have a unique opportunity to support empowerment at the micro, exo, and macro levels within the school system environment. Public-school superintendents who seek to empower others on multiple levels can aid in increasing students' chances of success (Day et al., 2015). Using an empowerment approach at the different systems levels aids public-school superintendents in using empowerment practices and trauma-informed assumptions and principles to positively impact individual students and the climate of the school and the school district (Blitz & Lee, 2015). In this study, I collected data by asking participants questions about trauma-informed assumptions and principles in their systems on the micro, exo, and macro levels.

Nature of the Study

To address the research questions in this qualitative study, the specific research design was a generic qualitative design (see Kahlke, 2014). I used qualitative research in the study to capture firsthand accounts of the experiences under inquiry and selected a small number of participants. Interviews to collect data continued until saturation occurred. Researchers have found that in qualitative studies, especially in those where

participants belong to a homogeneous group or the topic is narrow, such as with this study, 10–12 participants are adequate to achieve saturation, although saturation may occur sooner (Guest et al., 2020; Hagaman & Wutich, 2016; Sebele-Mpofu, 2020). Qualitative research provided the opportunity for me to obtain detailed data for a deeper understanding of the thoughts and opinions of public-school superintendents. A qualitative design allowed me to ask interview questions that address the research questions and gave more flexibility to the research process, wherein participants could explain their experiences in their own words to contextualize their experiences (see Kahlke, 2014). I was able to gather rich data from individual participants using semi–structured interviews with open-ended questions to encourage participants to give detailed answers about the experiences under study (see Jacob & Ferguson, 2012). In that way, I used data from interviews to understand participants' perceptions, thoughts, and opinions.

A generic design gives a researcher the flexibility to veer from established methodologies, such as phenomenology or ethnography, and to engage with participants around their experiences rather than a particular framework (Kahlke, 2014). Generic research design values gathering detailed data from fewer participants. For the planned generic research design, I needed primary data from public-school superintendents from rural school systems in western North Carolina. I asked general demographic data, such as age, gender, education, and years in the role of a superintendent, as well as their perceptions of trauma-informed assumptions and principles. I had planned to conduct

semi–structured interviews with 10–12 public-school superintendents, but I achieved saturation with fewer interviews.

Saturation is achieved when insights or revelations begin to repeat and no new information is being disclosed by participants (Guest et al., 2020; Sebele-Mpofu, 2020). In qualitative thematic data analysis, researchers use their subjective opinion to assign codes to words or phrases. I reviewed the interview transcripts, assigning codes to ideas or phrases that repeated. I then grouped codes into themes. I identified codes and themes using inductive reasoning. Through inductive reasoning, I decided what codes were significant and grouped those into overarching themes (Guest et al., 2020; Hagaman & Wutich, 2016). According to Sebele-Mpofu (2020), when analyzing the data, a researcher often relies on their own judgment to determine when participants have expressed all their opinions on the topic, codes and themes are beginning to repeat, and a deep understanding has happened to ensure saturation.

I used an interview guide I developed that provided questions relevant to the research questions. The interview guide included questions to gather data on superintendents' knowledge of assumptions and principles of trauma-informed schools, whether their system has a trauma-informed school initiative, and, if so, actual benefits and challenges of implementation or, if not, anticipated benefits and challenges to implementation.

The population I interviewed were public-school superintendents of rural school systems in western North Carolina. I recruited public-school superintendents through purposive sampling. In this study, the inclusion criteria were holding the position of

being a public-school superintendent in a rural county school system in western North Carolina. The rationale for the sample population was that these participants are experts in their fields with a broad perspective of the school system that consists of multiple layers, including students, teachers and staff, policies and procedures, and other aspects.

I recruited participants through emails and phone calls. To recruit the first participants, I identified rural school systems in North Carolina. I then viewed their websites to obtain contact information with the superintendents of those school systems. Next, I sent a flier by email to request their participation in an interview (Appendix F). I included my email address on the flier. I invited anyone who was interested in participating in the study or learning more about the study to contact me via email.

Definitions

Ecological systems theory: An individual's development is both positively and negatively influenced by their relationships and interactions on a micro (individual relationships), mezzo (quality of interactions), exo (systems and interactions that do not directly involve the student but impact the student, such as the interactions between the parent and the teacher), and macro (biases, values, beliefs, customs, and other norms and behaviors of the culture, community, and systems to which the student belongs) level (Bilias-Lolis et al., 2017; Bulanda & Johnson, 2016; Campbell & Khin, 2020; Crosby, 2015; et al., 2018; Thomas et al., 2019).

Empowerment theory: Individuals have influence in their lives and the systems to which the individuals belong and can acquire knowledge and skills to change their surroundings for the better (Rigaud, 2020). Empowerment in a school context means that

district and building administrators support teachers and staff to assist them to acquire

knowledge and skills to go beyond the "traditional" values of content teaching.

Additionally, district leaders, building administrators, and other educators and support

service staff develop their own resilience through self-regulation and other means. Then

social workers, educators, and other staff provide students with skills such as self-

regulation and other trauma-informed practices to encourage them to have a positive

influence on their own academic, behavioral, and emotional well-being (Kiral, 2020;

Lunch, 2018).

North Carolina Department of Public Instruction's School System Western

Regions: The North Carolina Department of Public Instruction has divided the state's

school systems into eight regions (North Carolina Department of Public Instruction, n.d.).

I selected participants from western North Carolina. This area contains three regions: the

Southwest, the Northwest, and the West.

Rural community: North Carolina Department of Health and Human Services

Office of Rural Health (n.d.) has identified urban and rural counties. The Office of Rural

Health defines urban as a metropolitan area and rural as a nonmetropolitan area. Of the

100 counties in North Carolina, 70 are considered rural.

Rural school systems in western North Carolina: School systems within the

counties classified as rural are rural school systems (North Carolina Department of

Health and Human Services Office of Rural Health, n.d.). In western North Carolina,

there are approximately 23 counties (or 23 county school systems) considered rural.

Trauma: An event or series of events perceived as harmful or life–threatening and causing long-term negative impacts (Fondren et al., 2020; Hodgdon et al., 2019; [SAMHSA], 2014).

Trauma-informed approach/trauma-informed care: These two terms can be interchangeable and tend to refer to an overarching, organizational, or systemwide set of values. Trauma-informed approach/care involves operating from a place where one considers and interacts with clients and others based on the components of safety, trust, peer support, collaboration, empowerment, and culture and gender issues ([SAMHSA], 2014).

Trauma-informed interventions: One can also refer to these interventions as trauma-informed practices, strategies, or techniques. These are actions, behaviors, and interventions used to promote trauma-informed care in schools, such as safety, relationships, regulation, appropriate behaviors, and learning, among not only students with trauma experiences but other students and staff as well (Hickey et al., 2020). These can be individual (counseling, mentoring, social–emotional skills, or emotional regulation techniques), class (relationship-building or an emphasis on student wellbeing before learning), schoolwide building level (teacher training and support and a culture of trauma awareness and safe spaces), or systemwide (trauma-informed policies and procedures, such as restorative justice rather than suspension and expulsion).

Trauma-informed school: Schools that understand the scope and impact of trauma and resilience and incorporate trauma-informed techniques, policies, and practices into their classrooms, buildings, culture, and/or system (Day et al., 2015).

Trauma-informed school assumptions: Realizing and understanding the impact of trauma, recognizing the signs of trauma exposure, responding by implementing trauma-informed policies and practices, and avoiding retraumatization ([SAMHSA], 2014).

Trauma-informed school principles: The values and practices of unconditional positive regard; maintaining realistic and high expectations; empowering students to be in charge of their choices, learning, emotions, and behaviors; relationship coaching; providing opportunities for practice and participation; and checking assumptions (Wolpow et al., 2015).

Assumptions

Wolff-Michael and von Unger (2018) stated that assumptions support the assertion that a study is meaningful. One assumption I had for this study was that participants would share their true experiences and understanding of the topic. I advised participants of their confidentiality and encouraged them to share without concern for judgment or threat to their employment as their responses were deidentified as were the names of the school districts (Lancaster, 2017). Additionally, I assumed that the public-school superintendents interviewed for this study were experts in their field and would provide credible responses to the research questions. Lastly, I assumed the superintendents interviewed for this study may not, due to limited budgets and lack of area experts, have heard of childhood trauma and its impacts (Biddle & Brown, 2020; Frankland, 2021; Keesler et al., 2021). I shared information with them at the beginning of the interview about trauma-informed assumptions and principles to ensure participants

had a basic understanding for the purpose of the interview. The assumptions described are typical for qualitative research.

Scope and Delimitations

The aspect of the research problem I addressed in the study was public-school superintendents of rural school systems in western North Carolina and their perceptions of trauma-informed school assumptions and principles. I chose this focus because little is known about public-school superintendents' perceptions of trauma-informed school assumptions and principles. Information is available on trauma-informed school training and techniques, impacts of trauma on students and their wellbeing, the roles of school social workers in assisting with the shift to trauma-informed school practices, and other related areas (Baez et al., 2019; Day et al., 2015; Wiest-Stevenson & Lee, 2016); however, little can be found on public-school superintendents' perceptions of trauma-informed school assumptions and principles.

I chose not to apply trauma theory in this study because I wanted to frame the superintendents' perceptions of trauma and its assumptions and principles in the context of trauma-informed care through an ecological systems and empowerment lens. Viewing the issue through these two key lenses adds to existing knowledge about how students and staff experience trauma-informed assumptions and principles in school systems and where there are opportunities for empowerment at different systems levels.

Regarding transferability, I conducted the study in small rural communities of western North Carolina. In school systems similar to the ones where I conducted the

study, similar results could be expected. In larger or more urban communities, researchers may find different results.

Limitations

I noted a few limitations of this study. One limitation was that it could have been difficult to find enough participants to gather data (Newington & Metcalfe, 2014). Public-school superintendents are busy with the demands of the daily operations of schools and may feel they do not have the time to participate. One way I addressed this possible barrier was to develop a list of more superintendents than I needed to interview to have a large pool from which to obtain the 10–12 interviewees or the number needed to achieve saturation. An additional barrier was that participants may have been concerned about the protection of their confidentiality and may have been less likely to be honest, truthful, and expansive when answering questions (Guest et al., 2015; Kirilova & Karcher, 2017). To address this, I provided an informed consent form to participants before the interviews that explained how I would ensure their confidentiality.

Additionally, there was potential for bias regarding both participants and researchers. Regarding participants, social desirability in terms of responses might be an issue (Carian & Hill, 2021). In some cases, participants may say things that present their experiences and actions in the best possible light. To minimize this bias, I used a variety of techniques to establish rapport and used prompts to continue gathering details about participants' experiences, particularly if answers seemed to be misleading or not accurate (Bergen & Labonte, 2020). Another bias is researcher bias and how close the researcher is to the topic. To minimize this bias, I asked open-ended questions, did reflective

journaling throughout the research process, and used peer reviews during analysis to ensure I accurately portrayed participants' experiences and any researcher bias was as minimal as possible (Wadams & Park, 2018).

Significance of the Study

This study was significant in that researchers and authors agree that trauma-informed techniques in schools increase positive outcomes for students in many areas, including academic performance, social and emotional well-being, positive behavior, and school completion (Blitz et al., 2016; Crosby et al., 2018). Students who attend schools in rural settings may have exposure to traumatic events double the rates of students who attend school in urban or suburban communities (Keesler et al., 2021). However, only about 2% of the research on trauma-informed school practices has been done in rural school systems (Frankland, 2021). To successfully implement trauma-informed school practices, public-school superintendents can be most effective when they are invested and provide support to staff in the transition and beyond (Yohannan & Carlson, 2019). Understanding superintendents' perceptions is key to system transformation that improves outcomes for students, teachers, and parents.

School social workers can use the information obtained in this study to help develop partnerships with superintendents to ensure successful implementation of trauma-informed school practices. Having an understanding of the perspectives of public-school superintendents toward the unique challenges faced in rural school settings when supporting students with trauma experiences may provide school social workers with the critical understanding necessary to support superintendents and staff when integrating

trauma-informed assumptions and principles into their work with students. When considering social change, the research may bring awareness and knowledge about trauma-informed school assumptions and principles and the benefit of such practices to public-school superintendents who previously had little to no knowledge of the topic, particularly those who work in rural school settings. This may, in turn, lead to superintendents moving to implement trauma-informed practices in their school systems. Additionally, public-school superintendents, school social workers, and other educators can use this research and the findings to create systemic change that better supports trauma-informed practices throughout school districts (Obregon & Tufte, 2017).

Summary

In summary, this study was focused on public-school superintendents of rural school systems in western North Carolina and their perceptions of trauma-informed school assumptions and principles. Trauma-informed school practices increase positive outcomes for students, teachers, and staff; increase parent connectedness to school; and improve school climate (Blitz et al., 2016; Crosby et al., 2018). School social workers frequently are intimately involved in the shift to trauma-informed school practices. When school social workers understand public school superintendents' perceptions of trauma-informed assumptions and principles, school social workers may be better equipped to form the partnerships required for the successful implementation of trauma-informed school practices.

In Chapter 2, I will detail the current literature that establishes the history, background, and relevance of the problem. I will list library databases, search engines,

and key terms I used to compile the literature relevant to the topic of this study.

Additionally, I will discuss the theoretical foundations used in the study, as well as the

research gap I sought to address.

Chapter 2: Literature Review

Introduction

The purpose of this qualitative study was to understand perceptions of trauma-informed school assumptions and principles among public-school superintendents who lead rural school systems in western North Carolina. In this chapter, I restate the problem and the purpose of the study. I detail the literature search strategy, as well as the theoretical foundations of the study: empowerment theory and ecological systems theory. I provide details about the literature review related to key concepts in the study, including types of traumas, impacts of childhood trauma on school performance and well-being, history of trauma-informed care, schools and trauma-informed care approaches, school social worker roles in school system implementation of trauma-informed practices, and public-school superintendents' perceptions of trauma-informed school practices.

Children can experience a wide range of trauma in childhood. Felitti et al. (1998) identified 10 ACEs to include physical, emotional, and sexual abuse, physical and emotional neglect, having a parent or caregiver with substance abuse issues or mental illness, having a parent who is incarcerated, witnessing domestic violence, and divorce. Childhood trauma has long-term impacts on individuals, most notably on learning, wellness, and opportunities (Felitti et al., 1998). Trauma impacts not only health and wellness but school success on all levels, including academic, behavioral, social, and psychological (Pataky et al., 2019; Rosenbaum-Nordoft, 2018; Yohannon & Carlson, 2019). Students with trauma experiences who attend schools that are not trauma informed have higher rates of absenteeism, dropping out, discipline issues, referrals to the office,

and suspensions and expulsions, and lower rates of academic success and lower scores on standardized tests (Crosby, 2015; Mendelson et al., 2020; Stokes & Brunzell, 2019; Yohannon & Carlson, 2019). In addition, these students are more likely to experience higher rates of depression, anxiety, suicidality, and other mental health disorders (Blitz & Lee, 2015; Stokes & Brunzell, 2019).

Rural communities experience challenges such as higher rates of poverty, social isolation, lower levels of education, limited transportation, lack of community supports, decreased numbers of mental and behavioral health providers, and more prevalent stigma toward accepting help from service providers (Frankland, 2021; Keesler et al., 2021). These and other conditions can lead to increased levels of toxic stress, which, in turn, can raise the rates of children exposed to traumatic experiences. Children living in rural communities may have exposure to multiple traumas at a rate double that of children living in urban or suburban communities (Keesler et al., 2021). However, only about 2% of the research on trauma-informed school practices has been conducted in rural school settings (Frankland, 2020).

Public-school superintendents who align themselves with school staff as learners, who prioritize the implementation of trauma-informed assumptions and principles, and who model the use of such practices are more successful in seeing their school systems shift to a trauma-informed system (Blitz & Mulcahy, 2017; Crosby, 2015). Trauma-informed assumptions include recognizing the pervasiveness of trauma and understanding the impacts of trauma (Baez et al., 2019; Overstreet & Chafouleas, 2016). Trauma-informed school principles include unconditional positive regard and relationship

coaching (Day et al., 2015; Plumb et al., 2016). Research suggests that trauma-informed practices improve outcomes for students while also increasing teacher satisfaction, parent–school connectedness, and school climate (Pataky et al., 2019; Thomas et al., 2019).

Public-school administrators face challenges in leading successful implementation of trauma-informed school practices. School staff look to administrators to be lead learners, develop action plans for implementation of trauma-informed techniques, model effective use of techniques, and prioritize implementation of trauma-informed care (Blitz & Mulcahy, 2017; Chafouleas et al., 2016; Stokes & Brunzell, 2019; Yohannon & Carlson, 2018). However, public-school administrators may not know the impacts and prevalence of trauma (Overstreet & Chafouleas, 2016). School administrators may also not know how to effectively provide opportunities for teachers and staff to increase their awareness and use of trauma-informed practices (Fondren et al., 2020). Additionally, school administrators may not have a comprehensive assessment of whether their individual schools or system are ready for or willing to take on trauma-informed care as a priority (Kataoka et al., 2018).

School social workers are an integral part of the successful implementation of trauma-informed school practices (Baez et al., 2019; Blitz & Lee, 2015). When school social workers have a strong partnership with school leaders, the implementation of trauma-informed culture and techniques tends to be more successful (Blitz and Mulcahy, 2017). Researchers recommend that school social workers support staff, administration, and superintendents in the implementation of trauma-informed school practices (Blitz &

Lee, 2015; Chafouleas et al., 2016). Research suggests that leadership from school superintendents can aid in the success of trauma-informed schools by making it a priority. In addition, researchers have found that equipping school social workers with an improved understanding of what is needed to promote trauma-informed care as a priority among school superintendents is critical in assisting school systems with the implementation of trauma-informed practices (Day, 2015).

The purpose of this study was to understand the perceptions of trauma-informed school assumptions and principles among public-school superintendents in rural school systems in western North Carolina. The study was qualitative. A qualitative study is based on the value that human participants are complex beings and their experiences are best shared through conversations in their own words about their thoughts, feelings, and opinions (Gioia, 2021). A qualitative study allowed public-school superintendent participants to share their experiences in their own words and to answer interview questions in ways meaningful to them (Kahlke, 2014).

Literature Search Strategy

To review existing literature, I conducted searches in ERIC, SAGE Journals, and Google Scholar, as well as the multi-database Thoreau. The keywords and databases searched included articles relating to adverse childhood experiences and trauma and their impacts on the brain, learning, and behavior, as well as public-school superintendents' perceptions of trauma-informed school practices. The keyword searches were *trauma and schools, trauma-informed schools, trauma-informed schools and administrators, compassionate schools, trauma-informed school interventions, trauma-informed care,*

trauma-informed teaching, trauma-informed leadership, empowerment theory and schools, ecological systems theory and schools, trauma-informed school assumptions, trauma-informed school principles, school social workers and trauma-informed schools, public-school superintendents, public-school superintendents and trauma, public-school superintendents and trauma-informed care, public-school superintendents and trauma-informed schools, public-school administrators and trauma, public-school administrators and trauma-informed schools, and *trauma-informed schools and rural.* I found little research on this topic, so I selected articles that contained data as closely related as possible to the topic.

Theoretical Foundations

The theories that ground this study are empowerment theory and ecological systems theory. I applied empowerment theory to the study to demonstrate not only staff empowerment of students to promote their own success but also of superintendents' empowerment of staff to recognize trauma and its impacts and respond in ways that improve student outcomes and increase job satisfaction (Kiral, 2020; Lynch, 2018). In addition, I applied ecological systems theory to demonstrate that an individual's development can be negatively impacted by trauma on various levels but also can be supported and healed on various levels (Crosby, 2015).

Empowerment Theory

Many different disciplines, including sociology, psychology, religion, and philosophy have used empowerment theory to identify means for improving status and quality of life. In the past several decades, researchers have written of a framework for

empowerment that includes increasing positive functioning, problem solving, and raising consciousness, with a focus on political development, human development, or both (Lee & Hudson, 2011). In general, one can define this theory as the assertions that individuals best know their own needs, are best suited to have the power to address and alleviate those needs, have strengths they can use for a higher quality of life, and have experiences that make them the experts in developing effective ways to solve their own problems (Rigaud, 2020).

One can apply empowerment theory to some of the key assumptions of trauma-informed care in schools, such as avoiding retraumatization, by educating staff on the impacts of trauma and resilience, which can then support staff's sense of knowledge and skill when working with students who have experienced trauma. This may increase students' feelings of safety and trust. In addition, having a trauma-informed perspective can increase staff's feelings of competence when building relationships with students who have a history of trauma (Bilias-Lolis, 2017; Crosby et al., 2018; Lynch, 2018; National Child Trauma Stress Network, 2017; [SAMHSA], 2014). Additionally, educators can apply the theory to some of the key principles of trauma-informed care like teaching staff and students emotional regulation techniques (Crosby, 2015; Day et al., 2015; Plumb et al., 2016; Thomas et al., 2019, Wolpow et al., 2015). These examples of how people can apply empowerment theory reflect the theory's core assumption that developing peoples' strengths to recognize and meet their own needs is a highly effective means for an individual to make positive changes in their life.

Researchers have also used empowerment theory to explain the need to work with vulnerable populations to increase their skills, education, and awareness so the groups can develop the tools to improve their quality of life (Budig et al., 2018). Barbara Solomon was one of the first to incorporate the theory into social work practices (Solomon, 1976). Solomon explained that a variety of factors impact people's power or lack thereof, such as economic disadvantage, lack of information and/or skills, and stress. Solomon outlined three areas to address: (a) knowledge, (b) capacity, and (c) resources. Each of these is important in a trauma-informed approach when working in a school setting. First, when students and staff acquire knowledge of trauma impacts and emotional regulation techniques, they have greater skills to manage difficult and stressful situations. Second, when students and staff increase their capacity for managing difficult circumstances, they are better able to respond to stress and challenges with resilience. Lastly, helping educate students and staff on available resources may help them be able to meet their own needs more effectively or know who to turn to when they need assistance. Growth in these three areas leads to increased self-esteem, which in turn increases power.

Concerning trauma, empowerment is one of the five principles of trauma-informed care that includes choice, collaboration, empowerment, safety, and trustworthiness (Keesler, 2020). People with trauma experiences often feel powerless, violated, controlled, victimized, and hopeless. By using trauma-informed practices in school settings, students, staff, and parents may have increased knowledge, skills, and capacity for solving their own problems. This not only can help people heal from their

trauma experiences but also can improve their feelings of safety, worth, and value; and increase their abilities to problem–solve and advocate for themselves.

Educators can also apply the theory to some of the key assumptions of trauma-informed care in schools, such as avoiding retraumatization, by educating staff on the impacts of trauma and resilience, which can then support staff's sense of knowledge and skill when working with students who have experienced trauma. This may increase students' feelings of safety and trust. In addition, having a trauma-informed perspective can increase staff's feelings of competence when building relationships with students who have a history of trauma (Bilias-Lolis et al., 2017; Crosby et al., 2018; Lynch, 2018). Educators can also view some of the key principles of trauma-informed care like teaching staff and students emotional regulation techniques through empowerment theory, with the idea that helping people to obtain needed skills gives them more power over their lives (Crosby, 2015; Day et al., 2015; Plumb et al., 2016; Thomas et al., 2019, Wolpow et al., 2015). This reflects the core assumption that developing peoples' strengths to recognize and meet their own needs is a highly effective means of empowering them to make positive changes in their lives.

Ecological Systems Theory

Urie Bronfenbrenner developed ecological systems theory in the early 1990s (Ashiabi & O'Neal, 2015). Researchers have defined ecological systems theory in general as the influence of multiple systems on a person's behavior and development (Campbell & Khin, 2020; Crosby, 2015). Ecological systems theory provides a lens through which one can understand how systems and interactions between and among

systems impact development and wellbeing (Masten, 2016). These systems are micro (the individual and the systems one contacts such as family and friends); mezzo (quality of the interactions); exo (societal and environmental); macro (broader systems, such as political or cultural); and chrono (time in which interactions are happening). For this study, I mainly focused on micro, mezzo, and macro systems. Concerning trauma, ecological systems theory helps one understand that an individual's behavior, development, and wellness are not an individual's problems alone but impacted by environmental systems on several different levels (Day et al., 2015; Rudasill, 2018). Just as trauma does not only occur from an individual's actions but from the impacts of all the systems with which the individual interacts, so also does healing occur from positive multi-system factors.

Ecological systems theory provided an applicable framework for understanding public-school superintendents in rural school systems in western North Carolina and their perceptions of childhood trauma and ACEs, the assumptions and principles of trauma-informed schools, and the benefits and challenges of implementation of trauma-informed practices. In relation to childhood trauma, the theory helped me better understand not only how children can be traumatized on multiple levels but also how support and healing can occur on multiple levels. When examining assumptions and principles of trauma-informed care in schools, ecological systems theory provides a framework to demonstrate how educators, including school social workers, can not only meet the needs of children with trauma experiences but also the staff through micro, mezzo, and macro means. Lastly, I examined the benefits and challenges of implementing trauma-informed practices through an ecological systems lens to have a better understanding of the

knowledge and practice needed when it comes to trauma-informed environments that support the assumptions and principles of trauma-informed care.

I also used ecological systems theory to examine the various systems impacting a student's education, achievement, and wellness, such as teachers and staff, school culture, school system policies, and community conditions (Bilias-Lolis et al., 2017; Drakenberg & Malgrem, 2013; Todd et al., 2020). Educators can apply ecological systems theory to some of the key assumptions of trauma-informed schools, such as implementing policies and procedures that reduce traumatization. This reflects ecological systems theory's core assumptions that the relationships between the systems in an individual's life impact their life and that positive interactions have positive impacts. Educators can also apply the theory to the principles of trauma-informed schools, such as relationship coaching. When superintendents model emotional identification and regulation for administrators and staff who then model and encourage it for students, this supports healthy interactions between and among staff and students.

It is worth considering that people can use ecological systems theory to understand the relationship between trauma and empowerment. The systems mentioned can serve to be a source of trauma but can also serve to promote resiliency and empowerment in the individual as the systems work to deal with the effects of trauma. When considering the role of public-school superintendents in addressing trauma in the school environment, superintendents have the unique opportunity to support empowerment at the micro, mezzo, and macro levels within the school system environment. Public-school superintendents who seek to empower others on multiple

levels can aid in increasing students' chances of success (Day et al., 2015). Using an

empowerment approach at the different systems levels aids public-school superintendents

to use empowerment practices and trauma-informed assumptions and principles to

positively impact not only individual students but the climate of each school and the

school district as well (Blitz & Lee, 2015). In the study, I asked superintendents questions

about trauma-informed assumptions and principles in their system on the micro, mezzo,

and macro levels.

Literature Review Related to Key Concepts

Types of Trauma in the Research Literature

Two physicians, Felitti and Anda (1998) conducted the seminal study about the

impacts of trauma and ACEs. These researchers did a study with over 17,000 participants

and the researchers found that ACEs contributed to long-term poor health outcomes,

including higher rates of diabetes heart disease, and cancer. Through this study, the

researchers identified ten experiences that can cause trauma in children. The ten

experiences are physical, emotional, and sexual abuse, physical and emotional neglect,

divorce, witnessing domestic violence, or having a parent who is incarcerated, mentally

ill, or has a substance use disorder.

Other researchers have identified additional experiences that can cause trauma

and negative impacts for children (Blitz & Lee, 2015; Finklehor et al., 2015; Pataky et al,

2019). Children who experience bullying or peer victimization may be traumatized (Blitz

& Lee, 2015; Finklehor et al., 2015; Pataky et al, 2019). Researchers found that children

experiencing bullying and peer victimization displayed signs of trauma that tended to

have negative impacts on their development. Peer rejection and isolation often cause trauma for those who experience it (Finklehor et al., 2015). When peer rejection and isolation occur, children are more likely to have physical and emotional issues (Finklehor et al., 2015). Trauma can result from parental death or the loss of a caretaker or loved one (Boelen & Smid, 2017; Fondren et al., 2020; Hodgdon et al., 2019). This type of traumatic grief can create difficulty in functioning and intense emotional or physical reactions that can be disruptive and debilitating, such as overreaction to stimuli and aggression (Boelen & Smid, 2017; Fondren et al., 2020; Hodgdon et al., 2019). Other experiences that can be traumatic and have negative impacts are serious accidents or injuries, animal attacks, and sexual assault (Hodgdon et al., 2019; Record-Lemon & Buchanan, 2017). Those types of traumas can contribute to higher incidents of aggression, higher rates of depression, difficulty forming attachments, and difficulty learning (Hodgdon et al., 2019; Record-Lemon & Buchanan, 2017). Trauma can result from extended medical issues or conditions (Fondren et al., 2020). These trauma experiences can lead to behavior issues and impaired learning (Fondren et al., 2020).

Situations of protracted parental conflict are likely to be traumatic and contribute to higher rates of mental health disorders (Finkelhor et al., 2015). Single-parent households may be stressful and lead to trauma and poorer outcomes, such as cognitive, emotional, and behavioral difficulties (Pataky et al., 2019; Wade et al., 2014). Other traumatic events can be a family disruption or the suicide of a parent or caretaker (Mendelson et al., 2020; Plumb et al., 2016). Researchers found that trauma, whether a one-time event or chronic re-occurrence over time, can alter our psychological

functioning, change our brain's ability to appropriately respond to stimuli, and make it difficult to pay attention and control impulses (Plumb et al., 2016). Additionally, unsafe school environments and a lack of quality medical care may cause trauma (Wade et al., 2014).

At a macro level, research suggests that broader issues such as poverty, homelessness, and food insecurity can be traumatic (Blitz et al., 2016; Blitz & Mulcahy, 2017). The results can include higher rates of discipline referrals and higher rates of suspension and exclusion, which in turn can hurt school performance and long-term earning potential (Blitz et al., 2016; Blitz & Mulcahy, 2017). Trauma may also result from living in areas with high rates of community violence, leading to difficulty managing emotions and behavior, higher rates of school absenteeism, and a lack of positive social attachments (Mendelson et al., 2020; Pataky et al., 2019; Wade et al., 2014). Events such as school shootings and mass shootings are likely to cause trauma and long-term negative impacts, such as increased rates of anger or depression and avoidance behaviors (Wiest-Stevenson & Lee, 2016). War and natural disasters may be traumatic for children, leading to feelings of being unsafe and susceptibility to being victimized (Bulanda & Johnson, 2016; Record-Lemon & Buchanan, 2017; Wiest-Stevenson & Lee, 2016).

Racism and homophobia are likely to cause trauma and negative outcomes, such as increased rates of anxiety and depressions, and decreased graduation rates (Bulanda & Johnson, 2016; Kataoka et al., 2018). Other systemic issues such as stigma, prejudice, and discrimination can be traumatic and contribute to psychological distress and

decreased academic performance (Campbell & Khin, 2020). Kang & Burton (2014) found that race-based violence is a type of trauma. Youth who experience race-based violence have a significant decrease in self-esteem and life satisfaction, lower academic achievement, and increased rates of aggression and violence (Kang & Burton, 2014). Other types of traumatic experiences are racial and educational disparities, which can negatively impact the ability to manage behavior and emotions, often contributing to office referrals, and the disruption of school engagement from the school suspending or expelling the student (Blitz et al., 2016; Kataoka et al., 2018). Lastly, researchers have found that immigration and undocumented status can cause trauma (Todd et al., 2020). Children and youth who have trauma from immigration experiences are more likely to struggle academically and emotionally (Todd et al., 2020).

Impacts of Childhood Trauma on School Performance and Well-Being

Trauma can also disrupt school success on all levels, including academic, behavioral, social, and psychological (Pataky et al., 2019; Rosenbaum-Nordoft, 2018; Yohannon & Carlson, 2019). Concerning academic performance, students with a trauma history are likely to experience more negative outcomes (Blitz & Mulcahy, 2017; Pataky et al., 2019; Rosenbaum-Nordoft, 2018). For students from a trauma background, cognitive functioning may be impaired, making it difficult to learn new concepts and perform to expectations (Frydman & Mayor, 2017; Record-Lemon & Buchanan, 2017). Students with a history of trauma may have lower IQs, grades, and grade-point averages, have lower scores on achievement and standardized tests, and display language delays (Blitz et al., 2016; Crosby, 2015; Plumb et al., 2016). Students who have experienced

trauma often have decreased rates of graduation (Crosby, 2015; Kataoka et al., 2018). School staff are more likely to retain students with trauma experiences or place them at higher rates in special education programs (Day et al., 2015; Fondren et al., 2020; McIntyre et al., 2019). Additionally, students from trauma also have difficulty with attention, comprehension, memory, and organization (Day et al., 2015 Kataoka et al., 2018).

Behaviorally, students with a history of trauma are more likely to display maladaptive behaviors (Baez et al., 2019). Students with trauma experiences may have poor impulse control, live in a constant fight-flight-or-freeze mode, be oversensitive to stimuli, and have increased startle responses (Fondren et al., 2020; Plumb et al. 2016). Research has shown that students from a trauma background may have higher rates of aggression or defiance and poor social skills (Fondren et al., 2020; Hodgdon et al., 2019; Yohannon & Carlson, 2018). Students who have a history of trauma often have higher rates of absenteeism and lower rates of engagement (Bilias-Lolis et al., 2017; McIntyre et al., 2019; Rosenbaum-Nordoft, 2018). Additionally, students who have experienced trauma are less likely to do homework and more likely to use substances and to have self-injurious behaviors (Chafouleas et al., 2016; Day et al, 2015).

Emotionally, students with trauma experiences have poorer outcomes with their mental health as well (Todd et al., 2020). These students are likely to have lower self-esteem, have higher rates of thoughts of and attempts of suicide (Blitz & Lee, 2014). Students who have a history of trauma are more likely to have difficulty with attachment, which can lead to a lack of school connectedness (Bulanda & Johnson, 2016; Crosby,

2015). Students with a trauma history tend to have increased rates of depression and anxiety (Campbell & Khin, 2020; Crosby, 2018; Wiest-Stevenson, 2016). Students with a trauma background may have lower frustration tolerance, making it difficult to develop and maintain positive relationships with peers and adults in school (Frydman & Mayor, 2017). Additionally, students who have experienced trauma often do not feel safe and may have decreased resilience, making it difficult for them to persist when events or people are challenging (Kang & Burton, 2014; Stokes & Brunzell, 2019).

Socially, students who have trauma experiences are likely to have issues with trust, difficulty analyzing threat and safety, and difficulty understanding another person's point of view, which can significantly impact their ability to form healthy relationships with teachers, staff, and peers (Record-Lemon & Buchanan, 2017). Students who have experienced trauma are more likely to have diminished social skills and poor boundaries (Crosby, 2015; Frydman & Mayor, 2017). Other impacts of trauma may include physical manifestations, with students with a history of trauma having higher rates of ailments and diseases, higher reports of psychosomatic complaints, and more frequent visits to the school nurse's office and the doctor (Day et al., 2015; Kataoka et al., 2018).

Systemically, students with trauma backgrounds have higher rates of office referrals, suspensions, and expulsions (Blitz et al., 2016; Crosby, 2015; Day et al., 2015; Fondren et al., 2020; Pataky et al., 2019). These exclusions can lead to missed instruction, a lack of school connectedness, disruption in school attachment, and the lack of educational attainment (Crosby et al., 2018; McIntyre et al., 2019). Schools that practice trauma-informed techniques not only have students with greater academic

achievement but more positive outcomes in other areas of their lives as well (Baez et al., 2019; Bulanda & Johnson, 2016; Crosby, 2015; Overstreet & Chafouleas, 2016). The research suggests that schools with a commitment to support trauma-informed practices improve outcomes for students, while also increasing teacher management skills, adult emotional regulation, job satisfaction, and positive school climate (Blitz & Lee, 2015; Dorado et al., 2016; Plumb et al., 2016; Stokes & Brunzell, 2019).

A trauma-informed environment is important to support positive, long-term outcomes. School staff who practice trauma-informed approaches often see a reduction in student aggression, office referrals, and suspension and expulsion rates (Dorado et al., 2016). Students who attend schools where trauma-informed practices are in place experience improvement in their ability to regulate their emotions and form strong attachments with school staff which increases their rate of attendance and likelihood of graduation (Mendelson et al., 2020). Additionally, students in schools that implement trauma-informed techniques have improved classroom behavior and academic performance, increased time in the classroom, and increased engagement (Dorado et al., 2016; Mendelson et al., 2020; Plumb et al., 2016). Left untreated, childhood trauma can lead to long-term negative impacts on health, wellness, and life expectancy (Felitti et al., 1998). The aforementioned studies showed the importance of learning about trauma and resilience and how using trauma-informed practices is key to improving outcomes for students.

History of Trauma-Informed Care

As mentioned above, Felitti et al. (1998) conducted the foundational study of the impacts of childhood trauma. Research continued into the immediate and long-term impacts of trauma on physical and mental health and education, and with populations such as veterans, victims of domestic violence, refugees, and others (Wilson et al., 2013). Researchers also studied specific interventions like Trauma-Focused Cognitive Behavioral Therapy to measure their effectiveness. In 2001, Congress and the SAMHSA created the National Child Traumatic Stress Network [NCTSN] (Wilson et al., 2013). The NCTSN became a reputable source for information about trauma and resilience and their impacts and the NCTSN continues to provide recommendations on trauma-informed frameworks, such as increasing knowledge of trauma impacts ([NCTSN], 2017). Both the SAMHSA and the NCTSN provide recommendations on what constitutes trauma-informed care, including values and practices such as safety, empowerment, voice and choice, and cultural sensitivity ([NCTSN], 2017; [SAMHSA], 2014).

In 2005, the SAMHSA outlined recommended trauma-informed approaches to reduce retraumatization of vulnerable populations seeking treatment and support (Hallett, 2015). Researchers continued to study the effectiveness of using trauma-informed practices with a variety of populations, including people who were incarcerated, LGTBQ+ persons, and those with mental illness (Hallett, 2015; Levenson et al., 2021; Levensen & Gwenda, 2019). In 2014, the SAMHSA identified the four assumptions of a trauma-informed approach as realizing the impacts of trauma, recognizing the symptoms

of trauma, responding with the techniques of trauma-informed care, and resisting retraumatization.

Schools and Trauma-Informed Care Approaches

Previous researchers have studied effective means for staff to provide trauma-informed care to students affected by trauma. Some of these practices include specific trauma-informed school-wide programs such as the Positive Behavior Intervention System or the Sanctuary Model (Bilias-Lolis et al., 2017; Blitz et al., 2016). Schools that implement a school-wide system of trauma-informed care have found that students not only experience more success with learning but also with building caring relationships with others (Bilias-Lolis et al., 2017).

Other studies examine the effectiveness of individual interventions, such as Trauma-Focused Cognitive Behavior Therapy (Yohannan & Carlson, 2018). Whether the techniques are individual or systemic, when educators practice trauma-informed school-based interventions, students have more positive relationships with peers and staff, lower rates of mental health difficulties, and higher academic performance (Blitz & Lee, 2014; Pataky et al., 2019; Record-Lemon & Buchanan, 2017; Todd et al., 2020). Overall, studies have found that when educators are trained in trauma-informed practices and give students tools for recovery and resilience and when school leaders, including superintendents, model use of trauma-informed practices, outcomes improve not only for students, but teachers, parents, and the school climate and culture (Baez et al., 2019; Overstreet & Chafouleas, 2016; Thomas et al., 2019).

Generally, as mentioned above, the SAMHSA recommends four assumptions for trauma-informed care, including realizing the impacts of trauma, recognizing the symptoms of trauma, responding with the techniques of trauma-informed care, and resisting retraumatization ([SAMHSA], 2014). School systems using these four assumptions of trauma-informed care have students who experience more positive outcomes in academics and behavioral, emotional, and social areas (Baez et al., 2019; Blitz & Mulcahy, 2017; Chafouleas et al., 2016). Baez et al. (2019) found that in schools using the four assumptions, students had higher attendance and graduation rates. Often, students' stress levels go down and their behaviors improve (Blitz & Mulcahy, 2017). In addition, frequently there is an improvement in the mental health of students from trauma. Students with trauma experiences who learn in schools following the four assumptions of trauma-informed care are better able to regulate their emotions (Crosby et al., 2018). Students' mood and behavior are improved as well. Lastly, studies found that in schools that implement the four assumptions of trauma-informed care, there are significant reductions in office referrals and rates of suspension and expulsion (Crosby et al., 2018; Overstreet & Chafouleas, 2016).

The principles referenced in this study come from The Heart of Learning and Teaching, a curriculum proven to be effective in training school staff in trauma-informed techniques (Day et al., 2015). These principles include empowerment, unconditional, positive regard, maintaining high expectations, checking assumptions, being a relationship coach, and providing opportunities for participation (Wolpow et al., 2015). In schools where staff use these trauma-informed principles, outcomes improve for

students as well as teachers. Students often exhibit less risky behaviors, are better able to regulate and manage emotions, and have improved academic performance, focus, and memory (Plumb et al., 2016). Students also experience less stress and have lower rates of suspension and expulsion (Crosby, 2015). The implementation of trauma-informed principles creates an environment in which students with trauma histories have lower rates of trauma symptoms and depression, as well as increases in attendance (Thomas et al., 2019). In addition, in schools where staff practice these trauma-informed principles, teachers have seen benefits, experiencing higher rates of job satisfaction and lower rates of burnout (Crosby, 2015; Plumb et al., 2016). I used these findings showing positive outcomes when educators use trauma-informed assumptions and principles in school systems as the basis to form the research questions for this study.

Trauma in Rural School Settings

Rural communities have challenges such as higher rates of poverty, social isolation, lower levels of education, limited transportation, lack of community supports, decreased numbers of mental and behavioral health providers, and more prevalent stigma towards accepting help from service providers (Frankland, 2021; Keesler et al., 2021). These and other conditions can lead to increased levels of toxic stress, which, in turn, raises the rates of children exposed to traumatic experiences (Frankland, 2021; Keesler et al., 2021). Children living in rural communities may have exposure to multiple traumas at a rate that is double that of children living in urban or suburban communities (Keesler et al., 2021). Students who attend schools in rural settings may then bring to their classroom experience elevated rates of trauma exposure in schools where staff are, due to the

community conditions in the areas surrounding rural school systems, less able to meet their unique needs (Frankland, 2021; Keesler et al., 2021).

Schools in rural communities have smaller more depressed tax bases and may be less equipped to hire and maintain qualified teachers and support staff (Biddle & Brown, 2020; Frankland, 2021). In rural schools, there are higher rates of burnout and turnover and less opportunities for quality training and staff development, which has a negative impact on the skills of staff to address the challenges of teaching students with a trauma history (Biddle & Brown, 2020; Frankland, 2021; Keesler et al., 2021). These conditions and dynamics can create an atmosphere in which students with trauma experiences who attend schools in rural communities are more likely to have lower achievement and poorer health (Frankland, 2021). However, only about 2% of the research on trauma-informed school practices has been done on rural school systems (Frankland, 2021).

School Social Worker Role in Implementation of Trauma-Informed Practices

One of the things that is known about the successful implementation of trauma-informed school practices is that school social workers are an integral part of the process (Baez et al., 2019; Blitz & Lee, 2015). This can include finding, developing, and/or using assessment tools to screen students for trauma (Baez et al., 2019). School social workers can also provide services to students with trauma histories through social-emotional learning activities and specific therapies, such as trauma-based cognitive-behavioral therapy (Baez et al., 2019). School social workers may be instrumental in providing education to teachers, staff, and administrators on the impacts of trauma and trauma-informed practices (Kataoka et al., 2018; Overstreet & Chafouleas, 2016).

On a macro level, school social workers can be involved with assessing school culture, reviewing discipline policies, selecting a social-emotional learning curriculum, and working with the community (Plumb et al., 2016). School social workers can also provide information to educate students, staff, and families on the impacts of trauma and resilience, and occupy a leadership role for the school staff as staff learn about and implement trauma-informed practices (Plumb et al., 2016). Researchers recommend that school social workers help assess school readiness and support administration in the shift to trauma-informed school practices (Blitz & Lee, 2015; Chafouleas et al., 2016).

With two key components of trauma-informed care being relationships and empowerment, the NASW Code of Ethics aligns the work of school social workers with that of implementing trauma-informed practices (National Association of Social Workers, 2017). School social workers are likely to have training and experience with work on the micro, mezzo, and macro level, making them well-suited for the complex and multi-layered work of implementing trauma-informed practices (Campbell & Khin, 2020; Drakenberg & Malmgren, 2013; Gherardi, 2017). However, it can be difficult, if not impossible, for school social workers to engage systems in transformation without the support of superintendents (Blitz et al., 2016; Wilcox, 2019).

The research suggests that leadership from public-school superintendents is critical for trauma-informed school implementation to be successful (Blitz et al., 2016; Wilcox, 2019). School superintendents can aid in the success of trauma-informed schools by making trauma-informed care a priority (Day, 2015). School social workers who have an improved understanding of what they can do to promote trauma-informed practices as

a priority among school superintendents are more likely to be an effective support for implementing those practices.

Public-School Superintendents' Perceptions of Trauma-Informed School Practices

Empirical research has looked at how schools have dealt with trauma in the school environment through the studies mentioned above. Information is available on trauma-informed school training and techniques; impacts of trauma on students and their wellbeing; roles of school social workers in assisting with the shift to trauma-informed school practices; and other related areas (Baez et al., 2019; Day et al., 2015; Wiest-Stevenson & Lee, 2016). I also found studies on topics such as reducing teacher turnover, and teacher tenacity and teacher training effectiveness (Klocko et al., 2019; O'Conner & Vaughn, 2019; Webner et al., 2017). After I did a literature review on public-school superintendents and trauma, public-school superintendents and trauma-informed care, and public-school superintendents and trauma-informed schools and other topics, I found little research on these topics. I also was unable to find studies related to public-school superintendents and their perceptions of trauma-informed school practices.

Researchers did a study on implementing compassionate school practices (Quinn et al., 2021). The researcher interviewed 44 "school leaders" from 33 schools to evaluate the success of implementing compassionate school knowledge that the leaders identified as the power of relationships, the impacts of stress and supports, and ways to build resources. Researchers provided a day of training to school leaders then gathered data on their thoughts and found five themes, including that it was a long-term commitment and process, that the training gave clarity on what the schools' strengths and needs were, that

the training helped them understand the impacts of stress and led to practices to alleviate those, the necessity of using resources beyond the school, and the importance of developing a vision and sustaining momentum. However, the researchers did not provide guidance on how to engage school leaders in the process from the beginning. Researchers in another study referred several times to the "school district" and their suggestions for the district (Plumb et al., 2016). The researchers' suggestions included the "school district" completing an assessment of school culture to determine strengths and needs, continuing to provide staff training, and leaving opportunities for trainers to modify content for individual schools. Again, recommendations for ways to build relationships and create effective partnerships with superintendents were not available in this study (Plumb et al., 2016).

Research Gap

This study explored how public-school superintendents in rural school systems in western North Carolina understand key assumptions and principles of trauma-informed environments. A generic qualitative study was well suited to this issue to gather first-hand accounts of the perceptions of public-school superintendents on the assumptions and principles of trauma-informed schools. This study fills that gap. Researchers have recommended school social workers form strong relationships with district leadership, such as school superintendents, to help create a district-wide system of implementation and to work with superintendents to empower staff to make system-wide shifts to trauma-informed care (Blitz & Mulcahy, 2017; Crosby, 2015; Kiral, 2020). These suggestions are valuable, but it is difficult to find studies outlining what steps to take to create these

relationships. The intention is that the findings from the study will provide the information necessary for school social workers to create effective relationships with superintendents that will help facilitate school system implementation of trauma-informed practices. An improved understanding of public-school superintendents' perceptions of trauma-informed school assumptions and principles will offer school social workers insight into how best to engage and partner with their system superintendents.

I found little research about trauma-informed care in schools in rural areas. Only about 2% of the research done on trauma-informed school practices was done in rural school systems (Frankland, 2021). North Carolina Department of Health and Human Services Office of Rural Health (n.d.) has identified urban and rural counties in North Carolina. The Office of Rural Health defines urban as a metropolitan area and rural as a non-metropolitan area. Public Schools First NC (n.d.) defines rural school systems as those within rural counties.

Children who live in rural areas are more likely to experience trauma such as poverty, homelessness, and food insecurity (Luken, 2017; Public Schools First NC, n.d.). Children living in rural areas can also have higher rates of events that one can consider to be traumatic such as parental divorce, incarceration, and mental illness (Keesler et al., 2019). The administrators, teachers, and staff of schools in rural areas are less likely to know the impacts of trauma on learning and behavior and how to implement trauma-informed practices, and less likely to have opportunities for training in these areas, due to challenges such as a lack of funding for trainings and lack of access to people who are

qualified to provide those trainings (Keesler et al., 2019). The purpose of this study is to provide insight into rural school systems in particular to provide an understanding of public-school superintendents in rural North Carolina school systems and their perceptions of trauma-informed school assumptions and principles.

Summary and Conclusions

In this chapter, I reviewed the problem of the impacts of childhood trauma on overall wellbeing and the purpose of the study, that of understanding public-school superintendents in rural school systems in western North Carolina and their perceptions of trauma-informed school assumptions and principles. I found little research about public-school superintendents' perceptions of trauma-informed school assumptions and principles. I found even less research on the topic in relation to rural school settings. The purpose of this study is to close that gap and learn more about the public-school superintendents' perceptions of trauma-informed school assumptions and principles. Additionally, I shared the literature search strategy and discussed the theoretical foundation of the study, those being empowerment theory and ecological systems theory. I provided details of the literature review, including the types of traumas; the general impacts of childhood trauma; and the impacts of childhood trauma on school performance and wellness. I discussed the school social worker's role in school system transformation to trauma-informed school practices; the response of school systems to students impacted by trauma; previous research on the topic; the gap in the research; and the details of my study.

In the upcoming chapter, I describe the methodology and the methodology design, which for this study is a qualitative generic design. I also provide details about the data collection activities, research ethics, and the trustworthiness of the design. Lastly, I explain how the methodology and the research design address the research questions and help support the purpose of the study.

Chapter 3: Research Method

Introduction

In this qualitative study, I explored perceptions of trauma-informed school assumptions and principles among public-school superintendents of rural school systems in western North Carolina. The purpose of this study was to provide a deeper understanding for school social workers so they can create a partnership with public-school superintendents to implement trauma-informed practices more effectively in their school systems. I used a generic research design with a proposed study sample size of 10–12 participants or the number needed for saturation to occur. I recruited participants from rural school systems in western North Carolina and used thematic analysis to analyze participant data. I followed ethical procedures in line with Walden University's IRB expectations.

Major sections of this chapter include a description of the research design, the rationale for choosing the design, and the role of the researcher. I will also discuss the research methodology, detail how I selected participants, and provide information about the data collection instrument, recruitment of participants, the data collection processes, and the data analysis plan. Lastly, I will examine trustworthiness issues, including credibility, transferability, dependability, and reliability, and ethical procedures to protect participants.

Research Design and Rationale

The research questions were:

RQ1: How do public-school superintendents of rural school systems in western North Carolina describe their experiences with trauma in their schools?

RQ2: What are these public-school superintendents' perceptions of trauma-informed school environments based on the assumptions and principles of trauma-informed schools?

RQ3: What do these public-school superintendents perceive to be the benefits and challenges of implementing trauma-informed school assumptions and principles?

RQ4: What do public-school superintendents perceive to be their role in empowering other administrators, teachers, and staff to implement trauma-informed school assumptions and principles?

These questions supported the study's purpose and provided opportunities for me to explore the experiences of public-school superintendents in their own words. In addition, the research questions allowed me to gain insight into those experiences and use that information to further support improved trauma-informed care in schools.

Research Tradition

To address the research questions in this qualitative study, I used a generic qualitative design. Merriam and Tisdell (2016) explained that researchers use qualitative research to explore the meaning rather than the frequency of experiences. Through this design, I sought to understand participants' perceptions of their experiences by collecting data about their experiences in their own words through the context and meaning they assign to the experiences. Other key components of qualitative research are that the researcher is the data collector and analyst and that the data contains thick, rich

descriptions rather than numeric measurements. I used qualitative research in this study to capture firsthand accounts of the experience under inquiry from a small number of selected participants until I obtained saturation to share their experiences with the topic in their own words (Hagaman & Wutich, 2016). Qualitative research allows a researcher to obtain detailed data for a deeper understanding of the thoughts and opinions of their participants. This qualitative design allowed me to ask the type of questions that addressed the research questions and gave more flexibility to the research process, wherein participants could explain their experiences in their own words to contextualize their experiences (Kahlke, 2014). By using this method, I was able to gather rich data from individual participants using semi–structured interviews with open-ended questions to encourage participants to give detailed answers (Jacob & Ferguson, 2012).

A generic design does not follow one of the traditional methodologies, such as phenomenology or ethnography, and does not have the specific framework of one of these methodologies (Kahlke, 2014). In this study, I applied a generic qualitative design to allow me the flexibility to veer from established methodologies. This design was important for this study because it provided opportunities for me to engage with participants around their perceptions and experiences rather than a particular framework.

Role of the Researcher

Qualitative research differs from quantitative research in that, rather than seeking to put a numeric description on trends or predict future patterns, the goal is to understand experiences, context, and meaning of participants' experiences (Merriam & Tisdell, 2016). A researcher is best suited to this through conversation and interactions. In this

study, I occupied the role of observer. Rather than participating in events as the events occurred, I used interview questions to gather data to increase understanding of the phenomenon (Gioia, 2021). I did not have any prior personal or professional relationship with participants. I also did not have power over participants and was not in a supervisory role with participants.

Regarding researcher bias, I am close to this topic, having both personal and professional connections to the topic. As a person with a high background of childhood trauma who had negative school experiences, I am enthusiastic about the benefits of trauma-informed school practices for students, teachers, administrators, and parents. I made every effort not to allow my passion for this topic to influence my interviews with participants. To minimize this bias, I used several techniques. One technique was asking open-ended questions so that themes could emerge without me prompting or influencing participants (Wadams & Park, 2018). Another way I reduced researcher bias was reflective journaling throughout the research process, making notes of my beliefs, values, and attitudes related to the study topic. Additionally, I used member checking and provided a written transcript to participants so they could make any corrections to their interviews. Lastly, I used peer reviews. I asked people with past and current research experiences, such as fellow researchers, doctoral peers, dissertation committee members, and research consultants, to review the research design, data collection process, data, data analysis, and/or findings. In this way, an unbiased observer could help identify any bias or influence I may have brought into the study.

Additionally, there was potential for participant bias. Regarding participant bias, social desirability in terms of responses could have been an issue. In some cases, participants may have said things that present their experiences and actions in the best possible light. Public-school superintendents might want to avoid saying things that show their school system in negative ways. To minimize this bias, I suggested that interview locations be as private as possible so participants would comfortable (see Bergen & Labonte, 2020). Additionally, I used appropriate self-disclosure and introductory questions to establish rapport and trust. Participants who are comfortable are more likely to be honest in their responses. Lastly, I used prompts to continue gathering additional details about participants' experiences. By encouraging candid and detailed responses, I could listen for discrepancies, but I was not aware of any discrepancies during the interviews.

Methodology

Participation Selection Logic

In this study, purposive sampling supported the epistemological stance that multiple views of reality are best explained by the people with lived experience who are experts on the topic (Campbell et al., 2020). Researchers use purposive sampling in qualitative research to select participants characterized by a certain criterion. Additionally, purposive sampling helps maximize research resources and uses limited resources more effectively. Choosing participants in this manner allows a researcher to select people who hold the most useful information to provide the deepest understanding of the topic. The population I interviewed were public-school superintendents of rural

school systems in western North Carolina. I recruited public-school superintendents through purposive sampling. In this study, the inclusion criteria were holding the position of being a public-school superintendent in a rural county school system in western North Carolina. The rationale for the sample population was that these participants are experts in their fields with a broad perspective of the school system that consists of multiple layers, including students, teachers and staff, policies and procedures, and other aspects.

Generic research design values gathering detailed data from fewer participants (Kahlke, 2014). There were no requirements regarding gender, age, or years occupying the position in this study. Researchers have found that in qualitative studies, especially in those where participants belong to a homogeneous group or the topic is narrow, such as with this study, 10–12 participants are adequate to achieve saturation (Guest et al., 2020; Hagaman & Wutich, 2016; Sebele-Mpofu, 2020). Saturation is achieved when insights or revelations begin to repeat, and no new information is being disclosed by participants. I planned to conduct semi–structured interviews with 10–12 public-school superintendents or until saturation occurred. Saturation occurred at the eighth participant. I conducted interviews online via Zoom to honor the preferences of participants.

Instrumentation

The data collection instrument was the interview protocol, interview guide, and follow-up questions I developed for this study (see Appendix A). I designed each of the questions in the interview guide to assist in answering the research questions. The SAMHSA (2014) four assumptions of trauma-informed care, and I used these in the interviews with superintendents to provide context for the discussions. The recommended

four assumptions—(a) realizing and understanding the impact of trauma; (b) recognizing the signs of trauma exposure; (c) responding by implementing trauma-informed policies and practices; and (d) avoiding retraumatization)–provided a common language through which participants shared their perceptions of these assumptions. Wolpow et al. (2015) outlined six principles recommended for a trauma-informed school environment. The recommended six principles–(a) unconditional positive regard; (b) maintaining realistic and high expectations; (c) empowering students to be in charge of their choices, learning, emotions, and behaviors; (d) relationship coaching; (e) providing opportunities for practice and participation; and (f) checking assumptions–provided a framework through which participants evaluated the presence of trauma-informed practices in their school systems. I used additional research in the development of the interview guide, including studies on other types of childhood trauma (Bulanda & Johnson, 2016; Fondren et al., 2020; Pataky et al., 2019), ecological theory in schools (Crosby, 2015; Drakenberg & Malmgren, 2013), and empowerment (Budig et al., 2018; Kiral, 2020; Zimmerman et al., 2018).

Procedures for Recruitment, Participation, and Data Collection

I collected data from superintendents of public schools in rural counties in western North Carolina. To recruit participants, I developed a list of potential interviewees through internet searches. I confirmed participants held the position of public-school superintendents of rural school systems in western North Carolina through internet searches of their school systems. I contacted potential participants by emailing them a copy of the flier about the study and asked if they would be willing for me to

interview them either in-person or via Zoom. Interviews were less than one hour long and conducted via Zoom, which was the preference of all participants. After I obtained IRB approval, I conducted the interviews between December 2021 and May 2022. I facilitated one to three interviews per week during the data collection period. I recorded the interviews via Zoom. When conducting interviews via Zoom, I offered to disable the camera feature so the recording did not contain the image of the participant. Each participant requested that I leave the camera on. I used a pseudonym on the screen when the participant's name was visible.

I used an interview guide I developed that provided questions relevant to the research questions (see Appendix A). The interview guide contained questions to gather data on superintendents' gender, age, and years of experience in the position. The interview guide also included a range of questions for participants about their experiences with student from trauma, their perceptions of the assumptions and principles of trauma-informed schools, challenges and benefits participants anticipated or had encountered when implementing trauma-informed school assumptions and principles on an individual, school, or systems level, and what participants perceived their role to be in empowering educators to implement trauma-informed assumptions and principles (see Appendix A). I developed the interview questions from the content and findings of other studies. I anticipated the interview questions would be sufficient to answer the research questions. I also anticipated the interview questions would help me gain knowledge about how public-school superintendents experience students from trauma, their perceptions about the assumptions and principles mentioned above, benefits and challenges participants

anticipate or have experienced on an individual, school, or systems level when

implementing trauma-informed practices, and what participants perceive their role to be

in empowering educators to implement trauma-informed assumptions and principles.

Towards the end of the interview, I provided participants with the opportunity to

ask any questions or share any details that they deemed important but had not yet shared.

Several participants offered additional comments about the topic. I explained I would

provide them with a summary of my findings and then ended the interview.

Data Analysis Plan

I did individual interviews with participants. I developed the interview questions

for the purpose of answering the research questions (see Appendix A). Once I completed

the interviews, I analyzed the data using thematic analysis through hand coding. I used

the transcription feature on Zoom, but it often provided inaccurate phrasing (for example,

typing *"baked beans"* rather than *"vaping"*). Because of that, I listened to all the

interviews again and checked them against the Zoom transcript, correcting inaccuracies

when necessary. I then did a pre-analysis to determine which words and phrases were

most relevant to the research topic (Oliveira et al., 2016; Saldana, 2021). Next, I

performed line-by-line coding of the transcriptions, assigning codes to the word(s) or

phrases I identified as important (Linneberg & Korsgaard, 2019; Oliveira et al., 2016;

Saldana, 2021).

Coding helps provide insight into ideas that are valuable to participants, as well as

helps researchers to more easily retrieve and sort data. I followed the inductive method of

coding, identifying words or phrases participants repeated and seemed to deem important

(Oliveira et al., 2016). During first-level coding, I identified an initial 50-70 important or repeating phrases and assigned codes to them (Linneberg & Korsgaard, 2019). Next, during second-level coding, I grouped codes to identify broader, overarching patterns (Saldana, 2021). During both the first level and second level coding, I reread the data multiple times to review, refine, and regroup the codes. I did not identify any discrepant cases. Lastly, after several rounds of coding and review, I identified trends and patterns and grouped those together into themes.

Issues of Trustworthiness

Trustworthiness in qualitative research is how one can evaluate the quality of the study. In quantitative research, one evaluates the quality of the study through measurements such as validity and reliability (Amankwaa, 2016; Stahl & King, 2020). Qualitative research serves to explain rather than quantify and so the quality is measured differently. Researchers measure the trustworthiness of qualitative studies through credibility, transferability, dependability, and confirmability (Connelly, 2016).

Credibility

The credibility of a study refers to the extent to which the findings are true and align with accepted reality (Amankwaa, 2016; Stahl & King, 2020). Additionally, credibility refers to whether the researchers conducted the study using methods that are associated with that type of study (Connelly, 2016). The technique I used to achieve credibility was peer debriefing (Amankwaa, 2016; Connelly, 2016; Stahl & King, 2020). I had peers, colleagues, Walden faculty, and other people with previous or current research experience read and provide feedback about the various parts of the study and/or

interview data. Another method I used to ensure credibility was reflexivity. I made field notes and journal entries to examine my thoughts, beliefs, values, and actions during the research process.

Transferability

Transferability is whether the findings of the study would apply in another study if the context were similar to the current study (Amankwaa, 2016; Stahl & King, 2020). I provided rich, detailed information about the study and participants so other researchers could assess transferability (Connelly, 2016). These details included demographics about participants (age, gender, education, and years of experience as public-school superintendent and general characteristics about the school system in which they lead, which were rural) and data collection details, such as number and length of sessions and format of sessions (via Zoom or in-person). Even though I provided extensive details of the study to ensure transferability, I protected the privacy and confidentiality of participants using pseudonyms.

Dependability

Dependability is whether a researcher would come to similar findings in similar conditions (Connelly, 2016). To address dependability, I used an audit trail to keep detailed notes in a process log on the study's design, implementation, data collection, and data analysis (Amankwaa, 2016; Connelly, 2016; Stahl & King, 2020). I also made notes about which participants I interviewed, any observations during the interviews, and reflections I had during the interviews or data analysis.

Confirmability

Confirmability is the extent to which the findings are based on participant and accepted reality and not researcher beliefs or values (Amankwaa, 2016; Stahl & King, 2020). Confirmability also addresses whether another researcher would reach the same findings (Connelly, 2016). The use of the aforementioned audit trail aided in confirmability. I kept notes on the data collection process, raw data, how I compiled and analyzed the data, and my efforts to minimize researcher bias (Amankwaa, 2016; Stahl & King, 2020; Wadams & Park, 2018). Additionally, I used the technique of peer review for confirmability, having at least one other peer review the raw data and any notes on the data collection and data analysis process (Amankwaa, 2016; Connelly, 2016; Stahl & King, 2020).

Ethical Procedures

I obtained institutional permission prior to the study, including completion of the IRB process through Walden University. The IRB approval number is 04-06-22-0471675. If participants had withdrawn early from the study, I would have continued recruiting participants until I had interviewed 10-12 participants or saturation occurred. To ensure the protection of participants, I explained in my initial contact with participants about the informed consent process. An informed consent process not only protects participants but also increases their sense of security so participants feel they can be more honest in their replies to research questions (Petrova et al., 2016). Through the informed consent process, I shared details with participants about the purpose of the study, the

expected length of the interview, and the fact that I would provide a typed transcript of their interview for review.

I allowed participants to choose whether the interview would be in-person, over the phone, or via Zoom. All participants elected to do the interview via Zoom. Prior to beginning the Zoom recording, I gave participants the option of disabling the camera feature and all participants preferred to have it on. I explained to participants that their participation is voluntary, any risks and benefits to participating in the study, and that participants would not receive payment for participating in the study. Additionally, I shared how I would protect the privacy of participants, including that their identity would be kept confidential within the limits of the law. I explained to participants that I would only share their identity or contact information as needed with Walden University supervisors who are also required to protect their privacy or with authorities if court-ordered, which is very rare.

I told participants I would not use their personal information for any purposes outside of the research project and I would not include their names or other identifying information in future study reports. I explained if I shared the dataset with another researcher in the future for additional research, that the dataset would contain no identifiers. Further, I shared with participants that I would keep the data secure by password protection, use of codes in place of names, storing names separately from the data, and discarding names when possible. Lastly, I told participants I would keep the data for 5 years, as required by Walden University, and then destroy the data. I provided these details to participants through the Informed Consent Form, which I asked them to

sign prior to the interviews. To reduce early withdrawal from the study, I continued to stress the protection of their privacy and allowed them to select the location for the interview that was most comfortable for them.

Summary

In this chapter, I discussed the research design for the study, including the research questions and the central concepts of the study. I provided details about the research tradition I used, that of generic qualitative design. I explained my role as a researcher and the methodology of the study. I also described how I addressed issues of trustworthiness and what steps I took to ensure credibility, transferability, dependability, and reliability. Lastly, I detailed ethical procedures that I used to ensure the protection of the study participants.

In the next chapter, I will describe how I will treat the data that I generate. I will provide details about data collection, including the number of participants, the location, frequency, and duration of each data collection session, and the methods by which I record the data. I will explain the data analysis process, including codes, categories, and themes that I generate. Lastly, I will describe the methods I used to ensure the components of trustworthiness, those being credibility, transferability, dependability, and confirmability.

Chapter 4: Results

Introduction

The purpose of this study was to understand perceptions of trauma-informed school assumptions and principles among public-school superintendents in rural western North Carolina school systems. The study was guided by four assumptions for trauma-informed care, six principles for trauma-informed schools, ecological systems theory, and empowerment theory. I designed the research questions to ask participants about their experiences of trauma in their schools, their perceptions of the assumptions and principles, the benefits and challenges of implementation, and their role in empowering others to use such practices.

Major sections in this chapter include setting of the study and the demographics. I will discuss the data collection method, including the number of participants and the location, frequency, and duration of data collection. Additionally, I will provide details on how the data were recorded, any variations from the initial data collection plan presented in Chapter 3, and any unusual circumstances encountered in data collection. I will describe the data analysis process, specific codes or themes that emerged from the data using quotations as needed, and details of any discrepant cases. I will detail evidence of trustworthiness, including credibility, transferability, dependability, and confirmability. Lastly, I will share the results of the study by addressing each research question, presenting data to support each finding, and providing tables to illustrate the results.

Setting

I gave participants the choice of interviews in-person, by phone, or via Zoom. All participants selected Zoom. I did not ask participants the reasons for doing the interviews via Zoom; one consideration may have been the ongoing pandemic. Participants were public-school superintendents in rural western North Carolina school systems.

Several conditions existed that may have influenced participant responses. First, although COVID-19 incident rates were down, the pandemic had significant negative influences on the school process and levels of stress for students, educators, administrators, and parents (Batra et al., 2022; Cohen-Fraade et al., 2022). Second, in areas of the United States, there are strong political debates about the privatization of schools, the extent of the role in which government is involved in public schools, and whether public schools have the right to or should teach anything beyond academics (Barkan, 2018; Marsh et al., 2021; Winburn & Winburn, 2020).

Demographics

I interviewed eight participants. Participants were public-school superintendents of rural western North Carolina school systems. Of the eight participants interviewed, seven were men and one was a woman. Participants ranged in age from 48 to 61 years. All participants were Caucasian. Number of years served as a superintendent ranged from 1 to 13. Participants demographics are presented in Table 1.

Table 1

Participant Demographics

Demographic characteristics	Participant totals (N)	%
Gender		
Female	1	12
Male	7	88
Age		
40–49	3	38
50–59	4	50
60+	1	12
Years' experience		
1–5	3	38
6–10	4	50
10+	1	12
Ethnicity		
Caucasian	8	100
Years in education*		
20–5	2	25
26–30	2	25
30+	2	25

Note. All participants (*N*=8) were public-school superintendents of rural western North Carolina school systems. *Although I did not ask participants, all but two volunteered the number of years they had in education.

Data Collection

I collected data from eight participants using the data collection instrument I developed for this study. The instrument included the interview protocol, interview guide, and follow-up questions. I conducted interviews via Zoom between May 5 and June 3, 2022, with a frequency of about two per week. I did one interview over two sessions, due to the participant having to cut the first interview short because of an emergency at a school. Interviews ranged in length from 20 minutes and 46 seconds to 56 minutes and 16 seconds.

I recorded interviews using the record feature on Zoom, and the Zoom transcription feature transcribed the data. The only variation in data collection from the plan presented in Chapter 3 was that I told participants I would disable the video recording, but participants preferred to have their video on. The only unusual circumstance encountered in data collection was that I had to interview one participant over two sessions due to an emergency at one of the schools in the participant's district.

Data Analysis

I did individual interviews with participants. I developed the interview questions for the purpose of answering the research questions (see Appendix A). Once I completed interviews, I analyzed the data using thematic analysis through hand coding. First, the Zoom feature transcribed the interviews. However, I had to go back and listen to the recordings several times and correct the transcripts as very often the Zoom transcriptions were inaccurate (for example, typing "*baked beans*" rather than "*vaping*"). Once I transcribed the interviews again, I did a pre-analysis to determine which words and phrases were most relevant to the research topic (Oliveira et al., 2016; Saldana, 2021). Next, I performed line-by-line coding of the transcriptions, assigning codes to the word or phrases identified as important (Linneberg & Korsgaard, 2019; Oliveira et al., 2016; Saldana, 2021).

Coding helped provide insight into the ideas that were valuable to participants and helped me to sort data more easily. When I coded data, I followed the inductive method of identifying words or phrases that participants repeated and seemed to deem important rather than those I identified as being significant (Oliveira et al., 2016). During first-level

coding, I identified an initial 50–70 important or repeating phrases per research question and assigned codes to them (Linneberg & Korsgaard, 2019). I reread the interviews and codes multiple times to determine whether I needed other codes and whether the codes I had chosen seemed to be accurate and the most descriptive. During second-level coding, I grouped codes to identify broader, overarching patterns (Saldana, 2021). During both first–level and second–level coding, I reread the data multiple times to review, refine, and regroup the codes. Lastly, after several rounds of coding and review, I noticed and identified trends in the data that I grouped together into themes and subthemes. Table 2 shows the research questions, interview questions, themes, and subthemes.

Table 2

Research Questions, Interview Questions, Themes, and Subthemes

Research questions	Interview questions	Themes	Subthemes
RQ1:What are your experiences with students with trauma in schools?	3	Schools as an ecosystem for trauma	Individual trauma Staff, administration, and superintendent childhood and adult trauma District policies and procedures that may create trauma or retraumatize Individual healing Staff/administrator healing District procedures that strive for healing
		Community conditions	Lack of community supports Tension about staff addressing trauma Community supports
		Value shifts in schools and communities	Schools Community
RQ2 (part 1): What are your perceptions about these trauma-informed school assumptions and principles?	4	Agreement with assumptions and principles	Impacts of trauma Insert knowledge of trauma and resilience into practices Politics and policies Practices Resist retraumatization Maintain high expectations Be a relationship coach
RQ2 (part 2): How do the trauma-informed school assumptions and principles align with what you perceive your role to be?	5	Complex and multifaceted roles	Building relationships with students Building relationships with staff, administrators, and the board of education Building relationships with families, Community partners, and the public Changing the culture Creating sustainable systems and routines Politics Resources and programs Trauma-informed practices Understanding Wellness
RQ3 (part 1): What challenges do you anticipate/have you encountered on an individual, school, or systems (school districts, communities, politics) level when implementing trauma-informed practices?	6	Micro and macro challenges	Individual Students Staff Schools/districts Community
RQ3 (part 2): What benefits do you anticipate/have you encountered on an individual, school, or systems (school districts, communities, politics) level when implementing trauma-informed practices?	7	Micro and macro benefits	Individual/staff School/districts Parents/community
RQ4: What do you perceive as your role in empowering administrators, teachers, and staff to implement trauma-informed assumptions and principles?	8	Using empowering leadership	Advocate Communicate Involvement with parents and the community Create the culture and set the expectations Encourage Human resource decisions Lead Motivate Build and maintain healthy relationships Resource development Training and education

Themes

Eight themes and several subthemes emerged from analysis of the data collected from participant interviews. These themes and subthemes were categorized by the research and interview questions. For RQ1, Theme 1 was schools as an ecosystem. The subthemes were (a) individual trauma; (b) staff, administration, and superintendent childhood and adult trauma; (c) district policies and procedures that may create trauma or retraumatize; (d) individual healing; (e) staff/administrator healing; and (f) district procedures that strive for healing. For RQ1, Theme 2 was community conditions with subthemes of (a) lack of community supports; (b)tension about staff addressing trauma; and (c) community supports. For RQ1, Theme 3 was value shifts in schools and communities, with subthemes of (a) schools and (b) community.

For RQ2, there were two parts to fully answer the research question. For RQ2, Part 1 the theme was agreement with assumptions and principles. Subthemes were (a) impacts of trauma; (b) insert knowledge of trauma and resilience into practices; (c) politics and policies; (d) practices: (e) resist retraumatization; (f) maintain high expectations; and (g) be a relationship coach. For RQ2, Part 2 the theme was complex and multifaceted roles. Subthemes were (a) building relationships with students; (b) building relationships with staff, administrators, and the board of education; (c) building relationships with families, community partners, and the public; (d) changing the culture;(e) creating sustainable systems and routines; (f) politics; (g) resources and programs; (h) trauma-informed practices; (i) understanding; and (j) wellness.

RQ3 also had two parts to fully answer the research question. For RQ3, Part 1, the theme was micro and macro challenges. The subthemes were (a) individuals (students and staff); (b) schools/districts, (c) community, and (d) politics. For RQ3, Part 2, the theme was micro and macro benefits, with subthemes being (a) individual/staff; (b) school/district; and (c) parents/community. For RQ4, the theme was using empowering leadership. The subthemes were (a) advocate; (b) communicate; (c) involvement with parents and the community; (d) create the culture and set the expectations: (e) encourage and empower; (f) human resource decisions; (g) lead; (h) motivate; (i) build and maintain healthy relationships; (j) resource development, and (k) training and education.

<div align="center">**Evidence of Trustworthiness**</div>

Trustworthiness in qualitative research is the means through which one can evaluate the quality of the study. In quantitative research, researchers measure the quality of the study through things such as validity and reliability (Amankwaa, 2016; Stahl & King, 2020). However, qualitative research explains rather than quantifies and so researchers measure the quality differently. The ways researchers measure the trustworthiness of qualitative studies are credibility, transferability, dependability, and confirmability (Connelly, 2016).

Credibility

The credibility of a study refers to the extent to which the findings are true and align with accepted reality (Amankwaa, 2016; Stahl & King, 2020). Additionally, credibility refers to whether the researchers conducted the study using methods that are associated with that type of study (Connelly, 2016). The technique I used to achieve

credibility was peer debriefing (Amankwaa, 2016; Connelly, 2016; Stahl & King, 2020). I had peers, colleagues, Walden faculty, and/or other people with previous or current research experience read and provide feedback about the various parts of the study and/or interview data. Another method I used to ensure credibility is reflexivity. To use reflexivity, I made field notes and journal entries to examine my thoughts, beliefs, values, and actions during the research process.

Transferability

Transferability is whether the findings of the study would apply in another study if the context were similar to the current study (Amankwaa, 2016; Stahl & King, 2020). I provided rich, detailed information about the study and participants so other researchers could assess transferability (Connelly, 2016). These details included demographics about participants. Participants were public-school superintendents of rural, western North Carolina school systems. Of the eight participants interviewed, seven were male and one was female. Participants ranged in age from 48 to 61 years of age and were all Caucasian. The number of years participants had served as superintendent ranged from 1 to 13. I also provided details about the data collection. I collected data from eight participants by use of the data collection instrument that I developed for this study, which included the interview questions and the follow-up questions (see Appendix A). I conducted the interviews via Zoom between May 5 and June 3, 2022, with a frequency of about two per week. I did one interview over two sessions, due to the participant having to cut the first interview short because of an emergency at a school. Interviews ranged in length from 20 minutes and 46 seconds to 56 minutes and 16 seconds.

I recorded data through the record feature on Zoom and the Zoom transcription feature transcribed the data. The only variation in data collection from the plan presented in Chapter 3 was I told participants I would disable the video recording and all preferred to have their video on. The only unusual circumstance encountered in data collection was that I had to interview one participant over two sessions due to an emergency at one of the schools in the participant's district.

Even though I provided extensive details of the study to ensure transferability, I protected the privacy and confidentiality of participants using codes rather than names. I did not use names of counties, schools, or school systems. I changed data to a generic label when a participant referred to a landmark, business name, or gave other information that could identify the school system's community,

Dependability

Dependability is whether a researcher would come to similar findings in similar conditions (Connelly, 2016). To address dependability, I used an audit trail to keep detailed notes in a process log on the study's design, implementation, data collection, and data analysis (Amankwaa, 2016; Connelly, 2016; Stahl & King, 2020). I also made notes about which participants I interviewed, any observations during the interviews, and reflections I had during the interviews or data analysis.

Confirmability

Confirmability is the extent to which the findings are based on participant and accepted reality and not researcher beliefs or values (Amankwaa, 2016; Stahl & King, 2020). Confirmability also addresses whether another researcher would reach the same

findings (Connelly, 2016). The use of the aforementioned audit trail aided in confirmability. I kept notes on the data collection process, raw data, and how I compiled and analyzed the data to demonstrate my efforts to minimize researcher bias (Amankwaa, 2016; Stahl & King, 2020). Additionally, I used the technique of peer review for confirmability, having at least two other peers review the raw data and any notes on the data collection and data analysis process (Amankwaa, 2016; Connelly, 2016; Stahl & King, 2020).

Results

Research Question 1

RQ1 asked, How do you describe your experiences with students with trauma in their background?

Theme 1: Schools as an Ecosystem for Trauma

Superintendents answered RQ1 as to their experiences with students with types of trauma they knew to be in the student's current situation or background, but also discussed staff and administrator trauma, district policies and procedures, community supports and tensions, and value shifts within the schools and the community. I identified three themes from the participant responses, namely schools as an ecosystem for trauma, community conditions, and value shifts in schools and communities. Along with the first theme, I identified six subthemes which were (1) individual trauma; (2) staff, administration, and superintendent childhood and adult trauma; (3) district policies and procedures that may create trauma or retraumatize; (4) individual healing; (5) staff/administrator healing; and (6) district procedures that strive for healing.

Subtheme 1: Individual Trauma. Participants most often talked about circumstances and histories of individual students, with Participant 102 describing a student whom the participant remembered, saying

> One kid keeps popping up my brain, I'm sitting there, and he was homeless, his parents were both in jail, in and out of jail at different times, and sometimes together, and he lived with his older brother in a tent under the bridge.

Several participants spoke of the trauma that resulted from students living in high poverty. Participant 104 explained

> [Our area has] a very high poverty percentage and so I've noticed in our county that for our kids, trauma is the norm for lots of them that live in poverty. I'm glad ACEs caught up with what we're actually dealing with in the schools because sometimes when you live in high poverty, they (ACEs) all happen and at a more frequent rate.

Other participants agreed, and Participant 121 spoke not only of significant poverty, but other traumatic experiences student may have as well, saying

> They do not know where they're going to sleep tonight. We have students here that have been sexually abused, we have students that are in the legal system, we have students that come from just generational abject poverty, and they develop defense mechanisms and coping mechanisms to survive.

> Respondents identified a variety of trauma experiences they know students currently deal with or have in their background. Several of these events are on the original ACEs list, while others are on the expanded lists that researchers have compiled

since the seminal ACEs study of 1998. These events include parents with substance abuse issues, food insecurity, high poverty/"generational abject poverty", sexual abuse, parent unemployment, single parent families, grandparents with limited resources raising grandchildren, involvement in the juvenile justice system, homelessness, lack of parental supervision due to the parent being in jail, working multiple jobs, or having abandoned the child to other caretakes, and having to take care of younger siblings by feeding them, getting them up and ready for school, making sure they bathe, and helping them with homework to the extent that the student's own attendance and academic performance is negatively impacted.

In addition to the types of trauma participants see in students, participants also spoke of how traumatic events in the lives of students often lead to challenging student behaviors, including coming in late, refusing to work, climbing under table, "reading"/misreading people (hypervigilant, misinterpret threat and safety), poor attendance, lack of engagement with teacher or school, low self-concept/insecurity, bullying, nervousness/anxiety, shutting down, a seeming lack of caring, self-harm, suicides, "dropping out" (leaving school early without a diploma), inability to regulate (emotions), becoming "wallflowers" and blending in so they can't be "seen", mental health issues, and using and/or selling drugs. Participant 120 explained further, saying

My mind immediately goes to individual students, individual cases of students that I had in the classroom as a teacher … it was very evident that there was a lack of ability to regulate, to self-regulate. And those students came from environments that probably were extreme examples of trauma. There was a student that that came in and

would immediately go under the table or be a challenge. He would get my attention within 30 seconds of being in the room.

Participant 118 agreed and explained

You can tell individual stories all you want, but you know early on as an educator you begin to see patterns emerge with at-risk kids, right? And the manifestations of that in their behaviors, their efforts, their trust in terms of how quickly they'll form relationships.

Subtheme 2: Staff, Administrator, and Superintendent Childhood and Adult Trauma. Participants also spoke of childhood trauma not only with staff, but also with administrators, and their own childhood trauma. Participants began hearing more about the childhood trauma with staff once ACEs awareness and training started happening within their systems. Most participants said their county school system had had ACEs training and did their own ACE scores among either teachers, administrators, and/or central office staff. After the trainings, teachers began to be more open about their own trauma they had experienced in childhood and administrators did as well. The childhood trauma events of educators included parental substance use and addiction, violence (between adults/parents/caretakers), parental incarceration, physical child abuse, unemployment, poverty, food insecurity, and lack of parental involvement/lack of family support for educational success. Participant 102 mentioned how

Administrators took that ACE assessment, to look at what is their ACE score and what does that mean…to really dive into that and understand resiliency, and all sorts of different factors. So, I think that from an educational standpoint, it's so

important for us to understand perspective and understand what kids bring to the table…and as the superintendent, it's also important to understand what adults bring to the table and how that co-exists. It was telling as we did this with adults in terms of how many of my school-based administrators had ACE scores of 2, 3, 4, which was pretty significant. You know, you have a principal with an ACE score of a four, that's significant, and then what resiliency factors does that require (for that person)?

Twenty-five percent of participants volunteered that they had trauma in childhood and Participant 118 said

I grew up the son of an alcoholic and I always had to determine where that alcoholic parent was at when I got home. So, I think it is pretty obvious to me when I can see that in other kids that tension, that nervousness, that always looking. Sometimes that would manifest itself into insecurity and a low self-concept. A lot of times they compensate for that by being arrogant or bullying or being outlandish.

Participant 113 had similar experiences and shared

I look back at my own life. I'm a child of this. Neither of my parents graduated from high school and my dad is an alcoholic and can be a violent alcoholic depending on what he's been drinking. So, I kind of grew up with this and a lot of my friends did too. I grew up in (named the area) where there's a lot of substance abuse. My dad's just happened to be alcohol, and I have friends who most of it was alcohol, but then there was other things as well, food insecurity, a lot of

people out of work, refusing to work and, as a result, their kids not having what they needed in order to be successful in school or to be even able to focus in school.

Others witnessed the childhood trauma of friends or neighbors, with Participant 121 sharing the memory

When I was riding the bus as a child, there were two brothers that rode that would get on the bus. I'll always remember, they were always pretty rough kids, but one of them was kind of a friend with me and I think part of it was he was from the community too. I remember one day pulling up at the bus stop. This was the late 1960s. I was, I think, in second grade. We pulled up at the bus stop and his father was in the front yard beating him. And the bus driver at the time, which, of course, was a high school student, got off the bus and yelled and he (the child) came and got on the bus. You know, and in the community, I guess that was an abusive drunk. I share that story, because both of those brothers ended up years later, not only dropping out of school, but they ended up in central prison. And I wonder what would have happened if their childhood had been different.

Additionally, Participant 121 spoke of the long-term impact of childhood trauma by describing his experiences working in a factory, saying

When I was in college, to work my way through college, I worked shifts at the (named the plant) plant that used to be in this county. And when you're working 12-hour shifts in the summers at three o'clock in the morning and you're on a crew of primarily men, you see a lot of different things. You see informal

leadership, older mentoring younger, but I'll tell you something else, you see people, men, who had never gotten over something that happened to them when they were younger, and they were not as an effective worker. Part of my thing with being career technical, you know we're all about the economy, putting Americans into the workforce. However, if you ignore the social emotional aspect, you are not going to build a resilient worker, and if you don't build a resilient worker, you're going to only get them to a certain point, and then they'll stop. You cannot get them past that point.

Several participants discussed the high suicide rate in their county, with students as young as seventh grade. To participants, the suicides not only indicated a student's response to their own trauma, but also became a traumatic event for students, staff, and administrators. Participant 108 explained that

We have a (very high) suicide rate. You know, we do our youth health assessment every 2 years, and it's really shocking to you when you watch that or you when you read those results of 'I've made a plan to commit suicide, or attempted suicide, or hurt myself already.' It's some of the toughest to deal with, and just trying to find resources to support the students, and then support our staff because the staff… when you're a teacher, you're not trained in those types of situations.

Subtheme 3: District Policies and Procedures That May Create Trauma or Retraumatize. Several superintendents spoke of the dilemma of knowing and understanding a student's background and providing reasonable and appropriate consequences while still providing protection for students and staff and maintaining standards of safety. One participant described how socio-emotional needs led to discipline issues and that some student behaviors were too severe for the student to remain in school. Participant 104 agreed

> It breaks your heart whenever you sit there, and you try to make accommodations to discipline, you try to make accommodations because you know where they (the students) are, but at the end of the day, you can only go so far without losing credibility with your staff and the community. And, also, not giving them a free pass just because they've had a hard row to hoe, but you also take that hard row into consideration.

Participant 120 explained

> I was in my first the first stage of my career then (and) the concept of childhood trauma didn't have the same boundaries and understanding that it does now, and so, perhaps because we're in a rural setting, I don't know, we automatically just thought, this child needs a different level of discipline and support, probably more discipline than support. However, healing also occurs in this ecosystem on an individual, staff/administration, and district level.

Subtheme 4: Individual Healing. As educators become trained in ACEs, brain science, and childhood trauma, they gained awareness of the impacts of trauma on the brain, learning, and behavior, and the necessity of creating positive, safe relationships with students. Participant 118 said

> That's what we look for now is just making sure our people are informed enough to notice those things when they happen, to understand that every behavior or every comment or every time a kid kind of shuts down it's not because they don't care, or they don't want to be successful. A lot of it's just reaction and then still being kind of in their primal brain. We feel like that's just part of us doing our due diligence, to make sure we know kids and we know the relationships that they have with their families and their communities, so that we can help them.

Participant 113 agreed and explained

> I was looking for ways to better understand my students and to better be able to build relationships with them, so that I could teach them, and that's kind of how I got into this. Plus, it made perfect sense to me, of all the things that had to be taken care of with children initially, so that they could then focus on their own learning and understand why it was important, so that they weren't just focused on surviving day to day.

Subtheme 5: Staff/Administration Healing. Several participants discussed the need to ensure their staff and administrators had ACEs training and to provide support to staff. This topic came up several times throughout the interviews with participants expressing that teachers without adequate training cannot be expected to know how to deal with students with a trauma background or student behaviors that seem to be brought on by trauma. Participants also mentioned the need to support staff so the staff can continue their work while engaging with students who have trauma experiences.

Participant 102 said

> We've done some extensive work in our district with ACEs, in terms of what is that what does mean…to really dive into that and understand. Our county has done some extensive work into this both at the district and at the school level.

Participant 113 provided more details, saying, "We have had ACEs training here. You have to start wrestling with the social and emotional needs of kids because typically you're dealing with that a lot."

Participant 118 explained

> Later on, as we learned more and more about ACEs, our district became (more trained). Now one of the first questions that we ask our people who intervene with children is to really sit down with the child and figure that out what is in your context, what's in your history, what's in your interactions, that may lead us to learn more about why you're having these behavioral issues, or these attendance issues, or why you don't want to engage with your teacher.

Once training has happened, participants felt the need to not only give students what the students need in terms of safety and support but staff as well, with Participant 108 saying "(we are) just trying to find resources to support the students and support our staff." Participant 102 added

It's important to understand what adults bring to the table and how that co-exists (with a student's trauma). I think one of the things we talk about is childhood experiences from our students, which is so important, I don't want to underestimate that, but then how does that interface with childhood experiences from adults, both in a positive and negative situation. I think sometimes that it's like a battery with two positives, that sometimes those like charges repel. As a superintendent, it's important to understand.

Subtheme 6: District Procedures That Strive for Healing. Participants spoke of internal conflicts that seemed to be clashes between what participants felt was their personal responsibility to the wellbeing of students and their obligation to adhere to policy. Participants described the pull between punitive discipline, supportive actions, and following policy while trying to provide restorative measures. Participant 104 said

Fair isn't always equal and that's something that that we preach a lot here, fair isn't always equal, and situational understanding, situational response is huge. We have some people that struggle with that. They're very black and white following policy where I'm not.

Other participants agreed. Participant 113 explained

Because of the culture of the school, it was just really tough that first year, and

basically all I did was discipline all year. So, I started doing some research on

maybe how we could change the culture of the school and do things differently

While Participant 118 remarked

There's always going to be an underlying issue with kids, and you need to have a

relationship with them and figure it out so that you can work with them, work

around those issues, or try to give resources to deal with those issues.

Later in the interview while discussing a different research question, Participant

121 came back to this topic and said that in 13 years, "I've had some long-term

suspensions, don't get me wrong, but in 13 years I've only expelled three students. I take

that very seriously, because an expulsion is a complete separation from school and

school's sometimes their only hope."

Theme 2: Community Conditions

Superintendents spoke of the lack of community support in the past and the

tension they felt from community members as staff tried to address trauma. Participants

also explained that they believed with the increase in the knowledge of trauma and

resilience impacts, community support of and for students and staff had developed and

increased. For RQ1, I identified a second theme as "community conditions", with the

subthemes being (7) lack of community support; (8) tension about staff addressing

trauma; and (9) community supports.

Subtheme 7: Lack of Community Supports. Participants mentioned barriers in the community, such as higher rates of childhood trauma, a lack of mental health supports, and high rates of poverty, with Participant 108 saying "that is, I think, one of the toughest to deal with, just trying to find resources to support the students, support our staff because the staff know very little (about mental health issues)." Participant 118 agreed, explaining

 The biggest challenge of all, I can tell you, doing any of this work is, at the end of the road, where are the service providers to provide this care for kids? They're not there. And so, you can train people all day, you can have the best process in place for referrals, you can do your assessments and understand all those things, but if there's not a counselor, a qualified dedicated individual on the back end, then what are we doing? Participants also reported trends towards less parental involvement, families being more fragmented, relatives having to take care of students whose parents were unavailable, and those caretakers having limited resources, time, and energy. Participant 108 explained "(that) little seventh grader (who died by suicide), about a year and a half ago, grandparents were raising him, no parents around, those types of things."

Other participants agreed and Participant 121 explained

You know, we had a mental health, rather than just using the term mental health, we had a mental health crisis before the pandemic. We had services across western North Carolina, we had that before, but the pandemic exacerbated the problem with that - the supports that were once there, I would contend that those

are families, not everyone has them, they still are having traumatic experiences

(and) those (families) have become less and less, and more fragmented. A lot of

grandmothers were raising kids back then, but the difference was the

grandmothers had the home. They had different situations and could take some of

that on with family support. Families, they are not as large now (and the support

is not there).

Subtheme 8: Tension Around Staff Addressing Trauma. There are several

issues when it comes to the tensions between community beliefs and expectations of the

role of the school system, what the school staff are doing to address childhood trauma,

the inappropriate or dangerous behaviors of students with trauma experiences, what

responsibility school staff have to address it (or not), and ongoing mental health needs.

Participants discussed many of these issues, including lack of supports from some areas

of their community as well as the tension they felt from certain community members to

"just teach the basics." Participant 121 said

You know, when you're in the rural mountains of western North Carolina, you

still have a little bit of an element of people that you know are unintentionally

callous and what I mean by that you know the old 'well, people just got to pull

themselves up by their bootstraps.'

Later in the discussion during a different interview question, Participant 118 came back

to this topic and said

I had a community leader tell me that if a child was thinking about suicide, that

was a family issue, that was not a school issue. And when I said, 'Well, what if

they come to their teacher and they trust their teacher and they say, 'I'm thinking

about doing this' and they haven't told their mom? (The community person said)

'Well, that teacher needs to call their mom and send them home right then and

they will deal with it.'

Subtheme 9: Community Supports. However, many participants spoke of the

support that is being provided from the community, especially in recent years as

knowledge of childhood trauma and its impacts has spread. Participants spoke of

agencies and organizations that have stepped forward to provide support and resources

that school systems do not have. Participant 108 said

We do have a lot of support within the church community, always willing to help

out. Like the little young man that killed himself last year, we do have ministers

that we know that come in and help. One local university began partnering with

(our system) to create procedures and protocol to reduce student self-harm. The

people from the university also come on the school campuses to do self-harm

assessments. I think you've got to build that support. We work real closely with

(them) and their counseling services. Gosh, without them, I don't know what

we'd do, but they've really helped with our suicide watch prevention program we

have in place.

In the same community, someone created a group that meets regularly to talk about the

needs of students and families. Participant 108 continued and said

We had a gentleman retiree, who was a professor at (name of a university). He

called me a couple years ago and really want to be a help, be an asset, and so he

put together a (name of the group) group up here, and you know we've got (the

local university) who partners with us, we have (the local health department) who

partners with us, and we have the sheriff's department, we have social services,

and we've built a large organization just trying to help our youth and those types

of needs.

Theme 3: Value Shifts in Schools and in the Community

For RQ1, I identified a third theme which was "value shifts in schools and in the

community". The two subthemes were schools and community. Superintendents spoke of

values that historically were more judgmental than understanding and more harsh than

supportive, both in the schools and the community. They discussed how those viewpoints

were shifting.

Subtheme 10: Schools. Participants explained that whether one calls it the "traditional" way of teaching, or some other term is used, educators in the past taught to, as one participant described, "the children in the middle." Participants spoke of the previous value that students needed discipline more than support and that the discipline had to be punitive, strict, and harsh to be effective. Participants explained that once they and other educators began to get training on trauma, ACEs, and resilience, the values began to shift from "you get what you get" to understanding the impacts of extended stressors. Participants spoke of the value shift leading to educators seeing if they could help students increase their capacity or develop more ability to regulate their emotions and, therefore, be more ready to learn. Participant 120 said

> (We have had school people that say), 'you get what you get, don't pitch a fit.' Okay. So, when I started teaching, that was still a large mindset in everything that we're doing, and then these individuals that you're talking about, these physicians came along and said wait a minute, there is a physiological and emotional impact of extended stressors. I mean, that's what ACEs is all about. We all live under stress, but it's the extent (of) the time period over which we have to cope with stress that creates the problem. That began to shift our thinking in our school system, and so I have seen our school system attempt to move away from 'you get what you get, don't pitch a fit' more to well, let's see what the student needs so that we can help them develop with a little more capacity or more ability to self-regulate. That's the shift that I have seen in my career.

Subtheme 11: Community. Participants described how in the past, school administrators and staff felt like they were on their own to handle mental health or emotional issues within their own building, and that getting responses from community agencies, especially around trauma support, was incredibly difficult. Participants explained that now there are "lots more people around the table," having conversations about how to help not only students but families as well. One participant said it has helped the relationships between the school, the parents, and the community. Another participant spoke of how having a common language within the school spread into the community and raised awareness with parents and community members. Participant 108 said

> That's what's changed is more people are at the table, there's more conversations happening, and so it's been a stronger focus on all the needs. Which is really, it was about our children in this community, but it now it's about those children and those families and how we can help them even more so…I guess that's the biggest change I've seen come out of that.

Other participants agreed and Participant 114 added "(Parents are) gonna know we care about their child, and we're not blaming anyone. I mean, everybody's got something at home, and I think it's just helped our community relationships as well, between the school and community."

Participant 118 added

> Having some common language around what we're talking about here and raising the overall awareness of staff…in turn, it's helped raise that in our parents and our

community. So, I think that's been a plus for us, to get people focused on no, this

is a real need, these are real things we're seeing in our schools and our kids and

hey, we need everybody to kind of pull together to help us with this.

Research Question 2, Part 1

To more fully understand the perceptions of participants about trauma-informed

school assumptions and principles and what they perceive their roles to be in regard to

these concepts, RQ2 had two parts.

RQ2 (part 1) asked, What are your perceptions about these trauma-informed

school assumptions and principles?

Theme 4: Agreement With the Assumptions and Principles

Trauma-informed school assumptions include realizing and understanding the

impact of trauma, recognizing the signs of trauma exposure, responding by implementing

trauma-informed policies and practices, and avoiding retraumatization ([SAMHSA],

2014). Trauma-informed school principles include unconditional positive regard,

maintaining realistic and high expectations, empowering students to be in charge of their

choices, learning, emotions, and behaviors, relationship coaching, providing

opportunities for practice and participation, and checking assumptions (Wolpow et al.,

2015). I provided a slide to participants with this information both prior to and during the

interviews as context for our discussions.

Superintendents answered RQ2 (part 1) as to their perceptions of the assumptions

and principles, including how significantly trauma can impact children and adults, how

critical it is to use trauma-informed practices to increase student learning and feelings of

safety, how trauma-informed policies and procedures create a culture and climate that benefits both students and staff, the necessity of modeling for and building safe relationships with students, and the difficulty in keeping these values at the forefront while still maintaining high expectations and encouraging students to succeed.

I identified one theme from the participant responses: agreement with the assumption and principles. Along with this theme, I identified seven subthemes, which included (12) impacts of trauma; (13) insert knowledge of trauma and resilience into practices; (14) policies and politics; (15) practices; (16) resist retraumatization; (17) maintain high expectations; and (18) be a relationship coach.

Subtheme 12: Impacts of Trauma. As participants read over and discussed each of the assumptions and principles, several of the assumptions and principles seemed more applicable and used than others. When speaking of the first two assumptions, realizing the widespread impact of trauma, and recognizing signs and symptoms ([SAMHSA], 2014), many participants gave specific examples of how they addressed this in their system. Participant 104 explained it by saying

I agree with them (the assumptions and principles). I mean, I agree with the assumptions that from the idea of none of us really know the depth or breadth of how trauma affects a child, much less an adult, and we've had some adults that are dealing with their own trauma and they don't really have a grasp of how to understand their own trauma, much less deal with other children's or they feel that the way they handled theirs is the way the kids should handle theirs. 'The real world doesn't work this way'… you know all those kind of adult phrases that we

like to throw on kids as young as elementary school, but also as old as a senior in high school, and my response to them is 'but they're still kids.' They're not adults yet and they're not in the real world yet and they're still formulating their opinion and they're still in a formative state. So, you're modeling for them how they need to react, but also, who says that the adult world won't react to them a little differently with something like this, maybe they do have a boss that will recognize some things, maybe they won't. But at the end of the day, they're not an adult yet so let's still treat them like we're trying to grow them and form them and mold them and give them the best possible opportunity to show themselves in their best possible way.

Participant 108 explained that

Just like the first bullet there, realizing the widespread impact of trauma. You know, even if you have lived in this community all your life, you may not know the impact of what trauma is, at least the trauma that these students go through. I think we're doing a better job with that.

Other participants agreed and Participant 114 stated

There's so many things that have to happen with our students here to get them in a place where they can learn, and I think it has to do with those all those factors that you talked about. And so, we really focus on what does it take to heal that child first, and then we look at what does it take to get them to the table to learn.

Participant 118 added

The first thing I think I would tell you is that we can all stick our heads in the sand and say, this is not school system's job, but at the end of the day, if we're going to do our work successfully, then we have to understand and address you know these particular issues. I think it's very helpful for districts and especially leaders in those districts to not only understand trauma but to also understand how we integrate trauma-informed care approaches.

Subtheme 13: Insert Knowledge of Trauma and Resilience Into Practices.

Participant 108 explained that "years ago, we didn't think about this training, or we didn't have that training. We got be sure that everyone's following them, and we do the best we can training them."

Participant 114 shared

Fortunately, with some of the extra funds, we've been able to something we haven't done in the past, but we've brought on a district mental health liaison. That I think has been huge for us. We've actually hired a person and brought them into the schools and what we've seen is we're able to make those connections and then we can follow through with some of the treatment and then, if we still need to refer outside the school that we can, but it helps us train the teachers in a little bit different way.

Participant 118 added

(We have to) understand how do we integrate trauma-informed care approaches and policies that we may want to implement, how do we do that, in this context, while still not going overboard and making sure we keep our mission where it

needs to be, right?

Subtheme 14: Politics and Policies. Participant 108 said

You've got to make sure your board of education is informed of all these things

and make sure they have the policies in place. I think our state school board

association does a good job building these policies as well.

Other participants agreed, with Participant 118 adding "It's very helpful for leaders in

those districts to not only understand policies that we may want to implement, but how do

we do that, in this context?"

Participant 103 agreed, saying

Unfortunately, some of the ACEs stuff in our community, at least, I'll say trauma-

informed practices, are clumped into mental health issues or clumped into social

emotional learning and that has become a political key buzz word around here

lately and depending on which side of the aisle you sit on, you either think it's a

crock or you think it carries weight. And even within that political realm, then you

have staff that feel the same way, and it's not a generational thing. I think it is

purely a political view philosophy divide that helps you really show empathy to

kids that are dealing with, that have these identified. They may say 'yeah, okay, I

feel sorry for him, but I'm not going to lower my expectations for their behavior

or for their performance or this or that.' And I'm not saying you have to lower

them; I'm saying you need to consider adjusting them for their success. But to

them, that means lowering their expectations, giving them a pass. Participant 104

added that **"**Politically this past year, we've had to pull back a little bit with, I

won't say our transparency, but we've chosen our words better in (talking about it

and) promoting it on social media."

Subtheme 15: Practices. Participant 133 touched on this by saying

I learned that in coaching football, you have to take the skills of the kids that you

get. We don't get to recruit in high school and teach them the tools they have or

teach them the tools they need to have to be so that they can do the job you need

them to do. In order to help the team, sometimes the guy that you need to play

defensive line isn't six five, 250. Sometimes he's a guy that weighs 160 pounds

and he's fast, so you got to teach him different tools. He's got to do the job a

different way than another kid might, but he can get it done.

Participant 118 explained how

All of our people are smart enough to know that if you don't deal with these

issues, if you don't have some of these structures in place, you're not going to

break the walls down enough to educate kids. So, you got to deal with the SEL

stuff first before you can get to the academics. That old adage about, you know,

kids have to know how much you care about them before they're going to care,

it's so true. So that's really where we try to focus now that we've done ACEs

training.

Subtheme 16: Resist Retraumatization. Participant 104 said that

Resisting the retraumatization by decreasing triggers…I think sometimes our

adults are well meaning but are so fast and so quick to react and respond, 'because

I have so much on my plate right now that I may inadvertently re-trigger you

because I've not paid attention to the signs.'

Participant 118 mentioned

We're very clear with our staff members about you need to engage this on

whatever level you're comfortable. If you don't want to have a conversation with

a child that's difficult, don't, but make sure you know who to refer him to and

that's a bigger issue for us is making sure that people are aware of these resources

are out there, what are our structures we have in place and how do we get kids

engaged in that. So, I think we try to make sure we're not triggering kids. We

don't put them in situations where we're doing that, and I think we work very

hard to make sure that (doesn't happen).

Participant 108 agreed and said

(We try to) make sure they're doing that. Resisting retraumatization by decreasing

triggers. I've seen that before too. I've got a teacher (she's not here) any longer,

but you walk in a room that you thought you were going into Disney World. So,

some kids liked it, some couldn't handle it, but, you know, all those (types of

things) trigger students.

Participants spoke often about how important it was to be proactive rather than

reactionary and how it is difficult to balance the two, with Participant 102 explaining

What we've tried to do, and what I believe in, is understanding what this is and to

try to get upstream a little bit, and instead of being so reactionary, use these

principles and assumptions to be proactive, to put things in place to help to

prevent catastrophe at the end. When I say catastrophe, I don't mean that you

have something tragic, but you know, whether it's student discipline, whether it's

employee issues, whatever it is, if you put systems in place to catch things early

on, to recognize behaviors, to recognize things, and you put multi-tiered systems

of support into place early on, then you are able to better direct outcomes.

Participant 104 had similar experiences, describing how

We find ourselves in a reactionary mode. We spend so little of our time proactive.

And I think that's just by sheer design of how we're funded and time of the day,

and how we're assessed and how we're judged and all that stuff gets in front of

being able to adequately be proactive, adequately have a balance of productivity

and reactivity when it comes to supporting and nurturing students and adults

going through these things.

Subtheme 17: Maintain High Expectations. Participants spoke often of the

principle of maintaining high expectations throughout the interviews and of their efforts

to balance that while making accommodations for students with multiple needs.

Participant 108 mentioned how "I think about maintaining high expectations, I don't

think you'll talk to any superintendents that don't have high expectations." Participant

121 agreed and stated that "I try to be sensitive to the conditions of each one of the

students. There are standards, there are, and I know that, there are standards that you have

to maintain." Participant 118 explained

When you talk about maintaining high expectations, that's something we have to

sell as a constant. Just because you know (a kid come from trauma and is showing

all these behaviors), don't set lower expectations for that kid. So that's a struggle we have, and I really feel like that's an important thing to bring out when we talk in our leadership circles.

Subtheme 18: Be a Relationship Coach. By far, the principle that resonated most with participants, that they spoke about at the greatest length, was principle 5 (be a relationship coach). Participant 108 said that

We need our teachers to have those relationships, but, you know, unless those teachers take the time to build that relationship with students or even staff members within the school building, it's not going to happen. Not everyone is a relationship person. And I agree that's it's not taught in their curriculum in their education programs. That's one thing I talk a lot in my role about relationships and building relationships. We have an SRO in every school and they do a tremendous job getting those folks trained and ready for those positions. And I've got a great student services director who has really, really done some really good things, some creative things, with the relationship piece.

Several other participants agreed, with Participant 118 saying

Relationship coach is big for us. We're so focused on relationships. So, when I read what you sent the other day, I thought, yeah, that's it. Let's talk about forming strong, good, healthy relationships with kids and with each other. Because you know as well as I do, when these educators and service providers take all this on it affects them. And so, what are we doing for those people, to

support them and build resilience in them, so they can hear these stories and be empathetic to these kids without just totally shutting down.

Participant 121 said

People forget what we do in the schools, and it is…. in schools, you're building relationships, you're learning to cope with a lot of different people. And so, no matter how hard other people would love to test our kids to see if they know a certain something at a snapshot in time…we don't and we can't, we don't have a true grasp of a measure of what we're really doing. Sometimes those kids just need to be at school, around responsible people, around their friends, learning to cope, to get a meal. We have three duties and I tell new teachers here, there's three things that they have to do. I say okay, what's our number one job? Well, you know a lot of teachers, first thing out of college are like well, to teach the kids. And I tell them, no, no, no, no, that's number three. The first thing is, you make sure that they're safe, the second thing is, you make sure that they feel loved and respected. If you do the first two, you can do the third. If you don't do the first two, you cannot arrive at the third.

Participant 113 also felt being a relationship coach was important and stated that

If you supervise anyone, constantly be modeling how you need to handle relationships. I've always believed in it when I'm working with teachers. I think about it in terms of being a successful coach and being a successful teacher that you know some kids come to you and they're self-motivated and self-disciplined and they are going to be successful in spite of you. But that is maybe 15% of the

population. You know, about 80%, they need relationships with the people that

are trying to teach them, whatever it may be. So, it's important to be a relationship

coach, in every way both with your students and with your colleagues.

Research Question 2, Part 2

RQ2 (part 2) asked, How do the trauma-informed school assumptions and

principles align with what you perceive your role to be?

Theme 5: Complex and Multifaceted Roles

I identified one theme from the participant responses, namely "complex and

multifaceted roles." When I asked participants how the trauma-informed school

assumptions and principles align with what they perceive their role to be, participants all

agreed quickly that it was part of their role. Participants identified their perceived roles to

cover a wide range of tasks on an individual, school/system, and personal level. These

multiple tasks make their roles complex and multifaceted. Along with this theme, I

identified 10 subthemes that included the following: (19) building relationships with

students; (20) building relationships with staff, administrators, and the board of

education; (21) building relationships with families, community partners, and the public;

(22) changing the culture; (23) creating sustainable systems and routines; (24) politics;

(25) resources and programs; (26) trauma-informed practices*;* (27) understanding; and

(28) wellness.

Subtheme 19: Building Relationships with Students. The relationship piece continued to resonate with participants and Participant 108 said "being a relationship coach. That is part of our job." with Participant 118 saying

I think it has to fit into, you know, your overall view of what teaching and learning is about and what's the first goal of every administrator, anybody who works with kids, right? It's to keep them safe and to make sure that they're healthy and their wellbeing is preserved. And so, with that being said, if that's your chief, your paramount concern, then it is all very applicable to my role and to my job.

Participant 121 explained how

We do a lot of trauma-informed work at our alternative school. To work with them, we have flexible scheduling when…sometimes I think the public thinks things are too flexible with that, but…You know, we're trying to get them from point A to Point B, to learn to value themselves a little bit, to ummm….well, we'd love them to value themselves a lot, that takes a lot of process, to get them to believe that they are worth something.

Subtheme 20: Building Relationships With Staff, Administrators, and the Board of Education. Participant 121 said that

You don't give up. and I actually apply that for the adults too. When I have a principal over the years who has called to talk about a teacher and they say 'Well, you know, I just don't think they are going to make it.' And I always ask them, the first question actually, I don't even ask anymore, they know what's coming,

I'll say, okay, all right, fair enough, but what have you done to help them get

better? If they can't answer that, then they get them another year.

Participant 108 added that "You've got to make sure your board of education is informed

of all these things."

Subtheme 21: Building Relationships With Families, Community Partners,

and the Public. Participants spoke frequently about the need to develop relationships

with families and a variety of stakeholders, with Participant 108 saying

I see students that their parents have been through that same type of trauma, you

know, it's almost like, it's a path they just can't get out of. Some of them do, but

there's some of them that stay in that same path. It's a lot of one (parent) homes

and their single moms, not working, as well, you know, not having childcare, we

don't have a lot of childcare for this area. But as, for the parents, you know,

coming out of single-(parent) homes and I'd say when grandparents start raising a

first, a second grader and they've already raised children and are older, I think

that it's not an issue, but I think those grandparents, are kind of worn out

sometimes. We put together like a little business card, it's a folding business card.

And it lists different organizations, suicide helpline, (the health department) and

we gave those out to kids with phone numbers and contact names. Putting those

support services in place, it's not only for the kids, you gotta do it for the parents

too, you know, they're still in those phases too, to me, the young ones are, still in

some of those trauma phases.

Participant 102 stated that

I will say that's one thing with wellness coalition that was put together, is the training. we began training our student services programs, working real closely with (our local health department), with some other organizations to, to start that training with the teachers.

Subtheme 22: Changing the Culture. Many participants agreed with this, with Participant 104 saying

That is something that our principals then bring back up in monthly meetings, bring back up in quarterly meetings, things that I drop nuggets about in my communication with our staff, things that I talk to our parents about. So, you're going to hear about it. It's not a one and done. So, we've grown, we've created a culture to kind of help to let people know where we stand as a district on these issues about trauma, mental health, and how we combat the effects of it.

Participant 113 stated

I think a lot of my job is setting the vision and mission of the school of the district and constantly kind of trying to shepherd everyone on to the bus and going in the same direction. So, I think my job as superintendent is just being aware of these assumptions of trauma and the principles and just constantly modeling the idea that we need to keep these in mind.

Subtheme 23: Creating Sustainable Systems and Routines. Participant 102 said

Using that mentality to say how do we create a system where kids and teachers both are being successful? We need to create systems that (where) everybody

benefits. The student benefits and the teacher benefits. If a student is benefiting

and the teacher is benefiting, then everybody wins. Listen, I'M benefitting. What

we try to do is create systems and put systems in place that enable students and

teachers to be successful. We've gotta create and put systems into place to help

support students and staff as we do this. And that allows us to better get kids to

access education.

Subtheme 24: Politics. Participants discussed this issue in this and several other

research questions, many agreeing that they felt it was their job to manage political

pressures so educators could teach and meet the needs of the students. Participant 121

explained

I will say my colleagues and I are now in political minefields every day. People,

not to get us off in the weeds, but they will just hear a sound bite on social media,

or the news and they think that that's a blanket application (about what's being

taught in the schools).

Participant 118 agreed, saying

One big challenge for us right now, and I want to bring this up on purpose, the

political climate we have right now is that schools, public schools specifically,

have been overreaching, right? We're doing too much with kids, we shouldn't be

talking about these things. (I had a community member tell me it was only the

family's role to handle their children's mental health). That's certainly a very

oversimplified view of the world, in my opinion, but that's a challenge for us

politically. We're not trying to indoctrinate kids, are not trying to turn them into a

different gender, we're simply trying to meet them where they are.

Subtheme 25: Resources and Programs. Participants discussed what they felt

was their role to locate and/or create resources and programs so students and staff had

what they needed. Participant 118 stated that "you better have relationships with kids and

their families and all the community partners. You need to bring resources to bear."

Participant 114 agreed, saying "you're talking with some superintendents (from rural

areas), and we have to be resourceful. We don't have a lot of outside resources. We don't

have that option in rural western North Carolina (to outsource it)." Participant 131

explained that "we are about giving chances and finding resources and empowering not

only students but staff to do what students need to have done."

Subtheme 26: Trauma-Informed Practices. Participant 121 explained what he

thought about this by saying

> If you are an educator, you are trained, but it's a calling. You don't give up on a
>
> child. So, you try to do things. Now, you might get frustrated, you might stop
>
> doing some things if you're a really frustrated teacher, but you don't give up.

Participant 102 added

> We've done a lot of trauma-informed (training), the brain-based research that
>
> goes on. From a district perspective, we put a lot of emphasis on multi-tiered
>
> systems of support, whether it is intervention models, whether it is risk
>
> assessment, all these types of things, trying to understand the mindset of what
>
> we're working on and trying to make sure we are making trauma-informed

decisions, making sure we understand what the brain is actually doing, and where the students are coming from.

Subtheme 27: Understanding. Participant 121 said

Being trauma-informed is understanding where these kids are coming from, and holding them accountable, and holding them to high standards but also trying to get them to where they go across that stage with an encouragement to go on to the next level, whether that be our local community college, whether it the four year college, whether it be working in the workplace or apprenticeship or even the military. But at some point, they do need to go on, but they need to understand that…they need to recognize that there are some issues that we care about, that we recognize, and they need to understand that there is nothing wrong with continuing to seek ways to deal with that, you know, counseling or other things.

Subtheme 28: Wellness. Participant 108 said

Just like the teacher turnover right now, there's huge turnover in superintendents as well. You know, I'm considered a veteran here, serving seven years, and I think the average *job* span of most superintendents, right now, I know it's still less than three years, I think it's about 2.5, 2.8 years.

Participant 121 agreed and stated

Superintendent is an incredibly rewarding job. But it is an extremely taxing job. And I always tell people, some are in the role longer than others. I think there's, not a pervasive, but I think a growing disinterest, in the level of respect that all educators deserve. I would say to my colleagues, just understand if you are at the

head of that you become the easy target. And superintendents, we're all not real good at taking care of ourselves and so that would be my message. I'm in a group of superintendents in North Carolina that we have started a kind of tweeting out encouragement for doing exercising and things like that. It's not saying 'oh, look what I did,' it's to try to encourage others. 'You better do this.' You've got to have some sort of stress relief or you're going to fall into the same trap of the people that you're (in charge of).

Research Question 3, Part 1

To more fully understand the perceptions of participants about the challenges and benefits they anticipate or have encountered on an individual, school, or systems level when implementing trauma-informed practices, RQ3 had two parts. RQ3, Part 1 asked, What challenges do you anticipate/have you encountered on an individual, school, or systems (school districts, communities, politics) level when implementing trauma-informed practices?

Theme 6: Micro and Macro Challenges

I identified one theme from the participant responses, that of micro and macro challenges. Along with the theme, I identified four subthemes, including (29) individual; (30) schools/districts; (31) community; and (32) politics. Participants agreed that they had experienced many challenges in several key areas and spoke of individual trauma impacts, district issues such as lack of time and funding, and political pressure to "only" teach and not address trauma or mental health.

Subtheme 29: Individual.

Students. Participant 102 said

I can design a perfect lesson, I can do all these instructional things perfectly, but if

the students in my classroom are hungry, then that impacts my lesson. If they

don't feel safe, it impacts my lesson. If there was a shooting in the community last

night, it impacts my lesson. It has nothing to do with me as a teacher. I can teach

the perfect lesson but learning and retention is impacted by these things. And until

everybody realizes that, then we are fighting an uphill battle. Because while we

want our teachers to teach perfect lessons, we want all this stuff done, which is

important, that curricular knowledge, but there are other components.

Participant 118 described that "I think the older kids get, the more challenging it is, the

more specific and detailed their issues sometimes become in terms of their articulation of

what's going on with them." Participant 102 explained

You go back to the ACE scores, whether you are looking at the original list or the

added list, when you bring all that other stuff to the table, then you are limiting

what you can access, especially in a child that's five and six years old, they're

consumed by those ACEs, those things that are impacting their learning. Then we

wonder why kids of poverty and kids that struggle with food security can't read.

Okay, it's not that they're not smart enough to read, it's that their brain can't

manage all that stuff because of the hunger, the fear, all those things take over.

Staff. Participants found many challenges to be present in their systems. These

challenges include staff mindsets (not wanting to think about or deal with trauma), a lack

of willingness or inability to self-reflect, resistance to "one more thing" or another initiative, being overwhelmed with all the staff have to do, frustration with continued and increased mandates from the state, a lack of relationships with students, parents, and colleagues, a lack of ability to regulate themselves and their own emotions, not feelings supported by legislators, and burnout. Participant 102 wondered

> How do we eliminate those things? How do we in terms of from my perspective as an educator, how do we eliminate all those things so a kid can come to class and learn and not be focused on those things? I think that's the step one, but the step two that we have tried to move into as well is how do we eliminate those things for staff? So that they can come and teach?. If we were thinking before, we knew those things existed before, but we didn't want to think about, that we have a teacher in our school that has childhood experiences that impact that. We really didn't want to think about that because that makes us think that that teacher is unstable or whatever…but the reality of it (is) you give a school staff that ACE assessment, you're gonna have people that, you're gonna have people with a bunch of 0s and 1s… but we have a lot of administrators and one of my assistant superintendents was a three. And so, we try to be very transparent with that. And so how does that roll out from what we're trying to do from an education perspective?

Participant 108 added

> We (do) have resistance sometimes from the teachers. It's like, you know, here we are, one more thing, you're throwing one more thing on our plate, and you

know, we're putting pressure on them to do this and do that, and we got a lot of people leaving the education field right now. Public education teaching, it's not (viewed) real positive right now in the eyes of the public if you ask me. Teachers…they're really burned out, they're fed up. It's low pay. And, you know, we've lost about 25 to 35% of our employees. We've replaced them but we've lost that many over the last two or three years, and you start losing that much workforce that quick…A lot of it is because what they're dealing with when they don't have to deal with it. They don't like all the extra work they're having to do, what's required of them, and you don't have a general assembly down in Raleigh, a legislative group that wants to support them and one who's trying to privatize public schools. I think that's probably some of the toughest restraints that that we see. It's just a push back, you know, when we're doing everything we can, and you're still putting more and more on us, so this is a strong resistance for lots of folks when you when you try to do more.

Participant 118 explained

We have to do a good job of evaluating our staff, where are they at on the spectrum of being comfortable with intervening, where are they at, not only with their knowledge of trauma and how that impacts learning, but how comfortable are they with the information we're giving them on what resources are available so that's step one, right? You may not be comfortable doing it, but do you know enough to refer them to the right thing, do you know enough to handle a situation that can be fairly precarious for someone who's never been in a classroom when a

kid talks openly about suicide. Can we get the comfort level there first and then you move into evaluating that particular staff member, okay, now can they handle these conversations, can they handle the activities we may want them to do with to do with kids? Some people can, some people can't so, then the challenge there is knowing your staff and reading their ability to adequately intervene and support children when they need it.

Subtheme 30: Schools/Districts. Participants talked about several challenges on the school or district level. Participant 104 explained

Staff turnover with the great resignation has definitely been felt here as well, so the reality is that this is becoming something. Up until this past year, we were pretty, we were one of the best, or we had one of the lowest turnover rates in North Carolina in relation to school systems. But I'll tell you, the last two years, we can't say that. So, the sustainability of keeping people informed, of training the new folks which seems to be nowadays never ending to catch people up on initiatives, that kind of stuff. And then honestly trauma-informed PD that we do just getting lost in all the other initiatives that we have to do.

Participant 120 added

Our teachers are doing everything that they can to plan good lessons, meet the needs of their kids, and then (need to) go home and be people themselves. So, with all of the expectations and the changing elements and instruction, adding something else as far as expectations are concerned can be problematic. I don't know if you've ever heard of it before but there is a resistance to initiatives

because we have seen so many initiatives come and then go. And they went

before they had a really true opportunity to make a change. So, our staff has a

level of mistrust when an initiative comes through. So, your question, was what

are the difficulties, aside from the mindset shift that may need to happen, which is

difficult in itself, there are so many different things that are changing, that our

staff is totally overwhelmed sometimes, matter of fact, most of the time.

Multiple participants mentioned a lack of time and demands from the state on

mandated trainings. Participant 108 said

A lot of times, I guess some of the biggest challenges you have are time, for

teachers and staff. We require so much of them now. And, just like this upcoming

year, you know, the Department of Public Instruction is putting a new reading

program in, and they're (the teachers) are going to be so many hours a week,

training for that, or doing professional development for that. It's almost a two-

year program that they're getting ready to go through there, they're getting ready

to take enough hours that they could almost get an undergraduate degree with this

and then with any other thing that's mandated through the state, you know, it's,

for them, it is a lot of time.

Participant 118 explained about the lack of qualified staff by saying "you can talk all day

long about giving schools an allotment for an additional psychologist or an additional

social worker or even maybe talking about counselors and giving them extra counselors,

but who are taking these jobs, right?"

Participant 121 said

We don't have enough social workers…I was thrilled that state board is asking for more, we don't have enough social workers. I've had people say, well, you need more school nurses, you need more social workers, you need more counselors, you need more training. All that's true, I don't disagree with it a bit. The problem is when you get a certain number of resources to address (issues) and you can't cover all of them at the same time, so you have to make a tough decision on what you can do.

Participant 121 added

Finding people is difficult. We've been advertising for a school psychologist. We have three. I know some systems don't have that (many) that are this size, with three. Well, we have two, because we've been advertising for one now for months, and cannot find any applicants.

Other issues were money and finding qualified professionals to do the trainings.

Participant 108 said

(One thing) is making sure you have the appropriate people coming in to do the training. Right now, it's hard to find some of those folks. It's also got some costs associated with it. I mean, we found the funds but there's costs associated with all of it, you know.

Subtheme 31: Community. Participants spoke of challenges in the community, with Participant 102 stating

> There's a lack of understanding a lot of times from outside influences. And I think there's a perception that in public education, we just need to be teaching the basics, reading, writing, and arithmetic, and all this (other) is fluff stuff. And what people don't understand is our job is to teach reading, writing, and arithmetic, I would completely agree with that, but what we want to do is eliminate barriers to be able to do that.

Participant 118 explained

> If you mention SEL or if you mention any kind of work you're doing on the mental health side, it gets, for whatever reason, people get (upset) now and so we've got to make sure our messaging is on point. Instead of talking about SEL, we talk about, 'okay, let's talk about life skills, you know, how do we build resilience, how do we build self-confidence', and being very specific about what we're doing here. What (my) colleagues talk about the most is that 'hey, this is all great, we all believe it's important, we all believe we need to be going down this road', but who is going to be there to help us? Because we don't have that expertise (of serving students with trauma and significant mental health needs). We need help and we need it fast. I'm glad we know more. But it seems to me like what we've done is get better at describing the water we're drowning in.

Subtheme 32: Politics. Participants again brought up the subject of politics and political divides. Participant 113 explained

When you're building a system, it happens organically as part of the process. Social emotional learning really should be the same way. The problem is it's been politicized in an election year, to be something that it's not. I'll be honest that (some people) are very invested in demonizing anything like that. Because their message has become, I guess, total parent empowerment over schools, which is impossible to manage, because every parent wants something different, you know. But based on the actions of (some people) at the state level and really the national level, I just (don't) feel like they support the idea of public education anymore.

Research Question 3, Part 2

RQ3 (part 2) asked, What benefits do you anticipate/have you encountered on an individual, school, or systems (school districts, communities, politics) level when implementing trauma-informed practices?

Theme 7: Micro and Macro Benefits

I identified one theme from the participant responses, which was micro and macro benefits. Along with the theme, I identified three subthemes, which were (33) individual/staff; (34) schools/districts; and (35) parents/community. Participants spoke of a myriad of benefits they had seen after trauma-informed practices were used in their school systems. A few of the benefits participants mentioned were the increased positive and safe relationships felt between and among students, staff, and parents, changes in

positive language and routines that supported all students, including those with a trauma history, and increased and improved partnerships between community agencies and school staff.

Subtheme 33: Individual/Staff. Participants discussed the benefits on an individual, school, or district level of implementing trauma-informed practices, with Participant 102 saying

There's a deeper understanding from having these conversations in our schools that people have about kids. They understand that (trauma impacts) and there's different levels of that, but I think for the most part, people know there's more to doing this than well, the child didn't do good because they didn't do their homework. There's more (to it) than that. We've tried to marry high expectations with understanding and perspective. You have to have both; you have to have all of that. You can't just say 'poor, pitiful kids' because they've had these ACEs, you still have to have high expectations, you still have to have drive. You know, we've got to overcome this, but you still have to understand what you are dealing with.

Participant 104 stated

(Implementing trauma-informed practices) has changed some of the language, has changed our morning routines, our procedures, and we're building a community language. Kids will change their behaviors once they see the investment you make in them with the relationships that you've got, if they're authentic or if they're just perfunctory. Those are (some of the) benefits that we see. I think it

builds trust; it builds capacity for a deeper relationship. But if we can go back to
Maslow, if we can take care of their basic human needs of security and safety and
comfort, then they'll learn.

Participant 121 added

What we feel we are seeing with younger students is a growing level of respect
for each other. We've been trying to address bullying… bullying has existed for
ever and ever. We're seeing some of that (diminish) with our youngest children
working together, understanding, respecting one another.

Participant 121 shared

We had a third suicide. I met with student leaders at two different high schools
and the first meeting they just wanted to vent. 'What are y'all doing?' and
'You're not doing anything.' It's kids, you know, they just wanted to vent. By the
second meeting, we were trying to look at, what are some things we can do? You
know, we used to in our schools have the old home rooms and people don't do
that as much anymore, but I actually think that was important. We do something
similar now. They (the students) need some time to get together and discuss some
different things. We brought in different people to work with students on
recognizing racism and things like that. The feedback we've gotten from our high
schoolers (is that) for the most part, they appreciate the effort.

Participants also discussed changes with and among the staff with Participant 113
saying

It's not that we do away with consequences, you know, we still have

consequences. It's just how we have the conversation about the consequences.

And we make sure that we talk about the root cause of the behavior. We try now

not to be emotional, even though the kid is emotional or maybe the parent is

emotional. We're put in a position where we don't have to be emotional, and so

that's I think that is helpful.

Another participant added

I think it has really highlighted the importance of empathy for our staff, and not

only with kids but with each other. And then everybody, you know all those

cliche quotes about be kind because everybody's fighting a hard battle…they

sound, you know, a (little silly) when you say it, but at the end of the day, people

really believe that, and they understand it.

Participant 114 agreed and explained

It allows us to look at the whole student a lot more from an educator perspective.

We know that when they come through the door and they're having a rough day,

they just want to tear the classroom down. I think our teachers are really kind of

stepping back and, of course, having to deal with the behavior but they're looking

at the why. And I think there we're being a little bit…. not as reactive and more

proactive in our approaches.

Participant 120 stated

Our teachers understand now that we're not talking about 25 different lesson

plans, we're talking about looking at your students, identifying where they are,

and then perhaps grouping them according to whatever their individual needs are. That's a mind shift, because when we were in the industrialized instructional model, it was pretty much a shotgun approach, where you put them in rows, and everybody gets the same thing and then it's up to them to make it. You're kind of teaching to the middle. Trauma-informed instruction causes us to no longer just teach to the middle, it causes us to think about teaching to the individual.

Subtheme 34: Schools/Districts. Many of the districts had a lack of resources or funding that led principals and/or board of education members to be creative about developing their own programs and support. Participant 102 said "we have lots of intervention levels that go on in our schools, and in our community, in our district that are very powerful for kids. I think general positives have been there's a change in perspective." Participant 113 agreed and stated

Discipline-wise, one of the one of the first things I implemented was a way to track discipline data. When it came to conversations about discipline processes and systems, everybody was just talking about how they felt. and not about what was actually happening. Now we talk in terms of data, and everybody knows here that I'm fine listening to them talk about their feelings, but in the end, I'm not making a decision based on how they feel about something. I want to talk about results and numbers or survey data and so I think that has been sort of a mindset change…. of always thinking in terms of evidence before you do work or make changes or make plans, as opposed to feelings.

Participant 118 added

I think that we feel better as an organization having this at our disposal,

understanding more about it, so that when an individual faces a crisis or we as an

organization face a crisis, we're better equipped to deal with it. I think too what

it's caused us to do is to be a little bit more resilient on our own right. When we

couldn't find service providers, we contracted with a company that does online.

Now our kids and our staff have access to online counseling services. Now when

somebody has an issue or, or they get out of that triage phase and they need some

ongoing counseling, we don't just have to say, 'Well, I don't know, we'll see.'

We can refer. 'Hey, here's the minimal that we can give you.' And that's worked

out pretty well. We've actually had some staff call us, they've been using it since

March, and they've called us and told us that that's really made a difference for

them. So, it helps us to not stop and say, 'Oh well, we just can't find them, we're

not gonna do anything' and instead say, 'what's the next angle' or 'what's the

next thing we can try' so that's helped.

Subtheme 35: Parents/Community. Participants discussed benefits with parents

and with the community, with Participant 113 stating

We (are) working in partnership with our parents. You know, teachers tend to

(say) that parents aren't involved and aren't supportive. (Then) the parents (say)

that the school is a negative place and all they hear about are bad things. And

that's because they're not communicating with one another on a regular basis.

And that's work, you know. But that kind of steady communication is what builds

relationships.

Participant 118 added

> I can tell you, we had a ton of parents talk to us about yes, you know you getting
>
> the assignments together and doing all that was great. But the thing that really
>
> helped (us) the most were these health and wellness calls that you all did for us
>
> (during the pandemic).

Participant 108 agreed, saying

> Those organizations used to not talk to each other, you know, the sheriff's
>
> department, they did their thing, and (another local agency) did their thing, and
>
> schools did their things, and the hospital did their thing so, it's brought all those
>
> groups together now to focus on what we can do to help our children within the
>
> school system. That's basically what it boils down to. Not just the children, but
>
> those families as well that we can help. You know we didn't have that before, and
>
> now that these organizations have come together, and conversations are
>
> happening quite frequently, we try to meet once a month, at least. Principals may
>
> have heard about it, but when you start dealing with that trauma within your
>
> school, that's when you start learning about these organizations. It's made a huge
>
> difference for those leaders in the schools as well. They know they can pick up
>
> the phone and call anyone in one of those organizations. Especially on the suicide
>
> watch, too, you know, I think that has made a big difference for our suicide
>
> watch, when we have that. I know if we didn't have some things in place through
>
> that coalition, we would have a lot more suicides. It's sad to say but we really
>
> would.

Participant 108 described the group that was called when a student was having suicidal ideations by saying

> With our SRO officers and our counselors that we have in place, students are much more at ease coming to a counselor and saying, 'I think I'm going to hurt myself tonight.' As soon as that happens, Bam, a phone call goes to (the leader of the group) and his group's in here. I've seen them work 24/7, Friday, Saturday, and Sunday.

Research Question 4

RQ4 asked, What do you perceive as your role in empowering administrators, teachers, and staff to implement trauma-informed assumptions and principles?

Theme 8: Using Empowerment to Lead

I identified one theme from the participant responses, which was "using empowerment to lead." Along with this theme, I identified 12 subthemes, including (36) advocate; (37) communicate; (38) involvement with parents and the community; (39) create the culture and set the expectations; (40) encourage; (41) empower; (42) human resource decisions; (43) lead; (44) motivate; (45) build and maintain healthy relationships; (46) resource development; (47) and training and education. Participants discussed the ways in which they empowered educators to implement trauma-informed practices. Participants identified empowering behaviors in which they engaged, including being an advocate, modeling using trauma-informed practices, being an effective communicator, involvement in the community, creating the culture, empowering, handling political matters, building relationships, developing resources, and making

human resource decisions that put new people with similar values into the system. Participants also spoke about their behaviors that they consider to be empowering for educators and staff, as well as their perceptions about other roles they occupy as their systems work to implement trauma-informed practices. Below are excerpts of participants' discussions that show examples of their behaviors in these areas.

Subtheme 36: Advocate. Participant 118 stated that "I think (one) thing that that you have to do is to make sure that we're advocating for resources." Participant 113 added

> I just think that…you know in my 33 years as an educator, I really never thought I'd be sitting here talking about this subject. I mean, that's really not why you go into education, that's really not what you think you're going into. And that's what it's sort of morphed into but it's such an important part of what we do.

Subtheme 37: Communicate. Participant 114 said "it's up to me to work with the board and help them understand the priority and really also to work with the community." Participant 118 explained

> There are fewer of us, but our voices are loud as superintendents. We need to make sure we're talking to legislators, talking to our state organizations, about the importance of being trauma-informed, of having resources available, and, you know, making sure that if the legislature is considering doing something like adding more counselors that we all raise our voice say yes, that is needed.

Participant 121 added that **"**(my role is) to inform the board in a proactive, positive way of why we're doing things."

Subtheme 37: Involvement With Parents and the Community. Participant 121 said

> My role is to take community feedback and to be involved in a lot of different things too. I'm sure all my colleagues do this, but I think that a superintendent, particularly in a rural area, would be shortchanging themselves if you are not involved in some other community groups. I seek those things out because you get a lot of different feedback from a lot of different people. I mean you've got to hear and see parents, you gotta get a lot of feedback, so my role is to encourage my administrators to be involved in our community, understand your community. Kindness goes a long way. There's going to be that one set of parents and we don't know what's going on in their lives or going to be that one kid and I use this example that you know they're always into something. I tell you… that that's the very one that needs to be there.

Subtheme 38: Create the Culture and Set the Expectations. Participant 102 explained

> Now, eight years down the road, it (my role) is to continue that culture, making sure that culture and community, that continues to thrive with what we are doing. I really try to make sure we are creating systems of things that continue to work together and expand that both in width and in depth. I think it has to be more than just a manual or a training. It's gotta be a culture. And if you have a culture of resiliency, if you have a culture of trauma-informed, you have that culture, then people tend to, some of that happens naturally. It's just the way we do business

here. Instead of when you have "Here's the manual" and you go look for it, that doesn't work. You gotta have an understanding of how you do business, so when you bring somebody in new, the wave is so heavy you really don't have a choice but to go there.

Participant 104 added

I need to make sure that we create a culture of an expectation that you will respond to these trauma-informed issues and use trauma-informed practices to make it a better opportunity for kids going through any of those things, whether the ACEs or the or the updated list.

Participant 113 agreed, saying

Making sure that everyone understands what it is and understands the research and that it's real and that it is impactful to our ability to be successful in our mission, which is ensuring that we have an environment where all students learn a high levels. All students, not just the ones that come from strong homes that have less trauma, but all of our kids. So, I mean, my role is to first of all make sure that they understand that, to make sure that our strategic plan and our values and our mission and our vision include that information and that reality, and that it is translated to our principals and therefore translated into our classrooms. And that is a constant, constant job. Then it is my job to ensure that we create a culture through systems that keep that in place in a way that is sustainable, even after I'm gone, or after the principals are gone, because everyone sees the need and the value, and they believe in it, and they won't accept doing away with that idea.

Subtheme 39: Encourage. Participant 118 stated that "I think first my role is to be head cheerleader and to keep this, you know, as an important focus for us."

Subtheme 40: Empower. Participant 104 explained how one way they empower others is by having trauma training and "then we let them break it out and grow it, elementary, middle, and high, what it looks like. and that's kind of where we determine what we'll use."

Participant 113 said

I'm going to create some kind of number for them to move, and if they don't want to try to solve it my way, then I'll let them do it their own way, with a timeline and a specific metric that we're going to use to say if it was successful or not. You know, and yes, I'm always willing to do that. But I'm kind of setting up this process where they're either going to work twice as hard to make their own idea work or they're going to have to try it my way and give it the good old college try down the road. I'm willing to wait and be patient, because in the end, we're gonna solve that problem.

Participant 118 stated

In terms of empowering people…to make sure that when I say you have autonomy as a school leader or as a teacher, that that extends to everything we do, not just academics. So, if you see a way for this to work better in your school or you feel like this is a better way to engage your families on that front, then fine, tell us what you're doing so we know but go do it. We're going to give autonomy. I think that if you had to have one word to say we give autonomy to our

principals, to our teachers to make decisions at their levels because they know the

kids best and they know what they need the most and so that's been a huge

commitment for us.

Participant 120 added

It's freedom with accountability. There is no way that I can monitor every single

thing that's happening in every single school and every single classroom. I need

to be able to trust my administrators to make decisions that lie within the fences

of where we're trying to move, what our goals are, but to have the opportunity to

be creative according to what the individual needs of their students and their

schools are. Every school has a personality of its own and that personality shifts,

and our administrators need to have the freedom and the resources that they deem

are necessary for them to meet that goal.

Subtheme 41: Human Resource Decisions. Participant 102 agreed with this

being a role, saying "(My role), whether that's from hiring practices, whether that's from

making sure we have the right people in the right places, that's my role." Participant 121

added that "my role is to select the right people for the job, in my opinion."

Subtheme 42: Lead. Participant 102 said

I think early on, my role was to very much be an active participant, to really be

transparent, to be at the pivotal forefront of that. I did a lot of that stuff,

participated in a lot of the training and leadership of the training.

Participant 108 added

I usually hold people accountable, (I'm) pretty laid back, pretty easy going but, you know, when it comes to kids, that's why I've been in this business for almost 29 years now, so I expect a lot of them, but I'm going to do everything I can to educate myself. Because if I'm not educated and I don't know about it and don't care about it, then folks around me are like '(participant named self) doesn't care, why should I?.'" So, my job is, again, building that leadership capacity, but I've got to become as knowledgeable as I can about it myself, you know.

Participant 114 agreed by saying that "(It is) actually up to me to make it a priority." Participant 121 added that "that's what my role is, to try to lead with high standards with perseverance."

Subtheme 42: Motivate. Participant 118 said

You know, we tell these horrible stories and how pitiful it is, but yet we've got to stay solution focused and solution oriented and that's hard to do. You want to console, you want to be there, okay, that's great, but what are we doing to move people forward? If we don't get a handle on this stuff sooner than later, we're going to have a lot of adults out there who can't function effectively, in whatever roles they are going to be in.

Subtheme 43: Politics. Participant 118 explained

One we truly hang our hats on are making sure that we keep the state and federal government at bay, so that our educators can do their work. We're going to handle the administrative side. And I think the last thing I will say is that our board has really never had a political discussion. We're nonpartisan in terms of our elections

and so there's continuity on the board level too and we don't talk about politics.
We talk about kids and what the issues with kids are. So, keeping that (stuff) at
the door and not letting it in (to affect the teachers) has been very helpful to us as
well.

Subtheme 44: Provide Support. Participants agree that support was a role they
had, with Participant 108 saying "I've got to support what's best for kids." Participant
114 added that "my role is to continue to support it (trauma-informed practices)."

Subtheme 45: Build and Maintain Healthy Relationships. Participant 118
explained that "I can tell you, we've talked about relationships and the whole child a
bunch." Participant 121 added that "it doesn't hurt to have a little kindness. I do want to
support administrators and teachers, and at the same time remember who we're here for."

Subtheme 46: Resource Development. Participant 104 shared

We've hired a TA to come in and deploy that lesson for students in elementary,
thus freeing up the counselor for them to start pulling small groups of kids that we
know are going through issues, and they're pulling those regularly and
consistently and working through some of that stuff (trauma). Now it's early and
it may be anecdotal at this point, but our informal formative assessment data on
our academics has grown by leaps and bounds in the elementary (schools). Is it
because we're paying closer attention to those kids? Maybe. I hope so, I hope
that's part of the sauce in the equation. But, if nothing else, it's helping those kids
get some services because good, bad, or indifferent, there's no therapist. We're
struggling with our private or Medicaid therapy that we've been having through

our local mental health groups. They've been short staffed and so we've had schools that this whole year have not had outside therapy coming in at all because there's nobody to do it, so our counselors have had to be that person. So, I think it was a wise move on our part to hire what we consider these SEL TAs to come in and be the guidance counselor adjunct, so to speak. To kind of take over their day-to-day teaching role so they (the counselors) can really get in and do mental health dives with our students that are struggling.

Participant 114 said

What we do lack is that, once we get it all figured out, and we know that the kids need a referral, we don't have resources. So, it's almost like you can get them almost to the finish line and then it's like 'oh, no.' There's nowhere to send them. So, we're working really hard to work with other agencies to build some outside of the school resources so that we have some additional outlets for our kids.

Subtheme 47: Training and Education. Participant 102 said

We do a lot of ongoing, you know, that cycle, that spiraling of information. I think sometimes just that cycle of things, that spiraling of curriculum, just like in a classroom. If a classroom teacher says things over and over, they say things over and over because it's very important. So, we also have to say things over and over because you feel like they are very important.

Participant 104 added

We did a trauma-informed kind of practice training with a local therapist here in our county for our counselors three years ago and it was every month. So, we

built it in, and we've had very little turnover, so we kind of laid the groundwork. I

think it's also important that we're consistent with our training with our social

workers and counselors.

Participant 108 explained

I've got (a provider) coming into our leadership team, which is our central office

staff, our principals, our assistant principals. And he's sharing with these groups

(about topics that are hard for the community or parents to accept, such as

transgender issues) so (he) has put some PowerPoints together and come in. I've

gotten folks in here, in the office, he did some training for them and then now I'm

bringing the principals. For me, I build the support within my leadership group.

And I expect them to build that support area and that professional development

within their schools. And so, that's kind of how I see myself is to make sure I'm

providing as many opportunities for everyone to learn about trauma and trauma-

informed schools and what we can do to help kids." Participant 114 added that "I

need to stay informed myself of the of the newest updates.

Summary

In this chapter, I discussed the demographics and the setting of my study.

Participants were public-school superintendents of rural western North Carolina school

systems. Of the eight participants interviewed, seven were male and one was female.

Participants ranged in age from 48 to 61 years and were all Caucasian. The number of

years participants had served as superintendents ranged from 1 to 13. I conducted the

interviews via Zoom. Participants chose this method over in-person interviews or phone

calls. I used the Zoom transcription feature then had to revise large parts of the transcriptions due to inaccuracies in the Zoom transcriptions. I also described the data collection and data analysis process. I reviewed the evidence of trustworthiness, including credibility, transferability, dependability, and confirmability.

In addition, I detailed my findings. For RQ1, "How do you describe your experiences with students with trauma in their schools?", I identified three themes: schools as an ecosystem for trauma, community conditions, and value shifts in school and the community. RQ2 had two parts. First, I asked participants, "What are your perceptions about these trauma-informed school assumptions and principles?." I identified the theme for this question as agreement with the assumptions and principles. Next, I asked, "How do the trauma-informed school assumptions and principles align with what you perceive your role to be?." I identified the theme for this question as complex and multifaceted roles.

RQ3 also had two parts. First, I asked participants, "What challenges do you anticipate/have you encountered on an individual, school, or systems (school districts, communities, politics) level when implementing trauma-informed practices?." From the responses of participants, I identified the theme as micro and macro challenges. Next, I asked, "What benefits do you anticipate/have you encountered on an individual, school, or systems (school districts, communities, politics) level when implementing trauma-informed practices?." I identified the theme for that question as micro and macro benefits.

For RQ4, I asked participants, "What do you perceive as your role in empowering administrators, teachers, and staff to implement trauma-informed assumptions and principles?." I identified one primary theme from the information obtained from participants, that of using empowerment to lead.

In Chapter 5, I will reiterate the purpose and nature of the study and explain why I conducted the study. I will also concisely summarize any key findings. I will describe how the findings confirm, disconfirm, or extend knowledge by comparing them with what I found in the peer-reviewed literature described in Chapter 2. I will analyze and interpret the findings in the context of the theoretical frameworks used in the study. Additionally, I will discuss any limitations of the study, as well as recommendations for future research. Lastly, I will describe implications for positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In Chapter 5, I reiterate the purpose and nature of the study and explain why I conducted the study. I also concisely summarize any key findings. I interpret the findings and explain whether they confirm, disconfirm, or extend knowledge in the discipline by comparing them with what has been found in the peer-reviewed literature described in Chapter 2. I analyze and interpret the findings in the context of the theoretical frameworks used in the study. Next, I discuss any limitations of the study and any recommendations for future research. Last, I describe implications for positive social change.

The purpose of this study was to understand perceptions of trauma-informed school assumptions and principles among public-school superintendents who lead rural school systems in western North Carolina. The study was qualitative. A qualitative study is based on the value that human participants are complex beings, and their experiences are best shared through conversations in their own words about their thoughts, feelings, and opinions (Kahlke, 2014). I conducted the study to better understand the perceptions of superintendents for school social workers and other educators to more effectively partner with one another to implement or strengthen trauma-informed practices in their systems.

As discussed in Chapter 3, participants' actual names were not used during the interviews. However, all eight participants were assigned identifiers: 102, 103, 104, 107, 108, 113, 114, and 118. I developed themes to guide the data analysis using thematic

analysis to generate the following data from the participant interviews. As the researcher, I identified eight themes from the coding process: (a) schools as an ecosystem for trauma, (b) community conditions, (c) value shifts at schools and in the community; (d) agreement with assumptions and principles; complex and multifaceted roles; (f) micro and macro challenges; (g) micro and macro benefits; and (h) using empowering leadership. These eight core themes are interrelated, with overlapping ideas that directly address the main research questions for this study. The following is a discussion of how this study's findings confirm those from research studies and literature in Chapter 2.

Interpretation of the Findings

For RQ1, I identified three themes and several subthemes for each theme. The first theme was schools as an ecosystem for trauma, with the subthemes (a) individual trauma; (b) staff, administrator, and superintendent childhood and adult trauma; (c) district policies and practices that may create trauma or retraumatize; (d) individual healing; (e) staff/administrator healing; and (f) district policies that strive for healing. The following is a discussion of Theme 1 and its subthemes.

RQ1, Theme 1: Schools as an Ecosystem for Trauma

Individual Trauma

The rates of trauma exposure are higher for students in rural school settings (Biddle & Brown, 2020; Frankland, 2021; Keesler et al., 2021). Conditions in rural communities, such as higher rates of poverty, incarceration, and domestic violence, increase levels of toxic stress on families, leading to students with higher rates not only of single trauma but of multiple traumas (Biddle & Brown, 2020; Frankland, 2021; Keesler

et al., 2021. Researchers found that for children living in rural communities, the rates of exposure to multiple traumas can be double that for students living in urban or suburban communities (Keesler et al., 2021). In this study, participants agreed that they had seen or worked with many students who came from a trauma background. Originally, I anticipated participants' discussions would be focused on individual students, but they also spoke about child and adult trauma among staff and administrators. The childhood trauma events of educators included parental substance use and addiction, violence (between adults/parents/caretakers), parental incarceration, physical child abuse, unemployment, poverty, food insecurity, and lack of parental involvement/lack of family support for educational success. Additionally, two participants spoke about childhood trauma they themselves experienced. Grist and Caudle (2021) found that the rates of childhood trauma are higher for educators than other populations.

Research has shown that students with trauma experiences often have challenging behaviors, withdraw or disengage from school, resist building relationships with staff, and leave school early without a diploma (Bulanda & Johnson, 2016; Kataoka et al., 2016; Wiest-Stevenson & Lee, 2016). Participants agreed with this and spoke of how traumatic events in the lives of students often lead to challenging student behaviors, including coming in late, refusing to work, climbing under table, reading/misreading people (hypervigilant, misinterpret threat and safety), poor attendance, lack of engagement with teacher or school, low self-concept/insecurity, bullying, nervousness/anxiety, shutting down, a seeming lack of caring, self-harm, suicides, dropping out (leaving school early without a diploma), inability to regulate (emotions),

becoming "wallflowers" and blending in so they cannot "be seen", mental health issues, and using and/or selling drugs.

Staff, Administrator, and Superintendent Childhood and Adult Trauma

In addition to the childhood trauma known by educators, sometimes the events of their adult lives can be traumatic as well, often from feeling the impacts of the trauma of the students, referred to as *secondary trauma*. Essary et al. (2020) described trauma as someone experiencing as event firsthand while secondary trauma is when one is exposed to the details or impacts of trauma from someone for whom they feel responsible, which in many cases can be students or colleagues. Participants described how educator efforts like dealing with the mental health issues of students from trauma and trying to build relationships with or teach them often cause trauma in the educators. In addition, students who die by suicide or other means and the aftermath of those incidents can be traumatic for educators as well. Participants' answers in this study align with previous research findings.

District Policies and Procedures That May Create Trauma or Retraumatize

Trauma-informed school practices have several components, including teacher training, additional student support for learning emotional regulation and social skills, and revisions of policies and procedures to be more positive and less punitive (Crosby et al., 2018; Mendelson et al., 2020). Schools often rely on punitive discipline measures to punish students rather than teach them socially acceptable ways of behavior and restorative measures. Researchers have found that when policies and procedures, whether on the local or state level, are less punitive and more positive, the policies and procedures

lead to improved student outcomes (Crosby et al., 2018; Mendelson et al., 2020). Trauma can impact a student's ability to regulate emotions and display socially appropriate behavior, which can then lead to office referrals, suspensions, and expulsions (Blitz et al., 2016; Kataoka et al., 2018).

Schools that do not use trauma-informed practices have students who experience higher rates of suspensions and leaving school without a diploma (Dorado et al., 2016; Pataky et al., 2019). Conversely, schools that have implemented trauma-informed techniques see a significant reduction in students' rates of suspension and expulsion (Crosby et al., 2018; Overstreet & Chafouleas, 2016). Several superintendents spoke of the dilemma of knowing and understanding a student's background and providing reasonable and appropriate consequences while still providing protection for students and staff and maintaining standards of safety. One participant mentioned that sometimes a student's behavior or actions are so severe they have no choice but to suspend the student, but making that decision is troubling. However, another participant spoke of their deep reluctance to expel a student because it was a "complete separation" from school. Nonetheless, healing also occurs in this ecosystem on an individual, staff/administration, and district level.

Individual Healing

School systems using trauma-informed practices have students who experience more positive outcomes in academics and behavioral, emotional, and social areas (Baez et al., 2019; Blitz & Mulcahy, 2017; Chafouleas et al., 2016). Some of these positive outcomes include improved academic performance, an overall increase in physical and

mental wellness, and significant reductions in suspensions and expulsions (Blitz & Lee, 2015). Trauma-informed techniques in schools increase positive outcomes for students in many areas, including academic performance, social and emotional well-being, positive behavior, and school completion (Blitz et al., 2016; Crosby et al., 2018). Schools that practice trauma-informed techniques have students with not only greater academic achievement but more positive outcomes in other areas of their lives as well (Baez et al., 2019; Bulanda & Johnson, 2016; Crosby, 2015; Overstreet & Chafouleas, 2016).

As educators become trained in ACEs, brain science, and childhood trauma, they gained awareness of the impacts of trauma on the brain, learning, and behavior and the necessity of creating positive, safe relationships with students. Participants noted that when staff use trauma-informed practices, students have more positive outcomes.

Staff/Administration Healing

Several participants discussed the need to ensure their staff and administrators had ACEs training and to provide support to staff. This topic came up several times throughout the interviews with participants expressing that teachers without adequate training cannot be expected to know how to deal with students with a trauma background or student behaviors that seem to be brought on by trauma. Participants also mentioned the need to support staff so the staff can continue their work while engaging with students who have trauma experiences. Participant 102 said that "we've done some extensive work in our district with ACEs, in terms of what is that what does mean…to really dive into that and understand. Our county has done some extensive work into this both at the district and at the school level." Once training has happened, participants felt the need to

not only give students what the students need in terms of safety and support but to give support to the staff as well.

District Procedures that Strive for Healing

Schools that use trauma-informed techniques see a significant reduction in suspensions and expulsions (Blitz & Lee, 2015). Participants spoke of internal conflicts that seemed to be clashes between what they felt was their personal responsibility to the wellbeing of students and their obligation to adhere to policy. They described the pull between punitive discipline, supportive actions, and following policy while trying to provide restorative measures. However, many of them said that they knew school was often a student's only "safe place" and that they worked hard to provide alternatives for consequences rather than putting a student of out school. One participant described that he had put in a positive discipline program and his discipline referrals decreased by 80%.

For RQ1, I identified theme 2 as "community conditions", with the subthemes being lack of community support, tension about staff addressing trauma, and community supports.

RQ1, Theme 2: Community Conditions

Community conditions can contribute to the traumatization or healing of students. Students who attend schools in rural settings have exposure to traumatic events that is double the rates of students who attend school in urban or suburban communities (Keesler et al., 2021). Rural communities have challenges such as higher rates of poverty, lack of community supports, and decreased numbers of mental and behavioral health providers (Frankland, 2021; Keesler et al., 2021). These and other conditions can lead to

increased levels of toxic stress, which, in turn, raises the rates of children exposed to traumatic experiences. (Keesler et al., 2021). Schools in rural communities are geographically isolated, have difficulty hiring and retaining highly qualified staff, and are in communities with high rates of poverty and stigma towards professional mental and behavioral health services, all of which make more difficult meeting the needs of students who have experienced trauma (Biddle & Brown, 2020; Frankland, 2021; Keesler et al., 2021). Participants agreed with these findings, describing their difficulty in finding resources, their realization that they would have to create the resources that were needed, and how even when funding was available, it was extremely difficult to find a qualified person to fill the vacancy. The following is a discussion of the theme and its subthemes.

Lack of Community Supports

Research has found these trends to exist in other rural areas as well. Working within a rural school system setting presents unique challenges for school social workers and other educators, such as elevated rates of stigma in addressing mental and emotional needs of students (Keesler et al., 2021). Schools in rural communities are less equipped to address the unique challenges of teaching and supporting students with backgrounds of trauma experiences (Keesler et al., 2021). Additionally, schools in rural communities are geographically isolated, have difficulty hiring and retaining highly qualified staff, are in communities with stigma towards professional mental and behavioral health services, and have decreased numbers of mental and behavioral health providers, all of which make more difficult meeting the needs of students who have experienced trauma (Frankland, 2021; Keesler et al., 2021). There are trends in rural communities such as higher rates of

poverty, incarceration, and domestic violence that increase levels of toxic stress on families, leading to students with higher rates not only of single trauma but to multiple traumas as well (Biddle & Brown, 2020; Frankland, 2021; Keesler et al., 2021). These conditions make it difficult for school personnel to meet the needs of students in general and particularly those with trauma experiences. Participants addressed several of these barriers, including lack of supports from some areas of their community as well as the tension they felt from certain community members. Participants also reported trends towards less parental involvement, families being more fragmented, relatives having to take care of students whose parents were unavailable, and those caretakers having limited resources, time, and energy.

Tension Around Staff Addressing Trauma

There are several issues when it comes to the tensions between community beliefs and expectations of the role of the school system, what the school staff are doing to address childhood trauma, the inappropriate or dangerous behaviors of students with trauma experiences, what responsibility school staff have to address it (or not), and ongoing mental health needs. Schools in rural communities are geographically isolated and there are often high rates of poverty and stigma towards professional mental and behavioral health services, all of which make more difficult meeting the needs of students who have experienced trauma (Biddle et al., 2020; Frankland, 2021; Keesler et al., 2021). Participants expressed that these are difficult areas to navigate as school staff strive to keep students' safety and wellbeing at the forefront of their minds. Participants discussed and agreed that there can be tension, including lack of supports from some areas of their

community, as well as the pressure participants felt from certain community members to "only teach the basics." One participant was told by a community member that suicidal ideation should only be handled by the family, even if it was first disclosed at school.

Community Supports

Research has found that rural communities lack community supports (Frankland, 2021; Keesler et al., 2021). Additionally, in rural communities there may be barriers, gaps in services, or a lack of community collaboration that increase stress within the home and/or family (Frankland, 2021; Keesler et al., 2021). This, in turn, increases the risk and rates of childhood trauma, as well as increases an inability by community members to reduce the impacts of childhood trauma (Schofield et al., 2018). However, many participants spoke of the support that is being provided from the community, some of it newly generated in recent years as knowledge has spread in the community of childhood trauma and its impacts. The support has come despite some of the previously noted barriers, such as high rates of poverty and a limited number of mental health providers (Frankland, 2021; Keesler et al., 2021). The data provided by participants contradicted previous research that found that rural communities lack community supports. In the communities where these participants live and work, members of the community for the most part acknowledge and address trauma, have an understanding about the impacts of trauma, and seem to feel the necessity of and display a willingness to partner to mitigate the impacts of trauma. Participants spoke of agencies and organizations that have stepped forward to provide support and resources that school systems did not have in the past. Participants named some of the organizations that

included universities, churches, community groups, local health departments, sheriff's departments, and departments of social services. This is a notable difference from other research findings.

For RQ1, the third theme I identified was value shifts in schools and in the community. The two subthemes were schools and the community. The following is a discussion of the theme and its subthemes.

RQ1, Theme 3: Value Shifts in Schools and in the Community

Schools

An important part of implementing trauma-informed school practices are the values and mindset shifts of educators from the traditional teaching of core content to including addressing the various needs of students, especially those from trauma (Biddle & Brown, 2020; Drakenberg & Malgrem, 2013). Traditionally, educators were not trained in responding in a trauma-informed way to students with trauma experiences, nor trained in how to regulate their own emotions (Post et al., 2022). This often led to teacher frustration, stress, and burnout (Post et al., 2022). Often, especially in rural schools, resources were not available to meet the emotional needs of students and teachers were sometimes left feeling exhausted and cynical (Biddle & Brown, 2020; Frankland, 2021; Keesler et al., 2021). Additionally, it is common for there to be a divide between traditional teaching (delivering in primarily lecture form the content of reading, math, and writing) and teaching that includes more innovative components, which can include a focus on student wellbeing (Keiler, 2018). Researchers have found that when communities are also trauma-informed and view as positive the efforts of the school to

address the needs of students with trauma experiences, then educators feel more supported in their work and students benefit from the partnership (Kataoka et al., 2018). Participants described experiences that align with research. Several participants mentioned and agreed that with awareness, training, and seeing positive results, educators more often recognized when a child had a trauma background, understood the reasons behind undesirable behavior, and incorporated trauma-informed practices, such as the assumptions and principles referred to in this study, into their teaching. Participants cited examples of how values and beliefs of educators and administrators had shifted since getting trauma training, including moving from "you get what you get" to a more balanced, broader perspective of students needing individual accommodations and teaching. Participants also discussed seeing increases in staff wellbeing, as staff learned regulation skills not only for students but for themselves and felt better equipped to deal with undesirable behavior from students.

Community

Researchers have found that when communities are also trauma-informed and view as positive the efforts of the school to address the needs of students with trauma experiences, then educators feel more supported in their work and students benefit from the partnership (Kataoka et al., 2018). This community support can include community collaboration with/between agencies and the school, providing leadership educational opportunities for community members to shift their perceptions of students from trauma from deficit-based to a more positive one, and using and advocating the use of trauma-informed care (Plumb et al., 2016; Schofield et al., 2018). Additionally, research has

found that in schools and school systems where trauma-informed practices are in place, educators rate school climate higher, teachers report higher rates of job satisfaction, and parents feel a stronger sense of school connectedness (Blitz & Mulcahy, 2017; Crosby, 2015; Overstreet & Chafouleas, 2016).

Participants agreed and described how in the past, school administrators and staff felt like they were on their own to handle mental health or emotional issues within their own building, and that getting responses from community agencies, especially around trauma support, was incredibly difficult. Participants discussed how community values have a role in the pressure or support that educators feel. Community members who believe the school should "only" teach the traditional content of math, reading, and writing may put pressure on educators to do the same or influence governmental boards to create policies or procedures that neglect or re-traumatize the emotional wellbeing of students and educators.

Participants also mentioned that community members who believe only families should address the mental health and emotional needs of students significantly limit the sources from which students can obtain help and support. Participants explained that now there are "lots more people around the table," having conversations about how to help not only students but families as well. One participant spoke of how having a common language within the school spread into the community and raised awareness with parents and community members. Participants described how parents seemed to understand the efforts educators were making to understand and work with them and their children and explained that it had created more positive connections with parents. Participants shared

that as the community values shifted to recognizing the prevalence and impact of trauma, the community pulled together to address trauma and its impacts. Community members also began supporting educators to do the same, which participants thought was a necessary part of ensuring student wellbeing, both academically and emotionally.

RQ2, Part 1, Theme 4: Agreement With Assumptions and Principles

For research question 2, part 1, I identified Theme 4 as "agreement with assumptions and principles" with the subthemes of impacts of trauma, insert knowledge of trauma and resilience into practices, politics and policies, practices, resist retraumatization, maintain high expectations, and be a relationship coach.

Trauma-informed school assumptions include realizing and understanding the impact of trauma, recognizing the signs of trauma exposure, responding by implementing trauma-informed policies and practices, and avoiding retraumatization ([SAMHSA], 2014). Trauma-informed school principles include unconditional positive regard, maintaining realistic and high expectations, empowering students to be in charge of their choices, learning, emotions, and behaviors, relationship coaching, providing opportunities for practice and participation, and checking assumptions (Wolpow et al., 2015). I provided a slide to participants with this information both prior to and during the interviews as context for our discussions. The following is a discussion of theme 1 and the subtheme.

Impacts of Trauma (Assumptions 1 and 2)

As mentioned previously, the SAMHSA (2014) definition of trauma-informed care and the 6 principles from The Heart of Learning and Teaching (2015) provided the

foundation for the discussions. Consensus from both of those sources is that the use of trauma-informed practices increases positive outcomes. As participants read over and discussed each of the assumptions and principles, they agreed with all of them. However, participants focused on several of the assumptions and principles that seemed more applicable to what they do than some of the other assumptions and principles. When speaking of the first two assumptions, realizing the widespread impact of trauma, and recognizing signs and symptoms ([SAMHSA], 2014), there was widespread agreement that these were critical to having trauma-informed classrooms and schools.

Insert Knowledge of Trauma and Resilience Into Practices

Implementing trauma-informed practices is most successful when superintendents provide opportunities and support for staff training on the impacts of trauma (Day et al., 2015; Dorado et al., 2016; Fondren et al., 2020; Overstreet & Chafouleas, 2016). In rural schools, there are higher rates of burnout and turnover and less opportunities for quality training and staff development, which has a negative impact on the skills of staff to address the challenges of teaching students with a trauma history. These conditions and dynamics make students with trauma experiences who attend schools in rural communities more likely to have lower achievement and poorer health (Frankland, 2021). Participants discussed the need for teacher training in childhood trauma and the corresponding symptoms, as well as a need for everyone in the system to receive regular follow-up trainings. Participants also agreed that trauma education for teachers, staff, and administrators was crucial and critical in educators using trauma-informed practices. Every system had at least some form of trauma training.

Policies and Politics (Assumption 3)

Researchers have found that when policies and procedures, whether on the local or state level, are less punitive and more positive, the more positive policies and procedures can lead to improved student outcomes (Crosby et al., 2018; Mendelson et al., 2020). While participants agreed this was true, some systems were experiencing success in making these changes while others struggle with conflict that seems to fall into the political realm. Participants discussed feeling pressure to provide punitive consequences when they know an alternative might more fully support a student's wellbeing. However, at least two participants mentioned that sometimes a student's behavior was so severe that participants had no choice but to suspend the student. One participant discussed creating an alternative school to help address the issue student misbehavior and how it became a compromise between removing a student totally from school and providing a consequence that still supported keeping the student connected to school and on track to graduate.

Practices (Assumption 3)

In schools and school systems where trauma-informed practices are in place, research suggests that trauma-informed practices improve outcomes for students, while also increasing teacher satisfaction, parent/school connectedness, and school climate (Plumb et al., 2016; Pataky et al., 2019; Thomas et al., 2019). Participants described how students seemed more empathetic to one another, staff more kind to each other, and everyone, students and staff alike, seeming to be more emotionally regulated and resilient.

Resist Retraumatization (Assumption 4)

Educators can also apply the theory to some of the key assumptions of trauma-informed care in schools, such as avoiding retraumatization, by educating staff on the impacts of trauma and resilience which can then support staff's sense of knowledge and skill when working with students who have experienced trauma. This may also increase students' feelings of safety and trust. (Bilias-Lolis et al., 2017; Crosby et al., 2018; Lynch, 2018). One of the biggest ways to reduce retraumatization is by being less reactive and more proactive (Sadin, 2020). Participants spoke often of trying to be proactive rather than only reactive, working to know and understand a student's background to be able to remove triggers prior to an outburst, and encouraging educators to build safe relationships with students.

Maintain High Expectations (Principle 2)

When high standards are not expected of students, the students can feel inferior or that adults do not believe in their abilities (Wolpow et al., 2015). While standards and expectations should be reasonable and achievable for the individual student, the standards and expectations should be present and very often motivate the student to perform at their maximum capacity. Most of the participants agreed that "maintaining high expectations" was a value that was inherent to their responsibilities as an educator. Participants spoke often of this principle and their efforts to balance maintaining high expectations while making reasonable accommodations for students with multiple needs.

Be a Relationship Coach (Principle 5)

By far, the principle that resonated most with participants was principle 5 (be a relationship coach). Trauma-informed school principles include relationship coaching (Day et al., 2015; Plumb et al., 2016). Educators who model and encourage healthy relationships for students support positive interactions between and among staff and students (Bilias-Lolis et al., 2017; Drakenberg & Malgrem, 2013; Todd et al., 2020). The research suggests that trauma-informed practices such as relationship coaching improve outcomes for students, while also increasing teacher satisfaction, parent/school connectedness, and school climate (Pataky et al., 2019; Thomas et al., 2019). Without exception, participants agreed that this principle was foundational and critical for being able to connect with students and have them be emotionally ready to learn.

RQ2, Part 2, Theme 5: Complex and Multifaceted Roles

For research 2, part 2, when I asked participants how the trauma-informed school assumptions and principles align with what they perceive their role to be, participants all agreed quickly that it was part of their role. Participants identified their perceived roles to cover a wide range of tasks on an individual, school/system, and personal level. I identified the theme as "complex and multifaceted roles" with the subthemes of building relationships with students, building relationships with staff, administrators, and the board of education, building relationships with families, community partners, and with the public, creating the culture, creating sustainable systems and routines, politics, resources and programs, trauma-informed practices, understanding, and wellness. The following is a discussion of the theme and its subthemes.

Building Relationships With Students

Students with a trauma background may have lower frustration tolerance, making it difficult to develop and maintain positive relationships with peers and adults in school (Frydman & Mayor, 2017). Having a trauma-informed perspective can increase staff's feelings of competence when building relationships with students who have a history of trauma (Bilias-Lolis et al., 2017; Crosby et al., 2018; Lynch, 2018). This reflects ecological systems theory's core assumptions that the relationships between the systems in an individual's life impact their life and that positive interactions have positive impacts (Bilias-Lolis et al., 2017; Drakenberg & Malgrem, 2013; Todd et al., 2020). Participants repeated in several interview question discussions that the relationship piece continued to resonate with them and again all agreed that modeling and building safe, positive relationships was crucial for the wellbeing of students and parents.

Building Relationships With Staff, Administrators, and the Board of Education

To have a successful implementation of trauma-informed school practices, public-school superintendents are most effective when they are invested and provide support to staff in the transition and beyond (Yohannan & Carlson, 2019). In addition, in schools where staff use these trauma-informed practices, teachers have seen benefits, experiencing higher rates of job satisfaction and lower rates of burnout (Crosby, 2015; Plumb et al., 2016). Participants said they found this to be true and that they worked hard to build relationships with and support staff and administrators, while also maintaining relationships with and communicating with the board.

Building Relationships With Families, Community Partners, and With the Public

One of the things that is known about the successful implementation of trauma-informed school practices is that collaborating with the community is an important of the process (Plumb et al., 2016). Participants spoke frequently about the need to develop relationships with families and a variety of stakeholders. One said that parents seemed to know participants were trying to understand and support them better; another said that he was in the community as much as possible to build those essential relationships.

Changing the Culture

When there is a strong partnership with school leaders, the implementation of trauma-informed culture and techniques tend to be more successful (Blitz and Mulcahy, 2017). Liu (2015) described a critical leader behavior as creating the culture. Most of the participants agreed with this and spoke of their efforts to change the culture and climate of their school. Several of them described their desire to have the change so deeply embedded that new employees felt it when staff came on board and that it would survive after the participant(s) were gone from the system.

Creating Sustainable Systems and Routines

Using trauma-informed practices not only benefits individual students but the climate of each school and the school district as well (Blitz & Lee, 2015). Systemic change better supports trauma-informed practices throughout school districts (Obregon & Tufte, 2017). It can be difficult, if not impossible, for school social workers to engage systems in transformation without the support of superintendents. The research suggests that leadership from public-school superintendents is critical for trauma-informed school

implementation to be successful (Blitz et al., 2016; Wilcox, 2019). Participants agreed that integrating trauma-informed practices into the language, practices, and routines of their schools seemed to be the most effective way to ensure that trauma-informed practices were being used and that their modeling of those practices encouraged their use by educators.

Politics

In many areas of the United States, there are strong political debates about the extent of the role in which government is involved in public schools, and whether public schools have the right to or should teach anything beyond academics (Marsh et al., 2021; Winburn & Winburn, 2020). Most participants agreed that the current political climate did not feel supportive to or of educators, and that it seemed to be contributing to what felt like a currently negative view of public-school educators. Participants also spoke of how they considered it their job to keep the politics out of the classroom.

Resources and Programs

Barbara Solomon (1976) researched empowerment and found that helping educate individuals on available resources may help the individuals be able to meet their own needs more effectively or know who to turn to if assistance is needed. Researchers have studied effective resources for supporting students, such as the school-wide programs Positive Behavior Intervention System (PBIS) or the Sanctuary Model (Bilias-Lolis et al., 2017; Blitz et al., 2016). Other studies examine the effectiveness of individual interventions, such as trauma-focused cognitive behavior therapy (Yohannan & Carlson, 2018). Whether the resources and programs are individual or systemic, the

use of these programs and resources increase positive outcomes for students. Rural communities may have challenges that limit their ability to provide these resources and programs (Frankland, 2021; Keesler et al., 2021). Participants admitted it was difficult sometimes to find the funding for these resources and that even when they had the funding, participants often could not find qualified person to provide the program. Participants discussed what they believed to be their role in locating and/or creating resources and programs to meet the needs of students and staff. Sometimes this was with community partners, other times it involved participants using funds creatively.

Trauma-Informed Practices

Implementing trauma-informed practices is most successful when superintendents are themselves trauma-informed, make trauma-informed practices a priority for the system, create safe spaces for students and teachers, and provide opportunities and support for staff training on the impacts of trauma (Day et al., 2015; Dorado et al., 2016; Fondren et al., 2020; Overstreet & Chafouleas, 2016). Participants agreed they had a crucial role in leading and modeling the use of trauma-informed practices and making sure everyone knew it was a priority for the system.

Understanding

Trauma-informed assumptions include recognizing and understanding the pervasiveness of trauma and understanding the impacts of trauma (Baez et al., 2019; Overstreet and Chafouleas, 2016). Participants agreed that it was a necessity for educators to understand where students and parents were coming from and the impacts of trauma on learning and behavior.

Wellness

I could not find any research on public-school superintendent secondary trauma, stress, or wellness. However, one can assume that leading a system with high rates of childhood trauma among children, rates of childhood and adult trauma among educators, and episodes of participants' own childhood and adult trauma, that participants, like many other educators, could experience secondary trauma and extremely high levels of stress. Grist and Caudle (2021) found that trauma contributes to educator burnout. Childhood trauma, secondary trauma, and elevated levels of continued stress are very real obstacles to health, notwithstanding the multiple roles and responsibilities, long hours, and many demands and obligations for the role of superintendent. Many participants said they knew it was essential for their own wellbeing to practice wellness but spoke of how difficult it was to make time for it with all their other responsibilities. One participant spoke of how the "job life" of a superintendent has decreased over the years, to about 2.5 years, and that participants thought that stress and a lack of wellness practices were contributors.

RQ3, Part 1, Theme 6: Micro and Macro Challenges

For research question 3, part 1, I identified the theme of micro and macro challenges, with the subthemes of individual, staff, schools/districts, community, and politics. The following is a discussion of the theme and its subthemes.

Research shows that superintendents often find challenges exist when attempting to implement trauma-informed practices into a school system. These challenges can include a lack of knowledge, staff or their own, about the impacts of trauma, the belief

that they must select either a trauma-informed approach or interventions that focus on content acquisition and instruction, the embracing of the traditional practice of separating mental health interventions from the classroom, and questions about the most effective means for proceeding with the implementation of trauma-informed practices (Morton & Berardi, 2018). Additionally, working within a rural school system setting presents unique challenges for superintendents, administrators, school social workers, and other educators, such as elevated rates of stigma in addressing mental and emotional needs of students and lack of funding for training and staff development (Keesler et al., 2021). Participants agreed that they had experienced many of these challenges in several key areas.

Individual

Students. For students from a trauma background, cognitive functioning can be impaired, making it difficult to learn new concepts, such as trauma-informed practices (Frydman & Mayor, 2017; Record-Lemon & Buchanan, 2017). Students who have experienced trauma often do not feel safe, even at school, and can have decreased resilience, making it difficult for them to persist when events are challenging for them (Kang & Burton, 2014; Stokes & Brunzell, 2019). Concerning academic performance, students with a trauma history are likely to experience more negative outcomes (Blitz & Mulcahy, 2017; Pataky et al., 2019; Rosenbaum-Nordoft, 2018). For students from a trauma background, cognitive functioning can be impaired, making it difficult to learn new concepts and perform to expectations (Frydman & Mayor, 2017; Record-Lemon & Buchanan, 2017).

All these dynamics and more make it difficult to change the behavior and mindsets of students to feel safe enough to develop positive relationships with teachers and peers, learn the tools to self-regulate, and develop other skills that are foundational components of trauma-informed schools. Participants agreed with these findings. Participants said they knew that things like hunger, fear, poverty, and other adverse childhood experiences made learning difficult or sometimes impossible for students with trauma experiences. Participants also have experienced or spoke with educators who experienced the difficulty of building relationships with students and educating students who had trauma in their background.

Staff. Schools in rural communities have smaller, more depressed tax bases and may be less equipped to hire and maintain qualified teachers and support staff (Biddle & Brown, 2020; Frankland, 2021). In rural schools, there are higher rates of burnout and turnover and less opportunities for quality training and staff development, which has a negative impact on the skills of staff to address the challenges of teaching students with a trauma history (Keesler et al., 2019).

Superintendents often find that challenges exist when attempting to implement trauma-informed practices into a school system. These challenges can include a lack of knowledge, both their own and their staff, about the impacts of trauma, the belief that one must select either a trauma-informed approach or interventions that focus on content acquisition and instruction, the embracing of the traditional practice of separating mental health interventions from the classroom, and questions about the most effective means for proceeding with the implementation of trauma-informed practices (Morton & Berardi,

2018). Participants found many of these challenges to be present in their systems, including others not mentioned in the research above. Other challenges included staff mindsets (not wanting to think about or deal with trauma), a lack of willingness or inability to self-reflect, resistance to "one more thing" or another initiative, being overwhelmed with all the staff have to do, frustration with continued and increased mandates from the state, a lack of relationships with students, parents, and colleagues, a lack of ability to regulate themselves and/or their own emotions, not feelings supported by legislators, and burnout.

Schools/Districts

Schools in rural communities are less equipped to address the unique challenges of teaching and supporting students with backgrounds of trauma experiences (Keesler et al., 2021). Schools in rural communities are geographically isolated, have difficulty hiring and retaining highly qualified staff, and are in communities with high rates of poverty and stigma towards professional mental and behavioral health services, all of which make more difficult meeting the needs of students who have experienced trauma (Biddle & Brown, 2020; Frankland, 2021; Keesler et al., 2021). Rural communities have challenges such as lack of community supports, decreased numbers of mental and behavioral health providers, and more prevalent stigma towards accepting help from service providers (Frankland, 2021; Keesler et al., 2021). Schools in rural communities may be less equipped to hire and maintain qualified teachers and support staff (Biddle & Brown, 2020; Frankland, 2021). Participants had experiences dealing with many of these

challenges, such as large numbers of educator resignations, high staff turnover rates, a lack of time, and lack of qualified professionals to hire, both educators and support staff.

Community

Rural communities have issues such as higher rates of poverty, social isolation, lack of community supports, decreased numbers of mental and behavioral health providers, and more prevalent stigma towards accepting help from service providers (Frankland, 2021; Keesler et al., 2021). Participants agreed with these and spoke of other challenges in the community, including a lack of understanding from people outside the school system, pressure to only teach "the basics", having to be aware of language about SEL and use terms that were more acceptable, such as "teaching life skills", and needing help serving the mental health needs of students.

Politics

Participants again brought up the subject of politics and political divides. In many areas of the United States, there are strong political debates about the extent of the role in which government is involved in public schools, and whether public schools have the right to or should teach anything beyond academics (Marsh et al., 2021; Winburn & Winburn, 2020). Participants agreed that this was a pressure they felt daily, and that part of their jobs had become keeping the political pressure out of the classroom so educators could teach.

RQ3, Part 2, Theme 7: Micro and Macro Benefits

For RQ3 (part 2), I identified the theme of micro and macro benefits. For that theme, I identified three subthemes which were individual/staff, schools/districts, and parents/community.

A trauma-informed environment is important to support positive, long-term outcomes. School staff who practice trauma-informed approaches often see a reduction in student aggression, office referrals, and suspension and expulsion rates (Dorado et al., 2016). Students who attend schools where trauma-informed practices are in place experience improvement in their ability to regulate their emotions and form strong attachments with school staff which increases their rate of attendance and likelihood of graduation (Mendelson et al., 2020). Additionally, students in schools that implement trauma-informed techniques have improved classroom behavior and academic performance, increased time in the classroom, and increased engagement (Dorado et al., 2016; Mendelson et al., 2020; Plumb et al., 2016). The research suggests that schools with a commitment to support trauma-informed practices improve outcomes for students, while also increasing teacher management skills, adult emotional regulation, job satisfaction, and positive school climate (Blitz & Lee, 2015; Dorado et al., 2016; Plumb et al., 2016; Stokes & Brunzell, 2019). The following is a discussion of the theme and its subthemes.

Individual/Staff

Schools that implement a school-wide system of trauma-informed care show students not only experience more success with learning but also with building caring

relationships with others (Bilias-Lolis et al., 2017). When educators practice trauma-informed school-based interventions, students have more positive relationships with peers and staff, lower rates of mental health difficulties, and higher academic performance (Bilias-Lolis et al., 2017). Overall, studies have found that when people train educators in trauma-informed practices and give students tools for recovery and resilience and when school leaders, including superintendents, model use of trauma-informed practices, outcomes improve not only for students, but for teachers as well (Baez et al., 2019; Overstreet & Chafouleas, 2016; Thomas et al., 2019). In addition, in schools where staff use these trauma-informed practices, teachers have seen benefits, experiencing higher rates of job satisfaction and lower rates of burnout (Crosby, 2015; Plumb et al., 2016). Participants agreed with these findings, describing the benefits they had seen, such as a deeper understanding of trauma impacts, increase in positive behavior of students, increase in student learning, marrying high expectations with perspective, building trust and capacity for deeper relationships, and students and staff having a growing respect for one another and each other.

Schools/Districts

Research has shown that rural communities experience of lack of resources and qualified staff both inside the school and in the community, and a stigma aimed at schools providing resources to students with mental health issues (Biddle et al., 2020). Participants agreed that within their communities, there often seemed to be a stigma against schools providing resources to students with mental health issues. However, participants believed their modeling and use of trauma-informed practices was making its

way into the community and increasing community awareness of trauma and its impacts.

Participants also agreed that there was a lack of resources in their communities but, for

these participants, it made them determined to find or create what was needed.

Parents/Community

One of the things that is known about the successful implementation of trauma-

informed school practices is that school social workers, other educators, and

administrators are an integral part of the process, collaborating with the community and

educating students, staff, and families (Blitz & Lee, 2015; Plumb et al., 2016). In schools

and school systems where trauma-informed practices are in place, parents feel a stronger

sense of school connectedness (Blitz & Mulcahy, 2017; Crosby, 2015; Overstreet &

Chafouleas, 2016). The research suggests that using trauma-informed practices not only

improve outcomes for students, but also positively impacts parents and the school system

as well (Bulanda & Johnson, 2016; Overstreet & Chafouleas, 2016). Overall school

climate improves, and parents feel more positively about their children's school

experiences (Dorado et al., 2016). Participants have found these trends to be true,

explaining that their use of trauma-informed practices had improved their relationships

with parents and community members. Participants also noted that community

partnerships had increased and that those partnerships provided responses to student

crisis where previously there had been none.

RQ 4, Theme 1: Using Empowerment to Lead

For research question 4, I identified one theme from the participant responses,

namely "using empowerment to lead." Along with this theme, I identified 12 subthemes,

including advocate, communicate, involvement with parents and the community, create

the culture and set the expectations, encourage, empower, human resource decisions,

lead, motivate, build and maintain healthy relationships, resource development, and

training and education. The research suggests that leadership from the administration is

critical for trauma-informed school implementation to be successful (Blitz et al., 2016;

Blitz & Mulcahy, 2017; McIntyre et al., 2019). School superintendents can aid in the

success of trauma-informed schools by making trauma-informed practices a priority (Day

et al., 2015). Participants agreed with this and described the behaviors used to empower

administrators, teachers, and staff to implement trauma-informed practices. The

following is a discussion of the theme and its subthemes.

Cheong et al. (2019) described empowering leader behaviors as leading by

example, having others participate in decision-making, coaching, informing, showing

concern, highlighting the value of the work, having confidence in workers' performance,

providing support, and putting distance between bureaucracy and the person's work. Liu

(2015) found that an empowering leader encourages others to participate in decisions,

shares information, and provides training. Liu identified other empowering leader

behaviors, such as boosting the employee's motivation, providing autonomy, promoting

self-efficacy, helping others to cultivate their skills, encouraging creativity, and having

trust in the employee.

Empowering leaders provide support, encourage, set an example of the values the

leaders wish to impart, and provide not only information but resources as well. Of all the

leadership types I examined, including transformational leadership and participatory

leadership, empowering leadership most closely described what the superintendents believed were their roles in empowering other educators. Interestingly, I did not know there was such a thing as Empowering Leadership when I asked RQ4.

Participants discussed the ways in which they empowered educators to implement trauma-informed practices. Many of the behaviors participants named were mentioned by Cheong et al. (2019) and Liu (2015). These include leading by example, coaching, informing, showing concern (relationships), highlighting the value of the work, having confidence in the work of others, and putting distance between bureaucracy and the work of the employee (Cheong et al., 2019). Other empowering behaviors participants used that were also on Liu's (2015) list included sharing information, training (or provide opportunities for others to do so), motivating, giving autonomy, providing support, encouraging, setting an example (leading), and supplying information and resources.

The behaviors that correspond with Empowering Leadership align with previous research about the work of superintendents in implementing trauma-informed school practices. Implementing trauma-informed practices is most successful when superintendents are themselves trauma-informed, make trauma-informed practices a priority for the system, create safe spaces for students and teachers, and provide opportunities and support for staff training on the impacts of trauma (Day et al., 2015; Dorado et al., 2016; Fondren et al., 2020; Overstreet & Chafouleas, 2016). Superintendents often find that challenges exist when attempting to implement trauma-informed practices into a school system. These challenges can include a lack of knowledge, both their own and their staff, about the impacts of trauma, the belief that one

must select either a trauma-informed approach or interventions that focus on content acquisition and instruction, the embracing of the traditional practice of separating mental health interventions from the classroom, and questions about the most effective means for proceeding with the implementation of trauma-informed practices (Morton & Berardi, 2018). School superintendents can aid in the success of trauma-informed schools by making trauma-informed practices a priority (Day et al., 2015). Superintendents who learn alongside staff, make the practices an integral part of the system, and model use of the techniques make effective implementation more likely (Stokes & Brunzell, 2019; Middleton et al., 2015).

Participants spoke about their behaviors that fall into the Empowering Leadership category, as well as their perceptions about other roles participants occupy as their systems work to implement trauma-informed practices. Participants identified additional empowering behaviors in which they engaged, including being an advocate, modeling using trauma-informed practices, being an effective communicator, involvement with parents and in the community, creating the culture and setting the expectations, encouraging, empowering, handling political matters, building and maintaining healthy relationships, developing resources, leading, motivating, providing support, bringing in people to train and educate or designating someone to do that, and making human resource decisions that put new people with similar values into the system.

The perceptions of superintendents frequently lined up with research. In RQ1, their experiences with students who had trauma in their background and the resulting behaviors, mistrust, disconnection, and poor academic performance were what one would

expect.. Participants' statements about community conditions aligned with research that found that rural communities experience of lack of resources and qualified staff both inside the school and in the community, and a stigma aimed at schools providing resources to students with mental health issues (Biddle et al., 2020). However, contrary to some research I found (Frankland, 2021; Keesler et al., 2021), participants agreed that rather than do without or wait for funding to come along, they created their own resources and ways to meet the needs. Participants also discussed value shifts in schools and the community, and how people have moved from a harder, more punitive way of "clamping down" on students to one of building safe relationships, understanding the backgrounds of students, and creating alternatives to suspension and expulsion whenever possible.

In RQ2, participants named many of the roles they occupy to implement trauma-informed practices. Participants agreed with trauma-informed school assumptions and principles, most notably maintaining high expectations (appropriate for the student's capacity) and being a relationship coach (SAMSHA, 2014; Wolpow et al., 2015). Participants spoke of the importance of others knowing the impacts of trauma, inserting the knowledge of trauma and resilience into practices and procedures, being mindful of policies and politics (how participants can do what is best for students while adhering to what others expect of them), and resisting retraumatization ([SAMHSA], 2014).

As for RQ3, participants named many of the same challenges and benefits found in previous research. Following the ecological systems theory, these challenges and benefits can be on an individual, school or district, community, or political level (Masten,

2016). Regarding challenges for students, a lack of cognitive functioning or having a brain that is engineered in trauma and consumed by survival may make it difficult to build trusting relationships or learn regulation skills (Bilias-Lolis et al., 2017; Crosby et al., 2018; Lynch, 2018, Mendelson et al., 2020). Participants discussed how staff may not understand or be a proponent of trauma-informed practices, may not have enough time to take on one more thing, may have too demands placed on them (such as mandates from the state level), or be "initiative-weary."

Participants also explained that schools and districts may be dealing with a lack of funds, lack of a qualified staff pool from which to hire, a lack of resources and programs, and unusually large numbers of staff turnover. Participants shared that in the community, providers are available in decreased numbers for mental health issues, there is a stigma towards getting services for mental health challenges, and that there is a belief that schools should only be teaching the basics. However, in many communities, agencies and providers are pulling together to create resources to help more fully support students and staff. Several participants addressed the current political divide of what people and community members seem to think about how schools should operate – with some people thinking that schools teaching beyond reading, writing, and math is overstepping their bounds and that parents should have control over what gets taught in public-schools. In addition, the current lack of support felt by legislators at the state level can be discouraging to educators.

Many participants talked at length about the benefits of using trauma-informed school practices. Again, following the ecological systems theory, these benefits can be

found at the individual/staff, school/districts, and parent/community level (Bulanda &

Johnson, 2016; Thomas et al., 2019; Todd et al., 2020). On a micro level, students have

more positive relationships with other students and staff, have more trust in peers and

adults, and interject with their own peers when the students see issues such as bullying.

These positive behaviors align with research (Day et al., 2015; Frydman & Mayor, 2017;

Stokes & Brunzell, 2019). Staff using trauma-informed practices have a better

understanding of what students are dealing with and still find ways to maintain high

expectations for students, one of the components of trauma-informed schools proven to

improve outcomes for students (Wolpow et al., 2015). Throughout the schools, language,

routines, and cultures have changed to reflect more positive, caring, supportive

environments. With parents, communication has improved between the school and home.

Parents feel more supported, less judged, and more connected to school. These trends

align with research that has found the use of trauma-informed practices improves

relationships with parents and their feelings of connectedness to the school (Blitz &

Mulcahy, 2017; Crosby, 2015; Overstreet & Chafouleas, 2016). In the community,

people are building partnerships that focus on the needs of the students, on building

resources to help when students are in crisis and improving communication (keeping

confidentiality in mind) between all the agencies that work with children and families.

    In RQ4, superintendents felt it their responsibility to empower others to

implement trauma-informed practices. Empowerment in a school context means that

district and building administrators support teachers and staff to assist them to acquire

knowledge and skills to go beyond the traditional values of content teaching and to

develop their resilience through self-regulation and other means and that social workers,

teachers, and other staff provide students with skills such as self-regulation and other

trauma-informed practices to encourage them to have a positive influence on their own

academic, behaviors, and emotional wellbeing (Lynch, 2018; Kiral, 2020). Participants

felt largely responsible for not only the implementation and continued use of trauma-

informed practices, but to sustain the culture to the point where it would continue to exist

even if participants were to leave the system. Their articulation of their many roles

included advocacy, communication, involvement with parents and the community,

creating the culture and setting the expectations, encouragement, making sound human

resource decisions and hiring new employees who hold the same values, leading,

motivating, building, and maintaining healthy relationships, developing resources, and

providing or have others provide opportunities for training and education. These traits

aligned with a phenomenon called Empowering Leadership (Cheong et al., 2019; Liu,

2015). Of all the leadership types I examined, empowering leadership most closely

aligned with what the superintendents described as their roles in empowering other

educators. Again, it is worth considering that people can use ecological systems theory to

understand the relationship between trauma and empowerment (Rigaud, 2020; Masten,

2016). Trauma experiences can occur on the levels of micro (individual, such as child

abuse) and macro (broader systems, such as the policies and/or practices of school

systems and/or communities). These systems can serve to be a source of trauma, but also

serve to promote resiliency and empowerment not on in the individual but in more

complex systems as well, such as the school, the district, and the community.

I identified only one finding that was contrary to what I expected. I thought that
because the superintendents worked in rural counties, they might not have heard of
ACEs, childhood trauma, resilience, or their impacts. Instead, it was obvious participants
knew a great deal about these topics and had put significant effort into incorporating and
influencing others to incorporate these practices into the everyday lives of students, staff,
and administrators.

Theoretical Frameworks

Ecological Systems Theory

Throughout my description of these findings, I have referred to how these
dynamics fit into ecological systems theory. Ecological systems theory provides an
applicable framework for understanding the thoughts of public-school superintendents on
childhood trauma and Adverse Childhood Experiences (ACEs) and the assumptions and
principles of trauma-informed schools. Ecological systems theory describes systems that
impact an individual's development and quality of life (Campbell & Khin, 2020;
Drakenberg & Malgrem, 2013; Rudasill et al., 2018). These systems are micro (people
the individual has direct contact with, such as peers, teachers, and family), mezzo (the
quality of those interactions), and macro (broader systems, such as governmental policies
and procedures, and societal and environmental factors) (Bulanda & Johnson, 2016;
Thomas et al., 2019; Todd et al., 2020). Educators can apply ecological systems theory to
some of the key principles of trauma-informed care like relationship coaching. When
superintendents model emotional identification and regulation for administrators and staff
who then model and encourage it for students, this supports healthy interactions between

and among staff and students. This reflects ecological systems theory's core assumptions

that the relationships between the systems in an individual's life impact their life and that

positive interactions have positive impacts (Campbell & Khin, 2020; Drakenberg &

Malgrem, 2013; Rudasill et al., 2018). I found these trends in the words of

superintendents as they recognized the trauma that may occur or exist on an individual,

staff, discipline, or personal level, while also seeing the healing that occur in those same

areas.

Regarding ecological systems theory, the findings fit within the framework of that

theory. Bronfenbrenner defined ecological systems theory as the systems in which an

individual belongs, the interactions between and amongst those systems, and the impacts

on the development and wellbeing of the individual (Masten, 2016). Ecological systems

theory provides an applicable framework for understanding the thoughts of public-school

superintendents on childhood trauma and Adverse Childhood Experiences (ACEs) and

the assumptions and principles of trauma-informed schools. Ecological systems theory

describes systems that impact an individual's development and quality of life (Campbell

& Khin, 2020; Drakenberg & Malgrem, 2013; Rudasill et al., 2018). For this study, these

systems are micro (people the individual has direct contact with, such as peers, teachers,

and family), mezzo (the quality of those interactions), and macro (broader systems, such

as governmental policies and procedures, and societal and environmental factors)

(Bulanda & Johnson, 2016; Thomas et al., 2019; Todd et al., 2020).

Ecological systems theory explains that the systems in which an individual

belongs, the interactions between and amongst those systems, and that those systems

have impacts on the development and wellbeing of the individual (Masten, 2016). One of

ecological systems theory's core assumptions is that the relationships between the

systems in an individual's life impact their life and that positive interactions have positive

impacts (Masten, 2016). Interactions within systems can serve to be a source of trauma,

but also serve to promote relationships, healing, and resiliency.

Participants described how this ecosystem of trauma and healing manifests in

everyday life in the school as administrators and staff try to educate, recognize trauma,

manage the behaviors of students from trauma, correct and discipline students, support

one another, etc. Each of these actions has the potential to either traumatize, retraumatize,

or help heal students and adults with trauma experiences. These findings confirm findings

from previous research.

Empowerment Theory

Empowerment theory, in general, explains that individuals best know their own

needs, are best served to have the power to address and alleviate those needs, have

strengths that can be used for a higher quality of life, and have experiences that make

them the experts in developing effective ways to solve their problems (Rigaud, 2020).

Educators can apply empowerment theory to some of the key assumptions of trauma-

informed care like avoiding retraumatization by educating staff on the impacts of trauma

and resilience which can then support staff's sense of knowledge and skill when working

with students who have experienced trauma. In addition, having a trauma-informed

perspective can increase staff's feelings of competence when building trusting

relationships with students who have a history of trauma (Bilias-Lolis et al., 2017; Lynch,

2018; [NCTSN], 2017; [SAMHSA], 2014). Educators can also apply empowerment theory to some of the key principles of trauma-informed care like teaching staff and students emotional regulation techniques (Crosby, 2015; Day et al., 2015; Plumb et al., 2016; Thomas et al., 2019). This reflects empowerment theory's core assumption that developing peoples' strengths to recognize and meet their own needs is a highly effective means of empowering them to make positive changes in their lives (Rigaud, 2020).

Participants agreed that empowerment in a school context means that district and building administrators support teachers and staff to assist them to acquire knowledge and skills to go beyond the traditional values of content teaching. Additionally, district leaders, building administrators, and other educators and support service staff develop their own resilience through self-regulation and other means. Then social workers, educators, and other staff provide students with skills such as self-regulation and other trauma-informed practices to encourage them to have a positive influence on their own academic, behaviors, and emotional wellbeing (Lynch, 2018; Kiral, 2020). I applied empowerment theory to the study to demonstrate superintendents' empowerment of staff to recognize trauma and its impacts and respond in ways that improve student outcomes and increase job satisfaction (Lynch, 2018; Kiral 2020).

For RQ1, the themes of school as an ecosystem for trauma, community conditions, and value shifts in school and the community all use ecological systems theory as the data outlined the many levels of the school and community ecosystems in which both trauma and healing may occur. For RQ2, the themes of agreement with assumptions and principles and complex and multifaceted roles uses the four assumptions

of trauma-informed care ([SAMHSA], 2014) and the six principles of trauma-informed schools (Wolpow et al., 2015) as the context for the discussions with participants about their perceptions of these assumptions and principles, and how the assumptions and principles align with what participants perceive their roles to be. For RQ3, ecological systems theory can again be used to understand the themes of micro and macro challenges and micro and macro benefits as these challenges and benefits can occur on multiple levels - the individual, staff, the school, the district, with parents or the community, and politically. For RQ4, the theme of using empowerment to lead uses empowerment theory as the basis for understanding how superintendents perceive their role to be in empowering administrators, teachers, and staff to implement trauma-informed assumptions and principles.

Limitations of the Study

I noted some potential limitations in this study. First was the fact that it might be difficult to find enough participants to gather data (Newington & Metcalfe, 2014). Of the twenty-two rural counties identified in western North Carolina, only eight superintendents chose to participate. However, the data soon began to repeat and I decided along with my chair that we had achieved saturation. Another possible limitation was concern by participants that I would violate their confidentiality and, due to this, they may not be honest, truthful, or expansive in answering (Guest et al., 2015; Kirilova & Karcher, 2017). I covered the confidentiality agreement with participants and assured them I would protect their identity, as well as the identity of their school system and any landmarks that may identify their system. I also promised participants to treat their

disclosures with respect and represent them in a positive yet truthful light whenever possible. After reviewing the confidentiality agreement with participants, I found each participant to be open, cooperative, and expansive.

I identified a few possible biases in this study. One was that participants may respond to be viewed in the best way possible (Carian & Hill, 2021). To minimize this bias, I used a variety of techniques to establish rapport and used prompts to continue gathering details about participants' experiences (Bergen & Labonte, 2020). I found the participants to be surprisingly honest about their experiences and challenges, and the value they found in the knowledge about trauma-informed school practices. Last, to address researcher bias (Wadams & Park, 2018), I kept detailed notes, did reflective journaling throughout the process, and used peer reviews to assist with the data analysis process.

Recommendations

I developed findings in this study using data from superintendents of public-schools in rural, western North Carolina. Future research could include public-school superintendents in rural counties across North Carolina to see if results vary across the state. School social workers are an integral part of the successful implementation of trauma-informed school practices (Blitz & Lee, 2015). This study was intended to help school social workers know how best to partner with superintendents. Another recommendation for future research would be to interview together school social workers and superintendents of school systems where trauma-informed school practices had been implemented to explore what went well, what could have been improved, and how their

relationship had increased or decreased the success of the implementation. None of the practices had been mandated by the participants at the district level but had been left to individual schools or individual teachers to implement as they saw fit. A study could be done with this same group five years from now to determine what trauma-informed practices remained in place, what had grown or increased, and what had been eliminated.

Implications

There are implications for positive social change from the research. The purpose of this study was to better understand superintendents and their perceptions of trauma-informed school practices. Across the board, participants revealed not only a positive view of trauma-informed practices but a belief that some children cannot learn without first building safe, trusting relationships with school personnel. This knowledge might encourage school social workers who work in systems where trauma-informed practices are not in place to start discussions with their school system superintendents about such practices. School social workers might also look at the challenges identified by public-school superintendents, such as lack of funding, lack of qualified people to do the training, or a designated person to lead the initiative in the county and help fill one or more of those roles.

Many research studies have shown the benefits of implementing trauma-informed school practices. The research suggests that trauma-informed practices improve outcomes for students, while also increasing teacher satisfaction, parent/school connectedness, and school climate (Pataky et al., 2019; Thomas et al., 2019). The hope is that learning about public-school superintendents and their perceptions of trauma-informed assumptions and

principles might help school social workers or other educators begin to move trauma-informed practices into systems where the practices have not yet taken hold or to help encourage momentum where efforts may have stalled. Public-school superintendents, school social workers, and other educators can use this research and the data findings to create systemic change that better supports trauma-informed practices throughout school districts (Obregon & Tufte, 2017).

Conclusion

In Chapter 5, I reiterated the purpose and nature of the study and explained why I conducted the study. I concisely summarized any key findings. I analyzed and interpreted the findings in the context of the theoretical frameworks used in the study. Next, I discussed any limitations of the study, as well as any recommendations for future research. Finally, I described implications for positive social change.

The purpose of this study was to understand public-school superintendents who lead rural school systems in western North Carolina and their perceptions of trauma-informed school assumptions and principles. I used four assumptions for trauma-informed care outlined by the SAMHSA (2014). These are: (a) realizing the impacts of trauma; (b) recognizing the symptoms of trauma; (c) responding with the techniques of trauma-informed care; and (d) resisting retraumatization. The principles I referenced came from The Heart of Learning and Teaching, a curriculum proven to be effective in training school staff in trauma-informed techniques (Day et al., 2015). These principles include: (a) empowerment; (b) unconditional, positive regard; (c) maintaining high

expectations; (d) checking assumptions; (e) being a relationships coach; and (f) providing opportunities for participation (Wolpow et al., 2015).

I used four research questions to gather data about their perceptions of trauma-informed assumptions and principles. These questions were: what are your experiences with students from trauma? What are your perceptions about these trauma-informed school assumptions and principles? What challenges and benefits do you anticipate, or have you encountered when implementing trauma-informed practices on an individual, school, or systems level? What do you perceive your role to be in empowering administrators, teachers, and staff to implement trauma-informed assumptions and principles?

Participants' answers provided insights that, through coding, I identified as eight themes: (a) schools as an ecosystem for trauma; (b) community conditions; (c) value shifts in the schools and the community (d) agreement with the assumptions and principles; (e) complex and multifaceted roles; (f) micro and macro benefits; (g) micro and macro challenges; and (h) using empowerment to lead. By better understanding the perceptions of public-school superintendents in rural western North Carolina, school social workers and other educators can have insight into ways to build effective relationships with superintendents to initiate and support the use of trauma-informed practices in schools.

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Appendix A: Interview Questions

1) What is your identified gender, age, and years as a public-school superintendent?

2) What experiences led to you becoming a public-school superintendent?

3) (Share with them a list of types of childhood trauma). What are your experiences with students from trauma?

4) (Share with them the assumptions and principles of trauma-informed schools). What are your perceptions about these trauma-informed schools' assumptions and principles?

5) How do the trauma-informed schools' assumptions and principles align with what you perceive your role to be?

6) What challenges do you anticipate/have you encountered in implanting trauma-informed practices in your school system on an individual, school, or school system level?

7) What benefits do you anticipate/have you observed from implementing trauma-informed practices in your school system on an individual, school, or school-system level?

8) What do you perceive as your role in empowering administrators, teachers, and staff to implement trauma-informed assumptions and principles?

9) Is there anything else you would like to tell me?

10) Do you have any questions for me?

Follow-up questions

11) What can you share with me about any trauma-informed practices in your system?

12) What can you share with me about whether you follow a particular framework or
curriculum (such as The Sanctuary Model, The Heart of Learning and Teaching, or
the National Child Traumatic Stress framework)?

13) What activities have you performed in support of these practices?