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The Cost of Caring: An Investigation in the Effects of Teaching Traumatized Children in Urban Elementary Settings

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THE COST OF CARING: AN INVESTIGATION IN THE EFFECTS OF TEACHING
TRAUMATIZED CHILDREN IN URBAN ELEMENTARY SETTINGS

A Dissertation Presented

by

ANTHONY C. HILL

Submitted to the Graduate School of the
University of Massachusetts Amherst in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

MAY 2011

Educational Policy Research and Administration

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ABSTRACT

THE COST OF CARING: AN INVESTIGATION IN THE EFFECTS OF TEACHING TRAUMATIZED CHILDREN IN URBAN ELEMENTARY SETTINGS

MAY 2011

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This study investigates the “the cost of caring” (Figley, 1995) for educators who teach and work with traumatized children; that is children who live in challenging social environments with ongoing stressors, such as family physical abuse, sexual assault, neglect, community violence, bereavement and loss issues, parental mental health and substance abuse, and homelessness. This study examines the theoretical framework of Secondary Traumatic Stress (STS). The phenomenon of STS has been investigated in depth for professionals, such as social workers, counselors/therapists, hotline/crisis workers, law enforcement officers, nurses, emergency medical technicians/paramedics, firefighters, and disaster relief workers (Bride et al, 2007). This study explores how teachers address the emotional stressors of teaching traumatized children, the impact of their work on them both personally and professionally, if teachers are able to incorporate self-care strategies, and explores the applicability of STS to elementary educators.

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CHAPTER 1

INTRODUCTION

The Promise of Teaching

Teaching is a noble and rewarding profession that can bring joy and a renewed sense of purpose and meaning to the life of an educator. Educators have the potential to transform the lives of students, change the life trajectory of children, and “serve the young, stir up minds, and to make a difference in the world” (Intrator, 2006, p. 232). A teacher works collaboratively with other school staff to ensure student learning and achievement, high expectations for all students, quality teaching, continuous refinement of teaching, and accelerated learning of all students. Since children spend over 30 hours per week in schools, the role of a school teacher is integral to the educational, social, and emotional development of students. Additionally, teachers serve as influential figures in the lives of children.

A major challenge for educators is to ensure that children receive an adequate education that benefits students regardless of a student’s socioeconomic status, physical, mental, or behavioral disorders, or experiences with trauma. The inability of children to acquire advanced skills in reading, writing, mathematics, and science hinders their development and lifelong potential. Given the current pressure of the No Child Left Behind Act (NCLB) of 2001 (2002) with its component of high stakes testing, there is an expectation that teachers raise the academic achievement of all students as well as to “create a classroom environment where all learners’ needs are addressed” (Koller & Bertel, 2006, p. 199). The goal of improving educational outcomes for all children as

outlined in the NCLB legislation is admirable; however, how do teachers accomplish this ambitious goal with students who have experienced trauma?

My Rationale for Studying this Topic

I am intrigued with understanding how elementary teachers process their experiences working with traumatized children. My reason for exploring this topic is based on 11 years of experience working in a K-12, urban, public school district. I worked for 7 years as a school social worker, 1 year as middle school assistant principal, and 3 years as an elementary school principal. Through my personal experiences as well as multiple interactions with teachers, I am curious about protective factors for elementary teachers. Specifically, how do teachers deal with the emotional stressors of teaching in an urban environment where traumatic events are prevalent? I am also interested in how elementary teachers maintain their enthusiasm, retain their energy, and incorporate self-care strategies in order to be effective teachers while working with students who experience trauma. The following vignette is a poignant experience that occurred when I was the principal of an elementary school. This incident played an influential role in exploring this topic for further examination.

A kindergarten student transferred into our school from Holyoke. She was recently removed from her parents by the Department of Children and Families (DCF) due to her stepfather (mom's boyfriend) physically abusing the children and battering the mother. She cried and held on to the DCF worker because she wanted to be with her family, which consisted of her mother and four siblings. She came into this new school environment not knowing anyone. She was able to enter her classroom and had a good day. The next day she would no longer be picked up by the DCF worker but would ride the bus for the first time. Unfortunately, the siblings and her sister who attended fourth grade at our school were placed in a separate home. The information was unclear about what bus stop she was to get off. She cried and cried and just wanted to go to her mother's house that was within walking distance from the school. A teacher volunteered to wait with me and the student while we called DCF. We waited for over 30 minutes to

identify her address. She cried incessantly because she wanted to go home. Due to the scarcity of foster homes, she was placed in a temporary home called a hotline home. Fortunately, she will be able to stay in this home for several days at a time. Most hotline homes are only for the night and the child does not know which house they will sleep at from day to day. The teacher and I took her to her hotline home. She cried and cried because she wanted to be with her mother and family. It was a poignant and moving experience. We walked into the house and the television show, Jerry Springer was displayed on a large screen television. The foster mother was not around, but another student from the school, who also is in foster care, resides in the home. He said: "I am your brother from school" and the 5-year-old girl responded, "You are not my brother!" As the teacher and I tried to leave, the girl grabbed the teacher by the ankles and pleaded with her to take her to her mother. (Hill, 2007, p. 5)

From this incident, I was struck by the emotional toll placed on this teacher and the multiple responsibilities of teachers over and above the focus on academics, including paying attention to the family and social environment of children. I was impressed by this teacher who expressed love, care, and concern for this student and decided to become a mentor to this student and her family. This teacher eventually became a foster parent for this student. This incident led to my initial interest about this topic and prompted my quest to learn more about the impact of student experiences with trauma on elementary teachers who work in urban environments.

Social Problems and the Impact on Teachers

Social problems do not stop at the schoolhouse door (Dupper, 2003). For example, the terrorist attacks against America on Tuesday, September 11, 2001 and Hurricane Katrina, which took place on August 29, 2005 and devastated New Orleans, and other states in the Gulf region, has had an emotional, psychological, and physical impact on all Americans' sense of safety and security. Traumatic events, such as fires, hurricanes, school shootings, terrorist attacks, and the aftermath of returning American

soldiers from Afghanistan and Iraq, are constant reminders of how fragile our physical safety, mental health, and overall well-being can be (Stebnicki, 2008).

It is not uncommon for teachers to hear stories of physical abuse and neglect, grief and loss issues, homelessness, parental addictions to alcohol and drugs, domestic violence, and community violence and criminal activity. McCammon (1995) wrote about her role as an educator and describes her realization that many of her students have been exposed to traumatic events that “range from being a survivor, witness, or responder to rape or sexual abuse, other types of criminal victimization, natural or human-induced disasters, to war or political atrocities” (p. 108-109). Houghton (2001) examines the tremendous amount of physical and psychic energy that teachers need to teach effectively. She asked educators an essential question: “How do we achieve and maintain the levels of mental and physical energy that are required to sustain ourselves as teachers?” (p. 707) Rieg, Paquette, and Chen (2007) state that educators are worried about students’ home situations and whether the children’s basic survival, social, and emotional needs are being met by the families. From the literature, it appears that the social and emotional stressors that children confront and bring with them to school constrain teachers in their primary role of promoting student learning and meeting the academic needs of students.

Ko et al. (2008) note, “Trauma confronts schools with a serious dilemma: how to balance their primary mission of education with the reality that many students need help in dealing with traumatic stress to attend regularly and engage in the learning process” (p. 398). Elementary teachers spend large amounts of time with children on a daily basis (Koller & Bertel, 2006), which affords them the opportunity to have a great influence on

the lives of children. It is important to recognize the impact that traumatized children have on the elementary teachers who are working to educate, support, and help children develop appropriately. The work of teaching traumatized students can have a detrimental impact on the educator and on his or her professional, family, and personal lives. Osofsky (1995) describes how trauma is expressed in the classroom and found that “children drew in graphic detail pictures of shootings, drug deals, stabbings, fighting, and funerals and reported being scared of the violence and of something happening to them” (p. 783).

Astor and Pintner (1998) quotes a teacher that discusses the emotional nature of teaching and the impact that it has on her personally. The teacher reflects:

Almost every child in my class knows someone who was murdered or shot. I know it gets to them and they can't always think about the lesson or school – but it's hard for me to think about lessons too. I know that most of my kids are on the streets after school and they don't have any place to go and I'm afraid that some of them might get shot or beat up. (Astor and Pitner, 1998, p. 336)

As the above quote suggests, working with traumatized children has the potential to create complex responses in educators as they engage in their primary role of educating children. Thus, it is imperative to focus on the experiences and the needs of elementary teachers who work with traumatized students. In their role as educators, how do teachers “come face to face with human vulnerability in the natural world and with the capacity for evil in human nature” (Herman, 1992, p. 7)? What is “the cost of caring” (Figley, 1995, p. 7) for teachers who work with traumatized students?

Traumatized students can be defined as students who are exposed to physical, sexual, and emotional abuse, neglect, community violence, domestic violence, homelessness, and disruptive loss of loved ones. Traumatized students frequently exhibit relationship and learning issues as well as behavioral manifestations in the forms of

aggression, hyper-arousal, emotional withdrawal, attentional problems, and psychiatric disturbances (Harris, Lieberman, & Marans, 2007). In addition, children exposed to trauma may exhibit social-emotional issues, such as angry outbursts, aggressive behavior, poor social skills, inability to identify and express emotions, perfectionist tendencies, stress, low self-esteem, anxiety, and depression (Garrett, 2006). A key consideration of determining the level of impact of trauma is assessing the degree of disturbance, the developmental stage of the child, the family and community context, and the availability of other family members and community supports (Osofsky, 1995). Given this information, it is important to note that not all children that experience traumatic events become traumatized.

This study explored the challenges of elementary teachers who work with traumatized children. Since there are few studies examining this topic among educators and there are no studies specifically looking at elementary school teachers, this study makes a unique contribution to the literature. The aim of this research was to give a voice to elementary teachers who confronted daily challenges presented by traumatized children. It is my hope that this research highlighted the importance of protecting the emotional well-being of elementary teachers, which in turn helps teachers be better able to maintain high standards of service to all children with whom they interact.

Statement of the Problem

Children, particularly those in urban areas, are exposed to an increasingly hostile and toxic social environment. The Children's Defense Fund (2008), a child advocacy

organization, reported a steady increase in the number of youth living in poverty, who are homeless, afflicted with AIDS, pregnant, addicted, affiliated with gangs, perpetrators or victims of violence, or who have dropped out of school. Major family stressors include family chaos, conflict, violence and dissolution, victimization/ incarceration and/or death of a family member, and neglect and/or maltreatment (Kiser, 2007). Some of the problems that children experience are: grief and loss issues; family changes, such as divorce and parent separation (including parent deployment to Iraq or Afghanistan); child abuse and neglect; parents who are arrested or jailed; sibling or parent addictions; family crisis; emergency dental needs; eviction; poor hygiene; parent illness; and lack of resources for food, clothing, health care, transportation, and utilities (Garrett, 2006). Students may also witness or be victimized by community violence and be exposed to adults engaging in illicit activities, such as drug dealing, stealing, gang related criminal activity, and gambling (Kiser, 2007). This study focused specifically on the children who experience trauma. I am aware that for some students these difficult experiences may be traumatizing, but for others they are not.

Kees and Lashwood (1996) noted that educators are one of the first professionals to interact with children during times of crisis and have the potential to experience negative reactions as a result of educating children who experience trauma. Koller and Bertel (2006) wrote that “more children with a variety of emotional needs are included in the general classroom setting, placing increased demands on both the special education and general education teacher” (p. 198). The impact of community violence and the other forms of trauma clearly have an effect on families and children and concern must be extended to educators who work with traumatized children on a daily basis. Therefore,

teachers must be provided with sufficient knowledge and skills to proactively meet the needs of today's youth (Koller & Bertel, 2006).

Research Questions

The research questions were designed to elicit information regarding educators' experiences and how they are affected by their exposure to the emotional pain of their students. The interview questions center on four major areas:

- 1) How do teachers acquire information about the traumatic experiences that impact students in their classroom?
- 2) How do teachers in trauma sensitive schools experience their students' exposure to traumatic events?
- 3) How does learning about the traumatic events in the lives of their students influence academic instruction?
- 4) How do teachers cope with and process their experiences of working with traumatized children?

These questions were followed by an additional set of open-ended questions pertaining to the kinds of trauma that students experience, teacher's day-to-day interactions with traumatized students, unique challenges that the educators encountered in working with traumatized students, the impact on teacher's interpersonal relationships with family and friends, a discussion about the supports that teachers need to effectively educate traumatized children, teachers reflecting on their entire teaching career and their thoughts about their working with traumatized children, and finally, identifying their feelings about participating in this study (see Appendix C – Guiding Questions).

Demographic information was also collected on the participants and their schools (see Appendix B – Demographic Survey).

Potential Significance of this Study

This study explored the challenges of elementary teachers who work with traumatized children. Very little has been written about secondary traumatic stress (STS) of public school educators. Since there are few studies examining this topic among educators and no studies specifically looking at elementary school teachers, the findings from this study makes a unique contribution to the literature. The aim of this research was to give a voice to elementary teachers who confront daily challenges presented by traumatized children.

I was interested in exploring the question: What happens to educators when they have awareness of their students experiencing or having experienced trauma? Kees and Lashwood (1996) posed several questions for educators who work with traumatized students. Do educators experience a feeling of heaviness and visibly tear up? Do educators have physiological symptoms of their chest or throat constricting, tightness in the stomach, increased heart rate, hotness or sweating, and/or problems with their immune or digestive system? Do educators wish the student had chosen someone else to confide in? Is there a feeling of helplessness? Do educators feel that their response is inadequate due to being overwhelmed and frustrated due to the multiple work responsibilities of teaching? Do educators have feelings of anxiety, numbness, or detachment? Is there a tendency to want to comfort the student, provide additional resources, or refer the student to the school social worker? In this study I discovered that

elementary teachers can be detrimentally impacted by their work with children that experience trauma and their exposure to the emotional pain of students can have deleterious effects.

Overview

What is “the cost of caring” (Figley, 1995, p. 7) for educators who work with traumatized children? Bride et al. (2007) asserted that educators are among the helping professionals on the frontlines of dealing with students who experience trauma. To further illustrate this point, Louis and Smith (1996) maintain that the “problems that students bring to school may overwhelm urban teachers, making it more difficult for them to successfully engage with normal issues of pedagogy” (p. 121). Hence, the major objective of this study was to explore and explicate the experiences of public school elementary educators who work with traumatized children in urban, high poverty areas. It was my intention to examine what happens to educators when students disclose trauma in their lives and how educators managed it. I anticipated that there was a detrimental impact on elementary school teachers who educate traumatized students. Ultimately, the overarching aim of this study was to shed more light on how educators might alleviate the negative impact of working with traumatized children.

This dissertation study provided an in-depth analysis of teacher’s experiences working in trauma sensitive schools. Chapter 2 begins by discussing the conceptual frame of secondary traumatic stress (STS) as it applies to human helping professions, such as social workers, child welfare workers, nurses, disaster relief workers, and police officers. I contend that this phenomenon also applies to educators in urban settings and that

teachers can also have symptoms of secondary traumatic stress as a result of their work with traumatized children. The next part of Chapter 2 reviews the previous research, which helps frame the experiences and symptoms that teachers have in working with traumatized students. Chapter 3 describes the methodological framework and procedures used in this study. Chapter 4 provides the data results. Finally, Chapter 5 presents a discussion of findings and implications for practice. This final section also discusses the limitations of this study as well as possibilities for future research studies.

CHAPTER 2

LITERATURE REVIEW

The main focus of this study is to examine the “the cost of caring” (Figley, 1995, p. 7) for teachers who work with traumatized children? Very little has been written about secondary traumatic stress (STS) and public school educators. Hoffman et al. (2007) conducted a qualitative study with six middle school special education teachers and made the argument that compassion fatigue (secondary traumatic stress) can be applied to K-12 educators. The focus of their study was on novice special education teachers, their experiences in a middle school setting, and looked at the specific job demands of special education teachers and why they exit the education profession at alarming rates. Similarly, Hamilton (2007) focuses on the experiences of school counselors and how they can experience secondary traumatic stress due to their exposure to the emotional pain of students. Teachers may not experience the trauma primarily but can be indirectly affected by their knowledge of trauma that impacts the lives of students in their classroom. Thus, it is important for educators to be aware of the exposure of trauma inherent in their work as educators.

There appears to be a gap in the current literature and a paucity of research to investigate elementary school educators (many of whom are negatively impacted by their work with students who experience trauma) who are in emotional pain. I argue that less attention has been focused on elementary school teachers and the personal impact of teaching traumatized students. I make the case that elementary teachers can be detrimentally impacted by their work with children that experience trauma and their

exposure to the emotional pain of students can have deleterious effects. Thus, it is important to explore fully if the phenomenon of STS is helpful in understanding the experiences of elementary educators who work with traumatized children.

This chapter is divided into five major sections. In the first section, I establish the conceptual frame of secondary traumatic stress (STS) and similar constructs of vicarious traumatization, compassion fatigue, and empathy fatigue as it applies to human helping professions, such as social workers, child welfare workers, nurses, disaster relief workers, and police officers. I contend that the phenomenon of STS also applies to educators in urban settings and that teachers can also have symptoms of secondary traumatic stress as a result of their work with traumatized children. In the second section, I describe the prevalence of trauma in the lives of students. In the third section, I explore how trauma is expressed in the K-12 classroom. In the fourth section, I review and critique literature about educators and their work with students who have experienced trauma. Finally, in the fifth section, I identify strategies to help elementary teachers cope more effectively in addressing the needs of students who have experienced traumatic events in their lives.

Secondary Traumatic Stress and Similar Constructs

This section begins with a definition and discussion of the similarities among several key terms related to the impact of working with individuals that have experienced trauma. In addition to secondary traumatic stress (STS), the related concepts described in the literature are vicarious traumatization, compassion fatigue, and empathy fatigue. For clarity and consistency purposes, secondary traumatic stress will be the language of choice throughout this paper.

Definition of Key Terms

Secondary Traumatic Stress

The phenomenon of *secondary traumatic stress* (STS) has been investigated in depth for professionals, such as social workers, counselors/therapists, hotline/crisis workers, law enforcement officers, nurses, emergency medical technicians/paramedics, firefighters, and disaster relief workers. STS is a phenomenon that can be applied to educators who are negatively impacted by their exposure to traumatized students. STS is conceptually defined as “the natural and consequent behaviors and emotions resulting from knowing about traumatizing event experienced by a significant other [or] the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995, p. 7). STS can be further defined as “the natural, predictable, treatable, and preventable, unwanted consequence of working with suffering people” (Figley, 1999, p. 4). Secondary traumatic stress occurs from exposure to traumatic material (Cunningham, 2003; Figley, 1999; McCann & Pearlman, 1990). Figley (1995) contends that secondary traumatic stress is a natural consequence of developing an empathic and caring relationship. Several researchers (Figley, 1999; McCann & Pearlman, 1990; Yassen, 1995) suggest that STS is expected and natural when working with individuals who experience trauma. Yassen added that “STS in itself cannot be prevented since it is normal and universal response to abnormal (violence induced) or unusual events (disasters)” (p. 178). Yassen also asserts that unless professionals prepare, plan, or attend to the effects of STS, they can harm themselves, colleagues, family, friends, or individuals to whom they have a professional responsibility and obligation.

In the literature, the terms *secondary traumatic stress* (Figley, 1995; O'Halloran & O'Halloran, 2001; Stamm, 1999), *vicarious traumatization* (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995), and *compassion fatigue* (Figley, 1995) are used interchangeably (Bride, Radey, & Figley, 2007). *Empathy fatigue* is a related concept and is a new form of professional fatigue (Stebnicki, 2008). Hamilton (2007) asserts that these “terms and concepts described have in common the accumulation of negative psychological changes due to one’s professional involvement with the emotional pain of others” (p. 18). Similarly, Bride et al. (2007) also states that these terms refer to the negative impact of working with traumatized individuals. It is important to clarify the distinct differences between them.

Vicarious Traumatization

Vicarious traumatization is a term widely used (McCann & Pearlman, 1990; Pearlman & Saakvitne 1995; Rothschild, 2006; Saakvitne & Pearlman, 1996). Vicarious trauma is seen as a normal, inevitable aspect of working with individuals who experience trauma and should not be perceived as a personal weakness, shortcoming, or illness. It is defined as the transformation of a helper’s inner experience as a result of empathic engagement with clients and their trauma material (Saakvitne & Pearlman, 1996).

Vicarious traumatization is a process rather than an event and involves:

strong reactions of grief, rage, and outrage, which grow as we repeatedly hear about and see people’s pain and loss and are forced to recognize human potential for cruelty and indifference, and it is our numbing, our protective shell, and our wish not to know, which follows those reactions (Saakvitne & Pearlman, 1996, p. 41).

Compassion Fatigue

Figley (2002) is widely known as the author who uses the term *compassion fatigue* and describes the adverse effects of any professional that comes into contact with individuals affected by extreme emotional pain or trauma. Saakvitne (2007) also defines *compassion fatigue* as the helper's inner experience as a result of empathic engagement with and responsibility for or commitment to help traumatized individuals. Empathic engagement or the cost of caring (Figley, 1995) for traumatized students is what makes teachers vulnerable to compassion fatigue.

Empathy Fatigue

Empathy fatigue, coined by Stebnicki (2008), "results from a state of mental, emotional, social, physical, spiritual, and occupational exhaustion that occurs as counselor's own wounds are continually revisited by their clients' life stories of chronic illness, disability, trauma, grief, loss, and extraordinarily stressful events" (p. xi).

The next section will focus on the prevalence of trauma in the lives of students.

The Prevalence of Trauma in the Lives of Students

This section focuses on five areas of inquiry. First, I will begin by defining key terms of trauma and traumatized students. Second, I will explore the importance of attachment in relationships. Third, I will explain the diagnosis of Post-Traumatic Stress Disorder. Fourth, I will discuss the school's role in the provision of mental health services to children in schools. And finally, I will examine the pervasiveness of trauma in urban children.

Definition of Key Terms

The word *trauma* originates from the Greek and its literal meaning is defined as wound (Boyd, 2007). Cerney (1995) suggest that the word *trauma* comes from the Greek word meaning injury. In the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), the American Psychiatric Association (2000) defines exposure to trauma as experiencing, witnessing, or being confronted with “an event or events that involves actual or threatened death or serious injury, or a threat to the physical integrity of self or others” (p. 467). Harris, Lieberman, and Marans (2007) identify trauma as “the frequent cause of physical and mental illness, school underachievement and failure, substance abuse, maltreatment, and criminal behavior” (p. 393). Trauma exposure may lead to traumatization when fear, anger, or stress overwhelms the child’s internal attributes and protective mechanisms (Dulmus & Hilarski, 2006). *Traumatized students* can be defined as students who are exposed to physical, sexual, and emotional abuse, neglect, community violence, domestic violence, homelessness, and disruptive loss of loved ones. The next sub-section will examine the importance of attachment relationships and the impact of trauma and how it hinders the development of children.

Importance of Attachment in Relationships

Early relationships between children and their parents form the basis for future relationships (Davies, 2004; Dulmus & Hilarski, 2006; Leckman & Mays, 2007). Shaw and Paez (2007) wrote that “*attachment* is a behavior control system that maintains the safety and security of infants and children through the care and nurturance of a caregiver” (p. 69). Attachments to primary caregivers begin forming in infancy and attachment

relationships are critical for children to develop through exploration of the world (Davies, 2004).

Mary Ainsworth conducted a series of studies in the 1960s that she called the “Strange Situation” (Davies, 2004). Ainsworth observed the reactions of children aged 12-18 months who were left alone briefly and then reunited with their mothers. Based on these observations, Ainsworth identified three major styles of attachment: 1) secure, 2) insecure-avoidant, 3) insecure-ambivalent/resistant (Davies, 2004). Another style of attachment, insecure-disorganized/disoriented was identified by Mary Main (Davies, 2004). It is important to understand the different attachment styles and how this impacts a child ability to interact with adults, and in this case, teachers in schools.

Children who have secure attachments are confident about exploring their environment and are more open to learning. They show ease in making friends and have an ability to bounce back from and work through hurt and anger. “Overall, ongoing secure attachment is a protective factor that promotes adaptive development throughout childhood” (Davies, 2004, p. 13).

Children classified as insecure-avoidant employ a defensive strategy of avoiding eye contact, appearing expressionless, are emotionally distant, and are seeking to protect themselves from rejection from the parent. They are unlikely to ask for help and are likely to sulk and isolate themselves, withdraw from peers, and dismiss the importance of love (Davies, 2004). These children are also likely to behave in negative ways and are subject to punishment by their teachers, “thus reinforcing and confirming the child’s untrusting assumptions about attachment” (Davies, 2004, p. 14).

Insecure-ambivalent/resistant children exhibit a strong need for attachment but lack confidence in its availability (Davies, 2004). These children may exaggerate conflicts and are easily overwhelmed, anxious, and distressed. They may also lack assertiveness and are unable to take responsibility for their actions in peer relationships.

Finally, children with the insecure-disorganized/disoriented attachment style lack an organized strategy for eliciting comforting when under stress, which has a negative impact on their ability to self-regulate (Davies, 2004). A history of unresolved trauma in the parent and direct maltreatment by the parent are two patterns that contribute to the insecure-disorganized/disoriented attachment style. Davies (2004) finds that a high percentage of parents with insecure-disorganized/disoriented children suffer from poverty, bipolar and other psychiatric disorders, alcoholism or cocaine abuse, and have histories of unresolved trauma, such as the early loss of a parent, abuse, or witnessing of parental violence. Children who have this attachment style are often afraid of their parents due to uncertainty about how a parent will react and provide love, care, and emotional support. There is a history of contradictory responses by the parent, ranging from inviting closeness to angry rejection and physical or sexual abuse (Davies, 2004). In this stage of attachment children exhibit more controlling behavior toward parents and are aggressive toward their peers. They also have poor self-confidence and lower academic ability. They may also “blank out,” or “go somewhere else” and engage in a “frozen, trance like state” (Davies, 2004, pp. 18-19).

The impact of trauma such as abuse or neglect, drug or alcohol abuse, personal stressors, multiple foster home placements, or parental depression interrupts a child’s growing independence and normal exploration which can lead to problems in

successfully achieving developmental milestones (Shaw & Paez, 2007). Trauma interrupts a sense of trust and the child's ability to establish a secure attachment, which is fundamental for adequate child development (Dulmus & Hilarski, 2006). Additionally, ongoing exposure to trauma makes children feel that they are in imminent danger as they are hypervigilant and on guard about anticipating future traumatic events (Kiser, 2007). Harris et al. (2007) contend that children "cannot decrease their level of hypervigilance when the anticipation of violence is real and immediate" (p. 397). These circumstances create persistent feelings of being vulnerable and being unable to control situations, which can lead to a sense of anxiety and helplessness on the part of the victim (Kiser, 2007). Kiser contends that children impacted by trauma "express the sense of never knowing what will happen, but knowing that anything might happen at any moment" (p. 213). Overall, attachment is an interaction between parent and child and domestic violence, community violence, poverty, and war can have strong effects on parent-child attachment and can lead to insecure attachments (Shaw & Paez, 2007). Leckman and Mays (2007) stress the importance of early responsive parenting:

When parents tune into their infants' communicative signals, interpret them accurately, and respond in ways that meet their infants' needs, children are more likely to respond in synchronous ways, display signs of secure infant attachment, and exhibit better behavioral and emotional adjustment later in life. (p. 222)

A key consideration of determining the level of impact of trauma is assessing the degree of disturbance, the developmental stage of the child, the family and community context, and the availability of other family members and community supports (Osofsky, 1995). How this information impacts a teacher is that if a child has not developed a trusting relationship and a bond in the usual mother-child relationship, there is a lack of trust in future adult-child relationships, including the teacher-student relationship. In the

next sub-section, I will define the term post-traumatic stress disorder (PTSD) and examine this diagnosis in relation to teachers in schools.

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) is now recognized as a condition that occurs in both adults and children. The following definition of PTSD is taken from the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*.

The essential feature of post-traumatic stress disorder is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves threatened death, actual or threatened serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associates (Figley, 1995, p. 4).

The criteria for the diagnosis of PTSD include life stressors that lead to re-experiencing the event, avoidance of stimuli associated with the trauma and psychological numbing, and increased or decreased arousal (Kiser, 2007; Osofsky, 1995). As the definition of PTSD states, teachers can be traumatized by their knowledge of trauma that negatively impacts students. Approximately 25% of children and adolescents in a given community experience at least one potentially traumatic event (PTEs) during their lifetime (Cohen, Kelleher, & Mannarino, 2008; Ko et al. 2008). PTEs are likely to lead to post-traumatic stress disorder (PTSD), with responses involving intense fear, horror, or helplessness as a result of child abuse, domestic violence, community violence, or deaths of a traumatic nature prior to reaching adulthood (Cohen et al., 2008). Kiser

reports that 23%-29% of children display symptoms of PTSD. Kiser further identifies symptoms of childhood PTSD, which are marked by

avoidance of thoughts and feelings about trauma, distressing preoccupations, inability to recall specifics, nightmares, trauma-related and/or mundane fears, separation anxiety, sleep disturbances, developmental regression, bedwetting, somatic complaints, acting out or withdrawal behavior, depressive behaviors, mistrust, irritability, and difficulties with attention, concentration and memory. (p. 212)

STS is nearly identical to PTSD in that the same symptoms of intrusive imagery, avoidance, hyperarousal, distressing emotions, cognitive changes, and functional impairment occur in both instances with the exception that secondary traumatic exposure is indirect, while PTSD directly impacts individuals (Bride et al., 2007). In order to help teachers in their role of educating students, it is important to provide teachers support and to decrease the impact of traumatic stress in both their professional lives. The next subsection will look at how schools play a crucial role in providing mental health services to children.

The Schools' Role in the Provision of Mental Health Services to Children

Children are exposed to a variety of dangers in their homes, schools, and communities on a daily basis (Kiser, 2007). According to Koller and Bertel (2006), approximately one in five children, or 15 million in the United States, experience significant symptoms of a diagnosable mental disorder during the course of any one year. Ko et al. (2008) state that schools and health care settings are the primary places where children access mental health services. Similarly, Traube and McKay (2006) contend that schools are one of the few existing resources available within communities to address

mental health care for children. In fact, “there is increasing awareness that schools are de facto mental health service providers for a majority of children” (p. 389). This is significant because schools not only address the academic needs of children but also becomes a place where traumatized children receive mental health care. In addition, children whose basic psychological needs of being fed, played with, loved, and comforted are not met are poorly equipped to learn content driven pedagogy (Koller & Bertel, 2006).

The mental health needs of children impacts teachers who are increasingly faced with students who lack the optimal social and emotional resources to focus and, therefore benefit from academic instruction (Koller & Bertel, 2006). Concurrently, the mandates to increase achievement test scores and demonstrate students’ academic progress places incredible pressure on teachers. Thus, it is important for teachers to recognize and manage the signs and symptoms of secondary traumatic stress. Koller and Bertel (2006) explore the benefits of teachers being prepared and trained to address the needs of traumatized children:

The incidence of teacher stress and burnout may be dramatically reduced if teachers are better prepared to face issues that contribute to the school climate, including student bullying, defiance, stress, anxiety and depression – all of which relate to mental health promotion. (p. 209)

In order to enable teachers to help students overcome these non-academic barriers that hinder learning in the classroom, teachers should also be “better equipped to proactively identify and intervene with their own mental health concerns” (Koller & Bertel, 2006, p. 209). Lynn et al. (2003) advocate for bringing mental health service providers, including school social workers, to work with and collaborate with teachers in order to improve academic engagement of traumatized children, increase teachers’ ability to provide social

support to students, as well as to promote students' mental health. The next sub-section will look at the pervasiveness of trauma in the lives of urban children.

Pervasiveness of Trauma in Urban Children

Much attention has been directed to students in harm's way (Condly, 2006; Garbarino, Dubrow, Kostelny, & Pardo, 1992; Kees & Lashwood, 1996; Ko et al., 2008; Traube & McKay, 2006). This section will explore the pervasiveness of trauma in the lives of urban children. The National Child Traumatic Stress Network (NCTSN) is an organization whose mission is to raise the standard of care and improve access to services for trauma exposed children, their families, and their communities (Ko et al., 2008; NCTSN, 2009). Kiser (2007) discusses how children growing up in low-income urban environments are exposed to severe, multiple, and ongoing trauma. Harris et al. (2007) have "estimated that more than one third of the U.S. population may have suffered a serious interpersonal trauma such as crime victimization, physical or sexual abuse, or assault" (p. 394). In 2006, approximately 905,000 children were found by child protective agencies to be victims of child abuse and neglect (U.S. Department of Health and Human Services, [USHHS], 2006a). In Massachusetts, there were 36,151 substantiated cases of abuse and neglect claims, which translates to a 25% child victim rate (USHHS, 2006b). In 2006, 64.1% of victims experienced neglect, 16.0% were physically abused, 8.8% were sexually abused, 6.6% were psychologically maltreated, and 2.2% were medically neglected (USHHS, 2006b). Trauma in schools is so prevalent that in 2006, teachers were the main reporters of physical abuse and reported 24.2% of child abuse cases nationwide (USHHS, 2006b). From examining these statistics, children are more vulnerable to the

impact of traumatic events due to the negative circumstances of poverty, violent crime, family dysfunction, and pervasive substance abuse (Harris et al., 2007).

The Children's Defense Fund, a child advocacy organization, reports that indicators show steady increases in the number of youth living in poverty, who are homeless, afflicted with AIDS, pregnant, addicted, affiliated with gangs, or perpetrators or victims of violence; or who have dropped out of school (Children's Defense Fund, 2008). The information presented below indicates that traumatic events occur every day in the lives of many children and have an extraordinary impact on children. The quotes are from the Children's Defense Fund annual publication entitled: *The State of America's Children*.

Moments in America for All Children

Every 35 seconds a child is confirmed as abused or neglected.

Every 7 minutes a child is arrested for a violent crime.

Every 44 minutes a child or teen dies from an accident.

Every 3 hours a child or teen is killed by a firearm.

Every 5 hours a child or teen commits suicide.

Every 6 hours a child is killed by abuse or neglect. (Children's Defense Fund, 2008, p. 2)

Each Day in America for All Children

4 children are killed by abuse or neglect.

5 children or teens commit suicide.

8 children or teens are killed by firearms.

33 children or teens die from accidents.

2,479 children are confirmed as abused or neglected. (Children's Defense Fund, 2008, p. 2)

Given the above, it is clear that childhood trauma can be characterized as an urgent public health problem (Dulmus & Hilarski, 2006; Harris et al., 2007; Kiser, 2007). Growing up in low-income, urban environments exposes children to severe and ongoing trauma (Kiser, 2007). Garbarino et al. (1992) drew similarities between traumatized

children living in America's urban areas and children living in war zones. They examined multiple risk factors that negatively impact children. These risk factors include witnessing or being exposed to family drug and substance abuse, gangs, violence, crime, abuse, assault, and grief due to the loss of family members.

Children in urban areas are being exposed to an increasingly hostile and toxic social environment. Garbarino et al. (1992) found that these risk factors jeopardize the mental development, emotional development, and sense of safety for children. Major family stressors include family chaos, conflict, violence and dissolution, victimization/incarceration and /or death of a family member, and neglect and/or maltreatment (Kiser, 2007). Some of the problems that children experience are: grief and loss issues, family changes, such as divorce and parent separation (including parent deployment to Iraq or Afghanistan), child abuse and neglect, parents who are arrested or jailed, sibling or parent addictions, family crisis, emergency dental care, eviction, poor hygiene, parent illness, and lack of resources for food, clothing, health care, transportation, and utilities (Garrett, 2006). Condly (2006) notes increases in "child poverty, drug use, violence, and abuse; declines in academic performance; and fundamental changes (for the worse) in discipline and social behavior" (p. 214). O'Donnell et al. (2002) found that in addition to the above risk factors, the exposure to community violence "threatens children's formation of healthy attachment, their capacity to experience trust, and their development of self-confidence and autonomy" (p. 1265). Students may also witness or be victimized by community violence and be exposed to adults engaging in illicit activities, such as drug dealing, stealing, gang related criminal activity, and gambling (Kiser, 2007).

Child maltreatment, family violence, and malfunction exact enormous mental, physical and social costs on an individual's life (Harris et al., 2007). Exposure to trauma interferes with child development and can impact the parent child relationship in terms undermining feelings of trust, safety, and security and can also lead to regression in some developmental tasks, such as language development and toileting (Cole et al., 2005; Dulmus & Hilarski, 2006; Harris et al., 2007; Osofsky, 1995). Children exposed to trauma may also experience increases in anxiety and sleep disturbances, such as nightmares, increased or decreased ability to sleep, and re-enactment of trauma in their dreams (Dulmus & Hilarski, 2006). Osofsky (1995) contends that traumatized children may have difficulty paying attention and concentrating because they often experience intrusive thoughts. Harris et al. assert that traumatized children have "problems of relating and learning in the forms of aggression, hyperarousal, emotional withdrawal, attentional problems, and psychiatric disturbances" (p. 392). Younger children exposed to traumatic events are more likely to engage in bedwetting, thumb sucking, somatic complaints, social withdrawal, and high anxiety during caregiver separation (Dulmus & Hilarski, 2006).

Osofsky (1995) contends that there are three areas to explore while examining traumatized children: (a) the development of aggressive behavior and negative emotions, (b) PTSD as a response to violence, and (c) early relationship problems. Dulmus and Hilarski (2006) note that traumatized children can have difficulty regulating their emotions, showing empathy, and establishing appropriate peer relationships. School children exposed to violence also display externalizing and internalizing behaviors (Dulmus & Hilarski, 2006; Osofsky, 1995). Boys tend to exhibit externalizing behaviors,

such as becoming hypervigilant and aggressive and view the trauma that they are exposed to as normative and modeling these behaviors (Dulmus & Hilarski, 2006). The hypervigilance serves as a protective mechanism against additional traumatic events and can be misinterpreted as hostile intent by others, which can impact constructive social interactions (Dulmus & Hilarski, 2006). Girls tend to exhibit internalizing responses, such as depression and anxiety (Dulmus & Hilarski, 2006).

The impact of community violence and the other forms of trauma clearly impact families and children and concern must be extended to educators in urban areas who work with traumatized children on a daily basis. Urban schools serve millions of children throughout the United States (Noguera, 2003; Whittle, 2005) and teachers are profoundly affected by students that have been at or near the epicenter of such traumatic events (Stebnicki, 2008). McCammon (1995) describes her role as an educator and how she is sensitive to the realization that many of her students have been exposed to traumatic events which “range from being a survivor, witness, or responder to rape or sexual abuse, other types of criminal victimization, natural or human-induced disasters, to war or political atrocities” (p. 108-109).

Ko et al. (2008) examine numerous child-serving professionals, including health, mental health, education, child welfare, first responder, and criminal justice systems, and discuss ways to incorporate a trauma-informed perspective in their practices to enhance the quality of care for traumatized children. The consequences of exposure to violence can interfere with a child’s ability to process academic instruction and to maintain appropriate control over behavior and emotions (Cole et al., 2005). In addition, traumatized children are often identified as troubled children or as behavior and

discipline problems in school settings where their prior exposure to trauma is routinely unrecognized (Harris et al., 2007). In order to address this, Cole et al. (2005) advocate for decreasing punitive disciplinary responses to traumatized children and want schools to seek out therapeutic and positive behavioral supports. Cole et al. summarize and maintain “We can either invest in necessary supports for educators and services for children now, or can allow the cycle of violence and failure to continue, dealing with children later through more costly institutions, including the criminal justice system” (p. 9). The next section will explore the complex ways that trauma is expressed in the classroom.

How Trauma is Expressed in the Classroom

Teachers can anticipate that a substantial number of students will be trauma survivors (McCammon, 1995). Trauma can undermine a child’s ability to learn, form healthy relationships, function appropriately in the classroom (Cole et al., 2005), concentrate, regulate emotion, show empathy, and successfully adapt to the school environment (Dulmus & Hilarski, 2006). Cole et al. state that symptoms of trauma can vary and can lead to poor concentration, memory, and organizational and language abilities. Cohen et al. (2008) state that childhood trauma has negative outcomes of increased risk for poor school performance, high health care use, substance abuse, suicide attempts, PTSD, and depression. Other manifestations of trauma in children can lead to learning problems, inappropriate behavior, perfectionism, anxiety, self-destructive behaviors, and multiple suspensions from school (Cole et al., 2005). Repeated exposure to traumatic events can increase the risk of low academic performance, engagement in high-risk behaviors, and difficulties in peer and family relationships (Ko et al., 2008).

Students who experience trauma struggle academically due to multiple disciplinary suspensions, are usually retained, are denied a diploma, and drop out of school, which all negatively impacts their life choices and chances.

Osofsky (1995) describes how trauma is expressed in the classroom and found that “children drew in graphic detail pictures of shootings, drug deals, stabbings, fighting, and funerals and reported being scared of the violence and of something happening to them” (p. 783). O’Donnell et al. (2002) state that children who are traumatized have low future expectations, use alcohol and other drugs, engage in delinquent behavior and school misconduct, and exhibit symptoms of depression, anxiety, and somatization. Traumatized students may also have problems relating and learning and have behavioral manifestations in the forms of aggression, hyper-arousal, emotional withdrawal, attentional problems, and psychiatric disturbances (Harris et al., 2007). In addition, children exposed to trauma may exhibit social-emotional issues, such as angry outbursts, aggressive behavior, poor social skills, inability to identify and express emotions, perfectionist tendencies, stress, low self-esteem, anxiety, and depression (Garrett, 2006). Similarly, negative after-effects of trauma are the frequent cause of physical and mental illness, school underachievement and failure, maltreatment, and criminal behavior (Harris et al. 2007). It is unfortunate that many children in urban classrooms experience trauma in their childhood. In the next section, I will examine several case examples of urban children and their experiences with trauma.

Case Examples of Traumatized Students

It is my intention to examine what happens to educators when students disclose trauma in their lives. Kees and Lashwood (1996) pose several questions for educators who work with traumatized students. Do educators experience a feeling of heaviness and visibly tear up? Do educators have physiological symptoms of their chest or throat constricting, tightness in the stomach, increased heart rate, hotness or sweating, and/or problems with their immune or digestive system? Do educators wish the student had chosen someone else to confide in? Is there a feeling of helplessness? Do educators feel that their response is inadequate due to being overwhelmed and frustrated due to the multiple work responsibilities of teaching? Do educators have feelings of anxiety, numbness, or detachment? Is there a tendency to want to comfort the student, provide additional resources, or refer the student to the school social worker? I believe that teachers need assistance in dealing with the multifaceted needs of students who go to school with an increasing number of social and emotional needs. Six vignettes are outlined to provide examples of how trauma directly impacts students and indirectly impacts educators in the classroom. These vignettes are examples of how trauma has far reaching effects beyond individual victims and concern must be extended to teachers indirectly affected by trauma (Dulmus & Hilarski, 2006).

Vignette One: Case of David and Grief and Loss Issues

Traube and McKay (2006) describe David, a 10-year-old student, a foster child who lives in a low-income, urban neighborhood. His mother lost custody of him when he was five years old due to her drug addiction; she eventually died due to a drug overdose.

The student had been in five foster homes over three years. He has been skipping school, instigating fights, and disobeying school rules.

Vignette Two: Case of Sarah and Mother's Cancer Diagnosis

In another vignette, Kees and Lashwood (1996) identify Sarah, a student who disclosed to her teacher in tears that her mother (who has battled cancer) has gone back into the hospital and was not likely to return home.

Vignette Three: Case of Melissa and Domestic Violence

Melissa, a 7-year-old child, is physically aggressive toward her peers. Melissa often verbally provokes other children in the class, has difficulty sitting still at work time, and often cries when the teacher enforces limits. She tends to hit others, particularly when she is told, "No," or feels threatened in some way and has long, intense temper tantrums. Melissa has difficulty making friends with her peers. Melissa's father has an extensive criminal record based on numerous robberies and violent acts. He was abusive to Melissa's mom, and there are many reports of domestic violence. Melissa's mother has a history of depression, and the protective service agency the Department of Child and Families placed the children in foster care because mom allowed the abusive father back into the home.

Vignette Four: Case of Tyrone and Child Abuse

Cole et al. (2005) identify 6-year-old Tyrone who is the terror of his first-grade class. He pinches, hits, and refuses to obey the teacher. Frustrated with his unprovoked

aggressive behavior, the school began holding suspension hearings. At home and at church, however, he is a different child, clinging to his sister and mother. He often wakes up with nightmares and a bed that is wet. Tyrone fled with his mother, brother, and sister from a father who had abused them. To Tyrone, school feels threatening, rather than being the place of refuge he needs.

Vignette Five: Case of Marla and Frequent Absences

Cole et al. (2005) describe 15-year-old Marla who is an extremely bright student with an IQ of 139. She does not have problems with aggression. Instead, she stares out the window. She does not do her homework. She seems barely to be there at all. Despite her intelligence, she was failing in school because of frequent absences. Her teachers wonders how a child with so much potential could be slipping out of reach. It turns out that Marla had witnessed significant violence against her mother at home, making it impossible for her to focus in school.

Vignette Six: Case of Sonya and the Lack of Trust in Adults

Cole et al. (2005) identify Sonya, a 5-year-old, kindergarten student who cannot focus in the classroom and has difficulty forming relationships with adults and making friends with her peers. Complicating Sonya's situation is that fact that her leg had been broken by her father when she was less than a year old. Even though she had been too young at the time to remember the incident, the fear of that experience—the betrayal of trust—still haunts Sonya and makes it difficult for her to reach out to new people. It thwarts her ability to adjust to a classroom environment and to achieve in school.

Misbehavior as a Way of Communicating Feelings and Inner Experience

In the above scenarios, the children grew up in a chaotic and impoverished home environment, where parental major mental illness, physical abuse, drug addiction, death of a parent, multiple school placements, and domestic violence disrupted optimal development. These students have a history of trauma that may be causing these students internal turmoil that is manifesting itself in tantrums, aggression, and lack of concentration that all negatively impact their school performance and impact their teachers who work with them on a daily basis. In addition, these students have difficulty forming positive peer relationships, making healthy attachments, and establishing trust to caregivers, including their teachers. Due to their traumatic experiences, as the vignettes suggest, children may show signs of withdrawal, frustration, and anger and may be too distracted to focus on academic learning. The most salient issues for traumatized children are physical aggression toward peers, difficulty conforming to school rules, emotional dysregulation, and trouble in peer/family relationships. Traumatized students can be disrespectful and argumentative toward authority figures, appear to have no empathy, lack academic motivation, have severe attention problems, have violent emotional outbursts, and exhibit no bond with teachers nor form close attachments with friends (Shaw & Paez, 2007). These children have experienced life as being inconsistent, unsafe, and unstable. As Shaw and Paez pointed out, children who have not developed a basic trusting relationship in their first relationship with their parents or caregivers lacks trust in all relationships thereafter. These students who have experienced trauma may also expect others to view them negatively. Consequently, when they behave aggressively and

people respond to them in kind, that fits their general view of themselves as “bad” and that relationships involve: “punishment, conflict, and rejection” (Davies, 2004, p. 77).

Kinniburgh, Blaustein, and Spinazzola (2005) bring attention to the cumulative effects of chronic stressors. In general, children who have witnessed trauma have a compromised ability to perceive reality accurately and regulate arousal. It is necessary to consider the “acting out” behaviors of these students in the context of complex family dynamics and a difficult childhood that they have lived through thus far. Their behavior could be conceptualized as their way of communicating their feelings and their inner experience. Given that children often internalize parents’ separations, family violence, and traumatic events as being “their fault,” they do not always have the words to help them describe their emotions (Davies, 2004). In this way, it seems that these children are showing clear signs through their behavior and emotional reactions that they are having a challenging time making sense of the events in their lives. When children feel threatened or unsafe, they use anger and aggression to cope, because this is what they have learned and internalized as coping behavior.

Traumatized children also exhibit externalizing behaviors and believe that it is an appropriate way to function in relationships. These externalizing behaviors include physical aggression toward others, difficulty sitting still during class, verbal provoking of peers, refusing to follow the directions of teachers, as well as considerable deficits in impulse control, emotional regulation, and social skills. Their behavior first and foremost seems to effectively distance themselves from others, possibly out of a fear and an inability to tolerate rejection. It is also possible that their behaviors operate as a means of protection against an environment that they perceive as unsafe and potentially abusive.

As Davies (2004) wrote: “as the child generalizes aggressive behavior and coercive strategies to relationships outside of the family, he is likely to be rejected by peers and identified by teachers as having behavior problems” (p. 77). Unfortunately, these students’ inappropriate way of engaging with others leads to ineffective school relationships and creates a self-fulfilling prophecy of negative interactions with both peers and adults.

Educators’ Exposure to Significant Traumatic Events

On one hand, being in school can sometimes bring some relief in terms of providing structure and safety to traumatized children (Dupper, 2003). On the other hand, school can also be a place of inconsistency for children who may act out their unspoken emotions and where intense feelings and maladaptive behaviors can surface. As an urban educator, one will experience many stories such as the ones portrayed in the vignettes presented above. It is not uncommon for urban teachers to hear stories of physical abuse and neglect, grief and loss issues, homelessness, parental addictions to alcohol and drugs, domestic violence, and community violence and criminal activity. Listening to the stories of students, such as David, Sarah, Melissa, Tyrone, Marla, and Sonya on a daily basis leads to secondary traumatic stress. STS is even more likely to occur if one has recently experienced a situation similar to these children or has left similar past situations unresolved (Kees & Lashwood, 1996). It is important to be proactive and inform teachers about problems that traumatized children confront and the impact that educating these children has on teachers and their professional and personal lives.

The next section will examine research literature about secondary traumatic stress and educators and their work with students who have experienced trauma. In this section, I will examine the symptoms of STS, explore the impact on elementary teachers as they work with traumatized students, and finally, discuss the stages of STS as it applies to teachers in their role of educating traumatized students.

Secondary Traumatic Stress and Educators

Before specifically examining the impact of trauma on K-12 educators, it will be useful to briefly explore the similarities of this issue among higher education faculty and graduate students. This is an important area to explore because there are similar effects on educators that work in any academic setting with students.

Trauma and Higher Education Faculty and Graduate Students

Several authors focus on teaching in higher education settings (McCammon, 1995; O'Halloran & O'Halloran, 2001). McCammon discusses the impact of teaching about trauma in higher education academic and training settings. She contends that a substantial number of graduate students will be trauma survivors and stresses how important it is for instructors to simultaneously manage classroom discussions of difficult topics and still fulfill the educational objectives of the course. McCammon provides specific strategies for addressing graduate students who may have reactions to learning about criminal victimization, physical or sexual abuse, natural disasters, war, or political atrocities. Similarly, O'Halloran and O'Halloran focus on graduate students who are learning to be trauma therapists and experience symptoms of secondary traumatic stress

as a result of academic learning about disadvantaged populations. As a result of learning about disadvantaged populations, graduate students may be triggered by their own history of victimization or that of a close loved one or begin to have feelings of being overwhelmed and hopeless by hearing intense traumatic stories. In the next section, I will explore how trauma impacts K-12 teachers.

Trauma and K-12 Public School Educators

Hoffman et al. (2007) suggest that the theoretical framework of secondary traumatic stress is important to further understand and respond to teachers' stressors that may ultimately result in educators leaving the profession. Intrator (2006) considers what teachers need to do in order to take care of themselves amid the demands of the profession. One such area to explore is the impact of student trauma and teacher retention rates. Is there a correlation between secondary traumatic stress of educators and an increase in attrition rates of educators? Statistics indicate that 30% of new teachers will leave the profession within three years (Johnson, 2004) and 50% will leave within five years (Intrator, 2006; Johnson, 2004). This teacher shortage will have a detrimental impact on schools serving students from urban communities who may be more susceptible to trauma. Managing teacher stress is very important in order to meet the academic success of students and to retain teachers. Five studies were found that explored the importance of managing teacher stress and the detrimental impact of students' home situations on K-12 educators (Houghton, 2001; Kees & Lashwood, 1996; Koller & Bertel, 2006; Naylor, Lambert, & Scott 2009; Rieg, Paquette, & Chen, 2007).

Houghton (2007) examines the tremendous amount of physical and psychic energy to teach effectively. She asks educators an essential question: “How do we achieve and maintain the levels of mental and physical energy that are required to sustain ourselves as teachers” (p. 707)? Kees and Lashwood (1996) focus on educators in urban, high poverty areas and call these educators first responders or frontline trauma workers. They assert that educators are one of the first professionals to interact with children during times of crisis and have the potential to experience negative reactions as a result of educating children who experience trauma.

Koller and Bertel (2006) cite that “more children with a variety of emotional needs are included in the general classroom setting, placing increased demands on both the special education and general education teacher” (p. 198). Therefore, school based personnel must be provided sufficient knowledge and skills to proactively meet the needs of today’s youth (Koller & Bertel, 2006). Naylor et al. (2008) examine schools in Canada and discuss the impact of teachers working with traumatized students. Their findings show that an increase in workload results in many teachers feeling burned out and disillusioned with a role where more is demanded from teachers with less support offered to them. They reflect on the significance of this issue when they quote one teacher’s response about the pressures of teaching: “I’ve worked so hard and had lots of energy, but now I’m really tired. But they keep raising the bar and I won’t be able to jump it any more. If next year’s worse, I’m out of the game. I will quit” (Naylor et al., 2008, p. 47). And finally, Rieg et al. (2007) state that educators are worried about students’ home situations and whether the children’s basic survival, social, and emotional needs are being met by the families. In addition, Rieg et al. seek to help teachers “identify their personal

stressors and utilize effective coping mechanisms to eliminate and/or alleviate the identified stressors” (p. 212).

In summary, it is essential to be aware of work related stressors for teachers and how educators can be affected by the exposure to the emotional pain of their students. I contend that there are adverse effects to teachers due to their work with traumatized students. The next sub-section will examine the symptoms of secondary traumatic stress and what teachers may experience in their day to day work with traumatized students.

Symptoms of Secondary Traumatic Stress

Dutton and Rubinstein (1995) identify seven indicators of the effects of STS and how it plays out in professionals who work with traumatized individuals. The following table excerpted from Dutton and Rubinstein (p. 85) shows the characteristics of STS and illustrates how it is manifested.

Table 1. Indicators of Psychological Distress

Indicators of STS	Symptoms of STS
Distressing emotions	Sadness or grief, depression, anxiety, fear, rage, shame, fatigue
Intrusive imagery	Nightmares, flooding, flashback of images generated during and following the client's recounting of traumatic events
Numbing	Emotional distancing, detachment from the source of the traumatized individual
Somatic complaints	Sleep difficulty, headaches, gastrointestinal distress, heart palpitations, colds, flu
Addictive or compulsive behaviors	Substance abuse, workaholism, compulsive eating
Physiological arousal	Exaggerated startle response, hypervigilance
Impairment of day-to-day functioning	Absenteeism, chronic lateness, poor work performance, quitting a job, decreased ability to engage in self-care behaviors, feelings of isolation, alienation, inability to concentrate/focus

Badger, Royse, and Craig (2008) agree with Dutton and Rubinstein (1995) and explore the impact of indirect trauma exposure on helping professionals reporting similar indicators of STS such as symptoms of intrusive secondary trauma-related thoughts or memories (flashbacks), avoidance behaviors, sleep disturbances, irritability, and dissociation. Indirect exposure to trauma involves an inherent risk of significant emotional, cognitive, and behavioral changes in professionals (Bride et al., 2007). Feelings of fatigue, disillusionment, and feelings of worthlessness are all signs and symptoms that an educator is experiencing secondary traumatic stress (Bride et al., 2007). Symptoms may also include feelings of depression, anxiety, anger, intrusive thoughts, and sleep disturbances in educators. Figley (1999) discusses another risk factor: the

emotional drain of providing care can exhaust the care-giver. Saakvitne and Pearlman (2007) suggest that additional signs may include aggression, self-destructive impulses, bodily pains, issues of trust and social withdrawal, and other problems, such as cynicism, hopelessness, or despair. In order to explore fully the impact of teaching traumatized children, it is important to explore the reasons that elementary teachers may feel depleted while conducting their primary role of teaching. The next sub-section will focus on the impact of working with traumatized students on educators.

Impact of Working with Traumatized Students

Several authors (Hamilton, 2007; Hoffman, Palladino, & Barnett, 2007; Kees & Lashwood, 1996) examine how educators are impacted by secondary traumatic stress. It is important to note that trauma does not impact all people in the same way or with the same force (Condley, 2006). Houghton (2007) identifies a former teacher who described her experiences as a teacher. “[She] began the day feeling like a wet, full, dripping sponge. By the time she left the classroom at the end of the day she often felt like a sponge that had been sucked dry – hard and empty” (p. 708). Hill (2007) also wrote about the experiences of one teacher who stated:

Children are coming to school angry and their anger is interfering with their education. They are the children with a trauma history, have been abused, neglected or are subjected to or witnessed violence. These children are damaged. I have to remember that I am a teacher and not a social worker. I cannot solve it all.
(p. 10)

Lynn, McKay, and Atkins (2003) point to those factors that are outside of the teachers’ control that increase the stress level for teachers and decrease their level of job satisfaction. These factors include overcrowded classrooms, lack of support from

administrators, day-to-day teaching concerns, time constraints, lack of resources, and teacher fatigue due to trying to address both the emotional needs and behavioral challenges of children. It is important to look at how teacher stress influences the quality of teacher-student interactions as well as the common signs of secondary traumatic stress among teachers.

Common signs of secondary traumatic stress are an unusual preoccupation with a particular student and their circumstances, dreams or nightmares about their experience, or a sudden fear associated with a student's traumatic experience (Hamilton, 2007). Kees and Lashwood (1996) state that secondary traumatization is more likely to occur if one has recently experienced trauma that is similar to one's student(s) or if an educator has previous unresolved situation from one's past. Hamilton (2007) notes that "hearing reports by clients [students] about traumatic events, losses or dangerous experiences can activate memories of similar events in counselors [educators] own life" (p. 14). In terms of school educators and STS, Hamilton notes that school officials (educators, administrators, special education consultants, and teaching assistants) all have the potential to be affected by their work with troubled children and families. Working with traumatized students poses risks for individuals who may develop adverse reactions (Figley, 1995; Herman, 1992; McCann & Pearlman, 1990). Hoffman et al. (2007) state that professionals who do not experience a client's trauma firsthand may exhibit symptoms of it secondarily. Hearing traumatized material from students on a consistent basis negatively impacts the quality of life and well-being of educators who are integral to children's academic, social, and emotional growth. Kees and Lashwood (1996) suggest that student sharing of the stressful or traumatic events will likely generate similar

reactions in the people helping them. Figley (1999) also makes the case that individuals “can be traumatized without actually being physically harmed or threatened with harm” (p. 6).

There are some groups of teachers who may be more susceptible to STS. These include: 1) newcomers to the profession, 2) teachers whose personal history of trauma is unresolved, 3) teachers who are more empathic to students, and 4) teacher who have high exposure to children that are traumatized. O’Halloran and O’Halloran (2001) noted that newcomers to the profession are likely to be distressed when encountering stories about intrafamilial abuse and other types of trauma. These responses may be related to their own history of victimization or that of a close loved one or to feelings of being overwhelmed and/or helpless in hearing traumatic stories. Cunningham (2003) found that personal characteristics, including current life circumstances and personal history of trauma, along with the material presented by the client can negatively affect individuals working with trauma victims. Figley (1995) found that empathy and exposure to the traumatized are key factors in experiencing secondary traumatic stress. Teachers who are vulnerable to the effects of STS are empathic, caring, and concerned about the home lives of students. The personal emotional turmoil and intense emotional responses of being exposed to and hearing about traumatic stories from children on a repetitive or prolonged basis can also cause STS among teachers. All of these factors account for why some teachers experience STS while others do not. At this point it is important to examine the stages of STS and how it impacts teachers who work with traumatized students.

Stages of STS

Based on the work of Hans Selye, an accomplished stress researcher, Kees and Lashwood (1996) identify three stages that educators experience in their work with traumatized students. First, the *alarm stage* where one responds with surprise or anxiety because of the unfamiliarity with the traumatic event. In this phase, teachers are confronted with the reality and the existence of traumatic experiences in the lives of children in their classrooms. In addition, a teachers' awareness of trauma experienced by students can lead to strong emotions and mourning for the loss of childhood innocence. McCammon (1995) examines how learning about and/or hearing about the distressing stories in the lives of students has the potential to make teachers recognize their own vulnerability. This impacts a teacher's sense of safety and causes teachers to question their own vulnerability and assumptions about the world (Janoff-Bulman, 1992).

The next stage is termed *resistance*, where one "accesses coping strategies and mobilizes defenses to deal with the situation" (Kees & Lashwood, 1996, p. 42). In this stage, the body will undergo physiological changes. Physical signs include exhaustion, insomnia, headaches, gastrointestinal complaints, and increased susceptibility to illness (Hamilton, 2007). Behavioral signs may include increased substance use or abuse of drugs and alcohol, anger, and irritability, and absenteeism (Hamilton, 2007).

The final stage is the *exhaustion* stage "where energy reserves are depleted and fatigue, apathy, and listlessness set in" (Kees & Lashwood, 1996, p. 42). In this stage a person may need to distance himself or herself emotionally from students, turn off their feelings, and experience emotional numbness (Hamilton, 2007). In addition, at this stage an educator may become so involved in the demands of teaching and working with their

students that they neglect their own and their family's needs and work incessantly late into the night and on weekends.

In light of the above stages, I conclude that educators are exposed to conditions that can be overwhelming, difficult to imagine by other professionals, and can be in direct contact with student trauma on a daily basis. I agree with Kees and Lashwood (1996) who acknowledge that students experience primary and cumulative stress that result in extensive secondary stress for teachers. Educators, especially those in urban, high poverty areas are often the first responders or frontline trauma workers (Kees & Lashwood, 1996) to children during times of crisis and have the potential to experience negative reactions as a result of educating children who experience trauma. Educators may begin to notice they are not emotionally available to themselves or to other important people in their personal lives (Hamilton, 2007). Kees and Lashwood (2006) report that these responses are common and normal reactions of educators that works with the affective needs of students. In the next section, I will identify strategies to help teachers that work with traumatized students.

Strategies to Help Teachers

Put Your Oxygen Mask on First

An interesting analogy based on instructions given by flight attendants to airline passengers also applies to educators in our nation's classrooms. It is common to hear from flight attendants the following message: "For those of you traveling with small children, in the event of an oxygen failure, first place the oxygen mask on your own face and then – and only then – place the mask on your child's face." In order to meet the

multifaceted needs of children that have experienced trauma, teachers must first take care of themselves. Barth (cited in Houghton, 2001) states: “[I]n schools we spend a great deal of time placing oxygen masks on other people’s faces while we [educators] ourselves are suffocating” (p. 706). The environmental stressors, risk factors, and increasing number of social, emotional, and physical needs that impact children indirectly impact educators because children bring these issues to school. As a result, not only do children’s functioning in school deteriorate, but teachers are also affected and must deal with factors beyond their control. Hence, there is an ethical responsibility or a “duty to inform” (Cunningham, 2003; Figley, 1999) teachers about the occupational hazard of educating traumatized students and the possible consequences of this work.

McCann and Pearlman (1990) note that therapists are “not immune to the painful images, thoughts, and feelings associated with exposure to their clients’ traumatic memories” (p. 132). The same argument can be made for educators who can be susceptible to the secondary effects of trauma as a result of working with traumatized students on a daily basis. Not everyone will respond the same to events that could be labeled as traumatic. As Cerney (1995) points out, “[M]any conditions, including physical and psychological development, age, and the specific circumstances in which the trauma occurred, influence how and whether an individual will respond to a particular traumatic event” (p. 132). By anticipating the impact of secondary trauma on educators, educational officials can advocate for and mitigate unwanted effects through education and training (Bride et al., 2007).

Recovery from Trauma

Bride et al. (2007) found that the first step to ameliorating STS is to recognize the signs and symptoms of its emergence. O'Halloran and O'Halloran (2001) cite the work of Judith Herman (1992) and her ground breaking book, *Trauma and Recovery*, in which she describes the three main stages of recovery from trauma. These stages are establishing safety, remembrance and mourning, and reconnection.

O'Halloran and O'Halloran (2001) point out that the first stage of *establishing safety* is built by anticipating material that is likely to be distressing. This information is applicable to educators in that teachers need to be forewarned that they are likely to hear distressing stories from their students. Janoff- Bulman (1992) state that professionals who work with trauma victims would recognize that “bad things can happen to me, that people cannot always protect against misfortune, that the world is not always benevolent or meaningful” and the need to be “less Pollyannaish in their perceptions of the world and themselves” (p. 90).

The second stage, *remembrance and mourning* is an important stage where one may find that their assumptions about the safety and predictability of their world are called into question. Janoff-Bulman (1992) calls this stage: *Transforming the victimization: Benefits for self and others*. “By engaging in interpretations and evaluations that focus on benefits and lesson learned, survivors emphasize benevolence over malevolence, meaningfulness over randomness, and self-worth over self-abasement” (Janoff-Bulman, 1992, p. 133). Here the person who has undergone the trauma seeks to engage in “meaning-making” of the experience and tries to extract important life lessons from the event.

Learning about students' lives that have been impacted by traumatic experiences of child abuse and witnessing domestic violence can also lead to the third stage of *reconnection*. Educators may reconnect with themselves by implementing self-care strategies of engaging in hobbies, soliciting the support of family and friends and making time for relaxation, recreation, and maintaining a healthy lifestyle by eating balanced meals, exercising regularly, and getting enough sleep. By witnessing the pain and suffering of traumatized students, teachers will realize the importance of self-care strategies and begin to have a newfound appreciation of life.

Two studies advocate for specialized training and support (Cole et al. 2005; Cunningham, 2003) for educators to be sensitive to students' difficult experiences, respond to underlying traumas, make a connection with students, and to better steer students toward academic success. In addition, Cole et al. specifically stress the need for changing school practices, curriculum, and school structures to support students who experience trauma in order for students to attain academic success.

School social workers and other school supportive staff, such as school psychologists and behavioral intervention specialists, can play a supportive role in assisting educators in addressing children's emotional and behavioral difficulties that can overwhelm teachers. In addition, schools along with other institutions and organizations can institute crisis response teams, disaster preparedness plans, and emergency response protocols to address intense levels of anxiety and traumatic stress (Stebnicki, 2008) experienced by students. These self-care guidelines and suggestions for changes in organizational structure can create healthy and stable environments for teachers in their work with traumatized students.

CHAPTER 3
RESEARCH METHODS

Design and Methods

The overall objective of this study was to explore how urban elementary teachers cope with and process their experiences of working with children who have experienced or are exposed to traumatic events. I was interested in eliciting the subjective accounts of teachers and their experiences with educating traumatized children. The primary focus was on the experiences of elementary teachers because: 1) their students often face imminent threats to their physical and emotional well-being (Kiser, 2007), and 2) teachers are in a unique position to serve as positive attachment figures due to the extended time they work with children each school day. Additionally, a teacher plays a substantive role in providing for a child's social and emotional needs in situations where a parent or primary caregiver is unable to provide necessary support for a child's social, emotional, and cognitive development.

This study was conducted in trauma sensitive schools in one district in Western Massachusetts. The *trauma sensitive school* designation is derived from the Massachusetts Department of Elementary and Secondary Education (MDESE) that has provided funding through the Massachusetts Department of Elementary and Secondary Education's Safe and Supportive Learning Environments Grant Program (Fund Code 791) (Massachusetts Department of Elementary and Secondary Education [MDESE], 2009). The goals of trauma sensitive schools are: 1) to increase awareness about the significance of trauma in the lives of students and how trauma effects a child's ability to

participate and process the regular school day, 2) to provide information regarding traumatized children's vulnerabilities and how learning patterns or social skills may be misinterpreted or mislabeled, 3) to emphasize to teachers that they are a critical link to intervention with sensitivity and awareness, and 4) to promote trauma sensitive practice as a must for every educator's toolkit in order to create an environment where students can learn in a safe and positive environment (MDESE, 2009). Common characteristics of trauma sensitive schools may include: 1) comprehensive professional development for teachers and other staff, 2) a team of school/district personnel to assess individual student cases, 3) expanded counseling services, 4) referrals to outside support services, 5) parent and family workshops on the effects of trauma, 6) conflict resolution training for both teachers and students, 7) consultation with local hospitals, mental health facilities, women's shelters, and other community based organizations, 8) school/district administrative support for establishing a trauma sensitive environment, 9) academic instruction techniques for teaching traumatized students, and 10) development or revision of school policies to be more trauma sensitive (MDESE, 2009).

This is a qualitative, descriptive study and the primary objective was to capture the lived experiences of elementary teachers who work in trauma sensitive schools. Rossman and Rallis (2003) noted that "descriptive studies depict complex social processes and understandings through detailed description" (p. 18). I was interested in focusing on the lived experiences of individuals and on the use of dialogue and reflection to allow the meaning of their experiences to emerge (Rossman & Rallis, 2003). Participant responses provided valuable information identifying both unique and similar struggles, concerns, and issues that teachers faced in working with traumatized children.

A qualitative design was warranted due to little prior research on the phenomenon of secondary traumatic stress and educators. A close ended interview format would not have yielded sufficient information to examine ways in which participants create meaning from their lived experiences (Padgett, 1998).

The American Psychiatric Association (APA) defines *trauma* as experiencing, witnessing, or being confronted with “an event or events that involves actual or threatened death or serious injury, or a threat to the physical integrity of self or other, and experience a sense of powerlessness (American Psychiatric Association, 2000, p. 467).” All participants were given definitions of trauma and examples of how students may be impacted by trauma. I developed a working definition of traumatized students that was presented to the teachers as students who witness domestic violence and or community violence; are or have been in foster care; experience homelessness, parental substance abuse, physical abuse, sexual abuse; or have grief and loss issues such as not knowing their parents, parents that are deceased or incarcerated, or parents that are divorced (Appendix A).

Recruitment

The criteria to be eligible to participate in this study were that participants must 1) be an elementary educator who has primary responsibility for one class most of the day 2) must work in a school designated as a trauma sensitive school and 3) must have at least 5 years of teaching experience. I added the criteria of 5 years teaching experience in order to document the experiences of teachers who have had significant exposure to

teaching traumatized students and working with teachers that have made a commitment to the teaching profession.

After receiving approval from the University of Massachusetts Amherst School of Education Human Subjects Review Committee and negotiating with formal gatekeepers from the school district, I initiated email and telephone contact with eight principals of trauma sensitive schools. Four principals enthusiastically agreed to participate in this study and were very helpful in facilitating a meeting with educators that yielded nine participants. The principals were very helpful in identifying eligible participants for this study. One principal made multiple copies of the consent form and placed them in the teacher's room. This yielded three participants for this study. Another principal arranged for coverage for the three teachers who agreed to participate and the teachers met with me during the school day. One principal discussed this research with a teacher that was a member of the trauma sensitive committee, and this teacher agreed to participate in this study. And the last principal identified two teachers who expressed interest in this study, and these teachers also agreed to participate.

In order to maintain the confidentiality of the participants in this project, I was the sole person responsible for contacting potential participants. At this time, I described the rationale and process of my study and formally enlisted the cooperation and trust of individual elementary teachers. I had to turn away one educator who heard about the study and wanted to participate but did not work at a designated trauma sensitive school. Another educator agreed to participate but did not respond to numerous emails and phone calls to schedule the interview. Once participants were identified, I contacted them by phone, confirmed the selection criteria required for participation, provided an overview

of the purpose and process of the study, discussed the time commitment which entailed a 60-90 minute interview, and scheduled the individual interview. Once the interview date was agreed upon, I mailed the letter of consent (Appendix A) along with the demographic survey (Appendix B) and the interview guide (Appendix C) so that participants could review and reflect on the questions to be asked.

During the first interview, I reviewed the consent and tape-recording procedures, and collected the signed letter of consent before asking questions from the interview protocol. Participants were notified orally and in writing that they were voluntary participants and that at any time during the study they could withdraw without any negative consequences.

Sample

The sample for this study was comprised of nine female elementary teachers. The participants were employed in an urban school district in Massachusetts, and they teach in 4 different schools that are designated by the MDESE as trauma sensitive. The aim of this study was to ask the question: Is there a “cost of caring” (Figley, 1995, p. 7) for educators who teach and work with traumatized children who live in challenging social environments with ongoing stressors, such as family physical abuse, sexual assault, neglect, community violence, bereavement and loss issues, parental mental health and substance abuse, and homelessness?

Demographic Data of Participants

This section provides demographic information about the participants and student enrollment data of the schools that they work in. The information is presented in the following sequence: 1) participant profiles, 2) school demographic data, and 3) the amount of trauma sensitive training experience of the educators in this study.

Participant Profiles

One participant was African American, and the remainder (n=8) identified themselves as Caucasian. Participant ages ranged between 28 and 56 years, with eight of the nine participants being 31 years and older. The range of experience as an educator varied from 5 to 21 years, with seven participants reporting they had more than 10 years of experience and one participant had 9 years of experience. Six participants hold master's degrees; two participants hold Bachelor's degrees, and one participant is currently attending a graduate degree program. The demographic characteristics of each participant in this study are listed in Table 2.

Table 2. Demographic Characteristics of Participants

Age Range:		<30	30-40	41-50	>51
		n= 1	n= 2	n= 3	n= 3
Gender					
	Female	1	2	3	3
	Male	-	-	-	-
Ethnicity					
	African American	-	1	-	-
	Caucasian	1	1	3	3
	No Answer	-	-	-	-
Experience as an educator					
	5 to 10 Years	1	1	-	-
	11 to 19 Years	-	1	2	2
	>20 Years	-	-	1	1
Experience in trauma sensitive school					
	5 to 10 Years	1	1	2	-
	11 to 19 Years	-	1	1	2
	>20 Years	-	-	-	1

Pseudonyms were created for each participant as a way to: 1) protect confidentiality and 2) personalize individual comments. Below is the list of each individual by pseudonym and includes age, marital status, number of children, degree level, years of experience, teaching assignment, percentage (rough estimate) of children who have been impacted by trauma over the course of the teacher’s career:

- ❖ Carolyn: 54 years old, divorced, one child, master’s degree, 20 years experience, general education grade 3 teacher, greater than 50%.
- ❖ Erica: 28 years old, single, no children, master’s degree, 5 years experience, general education grade 5 teacher, 50%.

- ❖ Gina: 45 years old, divorced, no children, bachelor's degree, 21 years experience, general education grade 2 teacher, 30%.
- ❖ Irene: 54 years old, divorced, three children, master's degree, 12 years experience, general education grade 1 teacher, 90%.
- ❖ Jean: 41 years old, married, three children, master's degree, 17 years experience, general education Kindergarten teacher, 50%
- ❖ Joanne: 39 years old, single, one child, bachelor's degree, 11 years experience, general education grade 2 teacher, 65%.
- ❖ Joyce: 48 years old, married, two children, master's degree, 17 years experience, special education teacher for grades 3-5, 50%.
- ❖ Patricia: 31 years old, unmarried, no children, currently in graduate school, 9 years experience, special education teacher for grades 2-3, 20%.
- ❖ Susan: 56 years old, unmarried, no children, master's degree, 16 years experience, inclusion teacher for grades K-5, 70%.

School Demographic Data

All of the participants were interviewed from four different schools. Susan, Jean, and Carolyn were interviewed from School A. Joyce, Patricia, and Gina were interviewed from School B. Irene was interviewed from School C. And Erica and Joanne were interviewed from School D. The enrollment data taken from the No Child Left Behind Act (NCLB) report card 2009 found on the Massachusetts Department of Education website shows the following data for the four schools examined in this study (see Table 3).

Table 3. School Demographic Data

	Low income %	SPED % Special Education	LEP % Limited English Proficient	First Lang. not English
School A	75.5	16	16.5	19.7
School B	75.2	38.1	4.2	14.3
School C	95.3	21.7	25.6	32.6
School D	90.6	27.3	19.3	26.7
District Ave.	81.4	23.9	13.1	24.1
State Ave.	32.9	17.0	6.2	15.6

This school demographic information is pertinent because it shows that challenges and obstacles that the teachers are confronted with. First, the student population as a whole is dealing with poverty. This is indicated by all schools having a 75% or greater low income rate. Additionally, two of the four schools (School C and D) had a low income percentage rate of over 90%. Second, three out of the four schools surpassed the state average percentage of students in special education. School B had a special education percentage that was more than twice the state average. Additionally, two of the three teachers from School B worked in classrooms with students who have severe cognitive and developmental disabilities. Third, three out of the four schools surpassed the state average percentage of students who are classified as Limited English Proficient (LEP). School D had a LEP rate that was more than three times the state average. School C had a LEP rate that was more than four times the state average. Finally, three out of the

four schools surpassed the state average percentage of students that are classified as first language not English. School C had a first language not English percentage rate that was more than two times the state average. The school demographic information highlights the context of this study and provides descriptive data about the students who these teachers interact with on a daily basis.

Data Collection

Data for this study were collected by conducting face-to-face interviews with 9 elementary public school teachers who work in trauma sensitive schools. A small sample was seen as the most effective way to proceed because of the large volume of data that was generated. The interviews were deliberately semi-structured and open-ended in order for participants to describe their unique experiences. The interview guide was seen as provisional and the questions changed due to the unique experiences of each participant. Interviews were tape-recorded and lasted from 49 to 107 minutes. I was the only one conducting the interviews. All of the interviews took place in the school where the teacher works. One interview took place before school in the library, three interviews took place during the school day in an office assigned by the principal, and the rest of the interviews took place after school in each teacher's classroom.

The interview questions were designed to elicit information regarding educators' experiences and how they are affected by their exposure to the emotional pain of their students. The interview questions centered on four major areas:

- 1) How do teachers acquire information about the traumatic experiences that impact students in their classroom?

- 2) How do teachers in trauma sensitive schools experience their students' exposure to traumatic events?
- 3) How does learning about the traumatic events in the lives of their students influence academic instruction?
- 4) How do teachers cope with and process their experiences of working with traumatized children?

These questions were followed by a set of additional open-ended questions pertaining to the kinds of trauma that students experienced, teacher's day-to-day interactions with traumatized students, unique challenges that the educators encountered in working with traumatized students, the impact on interpersonal relationships with family and friends, a discussion about the supports that teachers need to effectively educate traumatized children, teachers reflecting on their entire teaching career and their thoughts about their working with traumatized children, and finally, identifying their feelings about participating in this study.

The bulk of the interview questions were tested in a pilot project (Hill, 2007) in which three elementary teachers were interviewed about the joys, challenges, and personal impact of teaching in urban areas. Changes have been made to this survey tool according to feedback given by pilot study participants and by critical friends who offered suggestions to refine and clarify some of the questions. Dr. John Palladino, Associate Professor at Eastern Michigan University, managing editor for the *Journal of Ethnographic & Qualitative Research*, and a co-author of the article "Compassion Fatigue as a Theoretical Framework to Help Understand Burnout among Special Education Teachers" (Hoffman, Palladino, & Barnett, 2007) served as an expert reviewer

and made suggestions to improve the interview guide. Dr. Joyce Everett, Professor at Smith College School for Social Work, and former Co-Director of the doctoral program, also reviewed and helped refine the guiding questions. One presumption of the study was that working with traumatized children negatively impacts teachers and can impact teachers' professional and personal lives. There was also a theoretical presumption based on the work of Dutton and Rubinstein (1995) that the effects of distressing emotions, intrusive imagery, numbing, somatic complaints, addictive or compulsive behaviors, physiological arousal, and impairment in day-to-day functioning that are common to social workers, trauma therapists, nurses, and emergency response personnel are also applicable to educators who work in trauma sensitive schools.

During the planning of the research, I anticipated that discussing trauma and its potential impact is very difficult material for teachers to think about and to discuss with a researcher. As an educator and a social worker, I believe that I have a unique set of interpersonal communication skills and was able to facilitate a meaningful discussion with educators who work with traumatized children. The teachers were able to disclose sensitive personal information which brought up powerful emotions. Efforts were made to ensure that the teachers' privacy was respected. I also contained material to the objectives of this study and maintained appropriate boundaries. I was cognizant that this was not a therapeutic relationship, and I found that participants did not encounter emotional distress as a result of reflecting on and answering questions from the interview guide or follow-up questions. If I felt that a teacher was detrimentally impacted by the questions from the interview, I would have immediately curtailed the interview and

would have again provided the participants with local mental health resources (Appendix E) for them to contact in order to gain appropriate services.

Data Analysis

In addition to digitally recording the interviews, I also took personal notes. My field notes, personal reflections, and the tapes were promptly transcribed (using pseudonyms) within 48 hours after the interview session. I transcribed the first four interviews and hired a transcriptionist to transcribe the remaining five interviews.

I used the data analysis matrix in Appendix D as an instrument to preliminarily organize participant responses to determine if the exposure to and hearing about traumatic stories from children on a repetitive or prolonged basis cause STS among elementary teachers who work in trauma sensitive schools. I used the data analysis matrix in addition to the guiding questions interview to examine if participants could elaborate on symptoms that are outlined in these preconfigured categories. I also used the data analysis matrix to address coping strategies as well as preconfigured categories for examining changes in instructional strategies (Appendix D). Themes not only address the manifest content, obvious meaning of the words but also the latent meanings, those hidden or based on an inference drawn by the researcher. Transcribed interviews were compared with the original audiotapes and then were edited for accuracy. Codes were then sorted, compared, and analyzed with a detailed emphasis on recurrent patterns.

CHAPTER 4

FINDINGS

This chapter is a presentation of the findings from interviews conducted with nine elementary teachers from an urban school district in Massachusetts. The objective of this qualitative study was to examine “the cost of caring” (Figley, 1995, p. 7) for educators who teach and work with traumatized children; that is, children who live in challenging social environments with ongoing stressors, such as family physical abuse, sexual assault, neglect, community violence, bereavement and loss issues, parental mental health and substance abuse, and homelessness. I was interested in exploring how teachers address the emotional stressors of teaching traumatized children, the impact of their work on them both personally and professionally, and if they were able to incorporate self-care strategies. I approached this study utilizing the theoretical framework of Secondary Traumatic Stress (STS), which researchers have applied to helping professions such as social workers, counselors/therapists, hotline/crisis workers, law enforcement officers, nurses, emergency medical technicians/paramedics, firefighters, and disaster relief workers (Bride et al, 2007). In order to examine this theoretical frame and explore its applicability to educators, this study is situated in schools that have been designated by the Massachusetts Department of Elementary and Secondary Education (MDESE) as trauma sensitive schools, a school setting where traumatized students are prevalent.

Background Information

All teachers in this sample had a minimum of five years teaching experience and currently work in schools designated by the Massachusetts Department of Elementary and Secondary Education (MDESE) as trauma sensitive. Most participants (n= 6) stated that they received training in working with traumatized children through on-the-job trainings and workshops. Susan was a facilitator for trauma sensitive schools in her building and reported receiving extensive training that included 10-15 seminars over the last six years that ranged from 1-2 hour sessions to day-long lectures. She also attended lectures, weekly committee meetings, and participated in a book study group. Irene stated that she attended several trauma workshops sponsored by the (MDESE) on trauma and participated in training from a local mental health counseling agency on the impact of trauma on learning. She also attended five all-day workshops with a state-wide trauma sensitive group and participated in several seminars with school social workers. Irene believed that she has had 10-15 hours of training. The other four participants stated that they received a brief overview that ranged from 1-3 sessions on the effects of trauma on students. The duration of the trainings lasted 1- 4 hours. Three of these participants asked about the process of how their schools were identified as a trauma sensitive school. And finally, three participants stated that they received no training in how to work with traumatized children.

The data from these interviews are presented in the following sequence: 1) how teachers acquire information about student's experience with trauma, 2) the kinds of traumatic events experienced by students, 3) the personal impact of working with traumatized students, 4) the impact of working with traumatized students and its effects

on academic instruction, 5) the professional impact of working with traumatized students, 6) the emotional supports and resources that teachers report would be helpful in teaching traumatized children, and finally, 7) the challenges of implementing self-care strategies.

The following table (Table 1) is an analytic tool that shows the process of turning data into meaning.

Table 1. Indicators of Psychological Distress

Indicators of STS	Symptoms of STS
Distressing emotions	Sadness or grief, depression, anxiety, fear, rage, shame, fatigue
Intrusive imagery	Nightmares, flooding, flashback of images generated during and following the client's recounting of traumatic events
Numbing	Emotional distancing, detachment from the source of the traumatized individual
Somatic complaints	Sleep difficulty, headaches, gastrointestinal distress, heart palpitations, colds, flu
Addictive or compulsive behaviors	Substance abuse, workaholism, compulsive eating
Physiological arousal	Exaggerated startle response, hyper vigilance
Impairment of day-to-day functioning	Absenteeism, chronic lateness, poor work performance, quitting a job, decreased ability to engage in self-care behaviors, feelings of isolation, alienation, inability to concentrate/focus

Acquiring Information about Student Trauma

All nine teachers stated that their students tell them about the traumatic events that occur in their lives. Many participants indicated that they have established nurturing

relationships with their students and consequently, students disclose information directly in a one-to-one conversation or by discussing events in morning meeting sessions in the presence of other students. For an example, Joanne responded that during the morning meeting a student disclosed something like: "I didn't get to eat breakfast this morning. We were at the police station last night, which is the reason why I didn't do my homework." Similarly, Carolyn stated that she facilitates a morning meeting where everybody gets a chance to share, and she reported an instance where one student said: "That was my uncle on the TV last night that got shot." Carolyn stated that she responded to the student and the class by saying:

Oh, that is really terrible, and I know that some of you others want to share some of these stories with me about some of the things that you've seen, when the police have come to your neighborhood, but let's save that for another time. If you have something really important you want to say, write it down, and I will talk to you about it later.

Many participants (n= 6) stated that their student's behavior informs them that some form of trauma has taken place. The teachers mentioned that students were off task. This means that the students were having difficulty focusing on academic instruction and would engage in behaviors such as being sullen, crying, and verbal or physical aggression with their peers. Trying to make sense of a child's acting out behavior was common. Jean remarked:

Their behavior tells me that they are going through a crisis. The ones that are obviously going through crisis or trauma or something, I think that is clearly evident to me that they are not getting what they need because they are off task. That certainly has a ripple effect on the whole class. And then it goes from there whether they are out of control in the classroom or need help from a counselor.

Jean and Erica discussed concerns about the difficulty witnessing students engage in behaviors that jeopardized their personal safety. Jean recalled that one of her students

banged his head against the brick walls and throw tables. Erica described several incidents throughout the years where students physically acted out; she commented: “A few times since I have been here, students have punched through the glass panes on the door. It’s really bloody and gross, and it’s just awful to look at. It looks like the hand is almost cut off.”

Participants mentioned that they also acquire information about trauma that the students’ experience from counselors (n=9), parents (n=7), administrators (n=4), student files (n=4), other teachers (n=3), child protective officials (n=3), and the school nurse (n=3). Several participants indicated that it is difficult to know the full extent of a given issue because not much detail is disclosed about the actual problem. Gina noted: “The counselor will say something like a student is homeless or that substance abuse [by the parents] is going on and she will just kind of tip me off that there are some issues—family issues that may be affecting the student’s performance or behavior in the classroom.”

Joyce remarked that the counselors or administrators may have knowledge of what is going on with the child and the family and added that she has difficulty understanding why the information is not shared more openly. She stated: “It seems as if the information is hush-hush. If the kids are with me all day—to me that is stuff that I would need to know.” Susan believes that counselors are not allowed to talk about things [trauma impacting students] and that counselors do not generally talk to her about anything.

Several participants (n=7) stated that parents will frequently talk directly with teachers about the trauma that is going on in the lives of students. Parents will also

disclose traumatic events that have occurred in the family. This exchange of information occurs during meetings with parents before and after school, at parent/teacher conferences, and while the teacher conducts home visits to their student's home.

This section outlined the variety of ways teachers found out how their students were traumatized. It is important to note that there were no specific criteria or assessment tools to determine and confirm that students were traumatized. The teachers revealed that the majority of the children who they talked about described experiences of threat to their safety and a sense of powerlessness. These factors are the criteria of identifying traumatizing effects on children.

The next section examines the kinds of traumatic events experienced by students that have been brought to the attention of this study's teachers. This is important information to consider in examining how educators are impacted by their interactions with traumatized students.

Kinds of Traumatic Events Experienced by Students

Before examining the impact that trauma has on the lives of educators both personally and professionally, it is important to list the various kinds of trauma experienced by students that come to the attention of educators. The participants in this study reported that their students have experienced multiple traumatic events that include: poverty; physical abuse; sexual abuse; abandonment, neglect; hunger; homelessness; adoption; multiple foster care placements; multiple school moves; drug and alcohol addicted parents; parents that are incarcerated; death of parents, siblings, and relatives; students who witness shootings; students who witness the arrests of their parents and the

arrests of individuals in their neighborhoods; students with severe physical disabilities; students exposed to age-inappropriate materials (i.e., television, movies, and video games); domestic and community violence; and the loss of parents for long periods of time due to their deployment in the military.

In following sections, specific examples from the participants and their interactions with students who have experienced trauma are presented. The categories of traumas that will be explored are parental substance abuse, severely mentally ill students that take psychotropic medications, students that have been sexually abused, and finally, student's parents that have been incarcerated. These five categories were selected because they were the most prevalent topics of discussion by the participants.

Parental Substance Abuse

Several teachers (n=5) brought up the issue of parents addicted to drugs and the impact on their children. Carolyn recalled two examples of parents addicted to drugs. In both incidents, the teacher made home visits to her student's family. In one case, she found that her student's mother was prostituting for drugs. This mother did not come home at night, leaving the student at home alone. In another incident, Carolyn accompanied a student home and saw that the apartment was completely bare. Her student was surviving by eating breakfast and lunch at school. This had a profound impact on Carolyn who stated that she is attuned to see the pain in the children, seeks to give traumatized children additional attention, and she attempts to get their mind on something else.

Severely Mentally Ill Students

Several participants (n=4) mentioned that they have had students who take heavy psychotropic medications and also have had students who needed to be hospitalized due to severe mental illness. It was difficult to determine if the student's mental illness originated from trauma or if it was a preexisting condition. Erica discussed severe problematic behaviors in the classroom. :

I had one girl that started throwing stuff and screaming at me. She started making animal noises and threatening other students. She was then removed and taken out in an ambulance and did some time at Bay State partial [hospital for severe psychiatric episodes]. It was really scary. She completely lost control.

In addition, Joanne described two different incidents with students that led to them being hospitalized. The first situation follows:

I was out two days after vacation. When I came back, I saw my student's mother who said he was put back into the hospital. And he [student] said that he saw babies being hung; he saw dead people in the trash. So they [hospital staff] put him in a restrictive environment. They were worried that he was suicidal.

The second example Joanne described was as follows: "You know we had ambulances coming in. I've had to chase a child down the street because he wanted to dart out [in traffic] and be up in heaven with his father."

Sexually Abused Students

Several teachers in the sample (n=7) mentioned their awareness that their students were sexually abused. Carolyn reported that a parent disclosed that her daughter was raped by her mother's ex-boyfriend. She added: "I had a sixth grader who was raped by

her uncle whose mom told her uncle to rape her so that she [daughter] would get pregnant so that they would get more money [government assistance].”

Irene recalled a very detailed and poignant story about a six year old girl in her classroom that was in foster care. This student was sexually abused by three teenage boys in the foster home. Irene described her discomfort and that she was able to navigate the political aspects of filing a child abuse report with the Department of Children and Families (DCF). She also reached out to the teacher’s union, the principal, and the girl’s therapist to report her concerns about the girl disclosing the abuse.

The Incarceration of Parents

The incarceration of a student’s parent(s) was a common theme reported by many participants (n =6). Two participants mentioned having students where both the mother and father were incarcerated. Erica commented that she can think of at least seven students in her current class who have at least one parent in jail. Irene remarked that described how several students in her class were impacted by the incarceration of their parents:

I had one boy this year and we were talking about something. He started to cry and I took him in the back [of the room] and he informed me both parents were in jail. I’ve had I don’t know how many [students’] parents in jail. In any given class someone will say, “My father is in jail,” and at least 20% or 30% of the class will say, “Mine too!”

The teachers in this study were confronted with students who experienced multiple traumatic events. As a result, the teachers exhibited indicators of secondary traumatic stress (STS). The next section will examine the personal impact of working with traumatized students and how STS is manifested in educators from this sample.

Personal Impact of Working with Traumatized Students

The participants in this study discussed the personal impact of working with traumatized students and the various challenges that they encounter in teaching in a trauma sensitive school. The findings from this research show that elementary teachers who work in trauma sensitive schools experience symptoms of STS. Some of the symptoms that the teachers in this dissertation study exhibited were distressing emotions, powerlessness, intrusive imagery and physiological arousal, somatic complaints, and constantly being on call as a teacher. All teachers even in non trauma sensitive schools may experience similar symptoms. What sets these teachers apart is that these symptoms are greater in intensity and operate cumulatively.

Distressing Emotions

The teachers in this sample experienced distressing emotions. The teachers discussed feelings of being fatigued, anxious, and overwhelmed by their students' experiences with trauma. Susan framed working with traumatized children in the following way: "This work is really hard and can be stressful." Susan added that she finds that this work depletes her energy and commented: "A lot of times I am exhausted not physically but emotionally exhausted. It really pulls on your heart strings. I don't want any kid to be going through trauma and a lot of them are." Irene echoed a similar sentiment: "After a while you say, 'Maybe I shouldn't do so much,' because it does take a toll on you." Jean shared: "I go home so emotionally and physically drained." She

discussed trying to pull herself out of fatigue day by day and just get through the year.

Jean recalled a specific incident that she encountered that made her question if she should take some time away from teaching.

My really difficult year here was about 3 years ago. I was thinking that I was not going to make it through the year. I was thinking that I would need to take a leave of absence. I never saw anything like it. The kid would be [makes a whining noise] and would be just boom, boom, boom, hitting his head against the wall. And I would just tell him stop, how do you react to that? You have 20 kids watching. One day this boy went on a rampage around the room, and my paraprofessional was at lunch, and I had to send the children through another door to another room for safety. And he just went wild. That kind of stress and pressure is tough to deal with day after day.

Gina observed: "If you take it too personally or you take it on too much, it is very overwhelming. It can be very overwhelming." Gina also mentioned crying as a result of hearing about the trauma in the lives of students.

I mean sometimes you go home and you are like, "Oh my God!" You know like, no wonder why so and so can't even pay attention or sit still or you have some empathy and compassion for them when you really think about yourself as a seven year old little girl, and how would you have handled that [abuse] at seven years old. I can't even imagine. You know it can be very emotional if you let yourself go there. But you have to again, have some kind of way of diffusing that because if you took everything in of all these little heartbroken students, I'd be crying all the time. You can't walk around and cry all the time. But, I have gone home and cried. I just wish I had better answers! I don't know really how much more I can do for these kids.

Jean recalled having numerous conversations with one of her parents whose husband died in a car accident. She reflected on her discomfort with having these conversations with the parent:

It is hard to have conversations with people, and you don't feel qualified. I don't have a guidance or counseling background. I just sat and listened. I have never dealt with that before. So it was hard not to tear up. It was very, very, very tough.

Gina reported that she usually has more than one or two traumatized children in her classroom. She reflected on her interactions with traumatized children:

I think as a teacher I'm supposed to be teaching, and I don't always feel qualified to address the needs of the traumatized students, I try to be sensitive to them, but at the same time I know too that there's a degree of which you still have to have some expectations from them and sometimes you just don't know how to handle it. They are all different individually, and it is difficult in knowing how to handle the situation. Am I pushing too hard, am I not pushing enough with my level of expectations? So I think that's kind of the challenge. How much can I expect from this little one who is traumatized? And honestly, a lot of times I don't really know the students that are traumatized.

Gina also disclosed her feelings of inadequacy and a lack of competence as a teacher.

For a long time I would say probably up until the last two years or so, I never felt adequate. I think for me anyways personally, you put a lot of pressure on yourself, I can never do enough, I am not good enough, I don't know if that's typical or if that is a personality thing with me. I can always see what I could do better, rather than what I do well. I have a tendency to look, on the negative side of myself. I am a tough evaluator of my own self. So, I think for a long, long time, I felt like, "Oh my God, they are going to find out that I'm a fake! I am a fraud! But in a positive way a lot of time you try and think that you have left a positive mark versus a negative one. But then again you are not going to reach every child; you do the best you can. I am only one person, and I don't have that much power as far as what the students are going to take with them. A lot of these things we are powerless over, so we do the best we can. Do the best I can, but also within reason. I think if you are not happy within yourself how are you going to be able to maintain a place of nurturing? The classroom has to be a nurturing environment.

Erica discussed a very serious effect of working with traumatized students. Erica recalled a story of a student who told her: "I tripped him because I wanted to see him break his neck." Erica noted: "I am not equipped for that, and how much do I worry about you [the student that tripped the other student]? And how much do I worry about the [safety of] other kids?" Erica further stated: "I get so wrapped up in school that I completely neglect my health, sleep, and bills." This was a concerning comment and

details how Erica has become impaired in her personal life as a result of working with traumatized children.

Erica noted that as a teacher she makes many sacrifices and commented: “You know I don’t know that you can come in and be an effective teacher without sacrificing somewhere. I think that everybody who is here is making sacrifices, huge sacrifices.”

Erica then described how she has been detrimentally impacted in her personal life and how she isolates herself from others. She disclosed:

You spend so much energy trying to be nice and patient here... So that of course affects me and even wanting to leave the house was an issue. I just didn’t want to deal with people, which is strange; I have always been a people person. So ... that is the negative side. On the positive side, I think that if reflecting on this kid that comes to school every single day, and will say I had a crappy weekend, and I had a horrible weekend you know, my uncle died, my mom is in the hospital, but that kid still gets up and comes to school—It’s like if I am asking them to do it, I need to do it too, and I think it’s taught me how to be a little more patient.

Erica also admitted to being over-involved in the lives of her students and feeling guilty about the misery that she sees that led her to isolate herself further. She remarked:

I get too involved. I separate myself, and I apparently am not as happy. It took a long time for me to accept that that it’s okay to go to, to take an afternoon and not do school work because you feel guilty. Well, this kid is going home and having a miserable life, and I am just going to sit here and watch TV. I am entitled to that because I am a human. I shouldn’t have to work 24 hours a day, but it sticks with you. It negatively affects me when I don’t want to see people anymore. That’s one of the biggest, scariest impacts I’ve seen. I don’t want to leave the house. I don’t want to go to the supermarket. I will. I’m not afraid of it; it’s not like that; it’s just that I don’t want to deal with anybody else. Anybody who might be mean to me or anybody who might have a sad story, something I might see. I just don’t want to deal with it. I want to stay in and watch movies.

In addition to teacher's discussing distressing emotions, three educators Susan, Jean, and Erica talked about their dissatisfaction with their physical weight as a result of working with traumatized children throughout the year.

Susan expressed that she tries to eat right, exercises, and tries to plan fun things for herself and yet she still experiences weight gain throughout the year. She remarked that working with traumatized children is hard, and she goes home and lies on the couch with the remote control. Jean commented that she gained additional weight while trying to juggle the responsibilities of teaching, raising three children, and going back to school to obtain a graduate degree. She noted:

The pounds came on. And now since I am approaching 42, I have decided that my weight was not acceptable so that I am dealing with it. I joined Weight Watchers and lost 20 pounds since January. I feel good about that. That makes me feel good, and it is something that is a positive.

Erica also discussed that she has gained a lot of weight during her teaching career. She shared the following:

I gained a lot of weight last year. When I came here, I was a pretty solid athlete. I gave up a lot of my sports activity and because I had that guilt. So I felt if I could play a game of basketball, I could also be figuring out how to get this kid counseling. I was a huge runner and in retrospect quitting exercising was the stupidest thing I could have done, but in the moment it seemed like the best decision. I had a lot of sleepless nights.

This section explored the overwhelming effects of teaching traumatized children and the impact it has on teachers physically and emotionally. It is important to note that teachers in non-traumatized schools may experience similar emotions. What sets these teachers apart is the intensity of these conditions impacting students in trauma sensitive school settings and the cumulative effect of several of these STS indicators. The next

section will examine how the teachers felt powerlessness as a result of teaching traumatized students.

Powerlessness

Many of the teachers in this dissertation study experienced a level of powerlessness in their role as educators. Joyce recounted feeling stuck about what to say to a student when he disclosed that his mother was murdered. Joyce remarked: “I didn’t know what to say. What do you say when a kid says, ‘My mom was murdered?’” Gina discussed how frustrating it can be at times in working with traumatized children and how as a teacher she often feels powerless. She declared:

You can’t fight the system. We are in a system that doesn’t necessarily work. It’s dysfunctional. I mean it doesn’t have, it’s not perfect. It is very imperfect and there are cases where, you know, we have students with needs, whether it’s educational or otherwise, and they are not being serviced. That can be very frustrating, you know, very disappointing, and um if you keep fighting, trying to fight that and it is a losing battle you’re the one who ends up being hurt because there is not much, there’s a lot of things we are powerless over in this field, and I have seen people, take it, like almost take it personally and I know, cause I mean I am not saying I haven’t done that in the past.

Similarly, Jean also felt limited in her role and stated that “there is only so much you can do.” She remarked:

My kids go home to poverty, not having enough food, witnessing a lot of fighting, and being exposed to things that they shouldn’t be. It is definitely a stressor. Because once you have a face and a personality and you care about this little person, you worry. It doesn’t leave you. You try to balance that with, “What can I do? What can I change?” You have to keep that in mind, that you cannot change everything. There is only so much that you can do.

Patricia noted that this work “weighs heavy on your head all day.” She mentioned feeling powerless. Patricia observed: “When you see a kid and what they have been

through, you realize that it should not be like that. You are powerless to what you can do. The compassion you have makes you want to do more for them.”

Joanne maintained that she is in the dark unless she sees physical bruises. This may be attributed to a story she recalled about one of her students who was very upset about her circumstances and told Joanne that she was going to run away from home.

Joanne reflected on this encounter with the student:

I stressed all weekend wondering what was going on with her. I couldn't wait until Monday so that is why I keep myself in the dark. I just look at behaviors and deal and address behaviors.... Being around kids so much is tiring and mentally exhausting.... That's what you do; you make decisions all day long. It just goes on and on and on.”

This is an example of how Joanne felt powerless and how she made an attempt to maintain distance from knowing personal details about her students' personal lives. This is an attempt to protect herself from worrying constantly about the safety and physical and emotional health of her students.

This section explored the issue of participants feeling powerless as a result of interacting with traumatized children and how they were detrimentally impacted physically, personally, and emotionally from hearing stories about the trauma that students experience. The next section will examine intrusive imagery and how teachers become physiologically aroused by working with traumatized students.

Intrusive Imagery and Physiological Arousal

In this study, both intrusive imagery and physiological arousal were exhibited by the participants from this study. Intrusive imagery is an unusual preoccupation with a particular student and their circumstances (Hamilton, 2007). Intrusive imagery

symptoms are displayed when teachers repeatedly think about and reflect about the trauma that their students have experienced. Dutton and Rubinstein (1995) identified physiological arousal as another symptom of STS. Physiological arousal occurs when teachers are on guard and mentally prepare themselves to absorb hearing the painful and traumatic events that occur in the lives of their students. Jean described her interactions with a mother who stated that her husband was engaging in sexually inappropriate behavior with their daughter.

I think that it just stays with me. The mom of a little girl told me that her husband would take showers with the girl and would touch her. I brought her to the counselor and basically it seemed to reveal that the husband was not being appropriate with his daughter. This just shocked me. And then we immediately got the counselors in, DSS, and all of that. And I remember going to the nurse's office and [the assistant principal] came in to see what was going on, and I was hyperventilating. You just don't expect to hear some of the things you hear sometimes. You logically hear about this in society but then when you actually experience it, and have a personal face on it, it is hard. I think that over time, it wears you down; you hear the term burn out, a phrase that you hear among educators and make you wonder and realize that it is very real. You hear the statistic that a lot of teachers in the first 5 years leave the profession. A lot of people don't understand what we face and are asked to deal with. I think of burn-out and how we are on 24-7.

Erica recalled a moving incident that happened during her first year of teaching that sticks with her.

My first year here this girl needed glasses. I got the nurse to test her, and we got her a free prescription. The mom refused to take her. The mom said to me: "Well I go out at night, so I need to sleep in and then I have to rest before I make dinner and get ready to go out." And it doesn't sound like that big of a deal, but it's just whenever I walk by glasses, I still think about it constantly.

Other participants also discussed how overwhelming it is to teach traumatized children. Jean remarked that she is impacted by intrusive imagery and is physiologically

aroused in her work with traumatized children. She expressed that she is hyper vigilant about meeting the needs of traumatized students in her classroom and stated:

The kids are in crisis. I found myself on edge. You never let your guard down; you can never let your guard down because you are always looking, waiting, and expecting what is going to set them off. What are they going to do, how are they going to react, how can you support them, and how can you help them? So it is exhausting, absolutely exhausting. My reality is that these kids are mine for the school year and that they are my heart and my life for the school year that I have them, and I will never forget them. When they are with me, my reality is that I go home, and I think about school and the kids 24-7. I woke up last week thinking about the boy that was hungry, and it was 4:00 AM in the morning. That is my reality, and I don't know if that is the reality of every teacher, and I wouldn't be surprised to hear that it is. I think that teachers by nature take children home with them in their mind. I am in the shower, and I am thinking about this kid. And I am thinking about what I have to do to help this kid. You never escape it for good or bad.

This section discussed how teachers experienced intrusive imagery and physiologically arousal by working with traumatized students. The next section examines somatic complaints and points out teacher's experiences with health concerns and physical illness as a result of working with traumatized students.

Somatic Complaints

One of the most poignant stories of all the interviews was from Erica who disclosed that she suffers from an anxiety disorder and sees a counselor to help her address the personal effects of working with traumatized children. Erica described the tremendous impact that her teaching job has on her.

I didn't sleep my whole first year here. My whole first year here I couldn't understand how there was nothing in place [services for traumatized students], so I took on the role as everything. And you can't do that, so I struggled with how to deal with it. I expected to come in and teach. I was trying to teach, trying to counsel, trying to fix problems, get kids glasses, make sure they got to the dentist.

I was trying to get them counseling in school and make sure they got home safe. I guess I was trying to be parent, counselor, and teacher. I wasn't accepting that it was okay to not do all of that. It took a while before I was like, "Okay, I'm driving myself into the ground, and I am not helpful on any of the fronts." I have to remind myself of that a lot. I kept getting sick and had to remind myself that if I am sick, I am not being a teacher at all. I had to come to the realization that if I am miserable, I'm not healthy, and I'm exhausted, then again I am not helping anybody. I still struggle with it.

During the interview, Joanne responded that she has experienced a breakdown as a result of working at her school. She mentioned that she had thoughts of protecting herself and was fearful of losing her job as a result of a student being physical aggressive towards her. In describing her breakdown, she shared:

Two students had me by the wrists. I literally felt my fists clench up because I felt trapped and it's like, "What am I going to do?" I wondered how I was going to keep myself safe and try not to hurt these students. That's really the only true breakdown that I had, if you will.

In describing this incident, Joanne talked about how frustrated she was that she did not receive adequate support from her administrator. She was so angry that this incident was not taken seriously until she advocated having a meeting with both sets of parents.

Joanne mentioned another incident where she fainted while attending a professional development workshop for teachers. Joanne noted that she neglected her own health by not going on yearly doctor visits. She remarked: "I just put it on the back burner. Put it on the back burner and say, 'Oh I'm all right!' Until I would get very sick and couldn't quite shake it." Joanne stated: "I was getting sick a lot, exhibited flu-like symptoms and was upset because I was forced to use my sick days due to the H1N1 epidemic." Joanne shared her experiences about how difficult it was for her stay away from the school and concentrate on getting well. Joanne shared:

I was very upset that I couldn't come here [teach at the school]. I just couldn't stay away from it. I was stressing over what I would be walking back into. It's more work to be out than it is to be in when you are trying to make sure that the kids are doing what they need to do.

Irene disclosed that she has high blood pressure and has trouble sleeping at night. She mentioned that she divorced her husband five years ago and attributed her work with traumatized children as a key factor in her ability to heal from the loss of her marriage.

Irene recalled:

It actually kind of started it when I was going through my divorce. I started having high blood pressure. I think that being with the kids I know I can make something better because I think I have some control. And I know as tough as this job is the rewards I get from it kept me going.

This section examined somatic complaints by teachers as they grappled with handling the stressors of working with traumatized students. The next section looks at how the teachers described their jobs as being on call both professionally and personally as they identified the multiple pressures of working with traumatized students.

All or Nothing: Being on Call 24/7

In this study, all of the teachers discussed how they have been impacted by working with traumatized students. Educators often reported being on call both professionally and personally in their contact with traumatized students and found their working conditions overwhelming. Patricia exemplifies this theme best when she described how she was taking the work home with her emotionally. Patricia stated: "This work affects you personally in your home life, it affects you in your work life, and it affects you in the classroom." Patricia stated that she cries herself to sleep. She reflected further:

You take it home with you, and you don't shut it off. This is the kind of job where you are not working with papers all day, you are working with people, and you are working with kids. And [you are]working with kids that you feel as though you are taking care of because nobody at home is. I definitely go home feeling like there's more than I could do, there is always something that you could've done differently. It is one of those things that you don't let go easily because they are people. They are kids.

Patricia recalled receiving advice from a colleague about not taking the emotional baggage of student's home with her. She shared her interactions with this colleague:

“Someone said to me [that] when I get home, I do this (brushes off arms and legs), I actually shake off my day, and leave it there at the door step. Patricia inquired: “How do you separate that? How do you leave it at the door?” Patricia added that the advice “is good symbolism, but it is very hard to do.”

Several teachers in this study discussed the tremendous amount of hours that they put in at their jobs that has impacted other areas of their lives. Erica described how this work has impacted her interpersonal relationships with her family. Erica stated: “When you let yourself get too engrossed in what's happening here in one student's life or a bunch of student's lives then my sister tells me I turn into a beast at home.” Jean mentioned how tiring the job is and how she has to juggle multiple responsibilities when she goes home that includes providing care to her husband and three children. Jean observed:

Probably one of the biggest effects for me is coming home tired. I don't usually leave here until 4:30 PM and sometimes later. Sometimes I just come home exhausted. So I get home and try to leave this world behind, and I run smack into 3 kids ages 13, 11, and 6 and a family life. The kids are busy with sports and have to be there by 5:30. And I tell my children that I will play a game later. Sometimes I do feel that the work that I do affects my energy level with my own children.

Similarly, Joanne also reported being fatigued. She noted that she is careful to carve out special time with her son and shared the following:

I don't bring the drama home. It's more like fatigue that will come home because I am just like so beat. But I try to work through it because they [students in her classroom] see me in daylight/more hours than my son sees me in daylight hours. So that's why for the longest [time] my son wasn't going to sleep early cause I felt that we should be spending that time together. Like I said I just bring the fatigue home but not the short temperedness that could result.

Joanne also recalled how working with traumatized children has impacted her relationship with her partner and her child. She said: "It's always been an issue with my partner that I am always at school." Joanne recalled coming to school early and leaving late at night many times at 9:30 and 10:00 PM and added: "I really wasn't taking care of myself. But my first step to taking care of myself was getting myself out of here [school] earlier and not getting so bent out of shape because I wasn't getting everything done." Joanne further stated that she has stopped staying so late and will now stay late one night a week and try not to stay past 6:00 PM. She commented: "Some people say, that's still long. I say well 5:00 PM is a lot earlier than 9:00 or 10:00 PM, which I used to do without blinking an eye." Similarly, Irene noted how much additional time that she works after the school day is over and said: "It is hard work and people say, 'Oh you have teacher's hours.' Teacher's hours? I am there at 6, 7, o'clock at night every day and I still take work home."

Two of the youngest teachers in this study, Patricia and Erica discussed the impact of working with traumatized children and brought up their personal thoughts about becoming a parent and raising children of their own. The consuming nature of working in a trauma sensitive school and hearing and being aware of the painful stories

from traumatized children has caused these two educators to be ambivalent about having children. Patricia shared:

The other piece that absolutely scares me is how on Earth am I going to have kids with this job? I know I want kids, but I absolutely love my job. Sometimes it is a very physical situation, and other times it is just so emotionally taxing. That weighs heavy on my head because these kids take so much time, so much from you. That you go home and you don't have it in you. It is hard dealing with one other person [partner], I cannot imagine how it will be with someone relying on me. I worry about that. Some people think that you take your job too seriously or you worry about this, but I guess your priorities shift when you have a kid and you think about them. But then again I want to make sure that I am giving my all to these kids.

Erica also raised the issue of not having children. She remarked:

The big question is I am not ready to have a family yet. Am I willing to do this when I do decide to have a family? I don't know. I really don't know if it would be fair to my child. Would I bring that home? In terms of having my own family, I don't know if I could do this all day and then go home either. Am I going to take out the stress that I experience during the day on my husband and kids? Am I just not going to be available emotionally or physically if I go home exhausted every day? In what ways am I going to be taken away from my own family to deal with these [traumatized children]? And if I take time away from school to deal with my family, am I then not doing justice to the kids? And fortunately, maybe unfortunately that would probably eat at me.

Several educators from this sample discussed their extensive work and outreach to parents of traumatized students. When thinking of the primary role of teachers, the major responsibility of teachers is focused on academic instruction and educating students. One would not expect significant engagement with parents and families. Hence, the participants' working extensively with parents was an unanticipated theme that was raised by several participants.

Both Erica and Joanne recalled making in-person visits to the homes of their students to discuss academic or behavioral progress with the family. These teachers also

desired to reach out and form positive relationships with parents. Joanne expressed how taxing it is to work with parents. She commented:

It takes a lot of work; it takes a lot of your personal time. I have been to houses; I have had parents come in. I have done portfolio presentations at parent's houses on Saturdays and Sundays because that is more convenient. I have even met at a neutral place. I said I have gone out of my way and I think that is what's helped me because I don't have to and they know that.

Early in her teaching career, Carolyn shared that she would invite children from her classroom into her home during dinner time. The purpose of having her students to her home for dinner would give her the opportunity to know each student individually and also to understand the context of the home and community environment that the child comes from. She shared:

I used to invite kids to my house, two at a time and they would have dinner with my family and we would do homework together, play a game, and then I drove them home. I did that on purpose because I wanted to see where these kids lived and that was another way to meet parents that didn't meet with me at school.

This section explored how teachers were constantly on call and the impact that working with traumatized children had on teachers' professional and personal lives. In the next section, I examine how working with traumatized children impacts instruction.

Impact on Instruction

Do the social and emotional stressors that children confront and bring with them to school constrain teachers in their primary role of promoting student learning and meeting the academic needs of students? This section examines responses from the teachers about the challenges of educating traumatized children, explores their views about maintaining high academic expectations for traumatized students, obtains their

thoughts about the pacing guide and standardized testing, and uncovers strategies these teachers use in order to promote academic achievement among traumatized students while remaining sensitive to the physical, emotional, and social needs of traumatized students.

Challenges of Engaging Traumatized Children

The needs of traumatized children impacts teachers who are increasingly faced with students who lack the optimal social and emotional resources to focus and, therefore benefit from academic instruction (Koller & Bertel, 2006). Carolyn noted that education is so much different today than when she was in school. She reminisced: “One can probably remember hearing stories from people saying desks were in rows and as a student you didn’t say a thing. You would hear teachers say: ‘Turn to page 220 and read to page 250 and answer the questions.’ Today, teaching is so interactive and you don’t know what you are dealing with.” Irene expressed a similar point of view and declared that traumatized children are not traditional. She said: “You got to get them engaged, you got to get them interested.” Susan also talked about the importance of engaging traumatized children. She observed:

You really have to meet them where they are. You may have six different groups working on six different things. You really have to differentiate it [the instruction]. With trauma sensitive kids, you have to engage them in something that they like. You have to pull in a lot of their own likes and dislikes.

Irene described the importance of maintaining an academic focus while being attuned to the social and emotional needs of children. She noted: “Teaching is my most important job, but unless you get through all those other layers you can’t get to teaching. You can’t just say I am going to do this wonderful lesson plan and think it’s going to go

through.” Joyce expressed a similar point of view and observed: “If they [students] are not safe and are hungry, they are not going to learn.” Similarly, Jean stated that working with traumatized children definitely has an impact on learning. She commented about the dual role she has as a teacher:

You have a dual role to keep pushing along because you have to present the curriculum and try to get them to learn, but you also have to be aware of what their reality is and how you can support them. I think that I am cognizant that kids need to have their physical needs met and their social emotional needs met before they can really learn and take on academics. We try to do what we can and try to be aware of who is extra hungry and who might need that extra interaction with the teacher.

Jean and Erica stressed how difficult it is dealing with behavioral issues while trying to maintain a focus on academic achievement. Jean stated:

It is a super challenge when you have a situation where one child is disrupting the class because everyone is disrupted. I kept thinking I have 14 other kids that are here to learn, and they are just seeing all this craziness. It definitely has an impact on learning.

Erica also echoed this point of view and wondered:

Do you stop [teaching]? And obviously you know the kids that are acting like that have huge needs. Do you ignore that behavior and focus on the kids that are well, better adjusted? Do you ignore the kids that are ready to learn, and how do you go back and forth? And I couldn't, I couldn't do it.

Concurrently, the pressures to increase achievement test scores and demonstrate students' academic progress places additional pressure on teachers. In this study, it was apparent that many teachers went beyond the call of duty in working with traumatized children and their families. Jean, Susan, and Joanne remarked that they would feed their students and provide food to them in addition to the regularly provided school lunch. Jean's husband works for a cereal company and she would stuff the child's backpack

with food at the end of the school day. Jean declared: “You have to feed him before he is able to learn.” Susan and Joanne reported that they also provide extra breakfast for children who are hungry. Carolyn and Joanne disclosed that they provide clothing for their students, and Joanne mentioned that she would even launder one of her student’s clothes. The participants in this study clearly are compassionate in meeting the social and emotional needs of their students. These educators all raise an important question: what can be done to meet the physical, social, and emotional needs of students and still maintain high academic expectations? This topic will be examined in the following section.

Academic Expectations: Too High or Not High Enough?

Ensuring that students are held to high expectations was a theme expressed by several participants (n=4). Joanne shared her thoughts about a question that her principal asked the faculty during a teacher professional development workshop. The question was: “Would you send your own kids to this school? Why or why not?” Joanne surmised that many of her colleagues would not want their own children or loved ones educated in this particular school due to the low expectations that they have for their own students. Irene emphasized the importance of the teacher having high expectations for students. She stressed that high teacher expectations are especially important for traumatized students, given that they have very little support at home. Irene added that teachers have to find the balance between “having too much empathy and having no empathy.” Irene elaborated: “Too much empathy is lessening your academic expectations.” She also provided an example of a common excuse used by teachers: “Poor baby, they are hungry, so they

can't do this [academic work]." Irene felt that this was a detrimental position to hold and stressed the importance of holding children to high expectations:

I think when you give the impression they can't do it, then you are not doing your best to teach them. Maybe they are not going to do it as fast as another kid, but don't ever say he is not going to do it. And try to find out what can we do to help him do it. Do they need extra help? Do I have to teach a different way? I really do believe that education is their ticket to success. It's the way out because many of them they are just in a vicious cycle and it's going to continue and so you are kind of torn between, "Poor baby I have empathy for you" and "I know where you are coming from but guess what, I have these expectations, you can do this and I got to help you to get there and I got to keep myself well enough to help you to get there."

Gina had a different opinion on this matter and suggested that teachers need to have realistic expectations for traumatized students. She observed:

I feel developmentally [that] a lot of our expectations are not realistic. We've got gaps that we can't even begin to catch up with. You know all the research says, "Read to your child when they are in the womb." They need to have thousands of hours of human language heard before they enter school. Kids are thrown in front of TVs and videos. They are coming [to school] with a lot of deficits because of the situations that they are coming from. It's not their fault; it's not that they aren't capable. We are expected to not only catch [them] up and make progress, and that is just not realistic. It is extremely frustrating for teachers because if you look at where they come in to where they are at the end of the year, they are making progress.

Gina reported that she tells students that "they can move beyond what is going on, they can still overcome and be and do more than what they are giving right now." Irene expressed similar sentiments, noting:

I believe that we have to have empathy for these kids, and we have to have strategies and tools to deal with them as well as ourselves. But we can't let the empathy get to the point that you are just, "Poor baby, poor baby, poor baby." That you still have to have the high expectations for them. I think we can't use the trauma as a crutch either. For them or for us. I can't say why I couldn't get to this because I had so many kids with so many needs and sometimes you hear that so

much from the teachers. It's like, "Okay, I got these kids with these needs, and if I can't figure it out, I got to have somebody help me figure out how I am going to get to it."

Erica also tells her students: "It's not going to be easy and that they are probably going to have to go through much more than other kids, and it's not fair, but that doesn't mean that they should just stop trying every day." She informs them: "Hard work does pay off, and they need to learn, be good students, and to be safe."

This section examined the importance of having high expectations for all students and the next two sections identify institutional pressures of the pacing guide and standardized tests.

Institutional Pressures

The Pacing Guide

Some participants (n=3) spoke about the pressures of the pacing guide. The pacing guide is a district plan enforced by principals that stipulates that a teacher has to be on a particular lesson or unit on a certain day. Susan stated that she would like the district directors, and administrators "to get off our backs about the pacing guide." Irene felt that she needs more flexibility in teaching academic content to appropriately educate traumatized children. She stressed that her goal is to develop life-long learners and noted: "Sometimes the kids may need five days on a particular topic because they are not getting it. They need something more, and you cannot do it when you are on this pacing guide." Irene detailed her frustration with the pacing guide. She remarked:

And that's like a whole other pressure we are under is "You are supposed to be here (pacing guide). Why you aren't here right now?" You know and nobody cares that this kid wasn't ready to learn, and I have to go back and re-teach him,

but you are supposed to be here? So you got to really be able to juggle a lot of things, too. No one gives you a minute to deal with the whole child, you are supposed to be on this page, at this time, and be here. And they don't care that you've got that child who is now lying on the floor hysterically crying or another child who is throwing chairs. I always felt from the day that I was hired that my responsibility is to the whole child and really my responsibility is to make them good, upstanding citizens and part of that, is yes getting them able to get a job and read and write. But there's that whole other part of character building, making right choices. I have to stop my academics a lot because something happened that you just don't let go, and it puts you behind.

Gina felt differently about this issue and declared:

You do the best you can, and there are some things you have to let go and say we've got to move on because I could stay on this [academic content] forever and the students, some of them still never acquire that skill for this year.

The pressure of keeping up with the curriculum and following the pacing guide was an area of tension for many teachers. Another source of pressure on teachers was the focus and pressure on improving standardized testing scores. This is the focus of the next section.

Standardized Tests

A few teachers (n= 3) felt strongly about standardized testing. They felt that the standardized tests are inappropriate for students experiencing trauma and even counterproductive to the learning process. Susan expressed her strong dislike for standardized tests and said: "I think that the standardized tests are unfair, and I would like to abolish them." She stated that students "get anxiety filled, afraid, and they don't want to do it." Susan added: "A lot of times they won't come to school on those [testing] days." Erica noted her viewpoint about the unfairness of the tests and commented:

When you have around 30 kids most of whom have gone through more in their 10 years [traumatic events] than I probably ever will. And they still have to take the same MCAS [Massachusetts Comprehensive Assessment System] as the kids who have been reading since they were three.

Irene felt that standardized tests are detrimental to traumatized children. She stated: “This is just more trauma for these kids when you start honing in on them testing, testing, and testing. If you are doing an assessment to show a child who has been traumatized how he failed, that’s just more trauma for him.” Patricia talked about the importance of balancing academic progress and a student’s mental and emotional health. With regard to standardized testing and traumatized students, Patricia observed:

The pressures of testing don’t take into account that the kid didn't sleep well because he was worried about his parents or his dad was in jail. And how do you come to school and focus? I can't even imagine. Obviously that has a negative impact on any type of testing or academic progress at all. I have had students come in who are not able to do what they were able to do the day before in math or in writing just because they just couldn’t function and get past what they are dealing with [at home].

Despite the pressures of the pacing guide and standardized tests, teachers in this sample were able to discuss strategies they utilized to increase student academic performance. The next section examines the various strategies that these teachers used.

Strategies for the Classroom

Teachers were asked about the various strategies they use to promote academic achievement while still being sensitive to the emotional, physical, and social needs of traumatized children. Many of the strategies come from professional development workshops provided to teachers as a result of their trauma sensitive schools designation.

Patricia stated that she is attentive to safety and works very hard to create a safe classroom environment. She remarked: “The physical environment, the emotional environment, the tone of your voice, your proximity, how close you stand to them, and just those kinds of things we have been very conscious of because we realize we need to be.” Jean shared that she starts the year off having students do a whole group classroom activity and she carves out one-on-one, individual time with each student. It is during this time that she is able to determine academic levels and gain a perspective about the student’s social and emotional needs. Jean also expressed how she responds to and works with traumatized children: “I would say to the children, ‘So and so is still learning to follow the rules, but we have to be good learners and keep our eyes up here.’ And then [states name of paraprofessional] will try to deal with the student or we will switch off.” Susan reported that she teaches her students strategies about how to calm themselves down in preparation for standardized tests. She noted that she does a lot of breathing and yoga exercises with her students. She also inserts many breaks during the standardized tests so that students do not get overwhelmed. Carolyn remarked: “I will pull any trick that I can to make them feel comfortable about a [testing] situation.” She noted:

I try to teach them to relax about the tests. I tell them I have a magic wand. I say, “Okay, I’m going to cast a spell on everybody.” They are third graders. Let them pretend for a minute that they have a magic spell on them, and they are going to do well on this test.

Erica commented that she felt ill-equipped to adequately work with traumatized children. In addition, she expressed disappointment about her school being designated as a trauma sensitive school. Erica expected that there would be many more resources for both students and teachers. She described her feelings about working in a traumatized school:

It feels like it's a grand title... when I hear trauma sensitive school I envision a whole lot more support. We did have what was called a peace room, but we didn't have the staffing for it. Trauma sensitive school sounds grand, big. So we are a trauma sensitive school, does this mean we are fully equipped to handle kids that have trauma? We are so far from it.

Five participants alluded to and discussed their role as a mother-figure and how they utilize their mothering skills to help traumatized children. This was an unexpected finding because one would think that the teachers would comment on how they were prepared for responding to traumatized children through their formal education or through workshops and trainings. Susan shared that she tries to treat her students as if they were her own children. Susan also stated how hard it is to remain within appropriate boundaries and framed it in the following way:

The thing about it is, that is hard for me, still after all these years is not trying to be their parent. Keeping those boundaries that I am their teacher. And yes, I can be a trusted friend and confidante, but I cannot make up for all of the stuff that happened to them in their life and that is the hard part.

Joyce expressed a similar view and added that she looks at all of the children as if they are her own children. She pointed out: "I try to look at them as if this was my kid, how would I want his teacher to be?" Joyce commented further: "Elementary teachers tend to be more nurturing and motherly." Carolyn described working with traumatized elementary students:

It seems instinctual; you just do what you have to do, almost like a mother hen... In elementary schools we are like mothers and nurses and psychologists and you name it, we are it. I think it's just going to get tougher; if we don't help them now in elementary school or it is just going to get even worse.

Finally, consistent with the other participants, Irene stressed that the skills that helped her the most were her mothering skills. She noted the importance of traumatized students having a caring relationship with adults.

The reason I say that is because so many of them that's what they need. You know they are looking for a caring adult, and I really believe that a relationship with a caring adult is the way that these kids can succeed in school and everything. Every conference I go to, every workshop keeps hammering that they need trust—trusting, caring adults, and if they can form that relationship then they will feel safe here, and that's what is going to get them to have [academic] success.

This section examined the multiple strategies that teachers use in their work with traumatized students in order to meet the physical, social, emotional, and academic needs of traumatized children. Some of the participants utilized strategies learned from trauma sensitive training workshops, while others felt inadequately prepared to successfully intervene and work with traumatized students. The next section examines the professional impact of working with traumatized students.

Professional Impact of Working with Traumatized Students

When discussing the impact of this work, both Carolyn and Joyce felt that working with traumatized has helped them become better teachers. Carolyn observed:

I really think it's made me a better teacher. I can't ever imagine not wanting to work in an inner city school. I just feel like I've been so lucky to be introduced to these children who are just so amazing in dealing with what they've dealt with.

Joyce expressed a similar point of view and expressed: "I am a better teacher and am a bit more empathetic and cognizant that these things really happen." She further remarked:

I look at me 10 years ago, and I am way better [as a teacher]. And I know that these kids are coming with so much stuff. And I know that I have to make them

feel safe; ensure that their needs are met, and that they have breakfast because who knows if they ate in the morning. I have to keep them safe, feed them, love them, and teach them. That is a lot.

Joyce, Irene, and Joanne believed that working with traumatized children has helped them in their relationships with their own children. Joyce remarked:

I think that seeing all of the things that my kids [students] have gone through and are going through helps me with my own kids. I think it makes me more sympathetic, and I think that I am more understanding. Sometimes when my own son is not getting good grades, I am thinking that in the grand theme of things my son is in high school, is not doing drugs, he is okay, and he is healthy.

When asked, “How long will they continue in the teaching profession?” several participants expressed the joys of teaching. Joyce had an optimistic response to this question and said: “Until I am 70, 65 maybe. I love my job, and I love being in this school. I like the people I work with, and that is huge. It really is a supportive environment.” Joyce emphatically stated: “Until they put me in the ground. I love my job. I couldn’t see myself doing anything different.” Patricia discussed her feelings about her job and remarked: “I go home sometimes after having an awful day, and I am upset and stressed out. However, I know that when that alarm clock goes off in the morning, I enjoy going to my job every day. It is the people, it is the kids, it the job.” Joanne also affirmed her job satisfaction and the reason she stays in the profession. She shared: “I really can’t see myself doing anything else.” Joanne noted that she had the opportunity to participate in Project Lead, a district-based certification program for individuals interested in becoming administrators and described her reasons for declining the opportunity to participate in the program.

I would rather impact the children who benefit from what I have to offer. That is why I wouldn’t leave the classroom. I wouldn’t do it because it takes me away

from the kids! ... People still wonder why I stay here [at this school]. I said I stay here because I am needed here.

This sentiment was also expressed by Irene who spoke from a similar viewpoint. She commented: "These kids need us. This is where I need to be." Similar to Joanne, Jean also had a chance to leave her teaching job and take on an administrative role in central office. Jean expressed: "I am not ready to leave the classroom. I like building community in the class, getting parents involved, and I am just not ready to let it go."

Not all of the participants felt so positively disposed to their work. Patricia expressed uncertainty about continuing in the profession. She observed:

I don't know, time will tell, but I really cannot answer that. I obviously would like to continue working with these kids, and I don't see myself going toward regular education or being in a parochial school or anything like that. But eventually, I could see myself wanting to get out of the classroom and do something a little bit different in my future.

When asked this question, Erica observed:

That's a question I ask myself every day. I don't know at what point I am going to stop being effective because it's so easy to see how people get burnt out quickly.... I am hoping either I will realize it or somebody will point it out [to me].

This section examined the professional impact of working with traumatized students. Many teachers spoke about how they enjoy their jobs and commented about how their confidence was bolstered about the importance of their work in teaching traumatized children. The next section explores needed emotional supports and resources that teachers state that they need in order to successfully teach traumatized students.

The Need for Emotional Supports and Resources for Teaching Traumatized Students

Teaching traumatized students requires emotional support from others and appropriate resources (Cole et al. 2005). The participants stated that they received support from peers and other school professionals, which including counselors, paraprofessionals, and administrators. The participants also discussed receiving support from loved ones, friends, and therapists. Additionally, the teachers also provided suggestions of other needed supports and resources that they view would be helpful in their teaching and interacting with traumatized students. This section concludes with teachers discussing how they benefitted from this interview. Interestingly, Patricia even described the interview as therapeutic.

The Importance of Support from a Professional Team

In order to gain support in working with traumatized students, participants mentioned that they talk to other educators (n=9), their spouse or significant other (n= 3), their mother (n=3), personal therapist (n=3), other family members (n=2), trauma sensitive committee members (n=3), friends (n=4), the principal or assistant principal (n=2), paraprofessional (n=1), grade level teaching partner (n=1), and the school counselor (n=2). Four participants utilized additional written resources to assist them in their work with traumatized children. Susan and Irene reported that they re-examine hand-outs from trauma sensitive workshops that they have attended. Patricia shared that she regularly looks up information on the internet to assist her with understanding symptoms, disabilities, concerns at home, and behavioral conditions and limitations of her students. Joanne remarked that she obtains information from a resource manual

provided from the district that provides her with strategies to deal with students that exhibit various inappropriate behaviors in the classroom. She noted: “I look at this resource, and I print the page out, and I check off the ones [interventions] I tried it and how long I tried it.”

Participants stressed the importance of working collaboratively with colleagues including counselors, paraprofessionals, and administrators. Many participants (n= 7) talk with other teachers on a one-to-one level to gain needed support in working with traumatized children. In addition, several teachers are members of a supportive group of educators and stressed the importance of being part of a strong team of educators in the building. Joanne drew similarities between having a good teaching partner and having a good marriage. She observed: “Your teaching partner—it’s like a marriage. You have to be able to work through the good and bad together.” Joyce talked about the importance of having a close-knit team with other teachers in the building, many of whom she has known for many years. Joyce reported that: “Sometimes they just listen. A lot of us come in early in the morning, an hour before school starts, just to get things done and be able to vent about something.” She added:

We are always there for each other out of necessity really. And it is okay to shed a tear with each other because we are aware of the awful things that happen in the lives of our kids. We have a special bond, and I think we are lucky because we know someone always has our back.

Carolyn stated that she regularly talks to another teacher that is on the trauma sensitive committee. She said: “We talk about different things, and that’s beneficial.” Irene commented that she talks with other teachers, especially when she is frustrated or wants to talk about the kind of day she had. Erica also talks with other teachers and remarked: “It’s nice to talk to teachers that have been at it a lot longer. Because when you

are younger, you wonder how much of it is your own experience and how much of it is your fault.” Joanne expressed a similar viewpoint and stated: “It is good to be able to vent and get your frustrations out, which is an advantage of being a part of being on a strong team.”

On the other hand, Gina stated: “Venting is important to do with other teachers, but it needs to be done within reason or it is unproductive.” Joanne also talked about unsupportive colleagues and observed that it can be futile and unproductive talking with other teachers that put down innovative ideas and strategies that she attempted to implement in the classroom. She described her interactions with pessimistic teachers and reported: “I call unsupportive colleagues ‘the assassins’ because no matter what I did to try to help students, they would try to put it down and say how it [my interventions] would not work for our kids.”

Susan, Jean, and Joyce utilized the school counselor to help them work collaboratively with traumatized students. Susan commented: “Over the years I have brought up different students that I am really concerned about and what I can do as a mandated reporter.” Jean described her utilization of the school counselor stating: “I need to bounce ideas off somebody that knows these kids; this is so critical.” Joyce declared: “I don't think we have enough time to talk to [name of counselor] or talk to somebody and say what do I do? So we kind of help each other.”

Some teachers (n=3) noted the importance of having quality paraprofessionals to help them in working with traumatized children. Jean, Joanne, and Irene expressed how fortunate they are that they have a paraprofessional assigned to their room who can attend to the needs of the children in their class. Jean commented: “My paraprofessional is

fantastic! She is really my right hand person. The person you work with makes a huge difference. She builds relationships with kids and can teach anything I ask her to.” Joanne expressed a similar viewpoint and noted: “We are very fortunate that we have a paraprofessional who I could ... [be absent], and I don’t have to create other lessons when I am out.” She maintained: “My paraprofessional makes my job doable, and I would not know what to do without her.”

In addition to having supportive counselors and paraprofessionals, three educators stressed the importance of having the support of administrators. Irene mentioned that she talks to her principal a lot. She stated: “We talk a lot after school about my students and students in general and what our goals are for the students in the school.” Jean reported that support from administration is crucial. She reminisced about a very difficult year in which she had several students in her class that experienced trauma. She credits the supportive principal for helping her continue in the profession. She reflected: “I thank God that she [the principal] was supportive because I don’t know if I would have made it through that year if she hadn’t been.”

On the other hand, Joanne shared an incident where she felt that her administrator was not supportive to her. She commented that at the time she was working in a behavior based classroom where she was grabbed by two students. She described the incident:

I was standing near them [students]. One of them grabbed one hand; the other one grabbed my other hand. And I just felt trapped. I said, Oh my God what am I going to do? I remember saying, “If you don’t let go of me now I am going to lose my job today.” And they let go of me. And then I went to report it and write it up and the kids were right back there [in the classroom]. So I got upset and I broke down in the teacher’s room. A couple of teachers were like, “What happened? You are always the happy one.”

Joanne expressed her displeasure with the administrator about this incident and described how she addressed the administrator: “You threw me right back to the sharks again. And what was done about it? Were any parents called? I said they literally had me by the wrists. So then I broke down and told her what was going on, so she finally called in the parents.”

Five participants stated that they talk to their loved ones about their teaching experiences especially about the impact of working with traumatized children. These loved ones were mainly their spouse/partner, their mother, and close friends.

Jean mentioned that she talks to her husband and commented:

I talk to him about the kids that I am worried about, or kids that are struggling. Like the boy with no food. I ask if I can take him some food, and my husband is like, “Yeah, take what you need.” I talk to my husband because he understands my job and my career.

Irene said that she talks to her boyfriend and recalled:

My boyfriend was probably the first person to be like, “You are not happy.” He would say to me: “Why don’t you call out sick? Why don’t you quit? I don’t understand.” He is very straightforward and says to me, “You know if I was this unhappy I would just switch jobs.”

Three of the participants talked to their mothers. Jean remarked that her mother is empathic and a great listener. Irene mentioned that she talks to her mother who she stated is very spiritual. Irene also talks to her daughter who also is an educator and to her son who works as a school counselor. Erica talks to her mom who works as a kindergarten teacher in a smaller school district in another part of the state. Erica noted that because the districts are not similar in terms of socioeconomic class and the level of trauma that her students’ experience, the stories that she shares with her mother makes it difficult for her mother to really understand what she is going through.

Carolyn meets on a monthly basis with friends who were in her master's degree program. This group meets the first Friday of every month. Carolyn remarked: "We always say we are not going to talk about education, and we always do." She added: "I am very passionate about kids and my job, and sometimes we share tips [classroom strategies]. And if things don't go right, I let it bother me, and I am trying to not let things bother me." Susan also mentioned that she talks to long time friends who she has known for over 20 years. She noted that these friends are not educators, and she utilizes them to "process a lot of stuff" that goes on for her in working with traumatized students. Susan declared: "I have to process it [work with traumatized children] because it really does affect me a lot." She stated that she calls a trusted friend on a regular basis and added that she has a circle of friends that she can talk to about her experiences in the school. Susan believes that her friends help her with her boundaries and separating school business from her private life. She elaborated: "They tell me where I can help and where I can't. They help me from going overboard. Because I tend to go overboard with these kids."

Conversely, Jean and Erica felt that talking with friends who are not educators is unhelpful. Jean shared: "Talking about what you experience from working with these kids is not something that you talk to with your neighborhood girlfriends." Erica expressed a similar sentiment and shared:

I don't really like to talk about it with my friends. Here we are getting dinner or at a bar or we are hanging out watching the game, and then I will say, "Oh by the way, one of my kids threatened to commit suicide tonight." It's kind of a downer to be entirely honest.

Additionally, Erica also observed how unproductive and difficult it is to talk to a friend who is not in the education field or a friend who is in education but does not work in a similar educational setting.

Four participants mentioned that they have a personal therapist. Gina confided: “I do have a counselor; in fact, there was a time in my life where I was feeling pretty burnt out, and I thought I was exiting the profession.” Erica recalled how she obtained the services of a therapist in order to deal with the effects of working with traumatized students. She felt that the therapist was helpful to her in maintaining balance and stated:

The therapist is helpful because she helps to know when I need to sort of stop, and when it’s okay for me to quit. That was what I was struggling with, so I think venting to the therapist and talking about them [students] out loud helps me to realize just how ridiculous, absurd, scary, or not normal it is for my students.

Erica added that the therapist helps her deal with the day-to-day pressures of interacting with traumatized children and expressed no qualms about seeing a therapist. She noted: “I need somebody outside of my family and my friends [personal friends] or friends from school. I struggle a lot with it. I think having that counselor to check in with and make sure that I am taking care of myself has been a huge help.” Erica disclosed:

Some people have a stigma about going to see a counselor, and I don’t since I am familiar with counselors. I have an anxiety disorder that I have struggled with since I was sixteen. I started going to a counselor since last year. I took a break over the summer, but pretty consistently attend every week. And the main focus is usually, I get so wrapped up in school that I completely neglect my health, sleep, and bills.

In this section, many participants discussed the importance of having support from a professional team, which includes the other teachers, school counselors, paraprofessionals, and administrators. Teachers from this sample also utilized personal supports of their spouses and significant others, their mothers, and their friends as a way

to process the emotions of working with traumatized students. Additionally, teachers reported the importance of having their own personal therapist as a way to address the pressures and multiple stressors in their working with traumatized children. The next section examines additional supports and resources that teachers suggest would be beneficial.

Additional Beneficial Supports and Resources

All of the participants described the types of supports that teachers need to effectively educate traumatized children. Six educators (n= 6) stressed the need for additional training. Susan said: “Teachers need to know the signs that indicate that a child has been traumatized.” Jean noted the importance of training and added: “I would like to see trainings specific to working with children in urban districts and some of the realities that they face.” She further observed: “Educators as a whole would benefit from training and professional development about ways to support children whether they are in crisis, things to look for, or resources that are available.” In addition, Jean commented about the benefits of training: “Trainings would help us because we are on the front lines.” She declared: “We hear things, we are faced with behaviors. This should be as important as math, reading, and science because this is the reality of working in an urban school district.” Joyce also discussed the need for additional training and said: “Training will make us better. I just think that we don’t get enough training. And I think we need more training about how to react to stuff.” Joyce stressed the need for additional training to deal with the emotional nature of working with traumatized students and she asked: “What do you say to a kid that comes in and says something awful has happened? With

the emotional stuff, I don't know if I'm doing the right thing, and I don't want to do the wrong thing.” Gina felt similarly and noted:

We have not had a lot of trainings on how to work with traumatized students. What are the signs if a student is traumatized? What does a traumatized child look like? What should we do if we know a student is traumatized? There should be a general couple of things we should have in our bag of tricks to utilize.

Carolyn expressed a similar viewpoint and suggested: “I think you definitely need an understanding of what symptoms are and what kind of strategies to use and probably more than anything when to back off and know really simple like how to say things.”

Irene noted: “I want concrete suggestions, such as try this, say it this way, do this and that form of a workshop.”

Carolyn also noted the importance of training and observed: “I think it is important that a teacher has some kind of understanding and strategies to keep those kids more focused on their academics then on their trauma.” She advocated her rationale for training teachers in trauma sensitive approaches and said:

Specific training is going to help teachers understand where kids are coming from, and I think that’s going to better help their teaching. I think it’s going to be able to make them better teachers because they are going to reach more students.

Gina brought up the need for a support group for teachers. She mentioned: “I don’t know necessarily how that would be organized, but just a place for teachers to go if you need to ask questions of each other or share or kind of support each other somehow.”

Joanne emphasized the need for mentoring new teachers. She remarked: “You really need to get something like that for here because the teachers need that in order to deal with students. They [new teachers] definitely need to have coaching mentors early on and

sometimes even the older ones need to have it as well.” Joanne also suggested that teachers need to talk to school counselors. She observed:

I think having people to go to, like having the counselors, letting teachers go to the counselors if you need a time out. I think teachers that have quite a few kids in your class that have been traumatized need a break sometimes. So you should be able to go talk to the counselors, talk to somebody, and I think that would be a great support to teachers.

Irene identified the need to engage in group activities as a school community. She noted: “I think we really should do some yoga. I think maybe those kinds of exercise classes for teachers and stuff would be good. We do some social things here as well; once a month before school starts, we make breakfast for each other [staff members].”

All of the teachers in this study worked in trauma sensitive schools and advocated for additional training in order to identify and support traumatized children and to be aware of resources in the community to help them. The teachers also requested additional training and resources such as mentoring and a support group for teachers to help them deal with the personal effects and impact of working with traumatized children. Finally, the teachers also discussed the need for additional instructional strategies to help them focus on both the academic needs as well as the physical, emotional, and social needs of traumatized children.

In this final section, the teachers discuss how they benefitted from this interview. This ties into the previous section because it gave the participants a chance to discuss and reflect on their work with traumatized children and the impact that it had on them both personally and professionally.

Benefits of Participating in this Research Interview

Many of the teachers viewed this interview as beneficial. They talked about how this interview was instrumental in helping them reflect on their teaching career and how the interview was helpful in affirming their original decision to enter the teaching profession. By reflecting on the interview, the teachers commented about how this interview gave them the opportunity to acknowledge the positive impact that they have made as teachers as they examined their role in assisting students throughout their career.

All of the women in the sample noted their appreciation for examining this topic and expressed their gratitude that attention is being paid to the experiences of elementary teachers. Susan observed: "I was really glad to see the topic you are covering and that it is starting to come to the forefront and that we have these issues in schools and it impacts how a child performs in school. It is good to hear that." Jean expressed a similar view and remarked: "This research is so interesting and that there is not a lot of information about the impact on teachers that deal with the trauma in the lives of students." She further elaborated: "We are with the children all day. The nurse sees the children a little bit. The kids see a counselor for a 45 minute session maybe. We see the children 7 hours a day. This is the reason why we need to study this topic in depth further." Patricia described the interview as therapeutic. She commented: "It is actually therapeutic to discuss it with someone who probably is knee deep in research." Erica exclaimed: "This study is fantastic and the fact that someone is looking at this is brilliant and maybe obvious. And I appreciate it." Irene offered her opinion of this study and declared: "I think this is a good study because I don't think that people realize that there is so much more to teaching than just crunching out that lesson plan and getting a test score." Joyce commented: "I think

this is good, and I'm hoping that you could have some words of wisdom after we finish this. And that maybe we can have more training because I always don't know the right thing to say."

Patricia remarked: "It was a little sad thinking about how many kids that I have had that have been traumatized and what they have been through." She then asked: "Whoever gets a chance to sit down and reflect? Let's face it; there is always something else that you have to get to. You never look back because you are always on to the next crisis." Jean also reflected on the interview and stated:

I hadn't realized how much I've seen and dealt with this and how it has affected me. I think about my kids [students], and their experiences and what has happened to them and what will happen to them. I have never taken the time and it is hard for me to process how this affects me. Because I don't consciously think about how this affects me. To me this has been a little bit hard and a little bit interesting about looking at my kids over the years about the stuff that my kids have gone through a lot. I probably don't give myself enough credit, for what we actually deal with. We probably don't realize the extent, the emotional impact all these different things have on us.

Joanne expressed a similar viewpoint and cried when asked the question about reflecting on her career and her work with traumatized children. She remarked:

Now that I am actually breaking it down student by student, there is more than I thought. [She starts to cry and walks away to get a tissue] I'm getting a little emotional because just talking to you reminds me even much more of why I do what I do, why I feel I am so passionate about what I do. It has been good to remember and reiterate why I do what I do. I am actually glad we had this conversation.

Gina voiced her appreciation for this study and mentioned that teachers are usually vilified in society. She shared:

I just think it was really an interesting perspective that you are wondering how having traumatized students actually affect teachers because that's uncharted territory I think. That is like, "Wow you are thinking about us! What do you

mean? No, we are always getting bashed! What do you mean?” As far as we are not doing enough or whatever so I thought it was a really interesting perspective because I hadn’t ever thought about how I have been affected, so to speak. I don’t think many of us would really be in touch with that.

Carolyn mentioned that this interview brought up many previous experiences with traumatized students. She stated that her varied experiences may have surprised her “but never to the point of fear, turning me into not liking teaching. It made me love my job even more.” Finally, Erica summarized her thoughts about this interview and reflected on her work with traumatized children. She commented:

It’s always difficult to think about this. You see these students every day. In certain ways you feel like they are part of your own, at least for that year you have them even the year after, and sometimes it’s easier to forget that they come from such miserable circumstances or that there is so much pain in their life. So, part of me is just anxious myself from just talking about it. The other part is me is really excited that someone is acknowledging this. A huge part of my frustration is that there is no answer. There is nowhere to go. There is nobody to call, there is no easy fix, and I am excited to know that at least questions are being asked.

In this section, many participants discussed the importance of having professional support from colleagues, personal support from their spouses and significant others, their mothers, and their friends, and from therapists. Additionally, teachers advocated for additional trauma sensitive training and mentioned the need for mentoring and one teacher explored the concept of a support group for teachers. The teachers also discussed how they benefitted from this interview. The next and final section examines the challenges of self-care.

The Challenges of Self-Care

Children are exposed to a variety of dangers in their homes, schools, and communities on a daily basis (Kiser, 2007). The teachers in this study reported that their students have experienced multiple traumatic events that include: poverty; physical abuse; sexual abuse; abandonment, neglect; hunger; homelessness; adoption; multiple foster care placements; multiple school moves; drug and alcohol addicted parents; parents that are incarcerated; death of parents, siblings and relatives; students that witness shootings; students that witness the arrests of their parents and the arrests of individuals in their neighborhoods; students with severe physical disabilities; students exposed to age-inappropriate materials (i.e., television, movies, and video games); domestic and community violence; and the loss of parents for long periods of time due to their deployment in the military. The social and emotional stressors that children confront and bring with them to school constrain teachers in their primary role of promoting student learning and meeting the academic needs of students. As a result, teachers are increasingly faced with students who lack the optimal social and emotional resources to focus and, therefore benefit from academic instruction (Koller & Bertel, 2006). Concurrently, the mandates to increase achievement test scores and demonstrate students' academic progress places incredible pressure on teachers. How do teachers overcome these barriers that hinder learning in the classroom? How do teachers maintain their enthusiasm and energy, and incorporate self-care strategies in order to be effective teachers while working with students who experience trauma. This section examines the challenges of self-care.

The teachers in the sample were asked to talk about helpful strategies they use to take care of themselves. The participants discussed the need for adequate nutrition, exercise, and rest. When asked about how they take care of themselves, all of the women listed multiple strategies that they utilize to take care of themselves and the challenges to maintain these self-care activities. Some of the participants were actively involved in hobbies for relief. Susan goes to the ballet and enjoys walking, hiking, and gardening. Her previous career was as a floral designer, and she arranges flowers as well as engages in sewing as a hobby. Joyce takes a hip-hop dance class twice a week. The hip-hop dance class is held after classes at her school. She said: “The class has really built community here; I like it because it [draws] everyone from every part of the building, teachers, paraprofessionals, and other staff members participate.” Joyce shared that she also runs, works out on the treadmill and attends a painting class once a week. Gina stressed the significance of exercise and stated: “I am not going to be any better off for the kids if I am not in a good mental or emotional state. Exercise has been helpful.” She also noted that she runs and processes this [teaching] work through a lot of prayer and meditation time before she comes to work. Gina also mentioned the importance of eating healthy foods and the importance of being balanced and noted:

There is only so much time in a day. And this is the kind of job, honestly, as you know I could do this five hours after school ends, planning or making materials, organizing, or what. This is endless. It’s like housework: you could just do it and do it and do it. Well no, I am not going to just do it and do it and do it. There’s other things in my life that fulfills me. There was a time where I would come in early and stay late. I am not allowing my profession to be my life either. I have other things that are important to me. I know that if I don’t do this [implement self-care strategies] than I’m not going to be good for anyone else anyways.

Carolyn reported that she takes care of herself by eating nutritious meals and getting regular exercise. She noted: “I run, I think that’s a great way to clear your mind. Walking and running and just getting fresh air. I am a big hiker, and I like kayaking. I also like gardening, cooking, and reading.”

Others, however, found prioritizing self-care activities very challenging. Jean, Erica, and Joanne stated that they do a poor job of taking care of themselves. Jean observed:

I think being a busy mom, getting the kids [her own] out of the door in the morning in the midst of my mind racing as to what I have to do at school and what I need to do to get prepared. Taking care of myself is not really high on my priority list.

However, Jean did say that she is doing a better job of taking care of herself. She commented that this is an area that she is improving in and shared the following:

I am starting to realize that you do have to take care of yourself, especially if I am going to teach another 17 years. There are some things that I am starting to do for myself. This is more recent, I would say within the last year. I joined a book club in the neighborhood. My girlfriends gave me a gift certificate for a spa for my 40th birthday, and I just used it last month. I had it for a year and a half. I have never been a spa person, and I love getting a pedicure so I will probably start doing that. I think I am probably headed to taking care of myself better. Traditionally, it is just life; kids come first, then husband, and then your class. I usually don’t carve out special time for me.

Irene reflected on the importance of implementing self-care strategies. She recalled going to a workshop about this topic and shared a saying that she keeps in mind. The saying is: “It doesn’t matter how good your jumper cables are if your car battery is low.” Irene stressed the fact that when working with traumatized kids it is important to: “Take care of yourself because you could have all the strategies and the best lessons in the world, but if you can’t cope with it or get it out enough to get yourself going, you are

not going to be effective.” Irene described her own personal situation and the fact that she does not have much time. She reported: “I just go home and play and hug my granddaughter. But I got a dog.” She observed:

They say that animals help you. I could just sit and pet her and she just knows, you know? So the dog helps me feel good. I have my family. I do a lot with my family. I have a house at the beach so in the summer I try to get away and enjoy it. I used to exercise, but to be honest, I don’t exercise much anymore because I don’t have the time. I lose myself in movies or books.

Patricia brought up how exhausting teaching is and stressed the importance of exercising regularly. In addition, Patricia gets a massage every other week and stated: “You kind of need to let it out.” Gina affirmed the importance of implementing self-care strategies and used the analogy of getting instructions from an airline stewardess. She noted: “When you are in the airplane and they say the oxygen mask needs to be put on yourself first before you put it on your kids.” Gina mentioned that she engages in a spiritual practice that helps her to maintain her emotional balance. She commented: “I engage in a lot of prayer and meditation time before I come to work. I cannot imagine what I’d be like if I didn’t do that.” Gina further stated: “If you take it too personally or you take it on too much, you are the one who is going to have the emotional burnout. You are the one who is going to be suffering.”

Erica noted that she has been big on walking recently. She stressed the importance of regular exercise and stated: “Exercise helps me a lot. Specifically the walking helps me clear my head; I try to walk until I am not stressed out anymore.” Additionally, Erica shared that she keeps a journal as a way to keep track of what is happening in the school day. She mentioned the benefits of having a journal: “At the end of the day you are not sure why you feel stressed out and being able to go back and say, ‘Oh I was upset at 9 o’

clock because this kid told me this horrible story is helpful.” Erica also does a lot of breathing and yoga exercises. She also mentioned having a puppy which has been beneficial to her.

In this section, all of the women listed multiple strategies that they used to take care of themselves that ranged from participating in physical exercise, hobbies, and engaging in spiritual practice. The teachers also discussed the challenges to maintain these self-care activities and that implementing self-care strategies is an area that needs more improvement.

Conclusion

The data from these interviews examined how teachers acquire information about student’s experience with trauma, the kinds of traumatic events experienced by students, the personal and professional impact of working with traumatized students, the impact of working with traumatized students and its effects on academic instruction, the emotional supports and resources that teachers reported that would be helpful in teaching traumatized children, and finally the challenges of implementing self-care strategies.

This chapter gave voice to elementary teachers’ experiences and their work in trauma sensitive schools. It also discussed the multiple personal and professional challenges presented by teaching traumatized children. This chapter presented narratives describing the personal impact on teachers that work with traumatized students utilizing indicators for STS. The findings of this study confirm that elementary teachers who work in trauma sensitive schools experience STS symptoms that are very similar to human helping professions, such as social workers, child welfare workers, nurses, disaster relief

workers, and police officers who provide services to traumatized individuals. In the next chapter, I interpret the meaning of the teacher's experiences and highlight the importance of protecting the emotional well-being of elementary teachers, which in turn will help them be better able to maintain high standards of service to all children that they interact with.

CHAPTER 5

DISCUSSION

This dissertation research study was designed to examine “the cost of caring” (Figley, 1995, p. 7) for educators who teach and work with traumatized children; that is children who live in challenging social environments with ongoing traumatic stressors, such as family physical abuse, sexual assault, neglect, community violence, bereavement and loss issues, parental mental health and substance abuse, and homelessness. How do teachers address the emotional stressors of teaching traumatized children? What is the impact of their work on them both personally and professionally? Do teachers have awareness of self-care strategies? Do teachers implement self-care strategies? This study set out to answer these questions utilizing the theoretical framework of Secondary Traumatic Stress (STS). Little research has been conducted in the area of understanding STS symptoms in educators; the bulk of previous research has focused on mental health and disaster relief professionals. The aim of this study was to increase scholarship in this area to further understand how teachers are detrimentally impacted in their work with traumatized students.

This discussion section begins with a brief fictional conversation between a principal and a researcher exploring “the cost of caring” (Figley, 1995, p. 7) for educators that work with traumatized children. This conversation briefly highlights the major points of this study and serves as a creative way to pique the interest of the reader.

Principal Wallace: I heard from a colleague that your in-depth interviews with teachers examining the ‘cost of caring’ was very helpful to her teachers? Can you briefly discuss why this issue is so important?

- Researcher: As you know, children in your district live in challenging social environments with ongoing traumatic stressors, such as family physical abuse, sexual assault, neglect, community violence, bereavement and loss issues, parental mental health issues, substance abuse, and homelessness. My dissertation research study focused on what does it mean to be a teacher in a typical medium sized city today working with traumatized children in an urban setting? I examined the impact of working with traumatized children and the impact it had on educators' professional and personal life.
- Principal Wallace: This sounds very interesting? Now that you mention it, I can immediately think of several teachers over the years who shared with me how working with their students that experienced sexual abuse, homelessness, child abuse, the lack of food, and living in a foster home negatively affected them. I am very busy and have to attend a meeting; can you tell me briefly what your findings are?
- Researcher: The teachers that I interviewed were very compassionate and caring toward students that experienced trauma and are also suffering. The teachers described intense feelings of powerlessness, frustration, isolation, and being overwhelmed by both the academic and emotional burdens placed on them in their work with teaching traumatized children.
- Principal Wallace: I am so sorry that I have to cut short this pertinent conversation and leave for my meeting. I would love to hear more! Before I go, I am wondering if you identified some helpful pointers for me as an administrator to help my teachers that are working with traumatized children.
- Researcher: Yes, I explored how principals and central office administration as a whole can support teachers in helping students that face multiple social, emotional, and academic challenges.
- Principal Wallace: Thank you for your time. I look forward to reading your dissertation.
- Researcher: Thank you. I am sure that you will find that this material is not only relevant but also enlightening.

This chapter begins with an overview of the key findings that includes a summary of the central themes related to the teachers' responses as well as an analysis of the study results in the context of the theoretical frame of secondary traumatic stress, elaborated

upon in Chapter 2 – the literature review. This section on key findings uncovers four recurring themes that the participants discussed: 1) the importance of awareness and the impact that this work has on each educator personally – “You never let your guard down!”, 2) the impact that this work has on instruction – “Multiple demands – I don’t feel qualified!”, 3) how this work informs decisions about their professional career – “I don’t know how much longer I can be effective!”, and finally, 4) the challenges of implementing self-care strategies – “It doesn’t matter how good your jumper cables are if your car battery is low.” I then examine the implications for the teaching profession. And finally, I discuss the limitations of this study and provide recommendations for future research in the area of secondary traumatic stress and educators.

Overview of Key Findings

The key findings of this study are examined below utilizing the theoretical frame of STS, comparing the seven indicators (see Table 1 in Chapter 2) listed by Dutton and Rubinstein (1995). The secondary traumatic stress indicators identified were distressing emotions, intrusive imagery, numbing, somatic complaints, addictive or compulsive behaviors, physiological arousal, and impairment of day to day functioning.

The educators in this sample reported experiencing the same secondary traumatic stress indicators as other human helping professions, such as social workers, child welfare workers, nurses, disaster relief workers, and police officers that work with trauma victims and largely confirmed the previous research. Teachers had a diverse range of explanations as to what the effects of working with traumatized children had on them personally. Some of the teachers in this study experienced similar types of traumatic

events in their childhoods as the children in their classroom. Two teachers in particular noted how they become triggered by the events in their student's lives. This raises concerns if the teachers can separate their own emotional responses and feelings from those of the children and become effective instructors. It also raises the issue that teachers that have experienced similar types of traumatic events are prone to overextend themselves and become overly involved with traumatized a child which puts the teachers at risk of physical, emotional, and personal harm. In the instances where the teachers disclosed their own traumatic events from their own childhood to students, questions arise about the appropriateness of their personal disclosure and the impact this disclosure had on the traumatized child. Another theme that came through was the sense of powerlessness that the teachers expressed feeling which was parallel to the feelings of powerlessness of the students impacted by traumatic events. The participants discussed how they were detrimentally impacted physically, personally, and emotionally from hearing stories about the trauma that students experience. The teachers also reported feeling frustrated, overwhelmed, and mentally and physically exhausted. Hence, it is important to discuss the secondary traumatic stress indicators and how these indicators were present in the lives of the teachers in this study. The next section examines how the educators in this study gained awareness of the traumatic events in the lives of students and explores the impact this had on teachers personally.

Awareness and Personal Effects of Secondary Traumatic Stress (STS)

“You never let your guard down!”

The kids that are in crisis, I found myself on edge. You never let your guard down, you can never let your guard down because you are always looking,

waiting, and expecting what is going to set them off, what are they going to do, how are they going to react, and how can you support them, and how can you help them. So it is exhausting, absolutely exhausting. ...my reality is that I go home and I think about school and the kids 24-7. I woke up last week thinking about the boy that was hungry and it was 4:00 AM in the morning. I am in the shower and I am thinking about this kid. And I am thinking about what I have to do to help this kid. You never escape it for good or bad.

Jean (all names used are pseudonyms) an elementary teacher and study participant conveys in the preceding excerpt the emotional strain of working with traumatized students. The teachers in this study reported a range from 20 percent to 90 percent of children who have been impacted by trauma over their teaching career. They indicated that their students experienced multiple traumatic events that include: poverty; physical abuse; sexual abuse; abandonment, neglect; hunger; homelessness; adoption; multiple foster care placements; multiple school moves; drug and alcohol addicted parents; parents that are incarcerated; death of parents, siblings and relatives; students that witness shootings; students that witness the arrests of their parents and the arrests of individuals in their neighborhoods; students with severe physical disabilities; students exposed to age-inappropriate materials (i.e., television, movies, and video games); domestic and community violence; and the loss of parents for long periods of time due to their deployment in the military. They became aware of the trauma that exists in the lives of students usually from the students themselves. The teachers talked about developing nurturing relationships with students and consequently, students disclose information directly to the teachers individually or during whole group classroom activities. Additionally, the teachers in this sample reported they also acquire information about trauma that the students' experience from observing their student's behavior, and from

counselors, parents, administrators, student's files, other teachers, child protective officials, and the school nurse.

It seems significant that the majority of the teachers discussed the importance of establishing nurturing relationships with their students. Many teachers from this study learned about the trauma that their student's experience through daily interactions and conversations with their students. The educators from this study reported 1) difficulty in trying to make sense of a student's acting out behavior and 2) the detrimental impact that traumatic events have on students' academic performance and/or behavior in the classroom. Teachers also acquired information about traumatic events in the lives of their students from other school personnel. This raises the issue of confidentiality and how much information should be shared with teachers about the specific nature of the trauma impacting students. Attention and care needs to be given to teachers who may struggle with what to do with the information about the trauma impacting students. Additionally, if a decision is made to share the traumatic events impacting students in teachers' classrooms, supports are needed to ensure that teachers are equipped to handle such information so that teachers are not negatively impacted.

Seven Secondary Traumatic Stress Indicators

Dutton and Rubinstein (1995) delineated the seven secondary traumatic stress indicators of distressing emotions, intrusive imagery, numbing, somatic complaints, addictive or compulsive behaviors, physiological arousal, and impairment of day to day functioning. Teacher responses that confirm the presence of each stress indicator follow.

Distressing Emotions

All of the participants emphasized how overwhelming and exhausting it is to successfully work with traumatized children. The educators discussed insightful comments and shared profound experiences about their work with traumatized children. Jean, Gina, and Erica felt professionally ineffective, ill-equipped, and lacked confidence in addressing the social and emotional needs of traumatized students. In addition to feeling emotionally exhausted and fatigued, many of the teachers stated that they felt unqualified, powerless, guilty, inadequate, and incompetent to address and work with traumatized students. Additionally, the participants' extensive work and outreach to parents during meetings before and after-school, at parent/teacher conferences, and during home visits to their student's home was raised by several teachers. The participants reported that parents of traumatized children would frequently talk with the teachers about the trauma that is going on in the lives of students. Having in depth conversations with parents about the trauma that existed in the lives of students and their families was another area where teachers felt unqualified.

Intrusive Imagery

Hearing traumatized material from students on a consistent basis negatively impacted the quality of life and well-being of these educators who are integral to children's academic, social, and emotional growth. The teachers described the emotional toll that this work has on them and commented about how this work stays with them and not only impacts the quality of their work life but also impacts them personally at home

and their interactions with their family, loved ones, and friends. The all-consuming nature of working in a trauma sensitive school and hearing and being aware of the painful stories from traumatized children had caused both Patricia and Erica to feel ambivalent about having their own children. They both had concerns about their capacity to handle the multiple responsibilities as an educator for traumatized children and the competing demands of providing for their own future child or children and spouse. Both of these teachers, who were also the youngest teachers in this study, discussed this dilemma and their fears of handling both the multiple demands of raising a family and providing for the needs of traumatized children in the classroom. This information from Patricia and Erica suggested that as a result of working with traumatized children, there was a change in their attitudes and world views about childrearing.

Numbing

The teachers in this sample experienced a kind of numbing due to trying to address the emotional needs of children. Three teachers from this study described how they attempt to protect themselves by distancing themselves from students. Carolyn mentioned that she does not probe for information from students about their home lives. Joanne stated that she just “looks at behaviors and deal and address behaviors.” Joanne also stated that “she is in the dark unless she sees bruises.” Erica mentioned how she isolated herself from others to the point where she didn’t want to leave the house. The significance of these three incidents of numbing served the purpose of the teachers detaching themselves from the painful stories as a strategy to protect themselves from the emotional pain and misery that the students encountered.

Somatic Complaints

In this study, teachers discussed how they experienced physical illness and health problems due to the stressors in their work with traumatized students. Erica described not sleeping well her entire first year teaching at her trauma sensitive school. She had difficulties setting boundaries as a teacher and mentioned trying to be the counselor, nurse, and a parent to her students. Erica stated that she was constantly getting sick and was not helpful on any of the aforementioned fronts. Erica disclosed that she still struggles with this issue. Irene also mentioned that she had trouble sleeping and has high blood pressure in part to working with traumatized children and going through a divorce with her husband. Joanne mentioned that she neglected her health. She described her experiences of getting sick constantly, how she fainted while at a professional development workshop as a result of being overwhelmed by the pressures on the job, and disclosed that she had an emotional breakdown. Joanne mentioned that her main motivation for taking care of herself is because she feels obligated to nurture and provide guidance for her only child. Though the somatic descriptions were different, the impact of trauma has impacted the health and physical well being each of these women and all were detrimentally impacted physically as a result of working with traumatized children.

Compulsive Behaviors

The teachers did not disclose or report any signs of addictive behaviors such as drug or alcohol abuse, aggression, or violence as a sign of coping with traumatized children. However, there were clear signs of compulsive behaviors such as workaholism

and compulsive eating (Dutton and Rubinstein, 1995). The teachers reported issues of workaholism and issues with weight gain during the school year as a result of working with traumatized children. Due to working excessively after the school day, many teachers expressed how their interpersonal relationships with family, friends, and loved ones were negatively impacted. Many teachers talked about being physically and emotionally drained and did not have enough energy to deal with and handle the multiple responsibilities as an educator for traumatized children and the competing demands of providing for their own children, spouse, extended family, and friends. The teachers also expressed concerns and fears about emotionally shortchanging their own family as a result of the tremendous amounts of energy and compassion that is required in teaching traumatized children.

Physiological Arousal

Jean stated that she loves teaching but questioned how much longer she can remain in the profession after hearing about and coping with multiple traumatic events experienced by her students. She exhibited signs of physiological arousal and described her reactions upon hearing that one of her students was a victim of sexual abuse. She stated that she was hyperventilating and knew that sexual abuse happens in society but had a hard time coming to grips with knowing the student on a personal basis. She discussed how hearing about these painful stories over time wore her down. Jean along with other participants had a difficult time processing and coming to grips with their experiences in working with traumatized children. The teachers also struggled to successfully meet their personal and non-academic obligations and responsibilities.

Impairment of Day-to-Day Functioning

The teachers from this study expressed difficulty in both prioritizing their health and achieving needed balance away from their jobs. The teachers also described the complexity of teaching and juggling the multiple demands and responsibilities of both their professional and family life. Overall, the teachers reported feeling physically and emotionally drained as a result of their daily interactions with traumatized children.

The secondary traumatic stress theoretical framework was a powerful and particular effective lens to use when considering the teachers' experiences in this study. The findings from this study indicated that the personal emotional turmoil and intense emotional responses of being exposed to and hearing about traumatic stories from children on a repetitive or prolonged basis caused STS symptoms among teachers in this sample. Also feelings of fatigue, disillusionment, as well as incompetence or worthlessness were exhibited which are all signs and symptoms that an educator is experiencing secondary traumatic stress (Bride et al., 2007). It is important to note that examining any of these indicators in isolation could be common responses by any educator that works with children. The combination of these indicators makes the experiences of teachers in trauma sensitive schools unique.

It is not surprising that these negative feelings would impact the teacher's capacity to instruct. The next section examines the challenges that teachers confronted in addressing the instructional needs of traumatized children. Then the following section will examine the impact that working with traumatized children has on teachers

professionally and the challenges that teachers confronted in implementing self-care strategies to mitigate the impact of STS.

Impact on Instruction

“Multiple demands – “I don’t feel qualified!”

... as a teacher I’m supposed to quote be teaching and I don’t always feel maybe qualified to address the needs of the traumatized students, I try to you know be sensitive to them, but at the same time I know I have to have some [academic] expectations from them and sometimes you just don’t know how to handle it. Am I pushing too hard, am I not pushing enough, so far as my [academic] expectations go. So I think that’s kind of the challenge. How much can I expect from this little one who quote is traumatized?

Gina an elementary teacher and study participant conveys in the preceding excerpt the difficulties in meeting the academic, social, emotional, and physical needs of the students in her classroom. Many of the teachers in this sample discussed a dual focus on delivering instruction while at the same time supporting students to ensure that their physical, social and emotional needs are met. Irene stated: “Teaching is it my most important job, yes but unless you get through all those other layers you can’t get to teaching”. The teachers discussed the need to be cognizant of the importance of addressing the physical, social, and emotional needs of students in order to successfully teach students. This view is consistent in the findings from the literature by Louis and Smith (1996) who maintain that the “problems that students bring to school may overwhelm urban teachers, making it more difficult for them to successfully engage with normal issues of pedagogy” (p. 121).

Four teachers in this study stressed the importance of the teacher having high expectations for traumatized students. Irene stressed the importance of teachers

maintaining high academic standards and not to lessen academic or behavioral expectations just because students are exhibiting trauma symptoms. Irene stated that it is the responsibility of the educator to ensure that students actually learn the academic content. She stated that the teacher has a duty to do their best to teach all students because “education is their ticket to success.” This view not only addresses the importance of having high expectations for the academic performance of students, but also discusses the hazards of too much empathy to the point of lessening academic rigor and student social and behavioral expectations.

The teachers also commented that a quality education has the potential to break the patterns of trauma and cycle of dysfunction that confronts their students. Irene added that teachers need to have empathy but not use trauma as a crutch or as an excuse to lower academic expectations. Gina felt differently about this issue and stated that our expectations for traumatized children are unrealistic. She discussed the lack of parenting skills, the lack of reading to children at an early age and how her students came to school with huge learning deficits. She maintained that the students are making academic progress but are not on the same level as children in the suburbs that have more support from parents, and additional opportunities and resources.

Teachers discussed the dilemma of having high expectations but also discussed having realistic expectations for traumatized children. The teachers discussed realistic expectations when discussing the pressures of both the pacing guide and standardized tests in working with traumatized children. The *pacing guide* is a district plan enforced by principals that stipulates that a teacher has to be on a particular lesson or unit on a certain day. Due to many students being at different academic levels, the teachers

discussed the additional challenges of having to differentiate instruction to meet the diverse learning needs of the traumatized students in their classrooms. Teachers discussed the need for additional time to instruct traumatized children in order that they may grasp curricular content.

The teachers in this study also expressed their thoughts about administering standardized tests for traumatized students. A few teachers noted the unfairness of standardized tests and one particular teacher indicated that standardized tests are counterproductive to the learning process. However, the teachers were able to discuss various strategies that they utilized to promote academic achievement and success on standardized exams. The strategies included relationship building with each individual student, implementing classroom structures to create a safe learning environment, teaching relaxation and mindfulness techniques to traumatized students, and being nurturing and caring toward traumatized students which the teachers identified as mothering skills.

Overall, the teachers exhibited awareness of the academic levels and needs of their students and were cognizant of their students' physical, social, and emotional needs in their classroom. The teachers discussed the need for flexibility in working with traumatized students and that both the pacing guide and standardized tests do not take into account the importance of balancing academic progress with a student's mental and emotional health. The challenges of addressing both the educational and emotional needs of traumatized students also took a toll on teachers professionally. The next section will discuss how teachers are impacted professionally as a result of working with traumatized children.

Professional Impact

“I don’t know how much longer I can effective!”

Erica an elementary teacher and study participant conveys in the subtitle her uncertainty about being effective as a teacher teaching traumatized children. She stated: “I don’t know at what point I am going to stop being effective because it’s so easy to see how people get burnt out quickly but I am hoping either that I will realize it or somebody will point it out.” Teachers in this sample were asked about the impact of working with traumatized students on their current and future aspirations. They were also asked about their thoughts on how long they will remain in the profession. Several teachers (n=7) expressed the joys and love of teaching and stated that they plan to remain in the teaching profession for many years. Two teachers discussed in detail how they opted to turn down opportunities to leave the classroom to work as an administrator or to work as a central office administrator. Another two teachers remarked how they were unsure about continuing in the profession.

The majority of the teachers noted that they have strong sources of support that helps them remain in the teaching profession. One consistent comment from the teachers in this study was the need to talk with others. Interestingly, when asked who they talk to in discussing the complex nature of their jobs, all of the teachers identified other teachers more frequently than any other source of support. The majority of teachers stressed that they benefitted and processed information and their personal reactions by talking with others about their challenges and work with traumatized children. Talking with others served as an important outlet in coping with traumatic material from students and helped

teachers maintain optimal teaching conditions in the classroom. I was very concerned with one teacher in particular, Erica who seemed to be at risk. Erica did not have family in the area and isolated herself from others by not leaving the house. She mentioned that she was at the point of not paying her bills and only wanted to watch movies at her house. She did have a therapist who she says was helpful to her. It seems as if she could have had additional supports in place such as from family, friends, colleagues, as well as support from her administrator.

Wolpow et al. (2009) noted that teachers receive little training in recognizing primary trauma symptoms in their students. It is interesting to note that while all of the teachers in this study worked in a trauma sensitive school, they in some way felt unprepared for their work and advocated that school staff members receive additional training in working with traumatized students. The teachers requested additional training in order to work effectively with traumatized students which would enable them to continue their teaching career. Many teachers reported wanting formal structures of school support that would help teachers handle the complexities of teaching traumatized children. The teachers expressed the need for additional training to know the warning signs that a child has been traumatized, concrete strategies and ways to support traumatized students, knowledge of the resources that are available to students in the school and in their community, and having coaching mentors for both novice and experienced teachers to help with how to implement instructional strategies with traumatized children.

One participant stated that she would benefit from a support group for teachers to help deal with the personal effects of working with traumatized children. This would

require collaboration with experienced social workers in the community that could provide such a needed service. Other teachers advocated for an affirmative and supportive space and environment in the school to discuss the concerns and complexities of working with traumatized children. This would be a different forum than the venting that currently exists in teachers lounge's which can oftentimes be toxic and unhelpful. The educators in this study are looking for constructive dialogue from supportive colleagues. One teacher also requested that the school engage in group activities as a school community to help build support and cohesion as a school.

This dissertation research study strongly advocates that elementary teachers also need to: 1) have awareness of the trauma that their students are exposed to and 2) have awareness that they would be impacted by their indirect exposure to trauma as a result of their work with traumatized students. It is imperative that teachers incorporate self care strategies in order to successfully educate traumatized children and to decrease their vulnerability to the harmful impact of STS. The next section will explore the challenges of the teachers in implementing essential self-care strategies.

The Challenges of Self-Care

“It doesn't matter how good your jumper cables are if your car battery is low!”

Irene an elementary teacher and study participant conveys in the preceding subtitle a saying that she picked up from a workshop discussing the importance of self-care. She discussed the importance of taking care of oneself as an educator “because you could have all the strategies and the best lessons in the world but if you can't cope with the pressure [working with traumatized children] you are not going to be helpful to

children and you will not make it as a teacher.” The importance of taking care of oneself was also reinforced by Gina who stated: “I am not going to be any better off for the kids if I am not in a good mental or emotional state.”

Wolpow, Johnson, Hertel, and Kincaid (2009) point out that engaging in self-care activities is an ethical responsibility for teachers in order to do no harm to students under their tutelage. Wolpow et al. (2009) asked: “If education professionals themselves are barely coping and cannot bounce back from the challenges they face, how are they to sustain the strength needed to promote resiliency among their students” (p.45)?

The results of this study showed that participants do engage in self-care strategies but to varying degrees. The participants discussed participating in various hobbies, exercising, engaging in spiritual practice, and having pets which all helped them process their work with traumatized students. Many of the participants in this study understood the importance of engaging in self-care strategies and were actively involved in hobbies for relief. All of the teachers were able to discuss the need for and importance of adequate nutrition, exercise, and rest. Erica stated that she kept a journal; she maintained that this was helpful to her in processing her interactions with traumatized students during the day by remembering and reflecting on her thoughts as a way of understanding why she felt overwhelmed. Gina discussed the importance of praying and saw spirituality as a protective factor. Her belief in a higher power motivated her to connect with traumatized children and gave her purpose and meaning to implement balance in her life.

The teachers also discussed the challenges in maintaining self-care activities and that implementing self-care strategies is an area that needs more improvement. The teachers were able to talk about the importance in engaging in self-care activities but had

difficulty prioritizing this and giving themselves permission to take better care of themselves. What these teachers had difficulty with was ensuring that they were emotionally and physically healthy and that they were not shortchanging or neglecting themselves, their family, or their loved ones. Due to the teachers in this study struggling with implementing strategies that promoted an optimal professional working environment and healthy personal lifestyle, the next section will examine the implications of this research for the education profession.

Implications for the Education Profession

Put Your Oxygen Mask on First

An interesting analogy based on instructions given by flight attendants to airline passengers also applies to educators in our nation's classrooms. It is common to hear from flight attendants the following message: "For those of you traveling with small children, in the event of an oxygen failure, first place the oxygen mask on your own face and then – and only then – place the mask on your child's face" (Houghton, 2001, p. 706). In order to meet the multifaceted needs of children that have experienced trauma, teachers must first take care of themselves. Barth (cited in Houghton, 2001) states: "In schools we spend a great deal of time placing oxygen masks on other people's faces while we [educators] ourselves are suffocating" (p. 706). The environmental stressors, risk factors, and increasing number of social, emotional, and physical needs that impact children indirectly impact educators because children bring these issues to school. As a result, not only does children's functioning in school deteriorate, but teachers are also affected and must deal with factors beyond their control. Hence, there is an ethical responsibility or a "duty to inform" (Cunningham, 2003; Figley, 1999) teachers about the

occupational hazard of educating traumatized students and the possible consequences of this work.

The participants in this study expressed gratitude for the opportunity to voice their thoughts about the personal and professional impact of working with traumatized students. It is clear that the teachers in this study appreciated the attention given to them and that I had inquired about their experiences as teachers working in trauma sensitive schools. Gina voiced her appreciation for the attention given teachers about their experiences in working with traumatized students. Gina noted:

I just think it was really an interesting perspective that you are wondering how having traumatized students actually affect teachers because that's uncharted territory I think. That is like wow you are thinking about us! What do you mean? No, we are always getting bashed! What do you mean? As far as we are not doing enough or whatever so I thought it was a really interesting perspective because I hadn't ever thought about how I have been affected so to speak. I don't think many of us [teachers] would really be in touch with that.

This statement corroborates the need for additional research eliciting teacher's subjective experiences in educating children who experience trauma. This is an important area to explore since the results of this study showed that elementary teachers are affected by their work with traumatized students and also experienced symptoms of secondary traumatic stress. The trauma that directly affected the lives of children indirectly impacted the lives of educators in this study. It is important for educators to be aware of the exposure of trauma and the 'cost of caring' that is inherent in their work as educators. The elimination of secondary traumatic stress among teachers is unlikely, due to the trauma that exists in the lives of students; however, the symptoms of STS can be alleviated with appropriate supports and resources. Overall, teachers have the potential to

be instrumental in helping children heal from traumatic experiences such as abuse, neglect, community violence, and a host of various issues that plague their families.

Examples of appropriate supports and resources include encouraging informal sources of support and creating formal structures of support to assist teachers to maintain optimal health and to deliver instructional content to students without feeling emotionally overwhelmed and physically exhausted in their jobs of teaching traumatized children. This is important because all of the teachers (n=9) from this study replied that it was beneficial to have informal supports built in and discussed talking with friends, family members, and loved ones about their experiences with traumatized children. The participants also discussed the importance of obtaining emotional support from professional team members including other teachers, counselors, paraprofessionals, and administrators. A few teachers also discussed the need for professional support from a therapist. One teacher even suggested having a support group for teachers to discuss the challenges of working with traumatized students.

Many teachers in this study also spoke about the importance of reflecting on their teaching career as a result of being interviewed for this study. Their participation in this study was helpful in affirming their original decision to enter the teacher profession, bolstered their confidence about the importance of their work in teaching traumatized children, and gave them the opportunity to acknowledge the positive impact that they have made as teachers as they examined their role in assisting students throughout their career.

As mentioned earlier, in many instances the teachers acquired information about traumatic events in the lives of their students from other school personnel. This has

implications for policy regarding the issue of confidentiality. When is it appropriate to share information about a child's trauma history, to whom, and for what purposes? There are also implications for higher education colleges and universities in preparing educators to work in districts where significant amounts of students experience the harmful effects of trauma. As identified in this study, teachers feel ill prepared to address the multifaceted needs of traumatized children and are requesting additional training and professional development opportunities that they did not receive during the undergraduate and graduate coursework. As a way to invest in their educators, school district personnel can promote and support the importance of implementing self-care techniques for all school staff members. In addition, schools can also institute crisis response teams, emergency response protocols, and the utilization of school counselors or community mental health providers to address intense levels of anxiety and traumatic stress experienced by teachers.

Limitations

Since the participants all worked in trauma sensitive schools, teachers may have had greater sensitivity to the trauma that their students were exposed to and this may be a limitation of this study. Though the group of experienced teachers that consented to be a part of this study was not a representative sample in terms of an all-inclusive study, findings may be valuable in terms of generalizability and application toward teachers that work with traumatized children in urban schools. Although it was hoped that recruitment efforts would have yielded a diverse sample, there were very few teachers from different ethnicities and no male teacher participants. The sample size was relatively small with

only 9 participants hence the generalizability of these findings cannot be assumed. However, this qualitative study focused more on the meaning of responses rather than on the frequency of each response. Additionally, reliability of measurement and validity must also be considered. The interview questions were designed by this researcher therefore there is likely to be a certain amount of bias involved. Participants were recruited utilizing a recruitment flyer and sending research information and emails to principals. This researcher's own role as a former principal was instrumental in garnering the support of principals and assisting in the recruitment of teachers in this study. Additionally, my familiarity with this school system might have produced inevitable investigator bias.

Recommendations for Future Research

It is hoped that future research can be conducted with a larger sample to generate additional themes and to examine key concerns for a critical mass of teachers working with traumatized students. Since this study was situated in trauma sensitive schools, it would be interesting to see if elementary teachers that work in non-designated trauma sensitive schools also report similar symptoms of STS. It would also be beneficial to replicate this study with teachers in urban, rural, and suburban elementary and secondary schools and see if the STS symptoms that the teachers report are consistent with the findings of this study. More qualitative studies examining this topic have the potential to provide wider breadth of knowledge in this area. Additionally, future research might also be conducted in the area of cultural implications pertaining to teaching traumatized children. For example, a proposed study might inquire about the role that race and culture

of both teachers and students plays in the personal and professional impact of working with traumatized students.

Conclusion

Irene (pseudonym), an elementary teacher and study participant conveys in the following excerpt the pressures that educators are confronted with, including the need to provide additional supports to elementary teachers as they engage directly and regularly with the pain and suffering of their students. She asserts:

We have to have empathy for traumatized students and we have to have strategies and tools to deal with them as well as ourselves. ...I really do believe that education is their ticket to success. Education is the way out of because many of them they are just in a vicious cycle and it's going to continue. So [as a teacher] you are kind of torn between poor baby I have empathy for you, I know where you are coming from but guess what, I have these expectations for you. You can do this and I got to help you to get there. I got to keep myself well enough to help you to get there.

The teachers in this dissertation research study were admirable in providing outstanding care to students in their classroom and were committed to the educational, physical and social needs of traumatized students. They discussed the joys of teaching but also discussed their intense feelings of powerlessness, frustration, isolation, and being overwhelmed by the burdens placed on them as teachers working in a trauma sensitive school. The educators in this sample reported experiencing the same indicators as other professionals working with trauma victims. It is important for teachers to have a working knowledge of how trauma affects them both directly and indirectly while also initiating a self-care plan that supports the quality of their work as well as their level of job satisfaction. By informing and preparing teachers to be aware of the “cost of caring,” and

by providing them with specific training and informal and formal structures to help them address the needs of traumatized children and the personal costs in teaching traumatized children, teachers will be better able to increase academic achievement and be sensitive to the emotional, physical, and personal costs in educating traumatized children.

The findings from this research reinforce the conclusion that elementary teachers have been affected by the pain that their students have experienced. This study confirmed that the phenomenon of STS is helpful in understanding the experiences of elementary educators who work with traumatized children. Results also affirmed that teachers need additional training to deal with the multifaceted needs of students who go to school with an increasing number of academic, social, and emotional needs. And finally, this study maintained that the increased psychological, mental, and emotional challenges of teaching and the prevalence of traumatized students in the classroom raise the crucial need to provide additional supports to educators in order to help teachers maintain high standards of academic achievement and provide appropriate services to traumatized children. In conclusion, this study highlighted the importance of protecting the emotional well-being of elementary teachers, which in turn will help teachers to do their jobs effectively.

APPENDIX A

LETTER OF CONSENT

Dear Educator,

My name is Anthony C. Hill and I am conducting a study for my doctorate research at the University of Massachusetts Amherst, School of Education. I am interested in examining the impact on educators who work with students who experience trauma. The findings of this study will be used in my dissertation and may be used in future publications and presentations.

I am interested in your work with students that live in challenging social environments with ongoing stressors, such as family (physical abuse, sexual assault, neglect) and community violence, bereavement and loss issues, parental mental health and substance abuse, poverty, and homelessness. I am specifically interested in learning about how teaching traumatized students impacts you both professionally and personally. You were selected to participate in this study because you work in a trauma sensitive school with students that have experienced trauma. The criteria to be eligible to participate in this study are that you must 1) be an elementary educator who has primary responsibility for one class most of the day 2) you must work in a school designated as a trauma sensitive school and 3) you must have at least 5 years of teaching experience.

If you choose to become a participant, I will ask that you participate in a sixty to ninety minute, face-to-face interview with me. We can schedule a convenient date, time, and location for the interview. With your permission, I will tape record the interview; all tapes will be safeguarded under lock and key. All study materials will be safely stored for three years according to federal regulations; if the data are not needed after that point, I will destroy all materials. I will protect both your identity and that of your school by giving pseudonyms and disguising identifying information. You should understand, however, that I may quote directly from our interviews but will not use your name in any part of the study and any identifying information will be disguised. Follow-up interviews may also take place to have participants elaborate fully on ideas and to share and verify interpretations of the emergent findings with participants.

I will be the only person reviewing and transcribing the interviews and will maintain your confidentiality by keeping the signed consent forms separate from the interview data. I will erase the tapes after transcription. I will not use your name in any written materials and every effort will be made to disguise your identity.

As a participant, there are benefits and risks. You will benefit from having the opportunity to voice your experiences in working with students who have experienced or are experiencing trauma. Additional benefits include helping future educators examine how trying to address the emotional and behavioral needs of children can impact teachers and how this may impact the quality of life and well being for teachers. Participants risk being asked to examine sensitive personal information, which may bring up powerful emotions. If at any time during your participation in this study, you may withdraw without any negative consequences. Attached you will find a listing of therapists in case you experience emotional difficulty as a result of your participation in this study.

I appreciate your willingness to give your time to this important study and look forward to talking with you soon. If you are interested, upon request, I will provide you with an executive summary of the findings from this study.

If you have any questions, please feel free to call me at (413) 585-3625 or email me at anthonyh@acad.umass.edu. Please keep a copy of the informed consent for your records.

Sincerely,

Anthony C. Hill

The study has been explained to me, and I understand the conditions described above. I freely agree to participate.

Participant Signature

Date

Researcher Signature

Date

APPENDIX B

THE IMPACT OF TRAUMATIZED STUDENTS ON EDUCATORS:

DEMOGRAPHIC SURVEY

Thank you again for agreeing to be interviewed for my project. To provide a little background, it would be helpful if you could complete the brief questionnaire below. Once it is complete, you can return it to me either in person, by mail, or as an email attachment to anthonyh@acad.umass.edu. If you have any questions, you can call me at (413)585-3625.

Name: _____ Email address: _____

* A pseudonym will be used in final report

Number at which you can be reached: _____

Age	
Gender	
Ethnicity	
Marital status	
Number of children	
Undergraduate college/university	
Major (s)	
Advanced degrees	
How many years have you taught?	
How many years have you taught in a trauma sensitive school?	

Is your class a general education class or a special education class?	
What grade do you currently teach?	
What other grades have you taught in your teaching career?	
Percentage (rough estimate) of children who you have taught over the years impacted by trauma?	
Please describe the nature of training that you received to address the needs of traumatized children?	
Please describe the duration of this training?	

Thank you for your time! Please return this questionnaire to me either in person, by mail or as an email attachment to anthonyh@acad.umass.edu.

APPENDIX C

THE IMPACT OF TRAUMATIZED STUDENTS ON EDUCATORS:

GUIDING QUESTIONS

Interviews will be conducted using an open-ended, semi-structured format. The following questions will guide the interview, and the questions will be adapted as necessary to maximize participant responses and to increase the depth of the interview content.

Acquiring Information about Traumatized Students

1. How do you learn about your students' experience with trauma?
2. What kinds of traumatic experiences have your students experienced?
3. Describe your interactions with students who experience trauma?

Personal Impact of Working with Traumatized Students

4. What special challenges have you encountered in working with students who have experienced trauma?
5. Please describe the personal experiences you have had as a result of hearing traumatic stories from your students?
6. How do you process the difficult student stories that you hear on a daily basis?
7. In what ways do you think that this work with traumatized children has on your interpersonal relationships with your family and friends?

Impact on Academic Instruction

8. How does learning about the traumatic events in the lives of their students impact academic instruction?
9. In what ways do you think that this work with traumatized children has on you professionally?
10. What types of supports do teachers need to effectively educate traumatized children?

Effective Strategies

11. Who do you talk with to help you address the personal issues that come up for you while working with students who have experienced trauma?
12. How do you take care of yourself in the demanding profession of teaching?

Concluding Questions

13. Is there anything else (experiences, memories, scenarios with traumatized children) that you would like to share?
14. Do you have any additional questions, comments, and/or concerns?
15. Please describe your thoughts and feelings, and/or what stands out about this interview?

APPENDIX D

THE IMPACT OF TRAUMATIZED STUDENTS ON EDUCATORS:

REFERRAL LIST FOR PARTICIPANTS

As a participant, you will be asked to examine and reflect on your interactions with traumatized children. This study may require you to examine sensitive personal information, which may bring up powerful emotions. Due to the potential risk of emotional distress associated with participation in this study, I have included the following local mental health referral resources for you to use at your discretion.

1. Valley Psychiatric Services
511 East Columbus Avenue
Springfield, MA 01105
413-827-8959
2. Behavioral Health Network
Liberty Street Clinic
417 Liberty Street
Springfield, MA 01104
413-734-3151
3. Center for Human Development
Child and Family Service of Pioneer Valley, Inc.
367 Pine Street
Springfield, MA 01105
413-737-1426
4. Carson Center for Children & Youth
Outpatient Clinic
20 Broad Street
Westfield, MA 01085
413-568-1421
5. Clinical & Support Options, Inc.
215 Shelburne Road
Greenfield, MA 01301
413-774-1000

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