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ACCEPTANCE

This dissertation, FINDING OUR SANCTUARY: AN EXPLORATION OF LEADER PERCEPTIONS OF TRAUMA-INFORMED PRACTICES IN AN URBAN TITLE 1 MIDDLE SCHOOL, by KRYSTYE TATUM, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree, Doctor of Philosophy, in the College of Education & Human Development, Georgia State University.

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FINDING OUR SANCTUARY:
AN EXPLORATION OF LEADER PERCEPTIONS OF TRAUMA-INFORMED PRACTICES
IN AN URBAN TITLE I MIDDLE SCHOOL

by

KRYSTYE NICOLE TATUM

Under the Direction of Nicholas J. Sauers, Ph.D.

ABSTRACT

Student trauma in the educational setting is a factor which directly impacts student achievement and well-being. Trauma studies focus on implementing trauma-informed practices and programs from the student or fidelity perspective. However, there is limited research on implementing trauma-informed practices from the perspective of the principal and leadership team. This qualitative study investigates the perceptions of a principal and leadership team when implementing trauma-informed practices. The following research questions guided this study: (1) What are the principal's and leadership team's perceptions of organizational support and barriers to support when implementing trauma-informed practices in a middle school? (2) What are the principal's and leadership team's perceptions of the school's successes and challenges when implementing trauma-informed practices? The single case study investigated the perspectives of eight participants who serve as school building-level leaders in an urban Title I middle school with a historically marginalized student population in a large metropolitan area in the Southeastern United States. The study used the conceptual framework of the Sanctuary Model to ground the study, and the data collection from the semi-structured interviews focused on the Seven Commitments. I used a reflexive journal throughout the study to record my thoughts and reactions during the interview. At the same time, the participants recounted their perceptions, identifying their school's efforts to reduce biases and increase support for trauma-impacted students. The interview data were analyzed based on perceptions, praxis, and emerging themes related to implementing trauma-informed practices.

Two main themes emerged from the data analysis. 1) *Leaders provide trauma-informed grade-level professional learning communities based on three core focus areas for professional development.* 2) *Leaders provide systemic processes and schoolwide programming focused on trust, communication, and shared decision-making.* The resulting subthemes were personal

biases and triggers, trauma identification, instructional understandings, PBIS, Second Step, and mentoring are essential for creating a trauma-informed culture and climate. Programming and training for new and experienced teachers are the catalysts for establishing a trauma-informed culture and climate based on mentoring and modeling using community and school-based resources. During the data collection process, the participants provided information that helped guide implications for building and district leaders interested in becoming trauma-informed. A key implication is that schools and districts must work together to make systemic and schoolwide changes in professional learning communities, professional development training, and schoolwide programming focused on trust, communication, and shared decision-making.

INDEX WORDS: Trauma-informed Practices; Sanctuary Model; Valuation of Organizational Theory; Culture of Nonviolence; Culture of Emotional Intelligence; Culture of Social Learning; Culture of Shared Governance; Culture of Open Communication; Culture of Social Responsibility; Culture of Growth and Change; Professional Learning Communities, PBIS; Second Step, SWARM, T.H.R.I.V.E., B.R.A.V.O.

FINDING OUR SANCTUARY:
AN EXPLORATION OF LEADER PERCEPTIONS OF TRAUMA-INFORMED PRACTICES
IN AN URBAN TITLE I MIDDLE SCHOOL

by
Krystye Nicole Tatum

A Dissertation

Presented in Partial Fulfillment of Requirements for the

Degree of

Doctor of Education

in

Educational Leadership

in

Educational Policy Studies

in

the College of Education & Human Development

Georgia State University

Atlanta, GA

2024

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DEDICATION

I dedicate my dissertation journey to the countless people who have encouraged and motivated me to believe in something greater. My father, Carter B. Tatum, Jr., encouraged me never to stop pursuing my dreams. My mother, Barbara B. Tatum, was my role model. She was an educator who poured her passion and love for learning into her students and into me. My brother, Carlton “Chip” Tatum, supported me with weekly check-ins and encouraging words, reminding me that our parents are proud of the woman who I am. My best friend, Rachelle Jackson, is like a sister to me and has been a listening ear, encouraging me to continue this journey during my highs and lows. My aunt, Mrs. Rosemary Green, accepted the challenge in 2009 to step in and be my support system when my mother passed away. She has encouraged and motivated me during this dissertation journey. She has spent hours guiding and assisting me as I explored my educational journey, and her impact on my life has been tremendous. Finally, my 2016 8th-grade class began referring to me as Dr. Tatum. I often corrected them, and they responded that I should be a doctor. So, I began to think, if they see it in me, why don’t I see it in myself? My village’s encouragement and motivation have helped me become the woman I am today.

ACKNOWLEDGEMENTS

This dissertation journey has been uplifting and eye-opening. It has shown me the strengths within me to preserve and succeed when I thought I was at my weakest. Several instrumental people assisted and led me through this dissertation journey. Dr. Nicholas J. Sauers, my dissertation chair, has been a sounding board by challenging me to think critically using questioning and suggestions based on sound decision-making. He stepped in after Dr. Sheryl Moss's retirement but did not miss a beat supporting and working with me. It is fitting that he was my first introduction to this dissertation journey and my last class on it. Dr. Susan Olgetree, my methodologist and greatest cheerleader, always inspired me to achieve. She spent countless hours assisting and encouraging me as I explored the methodology and logical reasoning that best aligned with my research study. Finally, I am forever indebted to Dr. Sheryl Moss. She has been a rock for me during this dissertation journey, from our first days during COVID-19 to my dissertation defense. She has been a confidant and a support system for me. Even though she has retired, she continues to be there for me, and I know that I have not told her enough how much I appreciate her.

The GSU Professors, Dr. Wang, Dr. Brezicha, Dr. Hendricks, and Dr. O'Brien, worked endlessly to ensure that I was prepared for this journey. Each of them supported and guided me by being caring and knowledgeable, yet stern, by ensuring that my work was representative of the caliber of Georgia State University doctoral students. Thank you again for all you did to support me and the countless other students. I could not have completed this journey without the support and dedication of my GSU professors. They challenged my thinking and forced me to dig deeper into my understanding and exploration of new phenomena.

My family and friends cheered me along the way. I truly cherish the love and support provided to me over this journey. This journey is not for the faint at heart. However, my circle of love and support made this journey very rewarding with the constant reminders that I can and will be successful and that my parents are smiling with pride. The many encouraging texts, phone calls, lunch dates, and words of affirmation inspired me to continue this journey. I would not have been able to accomplish this goal without them.

Table of Contents

| | |
|--|----|
| LIST OF TABLES..... | iv |
| LIST OF FIGURES..... | v |
| 1 INTRODUCTION..... | 1 |
| The Problem..... | 1 |
| Research Questions..... | 5 |
| Purpose..... | 7 |
| Definition of Terms..... | 8 |
| Significance of the Study..... | 11 |
| Overview of the Study..... | 12 |
| Limitations..... | 13 |
| Summary..... | 13 |
| 2 REVIEW OF THE LITERATURE..... | 15 |
| No Child Left Behind..... | 15 |
| Every Student Succeeds Act Title IV Part A..... | 17 |
| History of Trauma..... | 22 |
| Adverse Childhood Experiences..... | 24 |
| Trauma-informed Approaches..... | 27 |
| Sanctuary Model..... | 31 |
| Summary..... | 39 |
| 3 METHODOLOGY..... | 40 |
| Research Design..... | 43 |
| Sample..... | 45 |
| Site Selection..... | 46 |
| Participant Selection..... | 49 |
| Data Collection..... | 50 |
| Credibility..... | 59 |
| Ethical Considerations..... | 64 |
| 4 RESULTS..... | 66 |
| Introduction..... | 66 |
| Findings..... | 69 |
| Theme 1: Professional Learning Communities..... | 70 |
| Theme 2: Systemic Processes and School wide Programming..... | 76 |
| Barriers to Implementation..... | 89 |
| Summary of Findings..... | 91 |
| 5 Discussion..... | 95 |
| Professional Learning Communities and the Dimensions of Organizational Change..... | 97 |

| | |
|--|-----|
| Implications for Practice..... | 101 |
| District Leaders Implementing Trauma-informed Practices..... | 102 |
| Building Level Leaders Implementing Trauma-informed Practices..... | 104 |
| Limitations to the Study and Suggestions for Further Research..... | 106 |
| Conclusion..... | 106 |
| REFERENCES..... | 110 |
| APPENDICES..... | 123 |

LIST OF TABLES

| | |
|---|-------|
| Table 1: Adverse Childhood Experiences in Southeast US..... | 2 |
| Table 2: Participant Profile..... | 50 |
| Table 3: Participant Background Information..... | 52-54 |
| Table 4: Document Analysis Framework..... | 56-57 |
| Table 5: Trauma-informed Care Defined..... | 68-69 |

LIST OF FIGURES

| | |
|---|----|
| Figure 1: Findings Shown as Themes..... | 70 |
|---|----|

1. INTRODUCTION

The Problem

Over the past 20 years, Adverse Childhood Experiences (ACEs) researchers have explored the impact of childhood trauma on student achievement by analyzing the short and long-term impacts of trauma on children, especially through statistical data analysis (Centers for Disease Control and Prevention, Kaiser Permanente, ACEs Study, 2016). From 1995 to 2016, the Centers for Disease Control (CDC)-Kaiser ACEs conducted studies on child abuse (physical, emotional, and sexual), neglect (physical and emotional), and household challenges (divorce, incarcerated relative, and substance abuse), the results of this study show an increase in the rate of ACEs impacting children ages 0-16 (Centers for Disease Control and Prevention, Kaiser Permanente, ACEs Study, 2016). In 2015, the United States Department of Juvenile Justice conducted an ACEs survey to assess the impact of trauma on children (U.S. Department of Justice, 2015). Those survey results showed that over 46 million U.S. children experience violence or abuse over their lifetimes. Childhood traumatic experiences are on the rise, resulting in children exhibiting adverse behaviors during childhood (U.S. Department of Justice, 2015). The survey results also indicate that as children become adults, they experience health issues because of the negative impact of those experiences. This increases healthcare costs during adulthood (U.S. Department of Justice, 2015).

In 2016, the Centers for Disease Control (CDC) survey data showed a prevalence of negative adult health conditions due to childhood trauma (Centers for Disease Control and Prevention, Kaiser Permanente, ACEs Study, 2016). The results showed that traumatic experiences in children primarily result in long-term illness due to a lack of coping skills. In

addition, ACEs-impacted children, as adults, are more likely to abuse drugs and alcohol as a coping mechanism to address their trauma (Center for Disease Control and Prevention, 2016).

Table 1

Adverse Childhood Experiences in Southeast US (n=11,581)

| ACE | Reported ACEs in Women | Reported ACEs in Men | Total Reported ACES |
|--|-------------------------------|-----------------------------|----------------------------|
| ABUSE | | | |
| Emotional | 34.0% | 34.0% | 34.0% |
| Physical | 22.7% | 24.0% | 23.3% |
| Sexual | 17.7% | 7.0% | 12.6% |
| Household Challenges | | | |
| Intimate Partner Violence | 18.1% | 16.3% | 17.2% |
| Substance Abuse | 27.9% | 25.0% | 26.5% |
| Mental Illness | 19.9% | 14.4% | 17.3% |
| Parents Divorced/Separated | 28.4% | 28.4% | 28.4% |
| Incarcerated Household Member | 8.1% | 9.3% | 8.6% |
| Number of Adverse Childhood Experiences (ACE Score) | | | |
| 0 | 36% | 36.3% | 36.1% |
| 1 | 22.1% | 24.2% | 23.1% |
| 2-3 | 22.7% | 24.2% | 23.5% |
| 4 or more | 19.2% | 15.2% | 17.3% |

Note: The data are adapted from 2011- 2020 Behavioral Risk Factor Surveillance System

(BRFSS) reported ACEs Data.

ACEs-impacted individuals frequently suffer from depression coupled with suicidal thoughts or suicidal attempts (Center for Disease Control and Prevention, Kaiser Permanente, ACEs Study, 2016). Exposure to childhood trauma often results in an individual being impacted mentally, physically, and emotionally during their lifetime (U.S. Department of Health and Human Services, 2018). This exposure results in short- and long-term negative impacts on an individual's development, health, and overall well-being (U.S. Department of Health and Human Services, 2018). The Centers for Disease Control and Prevention (CDC)-Kaiser Permanente Adverse Childhood Experiences (ACEs) study conducted fundamental research on ACEs, resulting in longitudinal studies on the presentation of ACEs in children while documenting the long-term impacts.

Blodgett and Lanigan (2018) identified demographic differences as contributors to trauma and children's exposure to traumatic experiences. In their findings, girls performed better than boys in school due to the differences in self-regulation skills. Blodgett and Lanigan (2018) noted that traumatic exposure is higher in Blacks and Hispanics than in their non-black or Hispanic counterparts. Lastly, they identified poverty as an indicator of trauma, often resulting in lower academic achievement.

Duke (2020) noted that children who experience three or more ACEs by the age of five have below-average language acquisition, lower literacy and math skills, and problems with attention, aggression, and social skills. This study also identified trauma as a factor that negatively impacts academic achievement. Blodgett and Lanigan (2018) identified the impact of trauma as a factor in an increased probability of student retention, higher student absences with fifteen or more days, and low motivation and engagement in school. Children with traumatic experiences, displacement, homelessness, child maltreatment, or inadequate parental care can

have lower reading scores and attendance (Blodgett and Lanigan, 2018). More traumatic experiences can result in negative educational outcomes (Duke, 2020; Blodgett and Lanigan, 2018).

McKelvey et al. (2018) identified that the mistreatment of children, family dysfunction, student retention, and special education are all predictors of school-related challenges. School-age children without instances of ACEs in their lifetime are less likely to have negative academic experiences in school (McKelvey et al., 2018). School-age children with instances of ACEs in their lifetime are prone to academic challenges, lower school engagement, absences of more than two weeks of school in a school year, special education students, and students retained in one or more grades, resulting in a negative impact on academic achievement.

Jimenez et al. (2017) conducted a longitudinal research study analyzing the relationship between ACEs and Attention-Deficit/Hyperactivity Disorder (ADHD) in 9-year-olds. The study focused on the mistreatment of children and family dysfunction as ACEs in 9-year-olds (Jimenez et al., 2017). Jimenez et al. (2017) noted that ACEs that occurred before the age of five and between the ages of five and nine correlated with reported ADHD in children at nine. The presence of ADHD associated with ACEs was significant in middle children, as reported by the study (Jimenez et al. 2017). The study's results presented the longitudinal impact of ACEs resulting in ADHD in children and the negative impact that ACEs have on academic achievement.

Kasehagen et al. (2017) researched the correlation between Adverse Family Experiences (AFE)/family dysfunction and academic performance in school-aged children. Exposure to three or more ACEs in children negatively impacts a child's academic performance, school completion, future employment, and other health and social outcomes (Kasehagen et al., 2017).

Kasehagen et al. (2017) noted the need for a positive school environment to support the social-emotional needs of ACEs-impacted students in order to help improve academic performance. A multi-tiered support system focuses on increasing support for children in the school setting (Kasehagen et al., 2017). The multi-tiered support systems focus on providing students, families, and teachers with resources to address ACEs in students. Despite the growing body of research that supports the negative impact ACEs have on student achievement, there is limited research that targets the leaders' role in addressing ACEs in schools (Blodgett et al., 2018; Hinojosa et al., 2019; Ghanem, 2021; Crouch et al., 2019).

Recent ACE research focuses on the prevalence of ACEs in children and adults (Centers for Disease Control-Kaiser, 2019; Child Trends Brief, 2018; Department of Juvenile Justice, 1995-2016; National Survey of Children's Health (NSCH), 2017, 2018; Substance Abuse and Mental Health Services Administration, 2014; U.S. Department of Health and Human Services, 2018). Another focus of ACEs research is on trauma-informed programs and practices as means to evaluate these programs' effectiveness for addressing ACEs in schools (Berger, 2019; Crosby, 2015; Dorado, 2016; Dotson et al., 2019; Fidyk, 2019; Gardner, 2019; Honsinger et al., 2019).

Research Questions

In the wake of COVID-19, researchers have seen a continued increase in childhood trauma as a result of students' limited connection with classmates and reduced physical activity. Najam (2020) conducted research focused on the mental health effects of COVID-19. The researcher noted an increase in the prevalence of clinically diagnosed anxiety, depression, and self-harming behaviors. They attributed the increase in clinical diagnoses numbers to the increased social isolation and loneliness due to the COVID-19 pandemic. COVID-19 also increased trauma in school-age children, which negatively impacted students behaviorally and

academically. O’Sullivan et al. (2021) conducted an Interpretative Phenomenological Analysis (IPA) of the impact of COVID-19 on school-age children in Ireland. They noted adverse mental health experiences in children and adolescents, resulting in social isolation, depression, anxiety, and an increase in maladaptive behaviors. O’Sullivan et al. (2020) also noted that students with autism spectrum disorder had increased mental health difficulties because of the disruption in their daily routines. Jiao et al. (2020) conducted a research study with 320 children and adolescents as an early investigation of Chinese children’s behavioral and emotional reactions and psychological distress to COVID-19. The findings for behavioral and emotional reactions to COVID-19 showed increased clinginess, distraction, irritability, and fear, resulting in poor sleep, appetite, physical discomfort, and agitation. The psychological impact of COVID-19 on school-aged children is anxiety, depression, lethargy, impaired social interactions, and reduced appetite (Alradhi et al., 2022, p.2). The collective research studies show that traumatic experiences in children are on the rise, and there is a need to research the impact of trauma on children. However, there are gaps in current research that indicate there is a need to explore the perceptions of leaders and leadership teams’ when implementing trauma-informed practices. Collecting their perceptions can give additional insight into the successes and barriers when implementing trauma-informed practices schoolwide. A single case study approach was chosen because it gives the researcher a deep understanding of the phenomenon in context (Glesne, 2016).

This study examines leaders’ perceptions when implementing trauma-informed practices in a middle school with a historically marginalized student population in a large, urban school district in the Southeastern United States. The data collection methods are individual interviews and document analysis with follow-up interviews for select participants. The research study

investigates the connection between the seven tenets of the Sanctuary Model framework when creating a trauma-informed environment through a shared value system.

The conceptual framework for the research study is the Sanctuary Model, focusing on the Seven Commitments: Culture of Nonviolence, Culture of Emotional Intelligence, Culture of Social Learning, Culture of Shared Governance, Culture of Open Communication, Culture of Social Responsibility, and Culture of Growth and Change. The Seven Commitments of the Sanctuary Model is a systemic approach to organizational change that focuses on a positive culture aimed at providing an environment to meet the needs of trauma-impacted individuals and used to analyze the data collected from the leadership team around trauma-informed practices (Bloom, 2008, Bloom et al. 2010 & 2011; Esaki et al., 2014). The data analysis highlights the organizational supports and barriers and the school's successes and challenges when implementing schoolwide practices. The following research questions were used to investigate the leaders' perceptions of implementing trauma-informed practices:

1. What are the principal's and leadership team's perceptions of organizational supports and barriers to support when implementing trauma-informed practices in a middle school?
2. What are the principal's and leadership team's perceptions of the school's successes and challenges when implementing trauma-informed practices?

Purpose

The research study aims to explore the perceptions of the principal and leadership team when implementing trauma-informed practices. For this study, the successful implementation of trauma-informed practices requires the leadership team to be aware of the traumas that impact the students they serve. Equally, leaders must know what attributes can help them avoid retraumatization (2001 Massachusetts KIDS COUNT factbook. (n.d.)). For example, when

training staff in trauma-informed practices, practitioners will likely want to know what organizational supports are outlined to impede retraumatization by students and staff members? Trauma-informed care begins with understanding the traumas present in the members of the organization and creating a plan aimed at addressing and supporting traumas for all members of the organization.

School leaders must balance the challenges of creating a positive school culture and climate in teaching, learning, and social support. School leaders create a community of care and respect by practicing asset-based thinking by implementing a welcoming attitude, individualized support, and a commitment to the families they serve by prioritizing the needs of the students and families (Baker et al., 1997; Murphy et al., 2014). Many researchers ignore the impact of positive, loving relationships between parents and children as assets when analyzing student success in schools (Jeynes, 2014). Jeynes (2014) found that a child's home environment impacts the success or failure of the student even if they attend the best schools, citing that the home environment will ultimately impact the student's future development. Therefore, when analyzing building leaders' perceptions of implementing trauma-informed practices, it is essential to identify the connection between academics and social support for students.

Definition of Terms

The following are the key terms and definitions used in this study:

- *Adverse Childhood Experiences (ACEs)*. According to Kalmakis et al. (2014), ACEs are negative childhood experiences that vary in severity and may be chronic when occurring in a child's family or social environment, causing harm or distress and impacting the child's physical or psychological health or development.

- *B.R.A.V.O. Day*. Rocky Road Middle School uses the term B.R.A.V.O to create a shared language of affirmations for the students. B.R.A.V.O. means Brilliant, Respectful, Admirable, Valuable, and Optimistic.
- *Caring*. According to Louis et al. (2018), caring is the development of the welfare and well-being of others by addressing their needs while developing their capacity for self and others.
- *Collaborative for Academic, Social, and Emotional Learning (CASEL)*. This is an organization founded in 1994, focused on a multidisciplinary network of researchers, educators, practitioners, and child advocates who are committed to supporting Social-Emotional Learning in students.
- *Equity*. According to Venet (2021), the definition of equity focuses on creating educational opportunities for trauma-impacted students through specially designed support and resources to address and end oppression in the world.
- *Sanctuary Model*. According to Bloom (2017), the Sanctuary Model is a trauma-informed organizational development approach that focuses on establishing evidence-based, relationship-based, high-commitment and performance programs, systems, or communities that design or redesign the workspace by establishing and maintaining safe moral climates.
- *Sanctuary Model Framework*. According to Esaki et al. (2013), the Sanctuary Model Framework is a whole-culture approach for creating or changing organizational culture rooted in trauma-informed and evidence-based practices and supports.

- *Safety, Emotional Management, Loss, and Future Framework (S.E.L.F.).*
According to Bloom (2014), S.E.L.F. is coping skill methods or strategies represented as four points on a compass used by trauma-impacted individuals and organizational changes aimed at dealing with their problems or conflicts thereby creating trauma-informed approaches and practices.
- *Social-Emotional Learning (SEL).* According to Weissberg et al., (2015) S.E.L. is a strengths-based developmental process that begins at birth and continues for a lifetime. It is the process through which individuals support healthy development and relationships. SEL is rooted in the five core competencies of CASEL: Self-Awareness, Self-Management, Social Awareness, Relationship Skills, and Responsible Decision-Making.
- *Socio-Ecological Model.* According to the Office of Disease Prevention and Health Promotion (2020), the Socio-Ecological Model focuses on the individual and their affiliation to the people, organizations, and community. The model has five stages of engagement: individual, interpersonal, organizational, community, and Public Policy.
- *Social Worker Activity and Referral Module (SWARM).* Schools that use Infinite Campus can create SWARM referrals to track teacher concerns, social worker referrals, case notes, activities, and group work imputed by the school counselor.
- *T.H.R.I.V.E. Time.* Rocky Road Middle School uses the term T.H.R.I.V.E. Time as an uninterrupted time in the school schedule for the implementation of Social Emotional Learning lessons. T.H.R.I.V.E. means Targeted, Hardworking, Real-time, Intervention, Vital, Education. T.H.R.I.V.E. time focuses on providing

students what they need to be successful in school through *Second Step* or individualized counseling support.

- *Trauma-informed Approaches/Practices (TIPs)*. According to Substance Abuse and Mental Health Services (SAMHSA), trauma-informed approaches focus on strategies that impact trauma by recognizing the symptoms through integrating knowledge about the policies and practices to reduce the retraumatization of the individual.

Significance of the Study

Trauma-informed education is an important topic for addressing individual trauma in students. Venet (2021) identifies the importance of making structural changes to address trauma instead of solely focusing on the individual traumas and adversities students may have experienced. Trauma-informed practices focus on the impact of trauma on the entire school and its stakeholders (Venet, 2021). Researchers study trauma-informed practices, highlighting the individual and school-wide approaches, their impact on student behaviors and academics, and successful implementation (Dorado et al., 2016; Venet, 2021; Cohen & Barron, 2021). Venet (2021) posited that trauma-informed practices focus on leaders being proactive, thereby creating a universal system of support for trauma-impacted students, focusing on teaching coping skills, thereby not retraumatizing them.

The study's significance lies in providing insight into leaders' perceptions of their current practices when implementing trauma-informed practices. These perceptions include their descriptions of successes and barriers. The study can help close the gap in the literature by exploring leaders' perceptions of their current practices when implementing trauma-informed approaches schoolwide.

Overview of the Study

This study focuses on creating a critical understanding of “how people describe things and experience them through their own senses” when using trauma-informed practices to address student traumas by building leaders (Merriam et al., 2016, p.9). I conducted a thorough literature review of trauma-informed practices through the lens of the Sanctuary Model frameworks. The Sanctuary Model is the conceptual framework used to analyze the implementation of trauma-informed practices as an Organizational framework. Bloom (2010) identified the Sanctuary Model as a trauma-informed, theory, evidence-based, whole-organization approach to creating or changing an organization's culture. The Sanctuary framework aims to create an organizational model focused on healing individuals impacted by psychological and social traumatic experiences. Bloom (2010) identifies the theoretical framework as a way for organizations to establish structures, processes, and behaviors that address the biological, affective, cognitive, social, and existential wounds that individual victims suffer based on their exposure to trauma and adversity.

The Seven Commitments of the Sanctuary Model was the conduit for the interview protocol, the lens through which I analyzed the data. According to Bloom (2010), the data are analyzed to assess the development of an intervention model that applies to the entire school population and stakeholders. According to Bloom (2010), the data are analyzed to assess the trauma-informed practices implemented to focus on developing trust, communication, shared decision-making, and conflict resolution. Lastly, according to Bloom (2010) the data are analyzed to assess the development of an infrastructure that provides various treatment approaches and techniques with a focus on recovery and coping skills for trauma-impacted students. I raise awareness of the importance of the successes and barriers to implementing

trauma-informed practices by leaders based on their experiences. Lastly, the research study's findings empower leaders to consider using trauma-informed practices in their schools.

The literature review focuses on trauma-informed practices, the Sanctuary Model, and the leadership qualities needed to support traumatized students. The conceptual framework focuses on Bloom's (2010) sanctuary model as a lens through which to explore the leadership team's perceptions using the Sanctuary model's Seven Commitments, which are discussed in detail in the literature review and the data analysis.

Limitations

The research study's limitations include the sampling criteria for the sample study population and school-based site selection, evoking confirmation bias based on the selection criteria. The sample population is limited to the school's leadership team based on the perceptions of the principal and the leadership team. A more significant sample size of multiple school-based sites and participants would produce multiple data sources by providing the researcher with more data to compare for researcher insights. Therefore, the findings are not generalizable to other similar school sites.

A second limitation of the study is that the research participants were volunteers. The interviews may have skewed the participants' perceptions based on their participation in the study, and their responses to the questions may have presented social desirability bias. Lastly, the limitation in leaders' views may differ from that of the teachers, paraprofessionals, and other organizational stakeholders.

Summary

In chapter one, I introduce the research problem, which focuses on the short and long-term impact of trauma on children. This study explores the perceptions of the principal and

leadership team through a single-case study methodology. The terms and definitions used in this dissertation and the limitations were provided. In chapter two, I comprehensively review the literature on trauma-informed practices. Additionally, the Seven Commitments of the Sanctuary Model is introduced and discussed as the foundation for the research study.

2. REVIEW OF THE LITERATURE

This literature review begins with a section on the history of federal policy mandates focusing on school-based mental health professionals, resources, and instructional frameworks which wraparound services for trauma-impacted students. The following section and respective subsections provide historical background on trauma, types of traumas, and the short and long-term impacts of trauma on children. This section provides an understanding of the need for research based on ACEs, specifically statistical data that shows a steady increase in reported ACEs in children. Understanding the increases in ACE statistical data results can help promote awareness of the need for a caring culture and climate for trauma-impacted students. The literature review then focuses on trauma-informed approaches and practices, which are the school-wide and classroom supports for trauma-impacted students. Finally, the literature review examines the perceptions of a leader and the leadership team when implementing the trauma-informed practices through lens of the Sanctuary Model as a conceptual framework.

No Child Left Behind

Educational policymakers focus on educating the whole child through funding and mandates. One federal policy addressing the long-term impact of trauma is No Child Left Behind (NCLB). Congress passed into law NCLB in 2002; Part D of Title V addressed mental health interventions for students. NCLB focused on mental health interventions through the Elementary and Secondary School Counseling Program; grants for school-based mental health programs and systems; and the creation of a school readiness program to address emotional and social development through early childhood.

NCLB, Subpart 2, Elementary and Secondary School Counseling Programs, authorized grants to local educational agencies to provide counseling programs and services to children in

schools. The grants allowed the establishment of new or additional counseling services. The grant was to be at most three years and not exceed \$400,000 a year for the local educational agency. The grant funds supplemented existing federal, state, or local funding to provide students with school-based counseling and mental health services (Subpart 2, NCLB, 2019). However, NCLB allocated most funding to improve students' academic achievement, resulting in significant challenges to the school mental health programs outlined in the No Child Left Behind Act.

Gaps In Mental Health Supports Under No Child Left Behind

Daley et al. (2006) analyzed the challenges to academic achievement under No Child Left Behind (NCLB). The first challenge focused on making choices when allocating monies to support academic achievement or supporting students' mental health needs. The second challenge was to ensure student mental health needs were met by allocating funds to support mental health services focused on positive social and emotional competencies. Daley et al. (2006) note that the instability of a student's social and emotional growth and development impacts a student's academic achievement. The National Institute of Mental Health reported that approximately six to nine million children and adolescents had been diagnosed with severe emotional disturbances (1999). Lastly, NCLB did not address the development of positive social and emotional competencies which would have incorporated mental health services to support student needs.

The counseling services provided under NCLB focused on specific requirements for serving student needs, increasing available services, employment of qualified professionals, and the involvement of families and communities in the programming. The NCLB five-year grants focused on student improvement through school and community-based professional training,

consultation and technical services for schools and agencies, students' language and cultural background based on coordination services, and program evaluations for grant-funded programs. The difference between NCLB and Every Student Succeeds Act (ESSA) grant is that NCLB focused on providing mental health care through the link between schools and community mental health support. ESSA, instead, focused on creating programming to support schools and families impacted by trauma.

Every Student Succeeds Act Title IV Part A

One federal policy addressing the long-term impact of trauma is Every Student Succeeds Act (ESSA). Researchers and policymakers discussed the lifelong impact of trauma on students and the rise of traumatic experiences in students nationally. Every Student Succeeds Act (ESSA) Title IV, Part A, was signed into law in 2015 by President Barack Obama. ESSA gained bipartisan support from Senator Lamar Alexander, a Republican from Tennessee, and Patty Murray, a Democrat from Washington. The bipartisan support aligned with the Republicans, who supported the act because of local and state power with limited federal control (which aligned with general Republican values), and the Democrats, who favored the act because of the accountability measures for failing schools that focused on improvement, not punishment (the latter being a feature of NCLB the Democrats hoped to correct) (Every Student Succeeds Act (ESSA), 2015). ESSA focused on college- and career-ready standards and assessments, accountability systems to support low-performing schools through strategies to close the achievement gap, and district-led support systems for teachers' and principals' evaluation systems. ESSA Title IV, Part A Sections 4001 and 4111 (2015), added child sexual abuse awareness and prevention programs or activities, such as programs or activities designed to provide (i) age-appropriate and developmentally appropriate instruction for students in child

sexual abuse awareness and prevention, including how to recognize child sexual abuse and how to report child sexual abuse safely; and (ii) information to parents and guardians of students about child sexual abuse awareness and prevention, including how to recognize child sexual abuse and how to discuss child sexual abuse with a child. Title IV, Part A Sec. 4108, Activities to Support Safe and Healthy Students Part C Subpart (v) (Every Student Succeeds Act (ESSA), 2015) provides mentoring and school counseling to all students. These services include centering the needs of children at risk of academic failure, dropping out of school, involvement in criminal or delinquent activities, or drug use or abuse. For the programming to occur at the state and local levels, federal funding was allocated towards the programming through ESSA grants. Therefore, the grant funds were allocated to improve student's academics by building capacity of state and local educational communities through well-rounded education, improved school conditions, and technology improvements.

ESSA Title IV Part A Funding

Title IV Part A of ESSA (2015) focused on providing student support and academic enrichment grants to create a well-rounded education for all students. The goals of ESSA Title IV Part A (2015) are to target school improvement, student achievement, technology improvements resulting in student achievement and digital literacy, and mental and behavioral health services in schools. ESSA Title IV Part A, Student Support and Academic Enrichment (2015), allows for grants that focus on supporting state and local activities that promote well-rounded educational opportunities, safe and healthy students, and effective use of technology. Congress allocated 400 million dollars to the programs in 2017; in 2018, \$1.1 billion (Boyle et al., 2020). 95% of state-issued funds for Title IV Part A went to school districts to support programs that align with the goals of Title IV Part A (Boyle et al., 2020). The other 5% of state

funds are reserved for state-level activities, with no more than one percent going towards administrative costs. The federal mandate is for states to give at least \$10,000 to each district. The U. S. Department of Education Office of Planning, Evaluation, and Policy Development (2020) reported that 82% of school districts received Title IV Part A funds in 2018 compared to 64% in 2017. the U. S. Department of Education Office of Planning, Evaluation, and Policy Development (2020) conducted a study to analyze Title IV Part A funding and implementation based on an online survey of 50 states, the District of Columbia, and Puerto Rico. The survey results showed that program funds aligned with the goals of Title IV Part A, which focuses on physical and mental health and learning through the use of Specialized Instructional Support Personnel under ESSA Title IV Part A.

Specialized Instructional Support Personnel

Specialized Instructional Support Personnel (SISP) are (i) school counselors, school social workers, and school psychologists; and (ii) other qualified professional personnel, such as school nurses, speech-language pathologists, and school librarians, involved in providing assessment, diagnosis, counseling, educational therapeutic, and other necessary services (including related services as that term is defined in section 602 of the Individuals with Disabilities Education Act) (Every Student Succeeds Act (ESSA), 2015, SEC. 4101. [20 U.S.C. 7111] based on a comprehensive program to meet student needs. The responsibilities of the SISP are to create plans for earmarked funds for trauma-informed training, task force, discipline, funding, and health support. As a result, Title IV Part A of ESSA (2020), assuming you're citing ESSA legislation) allocates 20% of state funds to improve mental health services and school climate by focusing on trauma-informed practices and policies. The state's funds allocations support the United States' statistical data for children with childhood trauma.

In the United States, the statistics for childhood trauma show continued projections of increase based on previous trend data acquired from the United States Department of Justice. In 2015, the United States Department of Justice surveyed trauma-impacted children in the United States. The study U.S. Department of Justice (2015) results showed that over 46 million children had experienced violence or abuse in the United States, and childhood traumatic experiences are rising in the United States, with children having an increased chance of exhibiting adverse behaviors based on their experiences. These adverse behaviors were called Adverse Childhood Experiences (ACEs).

Student Support and Academic Enrichment Grant

The Student Support and Academic Enrichment Grant (SSAEG) was a \$1.6 billion grant under the ESSA program focused on consolidating fifty federal funding programs into one state block grant (Walker, 2018). Walker (2018) states that the SSAEG provides state education agencies (SEAs) and local education agencies (LEAs) with funding for the Safe Schools/Healthy Students initiative. The block grants allocate resources for mental health services for school districts that serve students impacted by trauma. The implementation of block grants provides resources aimed at addressing the access rates of mental health services for students. However, traditionally, low-income, impoverished communities do not have access to the same resources, resulting in a disproportionate access rate to mental health support and the political capital to equate a change in the political frame (Walker, 2018).

Safety Nets and Mental Health Supports Under the Every Student Succeeds Act

Policymakers earmarked funds and created programs to support schools and families dealing with the impact of trauma on children. Many states and districts used grants to support programming for trauma-impacted students. The policymakers instituted the Every Student

Succeeds Act (ESSA,2015), Title IV, Part A, to identify safety nets for trauma-impacted children during the different stages of childhood development. The safety nets assist the children's social, emotional, physical, and behavioral development, resulting in their success in school and life. Under ESSA Title 4 Section 4108 earmarks (2015), funds to develop, implement, and evaluate comprehensive programs were allocated. Such comprehensive programming serves as multiple safety nets and focuses on educating students against alcohol and tobacco, professional development, and training for school personnel. Lastly, ESSA provides funds for school-based mental health services through partnership programs (2015).

Gaps In Mental Supports Under the Every Student Succeeds Act

U. S. Secretary of Education Dr. Miguel A. Cardona evaluates the mental health challenges under ESSA in his yearly Executive Summary, *Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs*. In the Executive Summary, Cardona (2021) highlighted seven key challenges to providing mental health support in educational settings from early childhood to higher education. Cardona (2021) addressed each challenge with a corresponding recommendation to address existing programs' implementation efforts, resources, and guidance. Cardona (2021) identified that the need for mental health services for children and youth is at crisis levels, despite the funding available and utilized from ESSA.

Cardona (2021) identified a rise in mental health needs and disparities among children and support groups. Cardona (2021) identified that the increase in mental health needs of children and youth results from a lack of availability of resources and disparities across populations based on economics. Cardona (2021) stated that mental health challenges differ based on educational level, socioeconomic and housing status, race, color, national origin, ethnicity, language, immigration status, sex, sexuality, religion, and disability. Cardona (2021)

noted that educational professionals still need adequate training and ongoing support to address students' social, emotional, and behavioral development, forming a supportive and nurturing relationship with all children and their families. Cardona (2021) identified the inequity in counseling staffing and student ratios, particularly at schools that serve low-income families and students of color.

History of Trauma

Trauma studies date back to the late 19th Century with Sigmund Freud and French physician Jean-Martin Charcot. Sigmund Freud began his research with female patients who suffered from traumatic experiences (Ringel & Brandell, 2011). Freud believed that the traumatic experiences stem from the hysteria that originated in the woman's uterus (Anderson, 2012; Ringel & Brandell, 2011). Sigmund Freud coined the term Seduction Theory to identify the role of trauma in women who suffered from hysteria (Anderson, 2012). Freud's Seduction Theory analyzed the women's experience with hysteria being present in the women through paralysis, amnesia, sensory loss, and convulsions (Ringel & Brandell, 2011). Kupfersmid (1993) acknowledged that Freud abandoned the Seduction Theory due to the need for acceptance by the medical community. The medical community at that time believed hysteria stems from heredity, degeneracy, and predisposition. Ringel et al. (2011) identified that Charcot connected the hysterical symptoms to be psychological and not physiological. Charcot later associated his trauma studies with live demonstrations where he hypnotized patients to help them remember their trauma. According to Ringel et al. (2011), Pierre Janet continued Freud and Charcot's trauma studies through dissociative phenomena and traumatic memories.

Van der Kolk et al. (1989) found that Janet's study of dissociation aligned with the belief that ordinary conditions, actions, emotions, and thoughts were expressed as single conscious

experiences. However, further studies by Janet showed that these memories might split into various fragmented events. These fragmented events or dissociations were often linked to traumatic events, resulting in the individuals claiming psychological impacts resulting in various symptoms (Van der Kolk et al. 1989). Janet classified the symptoms as hysteria (Van der Kolk et al. 1989).

Janet's study focused on the relationship between traumatic events and personality development and behavior (Van der Kolk et al. 1989). Acknowledging heredity in trauma further solidified the need to identify the different traumas in individuals. Although Freud later changed his thoughts on the validity of the Seduction Theory, Freud continued to acknowledge that different categories of trauma evolved throughout his studies. They resulted in Freud's trauma studies, presenting three trauma categories. Therefore, the Freudian-identified traumas presented in the research are Acute, Chronic, and Complex Traumas (Van der Kolk et al. 1989).

Types of Trauma

The Substance Abuse and Mental Health Services Administration (SAMHSA) expounded on Freud's three categories of trauma based on recent trauma studies (Substance Abuse and Mental Health Services Administration (SAMHSA), 2014) SAMHSA defines trauma based on three factors: events, experiences, and effects (Substance Abuse and Mental Health Services Administration, 2014). Acute traumatic experiences are single traumatic experiences in children and adults with one subjective response to the adverse event (Substance Abuse and Mental Health Services Administration, 2014). Chronic traumatic experiences present as repeated traumatic experiences that occur over time, resulting in multiple subjective responses to the adverse event (Substance Abuse and Mental Health Services Administration, 2014).

Complex traumatic experiences present as multiple traumatic events that impact children or adults with multiple subjective responses to the adverse event, resulting in long-term impacts on the individual physically, socially, or emotionally (Substance Abuse and Mental Health Services Administration, 2014). Kliethermes et al. (2014) explain that complex traumatic events in children and adults include physical abuse, sexual abuse, emotional abuse, neglect, domestic violence, and medical trauma. Based on the SAMHSA (2014) definition of trauma, traumatic experiences in children present differently depending on the stages of childhood development when the child experiences said trauma. Lastly, trauma in students impacts achievement and well-being, resulting in life-long experiences that ultimately result in adults with addictions and limited coping strategies (Dye, 2018). The impact of adulthood addictions and limited coping strategies results in higher costs to sustain the lives of trauma-impacted individuals (Dye, 2018). The long-term and short-term impacts of childhood trauma became known as Adverse Childhood Experiences (ACEs) (Dye, 2018).

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are defined by the U. S. Department of Health and Human Services (2018) as chronic stress or trauma (e.g., abuse, neglect, and household dysfunction) experienced during childhood and adolescence, can have both short and long-term impacts on an individual's development, health, and overall well-being. ACEs in children are often present in adverse behaviors exhibited in schools that adversely impact the students' social, emotional, physical, or academic achievement (Dye, 2018). The Centers for Disease Control and Prevention initiated a research process as a longitudinal study of ACEs in children beginning in 1995, focusing on the challenges and healthy lifestyles of children impacted by ACEs (Blodgett et al., 2018). The study focused on specific types of ACEs frequently present in childhood:

abuse, neglect, and household challenges. The research resulted in developing approaches and practices to address childhood traumatic experiences in students (Blodgett et al., 2018; Thompson et al., 2018).

Adverse Childhood Experiences Research

Thompson et al.'s (2019) research study provided additional insights into the long-term impacts of childhood ACEs in adults. Thompson et al. (2019) used survey data collected in 2015 from Maryland and Baltimore City adults that showed that over 60% of adults reported at least one ACE, and 20% reported experiencing three or more ACEs. In Baltimore City, 80% of adults reported experiencing one or more ACEs, and 40% reported three or more ACEs. Thompson et al. (2019) identified four negative outcomes associated with ACEs: Adverse Social Outcomes, Psychiatric and Substance Use Disorders, Health Risk Behaviors, and Medical Health Problems. The Adverse Social Outcomes associated with ACEs are educational failure, absenteeism, teen pregnancy, or incarceration (Thompson et al., 2019). The Psychiatric and Substance Use Disorders are post-traumatic stress disorder (PTSD), depression, anxiety disorder, psychosis, substance use disorders, and suicide attempts (Thompson et al., 2019). The health risk behaviors are smoking, overeating, physical inactivity, alcohol and drug use, and sexual intercourse with multiple partners (Thompson et al., 2019). Lastly, medical health problems are obesity, diabetes, heart disease, liver disease, respiratory problems, and cancer (Thompson et al., 2019).

Thompson et al. (2019) focused on addressing ACEs in children from a community standpoint. Thompson et al. (2019) urged educators to shift from focusing on empowering students by building resilience as the approach to addressing ACEs. Instead, Thompson et al. (2019) encouraged individuals to focus on supporting families in communities by finding ways for researchers to reduce ACE exposure in children drastically. Long gone are the days of solely

focusing on the individual. Thompson et al. (2019) suggested a much greater need systemic changes that focus on reducing trauma and toxic stress in communities.

Blodgett et al. 's (2018) research study contributed to the literature by providing additional insights on the effects of ACE exposure in a noncontrolled K-6 public elementary school with a number of elementary students at risk of academic, behavioral, and attendance concerns. The educators self-reported the ACE exposure found in their students. The reporting method is known as Sentinel Surveillance (Blodgett et al., 2018). Sentinel Surveillance is when professionals report their knowledge of risk from a self-reporting standpoint. Blodgett et al., (2018) used the Sentinel Surveillance approach because of the lower risk of re-traumatizing the students and the family's burden by acknowledging or speaking about their trauma. The researcher identified the Sentinel Surveillance approach to connect ACE exposure and their school's success. Prior research studies focused on increasing reporting without retraumatizing the students or creating barriers for individual students that may impact them and the schools' success (Bloom, 2010; Blodgett et al., 2018; Dye, 2018).

The research study (Blodgett et al., 2018) implications argue that educators benefit from overall literacy and skills that aid in managing ACE students' exposure. The research findings illustrate that over one-fifth of the overall? student population is affected by exposure to ACEs. There are many ACEs-impacted children who are at risk of academic problems. However, most of these students will not qualify for diagnostics nor access to care standards that align with the intervention models implemented in schools. Therefore, specialized services need to be coupled with a continuum of response, trauma-informed responses, and resilience building to support children in order to respond to the variety of ACEs children are exposed to. Schools must also implement the Trauma and Learning Policy Initiative (TLPI), which focuses on four trauma-

impacted domains (self-regulation, physical functioning, relationships, and academics) that produce school success. Blodgett et al. (2018) recommend using the four domains as a framework for school-focused child assessments through Cognitive Behavioral Intervention for Trauma in Schools and Support for Students Exposed to Trauma (these are evidence-based intervention programs). Schools must focus on prevention strategies (trauma-sensitive or trauma-informed school practices) to reach children exposed to ACEs. Responsive educational climates create a paradigm shift that focuses on student success when implemented by leadership, educators, and other school personnel who support the children and families through intensive, ongoing training and technical support. For instance, in Walla Walla, Washington, Lincoln High School implemented a trauma-sensitive, whole-school approach that implemented ongoing trauma-sensitive training (Stevens, 2012). The school saw suspension rates drop by 85%, which they attributed to implementing trauma-sensitive approaches (Stevens, 2012). Hansel et al. (2010) studied 115 students at 3 southern rural Louisiana schools through a school-based trauma treatment program aimed at evaluating the effectiveness of the program. Hansel et al. (2011) found that the school-based trauma treatment programs assisted in reducing trauma symptoms through the widespread implementation of school-based mental health services.

Adverse Childhood Experiences (ACEs) impact the lives of over 46 million children in the United States of America (U.S. Department of Justice, 2015). The school is an extension of the home, making it the school's responsibility to address the needs of trauma students. Many schools use Multi-tier Systems of Support (MTSS) to support academic and behavioral student need, addressed in the next section.

Trauma-informed Approaches

The Multi-tiered System of Support (MTSS) focuses on using trauma-informed approaches geared toward addressing academic and behavioral concerns in students (Phifer & Hull, 2016; Lorig et al., 2021). Implementing MTSS in schools allows a three-tier system of support to address student behaviors. Tier I addresses student behaviors for all students through the use of positive behavioral incentives. Tier II focuses on students who were unsuccessful with Tier I supports, requiring more intensive interventions. Tier III addresses the unsuccessful students through the implementation of Tier I and II interventions, resulting in the students receiving specialized services to address the student's needs (Gorski, n.d; Dorado et al., 2016.). Most research focuses on Tier I interventions and programs on the student's behavioral needs (Kordestani, n.d.; Dorado et al., 2016). The foundation of my??? research study focuses on the leader perceptions when implementing trauma-informed practices.

MTSS trauma-informed approaches mitigate internalized distress and decrease classroom disruptions, through an instructional framework rooted in social and emotional learning. Legislation passed that supports the implementation of positive behaviors in schools was the Positive Behavior for Safe and Effective Schools Act (H.R.3165-Positive Behavior for Safe and Effective Schools Act, 2011-2012) which amended the Elementary and Secondary Education Act of 1965 (ESEA). The Positive Behavior for Safe and Effective Schools Act allocates Title I school improvement funds to support early intervention services, including school-wide positive behavioral support. Every Student Succeeds Act (ESSA) requires the Local Educational Agencies (LEAs) and schools to use educational funds to support many low-income families through professional development funding, the Safe and Drug-Free Schools and Communities program, and elementary and secondary school counseling programs. In 2015, Act 183 focused

on funding and implementation for high-needs schools addressing students' academic and behavioral needs using a tiered support system (HB 401, 2015).

Trauma-Informed Practices

Record-Lemon et al. (2017) identified trauma-informed practices (TIPs) as education and counseling focusing on understanding trauma and its impacts. TIP goals focus on creating an environment prioritizing safety, choice, control, and empowerment. Trauma-informed practices help educate and empower a school's stakeholders (students, teachers, parents) by supporting student safety and mental health. The whole school supports work to create a community-wide atmosphere that provides students with safety, wellness, and coping skills. The coping skills learned by these students can provide an avenue of support for long-term success (Dorado et al. 2016). Schools that focus on TIPs are commonly referred to as trauma-sensitive schools.

McConnico et al. (2016) identified the foundational principles of trauma-sensitive schools as places that: focus on building a sense of community, social and emotional connectedness with knowledge of the prevalence and impact of trauma; that build the capacity of educators and caregivers; and, that encourage empowerment and resilience alongside mindset change by addressing causes of the behavior. The foundational principles of trauma-sensitive schools focus on educating children impacted by traumatic experiences through community and school resources. Educational stakeholders support trauma-sensitive schools through federal programming focused on combating nationally collected statistics with hopes of reducing the number of children impacted by childhood trauma (Every Student Succeeds Act (ESSA), 2015).

There are successes and barriers to the implementation of TIPs in schools. Carter and Blanch (2019) identified four stages the school has to go through to implement trauma-informed practices successfully and create trauma-informed climates. Carter and Blanch (2019) identified

the four stages as a continuum that organizations must understand as they proceed to address trauma. Organizations' four stages are:

1. Trauma-aware focuses on awareness training, leadership support, and organizational considerations and implications of change.
2. Trauma-sensitive focuses on the organization's exploration of trauma-informed values through self-assessments that focus on the determination or readiness, screening, and treatment options.
3. Trauma-responsive focuses on organizations planning an action for change that focuses on reviewing and modifying the environment, policies, procedures, programs, and services while developing trauma-informed staff support.
4. Trauma-informed focuses on putting practices that measure and impact the clients and staff while providing opportunities for revision, engagement, development, and advocacy within the organization and the community.

Lastly, the four stages of creating a trauma-informed climate rest in moving from trauma awareness to trauma-sensitive, to trauma-responsive to trauma-informed (Carter & Blanch, 2019).

Carter and Blanch found that each stage of implementing trauma-informed practices leading to trauma-informed care resides in barriers to implementing tasks, organizational processes, and indicators of successful implementation (2019). Lastly, there is a need for further research in implementing trauma-informed practices because the research rarely focuses on the implementation factors of Trauma-Informed Practices (Wassink-de Stigter et al., 2021).

A trauma-informed school focuses on creating a climate rooted in the students' feelings and sense of safety to express their vulnerability about the effects of trauma (Eber et al., 2020).

This climate of feeling and being secure should be scaffolded with school-wide interventions to address the adverse effects of trauma on the students they serve. Eber et al. (2020) state that trauma-informed approaches focus on setting a transparent social environment that reduces problem behaviors.

Sanctuary Model

The focus of the Sanctuary Model is to provide training, skill building, and organizational tools to assist organizational members with establishing a system-wide approach to addressing trauma (Esaki et al., 2013). The conceptual framework for the research study is the Seven Commitments of the Sanctuary Model as a lens to analyze the leaders' perceptions of implementing trauma-informed practices.

Dr. Sandra Bloom introduced the Sanctuary Model in Philadelphia in the early 1980s. Dr. Bloom's interest in creating the Sanctuary Model resulted from her personal experiences and work as a clinician aimed at creating a trauma-informed program. Systems theory focuses on organizations as systems. The Sanctuary Model focuses on organizational change based on the members of the organization's participation in changes that produce changes in the entire system (Esaki et al., 2013). Training is an essential part of the Sanctuary model as a component of organizational change under the Systems theory. The Sanctuary Model is designed to improve the organization's culture by providing staff training that focuses on behavior stressors, staff mindset shifts regarding behavior, and strategies to change individual and group behaviors by focusing on trauma awareness practices (Esaki et al., 2013). The Sanctuary Model is an organizational intervention that meets the students' affective, cognitive, and social needs. Esaki et al. (2013) noted that the Sanctuary Model as an organizational intervention is grounded in constructivist self-development, burnout, and systems theories.

The Sanctuary Model is a full-system approach that focuses on leadership involvement as a process of change while involving the staff at every level of the process (Bloom, 2017). Bloom (2017) developed the Sanctuary Model to combat the common practice of using an authoritative approach to addressing trauma. Adversely, using an authoritative approach resulted in the individuals being retraumatized, which often increases the challenging behaviors in the individual. The Sanctuary Model focuses on creating processes where conversations and practices can be discussed or described to align with the organizational values, principles, goals, and behaviors. To create Sanctuary (Bloom, 2017), it is important to identify shared experiences, while creating and maintaining physical, psychological, social, and moral safety within a social environment. Creating a safety culture (Bloom, 2017) focuses on creating individual and group values, attitudes, perceptions, competencies, and patterns of behaviors aimed at creating an organization's health and safety management.

Development of the Sanctuary Model Framework

The Sanctuary Model is not an intervention but a systemic approach to organizational change focused on a positive culture (Bloom, 2017). The Sanctuary Model is comprised of components of understandings from constructivist self-development, burnout, systems theory, and valuation theory of organizational change (Esaki et al., 2013). The seven commitments of the sanctuary theory are a culture of nonviolence, a culture of emotional intelligence, a culture of social learning, a culture of shared governance, a culture of open communication, a culture of social responsibility, and a culture of growth and change (Bloom, 2011). A culture of nonviolence focuses on establishing safety skills through a commitment to higher goals (Bloom, 2011). A culture of emotional intelligence focuses on establishing emotional management skills through thoughts and feelings. A culture of social learning focuses on establishing cognitive

skills through conflict resolution and transformation. A culture of shared governance focuses on civic skills rooted in self-control, self-discipline, and administration. A culture of open communication focuses on establishing healthy communication through self-protective and self-corrective skills. A culture of social responsibility focuses on establishing social connections through healthy attachments and relationships. A culture of growth and change focuses on overcoming loss through hope and meaning. Lastly, as a system-wide approach, the Sanctuary Model focuses on intense leadership involvement in organizational change (Bloom, 2008). Esaki et al. (2013) noted that constructivist self-development, burnout, systems and valuation theory of organizational change components undergird organizational change under the Sanctuary Model.

Burnout Theory

Esaki et al. (2013) noted that burnout as a study began in 1974 under the investigation of Herbert Freudenberger, a clinical psychologist. His work focused on the stress responses of staff members in institutions and halfway homes. Heinemann et al. (2017) noted that Freudenberger defined burnout as physical, behavioral, or personality traits. The burnout physical traits are exhaustion, fatigue, frequent headaches, gastrointestinal disorders, sleeplessness, and shortness of breath. The burnout behavioral traits are frustration, anger, suspicious attitude, feelings of overconfidence, excessive use of barbiturates, cynicism, and depression. The burnout personality traits impact individuals with significant emotional work and empathy, personal involvement, and intrinsic motivation. Esaki et al. (2013) noted that burnout is emotional exhaustion.

The presentation of the burnout theory as a theoretical framework within the Sanctuary Model focuses on the direct service providers being emotionally drained as a barrier to supporting the needs of the individuals. The burnout theory is often presented as feelings of emotional exhaustion, depersonalization of clients, and a decrease in feelings of personal

accomplishment (Esaki et al., 2013). Emotional exhaustion focuses on the void of emotional resources and feelings needed psychologically (Esaki et al., 2013). Depersonalization focuses on when an individual becomes apathetic to the clients, they serve by developing negative and callous attitudes, resulting in treating clients as objects and not people (Esaki et al., 2013). Decreased feelings of personal accomplishment focus on an individual worker's negative views or achievements at work, resulting in unmet personal expectations (Esaki et al., 2013). Emotional exhaustion is the most commonly known burnout theory component because it is accepted and recognized; it is often used to measure job performance. Workplace support is essential for analyzing burnout or job satisfaction (Esaki et al., 2013). Lastly, the Sanctuary Model identifies burnout or emotional exhaustion as a barrier to supporting clients in need of positive relationships for assistance with self-regulation (Esaki et al., 2013).

Constructivist Self-Development Theory

McCann et al., 1992 crafted the theoretical roots of the constructivist self-development theory as an analysis of why some trauma survivors suffer victimization based on their experience and others seem to cope with their experience and return to healthy living. Research shows that victims' responses to trauma vary, resulting in some being better psychologically than others (McCann et al., 1992). Constructivist self-development theory establishes a method of understanding for comprehending the internal impact of traumatic experiences on trauma survivors and the different responses to the trauma as a framework for assessment and intervention.

Miller et al. (2010) proposed that trauma impacts an individual's safety, esteem, intimacy, trust, and self-control. Miller et al. (2010) define constructivist self-development theory as an individual's response to the interactions between a person and a situation, focusing mainly on the

person's self-awareness and development based on the interactions. Trippany et al. (2004) identified constructivist self-development theory as one where individuals create their realities based on their cognitive schemas or perceptions, which impacts their understanding of their life experiences. McCann et al. (1990) defined constructivist self-development theory as the interactions between a person and a situation that result in the person reflecting on self-development based on the situation. The constructivist self-development theory identifies the connection between stress and traumatic events and the impact of the two on an individual's cognitive schemas. McCann et al. (1990) identified safety, dependency/trust, power, esteem, and intimacy as the five psychological needs of trauma-impacted individuals. McCann et al. (1990) defined safety as the need for individuals to feel secure and protect themselves from physical and emotional harm and the perception that others in the world are safe. McCann et al. (1990) defined esteem as an individual's need to be recognized and valued by others, thereby creating a sense of self-worth and value to others. They defined intimacy as an individual's need to connect and attach to others, thereby creating a belief that one connects meaningfully. Also, they defined control/power as an individual's need to control their behavior, thoughts, feelings, or outcomes. Lastly, McCann et al. (1990) define trust as an individual feeling that a person can rely on trusting others and trust towards self.

The constructivist self-development theory combines the five traits to identify that every individual has a unique response to trauma. The basis of that response focuses on an individual's upbringing and history of trauma. McCann et al. (1992) identified the psychological motivators that shape an individual's experiences when impacted by trauma:

1. Safety is an individual's need to feel free from harm and safe;

2. Trust or dependence is being able to depend on someone else and believe in their community's words or promises;
3. Esteem is when an individual feels value in themselves, others and others see value in them;
4. Independence is when an individual has control of their behaviors and rewards;
5. Power is when an individual can exert control or direction over others; and,
6. Intimacy is when an individual feels connected to another based on a relationship and a sense of belonging to a community.

Trauma-impacted individuals seek safety because it solidifies their sense of identity or belief in themselves (McCann et al., 1992).

Systems Theory

Von Bertalanffy (1972) is the original investigator and theorist of systems theory. Lai et al. (2017) noted that systems theory explains the relationship between dynamic and interdependent relationships in an organizational system. Lai et al. (2017) noted that systems are, in essence, a structure or pattern of relationships rooted in the interactions of the individuals or components of the organization. Lai et al. (2017) noted that when analyzing the effectiveness of a system, there are three points to consider: the environment, the social organization, and the human participants in the organization. Esaki et al. (2013) outline that organizational theory is rooted in organizational systems. Esaki et al. (2013) note that organizations are a system of interconnected parts where a change in one system creates a domino effect in the entire system, thereby impacting the larger organization and community either socially, politically, or economically. The Sanctuary Model is an organizational system with interconnected parts that focus on addressing trauma through a systemic approach. Lastly, the Sanctuary Model focuses

on organizational systems to address trauma in its members and the organization as an intervention.

Valuation Theory of Organizational Change

Herman's valuation theory (1991) focuses on establishing importance, whether positive, negative, or ambivalent, based on an individual's life and experiences. As the individual continues life encountering new experiences, the valuation system shifts or remains constant based on the encounters (Herman, 1991). The value assignment draws from two needs: self-enhancement and connection with others. Hermans' valuation theory is based on an individual's experiences over time and how that individual compartmentalizes those experiences. Weatherbee et al. (2009) identify valuation as life experiences that some individuals may assign value or importance based on particular attributes. The valuation process organizes experiences into schemas or structures (Weatherbee et al., 2009). Shared valuation focuses on an individual's perceptions of events that then shape an organization's culture and climate (Weatherbee et al., 2009).

Esaki et al. (2013) noted that individuals view organizational change through the lenses of the values they place on the organization, individuals, and work groups, thereby creating meanings and interpretations that are significantly different. Hermans' approach focused on therapy and counseling to help individuals deal with life changes (Weatherbee et al., 2009). However, the theory implementation in the workplace focuses on an individual's response to organizational change in the workplace. Individuals adapt to change in the workplace based on their life experiences and understandings (Weatherbee et al., 2009). Weatherbee et al. (2009) noted that current organizations need to focus on the established culture and the culture in use by analyzing the individuals' and groups' perceptions and understandings of change. Therefore, the

valuation theory of organizational change focuses on a therapeutic approach to organizational change by analyzing the personal meanings that organizational stakeholders utilize in the workplace. The valuation theory focuses on an individual's understanding of the past, present, and future based on their experiences, influencing their attitudes toward organizational change.

Safety, Emotional Management, Loss, and Future Framework (S.E.L.F.)

The Sanctuary Model focuses on training, skill building, and tools needed for organizational change (Esaki et al., 2013). Organizational change stems from using these tools to support systemic change in an organization based on its members. Organizations are responsible for instituting positive changes, thereby creating social service systems within the community of organizational change and recovery. Organizational recovery is a parallel process that establishes support for the organization and the staff (Bloom, 2013). Organizational recovery begins with the institution of the nonlinear organizational framework of the Sanctuary Model, S.E.L.F.

Bloom (2005) focuses on the four domains of recovery: safety, emotions, loss, and future. Bloom (2005) notes that the safety, emotional management, loss, and future framework focuses on the core components of assessment, treatment planning, individual and team discussion, and psychoeducational group work. The S.E.L.F. framework focuses on the categories of life that may be categorized as problems. The categorized problems one might experience are difficulty staying safe, managing emotions, dealing with or suffering from a loss, and problems envisioning the future (Bloom, 2013).

Traumatized people struggle to envision the future because of past traumas. The circular S.E.L.F. framework focuses on providing a recovery plan for trauma-impacted individuals by providing avenues for staff decision-making and team treatment planning (Bloom, 2013). The four domains of the S.E.L.F. framework focus on categorizing the experiences of trauma-

impacted individuals. The framework can change momentum by assisting individuals with a guide to treatment and recovery through healing. The S.E.L.F. framework allows individuals to comfortably heal regardless of race, religion, or economic status (Bloom, 2013).

Summary

In chapter two, I provided an in-depth review of the literature supporting the research study. The review of the literature included the history of NCLB and ESSA, childhood trauma as adverse childhood experiences, trauma-informed practices, and the sanctuary model theory. The seven commitments of the Sanctuary Model are the conceptual framework for this study, focusing on the perceptions of the principal and leadership teams when implementing trauma-informed practices. The Sanctuary Model connects the clinical research of the seven commitments with the principal's and leadership team's perceptions of implementing trauma-informed practices through an analysis of the collected data. The methodology for the single qualitative case study will be presented in chapter three.

3. METHODOLOGY

This chapter commences with an overview of the research study by reiterating the purpose and the research questions. Next, I reintroduce the conceptual framework as the grounds of the study. Then, the research design method, a single-case qualitative method, is outlined for the study. The research design outlines and details the sample, site, and participant selection criterion process. Next, I show the interpretive approach for data collection and analysis and how I focused on outlining the emergent themes. Lastly, the final section focuses on the credibility, trustworthiness, reliability, and ethical considerations for the qualitative study.

A single qualitative case study using the interpretive approach (Merriam et al., 2016) was used to explore the perceptions of the principal and leadership team around implementing trauma-informed practices in a Title I middle school with a historically marginalized population in the Southeastern United States. Two guiding research questions addressed the leaders' perceptions of implementing trauma-informed practices:

1. What are the principal's and leadership team's perceptions of organizational support and barriers to support when implementing trauma-informed practices in a middle school?
2. What are the principal's and leadership team's perceptions of the school's successes and challenges when implementing trauma-informed practices?

The research study used the tools of semi-structured individual interviews, follow-up interviews, and document review as data collection methods for the study. Through interviews, the researcher sought to understand the principal and leadership team's perceptions of implementing trauma-informed practices. Document analysis helped determine the degree of fidelity to implementing trauma-informed practices in a particular school. Through a trauma-informed lens, the reviewed documents highlighted a comprehensive analysis of the school's

organizational structure. These documents included the district and school employee and student handbooks, student discipline data, and a school improvement plan under the principal and leadership team for at least three years.

The seven commitments of the Sanctuary Model was the conceptual framework for the study (Bloom, 2013). The conceptual framework was chosen to best understand the supports and barriers and the successes and challenges schools face when implementing trauma-informed practices in schools. Before students can actively engage in academics, they must feel safe and secure in the learning environment. Knowledgeable educators who can identify and meet the needs of students who have experienced trauma are academically productive for all concerned (Thomas et al., 2019). Using trauma-informed practices in the school can help students who have experienced trauma to increase their coping skills and improve self-regulation (Thomas et al., 2019). These practices will also help teachers increase their knowledge and sensitivity around childhood trauma. When professional development is provided, these practices can provide a cadre of teachers with extensive knowledge of trauma-informed practices. Finally, implementing trauma-informed practices in schools can benefit all students, whether they have experienced trauma or not, by developing protective factors such as self-esteem, self-efficacy, and coping skills. These protective factors have been shown to help mitigate the adverse effects of trauma and the stress that comes after it (Collins, 2003).

The Sanctuary Model is an approach used for addressing trauma through organizational cultural change. The model focuses on implementing the approach using seven characteristics identified by Bloom (2011). The Sanctuary Model focuses on finding ways to support students empathetically instead of retraumatizing them. The seven characteristics of the Sanctuary Model are as follows (Bloom, 2007):

1. Culture of nonviolence focuses on building and modeling social skills and a commitment to higher goals;
2. Culture of emotional intelligence teaching and modeling emotional management skills and the integration of thoughts and feelings;
3. Culture of social learning building and modeling cognitive skills in an environment that promotes conflict resolution and transformation;
4. Culture of shared governance, creating and modeling civic skills of self-control, self-discipline, and administration of healthy authority;
5. Culture of open communication, overcoming barriers to healthy communication, reducing acting-out, enhancing self-protective and self-correcting skills, and teaching healthy boundaries;
6. Culture of social responsibility rebuilding social connection skills, and establishing healthy attachment relationships; and,
7. Culture of growth and change, working through loss by restoring hope, meaning, and purpose.

The purpose engaging of the seven characteristics of the Sanctuary Model is to “facilitate the development of organizational cultures to counteract the wounds suffered by the victims of traumatic experiences and extended exposure to adversity (Esaki et al., 2013, p. 87).” The model also addresses the negative impact of trauma by constructing an environment where the individuals implement strategies that align with the Safety, Emotional Management, Loss, and Future framework (S.E.L.F.) (Bloom et al., 2008; Esaki et al., 2013). Lastly, the Sanctuary Model, as a framework, focuses on creating an emotionally and physically safe environment, thereby addressing the impact of trauma.

In the current research study, I used the seven commitments of the Sanctuary Model to analyze the data collected to understand better how to create an emotionally and physically safe environment that addresses trauma's impact. The Seven Commitments assist with establishing a culture rooted in nonviolence, emotional intelligence, democracy, open communication, social responsibility, commitment to social learning, and growth and change (Esaki et al., 2003). The leadership team's efforts to embed the Seven Commitments in the organization's policies and theoretical practices assisted me in gaining a deeper understanding of the valuation of the organizational structure through a trauma lens. By implementing the Seven Commitments of the Sanctuary Model for organizational change, the leaders reflected on their experiences as organizational members.

Research Design

Qualitative research studies personal experiences in human perceptions and understanding (Stake, 2010). Glesne (2016) defines qualitative research as understanding people's interactions in their social context by speaking with them about their perceptions. Merriam et al. (2016) identify the purpose of a qualitative research study as a way to understand how people make sense of their lives and experiences. The three basic components of a qualitative research study are as follows: (1) the interpretation of people's experiences, (2) the construction of their world based on their experiences, and (3) the meaning applied to their experiences (Merriam et al., 2016). In this study, I explored the principal's and leadership team's perceptions when implementing trauma-informed practices for trauma-impacted students in a particular school using the case study approach.

A case study investigates the how and why of a phenomenon or experience being explored in a research study. Stake (2010, p.15) notes that case studies can be holistic, empirical, interpretive, or emphatic. He defines the different types of case studies as the following:

1. Holistic considers the interpersonal relationship between the phenomenon and its context;
2. Empirical means the research is based on the researcher's observations;
3. Interpretive means that researchers focus on their intuition while conducting the research study through the lens of the research-subject relationship; and,
4. Emphatic means that the researcher reflects on the subjects' experiences from their perspective.

I used the empathic approach to investigate this research study. Lastly, the researcher is an instrument, observing actions and context while playing a subjective role in the study, where the researcher defines and redefines what they hear and see (Stake, 2010, p. 36).

Research studies are characterized as either macro studies or micro-studies. Macro studies are usually associated with quantitative research, whereas micro-studies are qualitative. Macro-studies focus on the study of collective knowledge, while micro-studies focus on an individual or the individual case. Within research, there are also macro and micro-interpretations. Macro-interpretation focuses on interpreting meanings based on the consensus of a large group of people. Micro-interpretation focuses on a person's experience related to a phenomenon in question (Stake, 2010). Qualitative researchers conduct a micro-analysis when conducting the case study using a close-up view of the research (Stake, 2010). Lastly, I used a micro-analysis approach to conduct this research study's case study.

Stake (2010) establishes the parameters for qualitative case studies by focusing on understanding the uniqueness and complexity of a case based on an embedded understanding of the interactions in the context. The case study methodology was most appropriate for this qualitative study because it could be used to thoughtfully analyze the principal's and leadership team's perceptions of their efforts when implementing trauma-informed practices. As a researcher, the qualitative case study is most appropriate for understanding the impact of trauma-informed practices because trauma is a sensitive subject that requires the researcher to show empathy. Stake notes that "to empathize is to look closely, becoming sensitive to, even vicariously experiencing, the feelings, thoughts, and happenings" (2010, p.46). Therefore, empathy can be key in qualitative research, because empathy focuses on a matter of perception more than emotion (Stake, 2010).

When interviewing participants, I was empathetic when asking them questions because I could have presented questions that reminded the participants of past traumatic experiences. I wanted to ensure I did not retraumatize the participants during the interview process.

Each person participating in the research study had a different perception, reflection, and recollection of the program's implementation (Stake, 2010). Asking questions and having participants share their perspectives and experiences gives the researcher great insight. The case study findings may inform the field of educational administration about the successes and barriers and provide recommendations on implementing trauma-informed practices in high-need public schools. This insight is important to the field because the potential results of the study may assist other administrators when implementing trauma-impacted practices in their schools.

Sample

The sampling process in most qualitative research studies focuses on a small, well-defined sample representative of a larger group (Marshall, 1996). The sampling process in qualitative research involves the researcher understanding the various sampling methods that support the purpose of the study (Gill, 2020). In qualitative research, the sampling process is not random or established through non-probability sampling methods (Gill, 2020). Purposive sampling is when the researcher intentionally selects participants knowledgeable about the phenomenon being studied by the researcher. Purposive sampling has both proponents and constraints when implemented in a qualitative research study. The proponents of purposive sampling are that the selection of participants know the topic being investigated, thereby serving as experts when participating in the research study. The constraint of purposive sampling is that it may take time to find participants willing to participate in the research study (Hays et al., 2012).

This study used purposive sampling to select the school based on the predetermined site criteria, which aligned with the definition of purposive sampling in qualitative research. After receiving approval for my study from Georgia State University's Institutional Review Board (IRB), I contacted the school district's office of research, data, and evaluation department to get approval to conduct the study. The district requirements for the research study included submitting an application, Chapters 1-3, a list of references from the study, data collection instruments and protocols, a letter of Informed Consent, and the researcher's resume. The office of research, data, and evaluation approved the study based on the predetermined site selection criteria and application submission. The following section details the site selection criteria used to select the school site for the study.

Site Selection

Merriam et al. (2016) noted that selecting a site in a case study needs to be unique because its uniqueness helps the researcher understand the attributes or occurrences observed, thereby creating an understanding of the phenomenon of interest. The attributes, or criteria, help the researcher purposely select the schools to be invited to participate in the study. Ultimately, the researcher used the inclusion criteria to narrow the participating schools to a manageable number.

The site selection for this study is based on predetermined criteria. To be invited to participate in the study, the school had to be a middle school that met the following criteria:

1. A Title I school with a predominantly minority population,
2. A school that used funds to support early intervention services, including school-wide positive behavioral supports,
3. A school that used a portion of funding to support professional development for low-income families,
4. A school with students that exhibited trauma, based on local and state data, And,
5. A school where the principal had at least three years of service in the current role.

I worked with the district's equity and student empowerment division to identify a list of Title I middle schools in the school district. At that time, I created a spreadsheet of all of the middle schools in the district. I then evaluated the list of middle schools to identify schools with qualities that match the site selection criteria. I cross-checked the list of schools with the principals' names who implement trauma-informed practices and have a schoolwide culture of trauma-informed practices at their schools. I cross-checked the principals' names to analyze their three-year tenure at the school. Lastly, I invited all the schools identified as potential participants in the research study to participate.

The school site was located in a large urban inner-city school district in the Southeastern United States. Student enrollment in the school district is over 100,000, with over 130 schools (GaDOE, 2022). Over 85% of the schools in the district are Title I designated (GaDOE, 2022). The participating school has approximately 80% of its students categorized as economically disadvantaged (GaDOE, 2022). Over 20% of the district's students are English Learners (GaDOE, 2022). Lastly, over twenty percent of the district's students are Students with Disability (GaDOE, 2022).

The district strategic plan aimed to support social and emotional learning through increased stakeholder effectiveness based on mental health, cultural competency, and awareness. This aligned well with the research study's purpose and purposive sampling criteria. With over 80% of the students being identified as economically disadvantaged, the culture and climate outlines how the district addresses stakeholders identified as economically disadvantaged. Therefore, the study's premise fell under culture and climate as it aligns with the district's strategic plan. Culture and climate focus on creating a positive learning environment where all stakeholders have clear expectations, resulting in a culturally responsive learning environment, thereby providing social and emotional support for all stakeholders (Bloom, 2017).

The study was conducted in an urban Title I middle school, Rocky Road Middle School (pseudonym). A total of eight participants shared their perspectives on implementing trauma-informed leadership practices as an organizational framework to support trauma-impacted students. Over the past three years, the school moved from installing (2019-2020) to emerging (2020-2021) to operational (2021-2022) within the Positive Behavioral Interventions and Supports (PBIS) status (Positive Behavioral Interventions and Supports, 2023). The purposive criteria sampling method used for the school fulfills the following conditions:

1. Rocky Road Middle School has 100% of its students identified as economically disadvantaged and historically marginalized with a high transient student population according to societal standards.
2. Rocky Road Middle School uses Title I funds to support trauma-informed practices and professional development for low-income families to improve student retraumatization and suspension rates.

Rocky Road Middle School leadership team implementation of trauma-informed practices resulted in the school being acknowledged for by the district to share best practices at various district-level conferences and retreats. The leadership team served as a model for other teams who were beginning to implement trauma-informed practices in their schools. Rocky Road Middle School leadership team, through their collaboration and implementation of trauma-informed practices, served as a model school for trauma-informed practices.

Participant Selection

The current study used purposive sampling to select the school. Invitations were issued to the leadership team to participate, as identified by the principal. The intent was to select enough participants so the researcher could have quality data that answers the research questions (Gill et al., 2020). The principal identified participants with a deep understanding of the research topic, providing an opportunity for the participants to share and reflect on the experience of interest (Gill et al., 2020). The research size was eight participants identified by the principal as members of the discipline leadership team. Identifying six to seven participants by the principal resulted in enough data to explain the perceptions, thereby creating a saturation point based on the research questions and the interview protocol used to collect data (Mohd Ishak et al., 2014). The construction of the informed consent letter (Appendix A) aligned with the GSU-provided model.

The informed consent process for the study is explicitly explained later in this chapter. Lastly, the research questions and study's purpose aligned with the site's specifications and the participants' roles and responsibilities.

Table 2

Participant Profile

| Participants (pseudonyms) | Role | Years in Education | Other roles previously held |
|----------------------------------|--------------------------------|---------------------------|--|
| Mr. Anthony Seals | Principal | 26 | Assistant Principal, Middle School Teacher |
| Ms. Penny Lane | Assistant Principal | 12 | Spanish and ESOL Teacher |
| Ms. Victoria Finn | Head Counselor | 13 | N/A |
| Ms. Bianca Green | Grade Level Counselor | 10 | Elementary Classroom Teacher |
| Ms. Alexa Harris | Lead Special Education Teacher | 10 | N/A |
| Mr. Marvin Ellis | Lead Special Education Teacher | 27 | N/A |
| Mr. Jeremy Gonzalez | Lead ESOL Teacher | 12 | N/A |
| Ms. Emily Hyde | Lead ESOL Teacher | 13 | Assistant Teacher, Lead Teacher of Special Education |

Data Collection

As a qualitative research approach, case studies focus on the researcher exploring a case or multiple cases using an in-depth data collection system with multiple methods such as interviews, focus groups, document reviews, and observations. The researcher kept a detailed audit trail so that other researchers may replicate the study.

The data collected for this study included two individual interviews per participant and district and school-level document reviews. The researcher conducted a follow-up interview for

additional information when warranted. The principal and leadership team participated in an individual one-hour interview, each. The document analysis included public documents supporting the school's implementation of trauma-informed practices. Documents reviewed included the discipline handbook, school improvement plan, annual action plan, social skills instructional materials, behavioral incident reports, office discipline referrals, and social worker referrals.

The researcher gained a deeper perspective on implementing trauma-informed practices in the school from the individual interviews with the principal and the leadership team members. The individual interviews with the leadership team provided additional perspectives on implementing trauma-informed practices in the school. The leadership team's knowledge of the implementation, organizational structure, professional development, and student support provided a lens to assess the perception of the quality of student support and the implementation of trauma-informed practices. As appointed by the principal, the leadership team is responsible for knowing organizational supports and barriers and the successes and challenges of implementing trauma-informed practices. The next round of individual interviews with the principal and leadership team provided additional opportunities to explore more deeply by clarifying previous responses and asking any new questions from the initial interviews. The interviews focused on the five domains of organizational culture.

Interviews

Merriam et al. (2016) identify a qualitative case study data collection approach as semi-structured interviews. The semi-structured interviews focused on open-ended and less structured questioning by the researcher. Many researchers use less structured or semi-structured interviews, which is a mix of more and less structured questioning or the flexibility in word

choice by the researcher (Nowell et al., 2017). The researcher focuses on identifying specific data from the participants during the interview. Most interviews use a set of predetermined questions or protocols identified by the researcher that will answer the research questions. The researcher asked the following questions in the individual interviews.

Table 3

Conceptual Framework Analysis

| Participant Background Information | | | |
|--|---|--|--|
| Tell me how you came to be a _____. | Indicators of Saturation | | |
| | Mohd Ishak et al., 2014 note that qualitative researchers must have enough data to explain the perceptions and find the saturation point based on the research questions and the interview protocol used to collect the data. | | |
| | | | |
| How do you define trauma-informed care? | | | |
| Is there anything else you would like to share about trauma-informed practices at your school? | | | |
| Interview Question | Sanctuary Model: Seven Commitments (Bloom, 2011) | Research Questions | Research Connection |
| Based on the implementation of trauma-informed practices at your school, how do you create a culture of nonviolence? | Culture of nonviolence focuses on building and modeling social skills and a commitment to higher goals. | What are the principal and leadership team's perceptions of the school's successes and challenges when implementing trauma-informed practices? | The interview question connects to the research question by analyzing leadership perceptions of the successes and challenges of creating a culture of nonviolence. |
| Interview Question | Sanctuary Model: Seven Commitments (Bloom, 2011) | Research Questions | Research Connection |
| | | | |

| | | | |
|---|--|--|---|
| Based on the implementation of trauma-informed practices at your school, how do you create a culture of emotional intelligence? For example, creating a culture where students encourage sensitivity and respect regarding behaviors or feelings. | Culture of emotional intelligence teaches and models emotional management skills and the integration of thoughts and feelings. | What are the principal and leadership team's perceptions of the school's successes and challenges when implementing trauma-informed practices? | The interview question connects to the research question by analyzing leadership perceptions of the successes and challenges of creating a culture of emotional intelligence. |
| Based on the implementation of trauma-informed practices at your school, how do you create a culture of social learning? For example, creating a culture where students feel confident in implementing conflict resolution strategies. | Culture of social learning building and modeling cognitive skills in an environment that promotes conflict resolution and transformation. | What are the principal and leadership team's perceptions of the school's successes and challenges when implementing trauma-informed practices? | The interview question connects to the research question by analyzing the leadership perceptions of the successes and challenges of creating a culture of social learning. |
| Based on the implementation of trauma-informed practices at your school, how do you create a culture of shared governance? For example, creating a culture where students' voices are heard and respected. | Culture of shared governance, creating and modeling civic skills of self-control, self-discipline, and administration of healthy authority. | What are the principal and leadership team's perceptions of the school's successes and challenges when implementing trauma-informed practices? | The interview question connects to the research question by analyzing the leadership perceptions of the successes and challenges of creating a culture of shared governance. |
| Based on the implementation of trauma-informed practices at your school, how do you create a culture of open communication? | Culture of open communication, overcoming barriers to healthy communication, reducing acting-out, enhancing self-protective and self-correcting skills, and teaching healthy boundaries. | What are the principal and leadership team's perceptions of the school's successes and challenges when implementing trauma-informed practices? | The interview question connects to the research question by analyzing the leadership perceptions of the successes and challenges of creating a culture of open communication. |
| Interview Question | Sanctuary Model: Seven Commitments (Bloom, 2011) | Research Questions | Research Connection |

| | | | |
|---|---|---|--|
| Based on the implementation of trauma-informed practices at your school, how do you create a culture of social responsibility? For example, creating a culture where students feel responsible and care for one another. | Culture of social responsibility rebuilding social connection skills and establishing healthy attachment relationships. | What are the principal and leadership team's perceptions of organizational support and barriers to support when implementing trauma-informed practices in a middle school? | The interview question connects to the research question by analyzing the leadership perceptions of the organizational support and barriers to support to implementing a culture of social responsibility. |
| Based on the implementation of trauma-informed practices at your school, how do you create a culture of growth and change? | Culture of growth and change, working through loss by restoring hope, meaning, and purpose. (Bloom, 2007). | What are the principal and leadership team's perceptions of organizational support and barriers to support when implementing trauma-informed practices in a middle school? | The interview question connects to the research question by analyzing the leadership perceptions of the organizational support and barriers to support to implementing a culture of growth and change. |
| Spontaneity: How much of the implementation of trauma-informed practices provide opportunities for the students and staff to express their feelings openly? | Scientific foundations and therapeutic models (Ford & Courtois, 2016) | What are the principal and leadership team's perceptions of organizational support and barriers to support when implementing trauma-informed practices in a middle school? | The interview question connects to the research question by analyzing the leadership perceptions of the organizational support and barriers to support to implementing a culture of student and staff self-expression in an open setting. |
| Safety: To what extent do you believe the staff feels they can challenge their peers, and supervisors? For example, expressing their opinions in staff meetings, not being blamed for problems, and having clear guidelines for dealing with aggressive students. | Scientific foundations and therapeutic models (Ford & Courtois, 2016) | What are the principal and leadership team's perceptions of organizational supports and barriers to support when implementing trauma-informed practices in a middle school? | The interview question connects to the research question by analyzing the leadership perceptions of the organizational support and barriers to support to implementing a culture of staff and student voice to evoke systemic changes in the organization. |

Document Review

This study's second data collection method was document review, Bowen (2009) identified three types of document analysis: skimming (superficial examination), reading (thorough examination), and interpretation for identifying emerging themes for the research study. Document analysis focused on the researcher using the analyzed information to align the findings presented in the other datasets, thereby eliminating the potential for bias within the research study and triangulation of the data (Bowen, 2009).

The document review for this study identifies documents that align with the implementation of trauma-informed practices. The documents included the discipline handbook, school improvement plan, annual action plan, social skills instructional materials, behavioral incident reports, Office discipline referrals, and social worker referrals. The document analysis focused on trauma-impacted practices and the perceptions of the principal and leadership team.

Bowen (2009) identified the following advantages of document analysis:

- Efficient method: Data collection from documents in a research study is less time-consuming than data collection from participants;
- Availability: Documents are easily accessible because many are accessible to the public;
- Cost-effectiveness: With the documents being public and easily accessible, the researcher focuses on gathering and evaluating the documents;
- Lack of obtrusiveness and reactivity: Documents, unlike humans, are not subject to the impact of the researcher's presence during the research study;
- Stability: Documents can be reviewed numerous times without the researcher having a social interaction or influence on the document, thereby changing the meaning of the document;

- Exactness: Documents have names, facts, and references that support the research process; and,
- Coverage: Documents are expansive and may cover many topics, settings, events, or times that support the research study.

Bowen (2009) identifies the following disadvantages of document analysis:

- Insufficient detail: Documents are not created to align with the researcher's research questions. Therefore, the researcher focuses on creating sufficient details in the document to answer the research question;
- Low retrievability: Some documents may not be as easily available as others; and,
- Biased selectivity: The documents align with the purpose they were written.

Therefore, there may be bias based on the availability of the documents or the context within the documents so that the author or the organization is seen in a good light.

Table 4

Document Analysis Framework

The following documents will be collected and analyzed for this research study:

| Documents selected | Data analyzed |
|---------------------------------------|---|
| School Discipline Handbook/Matrix | Evidence of trauma-informed practices aimed at addressing student behaviors. |
| School Improvement Plan | Evidence of funding and support aimed at addressing trauma-informed practices and behaviors in students. |
| School Behavioral Action Plan | Evidence of trauma-informed strategies and practices aimed at addressing trauma/behaviors in students. |
| Social Skills Instructional Materials | Evidence of materials purchased and used to address student behaviors. |
| Behavioral Incident Reports | Evidence of increased or decreased student behaviors since the implementation of trauma-informed practices. |

| Documents selected | Data analyzed |
|-----------------------------|---|
| Office Discipline Referrals | Evidence of an increase or decrease in student behaviors since the implementation of trauma-informed practices. |
| Social Work Referrals | Evidence of an increase or decrease in student behaviors since the implementation of trauma-informed practices. |

Rocky Road Middle School's principal implements the school wide PBIS framework as a behavioral support to improve all students' educational and social outcomes. The Governor's Office of Student Achievement (GOSA) tracks the behavioral data for schools in the state. GOSA behavioral data shows decreased student incidents at Rocky Road Middle School. The data show the most significant decrease since COVID-19 despite the rise in reported social worker referrals. In 2021, the school was hybrid with an alternating schedule for student attendance based on COVID-19 numbers. The researcher noted that the 2020 data is significantly higher in terms of student incidents reported, considering in-person schooling ended in March of 2020. However, the researcher also noted that by 2022, the behavioral data was significantly lower than pre-COVID-19 data.

Rocky Road Middle School behavior incidents, as reported by GOSA, show the total reported incidents from SY 2019 to SY 2022. The 2019 total reported incidents are 643 incidents with SY 2020 having the highest number of reported incidents of 859 during the four-year span. However, in SY 2021 the total reported incidents were 18m which aligned to the decrease in behavioral incidents due to lower in-person attendance with COVID-19, where most school districts were hybrid resulting in a decrease in student attendance. Lastly, in SY 2022, there were 457 reported total incidents.

Rocky Road Middle School reported behaviors by teacher input in Infinite Campus align with the School Discipline handbook matrix. The SY 2018-2019 highest reported total behaviors

were 833 incidents, with SY 2021-2022 having the lowest reported behaviors at 432 during COVID-19. However, the decrease in reported behaviors is likely due to COVID-19, where most school districts were hybrid resulting in a decrease in student attendance. Lastly, in SY 2022-2023, there were 661 reported total behaviors which is still lower than Pre COVID-19 total reported behaviors.

Rocky Road Middle School social worker referrals from SY 2018-2019, SY 2021-2022, and SY 2022-2023 align with teacher reported behaviors. Social worker activity and referral modules (SWARM) increased from SY 2018-2019 to SY 2022-2023. The school saw a significant increase in suspected abuse or neglect when combined with suspected sexual abuse based on the school's SWARM data from SY 2018-2019, SY 2021-2022, and SY 2022-2023. There was also a significant increase in reported emotional behaviors and suspected abuse or neglect between SY 2018-2019 and SY 2022-2023. The SWARM data showed a significant increase in Emotional/Mental Health and academic data-reported behaviors. However, there was a decrease in suicidal ideation data, unlike the nationally reported data of an increase in suicidal ideation and reported mental health issues (Centers for Disease Control, , 2019; Substance Abuse and Mental Health Services Administration, 2014; Department of Juvenile Justice, 1995-2016; U.S. Department of Health and Human Services, 2018; National Survey of Children's Health (NSCH), 2017, 2018; Child Trends Brief, 2018).

When interviewing the administrators at Rocky Road Middle School, Principal Seals and Assistant Principal Lane shared that behavioral data shows an increase in vaping. The administrators shared that vaping incidents were on the rise at the school and in the district. The increase was so high that the district had to revamp the district Code of Conduct to address the rise in reported vaping incidents.

The researcher confirmed the selection of Rocky Road Middle School by incorporating state and local discipline data to support the district's list of schools that align to the research study's selection criteria. The researcher used the GOSA, Infinite Campus, and SWARM data to assist in the site selection process. The data analysis showed that Rocky Road Middle School consistently showed a decrease in student behavioral incidents based on state and local data despite the increase in total reported behaviors. The state and local data coupled with the school district's discipline office data and the school moving from PBIS emerging to operational allowed the researcher to have a complete picture of the decline in student behavioral discipline and the leadership team's perceptions.

I compared the data collected between the Behavioral Incident Reports, Office Discipline Referrals, and Social Worker Referrals. This allows a determination if the multiple datasets were aligned. Alignment between these three data sources aided in determining the degree of fidelity of implementation between the three offices.

Credibility

Merriam et al. (2016) noted that qualitative researchers use strategies to increase the credibility of the research study findings. In qualitative research, the strategies used for establishing credibility include triangulation, adequate engagement in data collection, and submersion/engagement in the research situation (Merriam et al., 2016).

Triangulation of data focuses on using multiple data sources or methods to confirm emerging findings (Merriam et al., 2016). Glesne (2016) identifies triangulation as a way to validate claims based on the assumption that if the researcher heard something from multiple sources and saw it enacted, it increases the researcher's confidence in claiming that what was seen and heard is an accurate reflection of what the research was studying. Triangulation of data

does not completely eliminate the misinterpretation or misrepresentation of the data; however, it greatly reduces the likelihood of misinterpretation by the researcher (Stake, 2010).

A strategy researchers use to establish credibility is adequate engagement in data collection. Adequate engagement focuses on the researcher gaining enough data to understand the participants' perceptions of the phenomenon (Merriam et al., 2016). In adequate engagement, the researcher must ensure that the analyzed data reaches a point of saturation, meaning that the researcher continues to hear the same narrative responses from the participants, thereby providing consistency in the data. The researcher should be mindful, at the same time, to collect data that show a variation in the participants' understanding of the phenomenon. Lastly, the researcher should analyze the data for alternative explanations of the phenomenon.

Merriam et al. (2016) noted that reliability and validity focus on conceptualizing data and the collection, analysis, interpretation, and presentation of research findings. Merriam et al. (2016) noted reliability in a research study focuses on the commitments of credibility, transferability, dependability, and confirmability. Nowell et al. (2017) identified five trustworthiness criteria: credibility, transferability, dependability, confirmability, and audit trails. Nowell et al. (2017) defined the study's credibility as the researcher being able to establish a relationship with the respondents. The researcher focused on creating opportunities where the respondents' views and the researchers' representation are triangulated. The researcher established credibility by allowing the respondents to review the interview transcripts for discrepancies or misunderstandings.

Data Collection

Merriam et al. (2016) noted three processes researchers use to record interview data. Researchers use audio recording devices for interviews. The audio recording device allows the interviewer to replay the interview to analyze questioning techniques and participant responses. However, there may be disadvantages to using audio recording devices. One disadvantage is the audio recorder may malfunction during the interview. Another disadvantage to using an audio recording device is that the interviewees may feel uneasy with the use of an audio recording device at the onset of the interview session (Nowell et al., 2017). The researcher used audio-recording interviews for this study because it was not as cumbersome or intrusive. I recorded the interviews on my cellphone as a backup in case the audio recording device malfunctioned.

The researcher kept all audio data collected and transcribed on a password-protected electronic device to which only I have access. The researcher used pseudonyms for all participants and transcribed data, thereby providing confidentiality but not ensuring anonymity. The researcher kept all paper documents in a locked file cabinet in my home, to which I only have access to the keys. After three years, all data will be destroyed.

Researchers may also take notes as data during the interview session. During the interview, I wrote down important points the participants made during the interview sessions. The researcher reviewed the notes for important points after the interview (Merriam et al., 2016). The researcher took note of the participants' verbal and nonverbal reactions to the interview questions. Lastly, the researcher took notes detailing the importance of what was being said or unsaid and the interview pace (Merriam et al., 2016). During this research study, the researcher took minimal notes during the data collection process because of the importance of connecting with the interviewee. I used a reflective journal for notes as needed after the collection of data had taken place.

Researchers also use reflective journaling to aid in processing the data obtained during the research study. Researchers may record their reactions to the participants' interview responses to aid in processing their understanding of the data. The researchers' reflections may be parenthetical thoughts, interview insights, and descriptive or descriptive notes on verbal or nonverbal behaviors (Merriam et al., 2016). I used the information from the interview to reflect and provide parenthetical thoughts, insights, and descriptive notes regarding the participants' understanding of trauma-informed practices at their school. These notes were for my own personal reflections and were not used as part of the formal data analysis.

For this study, the researcher transcribed the interview using transcription software available through Microsoft Teams. The researcher formatted the interview transcripts to analyze the interview questions with the interview responses.

Data Analysis

The data analysis process for a case study focuses on the researcher collecting the case study information for organization and feasibility of ease of understanding in a case record. The case record was used to house the important information for the case analysis and the case study. The researcher collects and analyzes the information for redundancies, edits, and chronological or topical themes (Merriam et al., 2016).

The transcript analysis provided themes and behaviors based on Bass's (2014) attributes of the Sanctuary Model. Merriam et al. (2016) identify that content analysis focuses on analyzing the data for meaning by acknowledging the symbolic qualities of the document and the role it plays in the organization based on the parameters of the case study. The document analysis brought into focus on content analysis based on the leaders' perceptions when implementing trauma-informed practices in their schools.

The current case study focused on content analysis to analyze the meanings, symbolism, and content. I used individual interviews and document analysis data to identify and determine emerging themes based on the leader's perceptions. The researcher analyzed the documents through content analysis based on the leader's perceptions when implementing trauma-informed practices in their schools (Merriam et al. 2016). Once the content analysis was complete, the coding of the documents followed Merriam et al. (2016) definition of coding.

Merriam et al. (2016) defined coding as making notations around bits of data that appear to be relevant to the researcher by answering the research questions. Merriam et al. (2016) also noted that open coding is used at the beginning of the data analysis process so that the researcher can view the data collected from a big-picture perspective while narrowing the data into small segments during the data analysis process. Open coding is used when analyzing the content of the individual interview transcripts and the documents.

I used open coding to classify and sort the data by topics, themes, and issues presented in the study that align with trauma-informed practices. Merriam et al. (2016) identified the data analysis coding on the right of the page, where the researcher also writes their reactions and responses to the interview protocol questions. The codes are assigned to the data, and then the data is constructed into categories. I assigned codes, constructed categories, and then read through the transcript, reviewing the notes in the margin and the comments. The second coding round identified adjectives and verbs repeatedly mentioned in the semi-structured individual interviews. I then grouped the comments and notes, known as sorting. Then, I grouped the codes, which is known as axial coding. Axial or Analytical coding focuses on descriptive coding based on the "interpretation and reflection on meaning" (Merriam et al., 2016, p. 206). Throughout the data analysis process, I kept a list of codes identified based on the research.

In the third round of the data analysis process for this study, I analyzed the documents using the Merriam et al. (2016) document analysis process. I scanned the documents using the codes and categories originally identified in the individual interviews. I analyzed the coding to see if the coding from the interview mirrored the documents through the analysis process. Based on the third round of data analysis, I created a list with notes and comments from the analysis of the documents, which I compared to the first and second lists of codes from the interview transcripts. I merged the two lists, creating a master list to analyze the recurring themes and patterns. Lastly, I categorized the patterns and themes and reported the study's findings.

Ethical Considerations

Merriam et al. (2016) note that the researcher is the primary data collection and analysis instrument. Therefore, there may be unintentional biases based on their understanding that may impact the study. I identified inherent biases when analyzing the sample selection criteria. My sample bias focused on the study's selection process for the principal and leadership team. Lastly, I noted my unconscious and conscious biases based on my leadership experiences.

Informed Consent

Glesne (2010) identified that the *Belmont Report (1979)* re-emphasized the importance of the principle of respect, that the participants in the study know that participation is voluntary with informed consent and that participants with diminished capacity to give informed consent should be protected. Glesne (2010) also noted that it is the role of the qualitative researcher to focus on ensuring that the interviewer does not ask questions of a sensitive nature, thereby creating emotional distress for participants, but on protecting the participants' rights to privacy so that what they do or say does not bring harm to the participants. Lastly, I focused on the equitable sharing of research benefits and burdens based on participation in the research study.

The study must mutually benefit others, resulting in a much broader impact than solely the study participants (Glesne, 2010).

When conducting a research study, I obtained consent from the university and the research site through the Institutional Review Board (IRB) process before having human participants in the research study (Merriam et al., 2016; Stake, 1995). To address ethical considerations in the research study, I submitted an IRB to Georgia State University and the school district. I only proceeded with the research when IRBs were obtained from both organizations. I obtained informed consent from the participants, who were informed that they may withdraw from the research study without penalty. I obtained the participants' signatures on the informed consent document and provided them with a copy. I used pseudonyms and limited descriptors as identifiers for the study participants and site names. I used a password-protected cloud-based folder to store the identifying information from the study, such as audio and video recordings, interview transcriptions, email addresses, and phone numbers.

4. RESULTS

Introduction

The study aimed to investigate trauma-informed practices as an organizational framework to support the needs of trauma-impacted students in a public school system. The focus on addressing trauma-informed practices from the leadership perspective was due to the gap in research on the perspectives of school-based leaders when implementing trauma-informed practices (Carter & Blanch, 2019; Wassink-de Stigter et al., 2021). Practitioners and researchers have studied trauma-informed practices in schools and their impact on their culture and climate, teaching practices, and professional learning (Cole et al., 2005; Crosby, 2015; Oehlberg, 2008). ACEs research has historically focused on the prevalence of adult health conditions because of the impact of childhood trauma on individuals (Center for Disease Control and Prevention, 2016). In 2016, the CDC-Kaiser Permanente 2016 ACEs study focused on an increase in childhood trauma and its impact on student achievement by analyzing trauma's short- and long-term impacts on children. Due to the COVID-19 pandemic, the longitudinal ACEs data showed a significant increase in reported ACEs nationally. The COVID-19 pandemic also highlighted the impact of ACEs on student achievement based on the Adolescent Behaviors and Experiences Survey (ABES), which showed an increase in poor mental health or suicidal behaviors in adolescent teens (Anderson et al., 2022, p. 1302) resulting in a decrease in student achievement.

Alradhi et al., (2022) conducted a research study of high school students and reported ACEs during the COVID-19 pandemic. According to the study, 73.1% of high school students reported at least one ACE during COVID-19, 53.2% reported one to two, 12.0% reported three, and 7.8% reported four or more ACEs during COVID-19 (Knopf, 2022). The study results illustrate an increase in reported ACEs resulting in an increase in poor mental health or suicidal

behaviors due to COVID-19. The behavioral data trends from COVID-19 show a history of ACEs, resulting in lower grades, higher absenteeism rates, and increased suspensions due to inappropriate behaviors (Stewart-Tufescu et al., 2022, p. 8). Anderson et al. (2022) and Stewart-Tufescu et al. (2022) noted that ACEs research aids in developing and implementing school-based interventions, educational policy changes, ACEs prevention initiatives, and educational policy. The current study was guided by two research questions to gain a deeper understanding of the perceptions of principals and leadership team members when implementing trauma-informed practices in an urban Title I middle school.

RQ1. What are the principal's and leadership team's perceptions of organizational support and barriers to support when implementing trauma-informed practices in a middle school?

RQ2. What are the principal's and leadership team's perceptions of the school's successes and challenges when implementing trauma-informed practices?

Trauma-informed practices in schools focus on addressing individual trauma and school-wide approaches to support student behaviors and academics (Cohen & Barron, 2021; Dorado et al., 2016; Venet, 2021). Bloom (2013) noted the Sanctuary Model's organizational approach as a shared experience to create and maintain safety for individuals regardless of the social environment. According to Bloom (2013), the organizational approach to safety focuses on the physical, psychological, social, and moral safety of the individuals in the organization. Bloom (2013) identified leadership practices such as surfacing, sharing, arguing about, and agreeing on the values, beliefs, decision-making processes, conflict resolution skills, and behavior essential for "creating sanctuary" in an organization. Organizations focus on shared assumptions, goals, and existing practices, requiring staff members to share in analyzing the organizational culture

through its strengths, vulnerabilities, and conflicts within its structure or functioning (Bloom, 2013, p. 307). Eber et al. (2020) state that trauma-informed approaches focus on setting a transparent social environment that reduces problem behaviors. The transparent social environment focuses on the organizational members being transparent and being able to advocate for themselves without fear of repercussions. In a trauma-informed environment, students have a safe way of communicating their feelings, thereby creating a sense of trust and sanctuary. Bloom (2013) notes that to address trauma in individuals, they must feel a sense of validation and respect of feelings coupled with an understanding of the impact of their trauma histories.

The research participants shared their definitions of trauma-informed care during the interview to assist the researcher in understanding the foundation of their perspectives. I share them below to help illustrate their points of view related to this foundational term.

Table 5

Trauma-informed Care Defined

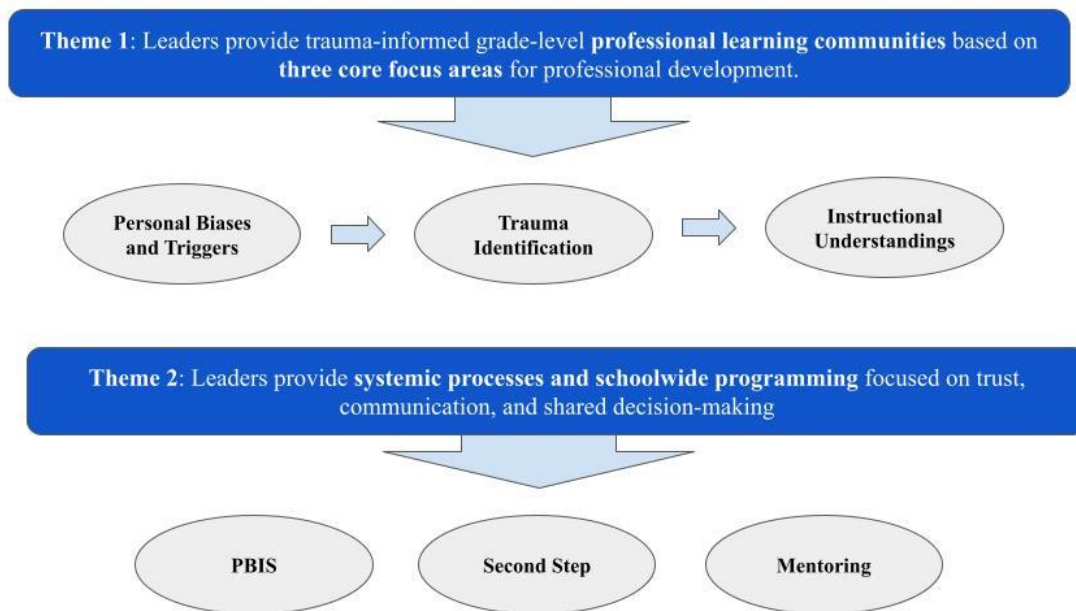
| Participants | Trauma-informed Care Defined |
|-------------------|---|
| Mr. Anthony Seals | Students who have aggression or act out rely on <i>counselors</i> and <i>social workers</i> to provide services--providing <i>community resources</i> and <i>outside counsel</i> . |
| Ms. Penny Lane | We have to be <i>cognizant of any triggering opportunities, triggering language, or triggering lessons</i> . Caring for them by providing support, <i>mental health support, resources, counseling department, school social worker, and connecting with the teachers</i> . |
| Ms. Victoria Finn | It allows them to address recurrences in a <i>safe environment that promotes healing and self-discovery</i> . |
| Ms. Bianca Green | Trauma-informed care as a foundation has to do with <i>addressing your biases</i> . In trauma-informed care, the <i>care</i> comes from the <i>person giving the care</i> being mostly informed about their <i>background</i> and then using that to <i>address them</i> . |
| Ms. Alexa Harris | Trauma-informed care is for <i>stakeholders</i> , such as <i>teachers, social workers, admin, and counselors</i> , to be aware of <i>preventative measures</i> at school to try to head off things in the building and <i>inform practices</i> . |
| Mr. Marvin Ellis | Trauma-informed care, fuels <i>understanding, compassion, and humility</i> . Our kids have been through [a lot], but we are supporting them and making them feel <i>cared about</i> and <i>accepted</i> and that they're <i>apart</i> . |

| Participants | Trauma-informed Care Defined |
|---------------------|---|
| Mr. Jeremy Gonzalez | It's about having your classroom be a <i>safe place</i> . So you always need to make sure the <i>students feel safe</i> , and even though I might say students, it's also about your <i>colleagues</i> . I make sure that my students also have a <i>choice</i> . Trauma revolves around <i>trust</i> . |
| Ms. Emily Hyde | I define trauma-informed care as <i>care</i> that recognizes that trauma impacts <i>behavior</i> , <i>recognizes the signs of trauma</i> , <i>responds to trauma</i> with <i>empathy</i> and <i>compassion</i> , and makes a conscious effort not to <i>retraumatize</i> . |

The following sections in this chapter will present the findings from the analysis of the eight interviews conducted in an urban Title I middle school in the Southeastern United States. The themes are presented and described in Figure 1, and they outline the principal and leadership team's perceptions of the organizational structure and its implementation of trauma-informed practices to address student trauma. The themes link to the research questions by identifying the successes and barriers to implementation. The themes and sub-themes represent the repeated patterns presented by the research participants which focuses on the positive aspects of implementing trauma-informed practices. Additionally, the participants shared the impact of COVID-19 on implementing trauma-informed practices and the reported discipline data. During the interviews, the principal, assistant principal, counselors, and one of the lead teachers of special education shared the barriers to implementation based on district support, local funding, and teacher buy-in. The chapter ends by identifying the barriers to implementation, summarizing the findings, and providing additional ideas that emerged based on the participants' perceptions of the impact of trauma-informed practices on the school's stakeholders.

Findings

Based on the research study, two major themes emerged from the eight interviews of the principal, assistant principal, head counselor, grade level counselor, two lead ESOL teachers, and two lead special education teachers and data analysis.

Figure 1*Findings Shown as Themes*

Note. Figure 1 highlights the positive themes that emerged from the participant interviews. The participants highlighted the positive perceptions when implementing trauma-informed practices. The leaders focused on their success while creating a systemic process based on grade level professional learning communities and schoolwide programming when implementing trauma-informed practices.

Theme 1: Professional Learning Communities

The first major theme is that leaders provided trauma-informed grade-level professional learning communities based on three core focus areas for professional development. The professional learning communities' training was facilitated by the counselors and social workers. Rocky Road Middle School also used Title I funds to support the use of outside resources to assist with providing training for the professional learning communities. The Rocky Road

Middle School principal shared funding for mental health supports is limited, thereby placing a large part of the training on in-house resources through the counseling department. The theme focuses on the leaders providing organizational structures and frameworks for grade-level trauma-informed professional learning communities based on the specific needs of the students in each grade level. Personal biases and triggers, trauma identification, and instructional understandings are sub-themes under theme one. The professional development series focuses on personal biases and triggers as the first session for the staff at Rocky Road Middle School. The professional development sessions begin with personal biases and triggers because the staff must have a clear understanding of their inherent biases based on their background. Next, the professional development sessions focus on trauma identification. Rocky Road Middle School professional development on trauma identification informs the staff members in understanding the traumas representative for students in their grade levels based on SWARM referrals and reported traumas to school staff for each grade level. Lastly, the professional development sessions focused on developing the instructional understandings of the staff based on the reported traumas.

The professional learning communities prioritized staff capacity and skill building that focuses on creating an understanding of trauma to support the needs of the students. Rocky Road Middle School staff participated in professional learning communities by grade level so that the staff could address the unique needs of the students in their grade levels. Rocky Road Middle School used the district's social-emotional learning materials from the Second Step program to address trauma thereby increasing the instructional understandings of the staff through weekly lessons implemented during the school's *T.H.R.I.V.E.* Time. In addition, the leaders provided in-

house and outside experts in trauma-informed practices to support the staff's understanding of traumas, triggers, and coping skills.

Professional learning communities are essential to schools interested in transforming to a trauma-informed environment, where educators focus on implementing trauma-informed practices through the teaching and learning of researched best practices focused on personal biases and triggers, trauma identification, and instructional understandings. Theme one and the subsequent sub-themes focuses on Rocky Road Middle School's focus on building staff capacity and skills through trauma specific grade-level professional learning communities.

Sub-theme 1: Focus on Personal Biases and Triggers. In this sub-theme, the principal and leadership team's collaborative thoughts focused on the importance of professional learning communities, and establishing professional learning communities that focus on building stakeholder capacity and skill building when establishing a trauma-informed environment. The sub-theme, professional learning communities focus on professional developments aimed at increasing staff understandings of personal biases and triggers as a structured professional development series was the focus of the principal's vision when creating a trauma-informed environment. Based on the participants' data as analyzed, the participants emphatically noted the importance of professional learning communities centered around understanding trauma as essential to the establishment and implementation of a trauma-informed environment.

Carter and Blanch (2019) identified the first stage in the organizational continuum for addressing trauma as Trauma-Aware. Carter and Blanch (2019) described Trauma-Aware as focusing on training, leadership support, organizational considerations, and implications of change leading towards trauma awareness. Mr. Seals, Principal of Rocky Road Middle School, described the importance of beginning the year by having the staff participate in professional

learning communities focused on personal biases. Mr. Seals emphasized that the staff needed to be able to identify their personal biases towards the students they serve before they can address traumas in others. At the same time, the staff has to be cognizant of the impact of their inherent biases in their daily operations. Therefore, Mr. Seals conducted a professional development focused on prevalent biases found in the school. The professional development focused on three main biases: racial, gender, and sexual orientation. Counselor Bianca Green shared, “We have a professional development where we speak with the teachers, address different biases, and do a small exercise.” Counselor Green’s reflection on the importance of staff members understanding their own biases and triggers supports the staff’s understanding of how their biases may impact their students. The staff members’ understanding of their traumas will assist them with implementing trauma-informed practices in their classrooms. Counselor Green also noted that once the staff understands their biases and how they impact others, this is the first step in creating a trauma-informed environment.

Sub-theme 2: Focus on Trauma Identification. Principal Seals noticed that the staff were open to trauma identification after completing the biases and triggered professional learning during preplanning. Principal Seals shared that the next step in identifying and creating a trauma-informed environment is to have a series of professional developments that focus on identifying traumas in students so as not to retraumatize the students. Therefore, the counseling department created a series of professional development opportunities focused on identifying student trauma with the assistance of the PBIS Committee and the school’s leadership team. The professional development series focused on the reported traumas associated with Rocky Road Middle School students. The first professional development in the trauma-identification series was the district’s mandatory reporting training presented by the school social worker. Lead special education

teachers, Ms. Harris, explained the importance of being able to identify trauma so that educators could adequately report said traumas to the appropriate officials. She noted the seriousness of being a mandatory reporter, especially at Rocky Road Middle School, where there were high cases of student trauma because of the marginalized student population. Lead special education teachers, Ms. Harris, explained:

We had the mandated reporter training with the social worker and they mentioned last year that we are trying to get an in-house counseling center because so many of our students are in one parent households involuntarily because the dad got sent back to their country and now, the pressure on Mom is enormous because Mom never worked.

Assistant Principal Penny Lane explained:

The counseling department works uniquely. So, one of the things that I know we talked about over the last couple of years is that addressing it for what it is, we know that there will be some type of violence in the neighborhoods. There is violence on the bus. There is violence that they see on TV and often in school as well. The counseling department educated the staff on the traumas by analyzing student data and creating safe plans to assist students impacted by trauma as a trauma-informed practice.

Professional developments enhanced trauma-identification in staff. The principal's vision in creating a trauma-informed environment created grade-level professional learning communities that focused on providing staff with tools to identify trauma in students so that the students were not retraumatized. Counselor Victoria Finn shared, "Through collaborations between the school counselor, social workers, and school psychologist, safe plans have been utilized as a trauma-informed practice."

The climate should be scaffolded with school-wide interventions to address student traumas. Carter and Blanch (2019) identified that one of the four stages for organizations to address trauma as an organizational structure focuses on the organization's trauma sensitivity. Carter and Blanch (2019) defined Trauma-Sensitive as focusing on the organization's

exploration of trauma-informed values through self-assessments that determine readiness, screening, and treatment options.

Sub-theme 3: Focus on Instructional Understandings. Principal Seals noted that when creating a trauma-informed environment, it was important to select a social emotional learning curriculum to support student trauma when implementing trauma-informed practices. The counseling department created a series of professional development sessions focused on effectively implementing the *Second Step* program, which focuses on providing social skills and strategies as protective factors for students to use to reduce impulsive, high-risk, and aggressive behaviors (Moy & Hazen, 2018). The counseling department supported students' social-emotional learning by implementing lessons in the grade-level homerooms. The counselors used this instructional model because the teachers also supported the students' understanding of the intended outcomes from the lessons by co-teaching the lesson with the counselors. Lastly, the teachers could reinforce the lesson outcomes if presented with student traumas associated with the lessons.

The counseling department also noted the importance of supporting the staff with professional learning on instructional understanding through the district-purchased Social Emotional Learning (SEL) program *Second Step* and PBIS created social emotional learning lessons. Counselor Green explained:

Our teachers do the SEL lessons through our PBIS program during our Drive Time, and they are SEL lessons that our PBIS coach sends out. The lessons take about 5 minutes to teach.

Assistant Principal Lane explained:

Through the PBIS program, we have monthly training with our students on different topics. One is conflict resolution, and we work with our teachers to train them to have those conversations with students.

At Rocky Road Middle School, the professional development focuses on enhancing instructional understandings by providing a structured program that the staff used to address student trauma. Trauma-informed practices helped educate and empower a school's stakeholders (students, teachers, parents) by supporting student safety and mental health. Rocky Road Middle School implements the SEL lessons during their daily T.H.R.I.V.E. Time.

The next section focuses on the second major theme and the supporting sub-themes related to systemic processes and schoolwide programming. Principal Seals, as the leader of Rocky Road Middle School, stressed the importance of focusing on systemic practices and schoolwide programming aimed at supporting trauma-informed practices through PBIS, Second Step, and mentoring as a protective mechanism for traumatized students when creating a trauma-informed environment. The participants noted the importance of supporting students impacted by trauma as a systemic process that included wraparound services for all school stakeholders. The participants acknowledged the increase in the need for wraparound services due to the mental stressors and increase in suspected abuse or neglect that many students encountered as a result of COVID-19.

Rocky Road Middle School had a two-tier process for implementing trauma-informed practices. The first tier began with getting teacher buy-in and mental health support for its teachers and staff. The second tier focused on students and student voices. This was evidence that Rocky Road Middle School believed in supporting the mental health of all school stakeholders.

Theme 2: Systemic Processes and Schoolwide Programming

The second major theme is that leaders provided systemic processes and schoolwide programming focused on trust, communication, and shared decision-making using PBIS, Second

Step, and mentoring. These were three core schoolwide programs. The schoolwide programs focused on increasing the students' understanding of different traumas, triggers, and coping skills. Leaders provided individual and group counseling to foster collaboration and camaraderie thereby increasing student capacity and skill building. The leaders provided communication tools to assist students in finding their voice thereby providing a safe space for them to establish trust with staff and share their thoughts and feelings. Leaders knew that the anonymity of student voices and ownership of their voices were essential in a trauma-informed environment.

The constructivist self-development theory of the Sanctuary Model focuses on why some trauma survivors suffer victimization based on their lived experiences and others find coping skills to assist them with returning to healthy living after their experiences. The constructivist self-development theory also focuses on a person's self-awareness and development based on their interactions or experiences. McCann et al. (1990) defined constructivist self-development theory as the connection between one's stress and traumatic events that impacts an individual's cognitive schema. McCann et al. (1990) recognized the value in an individual's needs to feel safe, secure, and valued, thereby creating a sense of self-worth for them and value to others. Theme two focuses on Rocky Road Middle School's focus on building student capacity and skills through systemic processes and schoolwide programming aimed at addressing student trauma through finding their voice.

Bloom (2013) identifies one of the essential components when creating a trauma-informed environment as one of the seven commitments of the Sanctuary Model a commitment to open communication. Principal Seals shared the communication challenges that the stakeholders experienced at Rocky Road Middle School. Rocky Road Middle School was comprised of 90% English Learners, which means that communication had its challenges.

Nonetheless, it was important to ensure that the school stakeholders had two-way communication with the school. Rocky Road Middle School students were primarily second-language learners, with most parents identifying as non-English speakers. Principal Seals's philosophy for communication was that all must get to know each student for who they are. Principal Seals shared, "Communication begins with knowing your students and their culture; sometimes you have to be a good or bad cop when things go wrong; some students need to talk with you and breathe, then they go back to class." Principal Seals elaborated that he had an open-door policy regarding communication. Principal Seals explained:

I exemplify an open door and open space policy for my office as a leader. I try to have clear talks with colleagues, then there should never be any talk behind the back. If there is an issue, let us discuss it now instead of holding it in and then griping about it later. Now, with students, I have always told them my place is a safe place.

Assistant Principal Lane explained:

We do many surveys and communicate with the parents through an app called Talking Points, which will translate for the parents. We also send out school messenger and weekly emails to teachers, letting them know what is happening in the school. When we do our announcements every morning, we ensure we have announcements for the students to hear. We encourage the students to communicate openly with our teachers and alert the teachers if anything is going on, and to share their input through their teachers. We also have frequent surveys that go to the students in addition to the state surveys that go out to the students about the culture and climate of the school.

Bloom (2013) further explains open communication is a systemic organizational process that addresses the barriers to healthy communication by having challenging discussions, thereby creating transparency and improving conflict resolution through management skills and reinforcing healthy boundaries. The theory focuses on creating a system of interconnected parts that create one system that permeates throughout the entire system or organization (Esaki et al., 2013). The theme, trauma-informed practices, enhances systemic processes and schoolwide

programming by focusing on trust, communication, and shared decision-making through PBIS, second step, and mentoring.

Sub-theme 1: Focus on PBIS

Rocky Road Middle School used Title I funds to purchase the PBIS Rewards program. PBIS Rewards offers many features aimed at addressing student trauma. Assistant Principal Lane shared some of the features their staff. Assistant Principal Lane shared that the referral tracking assists the PBIS team with tracking the locations in the building where the incidents took place and the teachers that input behavioral or social-emotional student behaviors. The PBIS Rewards program also offers student check-in/check-out for students to submit their feelings, which in turn goes to a designated staff member for them to check in with the student. Two of the principles when analyzing the psychological needs of individuals are safety and trust (Bloom, 2013, Esaki et al., 2013). Rocky Road Middle School institutes the principles of safety and trust through the anonymous check-in/check-out tool. The students self-select their feelings based on predetermined feelings in the software and self-select the faculty member to share their feelings with for advisory and support. Rocky Road Middle School's use of technology as an advocacy tool was a new tool implemented and piloted to support student voice last year. Rocky Road Middle School added the advocacy tool to its Continuous School Improvement Plan (CSIP) for yearly purchases. Lastly, PBIS Rewards has a teacher reward system that focuses on the staff reinforcing positive behaviors through a separate reward system.

Principal Seals shared that a major part of the PBIS program was the advocacy tool used by the school. Rocky Road Middle School used PBIS Rewards as a check-in and check-out system. Principal Seals shared the teachers and students liked PBIS Rewards because it allowed the students to submit their feelings anonymously. Assistant Principal Lane elaborated on how

important student voices were in a trauma-informed environment and the importance of students' voices as encouraged using PBIS Rewards. Assistant Principal Lane explained:

Through our PBIS reward system, students can self-select their feelings that day. This is new this year; they select whether they are feeling sad or angry, and then it automatically sends an email to the counselor or a designated staff member, who does the check-in. We encourage the students to communicate openly with our teachers and alert the teachers if anything is going on. We provide many different adjectives besides sad and angry so that students can describe the situation.

Ms. Alexa Harris, Lead Special Education teacher and member of the PBIS committee, shared the importance of assisting students with finding their voice through advocacy. As a seasoned teacher, she believed that the PBIS Rewards system resulted in the reduction of violent behaviors and an increase in student advocacy and voice. For example, she explained:

The PBIS we use has an SEL check. Today, I had a student who indicated she was upset. She was angry because she did not have enough points for our B.R.A.V.O.'s Day, our monthly incentive day. And she said I'm just tired. I want to go home. So, I pulled her aside. I talked to her about it, and she's feeling very stressed. First, she didn't realize the first B.R.A.V.O.'s Day doesn't require the point system. So, I was able to pull her aside and talk to her, and I appreciated that she did that. I talked to her about it because she is a student returning from alternative school, and she has a tendency to act out before she thinks about it.

Counselor Green shared the premise for the B.R.A.V.O.'s Day incentive and its use to reinforce positive student behaviors. According to Counselor Green, the institution of B.R.A.V.O.'s Day assisted in the decrease in student behaviors. Counselor Green explained:

Just did a survey last Friday at B.R.A.V.O.'s Day. That's our kids who get 25 or more points monthly. Since we had a week off in November, it was only 25. It's typically like 50 PBIS points in the classroom in the school. It's like an over-exaggerated field day, different areas that they can go to and do. So, they can share their voice there, and they just did this survey.

Cardona (2021) noted that when forming a trauma-informed leadership team, it is essential to streamline the team so that the system can work efficiently toward school improvement based on similar goals. As the PBIS administrator, Assistant Principal Lane was

responsible for establishing the team structure and the selection of members. Assistant Principal Lane shared, “We have lost many members, so we need to get newer people back on board.”

Assistant Principal Lane outlines the successes to establishing teacher buy-in and the process for establishing a successful team. Assistant Principal Lane explained:

We realized when creating our PBIS leadership team the first year we just asked, we put it out there. We had about 35 people interested, which sounded amazing, but by the end of the year, it was just the coach and me doing it. No one remained on the team. So, we decided to do that next year, and for the last few years, we have tapped people that we now buy into the program and are respected by the staff by their peers.

Rocky Road Middle School is a PBIS school using the principles associated with PBIS to institute a schoolwide systemic approach to trauma thereby building student trust and communication as a systemic response to trauma. Assistant Principal Lane reflected on the progress the school and the PBIS committee made this school year. She shared that despite their gains, they have had a lot of promotions, which gravely impacted their committee, the school has seen a decrease in discipline referrals. Assistant Principal Lane also shared:

We first had to work at teacher buy-in, which we struggled with initially. So, we started small by getting people on board, a few teachers on each grade level, doing a great job and could be a model classroom for each grade level implementing PBIS, especially instituting social-emotional learning. We have come a long way with teacher buy-in and the results in those model classrooms. So, with this program's implementation, we could decrease all these discipline referrals.

Ms. Harris explained:

I know some teachers still do not fully buy into the positive part of the behavior intervention. I could not deduct the points, so I do not know what to do with this kid. I heard we are not supposed to do that, but I will still do that. Because of last year's brave day, I was talking to some students and saying, what are you guys doing for your B.R.A.V.O.'s day? They shared that they were all being held in a classroom to do the work they were supposed to do. Well, why is this kid getting rewarded for not hitting somebody or whatever the behavior is? They should already not be doing it because if they are doing that, we should take something away.

Assistant Principal Lane, the PBIS administrator, and Ms. Harris, lead ESOL teacher, shared the collaborative role of teacher buy-in and the successful implementation of trauma-informed practices at Rocky Road Middle School. Assistant Principal Lane noticed that when the teachers attended the professional developments, they felt more comfortable implementing trauma-informed practices, increasing teacher buy-in and effectiveness. The PBIS committee assisted with supporting their colleagues in maintaining the school trauma-informed vision between the professional learning communities.

Research shows that one missed opportunity or understanding by staff members implementing PBIS is the perception that, “PBIS is not fair because students are treated differently” (Tyre & Feuerborn, 2021, p.45). Research shows that staff implementing PBIS must understand that students receiving intensive support receive frequent reinforcements for meeting school wide behavioral expectations (Tyre & Feuerborn, 2021, p.45). For example, students whose behavior is a manifestation of their disability have exclusionary factors when being disciplined due to their disability (Tyre & Feuerborn, 2021, p.45). Ms. Alexa Harris discussed the complications with teacher buy-in when assessing the PBIS point distribution and dedication for students with disabilities. Ms. Harris shared that teachers struggled to differentiate between behavior manifestation, point deductions, and discipline. Ms. Harris shared, “I realize that the baseline for us looks different than the baseline for the student that has the emotional, behavioral disorder.”

Rocky Road Middle School had a culture of shared decision-making when implementing trauma-informed practices. Principal Seals shared that he noticed a change in the culture and climate of the school when the school began implementing shared decision-making to support trauma-informed practices. Principal Seals instituted surveys, QR code feedback forms, and

advisory councils to support shared decision-making. Principal Seals also encouraged the staff to institute shared decision-making in their classes by allowing students to choose and take ownership of their learning. Assistant Principal Lane shared that once the school established teacher buy-in, the next focus area for the PBIS committee centered establishing two-way communication with an emphasis on student voice. Assistant Principal Lane shared the various communication methods at Rocky Road Middle School to enhance two-way communication. Assistant Principal Lane elaborated on the importance of student choice and shared decision-making in establishing a trauma-informed environment. Assistant Principal Lane explained:

We use the surveys to give incentives. We ask the students what type of incentives they want. We give them a list of things they may like, but we also make sure that we put the other category so they can add additional things.

Lead English to Speakers of Other Languages (ESOL) teacher Mr. Jeremy Gonzalez shared the role of communication in his classroom with a high EL population and the strategies he used to support two-way communication. Mr. Gonzalez explained:

So we use talking points to communicate with our parents at our school, and when I put in the parents' contact information, I will get my students' cell phone numbers as well because they are teenagers, and I will add them. Anytime I communicate with Mom and Dad, the students will see what I am sending home to them. So there are no surprises when they get home, so there is clear communication. I do this because it also builds that respect with stakeholders.

Mr. Gonzalez also explained:

I try to make sure that my students also have a choice because I know a lot of times kids that come from trauma when they come into the classroom, they're being able to choose option A over option B is a big deal. Kids impacted by trauma feel like they don't always get that option. Trauma revolves around trust.

McCann et al. (1990) noted the five psychological needs of trauma-impacted individuals as safety, dependency/trust, power, esteem, and intimacy. Mr. Gonzalez strongly believes that allowing the students to have a voice in the classroom will eventually spill into the school,

resulting in the students finding a schoolwide student voice. Mr. Gonzalez's belief aligns with the five psychological needs of trauma-impacted individuals. Assistant Principal Lane credits PBIS for helping to transform the school's culture and climate into a trauma-informed environment. Assistant Principal Lane explained:

We give them the incentives to encourage them to have positive behavior. Not missing many days of school, so attendance, math achievement, ACCESS achievement, Georgia Milestones achievement, benchmark achievement. So, we give the students incentives for different reasons and ask for their input. Then, with PBIS, once a month, we have our B.R.A.V.O.'s Day, where students receive enough positive behavior points to participate. We've tried to incorporate more and more student surveys for their input over the past few years.

Assistant Principal Lane attributed the school's trauma-informed success to the structure Rocky Road Middle School uses to support student advocacy.

Principal Seals was proud of the student advisory board and the student voices that the participants in the council empower. The student advisory board had 16 members, two students from each team. The student advisory board was only about .9% of the student population at Rocky Road Middle School. Principal Seals and his leadership team were considering ways to increase the student voice on the Student Advisory Board. Principal Seals explained:

Students chosen from each team with two vocal leaders, they articulate and advocate for students by providing honest feedback. The goal is to include the students in decision-making on different topics so that they are informed and can share with their parents.

Counselor Green shared the role of the student advisory board based on the perspective of the counseling department. Counselor Green focused on the connection between the student advisory board voice and the schoolwide incentive program. Counselor Green explained:

Our student advisory board meets with the principal where he gets feedback on how overall classes are looking, what students want to see out of their teachers, or if they could change. One question was whether they could change grade incentives—some really good responses and feedback. The students gave feedback about the cafeteria food. We have a lot of incentives for attendance. We do polls, or we'll put a QR code in the cafeteria for the students to provide feedback.

Rocky Road Middle School used student voice to select the incentives for various identified positive behavior incentives. The student voice and feedback provided an opportunity for Principal Seals to have a broad sense of the school climate and the desires of the students. Principal Seals used this information to support and reinforce positive behaviors in the Rocky Road Middle School students.

Sub-theme 2: Focus on Second Step

Rocky Road Middle School used the district purchased *Second Step* program to address trauma in students. Counselor Green shared the importance of *Second Step* in providing social emotional skills and protective factors for her seventh and eighth-grade students. Counselor Green attributes the decrease in student referrals to the collaboration between the counselors and the teachers in implementing the *Second Step* program. Record-Lemon et al. (2017) identified trauma-informed practices (TIPs) as education and counseling focusing on understanding trauma and its impacts by creating an environment prioritizing safety, choice, control, and empowerment. Principal Lane shared,

One of the important things is to institute those lessons and try to find ways to have restorative circles, communication circles, etc. We also talked to the school social worker and the teachers about some mental health conversations, not just mental health about the students, but mental health about the teachers. We want to ensure we also deal with their social and emotional well-being.

Rocky Road Middle School also incorporated lessons on modeling advocacy ESOL teacher Ms. Hyde, the lead ESOL teacher on the PBIS leadership team, shared the importance of modeling advocacy for herself and her students. Ms. Hyde explained:

My primary function is to advocate for my students and teach them to advocate for themselves. While teaching my students about advocating for themselves, I realized I did not always advocate for myself. To practice what I was teaching others, I began advocating for myself more and more. The more I did it, the easier it became and the

easier it became for me to explain to my students how to express themselves given their audience.

The study participants noted that trust was essential when creating a trauma-informed environment. Principal Seals credited a culture of trust for successfully implementing trauma-informed practices at Rocky Road Middle School. Counselor Victoria Finn noted the importance of having a safe plan and a trusted adult to support trauma-informed students through trauma-informed practices. Counselor Finn shared, “The implementation of safe plans provides supportive practices for individuals with PTSD. They allow the individual access to their school counselor or other trusted adults, a space to clear their mind, and other manipulatives to support their needs.” Counselor Finn noted a connection between establishing trust and building communication when implementing trauma-informed practices. Assistant Principal Lane shared that trauma-impacted students will not communicate with adults that they do not trust. Mr. Jeremy Gonzalez, lead ESOL teacher, expressed the importance of having a safe place in his classroom where he could establish a sense of trust between himself and his colleagues. Counselor Green explained the importance of safety at Rocky Road Middle School through Principal Seals’s vision. Principal Seals aimed for 100% participation in school climate surveys. Even though, the state goal was for 75% of the student population to participate in the climate survey. However, Principal Seals enforced a policy of 100% participation because he knows the importance of student voice for school stakeholders. Counselor Green explained:

So, in a climate survey, typically, Mr. Seals wants 100% participation. Typically, they'll tell you if I feel safe in this building if I don't feel safe. It's an opportunity to share their true reactions to things.

Miller et al. (2010) notes the importance of an individual's safety, esteem, intimacy, trust, and self-control for trauma-impacted individuals. Trust is one of the foundational principles for staff and students when implementing trauma-informed practices. Mr. Gonzalez also shared the

elements of trust and shared decision-making as implemented in his classroom to support trauma-informed students. Lastly, Menschner et al. (2016) noted that in a trauma-informed environment, it is essential to maintain consistent, open, respectful, and compassionate communication where individuals know the cultural impacts of trauma, safety, and privacy.

The principal's vision focuses on using communication measures that allow all school stakeholders to have a voice and be heard. Rocky Road Middle School uses Talking Points as a communication platform (CITATION). They use this platform because the messages can be translated into the school stakeholders' preferred language for communication. The systemic use of an application such as Talking Points allows all stakeholders to have school and classroom communication in one location thereby creating a universal sense of safety and trust. Safety and trust are essential components in a trauma-informed environment. Members of the organization had a sense of safety which allows them to trust the individuals within the organization. Rocky Road Middle School instituted safe plans so that students knew that the school was a safe haven thereby increasing student trust in the organization.

Sub-theme 3: Focus on Mentoring. Carter and Blanch (2019) identified the last stage of the continuum when implementing trauma-informed practices as trauma-informed, which focuses on putting practices in place that measure and impact the clients' and staff's engagement, development, and advocacy within the organization and the community. Rocky Road Middle School used mentoring programming to support trauma-impacted students. Counselor Green expressed how the counseling department helped create a climate where students felt secure through small and large group counseling and mentoring. The mentoring program focused on providing students with coping skills and proactive strategies to address triggers based on prior trauma. Rocky Road Middle School offered programs such as Sources of Strength, Cool Girls,

My Brother's Keeper (CITATIONS FOR ALL THREE PRIOR), and suicide prevention.

Assistant Principal Lane explained:

We also have Sources of Strength, a peer mentoring group in which we talk to students about social-emotional health and behaviors and mentoring on mental health issues. Making students feel safe and secure, they can share what's going on with them.

At Rocky Road Middle School, the counseling department was instrumental in addressing the individual mental health needs of the students. The counseling department at Rocky Road Middle School offered three counseling services. First, small group counseling consisted of about four to five students who met with the counselor to discuss a common concern regarding students' basic needs. Large group counseling focused on providing lessons designed to help students focus on coping skills over an extended time. Individual counseling focused on meeting the needs of the student through one-on-one sessions. It occurred once or over an extended time.

Assistant Principal Lane explained:

We work with our counseling department on mediation strategies, conflict resolution, and mediation. In that mediation, we have students talk about their feelings, how they're feeling, how the other person is making them feel, or other people. If it's multiple people in mediation, how they're making them feel in a safe and secure environment. We work with our students by informing them of the different ways to resolve conflicts.

Counselor Green explained:

We saw an uprise in girls having more fights than our boys, which was a switch in the last two years. Therefore, through the counselors, we do small and large group sessions focusing on conflict resolution. I tried to have individual counseling with them as well.

Counselor Green also explained the importance of the students feeling and being secure in a trauma-informed environment. Trauma-informed schools focus on school-wide interventions to address the adverse effects of student trauma. Eber et al. (2020) state that trauma-informed approaches focus on setting a transparent social environment that reduces problem behaviors.

Principal Seals at Rocky Road Middle School understood the psychological needs of trauma-impacted individuals by instituting a way for students to feel a sense of power. Principal Seals had an active student advisory board that is the voice of the students. The student advisory board and surveys gave the students a sense of power, trust, safety, and esteem at Rocky Road Middle School. The research participants emphatically shared the importance of a safe and secure climate at Rocky Road Middle School by implementing systemic processes and schoolwide programming focused on PBIS, Second Step, and mentoring, which enhances student trust, communication, and shared decision-making.

Barriers to Implementation

The barriers to leaders providing trauma-informed professional learning communities that focus on capacity and skill building for school stakeholders included staff not being transparent when sharing their personal biases or triggers. A barrier to professional learning communities, as expressed by Assistant Principal Lane, shared on behalf of the PBIS Committee, included not recognizing the importance of establishing a circle of trust where the staff members felt safe and trusting when sharing their personal biases and triggers. Assistant Principal Lane shared the importance of being transparent and understanding of staff personal biases and triggers when establishing the professional learning communities and the learning opportunities for addressing personal biases and triggers. Assistant Principal Lane shared that the PBIS goal when creating the professional learning communities and learning opportunities was to not create or engage in triggering activities that can retraumatize the staff based on past traumas.

Another barrier to implementing trauma-informed practices was teacher burnout. Esaki et al. (2013) defined the burnout theory through the lens of the Sanctuary Model as the feelings of exhaustion or being emotionally drained by direct service providers when supporting the needs

of individuals. Other characteristics of the burnout theory are depersonalization of feelings, emotional exhaustion, and decreased feelings of personal accomplishments. The burnout theory focuses on the provider having a sense of apathy towards the individual thereby developing negative callous attitudes toward the individual based on the lack of emotional resources or connections based on their decreased feelings or exhaustion. The most common feeling illustrated through the data was emotional exhaustion because of the expressed needs of the students dealing with trauma. The number of reported cases of burnout in teachers since COVID-19 has risen dramatically (Esaki et al., 2013). The increased sense of burnout from the teachers' emotional needs coupled with supporting trauma-impacted students resulted in a repeated theme supporting the barriers to the implementation of trauma-informed practices, according to the leadership team's perceptions. Assistant Principal Lane acknowledged that the decrease in participation resulted from teacher burnout due to the increased responsibilities of the PBIS team members. The burnout theory within the Sanctuary Model focuses on the direct service providers being emotionally drained as a barrier to supporting the needs of the individuals. The barriers to leaders providing conflict resolution, relationship-building, and mentoring that focus on schoolwide programming for school stakeholders is staff not having buy-in to the schoolwide programming. Assistant Principal Lane and Ms. Harris, shared on behalf of the PBIS Committee, creating a system of support that focused on selecting members that buy-in to the schoolwide programming and can serve as mentors for their colleagues was challenging due to the increased responsibilities and time to coach and mentor other colleagues. Assistant Principal Lane shared the importance of being selective when creating the committee to focus on schoolwide programming by focusing on teachers who were implementing trauma-informed practices and were well respected by their colleagues. Ms. Harris shared complications with getting teacher

buy-in when assessing the point distribution for students with disabilities and gaining the collective understanding that the schoolwide programming focuses on positive incentives to reinforcing positive behaviors and that the manifestation of the student's disabilities must be considered when assessing behaviors.

The barriers to systemic processes and schoolwide programming for school stakeholders also included the small participation size of the student advisory board and the relatively transient population of students. Counselor Green shared the importance of having a representative voice from staff and students when creating a trauma-informed environment. Principal Seals expressed that the members of the student advisory board were transient. It was hard to keep consistent membership. Counselor Green shared that they are looking at another process for recruiting and retaining members.

Cardona (2021) identified the inequity in counseling staffing and student ratios, particularly at schools serving low-income families and students of color as barriers to implementation of trauma-informed practices. Rocky Road Middle School Counselor Finn expressed the inequities in resources and support as barriers to the successful implementation of trauma-informed practices in the school. Counselor Finn shared the relationship between communication, wraparound services, and equity for her school stakeholders as means to support trauma-impacted students and their families. Counselor Finn explained:

Equity is extremely important. When families and students feel included, they will feel more comfortable seeking the school system for referrals and/or resources. We are often the last to know whenever families are in crisis. Some incidents could have been avoided if equity was working properly.

Counselor Finn stressed the importance of equity and equitable access to resources to meet the needs of trauma-impacted students.

Summary of Findings

The qualitative analysis of the principal and leadership team interviews illustrated the participants' perspectives on the theme and sub-themes presented in this chapter. The synthesis of the information gathered resulted in two themes with representative sub-themes. The participant perceptions, as identified in the interviews, show the leaders' role in providing a trauma-informed culture and climate.

The first theme was leaders provided grade-level professional learning communities based on three core focus areas for professional development. This theme relates to the leader's responsibility to provide professional development sessions for the staff based on personal biases and triggers, trauma identification, and instructional understanding. The leaders built capacity and skills by recognizing their personal biases and triggers, by providing opportunities for the staff to learn about the community they serve and the triggers associated with said community, by planning and understanding the instructional materials aimed at addressing the student traumas and the protective measures so that the students are not retraumatized. Lastly, the leaders included efforts to help the staff with their mental health as well as the mental health of the students.

The second theme was that leaders provided systemic processes and schoolwide programming focused on trust, communication, and shared decision-making. This theme relates to the leader providing programming in the school that focuses on providing the students with coping skills and protective mechanisms to help the students not be retraumatized. The leaders built a culture of trust, communication, and shared decision-making by providing the staff with strategies for implementing trust in their classrooms and the school. The leaders believed that through the strategies the students were able to find alternatives to violence. The leaders also supported student voices and teaching the students how to advocate for their needs. Student

voice is essential in a trauma-informed environment. The leaders built a culture of advocacy through student voice by providing student-led group representatives who speak on behalf of the students. The students also had a voice through surveys that provide input into the schoolwide incentive programs. The leaders built a culture of advocacy through PBIS Rewards, which allows student check-in and check-out and anonymity for students to express their feelings.

The two research questions that guided the research study focused on the perceptions of the principal and leadership team when analyzing organizational supports and barriers to implementing trauma-informed practices in a middle school. The participant interview data and document analysis highlight the perceptions that the leaders have about the implementation of trauma-informed practices to support trauma-impacted students. The first research question asked about the perceptions of organizational supports and barriers to support when implementing trauma-informed practices. The findings highlight the organizational supports as professional learning communities and mentoring programs. The second research question asked about the perceptions of the school's successes and challenges when implementing trauma-informed practices. The findings highlight the school's successes as lowered behavior incidents based on the principal and leadership team's perception data.

The findings also highlighted the challenges when implementing trauma-informed practices, which is the need for teacher buy-in and PBIS oversight committee configuration due to promotions for implementation fidelity. The challenges to support focused on the biases that staff have regarding their own experiences and triggers or the differentiation of the point system for students with known behavioral diagnosis. Building a trauma-informed culture begins with the vision of the leader and leadership team's continuous implementation of professional learning

communities that focus on the student traumas for the respective school and grade level, systemic processes and schoolwide programming aimed at addressing student traumas.

5. DISCUSSION

This chapter provides further detailing based on the findings of this qualitative case study. The qualitative case study explored the perceptions of the principal and leadership team when implementing trauma-informed practices in a Title I middle school with a historically marginalized population in the Southeastern United States. This chapter further discusses the connection between the existing literature, findings, and potential implications for school districts and local schools when implementing schoolwide programming focused on trauma-informed practices. The potential implications for school districts and local schools focus on the successes and barriers to the implementation of trauma-informed practices based on the leader and leadership team's perceptions. The findings support the literature on the seven commitments of the Sanctuary Model (Bloom, 2013) which aligns with the perceptions of the principal and the leadership team. The chapter concludes with the implications of this study for school and district leaders when implementing trauma-informed practices for organizational change.

Examining the principal's and leadership team's perceptions of the successes and barriers when implementing trauma-informed practices aligned with the seven commitments of the Sanctuary Model. The three major themes are: (a) leaders provide trauma-informed professional learning communities focused on capacity and skill building for school stakeholders, (b) leaders provide conflict resolution, relationship-building, and mentoring through schoolwide programming, and (c) leaders provide advocacy tools to assist students in finding their voices. The themes identify the practices essential to creating a trauma-informed environment where teachers implement trauma-informed practices aimed at providing students with coping skills and proactive mechanisms to aid in the reduction of retraumatization. Finally, this section concludes with an overview of the research findings, a discussion of limitations, and

recommendations for further research. Research shows the importance of creating programming and practices aimed at implementing trauma-informed practices to support trauma-impacted students (Berger, 2019; Crosby, 2015; Dorado, 2016; Dotson et al., 2019; Fidyk, 2019; Gardner, 2019; Honsinger et al., 2019). This section discusses the details of the three major themes by citing evidence from the literature on the Sanctuary Model. Each theme will be supported by evidence from the literature and the perceptions of the principal and leadership team.

The first major theme is leaders provide trauma-informed grade-level professional learning communities based on three core focus areas for professional development. The first theme aligns with the valuation theory of organizational change based on the organization implementing professional learning opportunities where the staff is educated to identify and address trauma, biases, and instructional understandings (Esaki et al., 2013). The valuation theory of organizational change focuses on the differences in values toward the individuals, work groups, others, and the whole organization that shape the organization's culture and climate (Weatherbee et al., 2009; Esaki et al., 2003). Weatherbee et al. (2009) identify valuation as life experiences that some individuals may assign value or importance. The valuation theory focuses on an individual's understanding of the past, present, and future based on their experiences, influencing their attitudes toward organizational change. The findings from the data analysis cohere with the valuation theory of organizational change because the professional learning communities worked with the staff and their value systems. This work was based on their life experiences by having the staff first reflect on their personal biases and triggers from the past and present, reflecting on how those biases may impact the future. The value that is established through the use of the valuation theory is based on the staff's personal biases and triggers that support the collective organizational change through the training, skill building, and tools for

organizations to use for self-confrontation amongst individual staff members and groups within the organization, resulting in change for the whole system. Next, I highlight the connections between the findings in the form of sub-themes and the Sanctuary Model.

The conceptual framework for the research study is the Sanctuary Model. The interview questions focused on the Sanctuary Model's seven commitments (Bloom, 2013). The focus of the Sanctuary Model is to provide training, skill building, and organizational tools to assist organizational members with establishing a system-wide approach to addressing trauma (Esaki et al., 2013). The Sanctuary Model focuses on organizational change based on the members of the organization's participation in changes in the entire system (Esaki et al., 2013). Training is an essential part of the Sanctuary model as a component of organizational change under the Systems theory. The Sanctuary Model is designed to improve the organization's culture by providing staff training that focuses on behavior stressors, staff mindset shifts regarding behavior and strategies to change individual and group behaviors by focusing on trauma awareness practices (Esaki et al., 2013). The Sanctuary Model is an organizational intervention that meets the students' affective, cognitive, and social needs.

Professional Learning Communities and the Dimensions of Organizational Change

Theme one from the research study focuses on the leaders providing trauma-informed professional learning communities to build capacity and skills for school stakeholders. Theme one aligns with the Sanctuary Model principles focused on implementing trauma-informed practices by participants recognizing their biases and triggers to support trauma-impacted individuals through a training series implemented in professional learning communities. The Sanctuary Model focuses on the use of training for the core team and ongoing staff booster training aimed at bridging the interpersonal and organizational understandings. The ongoing

training focuses on safety plans, self-care, problem solving, psychoeducation, and policy and practice geared towards the individuals becoming trauma aware. The training coupled with a system of shared values and decision-making creates a sense of value in self for members of the organization. The establishment of an organizational system of shared value and decision-making allows the staff to become change agents thereby having the staff engage in a deeper understanding of self through their belief systems and values. The three sub-themes are personal biases and triggers, trauma identification, and instructional understanding. The sub-theme of personal biases and triggers focuses on the staff having a clear understanding of their unconscious biases and the impact of the biases on the students that they serve. The sub-theme of trauma identification supports the psychoeducation of the staff so that they understand the various traumas present in the organization. Finally, the sub-theme of instructional understanding supports the staff's professional learning training through a core team, which provides support and engages teacher buy-in within the organization, becoming change agents with a multidisciplinary representative base on the various levels of the organization who serve as change agents.

Stokes et al. (2019) noted that the most significant impact of leadership on student achievement was through the implementation of informal and formal professional learning communities. Stokes et al. (2019) noted that professional learning impacts teachers' practices by relating professional learning to student needs by focusing on the relationship between teaching and student outcomes, integrating content, theory, and practice, external expertise, and time to practice the learning in the classrooms. Cardona (2021) noted that educational professionals need adequate training and ongoing support to address students' social, emotional, and behavioral development. Cardona (2021) showed that professional developments eliminate potential biases

in decision-making regarding additional student support when coupled with leadership support and assistance. Lastly, Cardona (2021) explained that professional developments focus on the integration between wellness, collaboration, training, peer coaching, and supportive performance feedback opportunities aimed at decreasing noted traumas within the organization.

The second major theme from the research study focuses on the leaders providing systemic processes and schoolwide programming focused on trust, communication, and shared decision-making. Theme two align with the Sanctuary Model principles of organizational change through skill building (Esaki et al., 2013). The value systems at Rocky Road Middle School focused on addressing student trauma through conflict resolution, relationship-building, and mentoring. These core values were instilled in the organizational members through professional learning communities as outlined in the first theme. The seven core principles of the Sanctuary Model focus on ensuring that traumatized individuals have their psychological needs (safety, dependency/trust, power, esteem, and intimacy) met through the implementation of trauma-informed practices of conflict resolution, relationship-building, and mentoring (Bloom, 2017). The findings from the research study show that the elements of trust, communication, and shared decision-making are by-products of the seven commitments of the Sanctuary model. The seven commitments in policy and practice focuses on problem-solving, applying trauma theory to systems, interpreting student behaviors as trauma responses, managing conflict, and using the concepts in supervision. Trust aligns with the sanctuary framework for safety. Trust and Safety go hand in hand. When you trust someone, you feel safe with them. Communication focuses on the individual and interpersonal aspects of safety and trust according to the Sanctuary Model, where the organization shares a common language of communication within the organization.

Shared decision-making focuses on the organizational level where the students' and staff's voices are heard and represented in organizational decisions.

The Valuation Theory of Organizational Change focuses on the individuals within the organization finding their value and voice. Hermans' approach focused on therapy and counseling to help individuals deal with life changes (Weatherbee et al., 2009, p.196). The Sanctuary Model culture of open communication focuses on overcoming barriers to healthy communication, thereby reducing the students' acting out (Bloom, 2013; Esaki et al., 2013). The findings from the research study show that the student voice connects directly with the Sanctuary Model's tenet of increased awareness of self. With increased awareness of self, one becomes an advocate to express their needs. Anonymity focuses on students expressing themselves freely without judgment. Finally, anonymity surfaced from the analysis and discussion of the research study's findings. One of the findings, student voice through anonymity, surfaced from the data analysis and discussion of the research results. The Sanctuary Model embraces the use of individual, small, and large group sessions as a method for providing student voice (Bloom, 2013; Esaki et al., 2013). The finding is new, as the existing Sanctuary Model literature did not support the idea of an anonymity tool for students to express their feelings. Also, the new findings stem from the advancement in technology that now houses a platform for students to express their feelings and assign their feelings and concerns to a particular individual for support.

Based on the discussion findings, the first research question connected the principal and leadership team's perceptions of organizational support and barriers to support when implementing trauma-informed practices. The practices related to implementing trauma-informed practices through a professional learning model. The professional learning series focused on the principal and leadership team's efforts toward organizational change. The

principal and leadership team began the professional learning model by making the staff aware of their personal biases, identifying trauma, and developing instructional understandings. The valuation theory focuses on two needs: self-enhancement and connection with others (Esaki et al, 2013; Weatherbee, 2009). The valuation theory focuses on an individual's experiences over time and the shift in their value system based on new encounters. This practice is critical because it encourages the staff to self-reflect on their biases and use the information learned to create a new value system based on trauma identification and instructional understanding.

The second research question aligns with the seven tenets of the Sanctuary Model in influencing organizational changes. Of the seven tenets of the Sanctuary Model, participants overwhelmingly agreed that using trauma-informed practices at the school directly impacted the student discipline data through a schoolwide effort of programming and professional learning, resulting in increased organizational effectiveness. Participants also agreed that the schoolwide decrease in discipline data resulted from implementing strategies to increase student voice. Most participants shared how their role supports the tenets of the Sanctuary Model and the implementation of trauma-informed practices in their classrooms.

Implications for Practice

Discussion of the research findings showed that building leaders developed an organizational structure supporting teachers' and students' understanding of trauma for organizational change. The themes and sub-themes from the data analysis and document review focused on professional learning communities, conflict resolution, relationship-building, mentoring, and advocacy tools. Based on the research findings, there are several recommendations for school and district leaders as they encourage trauma-informed school environments. District and building leaders need to understand that there has been an increase in

mental health issues in students due to COVID-19 (Alradhi et al., 2022; Anderson et al., 2021; Phelps et al., 2020). District and building-level leaders must understand the importance of providing in-depth support for teachers throughout the year to assist with emotional exhaustion and understanding their biases and triggers. The use of licensed professionals will ensure that staff are capable of having the emotional support needed through continuous counseling.

Research shows that teachers have a higher rate of emotional burnout since COVID-19 (Alradhi et al., 2022; Anderson et al., 2021; Phelps et al., 2020). Therefore, it is imperative to implement a systemic approach to addressing trauma in the schools in their district. The next two sections focus on recommendations for district and building-level leaders as they encourage trauma-informed school environments.

District Leaders Implementing Trauma-informed Practices

The first recommendation for district leaders is to create a line item in their yearly budget that allocates funding to support the implementation of trauma-informed practices in schools. The Every Student Succeeds Act (ESSA) provides mentoring and school counseling to all students. Districts are allocated funds to provide services to support children at risk of academic failure, dropping out of school, involvement in criminal or delinquent activities, or drug use or abuse. District leaders can use the allocated ESSA funds to create a systemic process for addressing student trauma in students that focuses on supporting safe and healthy students. These funds should be protected and used to support the equitable distribution of resources to the schools that address student trauma.

The second recommendation for district leaders is to ensure a districtwide trauma-informed organizational structure. Districts are researching and purchasing programs to address only one facet of student trauma. The programs focus on teaching coping skills to avoid

retraumatization. However, when addressing student trauma, there has to be a systemic approach to addressing trauma on a deeper level than just instructional materials. District leaders should seriously consider creating a trauma-informed model patterned after the Sanctuary Model, which provides training, skill-building, and organizational tools to assist organizational members with establishing a system-wide approach to addressing trauma.

The third recommendation for district leaders is to invest in a core team to support districtwide programming to address student trauma. Under ESSA Title IV Part A, Specialized Instructional Support Personnel (SISP) (Every Student Succeeds Act (ESSA), 2015), school districts receive funds to increase support staff to address student trauma. SISPs are (i) school counselors, school social workers, and school psychologists; and (ii) other qualified professional personnel, such as school nurses, speech-language pathologists, and school librarians, involved in providing assessment, diagnosis, counseling, educational therapeutic, and other necessary services (including related services as that term is defined in section 602 of the Individuals with Disabilities Education Act (20 U.S. C. 1401, 2015) based on a comprehensive program to meet student needs. The responsibilities of the SISP are to create plans for earmarked funds for trauma-informed training, task force, discipline, funding, and health support. As a result, Title IV Part A of ESSA allocates 20% of state funds to improve mental health services and school climate by focusing on trauma-informed practices and policies. The district also needs to use funding to support the implementation of professional learning coaches who assist the schools in training their teachers in trauma-informed practices, thereby creating a systemic approach to trauma based on the district's expectations and vision. Lastly, district leaders must analyze the trauma data for the schools in their district to provide in-house counseling services to schools with high percentages of students impacted by trauma.

The fourth recommendation for district-level leaders is to incorporate trauma-informed training into the new staff hiring process. The district-level leaders should require that new staff attend trauma-informed training into the onboarding process by a trained mental health professional with a focus on recognizing traumas in yourself, trauma identification in others, and practices to address trauma through coping skills and retraumatization strategies. The district should implement this a three-part introductory training at the building level where the new staff member continues learning based on local trauma data.

Building Level Leaders Implementing Trauma-informed Practices

The first recommendation for building leaders is to use professional learning communities to support the implementation of trauma-informed practices in a school. The professional learning communities should be three-pronged, with (a) being an introspective approach to understanding trauma, (b) identification of common trauma based on the school's demographics, and (c) instructional materials aimed at addressing trauma and coping skills and proactive measures to avoid retraumatization. However, the PLC structure should be standardized from the district's standpoint, focusing on the three-pronged system to provide trauma-informed care. The findings highlight that the school was successfully and actively creating a trauma-informed environment through professional learning geared toward addressing student trauma. Counselor Finn noted, "Putting a practice in place takes time, but implementing the correct way can make people feel more comfortable utilizing the resources supported by the school system." However, the data analysis showed that there should be outside support for professional learning communities to further integrate trauma-informed practices in the school, thereby increasing teacher buy-in. As identified in the data, teacher buy-in is important. The PBIS and Leadership core teams have to be strategically selected by the principal so that there is

an increase in teacher buy-in. School leaders need to be aware that the success of trauma-informed practices resides in the teachers being on board to support the students, not to retraumatize the students.

The second recommendation to building leaders is to ensure schoolwide programming. After the teachers have buy-in, a core team should be formed that is representative of the organization. The core team focuses on ensuring that the school is consistent with implementing trauma-informed practices and participates in quality checks based on the implementation of the practices. As noted by the data from the study, the core team should be strategically selected leaders who can encourage others to adhere to the trauma-informed practices outlined in the professional learning communities. School leaders must have a vision that focuses on gaining teacher buy-in so that the students' psychological needs of safety, dependency/trust, power, esteem, and intimacy are met without fear of retraumatization.

The third recommendation to building leaders is to invest in an advocacy tool that supports student voice and anonymity. School leaders understand that student voice is imperative to successfully implementing trauma-informed practices. Ms. Hyde noted, “Creating a culture where students' voices are heard is a natural byproduct of creating an environment where trauma-informed care is a priority.” School leaders must understand that effectively implementing trauma-informed practices and finding the student's voice will decrease student referrals. School leaders understand that for a trauma-informed environment to be created, all school stakeholders have an active role in establishing the trauma-informed environment.

The fourth recommendation for building-level leaders is to ensure that the school work with community partners and the social worker to create a community outreach plan to support recovery from trauma in families and caregivers. Building-level leaders need to understand the

importance of supporting the family, an extension of the school. Building-level leaders can engage families and caregivers in understanding the impact of trauma on student achievement and behavior. Head Counselor Finn noted, “Equity is extremely important. When families and students feel included, they will feel more comfortable seeking the school system for referrals and resources. Building-level leaders provide equity and support to families through advocacy and programming, which is rarely available or hard to access in low-income communities.

Limitations to the Study and Suggestions for Further Research

The study's limitations include the selection of one school with a small sample size. The selection of a sample size of eight participants from one school is acceptable for a qualitative study. However, including more schools and participants would be beneficial in further research. The limitation of the study is also that the school is an established PBIS school. Therefore, the study may only produce the same results for schools with the PBIS framework. The study results would differ based on the inclusionary factor of more research participants, multiple schools, and non-PBIS schools. Also, the interviews were conducted thrice during the school year to track the effect size based on professional learning communities and gauge teacher buy-in. Another limitation of this study is that the students' voices were analyzed based on the leaders' perceptions. Therefore, the students' voices were second-hand accounts that need to be made aware of the students' thinking when they voice their opinions and whether the students feel that their voices are being heard. However, another limitation of the study is that it did not assess teachers' collective efficacy and effectiveness in implementing trauma-informed practices. The study focused on the perceptions of the leaders. Therefore, the data is limited to their perceptions and voids collective efficacy data.

Conclusion

The findings from the interpretive qualitative research study answered two research questions based on the leaders' perceptions of the successes and barriers to the implementation of trauma-informed practices. The conceptual framework of the Sanctuary Model support the implementation of trauma-informed practices. The Sanctuary Model its seven commitments helped focus the data analysis on the organizational structure needs to create a trauma-informed environment. The research study was necessary due to the increased trauma as a result of COVID-19. Many students were dealing with mental health concerns that impact the students' achievement and behaviors in school.

The literature review undergirded the study by providing possible solutions and strategies for addressing the implementation of trauma-informed practices from the leadership perspective. Several research studies focus on implementing trauma-informed practices from the teacher and student perspective. However, there was a gap in the literature when implementing trauma or creating a trauma-informed environment from the perspective of education leaders. There needs to be more research on implementing trauma-informed practices from the leadership perspective because the implementation of trauma-informed practices in a school is a systemic change.

The conceptual framework was the sanctuary theory (Bloom, 2013). The sanctuary theory framed the interview questions, eliciting feedback on the perceptions of a trauma-informed environment. The interview questions were framed based on the seven commitments of the Sanctuary Model. Analyzing the interview and document analysis data presented a complete picture of the implementation of trauma-informed practices and the data that supports the implementation of the practices. The outlier for the data was the COVID-19 year because the students were hybrid and were not in the building to assess for reliable data. Several themes and sub-themes emerged: (a) leaders provided trauma-informed grade-level professional learning

communities based on three core focus areas for professional development, (b) leaders provided systemic processes and schoolwide programming focused on trust, communication, and shared decision-making. Three sub-themes support theme one: (a) personal biases and triggers, (b) trauma identification, and (c) instructional understandings. Three sub-themes support theme two: (a) PBIS, (b) Second Step, and (c) mentoring. The themes and sub-themes focus on leaders' interview data and student data to support the implementation of a trauma-informed environment.

Several leadership practices emerged from the research study. The participants overwhelmingly expressed the presence of a trauma-informed environment focused on professional learning communities, schoolwide programming, and student voices. The participants reflected on the role of the core team while providing their insight during their interviews. Creating a core team for teacher buy-in and the professional learning communities for trauma-informed training and practices can be understood as part of the school's successes in being identified as trauma-informed. Along with professional learning communities and schoolwide practices, the participants stressed the importance of engaging and assisting students in finding their voice. The success of a trauma-informed environment resides in students being empowered to find their voices.

The study answered both research questions based on the data obtained from the interview questions and the document review. The participants overwhelmingly agreed that the school had a trauma-informed environment with a clear organizational structure that aligns with the Sanctuary Model. The study highlighted creating a trauma-informed environment through professional learning communities, schoolwide programming, and student voices. Principal Seals and Assistant Principal Lane shared their perspectives as the leaders of the school and the core

team for implementing trauma-informed practices. The core team provided examples and strategies that the school used to support implementing trauma-informed practices. Finally, the research study shows the importance of having a systemic understanding of trauma's impact on students to promote a trauma-informed organizational culture in which leaders are responsible for providing students with a safe and supportive environment. The creation of a trauma-informed organizational culture resides in the systemic understanding of the impact trauma has on students' emotional, behavioral, and academic understandings. Therefore, organizational leaders are responsible for creating a sanctuary to provide students with a safe and supportive environment.

Creating sanctuary is essential to addressing the increase in student trauma in the wake of COVID-19. Student trauma has increased overall in students, resulting in a need for increased mental health support for students. District leaders and schools receive state and federal funding to address student trauma by providing personnel and programming. However, for the programming and personnel to be successful, districts and building leaders must implement systemic processes and protocols to address student trauma. The increase in student trauma has impacted students mentally, socially, and emotionally. The impact of implementing trauma-informed practices as a district and as a school assist with increasing student achievement and decreasing behavioral referrals. Rocky Road Middle School saw a decline in discipline referrals and an increase in student achievement since creating a systemic approach to implementing trauma-informed practices. Therefore, it is the responsibility of district and building leaders to create programming to support students' psychological needs.

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APPENDICES

Appendix A: Georgia State University Informed Consent

Title: Finding Our Sanctuary: An Exploration of Leader Perceptions of Trauma-informed Practices in an Urban Title I Middle School

Principal Investigator: Sheryl Cowart Moss, Ph.D.

Co-Investigator: Susan Ogletree, Ph.D.

Co-Investigator: Nick Sauers, Ph.D.

Student Principal Investigator: Krystye Tatum

Introduction and Key Information

You are invited to participate in a research study. It is up to you to decide if you would like to take part in the study.

The purpose of this study is to explore the perceptions of the principal and leadership team when implementing trauma-informed practices in a middle school, specifically through the lens of the conceptual framework of the Seven Commitments of Cultural change through the Sanctuary Model.

Your role in the study will last up to 60 minutes over two individual interviews. If needed, you will be asked to participate in a follow-up interview that will not exceed 30 minutes.

You will be asked to do the following: participate in a virtual video interview lasting up to but not exceeding 60 minutes. If needed, you will be asked to participate in a follow-up virtual video interview that will not exceed 30 minutes. Lastly, if available, you will receive a request to provide school-based documents related to the study; you will not be asked to develop the documents specifically for the research study. The documents requested will include trauma-informed materials and site-based behavioral documents.

Participation in this study will not expose you to any more risks than you would experience in a typical day.

This study is not designed to benefit you, personally. Overall, we hope to gain information about the principal and leadership team's perceptions when implementing trauma-informed practices in an urban middle school. The study will provide additional insight for school districts, educational leadership programs, and schools based on the influence of school-based leaders when implementing trauma-informed practices to address student needs.

Purpose

The purpose of the study is to explore the perceptions of the principal and leadership team when implementing trauma-informed practices, specifically how or if those perceptions align with the Seven Commitments of the Sanctuary Model. You are invited to participate in this research study because you are employed in a district that received the ESSA grant to increase the number of mental health professionals in schools. You are employed in a school that has a predominantly minority population, uses funds to support early intervention services and professional

development for low-income families, and implements trauma-informed practices for addressing student academic and behavioral needs. A total of ten people will be invited to take part in this study.

Procedures

If you decide to take part, you will participate in the following study-related activities. This activity will not exceed 60 minutes for the two initial interviews. If needed, you will be asked to participate in a follow-up interview that will not exceed 30 minutes.

- For the study activity, you will be asked to participate in two virtual video interviews. The interview will be digitally recorded on two devices. One device will be used to capture the audio, while the other device will be used to capture the audio and video.
- The virtual video will be recorded under the guidance of Georgia State University and all applicable government or public health authorities on the Microsoft Teams Application. All digital recordings, videos, and audio will be stored in an assigned password-protected electronic folder. The interviews will be conducted during a time of your choosing to minimize possible distractions.
- After the interview, the researcher will follow up with you by email with a transcribed copy of the interview attached.
- The documents requested for the study will include the discipline handbook, school improvement plan, annual action plan, social skills instructional materials, behavioral incident reports, Office discipline referrals, and social worker referrals.
- If there is a need to explore more deeply by clarifying previous responses and asking any new questions that may arise during the interview, the researcher will ask you to participate in a follow-up interview that will not exceed 30 minutes. The follow-up interview will be digitally recorded on two devices. One device will be used to capture the audio, while the other will be used to capture the audio and video.

Release of Information

Please check the box below if you give [School] permission to release documents that show trauma-informed practices and materials to support student trauma to the researcher.

- Yes
- No

Future Research

Researchers will remove information that may identify you and may use the data for future research. If we do this, we will not ask for additional consent from you.

Risks

In this study, you will not have any more risks than you would in a normal day of life. No injury is expected from this study, but if you believe you have been harmed, contact the research team as soon as possible. Georgia State University and the research team have not set aside funds to compensate for any injury.

Benefits

This study is not designed to benefit you personally. Overall, we hope to gain information about the principal and leadership team's perceptions when implementing trauma-informed practices in

their school. The study will provide additional insight for school districts and educational leadership programs around the influence of the leadership characteristics needed for addressing trauma in students through implementing trauma-informed practices.

Alternatives

The alternative to taking part in this study is to not take part in the study.

Voluntary Participation and Withdrawal

You do not have to be in this study. If you decide to be in the study and change your mind, you have to right to drop out at any time. You may skip questions or stop participating at any time.

Confidentiality

We will keep your records private to the extent allowed by law. The following people and entities have access to the information you provide:

- Sheryl Cowart Moss, Ph.D.
- Susan Ogletree, Ph.D.
- Nick Sauer, Ph.D.
- GSU Institutional Review Board
- Office for Human Research Protections

We will use pseudonyms rather than your name on the study records. The table containing the pseudonyms of the participants, along with other identifying information, such as audio and video recordings and the initial interview transcriptions, will be stored in an electronic password-protected cloud-based folder.

When we present or publish the results of the study, we will not use your name or other information that may identify you.

- The table with the pseudonyms for the participants will be deleted upon completion of the final report.
- Other identifying information, such as audio or video recordings and initial interview transcriptions, will be stored for five years and will be destroyed at that time.
- The audio and video recordings of the interview will be transcribed by the researcher. The researcher's criterion for transcription software is a software platform that maintains the security of the recording, and transcripts will be stored in a password-protected cloud-based folder, and will be stored for five years, and will be destroyed at that time. .

Contact Information

Contact Sheryl Cowart Moss, Ph.D., at 404-413-8277 and smoss13@gsu.edu

- If you have questions about the study or your part in it.
- If you have questions, concerns, or complaints about the study.

The IRB at Georgia State University reviews all research that involves human participants. You can contact the IRB if you would like to speak to someone who is not involved directly with the study. You can contact the IRB for questions, concerns, problems, information, input, or

questions about your rights as a research participant. Contact the IRB at 404-413-3500 or irb@gsu.edu.

Consent

We will give you a copy of this consent form to keep.

If you are willing to volunteer for this research, please sign below.

Printed Name of the Participant

Signature of Participant

Date

Principal Investigator or Researcher Obtaining Consent

Date

**FINDING OUR SANCTUARY:
AN EXPLORATION OF LEADER PERCEPTIONS OF TRAUMA-INFORMED
PRACTICES IN AN URBAN TITLE I MIDDLE SCHOOL**

by

KRYSTYE NICOLE TATUM

Under the Direction of Nicholas J. Sauer, Ph.D.