5-22-2024

Graduate-Level Occupational Therapy Educators' Experiences and Barriers While Implementing Trauma-Informed Approaches

Sean Michael Brim
Walden University

Walden University

College of Education and Human Sciences

This is to certify that the doctoral dissertation by

Sean Brim

has been found to be complete and satisfactory in all respects,
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Review Committee
Dr. Julie Frese, Committee Chairperson, Education Faculty
Dr. Ruby Burgess, Committee Member, Education Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2024

Abstract

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DOT, Eastern Kentucky University, 2019

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Abstract

Traumatic events can alter the brain structure, affecting cognitive capacities and academic performance. Educators at all grade levels are responsible for supporting students through trauma-informed approaches. Previous trauma-informed research focused on K–12 education levels. Graduate-level occupational therapy educators' experiences and barriers when applying trauma-informed approaches to improve student learning had not been explored. This general qualitative study explored the experiences and barriers of occupational therapy educators utilizing trauma-informed approaches. The conceptual framework was the trauma-informed care model. Ten graduate-level occupational therapy educators with at least 1 year of teaching experience were recruited and participated in semistructured interviews. Data were analyzed using open and axial coding to identify seven themes: learning environments, teaching approaches, occupational therapy integration, understanding and addressing student trauma experiences, educator well-being and balance, challenges in evaluating the effectiveness of trauma-informed approaches, and professional growth and adaptability. The findings could foster positive social change by giving administrators and universities insights into occupational therapy educators' experiences and barriers, thereby guiding the creation of more supportive curricula and policies for trauma-informed approaches.

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Dedication

This dissertation is dedicated to those who faced challenges with courage and strength. Your experiences inspire understanding, empathy, and compassion, and it is in your honor that this work is crafted.

My unwavering commitment and passion lie in creating a more supportive and nurturing classroom environment for each of my students. The goal is to foster a space where the echoes of trauma can be transformed into whispers of healing, understanding, and growth. May this dedication serve as a testament to the collective resilience and spirit of those who inspire my journey.

In the pursuit of knowledge and the betterment of educational practices, I dedicate this work to the hope that every classroom becomes a sanctuary of support, kindness, and empowerment.

Acknowledgments

I extend my deepest gratitude to my dissertation chair, Dr. Julie Frese, and committee member, Dr. Ruby Burgess, for their unwavering support, guidance, and invaluable contributions throughout this doctoral journey. Your expertise and commitment to excellence have played a pivotal role in shaping this research.

To my loving wife, Christina, your enduring encouragement, understanding, and unwavering support have been my anchor in challenging times. Your belief in me has fueled my determination to reach this milestone.

Heartfelt thanks to my parents, Lizanne and Norman, for their constant support, belief in my capabilities, and countless sacrifices made to ensure my success. Your love and encouragement have been a source of inspiration.

A special appreciation to Mrs. Rosie Reid, whose listening ear and comforting presence soothed me during the toughest days. Your friendship has been incredibly important.

To my colleagues, I am grateful for the shared insights and collective encouragement. Each of you has played a role in making this academic journey more fulfilling and easier.

This accomplishment is the result of the collective support and encouragement from all those who believed in me. Thank you for being an integral part of this significant chapter in my life.

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Chapter 1: Introduction to the Study

An adverse childhood experience (ACE) is a traumatic event that occurs between birth and 18 years old (Thompson & Carello, 2022). Many adult learners pursuing graduate-level degrees encounter an ACE (Lynch et al., 2021). College students between the ages of 18 and 29 also reported significantly higher levels of anxiety as a result of recent global events (Christian-Brandt et al., 2020). Research indicated that 66% to 85% of college students experience a traumatic event (Wells et al., 2021). The observed surge in anxiety and stress levels among college-age students and the adverse effects of traumatic events on educational participation affect a graduate-level student's capacity to participate effectively in their academic pursuits (Fauzi et al., 2021).

According to the *Diagnostic and Statistical Manual of Mental Disorders 5*, a traumatic event can include sexual or physical abuse (Lynch et al., 2021). Although not all ACEs meet the criteria in the manual, these traumatic events can result in a stress-response system in an individual's body becoming overactive, negatively affecting the body and brain (Christian-Brandt et al., 2020). ACEs can negatively impact a child's development and continue to affect them into adulthood (Lynch et al., 2021). An ACE can lead to physical and mental impairments, behavioral outbursts, and educational difficulties as adults (Christian-Brandt et al., 2020). The behaviors associated with individuals who have experienced trauma include elevated flight-or-fight responses, dissociated behaviors, poor concentration, memory deficits, and interoception concerns (Lynch et al., 2021; Sweeney & Taggart, 2018). The effects of trauma can lead to adult learners falling behind or withdrawing from their academic pursuits (Doughty, 2020).

Many graduate-level educators witness the adverse effects of an ACE in the classroom, such as poor academic performance, behavioral outbursts, poor retention, and dropping out (Berger, 2019). Since ACEs have become more prevalent, universities have become more aware of their negative effect on students' behaviors and academic outcomes (Henshaw, 2022).

To combat the higher number of graduate students who have experienced trauma, many universities and scholars endorse using trauma-informed approaches in the classroom (Doughty, 2020; Henshaw, 2022). Using such approaches enables educators to create a safe environment that empowers students and reduces retraumatization risk (Lynch et al., 2021); however, much of the literature on trauma-informed approaches concerns K–12 (Barros-Lane et al., 2021). There is only emerging literature on using trauma-informed approaches at the graduate level (Barros-Lane et al., 2021). For graduate-level occupational therapy educators, potential barriers exist when implementing trauma-informed care (TIC) in the classroom to support student learning. Although guidelines, professional development courses, and theoretical frameworks have been developed, many of the experiences occupational therapy educators face when implementing trauma-informed approaches at the graduate level have not been explored (Berger & Martin, 2021; Muttillo et al., 2022; Wassink-de Stigter et al., 2022).

The current study added to the existing graduate-level research on trauma-informed approaches to create a more supportive learning environment in which students are more willing to engage and feel supported, which may promote positive social change (see Lynch et al., 2021). Enhancing the implementation process may reduce

retraumatization in the classroom, foster a safer atmosphere, and enhance students'

educational experiences. The information gained from this study may also enable the

establishment of improved professional development programs for graduate-level

educators regarding trauma-informed approaches.

In this chapter, background information on the trauma-informed approach is

provided. In addition, my research questions and conceptual framework are discussed and

aligned with the problem and purpose of this study. Furthermore, a description of the

nature of the study is provided. An explanation of the key definitions and a discussion of

the assumptions, scope and delimitations, limitations, and significance for social change

are also provided. Furthermore, a description of the nature of the study is provided. The

significance for social change is also discussed.

Background

Studies on the effects of adult trauma have been conducted over an extended

period (Lynch et al., 2021; Waterfall & Button, 2022). Scholars have examined how

trauma impacts the overall well-being and academic performance of students (Waterfall

& Button, 2022). The objective of these studies was to obtain a deeper comprehension of

the appropriate measures educators should adopt to address adult learners affected by

trauma (Housel, 2021). Scholars and psychologists have recognized the lasting effect of

ACE on individuals as they transition into adulthood (McKay et al., 2021). There is a

correlation between individuals in adulthood who have experienced ACEs and negative

health consequences including but not limited to diabetes, heart disease, and a reduced

life expectancy (McKay et al., 2021). A significant number of adult individuals have had

ACEs encompassing many forms of adversity such as abuse, domestic violence, divorce, and maltreatment (Lynch et al., 2021). According to recent research, approximately 60% of individuals have encountered at least one traumatic event by the time they reach 18 years of age (Wells et al., 2021). Furthermore, a considerable number of these individuals have reported suffering from four or more ACEs (Wells et al., 2021).

Researchers have also found additional events that can induce trauma and elicit adverse effects in adults (Lynch et al., 2021). The existing research indicated that traumatic experiences encompass a range of events such as personal-, community-, political-, and race-based violence, as well as instances of war or terrorism (Finkelhor, 2020). Furthermore, graduate-level students may be adversely affected by experiences such as loss and severe bereavement (Gilgoff et al., 2020). Studies have indicated that trauma can arise due to persistent stressors such as poverty, homelessness, inadequate housing conditions, being in a single-parent household, and food insecurity (Finkelhor, 2020; Lynch et al., 2021). At a macro level, overarching events such as prejudice, discrimination, racism, homophobia, displacement, immigration, and uncertain legal standing have the potential to induce traumatic experiences (Brindle et al., 2022).

The prevalence of trauma exposure among graduate-level occupational therapy students has increased (Lawrence et al., 2021; Wells et al., 2021). Recent global events such as the emergence of the new coronavirus have resulted in a heightened escalation of encounters with traumatic events and elevated levels of stress among U.S. college students (Goldrick-Rab et al., 2020; Wells et al., 2021). According to Goldrick-Rab et al. (2020), a comprehensive examination of more than 38,000 college students in the United

States revealed that around 50% of the participants displayed various degrees of anxiety, primarily attributed to the global pandemic. A significant percentage of the participants enrolled in 4-year colleges expressed challenges in maintaining focus on their academic tasks, with over 60% experiencing insecurity regarding their fundamental necessities during the current academic year (Chirikov et al., 2020; Goldrick-Rab et al., 2020; Grab et al., 2021). The detrimental effects of trauma are amplified with the accumulation of multiple traumatic experiences, resulting in diminished academic performance and compromised physical well-being among graduate students (Lynch et al., 2021).

The effect of trauma on graduate-level students extends to various aspects of their college experience, including academic performance, behavioral patterns, psychological well-being, social interactions, and physical health (Harrison et al., 2023). Graduate-level students who have suffered a traumatic experience may encounter challenges in various cognitive domains including short-term memory, attentional processes, concentration abilities, comprehension skills, problem-solving capabilities, language learning, and reading proficiency (Harrison et al., 2023; Stephens, 2020). Regarding behavior, college students with a history of trauma exhibit an elevated prevalence of anxiety, reduced levels of involvement, and diminished likelihood of completing tasks (Shay & Pohan, 2021). Graduate students who have undergone traumatic experiences are prone to exhibiting elevated levels of anxiety, sadness, hopelessness, self-harm, and suicidal tendencies (Stephens, 2020).

Regarding social dynamics, graduate students who have experienced trauma often encounter challenges related to trust, the ability to assess threats and safety, and

difficulties comprehending alternative perspectives (Barros-Lane et al., 2021). These issues can impact graduate students' capacity to establish positive connections with professors and peers (Barros-Lane et al., 2021; Harrison et al., 2023). The focus of my study was graduate-level occupational therapy students. According to a survey, 79% of occupational therapy students had experienced feelings of stress and encountered difficulties in maintaining attention to their assignments (Lawrence et al., 2021).

In response to the elevated incidence of trauma, universities have been incorporating trauma-informed approaches across their curricula (Stephens, 2020). The trauma-informed approaches recognize the widespread occurrence of trauma. The implementation of interventions has been aimed at preventing retraumatization and enhancing the ability of educators to improve the academic achievements of graduate-level students (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023). A significant portion of the existing body on research on trauma-informed approaches focused on the K–12 context. Research has indicated that implementing trauma-informed approaches can foster a positive attitude toward establishing a classroom culture that facilitates high academic achievement and reduces emotional distress among students in the K–12 education system (Berger & Martin, 2021; Christian-Brandt et al., 2020; Thomas et al., 2019). Numerous studies have demonstrated that educators who employ these methodologies experience heightened levels of satisfaction and resilience and reduced burnout (Christian-Brandt et al., 2020; Roseby & Gascoigne, 2021; Thomas et al., 2019).

According to existing research, there are barriers that hinder the implementation of trauma-informed approaches in the K–12 educational setting (Avery et al., 2021; Griffin, 2020). Many K–12 educators have stated there is insufficient time to attend to the emotional needs of students and to incorporate trauma-informed approaches (Anderson et al., 2022; Avery et al., 2021; Maynard et al., 2019). Although trauma-informed approaches have gained support within university and graduate settings, little research has explored the experiences of and barriers encountered by occupational therapy educators (Berger & Martin, 2021; Muttillo et al., 2022; Wassink-de Stigter et al., 2022). This present study may increase the knowledge of members of occupational therapy programs and universities regarding the barriers encountered in the implementation of trauma-informed approaches. My study could assist occupational therapy programs in enhancing the implementation process and design of professional development courses for educators.

Problem Statement

Limited research exists about the experiences and barriers faced by occupational therapy educators when implementing trauma-informed approaches to support student learning (Berger & Martin, 2021; Muttillo et al., 2022; Wassink-de Stigter et al., 2022). Studies have revealed that an increase in mental health diagnoses in college students is correlated to increased trauma (Muttillo et al., 2022; Wassink-de Stigter et al., 2022). As graduate-level students with a potential history of ACEs transition into a new program, they may encounter additional stressors across multiple domains, such as alterations in sleep and eating habits, heightened educational responsibilities and academic demands,

financial hardships, and changes in social engagements (Colburn et al., 2021). Ongoing global events such as the coronavirus, international war, systemic racism, and school shootings have resulted in a heightened escalation of encounters with traumatic events and elevated levels of stress among U.S. college students (Colburn et al., 2021; Goldrick-Rab et al., 2020; Williams et al., 2022). Before the COVID-19 pandemic, close to 85% of interviewed college students had at least one traumatic childhood experience before college; another 21% experienced trauma while in college (Nelsen et al., 2022). Many college students are being diagnosed with depression, anxiety, or generalized anxiety (Bryce et al., 2022; Gutierrez & Gutierrez, 2019).

Based on surveys, universities offering graduate-level degrees, such as occupational therapy programs, have found that students have displayed an alarming rate of mental health illnesses and ACEs (Colburn et al., 2021; Fauzi et al., 2021; Wells et al., 2021). Graduate-level students who have encountered trauma as children may experience the following during college: difficulties concentrating, frequent absences, poor academic performance, and an increased likelihood of dropping out (Bryce et al., 2022; Frieze, 2015; Gutierrez & Gutierrez, 2019). Graduate-level students who have experienced trauma can become retraumatized, triggering the feelings and reactions associated with the original trauma and affecting their academic performance (Bryce et al., 2022). Intervention research has focused on trauma in K–12 students but minimally at the graduate level (Henshaw, 2022; Wells et al., 2021). College educators should be able to recognize trauma symptoms in students and the behaviors that support student success (Cavener & Lonbay, 2022). A trauma-informed approach can benefit everyone in the

classroom (Nelsen et al., 2022). Congressional leaders have recommended that graduate-level institutions implement trauma-informed approaches in all courses, especially those in which educators teach traumatic content through lectures and assignments (Harper & Neubauer, 2021). Although there is interest in trauma-informed approaches, limited research has been conducted on the experiences and barriers of graduate-level educators when implementing such approaches (Berger & Martin, 2021; Henshaw, 2022; Muttillo et al., 2022; Wells et al., 2021).

Purpose of the Study

The purpose of this basic qualitative study was to explore the experiences and barriers occupational therapy educators encounter when implementing trauma-informed approaches to support student learning. Given the increase in mental health diagnoses among graduate-level students, it was imperative to examine the experiences and barriers to using trauma-related approaches in the classroom (see Williams et al., 2022). Exploring the different trauma-informed teaching approaches enabled researchers to ensure educators supported students' wellness and positively affected learning (Lewis-Kipkulei et al., 2021). Trauma can negatively influence a student's academic performance, so there was a need for an increased understanding of the experiences and barriers faced by occupational therapy educators when implementing trauma-informed approaches to support student learning (see Berger & Martin, 2021; Muttillo et al., 2022; Wassink-de Stigter et al., 2022).

Research Questions

The following research questions guided this basic qualitative study exploring graduate-level occupational therapy educators' experiences and barriers when implementing trauma-informed approaches. The TIC model served as the conceptual framework for the study based on the following principles: safety, trustworthiness, collaboration, choice, empowerment, and cultural and gender issues. Significant research has supported trauma-informed approaches in the classroom, but these approaches have been challenging for educators to utilize at the K–12 levels (Avery et al., 2021; Wassink-de Stigter et al., 2022). The following research questions were formulated to explore these issues among graduate-level occupational therapy educators:

RQ 1: What are the experiences of occupational therapy educators in implementing trauma-informed approaches?

RQ 2: What are the barriers to implementing trauma-informed approaches for occupational therapy educators?

Nature of the Study

This basic qualitative study included semistructured interviews with 10 educators to allow for data saturation. Ravitch and Carl (2019) suggested that exploratory research enables professionals to engage in inquiries directed toward knowledge generation. Purposive sampling was implemented for the educators, which relied on my judgment when identifying and selecting participants to provide the best information to achieve the study's objectives (see Ravitch & Carl, 2019). Potential participants were graduate-level occupational therapy educators across four campuses in one university system throughout

the United States. Educators teaching in occupational therapy programs were selected based on the number of years of experience teaching and utilizing trauma-informed approaches. To recruit participants, I asked program directors to disseminate a flier. Email messages were also sent to faculty on each campus to recruit participants.

My qualitative approach was based on the principles of the TIC model. I obtained knowledge in a specific area from different perspectives by conducting semistructured interviews. Educators had valuable knowledge and experiences that semistructured interviews could capture regarding utilizing trauma-informed approaches. Conducting the semistructured interviews enabled me to learn the views of educators to obtain a better understanding of their experiences (see Jones, 2020; Saldana & O'Brien, 2014). Each educator's experiences meant they could speak from firsthand experience in the classroom because they had worked with trauma-affected students.

Conceptual Framework

The conceptual framework for this study was the TIC model developed by the SAMHSA (Barlow, 2013; Thompson & Carello, 2022). The TIC model includes the principles of trauma theory, emphasizing the differences in people's traumatic experience (Barlow, 2013; Thompson & Carello, 2022). Trauma could affect an individual in many domains of their life, including social participation, work responsibilities, relationships, and academia (Muttillo et al., 2022). An individual's early childhood trauma could affect them as an adult, even in their graduate-level studies (Lynch et al., 2021; Sweeney & Taggart, 2018). The existing understanding of the enduring effects of trauma led international experts to develop the TIC model to support individuals engaged in assisting

those who have experienced a traumatic event (Berger, 2019). Due to the increase in traumatic experiences, there has been an emphasis on including TIC principles and assumptions in educational settings (Thompson & Carello, 2022).

As a result of advocacy efforts at the state and federal levels, TIC principles have been implemented throughout the graduate level, including occupational therapy programs (Berger & Martin, 2021; Cohen & Barron, 2021; Muttillo et al., 2022). This framework has been rooted in the understanding that graduate-level students who have experienced trauma might have unique needs, responses, and triggers that require special consideration in educational practices (Lynch et al., 2021; Sweeney & Taggart, 2018). By adopting a trauma-informed lens, I aimed to explore the experiences of occupational therapy educators when creating a safe, supportive, and empowering environment for graduate-level students who have experienced trauma. The framework guided the research questions, data collection strategies, and data analysis methods. By aligning my study with this framework, I sought to contribute to the body of knowledge on TIC in educational contexts and improve the educational experiences and outcomes for traumatized graduate-level students.

In my study, semistructured interviews were conducted using the four assumptions of the TIC model: realizing, recognizing, responding, and resisting retraumatization. Guiding the development of the interview questions were the six principles of the TIC model: safety, trustworthiness, collaboration, choice, empowerment, and cultural and gender issues. When analyzing the data, I explored the emerging themes

related to the concepts of the TIC model. In Chapter 2, I include a detailed description of the connection between the elements of the TIC model and my study.

Definitions

Adverse childhood experiences (ACEs): Potentially traumatic events that occur in childhood from 0 to 17 years of age. Different ACEs can include experiencing violence, abuse, or neglect at home (Roseby & Gascoigne, 2021).

Occupational therapy educator: An educator who works in an educational setting teaching students interested in occupational therapy. Occupational therapy instructors teach students through clinical work and educational preparation to become an occupational therapist or an occupational therapy assistant (Wells et al., 2021).

Retraumatization: The experience in which an individual feels the trauma is physically or symbolically recurring, causing negative feelings and reactions associated with the original trauma (Downey & Crummy, 2022).

Trauma-informed care (TIC): An approach that addresses the presence of trauma symptoms and how trauma can negatively affect an individual's life (Avery et al., 2021).

Trauma-informed care (TIC) model: A framework addressing how service providers can attempt to reduce the chances of retraumatization (Wassink-de Stigter-de Stigter et al., 2022).

Trigger words: Words or phrases that evoke a certain emotion in an individual (Avery et al., 2021).

Assumptions

Recognizing assumptions is a crucial step in ensuring the authenticity of the data collection process (Patton, 2023). Current participants volunteered to be involved in the study. I assumed the participants had no conflict of interest and did not gain professionally from joining the study. Each participant was willing to participate and was not coerced into participating in the study. Honesty was also assumed regarding the participants' answers to the interview questions. The participant's honesty provided accurate reflections of their perceptions. I informed the occupational therapy educators of their right to confidentiality and encouraged them to open up without fear of judgment because all of their comments would be confidential. I also assumed the occupational therapy educators interviewed for this study were experts in their field and could provide credible responses to the interview questions. Additionally, the conceptual framework of this study was based on trauma theory, which supports the idea that individuals who have experienced trauma may undergo cognitive, behavioral, or physical changes. The TIC model framing this study included the assumptions of the trauma theory that all individuals are affected in some manner by a traumatic event (see Lynch et al., 2021). I shared information with each occupational therapy educator about TIC and its principles to ensure each participant had a basic understanding of the purpose of the interview.

Limitations

I addressed the limitations of my study to improve its reliability and validity. One limitation was that educators might have been reluctant to disclose their experiences and barriers involving the need for future training or resources from the university. During the

interviews, educators might have felt uncomfortable sharing information about their

awareness of trauma-related approaches (see Blitz et al., 2020). I explained to the

participants that any information about their experience and barriers to trauma-informed

approaches would be valuable and would remain confidential. To address this, I also

provided an informed consent form to participants before the semistructured interviews to

explain how I would ensure their confidentiality. The collected data improved the

literature on trauma-informed approaches and may help to provide the best application

and delivery of these methods.

Another limitation was researcher bias, which I sought to eliminate by remaining

objective while conducting the study. By utilizing reflexivity, a researcher can be aware

of their biases and how they may influence the study outcomes (Ravitch & Carl, 2019). A

researcher's experiences might shape how they interpret interview data. To reduce these

biases, I was transparent throughout the process by maintaining records and taking notes

after each interview (see Ravitch & Carl, 2019; Saldana & O'Brien, 2014). These steps

were essential for providing effective and impartial data analysis.

A potential challenge for this study was that the university research department in

which the study was being conducted required four separate approvals from the

university president. This factor could have delayed the study, given the time it might

have taken to gain such approval from the four separate campuses. Another challenge

was recruitment; educators might have felt reluctant to share their experiences of utilizing

trauma-informed approaches. Furthermore, the four campuses were spread throughout the

United States; therefore, recruitment was conducted virtually through emails or phone

calls. The program directors were notified of the study. Each program director assisted with recruitment by sending research fliers to educators on their respective campuses. I also emailed the faculty on each of the four campuses to recruit participants. Three campuses were in different time zones, which posed a difficulty in scheduling interviews.

Scope and Delimitations

The scope of this study included occupational therapy educators on four campuses within the same university across the United States. I chose this focus because little was known about occupational therapy educators' experiences and barriers to implementing trauma-informed approaches. There was literature available on trauma-informed approaches, training, and techniques; how trauma impacts students and their well-being; and other related areas. However, little research was available on occupational therapy educators' experiences and barriers when implementing trauma-informed approaches. Participants in this study consisted of occupational therapy educators with at least 1 year of educational experience at the university. As part of the recruitment process, the participants acknowledged their experiences with trauma-informed approaches.

The participants were from the same university; therefore, their training in and knowledge of trauma-informed approaches might have been similar based on the university's professional development courses. To address this delimitation and improve the transferability of my study findings, I compared the different themes in the literature to allow for more data validity while completing my data analysis. In university systems that provided comparable trauma-informed training courses, similar results might have

been expected. At universities that utilized different professional development courses on trauma-informed approaches, researchers might have found different results.

Significance of the Study

Given that 66%–85% of college students reported experiencing one traumatic event, educators are being asked to utilize trauma-informed approaches for all students (Wells et al., 2021). However, although training and guidelines exist for trauma-informed approaches, barriers affect their implementation in the classroom. Researchers indicated a need to explore graduate-level occupational therapy educators' experiences of utilizing trauma-informed approaches to understand these barriers (Avery et al., 2021; Berger & Martin, 2021; Cohen & Barron, 2021; Muttillo et al., 2022; Wassink-de Stigter et al., 2022). The findings of the current study were intended to address the gap in the literature by improving the understanding of the experiences and barriers faced by graduate-level educators when implementing trauma-informed approaches. Researchers could utilize the data from this study to facilitate the effective integration of trauma-informed approaches at the graduate level. Gaining insights into the challenges and obstacles occupational therapy educators encountered when assisting students with trauma experiences could provide universities and researchers with a crucial information on the issues.

The data gathered from the educators could improve the implementation of trauma-informed approaches at the graduate level. An improved implementation process could contribute to positive social change by providing a more positive learning environment in which students are more willing to engage and feel supported, which could improve academic achievement (Lynch et al., 2021). Improving the

implementation process could reduce the number of incidents of retraumatization in the classroom, promoting a safer environment and improving students' learning experiences. Additionally, the findings from the current study could enable more enhanced professional development courses for graduate-level educators regarding trauma-informed approaches. These professional development sessions could be expanded to the local, state, and national levels. If an educator unintentionally uses a triggering word during a discussion that addressed sensitive topics, there is a potential risk of retraumatization in which the person might undergo a recollection of their previous traumatic experience (Griffin, 2020). If universities, administrators, and educators could mitigate the adverse effects of trauma from retraumatization, students could have a better opportunity to achieve academically and become more effective community members.

Further implications for positive change address an underexplored area in trauma-informed approaches. This study may informed administrators of the positive and negative aspects of implementing trauma-informed approaches. Educators are vital to students' continued growth and future health care professionals' development (Berger & Martin, 2021). The increased awareness and understanding gained from the current study may improve best practice guidelines and curricular changes by university leaders, administrators, and policymakers.

Summary

In this chapter, I identified the lack of research on the experiences and barriers affecting the implementation of occupational therapy, which could negatively affect student learning. I also connected the study's problem to the conceptual framework based

on trauma theory and the TIC model. This study was needed because a gap existed in the literature; there was a lack of research on graduate-level occupational therapy educators' experiences of and barriers to implementing trauma-informed approaches (Wells et al., 2021). The current study aimed to contribute to positive social change by identifying the different barriers educators encounter while implementing trauma-informed approaches in the classroom.

Researchers and professionals acknowledged that implementing these approaches within educational institutions yielded favorable results for students across various domains, including educational achievements, socioemotional well-being, improved conduct, and successful completion of academic curricula (Berger, 2019; Lynch et al., 2021). However, most of the research on trauma-informed approaches had been done in the K–12 context, identifying barriers to implementation in the classroom. To incorporate trauma-informed approaches effectively in the occupational therapy classroom at the graduate level, educators offered valuable perspectives on improving support for students who had undergone traumatic experiences. This basic qualitative study may assist graduate-level institutions by explaining the barriers educators face and creating systemic change when implementing trauma-informed approaches. In Chapter 2, I provide an in-depth review of the conceptual framework and relevant literature and discuss the need for further research on trauma-informed approaches in the graduate school setting.

Chapter 2: Literature Review

In this chapter, I discuss the available literature on trauma-informed approaches, providing background information about current barriers in identified in K–12. Most research on trauma-informed approaches has been completed at K–12-grade levels and has identified implementation challenges in the classroom (Anderson et al., 2022; Avery et al., 2021; Maynard et al., 2019). However, minimal research involving occupational therapy educators has been completed at the graduate level (Lewis-Kipkulei et al., 2021; Wells et al., 2021). I also discuss how the traumas experienced by a graduate-level student affect the student's academic performance. Furthermore, I address how trauma has continued to increase throughout the United States, affecting graduate-level students in the classroom. In addition, Chapter 2 includes search terms, strategies to locate research, and a thorough explanation of the conceptual framework.

Most studies pertaining to trauma-informed approaches have focused on the K–12 educational setting (Anderson et al., 2022; Avery et al., 2021; Maynard et al., 2019). However, many individuals who have experienced trauma continue their education at the undergraduate and graduate levels, including those seeking a graduate degree in occupational therapy (Davidson, 2020). Additionally, adult learners can experience trauma while pursuing a graduate degree, which impacts their academic performance (Henshaw, 2022).

Before the COVID-19 pandemic, researchers found that 66%–85% of college students had experienced a traumatic event (Epstein et al., 2019). This is significant because across the United States, 3 million students are enrolled in postsecondary

institutions, including occupational therapy programs, and the academic stress and rigor on these students is well documented and affects their mental health (Lawrence et al., 2021).

To improve the academic and professional outcomes of graduate-level students, more significant support is needed for those who have experienced childhood trauma (Davidson, 2020; Lawrence et al., 2021). Using trauma-informed approaches may improve graduate-level students' well-being and boost their academic outcomes (Avery et al., 2021). Additionally, educators and universities must consider whether the current teaching practices in the classroom are effective or potentially cause harm to graduate-level students who have previously experienced trauma (Davidson, 2020; Wells et al., 2021). Limited research has explored occupational therapy educators' use of trauma-informed approaches in the classroom (Wells et al., 2021). My study explored the experiences and barriers of occupational therapy educators when implementing trauma-informed approaches.

Literature Search Strategy

Multiple databases were used to search for literature on this topic, including Academic Search Complete, Educator Source, Google Scholar, and Sage Journals. Throughout my research, I used the following search terms to locate articles: *trauma-informed care*, *trauma-informed approaches*, *adverse childhood experiences*, *educators* and *trauma-informed care*, *educators* and *training in trauma-informed approaches*, *graduate-level trauma*, *trauma theory*, and *trauma-informed care model*. My literature review included articles published between 2019 and 2023 from peer-reviewed journals

and organizational websites involving trauma-informed approaches in the K–12 and graduate educational levels. The review also included background information on various traumas, how trauma can affect diverse life domains, and how trauma can affect students. I also explored the effectiveness of trauma-informed approaches, how educators can implement trauma-informed approaches in the classroom, and the role of educators in creating safe classroom environments that are supportive of students exposed to trauma.

Conceptual Framework

Trauma-Informed Care Model

The conceptual framework for this study was the TIC model (Thompson & Carello, 2022), the emergence of which could be attributed to advancements in the field of trauma theory (SAMHSA, 2023; Thompson & Carello, 2022). This model encompasses the fundamental principles of trauma theory (SAMHSA, 2023), which addresses the differences in people's traumatic experience and how they may affect the individual in various aspects of life (Thompson & Carello, 2022).

For my study, semistructured interview questions incorporated the principles and assumptions of the TIC model. The TIC model was developed by experts from various regions worldwide, trauma survivors, and practitioners, along with the SAMHSA, in response to the growing understanding of the enduring effects caused by trauma (Harper & Neubauer, 2021; SAMHSA, 2023). The development of this model enabled the creation of TIC principles (SAMHSA, 2023).

The objective of the TIC model was to establish an organizational culture that embodied the SAMHSA principles of safety, trustworthiness, collaboration, choice,

empowerment, and cultural and gender issues (Berger, 2019; Jackson & Jewell, 2021).

SAMHSA devised these six principles to prevent future trauma or retraumatizing

individuals (Harper & Neubauer, 2021). Each of the six principles was intended to be

implemented with a systems-based approach (Jackson & Jewell, 2021; Lynch et al.,

2021). Additionally, the TIC model contains four assumptions to empower students:

realize, recognize, respond, and resist retraumatization (Berger, 2019).

Each of these principles and assumptions informed my open-ended interview

questions. This facilitated a more comprehensive understanding of the experiences and

possible barriers occupational therapy educators encounter when implementing trauma-

informed approaches. By analyzing the data from the semistructured interviews, I sought

to determine whether these principles or assumptions presented a potential barrier for

educators who were implementing trauma-informed approaches. The following sections

address each of the principles that SAMHSA recommended be utilized at all educational

levels.

Safety

Safety, which is an essential component of the trauma-informed model, is the

perception that an individual's physical or emotional environment is secure (Roseby &

Gascoigne, 2021). To learn, graduate-level students must feel safe and familiar with the

classroom setup and delivery of the educator (Roseby & Gascoigne, 2021). In the

absence of a perceived sense of safety, graduate-level students may experience an

automatic activation of fear or alarm responses. This might impede their curiosity and

hamper their ability to explore learning opportunities (Waterfall & Button, 2022). If

graduate-level students experience feelings of anxiety, discomfort, or fear in the classroom, it may impede their ability to engage in effective learning (Waterfall & Button, 2022).

In situations in which graduate-level students feel unsafe, the educator must alter the context or environment (Anderson et al., 2022). For example, the classroom's illumination, the arrangement of tables and desks, and the accessibility of the exits could be adjusted to improve environmental safety (Roseby & Gascoigne, 2021). In addition, because structure and consistency can help individuals who have experienced trauma feel less anxious, the educator can ensure consistency in the classroom when discussing the course outline, material, and expectations (Roseby & Gascoigne, 2021).

Regarding the emotional safety of the classroom, educators must be aware if graduate-level students appear triggered by the material or are uncomfortable with specific lesson-plan content (Collin-Vézina et al., 2020). When an educator is not attuned to the graduate-level student's internal state, they may unintentionally trigger the student (Anderson et al., 2022). Educators must also consider the material's potential to retraumatize students in the classroom. When contemplating safety, educators must remember that each student has unique experiences that must be considered when teaching. Furthermore, if the educator is inconsistent in their behaviors, the student may feel unsafe in the classroom (Anderson et al., 2022). For example, educators who demonstrate inconsistencies with grading, policies, and procedures could undermine a graduate student's trust and safety in the classroom. Trust is a critical safety determinant for students (Collin-Vézina et al., 2020).

Trustworthiness

Trustworthiness is the ability of the educator to demonstrate transparency with graduate-level students (Anderson et al., 2022). Graduate-level students who have endured a traumatic experience often encounter difficulties in establishing trust with others (Harper & Neubauer, 2021). To demonstrate trustworthiness, educators must be consistent and structured during the instructional delivery of material (Anderson et al., 2022; Harper & Neubauer, 2021). In addition, for graduate-level students to perceive trustworthiness, the educator must have good interpersonal boundaries and consistent interactions, while providing clarity (Jackson & Jewell, 2021). Educators can promote clarity through transparency regarding classroom policies and procedures and consistent implementation of practices (Russell et al., 2021). Trustworthiness can also be fostered through the establishment of clear tasks, which serve to reduce students' anxiety and uncertainty regarding expectations, in addition to obtaining feedback from students regarding the course's favorable and unfavorable elements to facilitate the decision-making process (Jackson & Jewell, 2021). Examples of allowing students to assist with the decision-making process are allowing them to determine goal settings for the class or changes in assignment dates, which also align with the principle of choice.

Choice

The principle of choice means allowing the graduate-level student to collaborate in all aspects of their learning with the educator (Russell et al., 2021). A graduate student who has experienced trauma may feel anxious about having to participate in the classroom or being called on by the educator (Russell et al., 2021). Allowing graduate-

level students to select their preferences regarding content and delivery offers them control over the outcome (Russell et al., 2021). Giving students this choice also allows the educator and university to help the students understand the available options. Graduate-level students should be viewed as knowledge creators and experts of their experiences (Roseby & Gascoigne, 2021), and they should be empowered to make selections to develop confidence and competence. When possible, educators can allow students to choose specific readings, topics, or methods of presentation. Having these policies in place provides the students multiple platforms to have a voice and collaborate with the educator (Russell et al., 2021).

Collaboration

The principle of collaborations allows for an ongoing dialogue between the educator and graduate-level student (Roseby & Gascoigne, 2021). When collaboration is not present, educators may unintentionally retraumatize a student who has experienced trauma (Persky et al., 2020). In the classroom, educators and students should share power over decision making, planning, and delivery (Roseby & Gascoigne, 2021). Lesson plans and the goals of the class are most effective when the educators and students collaborate (Roseby & Gascoigne, 2021). An example of collaboration in the classroom is having the students assist with creating or revising policies. Students should be involved during this process when developing assignments and grading rubrics. Furthermore, the instructor should incorporate student evaluations as a valuable tool for adjusting the curriculum (Persky et al., 2020). Additionally, an effective strategy to enhance the delivery of course content could involve the implementation of student-led discussions and activities

(Roseby & Gascoigne, 2021).

Empowerment

The key element of the TIC model for student achievement is student empowerment (Persky et al., 2020). Graduate-level educators can foster empowerment among students by emphasizing their existing skills and abilities, which can help the students develop confidence in overcoming various obstacles using their available resources and competencies (Persky et al., 2020). Furthermore, having students assist in the classroom can create accountability and responsibilities, thereby improving academic outcomes. Students who have experienced trauma can be empowered by learning how to regulate their emotions, form social connections, and develop effective communication (Persky et al., 2020).

Cultural and Gender Issues

Another critical principle of the TIC model is cultural and gender issues (Williams et al., 2022). Using this principle entails intentionally reducing any potential biases or stereotypes of the educator (McKinnish et al., 2019). These include biases regarding race, gender identity, ethnicity, sexual orientation, and geography (McKinnish et al., 2019). Educators who consider cultural and gender issues respect the traditional cultures of clients, communities, and students by recognizing the presence of historical trauma such as racial discrimination (Williams et al., 2022). Additionally, graduate-level students who are lesbian, gay, bisexual, transgender, queer, and questioning have reported unfavorable and hostile classroom situations (Russell et al., 2021). Educators must holistically examine the policies, protocols, and processes in place to ensure they

are meeting the needs of all students (McKinnish et al., 2019).

Four Assumptions

The TIC model contains four assumptions to empower students: realize, recognize, respond, and resist retraumatization (Berger, 2019; SAMHSA, 2023; Thompson & Carello, 2022). These four assumptions, along with the principles of the TIC model, were utilized to develop my interview questions to facilitate an in-depth look at the experiences and barriers encountered by occupational therapy educators. An educator using the TIC model acknowledges that trauma is widespread and understands that it can affect learning (Harper & Neubauer, 2021). Additionally, the educator should be able to recognize how trauma is affecting the student, identify different triggers, and empower students to learn. Furthermore, the educator must respond if a student has been retraumatized or feels unsafe in the classroom to allow the student to feel heard (Berger, 2019). In this response, the educator creates opportunities for the student to have a choice in the classroom (Lynch et al., 2021). Finally, the educator must resist retraumatization in the classroom by minimizing potential trauma triggers (Lynch et al., 2021).

Failure to apply the first three assumptions of the TIC model (realize, recognize, and respond) can lead to retraumatization of the graduate-level student, which can occur when an individual reexperiences a previous traumatic event, either consciously or unconsciously (Griffin, 2020). A person can become retraumatized by environmental stressors or circumstances related to the event's original trauma, imagery, or memory (Xu et al., 2022). Situations in which students may experience retraumatization include when the subject matter of a lesson is reminiscent of a previous traumatic experience, when

certain visual aids used during the lecture trigger traumatic memories, or when the lesson plan includes details that are closely connected to a previous traumatic event (Griffin, 2020). Furthermore, a student might feel that the educator did not respect emotional boundaries (Xu et al., 2022) or might have used a potentially triggering word while covering sensitive material to which the individual relates their previous trauma (Griffin, 2020).

Even if a traumatic event occurred years prior, individuals might face retraumatization upon re-exposure (Downey & Crummy, 2022). Furthermore, an individual's vulnerability to retraumatization can increase due to changes in brain structure resulting from experiencing trauma in childhood (Downey & Crummy, 2022; Xu et al., 2022). Signs of retraumatization, such as flashbacks, anxiety, difficulty concentrating, disrupted sleep, and an inability to control emotions, may manifest in those affected (Griffin, 2020). This retraumatization can impair a student's ability to learn, complete tasks, or behave appropriately in class, regardless of their age (Downey & Crummy, 2022).

Educators who implement trauma-informed approaches in the classroom can reduce the incidence of retraumatization (Xu et al., 2022). They should also be cognizant of vicarious traumatization, which can occur when professionals are exposed to the trauma narratives of others, often through sensitive class content or case studies, affecting graduate students indirectly (Xu et al., 2022). Even indirect exposure to traumatic content can lead to symptoms akin to post-traumatic stress disorder (Xu et al., 2022).

The ineffective management of a traumatic event can result in pervasive fears and

feelings of vulnerability and helplessness. Conversely, effectively processing a traumatic event can foster resilience and lessen its impact (Giotakos, 2020). However, Sambuco et al. (2020) noted that some individuals fail to process traumatic events effectively, which may lead to enduring cognitive challenges in areas such as problem-solving and information retention. Therefore, ensuring students' basic physiological needs—including safety, nourishment, and rest—is essential before focusing on academic achievements (Giotakos, 2020). Knowledge acquisition depends on the learners' sense of security.

My completion of semi-structured interviews aimed to uncover the challenges related to the TIC model in graduate-level classroom settings. These semistructured interviews provided valuable insights into the barriers faced by occupational therapy educators and offered opportunities to address them.

Tiers and Stages of Implementation

Trauma-informed approaches are implemented at different tiers within universities. At Tier 1, the focus is on supporting the development of coping and problem-solving skills for all individuals, irrespective of any past exposure to trauma (Anderson et al., 2022). This stage involves preventative efforts by the university to mitigate trauma's effects (Fondren et al., 2020). Tier 2 of the TIC model addresses students who have directly experienced trauma, with interventions aimed at bolstering social support, enhancing self-regulation, and employing group-based cognitive strategies (Fondren et al., 2020). The most intensive support occurs at Tier 3, where students significantly impacted by trauma receive specialized trauma-focused therapy (Fondren et al., 2020). Within this tri-level framework, support is extended to students at any tier (Fondren et al., 2020), which is particularly vital considering that many graduate students may grapple with the ongoing effects of trauma throughout their academic journey.

<center>**Literature Review Related to Key Concepts**</center>

Effects of Trauma on Students

Early childhood trauma profoundly affects brain and nervous system development, potentially leading to developmental and learning difficulties that persist into adulthood (Giotakos, 2020). Some brain regions, which are discussed further below, may not fully mature due to adverse childhood experiences (ACEs) during early development (Giotakos, 2020). The development of the brain begins with the lower regions, including the brainstem and midbrain, which regulate cardiovascular and respiratory functions (Giotakos, 2020). Subsequently, the upper brain regions, consisting

of the limbic system and cortex, develop. These regions are critical for advanced cognitive processes such as emotion regulation, cognitive processing, and logical reasoning (Giotakos, 2020). Trauma can disrupt the normal development of these mid and upper regions, leading to impairments in emotional regulation, sensory processing, and cognitive functions. Such deficits can affect individuals into their adult years, including during challenging academic pursuits at the graduate level (Sambuco et al., 2020).

Research on the exposure to childhood trauma has uncovered various emotional and biological effects that persist throughout an individual's life (Fondren et al., 2020). A study by Fondren et al. (2020) found that while not all children exhibited signs of post-traumatic stress disorder, many displayed traumatic symptoms, which were associated with a spectrum of psychological consequences. These included behavioral issues in school settings and complications in learning as adults (Fondren et al., 2020). Such symptoms may continue to affect individuals as they enter graduate studies. Graduate students who have experienced past traumas may face re-traumatization during lectures or when encountering sensitive content, potentially leading to poor academic performance (Wells, 2023)

Graduate students experiencing retraumatization may find themselves in a heightened state of alertness, facing difficulties in maintaining focus, increased anxiety, and a heightened sensitivity to nonverbal cues such as tone of voice, body posture, and facial expressions (Wells, 2023). This induced hypervigilance can lead to misinterpretations of social cues (Bekkouche et al., 2022), impacting their response to

learning environments, especially if they have previously encountered adverse educational experiences. Students in such states may find it challenging to utilize or develop advanced problem-solving skills (Bekkouche et al., 2022). Those who grew up in environments with persistent threats may remain constantly on alert, struggling to achieve a state of calm (Kee, 2021). The growing awareness of trauma's impacts has increasingly led scholars to advocate for trauma-informed approaches in graduate education (Wells, 2023).

Trauma-Informed Care (TIC), originally designed for clinical and social service settings, is also crucial in higher education, particularly in healthcare programs like occupational therapy. Students drawn to this field often have a higher incidence of trauma compared to the general population (Cannon et al., 2020). Educators must recognize that about 75% of students in any given class may have experienced traumatic events, which could have lasting effects on their careers and personal lives (Wells et al., 2021). Although the benefits of TIC are acknowledged in clinical occupational therapy settings, its integration into occupational therapy education remains underexplored (Wells et al., 2021). While much of the existing literature on trauma-informed approaches focuses on K–12 education, my study aims to address the gaps in implementing these approaches at the graduate level in occupational therapy education, highlighting the challenges and potential barriers (Lawrence et al., 2021)

Implementation Barriers at K–12 Levels

Many K–12 schools have begun to implement trauma-informed classroom strategies. Maynard et al. (2019) identified significant barriers to these approaches at the

K–12 level. Although the TIC model shows promise, further research is needed to evaluate whether its framework and principles effectively support student learning and security. Challenges persist for K–12 educators in balancing teaching priorities with the emotional needs of students affected by trauma (Anderson et al., 2022). Avery et al. (2021) noted that educators struggle with this balance, particularly as schools often prioritize academic achievements, such as standardized test scores and course grades, which may reduce their capacity to support traumatized students.

At the elementary level, educators reported feeling unprepared to address the needs of students grieving from traumatic experiences, citing a lack of knowledge in trauma-informed practices (Avery et al., 2021). Additionally, there is a recognized need for improved mental health literacy among K–12 educators. Anderson et al. (2022) highlighted that while there is a push for better mental health support, educators are unsure how to successfully implement TIC. Those teaching at the K–8 level expressed concerns about integrating mental health-related curricula, fearing it would detract from essential academic standards. Furthermore, many teachers reported a lack of self-efficacy in applying trauma-informed approaches within their classrooms (Anderson et al., 2022).

Similarly, Avery et al. (2021) investigated the implementation of school-wide trauma-informed approaches at K–12 levels as defined by SAMHSA from 2008 to 2019. Their study identified significant barriers, such as the challenge of translating knowledge into practice, and highlighted the need for more research on integrating core elements into the curriculum. Koslouski and Chafouleas (2022) also emphasized the importance of embedding trauma-informed practices within schools and called for further research to

improve the implementation process. Wassink-de Stigter et al. (2022) concluded that additional studies are necessary to assess the factors influencing the effectiveness and outcomes of these approaches, underscoring the importance of refining implementation strategies at both the K–12 and graduate levels.

To further understand these challenges, I plan to conduct semi-structured interviews with graduate-level educators, using guidelines from Avery et al. (2021), to explore the barriers to implementing trauma-informed approaches at the graduate level. Additionally, other studies have identified various obstacles to incorporating trauma-informed practices into the K–12 curriculum.

Berger and Martin (2021) conducted a systematic review of multi-tiered, trauma-informed approaches, selecting 13 studies that involved implementing three or more levels of school-based support and training for trauma. They found a pressing need for further curriculum integration, suggesting that trauma-informed approaches should be embedded within syllabi, policies, and in-class assignments. Brunzell et al. (2019) examined how primary and secondary school teachers altered their instructional strategies after training in trauma-informed practices. Their findings highlighted the necessity for a practice-based pedagogy tailored for trauma-affected classrooms and advocated for continued research into integrating these approaches into K–12 curricula

One barrier identified by Brunzell et al. (2019) among K–12 educators relates to the rigorous curriculum standards, which often prevent educators from deviating to assist students experiencing trauma. The rigidity of these standards poses significant challenges in identifying and supporting students in need and in adapting the curriculum

accordingly. Educators also expressed concerns about their qualifications, feeling ill-equipped to apply trauma-informed principles effectively given the breadth of material required in each lesson plan (Brunzell et al., 2019). Furthermore, they were concerned about their roles, feeling that their lack of expertise in psychology or mental health might prevent them from adequately addressing students' traumatic experiences.

In another study, Muttillo et al. (2022) evaluated a professional development course on TIC involving 34 participants from six elementary schools. They discovered that while TIC benefited student learning, the practical implementation was hampered by limited resources for staff to effectively respond to trauma. Educators struggled to maintain a safe classroom environment or modify lesson plans to accommodate traumatized students, constrained by stringent curriculum standards. This study indicates that although TIC offers theoretical benefits, its practical application within the classroom setting remains challenging (Muttillo et al., 2022).

These studies underscore the vital role that trauma-informed approaches play in enhancing student outcomes. Despite the initiation of programs to promote trauma awareness and implement trauma-informed strategies in most elementary and secondary institutions, significant barriers persist at the K–12 level. It is essential to investigate whether similar challenges affect graduate-level education, particularly among occupational therapy educators, to better support the adoption of these approaches across all educational levels.

Research Gap

Historically, higher education, including graduate-level programs, has adopted a reactive approach to addressing trauma among students, providing support services such as psychotherapy and mental health care on an individual basis after problems have occurred (Wells, 2023). While K–12 schools have become more proactive and methodical in supporting students who have experienced trauma (Avery et al., 2021), more research has been needed on trauma-informed practices in colleges and universities to help these institutions become proactive (Wells, 2023). Although the experiences and barriers associated with using trauma-informed approaches at the K–12 level have been well-documented, similar research involving occupational therapy educators at the graduate level has not been conducted (Lawrence et al., 2021; Wells et al., 2021).

As many individuals have continued their education past high school and pursued college degrees, a significant number have been affected by an adverse childhood experience (ACE) (Nelsen et al., 2022). Indeed, the number of college students diagnosed with mental health disorders has continued to rise, with 35% of young adults reporting a diagnosis upon entering college (Epstein et al., 2019). Furthermore, research has found that as many as half of the enrolled college students have been affected by mental health issues (Smallfield et al., 2022; Son et al., 2020).

As a result of these stressors, reports of anxiety among occupational therapy students have increased over the past decade (Epstein et al., 2019). These higher anxiety rates can be attributed to rigorous admission criteria, competitiveness, and the demands of academic programs. Consequently, many occupational therapy students have reported

elevated school-related stress levels due to complex academic expectations (Wells et al., 2021). Non-academic stressors have included social and community unrest and student loan debt, with many stresses and traumas related to personal and environmental factors.

Owing to various study findings, there are calls for universities to consider potential beneficial interventions or improved pedagogical approaches to mitigate the long-term consequences of childhood trauma (Lewis-Kipkulei et al., 2021; Wells et al., 2021). Previous research has indicated that graduate students in allied health sciences are more susceptible to anxiety and depression due to recent traumatic events (Lewis-Kipkulei et al., 2021). Lewis-Kipkulei et al. (2021) found that a considerable proportion of graduate occupational therapy students experienced adverse impacts on their mental well-being, with 73% reporting effects that could be attributed to the ongoing global pandemic. Most participants were female and reported experiencing anxiety ranging from mild to severe. Additionally, 76% of the surveyed participants indicated that experiencing a traumatic event had resulted in unsatisfactory academic achievement (Lewis-Kipkulei et al., 2021).

For example, a study conducted by Wells et al. (2021) employed a mixed-method approach to investigate the viewpoints of graduate-level occupational therapy students enrolled in educational institutions in the northeastern US. The study involved a cohort of 44 students who completed a survey. A significant majority of the students (84%) reported having undergone traumatic experiences. The authors identified three themes from the qualitative component of the study: the importance of establishing a communicative environment for achieving success, the fear among students of disclosing

the effects of trauma due to associated stigma, and the impact of trauma on various aspects of academic performance (Wells et al., 2021). While the impact of trauma on individuals can vary significantly, the study showed that there are shared indicators among trauma survivors that can affect their professional pursuits, including education (Wells et al., 2021).

Due to the significant proportion of graduate students reporting a higher incidence of traumatic events, exploring the experiences and barriers faced by occupational therapy educators in implementing trauma-informed approaches is critical, as highlighted in recent studies (Berger & Martin, 2021; Muttillo et al., 2022; Wassink-de Stigter et al., 2022). For instance, Wells et al. (2021) examined the underexplored area of trauma-informed approaches in the occupational therapy classroom and called for research into occupational therapy faculty members' understanding of trauma-informed teaching methods and their ability to assist students during stressful situations. While occupational therapy educators are trained healthcare professionals, the use of trauma-informed approaches within the classroom requires further research (Wells et al., 2021). This is crucial as many occupational therapy students have reported an inability to handle stress and a lack of overall wellness (Lawrence et al., 2022).

Occupational therapy educators must support students with pedagogical techniques like trauma-informed approaches to positively influence student wellness (Lawrence, 2022). Specifically, implementing TIC strategies could aid in alleviating these student concerns (Smallfield et al., 2022). Occupational therapy educators' prior educational experiences and clinical practice qualify them as effective providers of TIC

in both community and classroom settings (Brown et al., 2019; Fette et al., 2019).

Nelsen et al. (2022) have also called for more research on trauma-informed approaches at the graduate level. While much progress has been made at the primary and secondary levels, many students continue to graduate-level education, and their ACEs do not simply disappear (Nelsen et al., 2022). Although recommendations to implement trauma-informed approaches at the graduate level exist, exploration of the experience and potential barriers is lacking, particularly among occupational therapy educators (Harper & Neubauer, 2021; Wells et al., 2021; Wells, 2023). Thus, my basic qualitative research study conducted semi-structured interviews to gain a better understanding of the experiences and barriers that occupational therapy educators face.

Summary

At the beginning of this chapter, I discussed the TIC model, which emphasizes the necessity for individuals to feel safe and supported in order to learn effectively. As the conceptual framework for my proposed study, the TIC model is grounded in trauma theory, developed to recognize the prevalence of trauma and serve as a guide for professionals working with affected individuals. This theory proposes that each individual responds uniquely to trauma, and their coping mechanisms determine their resilience. The TIC model includes principles such as safety, trustworthiness, collaboration, choice, empowerment, and attention to cultural and gender issues, which help minimize the potential adverse effects of retraumatization on students (Berger, 2019; Jackson & Jewell, 2021). Despite its effectiveness, numerous studies have highlighted barriers to implementing trauma-informed approaches, particularly at the K–12 levels.

Students who have experienced trauma need to feel secure and have their social needs met before they can effectively retain or learn new information. This chapter has explored how trauma can significantly alter an individual's brain structure and development and subsequently affect their academic performance. With the high prevalence of adverse childhood experiences (ACEs) in the U.S., it is critical that the effects of trauma are addressed within graduate-level education. Here, I have shown that 68% of graduate students, including those studying occupational therapy, have reported traumatic experiences (Wells et al., 2021). Although the use of trauma-informed approaches has increased at the graduate level, most research remains focused on the K–12 settings, with minimal investigation into their application in graduate education (Davidson, 2020; Lawrence, 2022; Wells et al., 2021).

Moreover, there is limited research on the experiences and challenges faced by occupational therapy educators in applying these approaches in the classroom. My study contributes to filling this gap by interviewing occupational therapy educators to understand their experiences with implementing trauma-informed practices. In the upcoming chapter, I describe the proposed methodology and design of the study, which is a basic qualitative research design. I also discuss how this methodology aligns with the research questions and the purpose of the study.

Chapter 3 Research Method

This basic qualitative study was conducted to develop a better understanding of

the experiences and barriers of occupational therapy educators when implementing

trauma-informed approaches. I explored the experiences of occupational therapy

educators from four campuses throughout the United States in utilizing trauma-informed

approaches through the lens of the TIC principles of safety, trustworthiness, choice,

collaboration, and empowerment. Considering the significant negative effect of trauma

on graduate-level students, an increased understanding of the experiences and barriers of

occupational therapy educators was deemed necessary.

In the chapter, the qualitative methods and procedures that were employed to

understand the experiences of participants are outlined. The research methodology and

rationale for this study are also described. The chapter covers the researcher's role, any

potential problems with ethical processes relating to the interviews, and the study's

validity. At the end of the chapter, a summary of the key points is offered.

Research Design and Rationale

The primary concept of interest was trauma-informed approaches, a method of

working with individuals who have experienced trauma (Roseby & Gascoigne, 2021).

Despite the existence of these approaches, there was limited research on the experiences

of and barriers faced by occupational therapy educators during implementation. For the

current study, a basic qualitative approach was used. Qualitative studies are conducted in

social science disciplines or professions such as education, social work, and program

evaluations (Ravitch & Carl, 2019). Qualitative research, as defined by Ravitch and Carl

(2019), is an attempt to understand how people view, approach, and make meaning of their experiences. A basic qualitative approach was chosen for the current study for several reasons: (a) There were insufficient data for the particular topic, (b) a survey approach would not have provided sufficient data to answer the research questions, and (c) the study focused on current events. Qualitative research begins with an interest, problem, or question the primary investigator hopes to address (Patton, 2023). The basic qualitative design enabled me to understand the real-world experiences of and barriers faced by occupational therapy educators when implementing trauma-informed approaches.

Semistructured interviews were conducted with occupational therapy educators across four campuses in the same university system across the United States. The study was guided by the following research questions:

RQ1: What are the experiences of graduate-level occupational therapy educators when implementing trauma-informed approaches?

RQ2: What are the barriers when implementing trauma-informed approaches for graduate-level occupational therapy educators?

Researcher Role

As the interviewer and observer for this qualitative study, I was responsible for the data collection, analysis, and interpretation. I conducted the interviews, using notes and audio-recording devices during the process. Following the interviews, I transcribed the recordings and analyzed the data using coding to determine categories and themes.

To eliminate bias, I allowed the interviewees to examine the interview findings after the interview process. This approach enabled the members to verify that I had recorded and transcribed the correct information by comparing it to the information collected. Additionally, I used self-reflection to eliminate bias throughout the interview process, identifying and reflecting on whether I influenced the outcomes. In qualitative research, it is essential to conduct interviews during working hours while participants are at work (Patton, 2023). The interviews were conducted via Zoom, Microsoft Teams, or in-person meetings. To maintain confidentiality and privacy, the interviews were disguised as faculty meetings, hiding their true purpose.

Methodology

In this section, the design of the basic qualitative study is explained. The study consisted of semistructured interviews with purposefully selected participants from four campuses in the same university system. Each of the four campuses had a large staff of occupational therapy educators with various backgrounds, allowing for a variety of experiences. This approach enabled the exploration of the experiences of and barriers facing occupational therapy educators utilizing trauma-informed approaches. The following subsections address participant selection, data collection, and the data analysis method.

Participant Selection

Each participant in this qualitative study was considered an expert in their field. To select participants for this study, I conducted purposeful sampling. Purposive sampling is recommended for qualitative research as a method for selecting participants

who possess specific characteristics or meet certain criteria (Campbell et al., 2020). By using this approach, the researcher selects participants who possess the most valuable insights and provide in-depth knowledge of the subject matter (Campbell et al., 2020). The participants for the current study were graduate-level occupational therapy educators. Participant selection was limited to entry-level graduate programs because there may have been variability in postprofessional programs. Including only entry-level graduate programs allowed for patterns and themes to occur for a better understanding of the subject matter.

A basic qualitative design entails collecting comprehensive data from a limited number of participants. Based on the sole criterion of possessing 1 year of teaching experience at the graduate level, a sample size of 10 participants was sufficient to attain data saturation (see Hennink & Kaiser, 2022; Patton, 2023). Data saturation occurs when the participants no longer provide new information or insights.

Instrumentation

As the researcher, I was the primary instrument in this qualitative study. Employing an interview protocol provided a focus while collecting important data during the semistructured interviews. After evaluating the TIC model and the current literature on trauma-informed principles, I created the interview protocol. For students to retain information, they must feel safe to learn academically. In my qualitative approach, I employed the principles of the TIC model: safety, trustworthiness, collaboration, choice, empowerment, and cultural and gender issues. The semistructured interviews provided information in a specific area from different perspectives (see Patton, 2023). Educators

had valuable knowledge and experiences regarding students exposed to trauma that semistructured interviews could capture. Qualitative interviewing enables researchers to learn the perspectives of others and give meaning to their experiences (Jones, 2020). Interviews best supported this method of exploration in the current study because the educators could explain their experiences when implementing TIC in the classroom (see Saldana & O'Brien, 2014).

I designed each of the research and interview questions to align with the trauma theory and the TIC model. The educators' experiences as professionals while working with students impacted by trauma enabled the educators to offer valuable information about applying these approaches. To bolster content validity and gather information, I made sure each interview question aligned with the research questions of this study. The interview protocol was used to guide the semistructured interviews and to provide consistency across the interviews with the participants. Two occupational therapy educators specializing in TIC, who did not participate in the study, reviewed the interview questions and offered recommendations. During these meetings, I explained the research questions for the study and the interview questions. Each educator considered the interview questions to ensure they addressed the research questions. These educators had considerable knowledge regarding TIC. The first educator had 15 years of experience using TIC, and the second educator had served as a leader for 17 years in occupational therapy. Based on their feedback, I made changes to the interview questions. This process helped ensure the content was valid.

I conducted semistructured interviews to collect data to understand the

experiences of and barriers faced by occupational therapy educators when implementing trauma-informed practices. The interviews were conducted and documented via a virtual platform. I asked each participant a series of open-ended questions using the interview protocol to guide the conversation. As the primary investigator, I used field notes to monitor each interview and demonstrate the relationship between the interview and the original research question. The probing questions and prompts during the interview enabled me to collect data that would answer the research questions. The validity of the interview questions and their open-ended nature meant I was able to gather extended answers from the participants.

Procedures for Recruitment, Participation, and Data Collection

Selecting participants for qualitative research must be done strategically and with purpose. The researcher must understand the objective of the study and the research questions. In the following sections, I describe how the participants were recruited, the selection criteria for the study, the interactions with the participants during scheduling, and how the data were collected and analyzed.

The recruitment process targeted occupational therapy educators with at least 1 year of teaching experience at the university from which the participants would be recruited. A list of educators with TIC specialties at the university was developed, and through the university website I was able to confirm the participants' positions at the university and their experience. All participants working at the same university participated in the study voluntarily. I had contacted Walden University and the cooperating university to obtain permission to recruit participants and had received initial

verbal approval to conduct the study at the university. To obtain final approval from the university, I needed to submit (a) a comprehensive proposal outlining the study's methodologies and schedule and (b) documents pertaining to research recruitment and informed consent, such as interview protocols and questions. The initiation of the ethics approval procedure required completion of the Walden University Institutional Review Board (IRB) form. After receiving an official email from the IRB at Walden University (12-14-23-1062224), data collection could commence.

The email server of the study site university contained the names of all occupational therapy educators who worked at that university. I used the email server to contact all prospective participants, including an explanation of the inclusion criteria, as well as the Walden IRB consent form. The selection criteria included 1 year of teaching experience at the graduate level to ensure sufficient data to answer the research questions. This criterion ensured that the participants could respond to the interview questions based on their current classroom practices rather than on assumptions about trauma-informed approaches. This was also an appropriate criterion for the study because educators might have been transferring between campuses or might have only recently begun instructing.

Once potential participants responded to the initial email consenting to participate in the study by stating "I consent," I purposefully selected 10 occupational therapy educators as participants. A smaller sample size was deemed appropriate for more in-depth interviews with homogeneous participants (see Patton, 2023). The participants were homogeneous because they all worked in the same university system on different campuses, with uniform professional development courses and training. Therefore, this

sample size was adequate to identify recurring patterns and themes to answer the research questions.

The university was spread across three time zones. I selected each participant who responded to an email on a first-come, first-served basis to complete the interviews. Additionally, I ensured there were roughly even numbers of educators from each campus, creating a random sample of 10 participants and helping ensure each campus was represented. The university had four campuses, with an educator directory of each campus representing where the participant's home campus was located. Once the participants responded to the email and were selected to participate in the study, a second email was sent to schedule a date and time for the interview. Each participant understood they could withdraw from the study at any time by stating they wanted to withdraw or by verbalizing this desire at any point. If a withdrawal had occurred, I would have returned to the previous emails to select another participant. An educator from the same campus would have then taken over for the participant who withdrew.

During the interviews via Microsoft Teams platform, I offered to disable the camera feature to ensure the recording did not contain an image of the participant. I also asked each participant to hide their name or create a pseudonym on the screen to protect their identity. Any documentation from a participant who did not withdraw from the study was stored and remained confidential for up to 5 years; however, the documentation was used in the study. An interview guide was created to provide questions relevant to the research questions (see Appendix B). The questions were used to gather data on the educators' gender, age, and years of experience, as well as their

experience with students with trauma and their utilization of certain aspects of the class (i.e., preparation, during class, and at the end of class). The interview questions were developed from the TIC model, which addressed the six principles of trauma-informed approaches. I believed the interview questions were sufficient to address the research questions and allow educators to discuss their perceptions about the different benefits and consequences of implementing trauma-informed approaches. When the interview ended, I allowed the interviewee to ask questions or to make points they had not yet shared. Following the data analysis, I provided each interviewee with a summary of the findings.

Data Analysis Plan

I conducted semistructured interviews with the participants. I had developed the interview questions to answer the research questions. Once I completed each interview, I undertook thematic analysis through hand coding. Thematic analysis, a qualitative data analysis approach, was systematically employed to examine the data, identify recurring patterns, and extract meaningful themes (see Saldana & O'Brien, 2014; Terry et al., 2017). By implementing thematic analysis, I identified the themes that answered the research questions (see Saldana & O'Brien, 2014; Terry et al., 2017). Conducting a comprehensive thematic analysis enabled the interpretation of the data (see Patton, 2023). I used Microsoft Teams to transcribe the interviews. Preanalysis was conducted to determine the words or phrases most relevant to the research topic. The next step was to complete line-by-line coding of the transcript, assigning codes to the words or phrases identified as important.

Coding was crucial to provide insights into ideas that were valuable to the participants and to facilitate the organization and retrieval of data (Selvi, 2019). I employed an inductive coding method, identifying words or phrases that participants repeated and that appeared significant. Initially, I identified 40–70 important words or phrases and assigned codes to them. This process was followed by second-level coding, where I grouped these initial codes to identify broader or overarching patterns. I then reviewed the data from both the first and second levels of coding to refine and further ground the codes. The final step involved identifying trends and patterns and grouping them into themes.

Issues of Trustworthiness

In qualitative research, trustworthiness addresses how one evaluates the quality of a study. Unlike quantitative research, which uses validity and reliability measures as indicators of trustworthiness, qualitative research aims to explain rather than quantify; thus, its quality is measured differently. Researchers evaluate the trustworthiness of qualitative studies using four criteria: credibility, transferability, dependability, and confirmability.

Credibility

This criterion assesses how accurately the findings reflect the perceived reality (Moen & Middelthon, 2015). It also considers whether the researchers conducted the study using appropriate methods for that research type (Moen & Middelthon, 2015). In my study, Walden faculty and peers with research experience reviewed various aspects, including the interview data. I practiced reflexivity by recording journal entries and notes

to critically examine my thoughts, beliefs, values, and actions throughout the research process.

Transferability

Transferability pertains to the extent to which the findings of a study can be generalized to other contexts under similar conditions (Taylor et al., 2015). To aid this, I provided comprehensive and detailed information from the study and about the participants involved. This included demographic details, the duration of the semi-structured interviews, and the format in which they were conducted (e.g., face-to-face or virtual). I ensured participants' privacy and confidentiality through a rigorous coding system while providing comprehensive data.

Dependability

Dependability involves the likelihood that another researcher would obtain similar findings under similar conditions (Patton, 2023). To support this, I maintained thorough documentation of the study's design, implementation, data collection, and analysis processes. During the semi-structured interviews and data analysis phases, I diligently recorded pertinent observations and reflections.

Confirmability

Confirmability refers to the degree to which research findings are shaped by the participants and the perceived reality, rather than by the researcher's biases or interests (Taylor et al., 2015). The study's confirmability was further evidenced by the possibility of replicating the findings in subsequent research. An audit trail was maintained to facilitate verification and confirmation of the information. To minimize researcher bias, I

employed various strategies such as maintaining meticulous records during data collection, preserving raw data, and ensuring transparency during the analysis phase (Taylor et al., 2015).

Ethical Procedures

In qualitative research, the principal investigator must make numerous decisions that can seem arbitrary; therefore, adhering to ethical procedures is crucial (Patton, 2023). To prepare for interaction with human subjects, I completed the National Institutes of Health's training on human subject protection. When designing the interview protocol, I anticipated potential ethical issues and adhered to ethical practices throughout my proposed study. Participants were not contacted or informed of my research until approval was obtained from the Walden IRB and the university where the research was conducted. Following such approval, I obtained informed consent from the participants via email.

The initial email requesting participation included an explanation of the study's purpose, the required time commitment, the procedures, and the potential risks and benefits of participation. It also summarized the data protection procedures. Before signing the consent form and participating in the interviews, participants had the opportunity to address any questions they might have had. I informed participants about how they could withdraw from the study after signing the consent documents. Participation was voluntary, and I emphasized that there were no additional incentives for participating beyond the knowledge that might be gained from the study outcomes. To

ensure no coercion, the written consent form clearly stated that there would be no penalties or consequences for choosing not to participate.

I held no supervisory responsibilities over any of the participants. I ensured confidentiality, which is crucial for building trust (Patton, 2023). The interviews were conducted in private office spaces or via web conferences using Microsoft Teams. Prior to initiating the interviews, I sent an email explaining how confidentiality would be maintained throughout the study. Each participant was assigned a numeric code to safeguard their identity.

After completing the interviews and gathering the data, the audio recordings were coded for data analysis and stored on an encrypted server with password-protected online storage. I was the sole individual with access to the password for the online drive. Any hard copies or written notes from the interviews were kept in a locked cabinet in my office, accessible only by me. According to Walden University policy, information was retained on file for five years. All physical copies will be shredded after this period, and any encrypted information on servers will be deleted. These ethical standards were essential for protecting the participants and ensuring the integrity of the data analysis. Strict adherence to ethical guidelines fostered trust between the interviewees and me (Patton, 2023); therefore, I described these ethical practices and data analysis procedures to establish a trustworthy partnership. Confidentiality assurances were made to each participant, and throughout the process, I reassured them of my commitment to maintaining confidentiality and remaining objective during the interviews and in any follow-up correspondence.

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Summary

In this chapter, I discussed the methodology employed in my proposed research study, which investigates the experiences and barriers faced by occupational therapy educators implementing TIC. I also outlined the research tradition of a basic qualitative design. Additionally, I elaborated on the role of research and the methodology of the study, detailing how these were addressed and the steps taken to ensure the credibility, transferability, dependability, and reliability of the study. In the final section, I described the ethical procedures to protect the study participants.

In the subsequent chapter, I will describe how the data from the semi-structured interviews will be analyzed. I detail the data-collection process, including the number of participants, the locations, and the frequency and duration of each interview. Following this, I explain the data-analysis process, including the development of codes, categories, and themes. In the final part of Chapter 3, I outline how I ensured the four components of trustworthiness were maintained throughout the research.

Chapter 4: Results

The purpose of this study was to understand the experiences and barriers faced by occupational therapy educators in implementing trauma-informed approaches. The research was conducted at a university with five campuses spread across the United States. The study was guided by four assumptions for TIC and six principles. The research questions were formulated to inquire about each participant's experience in integrating trauma-informed practices within the classroom.

This chapter includes a discussion of the setting and demographics and the data collection method, including the number of participants, location, frequency, and duration of data collection. Furthermore, the chapter outlines how the data were recorded and presents the initial data collection process, including any changes made. Additionally, the chapter delves into the data analysis process, highlighting specific codes and themes and addressing any discrepancies. The discussion also covers the evidence of trustworthiness, credibility, transferability, dependability, and confirmability.

Setting

Each participant was interviewed virtually using Microsoft Teams. Although all participants belonged to the same university, they were spread across various campuses throughout the United States. The campuses are in diverse areas, including various socioeconomic populations, cultures, and regions affected by different traumatic events. The university has over 200 occupational therapy educators who met the requirements for being interviewed and had been with the university for over 1 year. Using purposive sampling, I selected 10 participants based on their diverse backgrounds in TIC. Of those

eligible, only 10 responded to the invitation email and gave consent to participate in the study.

Demographics

Ten participants volunteered for this study. Two were certified in TIC and worked as clinicians in mental health settings. The remaining participants were occupational therapy educators who worked in other settings such as orthopedics, pediatrics, and acute care. None of the participants stated that they had a formal system in place to identify students exposed to trauma. Several participants had extensive experience as clinicians who had been teaching for over 5 years at the graduate level. All 10 participants were women. To maintain confidentiality, each participant was assigned a code. Table 1 displays background information gathered during the screening questionnaire for the study.

Table 1

Demographics of Participants

Participant	Gender	Teaching experience at graduate level
1	Female	4–6 years
2	Female	4–6 years
3	Female	1–5 years
4	Female	11+ years
5	Female	4–6 years
6	Female	1–5 years
7	Female	4–6 years
8	Female	4–6 years
9	Female	11+ years
10	Female	6–10 years
Total	10	M = 4–6 years

Data Collection

I used purposive sampling to procure a sample size of 10 participants to gather sufficient data for thematic analysis. The saturation point of data was achieved with this sample of 10 interviewees. An email invitation (see Appendix C) was forwarded to potential participants; each interested participant was required to provide consent for the study through email. Following consent, participants underwent a screening questionnaire, ensuring they met inclusion criteria and contributing to the creation of a diverse participant sample.

Before commencing virtual interviews, I spent a few minutes expressing gratitude to each participant for their involvement. Following the introduction, I initiated the recording of the interview, employing the interview protocol (see Appendix B) with open-ended questions. Throughout the interviews, I adhered to the interview protocol, guide, and follow-up questions. Upon conclusion of the interview, each participant received thanks for their time and participation. A date and time for a follow-up phone interview aimed at clarifying responses and member checking was also scheduled. The follow-up interviews were conducted with each participant between 5 and 14 days after the initial interview.

Interviews were conducted via Microsoft Teams between January and February 2024, with a frequency of approximately five interviews per week. All interviews were completed in a single session, lasting between 30 and 35 minutes. Recordings were made using the Microsoft Teams record feature, and the data were transcribed using the

transcription feature. The data collection process adhered to the plan presented in Chapter 3, with no deviations.

Data Analysis

I conducted one-on-one interviews with participants. I formulated the interview questions with the intention of addressing the two research questions (see Appendix A). After finishing the interview, I conducted data analysis using thematic analysis with open-coding tools. Due to the inaccuracies in the Microsoft Teams transcript, I had to review the audio recordings multiple times. When examining each transcribed qualitative interview, I employed a two-step method. Initially, I conducted a comprehensive reading to comprehend the overall ideas and thoughts of the participants. Once the preliminary examination of all 10 interview transcripts was finished, I carefully reviewed every transcript and performed a subsequent round of thorough readings and line-by-line analyses aiming to identify any additional information that may have been overlooked during the initial analysis. The objective of this approach was to provide a thorough analysis of the qualitative findings.

Throughout the first- and second-level coding process, I revisited the data multiple times to review, refine, and regroup the codes for accuracy and coherence. During the first-level coding, I identified 40–50 important or recurring phrases and assigned codes to them. Next, I revisited the interviews and codes multiple times to determine whether additional codes were necessary. After the second-level coding, I grouped the codes to identify broader categories.

A word cloud was generated from Dedoose, offering a visual representation of the

key codes within the data (see Appendix E). The term *negative effects of trauma*

appeared prominently. Following closely were codes such as *classroom environment*,

large/small classes, *student trauma experiences*, and *resources needed to implement TIC*.

This word cloud captured the central codes discussed by participants, providing insights

into the central points of their conversations and the essential concerns surrounding

trauma-informed practices in educational settings.

Interpreting the data to create groups or categories was the next stage of the

analysis process. I reviewed the codes and started removing words without sacrificing the

data's meaning (see Saldana & O'Brien, 2014). There was a two-step process in

developing categories. I initially put the data into broad categories, which allowed me to

see larger themes and patterns. The second step allowed me to obtain a more in-depth

understanding of what the participants were sharing. After going through and refining the

categories, I was able to observe themes from the data. No opposing or contradictory

information about the themes was found in the data. Four themes emerged for Research

Question 1, and three themes emerged for Research Question 2.

Research Question 1 Themes

1. Participants foster a learning environment that is welcoming and inclusive, recognizing diversity and making sure that resources are easily accessible in the classroom.

2. Participants use universal approaches, customized support, and adaptive techniques to meet the needs of a wide range of students.

3. Occupational therapy participants integrate clinical skills, clinical insights, and sensory and motor demands to provide a comprehensive approach to education.

4. Participants understanding and addressing student trauma experiences, including trauma effects and adverse effects, to foster positive outcomes and apply approaches with empathy to build an environment of support.

Research Question 2 Themes

1. Educators encourage the well-being and balance by implementing workload management techniques, dealing with burnout, and figuring out practical solutions to balance time responsibilities. This includes taking workload into account when designing curricula and lessons, as well as adapting strategies to fit different class sizes.

2. Despite recognizing the importance of trauma-informed approaches, educators need more robust assessment tools to accurately measure the impact of TIC on students in the classroom.

3. Promoting professional development and flexibility includes broadening educators' knowledge base, participating in ongoing professional development (especially trauma-informed training),and supporting educators' flexibility to adjust their methods to the changing requirements of their students and the changing educational environment.

Evidence of Trustworthiness

The quality of a qualitative study depends on the trustworthiness of the research. In a qualitative study, researchers assess quality in different ways (Saldana & O'Brien, 2014). Trustworthiness is assessed through credibility, transferability, dependability, and confirmability.

Credibility

Credibility in qualitative research refers to the degree to which the results are accurate and consistent with established realities (Patton, 2023). Credibility refers to the researcher's ability to employ methods that are appropriate for the research. To ensure the credibility of my study, I employed peer debriefing. Consultants of the study, including my Walden faculty chair and other peers with prior research experience, offered their insights. In addition, I maintained a reflexive journal during the interview and data analysis process in which I recorded my reflections, actions, and potential biases that occurred throughout the study.

Transferability

The transferability of a study's findings refers to their applicability to other contexts (Patton, 2023). To ensure transferability, I provided comprehensive details regarding the study to other researchers. I documented details about the data collection procedure, such as the duration of each interview. I also took measures to guarantee the transferability of the study's findings by safeguarding the participants' privacy and confidentiality.

Dependability

To ensure dependability, I employed a methodical and structured strategy throughout every step of the process (see Saldana & O'Brien, 2014). I carefully documented every stage of the research process, starting with the creation of the study and extending to the collection and analysis of data. The transparency of my methods not only allowed simple interaction but also supported potential future replications of the study. In addition, I carefully recorded an extensive audit trail, including all decisions, modifications, and ideas made during the research process. Frequently revisiting and updating this trail enabled me to monitor the dynamic progression of the study. Furthermore, I sought input from colleagues and mentors, thereby improving the reliability and validity of my interpretations and findings**.**

Confirmability

In qualitative research, confirmability is crucial to establishing the credibility and objectivity of findings (Ayre & McCaffery, 2022). I prioritized confirmability throughout my research by using a variety of techniques to reduce bias and personal influence. Maintaining reflexivity, or regularly reflecting my preconceptions, prejudices, and assumptions that might have influenced the research process, was an important strategy. The implementation of an audit trail and regular documentation helped me confirm the study's methodology and results (see Ayre & McCaffery, 2022). Member checking and peer reviews also enhanced the confirmability of my research, ensuring that the results would improve the general body of literature within the field.

Results

I conducted this basic qualitative study to understand the experiences and barriers of occupational therapy educators when implementing trauma-informed approaches within the classroom to support student learning. My two research questions were the following:

RQ1: What are the experiences of occupational therapy educators in implementing trauma-informed approaches?

RQ2: What are the barriers to implementing trauma-informed approaches for occupational therapy educators?

To guide the interviews for the study, nine questions were designed for Research Question 1, and six questions were designed for Research Question 2 (see Appendix B). The data gathered in this study were grounded in the principles of the TIC model. This approach placed significant emphasis on recognizing and dealing with the effects of trauma, recognizing the visible signs of trauma symptoms, and recognizing the potential influence of trauma on an individual's well-being, behavior, and relationships with others. The study aimed to achieve a comprehensive understanding of the impact of trauma on the practices of occupational therapy educators and the educational environments in which they work by aligning the data collection with this model. The results of this study revealed themes that addressed the experiences and barriers faced by occupational therapy educators in utilizing trauma-informed approaches. The findings are presented according to the research questions and the emerging themes.

RQ1 Themes

Theme 1: Learning Environment

In addressing RQ1, the interview questions explored the experiences of occupational therapy educators. One of the themes that arose was related to the learning environment and the strategies employed by educators in implementing trauma-informed practices. These insights merged around two core domains: the physical environment and emotional safety.

Creating a Supportive Physical Environment. Participants highlighted the incorporation of adjustable seating as a key strategy to foster a comfortable and engaging learning environment. P1 stated

> I do a lot of adjustable seatings ... So if I have a student who wants to sit alone or wants to stand in the back, it's not a big deal for me. We have a standing table. I've had students sit on balls.

This statement was reiterated across responses (P1, P4, P5, P6, P9, P10), indicating a widespread recognition of the value in providing physical arrangements that allow students to choose how and where they engage best within the classroom space. The educators discussed the importance of adapting the classroom settings to student preferences and the dynamic nature of learning interactions. P4's approach was allowing students to sit on the ground or engage in yoga stretches to accommodate physical comfort as a pathway to better learning outcomes: "If they need a Swiss ball or therapy ball, I'll bring it in and they can sit on that, especially for our pregnant students. So I let them pick their body position at any time."

The encouragement of movement within the classroom was another common element discussed, with educators recognizing its importance for maintaining student engagement and focus. The integration of breaks and movement activities was mentioned as a strategy to alleviate cognitive overload and enhance attention. P5 noted,

> So again, each class might not be the same. So if it's a very intense class, I make sure I implement breaks and I tell them, okay, we have a 10 minute, and I tell them to get up, move around.

The arrangement of students into small groups or pods was another strategy, which was aimed at fostering collaboration and peer learning, as mentioned by P1, P4, P5, and P6. P6 described organizing students into collaborative mini-groups to enhance interaction and teamwork: "I have them grouped in little pods. And so I have four to five students in each pod, more of a collaborative mini group collaborations."

Beyond physical comfort and collaboration, the educators also highlighted the importance of creating spaces that are inclusive and accessible to all students. P9 emphasized setting up environments that are predictable and organized, and where accessibility is prioritized: "So in a physical environment, in the physical classroom, I am very mindful of making sure that everybody is able to see me see the information and be able to at least at minimum access the information, right?"

Technological Integration and Accessibility. Educators utilized technology to facilitate a more interactive and accessible learning experience. For example, one participant shared, "I used mentee meter a lot so that it could be anonymous," demonstrating how technology was utilized to gauge student well-being and engagement"

(P6). This approach allowed educators to perform "temperature checks" on the class's emotional climate.

The creation of collaborative workspaces through digital platforms was another emphasis during the interviews. As educators navigated the blend of in-person and online learning environments, it was important to maintain a seamless and inclusive educational experience, as noted by P9 and P10. P1, P4, P6, P7, P9, and P10 highlighted the use of various technologies to support group work and discussions, enabling students to connect and collaborate regardless of their physical location.

Accessibility also emerged as a recurring conversation in the educators' strategies for integrating technology. Ensuring that all students could access and engage with the digital tools and resources used in the classroom was fundamental, which was discussed by P1 and P4. P3 noted they aim to make sure "that everybody was able to see me, see the information, and be able to at least at minimum access the information."

Moreover, educators were mindful of the potential challenges that came with integrating technology into the classroom. They emphasized the importance of creating predictable and organized settings, both in physical and online classrooms, to minimize barriers to learning. The establishment of course norms and agreements at the beginning of each term was cited as a practice that helped "talk about what helps us all to learn better," ensuring that the use of technology aligned with the students' learning preferences and needs.

Flexible and Adaptability for Students in Trauma-Informed Care. A consistent thread throughout the narratives was the connection between flexible teaching

practices and trauma-informed care. All the participants emphasized the importance of autonomy, ensuring students felt comfortable taking breaks, choosing seating, and engaging in activities conducive to focus and learning. A central approach is the introduction of flexible seating arrangements, with educators allowing students to select where they sit or stand. For example, P4 mentioned, "I do a lot of adjustable seatings ... if I have a student who wants to sit alone or wants to stand in the back, it's not a big deal for me."

The value of a less structured classroom environment is another point of consensus among participants. P2 noted the benefit of being able to "watch their body language" to gauge student engagement more effectively. Educators also frequently incorporate small group discussions into their teaching, with one participant describing this method as allowing students "a smaller group discussion so they can actually connect." The integration of breaks and physical movement was also identified as a way of maintaining focus during intensive sessions.

In summary, participants' narratives highlighted flexible teaching practices and trauma-informed care, emphasizing autonomy and student comfort within the classroom. They advocated for allowing students to choose their seating to foster a supportive learning environment. This adaptability extended to less structured classroom environments, small group discussions, and the incorporation of breaks and physical movement to maintain focus, especially during intensive sessions. The practice of arranging classrooms to facilitate dialogue, such as organizing students into pods, was also noted to enhance peer learning. Additionally, the importance of starting classes with

regulation activities to prepare students for learning underscored the educators'

commitment to responsiveness and flexibility, tailoring teaching methods to the dynamics

of each class and reinforcing the integration of trauma-informed principles to improve the

educational experience.

Theme 2: Teaching Approaches

Another theme that arose during the data analysis process was teaching

approaches. This involves using methods that resonate effectively across diverse student

populations, fostering an inclusive, accessible, and welcoming learning environment. P3

summarized this by stating, "I express it universally, but I always state that I'm available

individually."

Flexibility as a Key Aspect in Trauma-Informed Teaching. Flexibility

emerged as an element in the interviews, reflecting the educators' commitment to

accommodating the diverse needs of students. P6 emphasized the significance of

maintaining a flexible atmosphere in the classroom, especially concerning deadlines and

assessments:

> I try and maintain that flexibility because I think that at the bare minimum is
>
> something that I can do that's pretty simple for me to change a couple of days of a
>
> due date if it's needed by the whole class or by a couple of individuals.

Moreover, P9 and P10 stressed the importance of adaptability in lesson plans,

recognizing that certain topics might be triggering for students. P9 conveyed the need to

have a Plan A but be ready to shift to Plan B or C, especially when dealing with

potentially sensitive subjects like domestic violence. P2 also discussed how she attempts

to stay flexible with the students: "We can let them have snacks, we can make sure that they get plenty of breaks."

Proactive Engagement Before and After Class. P9 and P10 shed light on the critical role of adaptability in trauma-informed teaching, specifically in lesson planning. This adaptability is a deliberate strategy to navigate potentially triggering topics. P9 recognized that certain subjects may evoke emotional responses, so educators must have well-thought-out Plan A while remaining prepared to seamlessly transition to alternative plans.

Educators employed flexible teaching methods to address diverse student needs. For instance, one participant pointed out the importance of collaboration, providing students with advance notice about potentially emotional topics and permitting breaks when needed. Another participant underscored the significance of relationship-building, recognizing the impact of personal factors on learning outcomes (P7) A third participant adopted an approach learned from a skillful teacher, fostering discussions about students' learning experiences and emotions (P8). Additionally, one participant routinely offered private sessions for extra support (P5). P3 stated "And I always take extra time to just stand around, so if anybody needs to talk to me or anybody needs to give me anything."

Feedback Mechanisms. The participants employed various feedback mechanisms to enhance their teaching practices. A commonality among them is proactive engagement in seeking feedback from students. P3 emphasized building relationships to understand how certain factors impact students negatively, while P7 focused on addressing students' fears and frustrations, breaking down emotional responses to

enhance a sense of safety. The skillful teacher approach, as described by P8, involved prompting students to reflect on their "aha moments" and identifying areas of struggle, fostering a structured feedback exchange. P4 implemented a routine of offering private lab sessions or office hours to provide additional support and discuss any concerns. Additionally, this participant emphasized being available at any time. P2, P4, and P5 focused on active engagement and feedback in their classrooms. They encourage students to participate in discussions, ask questions, and provide feedback on their learning experiences (P2). P5 also points out positive behaviors and addresses negative ones.

Inclusivity in Classroom Settings. In their classroom settings, the educators demonstrated a commitment to inclusivity and flexibility in their teaching practices. P3 emphasized the importance of warning students about potentially emotional content and allowing them to take the lead in their learning process. This participant also made themselves available for additional support, offering time after class and encouraging communication via email for those who might need it. P1 noted the impact of building relationships with students, acknowledging that personal circumstances can affect learning. P5 practiced inclusivity by asking students their preferred pronouns and encouraging individuality within a professional context. Additionally, they made a point to acknowledge positive student behaviors and set expectations for class conduct, reinforcing the behaviors they wanted to see.

Addressing Emotional Well-Being. Several participants demonstrated a commitment to addressing the emotional well-being of their students through various strategies. P3's approach involved providing flexibility in the form of breaks during

emotionally charged discussions, empowering students to manage their own well-being. As stated by P1, "This fosters an environment where students feel supported and understood, contributing to a sense of safety." P4, on the other hand, extends support through private office hours, creating a space for more personalized discussions. The participant also discussed offering additional opportunities for one-on-one interaction, so students can openly express their concerns, fears, and frustrations.

Theme 3: Occupational Therapy Integration

Many participants spotlighted the seamless integration of occupational therapy principles into their teaching methods. Their narratives revealed a consistent theme of drawing upon their clinical backgrounds to inform their approach to education. For instance, P1 remarked,

> I do. I know that that's not always considered, or at least I should say, a lot of people, they're your students, they're not your clients. But it's hard not to use things you know as a clinician or techniques that have worked with your clients to not pay attention to those things in the classroom.

Moreover, participants frequently referenced their personal therapeutic experiences as influential in shaping their teaching practices. For example, one educator stated,

> Having gone through therapy before and feeling very comfortable with the options when I was going through. So in offering that to them, I found that with my patients, sometimes we find a private room, sometimes we find a different conversation.

> A consistent thread throughout the discussions was the importance of maintaining

professional boundaries while using therapeutic instincts. Participants emphasized the need to delineate between their roles as educators and therapists while still providing appropriate support to students. As P2 articulated,

> I am going to stay in your role of your professor. And I think that's important to delineate that because I do think I tend to go just because of my experiences, I can tend to go into that therapist mode very quickly.

Additionally, sensory considerations emerged as a key aspect of integrating occupational therapy principles into teaching. Participants described making adjustments to the classroom environment to accommodate diverse sensory needs and enhance learning experiences. For instance, P6 educator mentioned, "From my OT, from my schooling ... the lights, if the lights are on too bright, the students are, but then if they're too dark, then you lose them a little bit." P10, drawing on her background as an occupational therapist, emphasized the natural fit of trauma-informed approaches within the classroom setting. She accentuated the innate capabilities of occupational therapists in this area, stating, "And I think we as OTs should be at the forefront of this because I think that we do have skills that we use in practice that are so useful in trauma-informed pedagogy."

Lastly, participants underscored the importance of adaptability and flexibility in their teaching approaches, recognizing varied needs of students. They stressed the importance of reading and responding to dynamics of the classroom to ensure an inclusive and supportive learning environment. P6 said:

> I think I almost want to say that that can be a little bit innate as an OT because I

heard the term one time a social chameleon where we have to change and mold

and meld to meet whatever mood is in the room.

It is evident that integration of OT principles into teaching practices involves drawing

upon clinical experiences, leveraging therapeutic approaches, maintaining professional

boundaries, addressing sensory considerations, and fostering adaptability.

Theme 4: Understanding and Addressing Student Trauma Experiences

Another theme was understanding and addressing student trauma experiences. It

became evident that the participants in the study were increasingly recognizing the

profound impact of trauma on students' learning journeys. Participants addressed the

need for nuanced and empathetic approaches to supporting students who have

experienced trauma. They also emphasized identifying behaviors associated with trauma,

emphasizing their shared understanding of symptoms related to trauma. Specifically, out

of the 10 participants, eight claimed they felt the capacity to recognize these behaviors

within classroom settings.

Behaviors associated with trauma can vary widely and may include physical,

emotional, and cognitive symptoms. Physically, traumatized individuals may exhibit

signs of agitation, restlessness, and hypervigilance. P4 mentioned observing students

sitting in the back of the classroom or displaying withdrawn body language. Additionally,

tearfulness, dissociation, and difficulties with concentration can indicate emotional and

cognitive responses to trauma according to P9 and P10. Furthermore, according to P5,

avoidance, irritability, and impaired social interactions may also be indicative of trauma-

related distress.

P1 recognized the significant impact of trauma on students' learning experiences and said, "students[…]have a reduced ability to learn" when under stress. Similarly, P3 acknowledged trauma can "impact their ability to interact and fully participate in the learning environment." Moreover, participants emphasized the importance of meeting students where they are in their trauma journey. P2 underscored the need to understand individual student responses to trauma and said, "each individual student needs to be looked at on that level." P6 noted trauma can affect students differently, leading to challenges in terms of focusing and processing information.

Additionally, participants discuss the role of educators in terms of creating supportive learning environment for traumatized students. P7 emphasized the importance of trauma-informed pedagogy and said, "I'm using trauma-informed pedagogy as my default." P8 stressed the need to recognize students' behaviors using a trauma lens and said, "I'm recognizing that all of those behaviors could be a way of them...doing their best to survive." Furthermore, participants recognized the potential for trauma to both hinder and support learning. Similarly, P9 said, "if a student is entering into a learning environment [...] with a trauma response, they're operating more from an emotional and behavioral level."

Five participants emphasized the physiological impact of trauma on students' learning, the importance of trauma-informed communication and behavior observation, and the value of creating safe and supportive learning environments. Participants shared perspectives regarding challenges posed by trauma in educational contexts.

RQ2 Themes

Participants addressed individual struggles as well as the collective journey of educators via three themes. These themes were educator well-being and burnout, challenges in evaluating the effectiveness of trauma-informed approaches, and professional growth and adaptability.

Theme 5: Educator Well-Being and Balance

OT educators who were interviewed faced barriers involving integrating trauma-informed approaches using their pedagogy, with a pronounced emphasis on the toll it takes on educator well-being and balance. Participants addressed struggles involving maintaining personal well-being and meeting demands of trauma-informed teaching.

Dual Burden of Stress and Emotional Exhaustion. Participants voiced concerns regarding stress and emotional exhaustion. P1 claimed there were difficulties "when you don't give them enough time to process something." The burden was not solely on the students; educators themselves grappled with stress. P1 said, "the faculty are very stressed." P2 ensured students had an outlet for their emotions who found themselves emotionally exhausted underscoring the profound personal impact of empathetic engagement. P2 said:

> I had to build in some time for me that day too, because we all know that empathy burnout's a thing, but after going through multiple rounds, and I think I had 28 students in that class that time, but I almost, I was emotionally exhausted when I came home that day.

Constraints Involving Class Size, Time, and Energy. Participants discussed significant constrain due to lack of time and energy. P7 addressed demands of large class sizes and the intensive nature of trauma-informed teaching and said, "time and energy, right? I mean, another barrier is having large cohorts.". P1 stated:

> I've had classes of seven or eight students. It's very easy in a little class to address things right away. Where I've really struggled is the bigger classes where you have 25 plus students and then it's almost palpable.

P9 lamented lack of time and highlighted sacrifices to create supportive learning environments. P9 said:

> So I do feel like sometimes the barriers are time, not having enough time to, like I said, I wish I had time to dive into understanding my students more and the use of their strategies more and how more specifically they're working for them. I think also it takes time to setup my courses every term in this way, being intentional about setting up, and that sometimes is a sacrifice that I'm making of giving of my own personal time to setup the students for success.

P3 also conveyed similar information regarding class size:

> Usually, I can see something going on with the student though but when you get in a class that's enormous if you have 70 people in there and you really have to rely on the team of teachers that's in the room to be able to identify those things. And that can make it a little harder for me.

Systemic and Institutional Barriers. Educators also pinpointed systemic and institutional barriers that made it difficult to adopt trauma-informed practices. The

struggle for autonomy and the ability to personalize teaching approaches was evident in reflections on curriculum restrictions, which one participant described as limiting their sense of ownership and agency (P10). P10 discussed her thoughts on different teaching initiatives and the potential barriers with being able to implement trauma-informed approaches:

> I think that can also kind of put people off because they're so focused on teaching in this one way and making sure that they're following up on all these initiatives happening. So it's also an issue of time, but also feeling like they have enough agency. I think sometimes people might feel that way too. I don't have the time or agency to change my course structure enough to allow for these things to be present.

Additionally P10 went on discuss the curriculum can also be a barrier, "And so I think teaching our curriculum, and I think decolonizing our curriculum can sometimes feel like a barrier."

Theme 6: Challenges in Evaluating the Effectiveness of Trauma-Informed Approaches

The exploration into the barriers faced by occupational therapy educators in implementing trauma-informed approaches revealed a theme regarding the difficulty of evaluating these practices' effectiveness. A shared challenge among participants is the absence of specific methods or tools to accurately assess the impact of trauma-informed strategies in their teaching environments. "So I don't have a specific way. I mean, honestly, I would love to do some research on this at some point," P1 disclosed, signaling a significant gap in the available assessment mechanisms. Echoing this sentiment, P9

shared, "That is a great question and something that I have been really thinking a lot about. I wish that there was a way for me to conduct a pre-post survey specific about the tools that I use, and I'm not able to do that at this time," Further emphasizing the collective concern, another educator remarked on the inherent challenges in measuring the effectiveness of trauma-informed approaches which was discussed by P10: "That's a real challenge. I think that's something that we want to better understand actually through some research, through some qualitative research."

The reflections from multiple participants revealed a concern: a lack of tools and methodologies to evaluate trauma-informed practices. This similarity across responses underscored the educators' shared challenge in systematically measuring the impact of their trauma-informed approaches. The need for evaluation tools emerged as a common theme, pointing to a gap in the current framework for assessing the effectiveness of these practices in occupational therapy education.

Theme 7: Professional Growth and Adaptability

In the discussions on trauma-informed care within graduate level settings, several of the participants recognized the importance . P6 emphasized the utility of trauma-informed care approaches, mirroring sentiments across the board about embedding these practices into teaching methodologies. This shared understanding underscored a wide acknowledgment of the need to support student well-being alongside academic rigor (P7, P9, P10).

The challenge of balancing firmness with empathy was echoed in the remarks of multiple educators, with one stating, "I want to be firm, but fair." This sentiment was

common among participants, indicating a shared struggle in applying fairness that respects diverse student backgrounds and needs. P2 shared the following, "I want to be firm, but fair, but I also feel like fair is a sliding scale because we're not all coming from the same thing."

On the topic of professional development and continuous learning, one educator noted the importance of educating oneself on trauma-informed care, a viewpoint supported by others. P4 went into detail that it is important to make sure to educate yourself on trauma-informed care. She noticed at national and state conferences trauma-informed approaches were discussed heavily, "I would say if you're at a conference, hit one up. Hit a course up. I would say read about it, ask other colleagues who actually participate in it, and that's exactly how they do every single course or class. I would recommend that."

The issue of instructor biases and student receptivity was also addressed, with one participant mentioning, "Barriers would absolutely be the instructor's biases" (P5). This concern was noted by several participants. Additionally, P10 in the interviewed discussed about integrating trauma-informed care into educational practices, was the influenced by the practice setting from which faculty members originated.

> I mean, typically in my experience, it is more experienced older faculty. I've less often experienced that with newer faculty, but it's a mix. I can't say one or the other. I would say more so on the more senior faculty side, but I think the newer faculty that I feel that from, there always seems to be a theme of the practice settings that they're coming from. And it typically seems to be these more adult

rehab, SNF or acute hospital settings where they're just so driven and they don't

have time for that, and they don't think in that way, and they aren't given space to

think in that way.

This insight pointed to a broader issue where the adaptability to trauma-informed care

was, in part, dependent on the professional backgrounds of the faculty.

The use of resources and collaborative efforts to enhance trauma-informed care

was shown by P10's initiative to build a mental health resource, a strategy shared by

others. This demonstrated a common approach among educators to pool knowledge and

tools to strengthen the support available to students. P5 shared also the educator as to be

the one that is willing to make the change, "I think resources, and I go back again to the

instructor, is the instructor that cares to make a change. You do have to care to make a

change."

Maintaining professional boundaries while employing trauma-informed strategies

was emphasized, with one educator stressing the importance of keeping "that professional

line.". Further discussed by P3 was the feeling towards maintaining that professional line

when working with students:

And I do think that we do need to maintain that professional line, but of course I

can still be trauma-informed. I can be collaborative, I can be helpful, I can do all

those things and keep them safe and still refer them to a therapist that they can

work with that's still being sensitive to their needs and evaluating that. So I think

you can use the trauma-informed care approaches, but I think sometimes if it does

move beyond that professional relationship, you do need to bring in other people

to help.

Finally, the need for specialized faculty development and accessible resources was a recurring mention. "I think we need to prioritize having more opportunities to engage in learning and discussion about this," was suggested by Participant 10, reflecting a widely supported viewpoint by many of the participants for enhanced training and resource availability to support the implementation of trauma-informed practices.

In the discussions with the participants, there was a notable emphasis on integrating trauma-informed care into educational practices, particularly at the graduate level, where specific barriers related to trauma-informed approaches were identified. The conversations revealed a collective pursuit among educators to enhance their understanding and application of trauma-informed care, amidst the challenges unique to graduate-level education. The barriers were characterized by educator well-being and burnout, a commitment to professional development, and a shared effort to access and distribute resources effectively.

Summary

Chapter 4 provided detailed descriptions of the data collection and analysis processes that were used to investigate the experiences and barriers occupational therapy educators encountered when implementing trauma-informed approaches at the graduate level. It also outlined the recruitment and interview procedures that were utilized with the research participants. Additionally, this chapter discussed how the study's credibility, transferability, dependability, and confirmability were established.

In addressing research question 1, the analysis identified themes including "Learning Environment," "Teaching Approaches," "Occupational Therapy Integration," and "Understanding and Addressing Student Trauma Experiences." For research question 2, three distinct themes emerged: "Understanding and Addressing Student Trauma Experiences," "Challenges in Evaluating the Effectiveness of Trauma-Informed Approaches," and "Professional Growth and Adaptability."

The findings from this research were further explored in Chapter 5, which also included discussions on the limitations of the study, recommendations for future research, implications for positive social change, and a concluding reflection.

Chapter 5: Discussion, Conclusions, and Recommendations

This chapter discusses the purpose and nature of the study, summarizes the key findings, and interprets the findings in the context of the literature and conceptual framework. Additionally, I address the limitations of the study and offer recommendations for future research. Chapter 5 concludes by exploring the implications for positive social change.

The purpose of this study was to understand the experiences of occupational therapy educators utilizing trauma-informed approaches in university classrooms in the United States. Considering the negative effects trauma and retraumatization can have on a graduate student's ability to learn, an increased understanding is needed of educators' experience of utilizing trauma-informed approaches (Avery et al., 2021). The current study provided insights from occupational therapy educators to enhance the implementation of trauma-informed practices and to address any barriers encountered. I used a qualitative approach through which participants shared their experiences, thoughts, feelings, and opinions. Participants' names were not used during the interviews, and the 10 participants were assigned identifiers.

To guide the thematic analysis, I developed themes from the participant interviews. For RQ1 of the study, I identified the following themes: learning environment, teaching approaches, occupational therapy integration, and understanding and addressing student trauma experiences. For RQ2, three themes emerged: understanding and addressing student trauma experience, challenges in evaluating the effectiveness of trauma-informed approaches, and professional growth and adaptability.

These themes were interrelated and addressed the research questions and conceptual framework of the study. In the following sections, I discusses how this study's findings confirm those from the literature review in Chapter 2.

<div align="center">**Interpretation of the Findings**</div>

Ten educators participated in semistructured interviews, and their insights were analyzed to identify seven themes: four aligned with RQ1 and three aligned with RQ2. The findings confirm and extend the knowledge of trauma-informed approaches discussed in the peer-reviewed literature reviewed in Chapter 2.

Theme 1: Learning Environment

Regarding the application of trauma-informed practices within educational settings, the interviewees revealed a nuanced approach to promote physical and emotional safety, which requires creating a supportive physical space that meets the needs of each student. To create such a space, the participants tailor the learning environment, including the lighting, color, noise levels, and seating arrangements, to students' individual needs. This aspect was discussed by the participants throughout the interviews (see Avery et al., 2021). Educators emphasized that two important ways to improve comfort and engagement are movable seating and promoting physical activity. Granting students the freedom to decide for themselves how and where they participate in class not only considers personal preferences but also fosters a welcoming environment that values the fluidity of the learning experience (Avery et al., 2021). In addition to demonstrating a dedication to peer learning and support, the deliberate grouping of students into cooperative groups or pods also helps to promote a sense of community

among the students. This sense of community allows the students to feel safe, which is an essential component of the TIC model (see Avery et al., 2021).

Another essential component of the participants' discussions was the use of different modes to learn in the classroom, which promotes a more participatory and open learning environment. The literature on trauma-informed approaches in the educational setting discussed the flexibility of learning to meet the diverse needs of learners who have experienced trauma (Nelsen et al., 2022). By utilizing the assumptions of the TIC model, educators must recognize that the trauma will affect learners differently, potentially influencing their ability to engage, concentrate, or perform in the classroom (Nelsen et al., 2022). The interviewed educators utilize many different methods within the learning environment. For example, the educators use digital tools to conduct anonymous temperature checks on the emotional climate of the class, making sure that students' welfare is observed without violating their privacy. To maintain a seamless and inclusive educational experience, technological approaches are used to create collaborative workspaces that allow students to connect and collaborate regardless of their physical location. One common theme that the educators emphasized is accessibility. By ensuring that all students can use the digital resources offered, educators hope to lower barriers to learning and promote equity in the classroom.

The recurring comments from participants about adaptability and flexibility are linked to the principles of TIC (see Avery et al., 2021). The participants foster a responsive learning environment by giving students the freedom to choose how they want to be seated and participate in class activities. Aligned with the literature on TIC, choice

is a fundamental component that empowers and assists in the recovery of trauma survivors (Barros-Lane et al., 2021). The purpose of TIC is to give control back to individuals if their sense of autonomy has been compromised by traumatic events (Avery et al., 2021; Barros-Lane et al., 2021). This adaptability extends to the physical and instructional design of the classroom, in which less structured settings, breaks, and opportunities for physical activity accommodate the various ways trauma can affect learning. The practices of supporting students' physical, emotional, and cognitive well-being in addition to their physical comfort demonstrate the participants' appreciation for the value of a holistic approach to education.

Furthermore, a recognition of the distinct dynamics of every class is reflected in their dedication to responsive teaching practices. The participants discussed how they begin classes with instructional activities that set the stage for learning. Participants also modify their methods based on the needs of the class and promote progressive discussion by setting up their classrooms strategically. According to the literature on trauma-informed approaches, the goal of incorporating flexibility into lesson planning is to find the best ways to engage and support all students, especially those who have experienced trauma (Bryce et al., 2022). To make the classroom an inclusive environment that promotes learning and development, educators must be observant, flexible, and innovative in their approach to teaching.

The interviews indicated that the participants have a thorough plan for incorporating trauma-informed teaching methods into the classroom. The participants improved the educational experience for every student by establishing a safe and secure

learning environment, utilizing technology strategically, and emphasizing adaptability and flexibility. This strategy is aligned with the literature on trauma-informed approaches and highlights the significant effects of trauma-informed educational practices by supporting resilience, engagement, and academic achievement while meeting the needs of all students.

Theme 2: Teaching Approaches

Regarding teaching approaches within the context of trauma-informed education, the collected insights from participants underscored the importance of adopting a universal perspective, and this approach is also supported by the literature (see Maynard et al., 2019). The foundation of trauma-informed approaches is the understanding that trauma affects people of all ages, genders, socioeconomic backgrounds, and cultures (Maynard et al., 2019; Nelsen et al., 2022). This approach recognizes that a variety of events such as physical or sexual abuse, neglect, domestic violence, natural disasters, war, and the cumulative stress of institutionalized discrimination can lead to trauma (Wassink-de Stigter et al., 2022). This approach is intended to resonate across diverse student populations and to foster an inclusive, accessible, and welcoming learning environment. One participant captured this essence by highlighting the universal expression of teaching methods and emphasizing the availability of individual support. This dual approach is both widely appealing and supportive by addressing the collective needs of the classroom and the specific needs of individual students. McIntyre et al. (2019) also emphasizes that trauma-informed educators are adaptable and flexible in their teaching methods because they understand that students with trauma histories may have

different needs that change over time. The current participants also discussed how they might provide accommodations and differentiated instruction to meet the educational and emotional needs of every student.

Flexibility was highlighted as a critical aspect of trauma-informed teaching. Educators expressed a commitment to accommodating the diverse needs of students, particularly in terms of deadlines and assessments, recognizing that such flexibility could alleviate stress and enhance learning outcomes. These approaches are also aligned with the literature on trauma-informed approaches that emphasize collaboration between service users (students) and providers (educators) in TIC. Educators who involve students in deadline decisions cultivate a partnership in which students' opinions are respected and heard (Harper & Neubauer, 2021). The agency of the student in their learning process is strengthened by this process (Harper & Neubauer, 2021). The importance of adaptability extends to lesson planning, especially regarding potentially triggering topics. The participants in the current study noted that they prepare multiple lesson plans to ensure they can navigate sensitive subjects with care, underscoring an awareness of the emotional landscape of their classrooms. This flexibility is also evident in the provision of snacks, breaks, and additional support, reflecting a holistic approach to student well-being (see Maynard et al., 2019). The findings from the interviews are consistent with the principles and practices of trauma-informed approaches in educational settings that focus on comprehending, acknowledging, and addressing the impact of trauma on individuals with the goal of creating safe, supportive, and healing environments conducive to learning (Bryce et al., 2022; Harper & Neubauer, 2021).

The role of proactive engagement before and after class also emerged as a key strategy for addressing diverse student needs and navigating potentially triggering topics. Educators employed a variety of flexible teaching methods, including advance warnings about emotional content, permission for breaks, and an emphasis on relationship building. Such strategies are reactive measures and part of a deliberate effort to create a supportive and sensitive learning environment. The participants' approaches mirror the TIC model, which promotes avoiding retraumatization. Avoiding trigger words is a proactive measure to prevent retraumatization and to create a safe and supportive environment for individuals who have experienced trauma (Bryce et al., 2022). Current participants also shared that their engagement with students extends beyond classroom as they offer extra time for discussions, private sessions for additional support, and communication through various channels (see Baird & Alaggia, 2021).

Feedback mechanisms are also crucial for improving teaching practices in a trauma-informed framework. The participants consistently seek feedback from students to comprehend the impact of different factors on their learning and emotional well-being. The participants discussed addressing students' fears and frustrations by engaging in structured feedback exchanges, which foster a sense of safety and belonging. The participants' knowledge further demonstrates that the use of trauma-informed approaches is aligned with the TIC model. Giving students the opportunity to voice their fears and frustrations in their educational experience can be empowering (Hooper et al., 2023). Trauma-informed approaches prioritize empowering individuals by offering choices and promoting active involvement in decision making (SAMHSA, 2023). Structured

feedback is another method that implements this principle by honoring and appreciating students' viewpoints and understandings (Harper & Neubauer, 2021). The focus on active involvement in the classroom motivates students to engage in discussions, pose questions, and contemplate their learning experiences, thereby fostering a lively and adaptable learning atmosphere.

Addressing the emotional well-being of students is a priority for the participants, who employ various strategies to support students through challenging discussions and personal concerns. An individual who has experienced trauma may feel isolated or detached; therefore, establishing connections and a sense of belonging is crucial in TIC (Giboney Wall, 2022). The participants in the current study discussed offering flexibility, private office hours, and additional opportunities for one-on-one interaction and creating spaces in which graduate students feel supported and understood. By doing so, educators can cultivate a sense of belonging in the classroom community by participating in feedback exchanges that make students feel acknowledged, heard, and appreciated (Berger & Martin, 2021). This emphasis on emotional well-being contributes to creating a teaching environment that not only addresses academic needs but also prioritizes the holistic development and safety of students, which is further aligned with the TIC model (Brunzell et al., 2019).

Overall, the findings from the participants on teaching approaches in trauma-informed education revealed a comprehensive and caring approach to fostering an inclusive, supportive, and adaptable learning environment. By balancing universal teaching methods with the provision of individual support, flexibility in classroom

management, proactive engagement with students, feedback, and emotional well-being, educators are meeting the diverse needs of their graduate-level students. The approaches utilized by the participants are aligned with the methods described in the literature that enhance the learning experience and support the emotional and psychological safety of students, reflecting the core principles of trauma-informed education.

Theme 3: Occupational Therapy Integration

Participants' thoughts on using occupational therapy principles in their teaching showed an advanced combination of clinical knowledge and teaching approaches. They also showed how they use their extensive clinical experience to seamlessly incorporate these principles into their teaching methods, highlighting the significant effect of their therapeutic encounters on their teaching styles. One participant expressed the difficulty of distinguishing between the roles of clinician and educator, and this sentiment was shared by the other participants. Some of the participants discussed struggling to resist applying clinical techniques in the classroom, and they revealed a strong tendency to use therapeutic strategies to improve student learning. The findings are consistent with the literature regarding the utilization of clinical practice experiences by occupational therapy educators in the classroom (Lewis-Kipkulei et al., 2021). This finding highlights the importance of incorporating real-world experiences to improve learning. However, a significant number of occupational therapy educators possess a limited educational background (Lewis-Kipkulei et al., 2021).

This fusion of roles was further illustrated by educators who shared how their personal experiences with therapy influenced their teaching. They aimed to create a

supportive and understanding environment, mirroring a therapeutic setting, evident in

their narratives. This approach not only reflected their compassion but also their

commitment to adopting a holistic view of student well-being. However, they also

recognized the importance of maintaining professional boundaries, distinguishing their

roles as educators from those of therapists, and using their therapeutic instincts to support

students appropriately (Brunzell et al., 2022). Similarly, K–12 educators often face the

challenge of maintaining a delicate balance between their educational and therapeutic

roles. Several educators in the study by Brunzell et al. (2022) encountered difficulties as

they found themselves acting as mental health counselors, navigating the complex

dynamics of student relationships with a sensitivity heavily influenced by their

therapeutic backgrounds. This careful balance highlights the educators' skill in

integrating therapeutic insights into their pedagogical approach without overstepping

professional boundaries.

Building on this foundation of therapeutic influence, the transition to specific

educational strategies becomes evident in the consideration of sensory needs within the

classroom environment. Sensory integration, deeply rooted in occupational therapy,

emerges as a key tool for educators striving to create an optimal learning space.

Classroom sensory considerations were identified as a crucial element of integrating

occupational therapy principles into teaching. Sensory integration is a therapeutic method

commonly used by occupational therapists to assist patients, especially children, who

experience difficulties in processing sensory information (Camarata et al., 2020;

Glennon, 2021). The fundamental concept of sensory integration therapy is to enhance

the processing and integration of sensory inputs, thereby enabling individuals to react more appropriately to everyday stimuli (Camarata et al., 2020; Glennon, 2021). Adjustments made by participants in the study included modifying lighting and classroom setups to accommodate diverse sensory needs, optimizing the learning environment for all students. This attention to sensory factors exemplified the participants' occupational therapy backgrounds, showcasing their understanding of the impact these elements can have on student engagement and comfort. These approaches help students regulate their sensory input, thereby enhancing their concentration, involvement, and overall educational experience (Camarata et al., 2020).

The findings from the interviews revealed an inherent connection between trauma-informed approaches and occupational therapy. One participant suggested that occupational therapists are particularly well-suited to lead in trauma-informed pedagogy because of their specialized knowledge in addressing sensory needs and creating environments that promote healing and learning. This viewpoint underscores the potential of occupational therapy principles to enhance educational practices, particularly in environments that are mindful of the effects of trauma.

Expanding on the discussion of how occupational therapy educators utilize trauma-informed approaches due to their unique educational backgrounds, it is clear that their adeptness extends beyond merely applying these principles. Occupational therapists are uniquely equipped to effectively implement trauma-informed care, thanks to their focus on facilitating functional participation in daily tasks and their expertise in modifying environments and interactions to meet individual needs (Edgelow et al., 2019).

This aligns with the six principles of trauma-informed care—safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and consideration of cultural, historical, and gender issues (McGreevy & Boland, 2020). These principles are not only foundational to occupational therapy but also critical in creating therapeutic environments that recognize and address individual trauma experiences, aiming to prevent retraumatization and promote healing and empowerment (Edgelow et al., 2019; McGreevy & Boland, 2020; Torchalla et al., 2019).

The theme of flexibility and adaptability seamlessly connects to these foundational principles, as illustrated by educators who skillfully navigate classroom dynamics. This adeptness in modifying teaching approaches to cater to diverse student needs showcases the occupational therapists' ability to adjust like "social chameleons," a skill fostered by their professional training and experience. Such flexibility ensures an inclusive and supportive learning atmosphere, acknowledging and accommodating the unique backgrounds and requirements of each student. This capacity for adaptation resonates with occupational therapy practices that emphasize tailoring activities to client and student needs. For instance, Hansen et al. (2021) discuss how occupational therapists employ task analysis and therapeutic self-management to adjust activities for individuals, breaking down tasks into smaller steps for easier learning and adaptation. Moreover, the therapeutic use of self, as described by Evatt & Scanlan (2022), exemplifies how occupational therapists leverage their personal attributes in therapy, further highlighting the profession's intrinsic adaptability and responsiveness to individual needs.

In conclusion, the integration of occupational therapy principles into teaching practices, as described by the participants, demonstrates a comprehensive approach to education that values the holistic well-being of students. By leveraging clinical experiences, maintaining clear professional boundaries, addressing sensory considerations, and embodying flexibility, these educators are enhancing the learning experience in meaningful ways. Their narratives affirm the significant contributions that occupational therapy can make to pedagogical practices, particularly in creating inclusive, supportive, and adaptive learning environments.

Theme 4: Understanding and Addressing Student Trauma Experiences

The exploration of understanding and addressing student trauma experiences revealed a significant consensus among educators about the profound impact that trauma has on students' learning journeys. Various interviews showed that educators are increasingly adept at recognizing the signs of trauma and demonstrate a nuanced and empathetic approach to supporting their students. Eight out of ten participants expressed confidence in their ability to identify trauma-related behaviors in the classroom and discern the physical, emotional, and cognitive symptoms of trauma among students.

Research indicates that trauma can manifest in various forms, including physical indications of restlessness and heightened alertness, emotional reactions such as crying and detachment, and cognitive challenges such as problems with focus (Harper & Neubauer, 2021). These manifestations can greatly hinder academic performance, emotional regulation, and the capacity to establish and sustain relationships (Gladden et al., 2023). Similarly, the study participants described a range of behaviors indicative of

trauma, including physical signs such as agitation and hypervigilance, emotional expressions such as tearfulness and dissociation, and cognitive challenges such as concentration difficulties. Such insights into the varied manifestations of trauma underscore the complexity of addressing these challenges within educational settings.

The interviewed educators reflected on the direct impact trauma has on learning. For example, students experiencing stress show a reduced capacity to absorb new information. This observation underscores the critical need for trauma-informed teaching strategies that acknowledge and adapt to the altered learning capabilities of traumatized students. The interviewees highlighted the importance of individualized approaches and recognized that trauma affects students differently, thus requiring tailored support to meet each student's unique needs. The educators' reflections align with literature that emphasizes the significant influence of trauma on a student's cognitive abilities, particularly their reduced capacity for processing new information as a result of stress (Christian-Brandt et al., 2021; Lynch et al., 2021). This outcome underscores the essential need for uniquely tailored, trauma-informed instructional approaches to effectively accommodate the individual learning requirements of students who have experienced trauma (Christian-Brandt et al., 2021; Fondern et al., 2021).

Utilizing a trauma-informed viewpoint entails delving deeper into an individual's actions to comprehend the root causes, such as previous traumatic experiences. This perspective recognizes that certain behaviors serve as coping mechanisms or reactions to past traumatic experiences (Hooper et al., 2023). By analyzing the possible motivations behind someone's behavior, professionals can offer more compassionate, helpful, and

efficient aid that tackles the underlying causes of problems and fosters recovery and resilience (Foreman & Bates, 2021). Similarly, the participants in this study believe that adopting trauma-informed pedagogy is essential, and the educators emphasized the need to view students' behaviors through a trauma-informed lens. This approach allows for a more compassionate and effective response to students struggling with trauma-related issues, acknowledging their efforts to cope and survive within the academic environment (Foreman & Bates, 2021).

The participants also shared a commitment to creating safe and supportive spaces for learning by recognizing the physiological, emotional, and cognitive impacts of trauma on students. The emphasis on trauma-informed communication and behavior observation was evident, as was the importance of establishing learning environments that prioritize students' well-being and safety. These shared perspectives among educators highlight a broad recognition of the challenges trauma poses in educational contexts and the importance of adopting informed and empathetic approaches to teaching and support (Lynch et al., 2021). These findings are congruent with the literature on trauma-informed approaches, which is based on comprehending the broad impact of trauma, identifying signs and symptoms of trauma in individuals, and incorporating knowledge about trauma into policies, procedures, and practices to prevent retraumatization, thus promoting the overall well-being and academic achievement of students (Gladden et al., 2023; Lynch et al., 2021).

The findings highlight that addressing student trauma experiences requires a comprehensive understanding of trauma's multifaceted impact on learning and behavior.

By integrating trauma-informed practices into their pedagogical approaches, educators acknowledge the prevalence of trauma among students and take active steps to mitigate its negative effects on educational outcomes. This collective effort among participants to recognize, understand, and address trauma in the classroom underscores the critical role educators play in supporting traumatized students on their journey towards healing and academic success.

Theme 5: Educator Well-Being and Balance

During the interviews, participants discussed the challenge of maintaining their well-being while striving to meet the demands of trauma-informed pedagogy. Their shared struggle against stress, emotional exhaustion, and systemic barriers aligns with the existing literature on educator burnout and the complexities of implementing trauma-informed practices in educational settings. Educators in the K–12 setting who adopt trauma-informed approaches experience heightened emotional demands as they become more cognizant of and sensitive to their students' traumatic experiences (Brunzell et al., 2022). This increased empathetic engagement, along with the effort required to manage these emotions, can lead to stress and exhaustion (Christian-Brandt et al., 2020).

The dual burden of stress and emotional exhaustion emerged as a significant theme, with participants expressing concerns over the emotional toll of empathetically engaging with students. This finding mirrors the literature, which underscores the high levels of emotional labor and burnout experienced by educators in environments that require deep emotional engagement (Cafaro et al., 2023; Christian-Brandt et al., 2020; Grab et al., 2020). The concept of "empathy burnout," referenced by one participant,

reflects a well-documented phenomenon in the field, where continuous exertion of empathy leads to exhaustion (Brunzell et al., 2022). Empathy burnout, also known as compassion fatigue, refers to the reduced empathic capacity that educators may develop when caring for students with trauma histories (Ormiston et al., 2022).

Participants identified large class sizes, time limitations, and the rigorous energy demands of trauma-informed teaching as main barriers to the successful implementation of trauma-informed practices. These challenges, which require substantial time and effort, are exacerbated when educators are tasked with implementing individualized instructional approaches within educational settings. Educators face the challenge of addressing the diverse needs of students while simultaneously overseeing large cohorts of learners (Luthar & Mendes, 2020). The participants' acknowledgment of sacrificing personal time to promote student success emphasizes the commitment required to create supportive learning environments, a notion that corresponds with findings from Brunzell et al. (2022) on trauma and healing.

The integration of trauma-informed approaches is further complicated by systemic and institutional barriers. Efforts to achieve autonomy and the capacity to develop individual instructional approaches while adhering to curriculum requirements illustrate broader challenges in educational reform. This finding aligns with existing literature that emphasizes the conflict between institutional requirements and the implementation of innovative teaching approaches (Grab et al., 2021). The participants described feeling constrained within the institutional structure, indicating barriers to incorporating trauma-informed teaching methods within the current curriculum. Lewis-

Kipkulei et al. (2021) explored this issue in their study on trauma-informed educational

practices.

The narratives of the occupational therapy educators provide a detailed

understanding of the barriers encountered when incorporating trauma-informed

approaches, reflecting overarching patterns in the field concerning the emotional and

logistical challenges of trauma-informed education, as well as the importance of

supportive policies and structures that acknowledge and address educator well-being.

This comparison underscores the significance of institutional support, reduced class sizes,

and dedicated time for educators to focus on their well-being and professional growth.

These factors align with recommendations for reducing burnout and improving the

implementation of trauma-informed practices in educational environments.

Theme 6: Challenges in Evaluating the Effectiveness of Trauma-Informed

Approaches

The participants shared that the difficulty in evaluating the efficacy and results of

trauma-informed approaches illustrates a notable gap within the field. The educators'

desire for precise methods or instruments to measure the effectiveness of these

approaches reflects the broader discussion in academic literature. Both the literature and

the participants highlight the lack of specific evaluation mechanisms and emphasize the

need for robust assessment tools (Champagne et al., 2021).

The educators expressed significant concern, aligning with findings in the

literature, about the complex nature of trauma-informed practices and the difficulties in

applying standard evaluation methodologies (Thirkle et al., 2021). They recognize the

intricate outcomes associated with trauma-informed pedagogy and, as a pragmatic solution, use pre- and post-surveys along with qualitative methods to further explore the impact of these strategies.

As mentioned by Thirkle et al. (2021), cultural considerations are crucial when evaluating trauma-informed approaches. Culture complicates both the facilitation and assessment of trauma-informed care. Therefore, to effectively evaluate and monitor the implementation of trauma-informed care, it is essential to recognize and address these complexities. This perspective aligns with the literature, which suggests that conventional measures may not adequately capture the level and scope of change facilitated by trauma-informed approaches (Maynard et al., 2019).

Both the interview participants and literature underscore the need for innovative assessment instruments tailored to the unique nature of trauma-informed education. While the literature emphasizes the importance of developing these tools (Thirkle et al., 2021), the participants' experiences reveal challenges during the implementation phase. This disconnect between theoretical advancements in trauma-informed education and the practical difficulties faced by educators suggests a significant gap. Although the literature advocates for mixed-methods approaches to comprehensively assess the complex effects of trauma-informed practices (Berger, 2019; Thirkle et al., 2021), the experiences of the participants indicate that the development and distribution of these tools have not yet fully met the needs of those directly involved in trauma-informed instruction.

Overall, the interviews with the participants revealed barriers to evaluating the efficacy of trauma-informed approaches in occupational therapy education, echoing a gap

evident in existing literature. Although the importance and necessity of trauma-informed teaching methods are acknowledged, more research and development are needed to create practical and efficient tools for evaluating these approaches. The findings emphasize the importance of bridging the gap between theoretical knowledge and practical implementation, as well as the need for collaborative efforts to create and refine evaluation methods that accurately capture the effects of trauma-informed education.

Theme 7: Professional Growth and Adaptability

The interview discussions about trauma-informed care in graduate-level settings underscored the occupational therapy educators' deep understanding of the significance of integrating these practices into their teaching methodologies. The educational field widely recognizes the importance of balancing academic rigor and student well-being, which is aligned with the literature that emphasizes the crucial role of trauma-informed approaches in improving learning environments (Blitz et al., 2020).

The participants expressed that educators face barriers in the delicate balance between upholding high standards and providing compassionate support to students. These findings are consistent with research on education (Brunzell et al., 2022). The idea that "fair is a sliding scale" recognizes the unique circumstances that every student brings to the learning environment and reflects the flexibility needed in trauma-informed pedagogy. The literature on individualized instruction supports the idea that flexibility is essential to trauma-informed approaches because it enables teachers to customize their support to each student's unique needs (Harper & Neubauer, 2021).

The emphasis on professional development and continuous learning about trauma-informed care mirrors the literature's call for educators to engage in ongoing education and training in this area (Luthar & Mendes, 2020). The participants recommended that educators should attend conferences and seek knowledge from peers. Such suggestions highlight collaborative learning and the sharing of best practices in trauma-informed education.

Another identified barrier was the impact of practice settings and instructor biases on the openness to utilizing trauma-informed care. This realization emphasizes the significant difficulty of changing clinical practices and educational backgrounds. A number of the participants mentioned the potential that some educators who do not have experience working in mental health settings may not be familiar with trauma-informed practices and may need to pursue ongoing education. The literature on organizational change in educational settings emphasizes how institutional cultures and educator backgrounds affect the adoption of innovative pedagogies, such as trauma-informed care. (Avery et al., 2021).

The use of resources and collaborative efforts to enhance trauma-informed care, as illustrated by the initiative to build a mental health resource, demonstrates a proactive approach to supporting student well-being. This collaborative strategy aligns with the recommendations from the literature to pool knowledge and resources to strengthen trauma-informed practices in educational settings. Fondren et al. (2020) found that many K–12 schools that could gain the most from implementing a trauma-informed approach may find it challenging to do so due to a lack of resources. Therefore, the

recommendation for K–12 educators was to continue to build resources for faculty and students (Fondren et al., 2020).

The literature's recommendations on the significance of establishing distinct boundaries in trauma-informed educational practices are reflected in the participants' emphasis on maintaining professional boundaries while utilizing trauma-informed strategies (Levenson, 2020). Many of the participants discussed that maintaining the role of educator and not going into therapist mode was difficult. The understanding that educators can be helpful, collaborative, and trauma-informed while upholding professional boundaries draws attention to the intricate understanding needed to successfully perform these roles.

In conclusion, the participants expressed a strong desire to collectively improve the incorporation of trauma-informed care into graduate-level instruction. The literature emphasizes the challenges of implementing trauma-informed pedagogy, which mirrors the participants' perspectives, such as the need for collaboration, professional development, and adaptability. Through the unique challenges of graduate education, the educators' experiences add to the continuing conversation about the important role that trauma-informed care plays in promoting students' academic success and well-being.

Limitations

The methodological approaches used in this qualitative study introduced certain limitations to the findings. The research was primarily limited by the potential for researcher bias, a limited purposive sampling, and concerns regarding the transferability of the results. To mitigate researcher bias during interviews, strategies such as bracketing,

reflexive journaling, and member checking were used. Bracketing helped in minimizing personal biases and subjective thoughts, while reflexive journaling allowed for the documentation of the analytic process. Member checking was implemented post-analysis to confirm a comprehensive understanding of each participant's views. All 10 participants confirmed the findings, with none requesting modifications or omissions.

In qualitative research, a purposefully small sample size is often chosen to include experts with significant insights into the research subject (Saldana & O'Brien, 2014). This study's sample comprised 10 individuals, each selected for their broad spectrum of experiences at the university, ensuring data saturation as repetitive themes emerged. The interviewed educators, all women, brought a wealth of knowledge with most having over two years of teaching experience and representing various geographical locations.

The applicability of this study's results may extend to universities with similar settings or student demographics. The careful and detailed examination of the data facilitates an assessment of the findings' relevance to other contexts. The trustworthiness and potential generalizability of the study are supported by the rich descriptions of the research environment, participant demographics, and the interpretive process.

Recommendations

In this study, data from interviews with 10 occupational therapy educators were analyzed to explore their experiences implementing trauma-informed approaches in the classroom. The findings highlight the need to consider the challenges and barriers that educators face at various institutions and emphasize the roles that administrators and students play in the successful implementation of these approaches.

Future research should include expanding the participant pool to encompass occupational therapy students nationwide, developing tools to measure the effectiveness of trauma-informed strategies, and exploring methods to mitigate educator burnout associated with these approaches. A significant finding of this study was the impact of trauma-informed practices on educator well-being and the balance between professional responsibilities and personal health. It is recommended that future studies investigate the establishment of support systems within institutions to reduce the emotional burden on educators and develop policies and resources to enhance their well-being. Additionally, focused research is needed to create and disseminate reliable evaluation tools for trauma-informed approaches at the graduate level. Implementing a specialized course for educators on trauma-informed practices at the graduate level could further support this goal. Moreover, to generalize the findings, future studies should consider using a larger sample size and develop methods to improve educator well-being when implementing trauma-informed practices.

Implications

My research findings, based on the experiences and barriers faced by occupational therapy educators in implementing trauma-informed practices, highlight the potential for positive social change. The study details both positive and negative aspects of these approaches at the graduate level, emphasizing the importance of the classroom setting, instructional techniques, and the integration of occupational therapy to facilitate students' healing from trauma. This recognition may encourage colleges already using trauma-informed methods to work more closely with faculty to enhance implementation.

Important issues highlighted include classroom size, teacher burnout, the absence of tools for measuring efficacy, and the need for professional development.

The results contribute to the growing body of research suggesting that trauma-informed practices positively affect student outcomes in educational settings. Interviews with occupational therapy educators revealed both barriers and strategies inherent to teaching. These discussions underscored the challenges faced by educators and advocated for the adoption of trauma-informed education as a more holistic approach. The findings advocate for the integration of these practices into curricula to enhance student learning and propose systemic changes at university and administrative levels to support this shift. Implementing trauma-informed practices can help schools better meet students' needs and create a more supportive and effective learning environment. This approach not only benefits students but also allows teachers to utilize their skills more effectively. Such integration may lead to systemic changes in graduate programs, especially in occupational therapy, known for its expertise in managing trauma. By promoting better educator well-being, advancing trauma-informed care, fostering professional growth, and removing barriers, the implementation of trauma-informed approaches can be improved, ultimately enhancing the educational setting at the graduate level.

Conclusion

In Chapter 5, I reiterated the study's purpose and nature, summarized the key findings, and analyzed them within the conceptual framework. I also discussed the study's limitations and described its implications for positive social change. This study explores the experiences of occupational therapy educators and the barriers they face

when using trauma-informed approaches in the classroom. These approaches are based on SAMHSA's four assumptions for trauma-informed care: (a) realizing the impacts of trauma, (b) recognizing the symptoms of trauma, (c) responding with trauma-informed care techniques, and (d) resisting retraumatization.

To guide the interviews, I developed two research questions focused on the educators' experiences with and barriers to using trauma-informed approaches: 1) What are your experiences with trauma-informed approaches? 2) What do you feel are potential barriers to using these approaches? The participants' responses helped identify seven themes: (a) learning environments, (b) teaching approaches, (c) integration of occupational therapy, (d) understanding and addressing student trauma experiences, (e) educator well-being and balance, (f) challenges in evaluating the effectiveness of trauma-informed approaches, and (g) professional growth and adaptability. The findings offer insights into the experiences and barriers occupational therapy educators encounter with trauma-informed approaches. These insights can assist educators, administrators, and universities in developing curricula, policies, and procedures that support the implementation of trauma-informed practices at the graduate level.

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Appendix A: Research Questions Alignment With TIC Principles/Assumptions

	Realize	Recognize	Respond	Resist Traumatization
Rq1: What are the experiences of graduate-level occupational therapy educators in implementing trauma-informed approaches? Do you feel trauma may influence a student's learning? Please explain TIC Principle: Gender and Cultural Issues	X			
Describe the classroom environment (e.g. setup of the classroom, seating arrangements and tone) when you utilize trauma-informed approaches in your classroom. TIC Principle: Safety				X

Recognize and Resist retraumatization) How do you approach sensitive topics or issues with students? TIC Principle: Empowerment		X		X
Are you able to identify behaviors associated with trauma? - If yes, how are you able to identify those behaviors? TIC Principle: Choice		X		
Describe how you conclude and or prepare students for the upcoming class? TIC Principle: Trustworthiness				X
How do you determine if				X

your trauma-informed approaches were helpful for students? TIC Principle: Collaboration				
RQ2: What are the experienced barriers for implementing trauma-informed approaches for graduate- level occupational therapy educators? How has your experience been with implementing trauma-informed approaches? Do you have positives and/or negatives to share?		X		
Do you feel there are barriers to implementing trauma-informed approaches? - If yes, what are the barriers?	X		X	
Where do those barriers originate?		X		
Are there		X		

resources that would be helpful to implement trauma-informed approaches within the classroom?				

Appendix B: Interview Protocol

Interview date: _____

Interview start time: _____

Interviewee code: _____

Interview Outline	Observations/Notes
Introduction and Greeting I appreciate your willingness to participate in this research study. The purpose of the study is to explore the experiences and barriers of occupational therapy educators when implementing trauma-informed approaches to support student learning. Your responses during this interview will be kept private and confidential. I will use de-identifiers to ensure confidentiality The data gathered from the interviews will be kept on an encrypted server in password-protected online storage. I will be the only one with access to the password to the online drive. Now, I am going to start the audio recording. **(Turn audio recording on)** Do you have any questions for me before we get started?	
Class Preparation Do you feel trauma may influence a student's learning? Please explain. Describe the classroom environment (e.g., setup of the classroom, seating arrangements and tone) when you utilize trauma-informed approaches in your classroom.	

During Class How do you approach sensitive topics or issues with students? Are you able to identify behaviors associated with trauma? - If yes, how are you able to identify those behaviors? **End of class** Describe how you conclude and or prepare students for the upcoming class. How do you determine if your trauma-informed approaches were helpful for students?	
Describe your experiences using trauma-informed approaches. Do you feel there are barriers to implementing trauma-informed approaches? - If yes, can you identify the barriers? Where do those barriers originate? Are there resources that would be helpful to implement trauma-informed approaches within the classroom? What recommendations would you give to other instructors for implementing trauma-informed approaches within the classroom?	
Close of Interview I appreciate your willingness to participate in my research study. Once I have completed the transcription, I will provide you with a draft of the transcript so you can check it for accuracy. If you have any disagreements, wish to add more details, or have any questions after going through the transcript, we can discuss them during a phone or virtual call.	

Do you have any questions before I stop the audio recording? **Turn off recording**	
VI. End of Interview **Interview end time:** _____	

Appendix C: Letter of Invitation Sent to Potential Participants

Email Template

Subject line:
Interviewing occupational therapy educators about utilizing trauma-informed approaches within the classroom

Email message:
I am conducting a new study that focuses on the experiences and barriers encountered by occupational therapy educators when implementing trauma-informed approaches in the classroom. This study aims to gain a deeper understanding of the implementation process at the graduate level. I invite you to share your experiences and challenges related to using trauma-informed approaches in the classroom for this research study.

About the study:
- The 4-question screening questionnaire is based on your years as an occupational therapy practitioner, experience as an educator, knowledge of trauma-informed approaches, and current campus location. This should take approximately 5 minutes to complete.
- One 45-minute virtual interview that will be audio recorded. Then, a follow-up phone or virtual call to discuss the transcript will be approximately 20-25 minutes.
- To protect your privacy, the published study will not share any names or details identifying you.

Volunteers must meet these requirements:

- A minimum of 1 year of teaching at the graduate level as an occupational therapy educator.

This interview is part of the doctoral study for Sean Brim, a Ph.D. student at Walden University. Interviews will take place during December-February.

Please email sean.brim@waldenu.edu to let the researcher know of your interest.
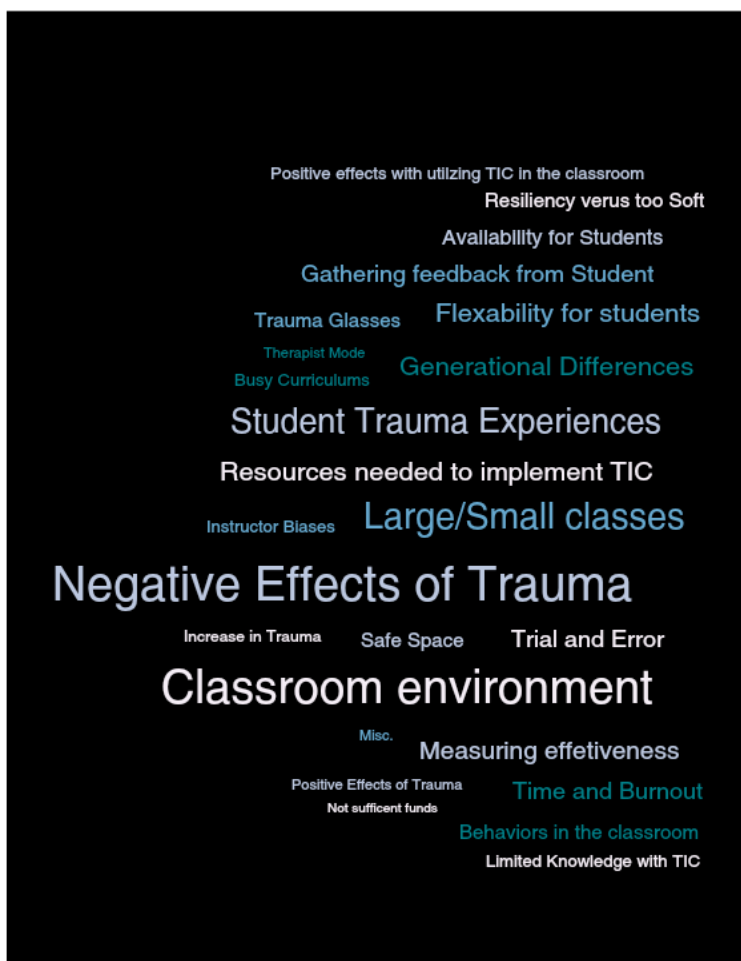
Appendix D: Screening Questionnaire

Thank you for expressing interest in the study. If you choose to volunteer, please complete this form. Follow the instructions outlined in the informed consent, and remember to attach the screening questionnaire. Submit both the informed consent and screening questionnaire documents to the researcher at sean.brim@waldenu.edu.

Please take a moment to complete this screening questionnaire. Highlight your response to each question. Your responses will help the researcher ensure that the study includes a diverse group of participants. Your responses will be kept confidential, and the data will only be used for participant selection for the study.

Screening Questions:

1. **Number of years teaching at the university:**

   o 1-3 years

   o 4-6 years

   o 7 or more years

2. **Total years of experience as an occupational therapy educator:**

   o 1-5 years

   o 6-10 years

   o 11 or more years

3. **The extent of your experience and knowledge with trauma-informed approaches:**

   o Limited

   o Moderate

   o Extensive

4. **The campus location where you are currently located:**

   o Campus Austin

   o Campus Dallas

   o Campus San Marcos

   o Campus St. Augustine

Appendix E: Word Cloud

Positive effects with utilizing TIC in the classroom
Resiliency verus too Soft
Availability for Students
Gathering feedback from Student
Trauma Glasses   Flexability for students
Therapist Mode   Generational Differences
Busy Curriculums
Student Trauma Experiences
Resources needed to implement TIC
Instructor Biases   Large/Small classes
Negative Effects of Trauma
Increase in Trauma   Safe Space   Trial and Error
Classroom environment
Misc.   Measuring effetiveness
Positive Effects of Trauma   Time and Burnout
Not sufficent funds
Behaviors in the classroom
Limited Knowledge with TIC

Appendix F: Codes and Categories

RQ1 Codes	Broad Categories	Refined Categories

•TIC approaches implemented.
•Positive effects of utilizing TIC in the classroom.
•Negative Effects of Trauma.
•Increase in Trauma.
•Trauma Glasses.
•Student Trauma Experiences
	Trauma-Informed Practices:	1. **Trauma-Informed Practices:**
		  • Positive Outcomes
		  • Utilizing TIC in the Classroom
		2. **Educator Preparedness:**
		  • Previous Clinical Experience
		  • Resources for TIC Implementation
		3. **Empathy Development:**
		  • Teacher Perspective on Trauma
		  • Understanding Student Experience

•Classroom environment.
•Flexibility for students.
•Behaviors in the classroom.
•Availability for Students.
•Safe Space.
•Transparency and Pre-Warn Students.
	Class-room Environment	4. **Classroom Environment:**
		  • Physical Setup
		  • Learning Atmosphere
		  • Cultural Dynamics
		5. **Behaviors in the Classroom:**
		  • Observable Actions
		  • Student Engagement
		6. **Support and Availability:**

		• Accessibility of Services
		• Extended Resources and Hours
		7. **Safe and Transparent Space:**
		   • Emotional Safety Measures
		   • Clear Communication

•Gathering feedback from students.
•Previous Clinical Experience.
•Generational Differences
	Student Feedback and Communication	8. **Feedback and Communication:**
		   • Gathering Student Feedback
		   • Communication Channels
		9. **Generational Dynamics:**
		   • Understanding Diverse Backgrounds
		   • Teaching Tailored to Generational Preferences

•Positive Effects of Trauma	Positive Effects of Trauma	10. **Trauma Effects:**
		   • Negative Impacts
		   • Increasing Trends

Codes RQ 2	Broad Categories	Refined Categories
•Time and Burnout •Busy Curriculums	Challenges in Implementation	1. **Workload Management:** • *Time and Burnout*

•Large/Small classes
•Not sufficient funds
		• Strategies for Managing Workload
		• Addressing Burnout
		2. **Teaching and Curriculum:**
		   • *Busy Curriculums*
		     • Balancing Workload
		     • Effective Curriculum Design
		3. **Classroom Dynamics:**
		   • *Large/Small Classes*
		     • Tailoring Teaching for Class Size
		     • Enhancing Classroom Engagement

•Limited Knowledge with trauma-informed approaches
•Needed resources to implement trauma-informed care
	Knowledge and Training	4. **Professional Development:**
		   • *Limited Knowledge with Trauma-Informed Approaches*
		     • Trauma-Informed Training Needs
		     • Expanding Knowledge Base

•Therapist Mode •Measuring effectiveness.	Approaches and Strategies	5. **Teaching Adaptability:** • Resiliency

•Resiliency versus too Soft •Trial and Error		versus Too Soft • Finding the Right Balance • Adaptive Teaching Strategies

Appendix G: Categories to Themes

RQ1 Refined Categories	Themes

Classroom Environment:
• Physical Setup
• Learning Atmosphere
• Cultural Dynamics
Empathy Development:
• Teacher Perspective on Trauma
• Understanding Student Experience
	Theme- Learning Environment:
	• *Physical Setup*
	  • Classroom Layout
	  • Resource Accessibility
	• *Positive Culture*
	  • Inclusive Atmosphere
	  • Acknowledging Diversity

Student Flexibility:
• Customization of Learning
• Adaptive Approaches
Feedback and Communication:
• Gathering Student Feedback
• Communication Channels
Generational Dynamics:
• Understanding Diverse Backgrounds
• Teaching Tailored to Generational Preferences
Support and Availability:
• Accessibility of Services
• Extended Resources and Hours
	Theme-Teaching Approaches:
	• *Student Flexibility*
	  • Extension on Due Dates
	  • Universal Approach
	• *Adaptive Methods*
	  • Differentiated Instruction
	  • Tailored Support

Educator Preparedness:
• Previous Clinical Experience
• Resources for TIC Implementation
	Theme- Occupational Therapy Integration:
	• *Clinical Insights*
	  • Applying Occupational Therapy Knowledge
	  • Recognizing

	• Sensory and Motor Needs
	• Self-studying/research
	    • Utilizing Clinical Practice or Research
	    • Integrating Therapeutic Strategies

Trauma Effects:
• Negative Impacts
• Increasing Trends
Behaviors in the Classroom:
• Observable Actions
• Student Engagement
Trauma-Informed Practices:
• Positive Outcomes
• Utilizing TIC in the Classroom
Safe and Transparent Space:
• Emotional Safety Measures
• Clear Communication
	Theme- Understanding and Addressing Student Trauma Experiences
	• *Understanding Trauma Effects*
	    • Recognizing Negative Impacts
	    • Addressing Increasing Trends
	• *Promoting Positive Outcomes*
	    • Resilience Building
	    • Implementing TIC Strategies

RQ 2 Categories	Themes

Workload Management:
• *Time and Burnout*
    • Strategies for Managing Workload
    • Addressing Burnout Effective Curriculum Design
• *Teaching and*
	Theme- Educator Well-being and Balance:
	• *Workload Management*
	    • Strategies for Balancing Time
	    • Addressing Burnout
	    • Balancing Workload
	    • Tailoring Teaching for Class Size

Curriculum
Classroom Dynamics:
• *Large/Small Classes*
   • Tailoring Teaching for Class Size
   • Enhancing Classroom Engagement	

Measuring effectiveness: • No tools to measure effectiveness	**Theme- Challenges in Evaluating the Effectiveness of Trauma-Informed Approaches** • Limited tool to measure effectiveness

Professional Development:
• *Limited Knowledge with Trauma-Informed Approaches*
   • Trauma-Informed Training Needs
   • Expanding Knowledge Base
Teaching Adaptability:
• *Resiliency versus Too Soft*
   • Finding the Right Balance
   • Adaptive Teaching Strategies
	Theme- Professional Growth and Adaptability:
	• *Professional Development*
	   • Trauma-Informed Training
	   • Expanding Knowledge Base
	   • Teaching Adaptability