

**A Phenomenological Study of Educators' Preparedness and Lived Experiences with  
Trauma-Informed Practices**

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## **Abstract**

This qualitative phenomenological study addressed educators' perceptions of preparedness to implement trauma-informed practices, acknowledging the problem that many K-12 educators often lack adequate training in trauma-informed care that is necessary to support trauma-affected students. Through the lens of trauma-informed care, this study aimed to understand the perceptions of educators' preparedness to support students with trauma and whether their pre-service training provided adequate support to foster confidence during implementation. Participants were selected after responding to invitations to participate in the study sent via email through open Listservs. Semi-structured interviews with eight educators in the Western United States were analyzed thematically using NVivo 15 and inductive coding. Open, axial, and selective coding were then used to facilitate meaningful coding sequences that helped the researcher capture the essence of each participant's experiences and identify main themes. Findings revealed educators often feel inadequately prepared to support trauma-affected students. Educators also emphasized the importance of quality pre-service training focused on trauma-informed care, ongoing professional development, and systemic support to increase overall confidence in implementation. Implications for practice include the need for mandatory trauma-informed pre-service training, ongoing professional development, and systemic support to allow for fidelity in implementation. This study contributes to the literature by elevating educators' voices in understanding perceptions of inadequate pre-service preparation and limited opportunities for further professional development, so they feel confident and prepared to address all students' behavioral and social-emotional needs. Future research is needed to examine the impact of mandating trauma-informed training in pre-service programs and what components contribute to building confident and competent educators.

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This dissertation reflects not only academic achievement but also my commitment to advocating for trauma-informed practices in special education and improving outcomes for the students and families I serve as a school psychologist.

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## **Section 1: Foundation**

The increasing prevalence of childhood trauma and its profound impact on student success and achievement outcomes have become widely recognized within the educational system. Numerous studies have highlighted the profound impact of adverse childhood experiences (ACEs)—such as psychological, physical, or sexual abuse, as well as living with household members who struggle with substance abuse, mental illness, or incarceration—on a child's cognitive, social-emotional, and behavioral development (Felitti et al., 2019; Hales et al., 2023; Zarei et al., 2021). These adverse experiences often manifest within the classroom as decreased attendance, poor academic performance, learning difficulties, and challenges with establishing healthy relationships with peers and educators (Perfect et al., 2016). Consequently, the responsibility often falls on educators to support not only students' academic success and achievement but also their social-emotional well-being (Glover, 2024).

Despite the growing recognition of trauma's impact on students, many educators lack adequate knowledge and training in trauma-informed practices (Cupp, 2024). Marshall (2023) noted that while educators often enter the profession intending to positively impact their students' lives, without sufficient training and resources focused on trauma and strategies to address its effects, they are more likely to feel ill-equipped to respond to the complex needs of trauma-affected students. This lack of preparation can lead to frustration, feelings of inadequacy, and eventual burnout. Although many educators strive to create supportive and safe learning environments, they are frequently ill-equipped with the tools, support, or training strategies to do so effectively and sustainably.

Moreover, the current structure of the educational system and its existing social hierarchies have not evolved sufficiently to address the implications of trauma or how to support

educators in understanding and responding to these challenges faced by students (Greig et al., 2021). Traditional preparation programs for educators tend to focus primarily on classroom management and academic instruction, often at the expense of training in psychological and social-emotional competencies. These skills are especially critical when working with trauma-impacted students. As Wiley (2022) argued, educators must thoroughly understand how trauma influences student behavior and learning to improve academic outcomes, foster stronger relationships, and cultivate a safe learning environment for students and themselves.

Trauma-informed teaching practices aim to bridge the gap between the social-emotional needs of trauma-impacted students and the traditional academic instruction demands by fostering environments grounded in safety, trust, and respect (Crosby, 2015). These approaches seek to proactively respond to trauma-related behaviors by creating safe classroom environments where students are better able to engage in meaningful learning. However, implementing trauma-informed practices requires a comprehensive shift in educator training, adjusting school policies, and shifting education culture that stigmatizes the mental health needs of students. While some districts and schools have introduced trauma-informed programs, the absence of consistent, system-wide integration limits their effectiveness and long-term impact. Trauma-informed education requires more than individual educator effort; it necessitates administrative commitment, restorative disciplinary practices, sustained professional development, and strong, collaborative relationships among staff, students, and families (Crosby, 2015).

To address these challenges and better support educators, this study aimed to explore the necessary resources, strategies, and types of support required to implement trauma-informed teaching practices effectively in the classroom. Additionally, the research aimed to identify which resources were being utilized successfully by educators who were already implementing

these practices. This study aimed to identify potential gaps and opportunities in professional development that can aid educators and administrators in implementing school-wide initiatives, ultimately contributing to the development of a more responsive and effective educational environment that supports all students.

### **Statement of the Problem**

The problem addressed by this study is that many K-12 educators often lack adequate training in trauma-informed care (TIC) practices that are necessary to support trauma-affected students (Anderson et al., 2022; Krupina et al., 2025). Walsh (2024) stated that there is a critical need for educators to enhance their understanding of trauma through professional development and the integration of trauma-informed practices into school initiatives. These supports are critical to educators and their ability to implement trauma-informed teaching practices effectively and sustainably within their classrooms. Jones and colleagues (2019) indicated that trauma-affected students develop differently than those not exposed to trauma, which can impact their ability to access their education and learn efficiently. Therefore, trauma poses challenges not only for students but also for the educators. Without appropriate training and preparation programs, educators are at a higher risk of experiencing symptoms of secondary trauma, burnout, and compassion fatigue, which can ultimately impact their work performance, classroom management, and overall well-being in a negative manner (Krupina et al., 2025). If this problem is not addressed, the gap between TIC theory and educational practice will continue to persist, further exacerbating negative experiences for underprepared educators and students impacted by trauma.

## **Purpose of the Study**

The purpose of this qualitative phenomenological study was to explore educators' lived experiences of preparedness in implementing trauma-informed practices, intending to identify training needs and barriers to effective implementation after preparation programs. Based on the increasing prevalence of childhood trauma and its negative impact on students' academic performance and social-emotional well-being, it is essential to explore the lived experiences of educators as they make sense of their feelings of ill-preparedness to address these challenges and complex needs within the classroom (Cupp, 2024; Walsh, 2024). When inadequately prepared to support trauma-affected students, educators are at an increased risk of experiencing secondary trauma, burnout, and compassion fatigue, which increases the likelihood of symptoms such as depression, exhaustion, detachment, and workplace difficulties (Krsnadas, 2022). This study involved semi-structured interviews with eight K-12 educators from public schools in urban and suburban regions of the western United States. Participants were selected through purposeful sampling based on their experiences with trauma-informed practices, and pseudonyms were used to keep all participant data anonymous to protect confidentiality. Data were collected via Zoom-based interviews, lasting 60–90 minutes each, and transcribed verbatim. The primary constructs investigated were educator preparedness and perceived barriers to TIC practices in educator preparation programs. NVivo 15 software was used for transcription and thematic analysis, employing open and axial coding to identify emerging themes that aligned with the research questions. This research is expected to inform educator preparation programs and professional development, ultimately improving educational practices and support for all students and educators within trauma-informed environments.

## **Research Questions**

Research conducted by Jennings (2019) indicated that students with trauma seek security and environments that foster safety, which most often is their educational environment. In order to understand what is needed to support educators and identify potential resources, the following research questions guided this study.

### ***RQ1***

What are the lived experiences of educators regarding their preparedness to implement trauma-informed practices in their classrooms?

### ***RQ2***

What are educators' lived experiences with professional development and educator program preparation related to trauma-informed practices, and how do they believe such training could be improved to better support classroom implementation?

## **Theoretical Framework**

This study was grounded in TIC theory, providing a profound lens for understanding educators' challenges in supporting trauma-affected students (Hales et al., 2017). TIC, as outlined by Felitti et al. (2019), asserts that childhood trauma continues to have an increasing and pervasive impact on a child's cognitive, social-emotional, and behavioral development (Felitti et al., 2019). TIC practices operate under the assumption that all individuals—staff, students, and parents—have experienced some form of trauma (Hales et al., 2017). Harris and Falot (2001) identified five core principles that characterize a trauma-informed environment: safety, trustworthiness, choice, collaboration, and empowerment. This framework was particularly relevant for addressing the central problems identified in this study: educators often lack the comprehensive professional development, resources, and strong leadership support necessary to

effectively implement trauma-informed practices in the classroom (Hales et al., 2017; Walsh, 2024).

Building on this framework, Anderson et al. (2022) argued that trauma-informed practices must extend beyond surface-level interventions and focus on building school systems that promote the physical, emotional, and psychological safety of all students and education staff. The shift towards a trauma-informed school culture and climate necessitates focusing on student well-being and secondary stress experienced by educators, who are expected to facilitate their student's social-emotional well-being and healing (Glover, 2024). With the increasing prevalence and detrimental effects of trauma, TIC theory emphasizes the importance of equipping educators with the necessary knowledge, skills, and systematic backing to support trauma-affected students. Without such support, educators may struggle to address classroom behaviors and the mental health needs of students effectively, leading to secondary trauma and burnout (Krsnadas, 2022). As such, the TIC framework provides a rationale for comprehensive professional development, strong leadership, and systematic change, providing the theoretical foundation for examining how these elements contribute to a more responsive and sustainable trauma-informed school culture and climate (Anderson et al., 2022).

This theoretical framework directly informed the study's purpose: to explore educators' lived experiences and perceptions regarding their preparedness to implement trauma-informed practices. By identifying both barriers and successful strategies for applying trauma-informed practices, this study aimed to align educators' lived experiences with the guiding principles of TIC. This study also aimed to use trauma-informed care theory not only as a theoretical framework but as a critical evaluative lens for understanding how well the educational systems are responding to the needs of trauma-affected students. The findings are instrumental in

informing the development of comprehensive professional development initiatives, shifting school climate and culture, and educator preparation programs that foster educator resilience and support student success within trauma-informed environments.

## **Definition of Key Terms**

### ***Adverse Childhood Experiences***

Adverse childhood experiences (ACEs) are potentially traumatic events and/or experiences that occurred between the ages of 0–17 (Centers for Disease Control and Prevention [CDC], 2023). These traumatic events can impact children's cognitive, social-emotional, and behavioral development (Downey & Greco, 2023).

### ***Burnout***

Burnout is the physical, mental, or emotional exhaustion that results from prolonged involvement in an emotionally demanding situation (Juárez & Becton, 2024). Symptoms of burnout can include exhaustion, negative perspectives, feelings of hopelessness and helplessness, and a reduction in overall motivation, interest, and accomplishment (Juárez & Becton, 2024).

### ***Compassion Fatigue***

Compassion fatigue is when individuals are impacted by providing chronic empathy to others (Juárez & Becton, 2024). This compassion fatigue can decrease an educator's capacity to provide care, compassion, and assistance to trauma-affected students (Juárez & Becton, 2024).

### ***Secondary Trauma***

An intense stress response stems from the knowledge of another person's traumatic event (Oberger et al., 2025). Symptoms can be similar to those of the individual who initially experienced the trauma.

### ***Trauma***

Trauma can be an acute, single crisis, a series of events, or circumstances that an individual perceives as harmful or life-threatening, often resulting in pervasive, long-term impacts on cognitive, social-emotional, and behavioral development (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

### **Review of the Literature**

The purpose of this qualitative phenomenological study was to explore educators' lived experiences of preparedness in implementing trauma-informed practices within their classrooms. This literature review aimed to identify, explore, and review existing literature on TIC in educational settings, with an emphasis on the impact of childhood trauma on student outcomes, educator preparedness, systematic barriers, and the importance of educator and student well-being (Hales et al., 2017). It highlights the vital role of educator training in mitigating the effects of childhood trauma on education.

The literature was collected through various sources, including the National University Library, where the NavigatorSearch search engine was used. Parameters for the search included a filter set to find scholarly and peer-reviewed literature published between 2020 and 2025, with full text available. When searching for sources regarding trauma-informed teaching practices and educator experiences and/or perceptions, terms included *trauma-informed care in schools*, *teacher experiences with trauma-informed practices*, *barriers to trauma-informed education*, *trauma-informed classroom management*, *benefits of trauma-informed practices*, *trauma-informed professional development*, *educator mental health and burnout*, and *educator experiences with trauma-affected students*. When searching for sources on trauma-informed care theory, childhood trauma, and adverse childhood experiences, relevant terms included *trauma-informed care*, *trauma-informed practices*, *the effects of adverse childhood experiences on*

*students, the impacts of childhood trauma, trauma-informed care in schools, educator perceptions of trauma-informed care, and trauma-informed education.* For supplemental information, the Substance Abuse and Mental Health Administration and Centers for Disease Control and Prevention databases were used to find information regarding *trauma, adverse childhood experiences, and childhood trauma statistics.*

### ***Trauma and Adverse Childhood Experiences (ACEs)***

Trauma, as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), is a traumatic event—physical and/or emotional harm—that has lasting adverse effects on an individual's well-being. Trauma that occurs before adulthood is often referred to as ACEs (CDC, 2023). These traumatic events can include interpersonal, domestic, or community violence, physical, psychological, or sexual abuse, neglect, and natural disasters (Felitti et al., 2019; Marshall, 2023). Furthermore, witnessing a harmful event that happened to another person can still be traumatic, even if there was no direct threat of harm (Russell et al., 2024).

**The Impact of Trauma and Adverse Childhood Experiences (ACEs).** Childhood trauma—experiences such as abuse, neglect, violence, and chronic stress—has been widely documented through research as detrimental to child development (Felitti et al., 2019; Marshall, 2023). Recent data from the Centers for Disease and Prevention (2023) indicated that nearly 64% of adults in the United States report experiencing at least one ACE before the age of 18, while 17.3% of adults reported they had experienced four or more ACEs, suggesting that ACEs can have long-lasting effects into adulthood. While trauma is an individualized experience, research indicates that many children who experience trauma will struggle to cope and regulate, leading to significant impacts on cognitive, social-emotional, and behavioral development (Downey &

Greco, 2023). When a child is exposed to trauma from a young age—especially within primary caregiver relationships—the likelihood of detrimental impacts on long-term mental health and difficulties with interpersonal and intrapersonal relationships can expand into adulthood (Krupina et al., 2025).

Neuroscientific research further supports these findings, demonstrating that prolonged exposure to trauma can lead to alterations of neuroanatomy (Evans-Chase, 2014; Moaellem et al., 2024). Specifically, prolonged stress can result in the overdevelopment of the brain's emotional centers, such as the amygdala, limbic system, and brainstem, alongside the underdevelopment of regions responsible for higher-order critical thinking, such as the prefrontal cortex (Downey & Greco, 2023; Little & Maunder, 2020). These structural imbalances are closely associated with deficits in executive functioning, emotional regulation, and complex decision-making skills, contributing to difficulties for trauma-affected students to manage traumatic triggers, especially when coupled with the social and academic demands of the classroom environment (Downey & Greco, 2023; Little & Maunder, 2020; Parker et al., 2020).

The social-emotional effects of trauma are equally profound. Trauma exposure can negatively impact a student's ability to develop secure relationships with peers and educators, contributing to a decreased sense of belonging (Dimitriu et al., 2023). According to Downey and Greco (2023) children with ACEs are four times more likely to experience academic challenges, including increased suspension rates, dropouts, and behavioral incidents. These incidents are often manifestations of underlying trauma that impact self-regulation, which may present as aggression, withdrawal, and depressive symptoms. Over time, these behaviors can further isolate students from establishing supportive relationships with peers and educators.

Early childhood is a critical foundation for developing resiliency, self-identity, and emotional intelligence. Exposure to trauma during this profound developmental period can significantly impact the development of resiliency, an internal ability to cope with stress and adapt to adversity and hardship (Liao et al., 2025). Without intervention, trauma can compromise a child's ability to regulate, develop healthy coping skills, and learn new skills to overcome challenging obstacles (Liao et al., 2025). Deficits in these social-emotional skills can significantly impact childhood outcomes and persist into adolescence and adulthood, influencing mental health outcomes and affecting relationships and self-efficacy.

**The Impact of Trauma on Students' Educational Experience.** Children who experience ACEs are significantly more likely to be at risk of decreased academic achievement, poor attendance, and increased behavioral challenges (Blodgett & Lanigan, 2018; Tyrone et al., 2024). Research indicates that with each additional ACE, the risk of cognitive, social-emotional, and behavioral difficulties increases (Downey & Greco, 2023). Dimitriu et al. emphasized that trauma and ACEs are critical factors in a student's overall development, affecting both academic outcomes and social-emotional well-being. Considering that school-aged children spend a significant portion of their day in an educational setting, educators must identify and implement strategies to support trauma-affected students (Marshall, 2023).

The symptoms of trauma, such as anxiety, hypervigilance, and emotional dysregulation, can be exacerbated by stressors commonly identified in schools, including negative student-teacher relationships, social dynamics with peers, and academic pressures (Dimitriu et al., 2023; Lewis et al., 2023; Marshall, 2023). In a study conducted by Dimitriu and colleagues (2023), school climate was shown to amplify trauma-related symptoms and behaviors, particularly when educators were ill-equipped to address the needs of high-risk students. As a result, schools may

experience increased suspension rates, lower student engagement, and declining academic outcomes. Lewis et al. (2023) linked these adverse educational outcomes to long-term consequences, including reduced and/or inadequate job opportunities and increased risk of poverty. These factors only perpetuate the cycle of generational trauma. Research shows that these adverse educational outcomes are linked to systemic issues, such as a failure to implement fully responsive trauma-informed systems that support all students instead of offering individualized support solely for those trauma-affected students (Chafouleas et al., 2021). Thus, highlighting the need for preventive initiatives versus reactive care (Chafouleas et al., 2021).

**Educator Perceptions of Trauma-Affected Students.** Educator perceptions significantly influence how trauma-affected students are supported and or marginalized within the classroom (Downey & Greco, 2023; Stein et al., 2024). These perceptions and interpretations of student behavior often determine which strategies educators will employ to manage those behaviors. When trauma-related behaviors such as avoidance, emotional dysregulation, and inattention are misinterpreted as willful defiance, laziness, disruption, or disengagement, educators may be prone to defer to punitive disciplinary action that exacerbates the trauma-affected students' symptoms (Downey & Greco, 2023). These misinterpretations and reactions contribute to increased behavioral outbursts, further exacerbating student-educator conflict and alienating trauma-affected students from their learning environment, contributing to preexisting symptoms of trauma. Furthermore, when educators are misinformed regarding trauma and its impact on students' cognitive, social-emotional, and behavioral development, the likelihood of misidentification and overrepresentation of trauma-affected students in special education programs increases.

Without adequate trauma-informed training or systemic support, educators are more likely to feel unprepared, ineffective, and overwhelmed when their existing strategies fail to yield positive outcomes (Stein et al., 2024). Educators are expected to create a safe and supportive learning environment that facilitates educational progress. However, without comprehensive training in trauma-informed practices, skills, and strategies, educators are poorly equipped to address the complex challenges faced by trauma-affected students. Consequently, many educators often feel inadequately prepared to establish stable, safe environments that foster healthy relationships, increased academic readiness, and overall student success (Downey & Greco, 2023). When educators lack the preparedness and resources to support high needs students affected by trauma, it heightens their likelihood to experience feelings of guilt, incompetence, and burnout (Krishnamoorthy et al., 2025). These feelings not only impact educators' mental health and well-being but also compromise the educational outcomes of their students.

### ***Educators' Secondary Trauma, Compassion Fatigue, and Burnout***

Educators frequently serve as first responders to trauma-affected students' emotional and behavioral crises, increasing their risk of secondary trauma, compassion fatigue, and burnout. Stein et al. (2024) asserted that when educators are ill-equipped to support trauma-affected students, they may begin to experience similar symptoms of trauma – such as increased exhaustion, stress, and a higher risk of personal or professional burnout. These symptoms jeopardize the well-being of educators and hinder their ability to establish a safe, supportive, and stable classroom environment. This increased stress, workload, and burnout among educators contribute to broader systemic issues, including high turnover and national educator shortages (Floyd et al., 2024; Stein et al., 2024). Juárez and Becton (2024) noted that educator shortages

significantly impact trauma-affected students and their ability to establish secure relationships, further perpetuating a negative cycle of instability and trauma in the school environment.

Despite the emotional and behavioral demands of trauma-affected students and the negative impact on classroom management, many schools overlook the psychological toll placed on educators (Davis et al., 2022). When coupled with inadequate support and limited resources, these lapses frequently leave educators to manage emotional and behavioral crises alone, significantly contributing to further stress and burnout (Oberg et al., 2025). This burnout affects educators' well-being and limits their ability to effectively manage their students and classrooms with trauma-informed practices, contributing to poorer educational outcomes (Oberg et al., 2025). In order for trauma-affected students to have access to effective, emotionally healthy educators, schools must focus on implementing trauma-informed practices through comprehensive professional development, strong leadership, and a shift to positive school climates.

### ***The Impact of Educator Mental Health on Student Outcomes***

Educator well-being is not just an individual concern; it is a professional necessity that directly influences the quality of education within schools. Educators are increasingly experiencing higher levels of stress, compassionate fatigue, burnout, and secondary trauma, particularly when working with trauma-affected students (Floyd et al., 2024; McGrew et al., 2023). When these systemic challenges in education are left unaddressed, they negatively impact the well-being, stability, and educational outcomes of both educators and students (Luciw, 2024). Compassion fatigue, the cost of caring for others' emotional pain, is especially prevalent among educators who support the complex needs of trauma-affected students (Juárez & Becton, 2024). Burnout —marked by emotional exhaustion, reduced motivation, and increased negative

perspectives—further erodes an educator's ability to maintain positive relationships with students and colleagues (Juárez & Becton, 2024). Secondary trauma, the emotional stress that results from knowing about or helping with others' traumatic experiences, can also significantly affect educator performance (Luciw, 2024). Together, these conditions contribute to decreased professional outcomes, satisfaction, and motivation (Luciw, 2024).

Growing bodies of research highlight the intrinsic link between educator well-being and student outcomes. Educators experiencing mental health challenges may struggle with classroom management, decrease instructional effectiveness, and find it more difficult to foster strong, stable relationships with their students (Dabrowski et al., 2025). These relationships are vital for trauma-affected students, especially in early childhood. When educators are emotionally unavailable, it can contribute to a student's disconnection, negatively impacting their attachment to others, behaviors, and academic performance (Dabrowski et al., 2025; Dimitriu et al., 2023; Lewis et al., 2023). Moreover, the classroom dynamics are heavily influenced by the educator's mental health and emotional regulation. A dysregulated educator may unknowingly contribute to a stressful learning environment, further hindering trauma-affected students' ability to regulate, concentrate, and succeed academically. Conversely, when educators engage in self-care and receive adequate support, they are more likely to create safe and stable environments that foster emotional resilience and academic achievement (Downey & Greco, 2023; Oberg et al., 2025).

### ***Addressing Declining Mental Health and Burnout in Educators***

Addressing educator well-being requires systemic, school-wide interventions, such as supportive policies, manageable workloads, comprehensive professional development, access to mental health resources, and a school culture that prioritizes psychological safety and security (Kendrick et al., 2024). These challenges cannot be resolved through educator effort alone;

instead, they require an understanding that educator mental health is essential for positive student outcomes. Without intentional implementation of trauma-informed practices and adequate system support, schools are at increased risk for perpetuating environments that impact student learning and increase educator burnout. As Sprang and Garcia (2022) emphasized, the absence of coordinated, systemic implementation leads to increased educator stress, diminished job satisfaction, and failure to meet the complex needs of trauma-affected students. This dual impact reinforces harmful cycles—burned-out educators are less likely to provide emotional stability and responsive trauma-informed instruction, which exacerbates trauma-affected students symptoms—that contribute to complex, challenging classroom behaviors and increased stress among educators and students (Fináncz et al., 2020). By prioritizing educators' well-being, the school system can adequately address educators' needs and create the necessary conditions for all students to thrive and access a meaningful education.

### ***Trauma-Informed Education***

Trauma-informed education is a comprehensive approach that applies trauma-informed theory within the educational field. It encourages a fundamental mindset shift from "What is wrong with this student?" to "What happened to this student?" (Anderson et al., 2022). This specific reframing seeks to challenge preexisting stigmas surrounding trauma and promote greater empathy and understanding among educators. The core objective of trauma-informed education is to guide systemic shifts from punitive disciplinary actions that perpetuate cycles of trauma and instead implement relationship-centered restorative practices that prioritize safety, regulation, and growth (Anderson et al., 2022). When educators take the time to get to know their students, learn their stories, and create a space to process trauma while feeling safe, they are

establishing the foundation upon which trauma-informed education can grow and improve outcomes for both students and educators (Pappamihiel et al., 2022).

### ***Trauma-Informed Care (TIC)***

The TIC framework incorporates "trauma-informed" or "trauma-sensitive" best practices to reframe traditionally stigmatized perceptions of maladaptive behavior exhibited by trauma-affected students (Anderson et al., 2022). TIC is grounded in the understanding that trauma is a widespread issue that requires educational institutions to create safe, empowering environments (Harris & Falot, 2001). Rather than viewing these behaviors as willful defiance, TIC promotes a lens of understanding grounded in awareness and the potential impact of trauma (Krupina et al., 2025). Additionally, TIC prioritizes a commitment to ensuring the physical, psychological, and emotional safety of students and educators (Anderson et al., 2022). The goal of trauma-informed care (TIC) is to support students in their recovery from trauma and help them build resilience through the establishment of trusting relationships with educators (Robinson et al., 2025).

Recent research demonstrates that implementing TIC practices within educational settings can lead to significant reductions in trauma-related difficulties, including challenging behaviors, symptoms of depression, and social withdrawal among students (Krupina et al., 2025). While various models of TIC exist, the framework developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) is widely referenced and applied within school systems (Brown et al., 2022). This framework outlines four essential principles, commonly referred to as the "Four R's": *realize* the detrimental impact of trauma; *recognize* the signs and symptomatology of trauma in students and educators; *respond* by incorporating trauma-informed knowledge into school policies, procedures, and practices; and *resist* re-traumatization by actively working to avoid practices that could re-trigger trauma and/or create

new trauma (SAMHSA, 2014). These key principles guide educators in creating supportive, healing environments that promote resilience.

### ***Trauma-Informed Practice (TIP)***

To effectively address the complex needs of trauma-affected students, schools, and educators must apply trauma-informed interventions through a systemic framework rooted in TIC. One widely recognized and adopted framework for implementing trauma-informed care in schools is trauma-informed practices (TIP), as outlined by SAMHSA. This model encourages schools to operate under the assumption that all individuals—students and educators alike—may have experienced trauma, and it promotes five core principles: *safety, trustworthiness, choice, collaboration, and empowerment* (Downey & Greco, 2023). TIPs involve strategies such as fostering strong relationships with students, creating emotionally and physically safe learning environments, and ensuring the school applies trauma-informed interventions systematically (Chudzik et al., 2025). Educators who successfully integrate TIPs into their classrooms recognize that trauma-affected students often have unmet psychological and physiological needs that interfere with their ability to feel safe and secure (Norrish & Brunzell, 2023).

Moreover, TIPs rely on systemic adoption to establish a school culture centered on trauma-informed approaches aimed at building trust, security, and responsiveness in students and educators alike (Lipscomb et al., 2024). Puchner and Markowitz (2023) indicated that the practical application of TIP requires a fundamental shift in the educator's mindset; one that understands students should be held in positive regard and prioritizes social-emotional well-being as a prerequisite for learning. Furthermore, students cannot engage meaningfully with their academics while experiencing negative symptoms of trauma; therefore, emphasizing the need for trauma-informed strategies in the classroom to ensure that social-emotional well-being is a

priority for educators. One study of educators who implemented trauma-informed practices (TIPs) found that these educators not only created safe environments and built trusting relationships with students but also encouraged students to develop responsibility by taking ownership of their learning and fostering positive self-regard within themselves (Ellison & Walton-Fisette, 2022).

### ***Educator Perceptions of Trauma-Informed Education***

Educator perceptions of trauma-informed education play a critical role in effectively integrating these approaches within the classroom setting. Research indicates that educators' perceptions and beliefs about TIC are significant determinants of the educational outcomes for their students and the successful implementation of TIPs (Southall et al., 2023). Puchner and Markowitz (2023) found that educators who successfully implemented trauma-informed strategies saw trauma-affected students improve outcomes, resist re-traumatization, increase job satisfaction, and reduce stress. Alternatively, when educators view trauma-informed practices as burdensome, vague, or difficult to implement, the successful implementation of these practices decreases, further exacerbating stress and poor classroom outcomes (Gheradi, 2022; Pucher & Markowitz, 2023). Research indicates that educators' buy-in is closely correlated with their understanding of trauma-informed practices and the effectiveness of these strategies in supporting trauma-affected students within the classroom (Lipscomb et al., 2024; Russell et al., 2024). Furthermore, educators' personal experiences with trauma impact their overall perception, which can impact their ability to teach, support, and interact with trauma-affected students effectively (Jefferson, 2024).

Krupina et al. (2025) suggested that educators who possess self-awareness regarding trauma are more readily able and willing to adopt trauma-informed practices, effectively

modeling healing and serving as a positive role model for overcoming challenges. Recent studies by Davis and colleagues (2022) have shown that educators with experience in implementing trauma-informed strategies, such as trauma-informed yoga and mindfulness to support their mental health, were more readily prepared and better equipped to support the mental health of their students. In contrast, new educators who lack adequate knowledge about trauma and its impacts on students often feel uncertain about which strategies to use and implement and lack confidence in their ability to support trauma-affected students with high needs (Miller et al., 2023). One study indicated that educators who received inadequate training in their preparation programs believed that the risk of re-traumatizing a student was heightened (Miller et al., 2023). These feelings of inadequacy, lack of preparedness, and limited confidence ultimately impact an educator's ability to navigate crises within the classroom, especially those involving trauma-affected students.

### ***Educator Preparedness and Professional Development Needs***

Despite increased awareness of trauma and its negative impact on student outcomes, many educators continue to report feeling ill-equipped to effectively address the needs of trauma-affected students in an impactful way. A substantial body of research indicates that most educator preparation programs provide little to no formal training on trauma-informed practices, if any, leaving new educators inadequately prepared to address the complex challenges faced by trauma-affected students (Bilbrey et al., 2024). With this lack of essential training, educators continue to be underprepared, particularly in light of the increasing prevalence of ACEs among school-aged children (Grist & Caudle, 2021). Without adequate knowledge and training on the nuanced symptoms of trauma—particularly symptoms such as hypervigilance, withdrawal, and emotional dysregulation—educators may struggle to differentiate trauma-related behaviors from

defiance or a disability (Downey & Greco, 2023). These misinterpretations contribute to inappropriate punitive consequences or unnecessary special education referrals, furthering negative impacts on trauma-affected students.

To bridge the gap, current research highlights the importance of ongoing, comprehensive professional development that provides proactive, practical, evidence-based strategies, support, and explicit teaching of roles and responsibilities within a trauma-informed framework, equipping educators for success in the classroom (Brown et al., 2022; Marshall, 2023). Educators who are underprepared to manage trauma-affected students' behaviors are at an increased risk of experiencing professional fatigue, burnout, and emotional distress (Sprang & Garcia, 2022; Stein et al., 2024). Lack of appropriate strategy implementation or systemic support can further lead to secondary trauma, which contributes to decreased educational outcomes and higher incidents of educator attrition (Oberg et al., 2025). These findings outline the imperativeness of comprehensive, ongoing professional development that prioritizes self-care and well-being through a trauma-informed lens. Koslouski (2022) emphasized the need for sustained, systemic professional development initiatives that equip educators with trauma-informed strategies to address complex needs.

When educators are equipped with trauma-informed training, they are more readily able to identify symptoms of trauma and adopt classroom strategies to support the healing of trauma-affected students (Cafaro et al., 2023). These strategies consist of a foundational understanding of trauma and secondary trauma, the impact of trauma on student behavior, and non-instructional strategies to support symptoms of trauma (Koslouski, 2022). Kim et al. (2021) indicated that effective trauma-informed professional development fostered educator confidence in handling complex challenges and increased overall job satisfaction. One-time workshops or isolated

interventions are not sufficient to sustain long-term impact, particularly when unaccompanied by follow-up mentoring, modeling, or collaboration with leadership, staff, and students. By implementing comprehensive, ongoing training for educators, schools are capable of establishing resilient learning environments capable of addressing the complex needs of trauma-affected students. Thus, resulting in more effective teaching outcomes that address behaviors through mental health support and behavior management and increase the social-emotional competency of students impacted by trauma (Russell et al., 2024).

### ***Barriers to Implementing Trauma-Informed Practices***

Despite the increasing awareness of the importance of TIC in education, implementation of TIPs remains inconsistent and challenging across school systems (Attwood et al., 2022). Several systemic, individual, and institutional barriers have been identified through the literature as hindering the effective integration of TIPs into educators' classrooms and school-wide systems as a whole. These barriers include issues such as policies, leadership that does not prioritize or support trauma-informed practices, inadequate educator training, nonexistent professional development, and limited resources (Mullin et al., 2024). Addressing these challenges is necessary for creating supportive educational environments that meet the needs of all students, especially those impacted by trauma. When educators are aware of the impacts of trauma on student behavior and academic outcomes, they are more likely to provide empathy and compassion and utilize trauma-informed practices to promote student well-being (Collier et al., 2022).

**Limited Training and Professional Development.** A growing body of literature focuses on the necessity of TIPs in educational settings, especially schools that are serving trauma-affected students with complex needs. However, one of the most frequently cited barriers to

implementing TIPs in the classroom is limited educator training and ongoing professional development (Ernest et al., 2022). Despite the growing awareness of the impact of trauma on student and educator well-being, many educator preparation programs fail to include relevant coursework or practical training in TIPs to address these complex needs. A recent study by Maddox II et al. (2024) found that many educator preparation programs lack adequate national training standards or have nonexistent competencies relevant to trauma-informed educational practices. This absence of formal training or ongoing professional development leaves educators feeling inadequately prepared to address the complex needs of trauma-affected students. This leads to increased rates of secondary trauma, educator burnout, and compassion fatigue, impacting educators' ability to integrate meaningful interventions and support trauma-affected students effectively (Floyd et al., 2024; Ghasemi, 2025; McGrew et al., 2023).

Research indicates that this perceived inadequacy can significantly impact educators' sense of self-efficacy, which in turn can negatively affect their classroom management and ability to effectively build relationships with students (Witter & Brunzell, 2025). As the field of education continues to grow, the literature emphasized the importance of developing educator preparation programs that equip educators to support the complex needs of trauma-affected students effectively. Loomis and Musson Rose (2024) indicated that educator preparation in trauma-informed strategies not only improves student outcomes but also shapes educators' attitudes and perceptions towards student behavior that may be related to trauma. Moreover, educator preparation programs that incorporate trauma-informed strategies are more likely to empower educators to overcome persistent barriers and implement trauma-informed practices within their classrooms. One study discovered that educators who participated in TIPs training demonstrated overall growth in their confidence regarding their understanding of trauma, their

ability to implement trauma-informed strategies, and their capacity to create safe school and classroom environments (Sharkey et al., 2024).

**Time and Resource Constraints.** Another barrier to implementing TIPs in schools is the chronic lack of time and resources, particularly in high-needs school environments. Effective trauma-informed implementation requires systemic support, including time for training, planning, collaboration, and self-reflection (Floyd et al., 2024). However, these resources are often scarce in under-resourced and high-needs schools. Gherardi and Stoner (2024) found that educators frequently cite limited time due to academic demands as a key barrier to adopting trauma-informed strategies. Furthermore, schools serving a high number of trauma-affected students also struggle with inadequate staffing and insufficient material and mental health support systems. Parameswaran et al. (2024) stated that TIPs are designed to create secure and stable environments where students can develop emotional regulation and form trusting relationships with educators. However, the structural limitations of many schools make it difficult to sustain these nurturing environments consistently. This resulting strain on educators leads to prioritizing academic performance over students' social-emotional well-being, particularly when faced with pressure from state educational requirements and leadership demands.

**Outdated School Culture and Discipline Practices.** Milner and Flint-Stipp (2024) critiqued traditional school discipline models for their inadequacy in addressing the complex needs of trauma-affected students. Traditional disciplinary models often frame trauma as a problem within students rather than acknowledging it as a broader systemic issue. This perspective fails to consider the impact of trauma on student behaviors and results in punitive consequences that may escalate the trauma symptoms and behavioral complications. Miller and

Flint-Stipp (2024) argued that effective trauma-informed educational practices demand systemic change, emphasizing the importance of relationship-building, focusing on student strengths, and consistently using empathy with students. Similarly, Parameswaran and colleagues (2024) highlighted that punitive disciplinary policies can restrict student agency and increase the risk of re-traumatization, especially for trauma-affected students. These findings signify the importance of shifting educational practices from traditional policies focused on discipline to models that instead prioritize safety and connection.

Witter and Brunzell (2025) highlighted that school-wide trauma-informed approaches and professional development for educators can lead to increased positive student outcomes. This research further acknowledges the outdated and harmful practices associated with traditional educational models and advocates for policies that embrace TIPs to foster supportive and safe learning environments (Kendrick et al., 2024). Additionally, Kendrick and colleagues (2024) stressed the importance of establishing systemic strategies that are rooted in trauma-informed approaches, which include support, adequate preparation time, and opportunities for recovery after support trauma-affected classrooms. These strategies are essential for supporting educators create safe environments for all students. Walters (2021) emphasized the importance of schools acknowledging that all students can benefit from trauma-informed approaches. These approaches emphasize the incorporation of prosocial behavior skills, which are essential for reducing behavior referrals and minimizing the excessive use of punitive measures when addressing student misconduct (Walters, 2021).

**Limited Access to Mental Health Professionals.** Students spend the majority of their day in educational settings, which are expected to provide a safe and secure environment where student well-being is prioritized (Michaud & Montreuil, 2025). Morton (2022) stated that when

students have access to mental health services within the school environment, they experience less stress, hold a more positive regard toward school, and are more likely to use effective coping strategies. These outcomes are especially crucial for trauma-affected students, whose mental health and emotional needs are likely more complex than other students. According to Zink and Anderson (2025) for many students their only access to mental health services and providers is while at school. However, the effectiveness of trauma-informed practices in supporting student well-being is heavily dependent on the availability of qualified mental health professionals. A comprehensive, trauma-informed approach requires the integration of various providers, including educators, administrators, school psychologists, school social workers, and counselors. These individuals are trained to assess, intervene, and collaborate to ensure student success and well-being (Brown, 2025). The success of trauma-informed educational practices is dependent on ensuring educators have access to collaboration with mental health professionals, adequate support, resources and time, and professional training.

### **Ethical Assurances**

This phenomenological study received approval from the Institutional Review Board (IRB) at National University prior to beginning participant recruitment and data collection to ensure full ethical compliance with research standards. Additionally, in accordance with the Institutional Review Board (IRB) policies, all participant data were securely stored in a password-protected and encrypted cloud-based storage system with access restricted to the researcher. No participant was requested to share any personal or identifiable information, such as their name, address, or phone number. The researcher kept a detailed inventory of all interviews through both their transcripts and recordings. Furthermore, detailed notes of all participant interactions, including interviews, meetings, or observations that may have subjective

thoughts or reactions were recorded in order to isolate these from the research's objective findings.

This study adhered to the ethical standards established by the *Belmont Report and the Guidelines for the Protection of Human Subjects* (1978). Three core principles guided this qualitative research: respect, beneficence, and justice, which were embedded throughout the entire phenomenological study. To ensure respect for participants, informed consent was obtained prior to any data collection. Participants were provided with clear and thorough information regarding the study's purpose, data collection procedures, and potential risks. Participation in the study was entirely voluntary, and participants retained the right to withdraw from the study at any point without consequence.

To address beneficence, the study minimized potential risks by ensuring that the anticipated benefits of the research outweighed any potential harm that may have occur. Lastly, justice was implemented through the equitable selection of participants and by ensuring that no one person experienced any unnecessary burden or was unfairly excluded from participation. Data was handled with confidentiality, and any identifying information was securely stored, anonymized, or destroyed to protect participant privacy.

## **Summary**

The literature revealed a gap in educator preparedness related to the implementation of TIPs. Despite the growing importance of addressing trauma in schools, many teacher preparation programs and professional development opportunities lack sufficient focus on trauma-informed approaches (Dewhirst et al., 2023). As a result, educators often feel inadequately prepared to meet the diverse and complex needs of trauma-affected students (Dewhirst et al., 2023). This research further highlighted the need to better understand educators' perceptions and experiences

in preparing for the implementation of TIPs. Accordingly, this phenomenological study sought to explore the lived experiences and perceptions of educators regarding strategies that have supported their preparedness to implement trauma-informed practices in the classroom.

## **Section 2: Methodology and Design**

The problem addressed by this study is that many K-12 educators often lack adequate training in trauma-informed care (TIC) practices that is necessary to support trauma-affected students (Anderson et al., 2022; Krupina et al., 2025). This qualitative phenomenological study aimed to explore the lived experiences of educators as they make sense of their ill-preparedness when implementing trauma-informed practices (TIPs), intending to identify training needs and barriers to effective implementation after preparation programs. Phenomenology considers first-person perspectives, and this study sought to understand the perceptions of educators implementing TIPs, what barriers they experience, and identify the necessary resources for improving outcomes for trauma-affected students (Privitera & Ahlgrim-Zelzell, 2019). To collect and analyze data, this study employed a qualitative, phenomenological research design grounded in the interpretivist paradigm to explore the lived experiences and perceptions of educators who have successfully implemented trauma-informed practices into their classrooms.

Phenomenology was appropriate for this study because it aimed to understand the perceptions of educators and how they interpret the world around them (Bloomberg, 2022). This study aimed to create a space for educators to share their personal experiences, providing rich details about educator preparedness and strategies for supporting trauma-affected students (Alase, 2017). An interpretative phenomenological analysis of the collected data aimed to consider the various essences of educators as they navigate the implementation of trauma-informed practices within their classrooms (van Manen, 2014).

### **Design and Method**

A qualitative phenomenological research design, grounded in the interpretivist paradigm, was used to explore the lived experiences of educators who have implemented TIPs into their

classrooms. The data collected were analyzed through an interpretivist phenomenological analysis to address these research questions.

***RQ1***

What are the lived experiences of educators regarding their preparedness to implement trauma-informed practices in their classrooms?

***RQ2***

What are educators' lived experiences with professional development and educator program preparation related to trauma-informed practices, and how do they believe such training could be improved to better support classroom implementation?

These research questions sought to understand the lived experiences of educators and their sense of preparedness when implementing TIPs. Although these research questions could have been addressed through a quantitative or mixed-methods study, those designs were not selected for this study because quantitative research is typically applied to understand current conditions, investigate cause-and-effect phenomena, and explore correlations (Bloomberg, 2022). Furthermore, the study aimed to explore educators' lived experiences through thick descriptions and open-ended research questions, which are characteristic of qualitative research studies (Bloomberg, 2022). Whereas, a quantitative research study aims to understand the causal relationships between variables by developing and testing hypotheses (DeForge, 2022).

With the subjectivity and vulnerability of this study, a phenomenology research study was most able to reflect and honor the individual experiences of educators. This research methodology and design aimed to contribute to the literature on trauma-informed educational practices by acknowledging personal values and authentically representing educators' lived experiences (Bloomberg, 2022). Other qualitative research designs were also considered,

including case studies, narrative inquiry, and action research (Bloomberg, 2022). Narrative inquiry typically studies participants' experiences and their environment to create a narrative of their story (Yin, 2016). A narrative study was inappropriate for a study that seeks to understand the perceptions and preparedness of educators who implement trauma-informed practices within the classroom, as it does not provide a narrative account of their experiences. Instead, this study aimed to understand their experience.

### **Population and Sample**

The targeted population for this study comprised of elementary and secondary school educators, specifically those serving kindergarten through twelfth grade. Purposeful sampling was used to guide the researcher in selecting participants who could provide the most insight, allowing the researcher to learn the most from the data collected about trauma-informed practices (Merriam & Tisdell, 2016). The sampling frame for this study comprised of eight participants from diverse school backgrounds (e.g., urban, suburban, and rural areas of western United States) to ensure a range of lived experiences. Due to the nature of phenomenological research, a small sample size was prioritized to focus on the sufficient depth and richness of each educator's individual experience. While the sample size is smaller, this study provided sufficient depth to achieve data saturation through exploring comprehensive explorations of the lived experiences of educators across varied educational contexts (Moustakas, 1994). Participants had experience implementing TIPs or were recognized by their schools as educators who used strategies that incorporate social-emotional support and learning into their classroom setting.

Inclusion criteria for participating in the study consisted of (a) currently employed as a K-12 educator (general or special education), (b) minimum of two years teaching experience, (c) engaged in TIPs (e.g., trauma-informed care [TIC], social-emotional learning [SEL], trauma-

sensitive classroom management, etc.), and (d) able to participate in a 60–90-minute in-depth interview. Exclusion criteria consisted of: (a) no direct classroom teaching experience, (b) less than two years of teaching experience, (c) not currently employed in a K-12 school setting, (d) no use of trauma-informed classroom practices, and (e) inability to partake in the in-depth interview. Participants were recruited through an open-serves list strategy. Upon receiving approval from the Institutional Review Board (IRB) at National University, an electronic flyer and invitation email was created and distributed through various K-12 education listservs, university affiliated networks, and professional development communities.

### **Materials/Instrumentation**

Each participant received a brief description of the study, eligibility criteria, confidentiality assurances, and instructions for participation electronically via e-mail. The primary data collection instrument for this study was a semi-structured interview protocol that was developed to explore educators' preparedness to implement TIPs. Semi-structured interviews are flexible, open-ended questions that are guided by structured questions but will allow the researcher to expand on them and explore more comprehensive worldviews (Merriam & Tisdell, 2016). The interview questions were developed with the intent to explore the preparedness of educators to implement trauma-informed practices after an extensive review of literature on trauma-informed education practices, educator preparation programs, and challenges to implementation. The semi-structured interview protocol was used as a guide, with 12 pre-determined, open-ended questions to initiate responses but allowed for flexibility to probe for more detail based on the participants responses.

These questions were pilot tested with two participants who met the inclusion criteria but were not part of the main study. The pilot test allowed the researcher to examine the flow,

timing, and interpretability of the interview questions. This allowed for the researcher to make any adjustments prior to formal data collection. Once the formal semi-structured interview protocol was finalized, the interviews were conducted via a recorded Zoom meeting, with participant consent, to facilitate meaningful interaction and minimize the influence of researcher bias. Furthermore, the researcher kept a journal to document interviewee notes, observe potential bias, and note potential codes as the interview was conducted.

### **Data Collection and Analysis**

National University's IRB approval was obtained prior to any data collection to ensure all ethical guidelines were followed. The recruitment and consent paperwork outlined all eligibility requirements, discussed relevant topics, clearly explained the study's purpose, procedures and provided sample interview questions to facilitate a thorough understanding of the process. Additionally, the consent form outlined any potential risks associated with participating in this study.

Once IRB approval was granted, the data collection phase began with identification and recruitment of participants. Purposeful sampling was used to select educators who met the inclusion criteria. Participants were contacted via email and invited to participate in the semi-structured interview. Upon confirmation to participate, each participant received the final consent paperwork to review and sign. Data were collected through semi-structured interviews. The interviews were guided by the research questions to align with the study's problem, purpose, and framework. However, there was flexibility for the researcher to expand upon answers from participants to gain further insight into their worldviews and perceptions. Interviews were conducted via Zoom, lasting between 60 and 90 minutes, to accommodate the flexibility of interviewees participation in the study. With participants permission, all interviews were either

audio and video recorded to ensure accurate transcription and analysis. Recordings were stored securely and used only for transcription and analysis purposes. After the interviews were completed, the researcher transcribed each interview verbatim using NVivo 15, a qualitative data analysis software that assists with the efficient organization of qualitative data. To ensure accuracy, the researcher conducted a follow-up Zoom meeting with each participant to review the transcriptions. Once the interviews had been transcribed accurately, the researcher permanently destroyed audio and video recordings for the protection and safety of participants (Alase, 2017).

Following transcription and verification, the data analysis process began. The research aimed to understand educators' lived experiences of implementing trauma-informed practices in their classrooms through thematic data analysis, to identify patterns and reoccurring themes (Alase, 2017). Initial deductive coding was conducted using Nvivo 15 to assist with organization. Open, axial and selective coding were then used to facilitate meaningful coding sequences that helped the researcher capture the essence of each participants' experiences and identify overarching themes (Alase, 2017).

### ***Trustworthiness***

Due to the nature of the research study and the knowledge that researchers are inherently responsible for data collection and analysis, the researcher-as-instrument process was implemented (Bloomberg, 2022). To be successful in the researcher-as-instrument process, consideration and transparency was clearly communicated throughout the study. This was achieved through stating positionality and employing reflexivity techniques to minimize researcher bias. Based on the implications of the researcher-as-instrument approach, this study

benefited from techniques such as reflection, triangulation, and inquiry audits to ensure that the study's focus was on participants and not the researcher's interests (Guba, 1981).

Reflexivity was maintained through systematic identification of emerging themes and codes, alongside continuous attention to instances in which researcher bias may have influenced interview interactions. This process was supported by ongoing self-reflection and mindfulness practices (Montari, 2015). Mindfulness benefited this study by helping the researcher focus on their actions, such as analyzing data and transcribing interviews (Montari, 2015). Furthermore, the researcher aimed to ensure trustworthiness through use of thick descriptions of the phenomena (Amankwaa, 2016). Trustworthiness enables others to quickly determine whether a study can be replicated within their current environment (Gorard, 2024). The researcher ensured that all information and data were aligned and accurate through frequent reflection and evaluation of the data, findings, and interpretations (Amankwaa, 2016).

### **Assumptions**

Three assumptions underlie this research study. The first assumption was that participants would share truthful, meaningful experiences with implementing trauma-informed practice regardless of whether these experiences were positive or negative. The second assumption was that participants would be willing to participate in the study due to the minimal risk involved. Lastly, the final assumption was that participants and their students benefit from trauma-informed classroom practices.

### ***Theoretical Assumptions***

This assumption is that TIC theory provides a profound basis for which educators can understand trauma and its impact on student behavior and well-being (Felitti et al., 2019; Hales et al., 2017). Additionally, there is the assumption that all educators who participated in this

study have experienced some form of trauma within their lifetime (Hales et al., 2017). Lastly, the assumption was that educators who use trauma-informed practices within their classroom view behavior as a symptom of trauma versus willful disobedience.

### ***Methodological Assumptions***

It was assumed that the educators who participated in this research would be implementing evidence-based, best practice strategies within the classroom to address trauma-affected students' behavioral and social-emotional needs. Additionally, it assumed that educators' lived experiences were an accurate and valid representation of trauma-informed practices being implemented in the school setting.

### **Limitations**

This study's potential limitations included participants sharing minimal information regarding their experiences, misunderstanding interview questions, and participants not having adequate time to participate meaningfully in the interview process. To mitigate these limitations, the researcher clarified research questions when participants requested clarification, as well as during the review process after the interviews had been transcribed. Furthermore, the researcher informed all participants in advance of the interview via Zoom, specifying the time allocated for each interview (e.g., 60–90 minutes). Lastly, the researcher made an effort to remain neutral and unbiased during the interview process in order to make participants feel comfortable in sharing their lived experiences.

### **Delimitations**

This study intentionally limited its scope to exploring educators' lived experiences with implementing TIC practices, rather than examining the direct outcomes for students (e.g., behavioral changes, attendance rates, or disciplinary referrals). This boundary reflected the

theoretical assumption that educators' beliefs, experiences, and understanding of trauma-informed care impact their ability to implement trauma-informed practices within their classrooms. Previous literature suggests that educators are more likely to implement TIPs and strategies in the classroom when they receive adequate training and support (Loomis & Musson Rose, 2024). Lastly, the researcher selected semi-structured qualitative interviews as the sole method of data collection. This decision supported an in-depth approach, allowing participants to explore and share the complex beliefs, experiences, and influences that shape their lived experiences. This methodological choice aligned with the research purpose to explore the lived experiences and perceptions of successful strategies for preparedness among educators in implementing trauma-informed practices within their classrooms.

### **Summary**

This section clearly outlines the proposed research methodology that was used to answer the two research questions within the study. The purpose of this qualitative phenomenological study was to explore and understand the essence of educators' lived experiences of preparedness and engagement in the implementation of TIPs. A qualitative phenomenological study was chosen over quantitative research because the researcher's goal was to understand the lived experiences of educators through rich descriptions. The researcher did not begin recruitment or data collection until approval from the IRB at National University had been issued. Educators who did not meet the inclusion criteria were excluded from the study.

### **Section 3: Findings, Implications, and Recommendations**

Students spend the majority of their day in a classroom or learning environment, which means educators are a primary source of stability for their students (McGruder, 2019). However, many educators are ill-prepared to provide this stability and have limited knowledge on identifying these needs or how to support trauma-affected students. This study addressed the problem that many K-12 educators often lack adequate training in trauma-informed care (TIC) practices that are necessary to support trauma-affected students (Anderson et al., 2022; Krupina et al., 2025). The present study was conducted across the western United States, focusing on capturing a diverse range of educators' perceptions in urban, suburban, and rural settings. By centering the research throughout this geographic context, the findings offer insight into the scope of educator preparedness and the potential for transferability to similar educational settings. Based on the increasing prevalence of childhood trauma and its negative impact on students' academic performance and social-emotional well-being, it was essential to explore the lived experiences of educators as they make sense of their feelings of ill-preparedness to address these challenges and complex needs within the classroom (Cupp, 2024; Walsh, 2024). It was important to identify training needs and barriers to the effective implementation of trauma-informed care and practices in the classroom following preparation programs.

The following section presents the findings of this study in relation to the two research questions. This study employed a qualitative research design to explore and document educators' lived experiences with trauma-informed practices. The specific research questions that guided the study were

- What are the lived experiences of educators regarding their preparedness to implement trauma-informed practices in their classrooms?

- What are educators' lived experiences with professional development and educator program preparation related to trauma-informed practices, and how do they believe such training could be improved to better support classroom implementation?

This section includes a description of the participants, a description of how the data analysis was performed, and the presentation of findings. The study participants were K-12 educators from various public schools, selected through purposeful sampling to ensure representation across grade levels, subject areas, and years of teaching experience. Participants were required to have at least two years of teaching experience and be currently working directly with students. Data were collected through semi-structured interviews, which were then transcribed for analysis. The data analysis followed a thematic analysis approach, involving the systematic coding of interview transcripts to identify key patterns and recurring themes related to educators' preparedness and experiences with trauma-informed practices (TIPs). Furthermore, the researcher interpreted the study's findings in light of relevant literature and presented them within this section. Recommendations for further study are included in this section, as well as considerations of consequences and suggestions for future practice. Lastly, the study is summarized in the conclusion.

Limitations considered include participants' misunderstanding of interview questions and the time required to participate meaningfully in the interview process. It is also plausible that participants shared minimal information regarding their experiences, including successful or unsuccessful strategies to support trauma-affected students. Furthermore, the researcher acted as the instrument throughout the research process. Therefore, another limitation considered was that the researcher's biases did not affect how the data were interpreted or conveyed. To ensure that the researcher reflected on their biases and that the data collected accurately captured educators'

perceptions, the researcher conducted follow-up interviews and member checking. This allowed participants to identify any areas where the researcher did not honor their experiences or perceptions.

## **Findings**

The section starts by outlining the participants involved in the study. After presenting a descriptive summary of the participants' educator placements, this section addresses the trustworthiness of the study and the steps taken to ensure the criteria of credibility, transferability, dependability, and confirmability were met. The research questions guided the data analysis and presentation of the study's findings.

## ***Participants***

The participants were eight K-12 educators with a range of classroom teaching experience of three to 18 years. Four of the participants had experience teaching special education, three in a mild-to-moderate classroom setting and one in a moderate-to-severe classroom setting. The other four participants were teaching general education in second grade, fifth grade, sixth grade, and at the high school level. Table 1 shows detailed demographics for participants. All eight of the participants met the inclusion criteria of: (a) currently employed as a K-12 educator (general or special education), (b) minimum of two years teaching experience, (c) engaged in trauma-informed practices (e.g., TIPs, TIC, social-emotional learning [SEL], trauma-sensitive classroom management, etc.), and (d) able to participate in a 60–90-minute in-depth interview. Participants were recruited through an open listserv email, chosen to reach a diverse group of educators with relevant experience across grade levels and educational settings. This voluntary recruitment method allowed participants who were already engaged in trauma-informed practices to self-select into the study. However, because participation was limited to those who responded to the

listserv invitation and were willing to volunteer, the sample may not fully represent the broader population of K-12 educators, potentially affecting the transferability of the findings.

**Table 1**

*Participant Demographics*

Participant ID	Years of Experience	Grade Level Taught	General vs. Special Education
P1	18	9 <sup>th</sup> -12 <sup>th</sup>	General Education
P2	5	K-2 <sup>nd</sup>	Special Education
P3	4	1 <sup>st</sup> -8 <sup>th</sup>	Special Education
P4	15	K-5 <sup>th</sup>	Special Education
P5	4	2 <sup>nd</sup>	General Education
P6	3	2 <sup>nd</sup>	General Education
P7	7	6 <sup>th</sup> -8 <sup>th</sup>	Special Education
P8	8	5 <sup>th</sup>	General Education

***Trustworthiness***

In order to ensure all four criteria of trustworthiness: credibility, transferability, dependability, and confirmability were met, specific precautions and procedures were utilized (Guba, 1981). Trustworthiness enables others to quickly determine whether a study can be replicated within their current environment (Gorard, 2024). The researcher ensured that all information and data were aligned and accurate through frequent reflection and evaluation of the data, findings, and interpretations (Amankwaa, 2016). The researcher aimed to ensure trustworthiness by using thick descriptions of the phenomena (Amankwaa, 2016). Each section detailed how the information and findings supported these criteria to establish a strong, reliable study.

**Credibility.** Credibility assesses the likelihood that the study's findings were truthful and that they accurately captured participants' perceptions and experiences (Stahl & King, 2026). Throughout the study, the researcher used triangulation techniques, including multiple sources, varied data collection methods, and member checking, to enhance the study's credibility

(Mutanana & Shoko, 2026). To capture thick descriptions of each participant's lived experience of implementing trauma-informed practices in a classroom setting, the researcher developed rapport with participants to foster honesty and transparency throughout the interview process (Bloomberg, 2022). This rapport-building aimed to create a space in which participants felt comfortable elaborating on their perspectives and providing rich descriptions of their lived experiences. Furthermore, the researcher used member checking to follow up with participants and ensure that the data collected accurately captured their lived experiences (Sepulveda-Pacsi & Dobson, 2026).

**Transferability.** In order to establish transferability, or the ability to transfer these findings within similar settings, the researcher provided thorough details of the participants and research context (Mutanana & Shoko, 2026). The study provided a detailed research process, including participation selection, data collection, and analysis procedures. The researcher did this through rich, thick descriptions. These rich, thick descriptions provided enough context for readers to determine whether the findings would be relevant to other settings with similar contexts or backgrounds (Stahl & King, 2026). Included are direct quotations from participants as evidence to support this thick description.

**Dependability.** Dependability referred to the consistency and stability of findings over time (Sepulveda-Pacsi & Dobson, 2026). The researcher maintained a clear audit trail of research processes and procedures to ensure consistency and replicability (Sepulveda-Pacsi & Dobson, 2026). As with credibility, the processes of triangulation and member checking were completed to ensure consistency, transparency, and dependability (Mutanana & Shoko, 2026; Sepulveda-Pacsi & Dobson, 2026). The researcher conducted secondary interviews with participants to validate the collected data and minimize researcher bias (Stahl & King, 2026). Furthermore, the

data collected sought to provide in-depth, saturated lived-experiences of participants to ensure dependability (Sepulveda-Pacsi & Dobson, 2026).

**Confirmability.** Confirmability refers to the extent to which the study reflected participants' lived experiences and responses rather than researcher bias or personal preconceptions (Sepulveda-Pacsi & Dobson, 2026). As aforementioned, member checking was used to ensure that participants' experiences were accurately reflected throughout the study, thereby reducing research bias. Through reflexive journaling, the researcher documented themes and potential codes and noted any bias during interviews (Montari, 2015). Additionally, when identifying themes, the researcher used mindfulness to maintain focus during transcription and accurately capture participant responses (Montari, 2015). To enhance the confirmability of the study, the researcher used direct quotations to support data collection and identified themes (Sepulveda-Pacsi & Dobson, 2026).

### ***Data Analysis***

All data were collected through a semi-structured audio-recorded Zoom interview. The researcher transcribed the recorded audio verbatim and shared the transcripts with participants through a follow-up interview. Follow-up interviews were held to conduct member checking and to ensure that participants' experiences were accurately reflected and captured in transcripts of the audio-recorded semi-structured interview data. The verbatim interviews were then imported into NVivo 15, a computer-assisted software program. NVivo 15 aided in the inductive, thematic analysis of the qualitative data collected through the semi-structured interviews. Thematic analysis was used to discover themes through inductive coding (Katsiroumpa & Galanis, 2026). Through the eight interviews, thirteen codes were identified among four themes. Table 2 below indicates the initial codes created from the research themes.

**Table 2***Derived Themes from Initial Codes*

Theme	Description	Codes
Theme 1: Uneven Preparedness Shaped by Limited Formal Preparation	Educators describe preparedness for trauma-informed care as uneven, often shaped by limited formal understanding of TIC and primarily developed through hands-on classroom experience.	<ol style="list-style-type: none"> <li>1. Unprepared</li> <li>2. Never heard of trauma-informed care</li> <li>3. Limited understanding of TIC</li> <li>4. Experience as most impactful change</li> </ol>
Theme 2: Relational and Contextual Conditions of Practice	Educators describe trauma-informed teaching as fundamentally relational, while also noting that systemic challenges often hinder implementation despite individual preparedness.	<ol style="list-style-type: none"> <li>1. Relationships with students</li> <li>2. Care-based approaches are emphasized</li> <li>3. No systemic supports</li> </ol>
Theme 3: Inconsistent and Theoretically Misaligned Professional Preparation	Educators describe professional development related to trauma-informed care as inconsistent in availability and frequency, and often misaligned with classroom realities, limiting its usefulness for practical implementation.	<ol style="list-style-type: none"> <li>1. Variation in pre-service exposure</li> <li>2. Lack on ongoing professional learning</li> <li>3. Trainings lack practical utility</li> </ol>
Theme 4: Need for Sustained, Supported, Practice-Based Learning	Educators emphasize that effective trauma-informed implementation requires ongoing, practice-based professional learning that is consistently supported by school systems and reinforced through practical application rather than one-time training sessions.	<ol style="list-style-type: none"> <li>1. Need for structured pre-service training</li> <li>2. Need for meaningful professional learning experiences</li> <li>3. Training fails without system backing and implementation supports</li> </ol>

Table 3 aligned the themes to research questions. The two research questions were applied during the categorization of stored data in NVivo 15. The themes aligned with the research questions to meet trustworthiness criteria for the study.

**Table 3***Theme Alignment with Research Questions*

Research Question (RQ)	Theme(s) used to address the research question
RQ 1. What are the lived experiences of educators regarding their preparedness to implement trauma-informed practices in their classrooms?	Theme 1: Uneven Preparedness Shaped by Limited Formal Preparation.  Theme 2: Relational and Contextual Conditions of Practice.
RQ 2. What are educators' lived experiences with professional development and educator program preparation related to trauma-informed practices, and how do they believe such training could be improved to better support classroom implementation?	Theme 3: Inconsistent and Theoretically Misaligned Professional Preparation.  Theme 4: Need for Sustained, Supported, Practice-Based Learning.

*Note.* This table presents the final themes organized by research question following inductive thematic analysis.

***Research Question 1***

The first research question was “What are the lived experiences of educators regarding their preparedness to implement trauma-informed practices in their classrooms?” This question was designed to gather data on the extent to which educators feel prepared to implement TIC.

Two themes emerged from the data analysis for RQ1: uneven preparedness shaped by limited formal preparation, and relational and contextual conditions of practice.

**Theme 1: Uneven Preparedness Shaped by Limited Formal Preparation.** Seven of the eight participants contributed to this theme, which found educators' sense of preparedness to implement TIPs uneven and largely shaped by inconsistent or minimal formal preparation. Participants described limited exposure to trauma-informed training during credential programs and early professional experiences, with some encountering the concept only after entering the profession. Participant 5 stated,

When I first began using trauma-informed strategies, I did not feel very confident nor prepared. I had an idea of what behavior management would look like, but I lacked specific tools for addressing why the behaviors were occurring, which was a result of the students' trauma.

Similarly, other participants reported comparable experiences of feeling ill-prepared to implement TIPs, describing early practice as a process of trial and error rather than application of their formally acquired training. Participant 8 reported,

When I first started using trauma-informed strategies in my classroom, I could not have been less prepared. My first full-time teaching experience was the year after our school shooting. I thought that my background in best practices and social-emotional learning (SEL), while substitute teaching and working in the after-school program, gave me a pretty good idea of how to approach students with traumatic backgrounds and high ACE scores. This was so far from the truth. I did not fully understand until my first real lockdown at the school after the previous year's school shooting, where I was thrown into

so many roles of teacher, psychologist, emergency responder, nurturer, and so many more.

Participant 2 stated, “When I first began using trauma-informed strategies, I did not feel very prepared. I lacked specific tools for addressing the underlying causes of behavior related to trauma.” Participant 7 expressed, “When I first began, I felt very unprepared. I was essentially thrown into the role with minimal support and had to learn through trial and error.” Participant 1 disclosed, “Not prepared at all,” when asked how prepared they felt when they first began using trauma-informed strategies.

In describing their understanding of TIC, Participant 5 stated, “My understanding is that trauma-informed practices are teaching approaches that prioritize the understanding of adverse childhood effects, which shape how a child is able to learn.” Participant 3 reported similarly, “My understanding of trauma-informed practices is that they focus on recognizing how trauma affects students’ behavior, learning, and emotional regulation.” The seven participants gave similar responses regarding their understanding of TIC and practices. Participant 5 shared,

My current understanding of trauma practices is that they are about recognizing trauma has an impact and that it is best practice to avoid any new trauma, and integrate policies to ensure safety, trust, choices, and focus on a person’s strengths to build confidence.

Participants offered definitions emphasizing the impact of trauma on student behavior, learning, and emotional regulation, as well as the importance of safety and trust through establishing meaningful relationships. Participant 7 stated, “These approaches should center on recognizing how trauma impacts students, their behaviors, learning, and relationships with others.”

Participant 8’s statement supported Participant 7 by referencing the impact of understanding on

student well-being: “It is about recognizing that trauma affects all students and most students have behavior that is a result of their trauma.”

When reflecting on what most shaped their understanding, the majority of participants identified classroom lived experience as their primary source of learning. Participant 2 shared, “Much of my learning has come from hands-on experience, coaching, and collaboration with specialists, such as school psychologists, behaviorists, and special education teams.” Participant 3 said, “My experience has been the biggest factor in understanding trauma and building confidence to implement trauma-informed strategies.” Participant 8’s response added to this by saying, “Time has been the biggest help in understanding trauma-informed practices. But again, I also got far more understanding from experience than from lectures.” Across these accounts, preparedness was experienced and developed through lived engagement with classroom realities rather than coursework or formal training.

**Theme 2: Relational and Contextual Conditions of Practice.** All eight participants described TIPs as fundamentally shaped through engagement with students and by structural conditions that either enable or constrain classroom implementation. Participants described TIPs as an ongoing process of building trust, fostering emotional safety, and sustaining a relationship with students. Participant 8 shared:

From the moment my students walk onto campus, they are greeted with a smile and asked how they are doing. In my classroom, there are people who belong to a small community and deserve patience and dignity. This includes understanding that surviving that day, however they need to, is okay.

Similarly, other participants described relationship building as intentional and continuous, grounded in trust building and the provision of emotional stability through care-based

approaches. Participant 1 said, “It is important to make the time to have one-on-one conversations with all my students at least once a week, so they understand that I am here for them.” Participant 3 stated, “I try to prioritize creating a predictable, positive, supportive environment, building trust and emotional safety with students.” Participant 4’s statement added to this by saying, “My natural instinct as an educator is to create a safe, welcoming, and nurturing environment for my students in a respectful and intentional way.” Across these accounts, participants expressed that relationships were experienced not as an additional requirement but as central to implementing trauma-informed care. However, this relational work was simultaneously experienced within structural constraints that limited consistency and sustainability.

Participants described how school perceptions and organizational expectations shaped the extent to which trauma-informed practices could be implemented. Several participants identified tensions with other adults within the school environment, including colleagues and administrators. Participant 4 shared, “Some of the challenges that I faced using trauma-informed practices are what other adults think about them, including other teachers and administrators.” Participant 7 stated, “It can be difficult when systems or policies are not aligned with trauma-informed practices, making it hard to implement them consistently.” Participant 8 similarly emphasized challenges related to other adults, stating, “Most of the challenges that I face in my classroom when trying to implement trauma-informed approaches come from the adults I work with.” Participant 8 further expressed,

As I have mentioned before, the adults that I work with are usually the biggest speed bump in the successful implementation of trauma-informed practices. You cannot

convince a student that they are loved and safe if one of your teachers is still using ancient, tyrannical, respect-gouging methods.

Participants 1, 2, and 6 shared that increased class sizes with no additional support made it challenging to incorporate TIC strategies. Participant 6 shared, “My classroom numbers range from 26–30 students with no additional support. Being able to implement trauma-informed strategies and support those students with no additional support is definitely difficult.”

Participant 1 emphasized, “It can be challenging and emotionally draining without enough support.” Participant 2 also mentioned limited support, “Some challenges include balancing the needs of all students while supporting an individual child in crisis, time constraints during transitions, and maintaining consistency across staff.” Participant 7 further added to systemic issues by stating, “Some challenges include limited time, lack of consistent support across staff, and balancing academic expectations with students’ emotional needs.” Collectively, participants described structural constraints that contributed to difficulty establishing meaningful relationships with students and limited the consistency with which trauma-informed practices could be implemented.

### ***Research Question 2***

The second research question was “What are educators’ lived experiences with professional development and educator program preparation related to trauma-informed practices, and how do they believe such training could be improved to better support classroom implementation?” This question was designed to gather data on educators’ lived experiences with professional development and pre-service preparation as it relates to TIPs and whether these trainings could be improved to better support implementation in the classroom. Two themes

emerged from the data analysis for RQ2: inconsistent and theoretically misaligned professional preparation, and need for sustained, supported, practice-based learning.

**Theme 3: Inconsistent and Theoretically Misaligned Professional Preparation.** This theme captured educators' experience with professional development, which was described as inconsistent, infrequent and often disconnected from the practical realities within their classrooms. Participants described considerable variation in exposure to trauma-informed training in both pre-service preparation and ongoing learning experiences. Participant 2 shared, "I have received a combination of pre-service coursework that briefly addressed child development and behavior, as well as in-service professional development focused on trauma-informed care, social-emotional learning, and behavior strategies." Participant 5 stated, "I have had some coursework on child development and behavior, in-service training on trauma-informed practices, social-emotional learning, and behavior support strategies." When the researcher asked if participants received pre-service training related to trauma-informed practices, Participant 1 responded, "No, it did not prepare me for supporting trauma. The first time I heard trauma-informed was recently, after I had already been a teacher for fifteen years."

Although most participants described limited or inconsistent preparation, Participant 4's experience reflected substantially greater exposure to trauma-informed training through graduate coursework and supported learning opportunities. Participant 4 shared,

I have attended numerous trainings and workshops on trauma-informed practices, including many full-day programs. Additionally, I participated in a 3-unit upper-division course in my Master's program on trauma-informed practices. I also participated in a grant project during my Master's program that focused on social-emotional development strategies and trauma-informed practices, as well as on equity and diversity training.

Many other courses in my credential and Master's programs included elements on trauma and trauma-informed practices.

Participant 4's experience differed notably from the other participants and highlighted the uneven nature of pre-service preparation across educational settings and programs.

Building on participants reflections regarding pre-service preparation, educators also described varying experiences with ongoing professional development. Four of the eight participants reported attending multiple or recent trauma-informed trainings. Participant 3 stated, "I have attended multiple trainings in trauma-informed practices throughout the years. I always seek yearly professional development sessions, workshops, and county training to deepen my knowledge." Participant 6 contributed, "Usually our one full-day training at the start of the year, and usually our weekly staff meetings had some training components," when the researcher asked about trainings related to trauma-informed practices. Participant 7 shared, "I've had some in-service trainings, but they were often limited in depth and not always directly applicable to my day-to-day work." However, even among participants with extensive professional development experiences, the disconnect between preparation and lived classroom experiences remained evident. The remaining participant responses expressed feelings of ill-preparedness in addition to the disconnect between preparedness and lived experiences. Participant 8 disclosed, "I have received a total of three trauma preparedness trainings in my eight years of teaching, along with several years of implemented SEL-focused teaching." Participant 1 stated, "I only attended a Love and Logic training." Participant 1 further went on to state, "It did not match the real needs that students face in the classroom. Five other participants agreed that the training lacked practicality.

The participants shared their experiences of how pre-service and ongoing professional learning opportunities translated into the classroom. Participant 7 shared, “The training only partially matched my needs. While it provided general information about trauma, it often lacked practical strategies that could be immediately implemented.” Participant 2 responded, “It did not match it as well as I had anticipated.” Participant 5 stated, “My training did not prepare me for how challenging it can be to identify trauma and support a student who is living through that.” Participant 8 further added, “They are nice, and welcomed when you are not feeling great, but they do not truly tell you how to handle each and every situation that you come across in a real classroom.” Participant 6 stated,

Sometimes a strategy would work for a short time, but over time, it became less and less effective. I feel like the training teaches textbook strategies in a controlled, perfect classroom where factors like classroom size are not added.

Reflecting on practicality, participants expressed disappointment with how trauma-informed trainings translated into lived classroom practice. Participants described professional preparation as inconsistent, theoretically oriented, and insufficiently connected to the complexities of working with trauma-affected students in real time. Across participant narratives, a shared experience emerged in which professional development increased awareness and foundational knowledge of trauma-informed care but did not adequately prepare educators for the unpredictable demands of classroom implementation. Participants described a disconnect between structured training environments and the realities of supporting trauma-affected students within real classroom settings. These experiences contributed to feelings of uncertainty, frustration, and ill-preparedness as educators attempted to translate theoretical knowledge into meaningful instructional responses. The essence of participants’ experiences reflected a

perception that professional learning opportunities acknowledged the impact of trauma while leaving educators to independently navigate its practical implementation within their lived teaching experiences.

**Theme 4: Need for Sustained, Supported, Practice-Based Learning.** Across all participants, there was a shared understanding of professional learning as ongoing and supported through lived practice rather than delivered during an isolated event. Participants identified training as meaningful only when it was connected to real classroom experiences, with sustained support structures. Participants were asked how trauma-informed training could be improved or redesigned. Participant 6 shared, “Any examples showing a classroom, it would be nice to see realistic examples.” Participant 1 expressed,

To improve educators' experiences supporting trauma-impacted students, the greatest impact can be made while in a credential program. I feel like that is what sticks most in your mind. More emphasis on trauma-informed methods and the effects of trauma on the brain.

Participants highlighted the significance of prioritizing pre-service training. Participant 8 stated, “I think it should be far more prioritized in the educational training process at the collegiate level than it currently is.” Participant 7 explained, “Educators need more meaningful preparation and ongoing support to truly meet the needs of trauma-affected students.” Participant 4 expressed, “I think that these strategies should be a required part of the undergraduate and credentialing programs for all educators and should be a part of professional development requirements for teachers each year.”

In discussing what meaningful professional learning experiences would include, participants provided explicit examples. Participant 3 stated, “It would be helpful for educators

to observe real or recorded examples of student behaviors and appropriate teacher responses. I would include more practical classroom scenarios, role-playing opportunities, and examples of strategies that can be used immediately.” Participant 8 advocated, “I would probably start with making their implementation (trauma-informed practices) mandatory.” Participant 5 suggested,

I would include more real-life examples and practice so teachers can see what to do in the moment. Training should focus on simple, practical strategies that can be used right away in the classroom. I would also include more support after the training, such as coaching or check-ins.

Participants emphasized the importance of observing real classrooms and having access to continuous training, along with implementation support. Participant 3 expressed, “I think educators should receive training on trauma-informed practices at least twice a year, with opportunities for follow-up support throughout the year. Continued discussions, refreshers, and collaborative problem-solving to help educators stay confident and consistent in applying strategies.” Participant 2 responded similarly, “Educators should receive ongoing training at least annually, with additional opportunities for refreshers, coaching, and collaborative discussion throughout the year. Trauma-informed practice is not a one-time training but an evolving skill that benefits from continuous learning and reflection.” Participant 8 further expressed, “All teachers should have to complete in-person trauma-informed training at least yearly before school starts.” Participant 4 concluded,

I think that trauma-informed practice training for educators should focus on the importance of building relationships, discovering students' interests, establishing consistent routines, and giving students choices through UDL and other strategies. We also need to emphasize that educators should focus on what we really want for students

(e.g., learning, safety, belonging, etc.) rather than checking boxes, sitting quietly in their seats, and coming to class every day prepared. We need to focus on how to talk to students, teach students self-regulation skills, active listening, and de-escalation, and provide basic psychological and physiological support and safety.

Across participants, TIPs were experienced as difficult to sustain through individual effort or training alone, but is instead dependent upon alignment between pre-service preparation, ongoing professional learning, school structures, and the daily realities of managing a classroom. When this alignment was absent, educators described implementation as difficult to sustain, even with strong personal commitment to trauma-informed care. Educators' lived experiences of preparedness and emerging competence were not seen as outcomes of formal preparation and training opportunities alone, but rather as the result of continuous engagement with classroom realities, reflection on practice, and the adaptation of instructional responses in the moment. Preparedness was therefore experienced not as a fixed condition, but as an evolving understanding shaped through sustained lived practice, ongoing learning, and systemic support.

### **Evaluation of the Outcomes**

In evaluating outcomes, each research question guided this discussion. Findings produced in each theme are evaluated in relation to the study problem and purpose through use of relevant literature to compare findings.

#### ***Research Question 1***

The first research question considered educators' perceptions and experiences regarding their preparedness to implement trauma-informed practices within the classroom. The research findings indicated that educators often find themselves unprepared to support students with lived-trauma and lack the necessary training to support their students' social-emotional and

behavioral needs. Additionally, educators acknowledged having a limited understanding of TIC and instead relied on experience within the classroom to gain the necessary skills to support trauma-impacted students. This aligned with the existing literature, which indicated that educators often feel ill-prepared to identify and support students affected by trauma (Bonnett et al., 2024; Marshall, 2023; Raffaele Mendez et al., 2024). Furthermore, educators reported that they lacked specific training and skills to address the behavioral needs of students with lived trauma. Raffaele Mendez (2024) and colleagues indicated that educators often feel ill-equipped to address behavioral needs and lack the training, skills, and resources to be effective in supporting students' behavioral needs.

The research findings addressed the study problem and purpose by identifying the preparedness, or lack thereof, educators experience when supporting students with trauma through the use of trauma-informed care and practices. Research participants identified that, while they had a basic understanding of TIC, they often felt unprepared to implement strategies or identify which would best support students' behavioral and social-emotional needs. Kim et al. (2021) similarly identified in their research that educators often misidentify behaviors as disruptive as a result of their limited trauma-informed training, which results in punitive reactions. This research shows that educators rely on classroom teaching experience rather than pre-service training alone. Participant 2 stated, "Much of my learning has come from hands-on experience." Participants 3 and 8 further added that experience was the biggest contributing factor to understanding the impact of trauma and implementing effective strategies.

Furthermore, educators identified that establishing a trusting relationship with students is essential. Wall (2021) underscored the importance of establishing trusting relationships with trauma-affected students as crucial to trauma-informed approaches (TIA). The findings of this

research confirmed that creating safety while establishing relationships was an integral part of educators' implementation of further trauma-informed care within the classroom. Although educators clearly recognized the importance of fostering trust and safety as foundational to TIPs, the findings also suggested that structural limitations complicate this work. In particular, large class sizes and limited institutional support make it significantly more challenging for educators to build and sustain the individualized, care-based relationships that trauma-informed approaches require. As a result, even when educators understand the impact of trauma on students' well-being, sense of safety, and capacity to trust others, their ability to consistently implement these practices may be constrained by the demands of overcrowded classrooms and insufficient resources (Bonnnett et al., 2024; Taylor, 2026; Wall, 2021). Participants further indicated that finding the time to support individual students experiencing trauma or crisis, while simultaneously meeting the needs of 24–29 other students, often becomes unmanageable.

### ***Research Question 2***

The second research question focused on educators' perceptions of professional development and pre-service preparation regarding TIPs. The findings indicated that participants experienced inconsistent pre-services and ongoing professional learning that often misaligned with classroom realities, which further limited its usefulness for supporting trauma-affected students. Bonnnett et al. (2024) and Raffaele Mendez et al. (2024) emphasized that, while educators receive some form of pre-service training in TIC, they often feel ill-prepared to identify students impacted by trauma. This research study's findings confirmed previous literature through participants' statements regarding variations in their pre-service learning experiences in child development, social-emotional learning, and behavior strategies aimed at supporting students from all backgrounds. However, Reddig & VanLone (2024) indicated that

relatively few educators are required to acquire experience in trauma-informed strategies and practices during pre-service training.

In the conducted research, participants further reported that, even with a basic pre-service understanding of trauma-informed training, they often lacked ongoing professional learning once established in a classroom. Furthermore, the training educators received often provided only general information on TIC and lacked practical strategies for immediate implementation. Previous research by Lipscomb et al. (2024) also found that educators experience difficulties implementing effective, tangible strategies in the classroom after pre-service training. According to Thomas Bonner and Evans (2026), initial implementation after pre-service training is often challenging and burdensome to ill-prepared educators. The participant responses confirmed the existing literature for educators navigating post-service implementation. Participant 5 expressed how training failed to prepare them for how challenging it is to identify trauma and support students simultaneously while teaching the whole class.

Additionally, this research question also focused on educators' perceptions of how training opportunities could be improved to better support implementation and student outcomes. All eight participants highlighted the significance of pre-service training incorporating TIC into the programs, while also making it a required component of training. Reddig and VanLone (2024) emphasized the need for state policymakers to revise pre-service educator competencies to require trauma-informed training. Furthermore, Lipscomb et al. (2024) and Taylor (2026) highlighted the need for school systems to shift their focus to supporting the implementation of trauma-informed care. This study's findings indicated that participants' perceptions align with previous literature. Participants emphasized the importance of improving pre-service training, as it can have the greatest impact on educators' training and knowledge. Participants further added

that, in addition to more meaningful preparation that is required, educators need ongoing training and support to truly meet the needs of trauma-affected students.

Currently, participants expressed the need for ongoing learning with implementation support after mandated pre-service training. Educators reported that to feel truly prepared to implement trauma-informed strategies, they need access to consistent, ongoing training. Participants further emphasized the importance of receiving trauma-informed professional development learning opportunities at least twice a year. The findings also highlighted the need for continued support beyond initial pre-service training, including follow-up support, refreshers, and opportunities for collaborative problem-solving. All these elements were seen as essential for building educator confidence, ensuring consistency, and effectively applying trauma-informed practices in the classroom. Research conducted by Wall (2021) stated that ongoing learning opportunities and staff collaboration contributed to the systemic implementation of TIC strategies in the classroom.

### **Implications and Recommendations for Practice**

The findings from this study had several key implications for practice. Educators' perceptions of preparedness to implement TIPs appeared to be shaped by the quality of pre-service training, the ability to develop meaningful relationships with students, opportunities for ongoing professional learning, and the availability of systemic support. Using a phenomenological approach, this study captured educators' lived experiences, offering insight into how these factors are experienced and affect implementation practices. These insights may inform discussions related to pre-service preparation, school support structures, and ongoing professional learning for working with trauma-affected students. The study also identified key

barriers to TIPs, including gaps in training, limited resources, and systemic constraints. These implications are discussed in greater detail below.

The first implication concerned the roles of pre-service preparation and ongoing educator training. Participants' perceptions of preparedness ranged from feeling unprepared to somewhat prepared. Even those reporting partial preparation described challenges in consistently applying strategies in the classroom. These findings aligned with existing research indicating educators often feel ill-prepared and uncertain about which approaches to use when supporting trauma-affected students (Bonnett et al., 2024; Marshall, 2023; Raffaele Mendez et al., 2024). Seven of the eight participants described entering the profession feeling "unprepared" and "thrown into the role," suggesting variability in how trauma-informed principles are introduced and reinforced across preparation and training. One participant noted, "It is best practice to avoid new trauma and integrate policies that ensure safety, trust, choice, and a focus on individuals' strengths to build confidence." Across all participants, pre-service preparation was often described as limited in covering trauma-informed approaches and unevenly connected to classroom practice. The findings align with the literature, suggesting that simulation-based learning, classroom modeling, and structured field experience may be potential means to bridge this gap (Bonner & Evans, 2026; Lipscomb et al., 2024; Taylor, 2026).

The second implication of this study related to the alignment between pre-service preparation and ongoing professional learning. Participants consistently described training experiences as variable and at times disconnected from classroom realities. This disconnect was reflected in uncertainty about when and how to apply trauma-informed strategies in practice. While participants generally reported exposure to trauma-informed concepts, this exposure was often described as brief or lacking substantial modeling. This finding is consistent with prior

research that indicated educators may struggle to properly identify trauma-affected students and apply consistent strategies (Lipscomb et al., 2024; Taylor, 2026). Taken together, the findings suggested that TIPs are experienced by participants as being sustained through continuous learning and lived implementation rather than brief preparatory events.

The third implication concerned the influence of limited systemic support and structural constraints on educators' capacity to implement TIPs. While participants consistently emphasized the importance of establishing trusting relationships with students through care-based approaches, they also described existing barriers that limit their ability to sustain these practices. These findings aligned with a study by Meldrum et al. (2025), which also emphasized the importance of establishing trusting student-educator relationships as the core of TIC. Several participants further identified limited systemic support as a barrier, including misalignment among school staff or inconsistent understanding of trauma-informed approaches. One participant stated, "Some of the challenges that I faced using trauma-informed practices are what other adults think about them, including other teachers and administrators." This suggested that administrative and collegial attitudes may influence the implementation and normalization of trauma-informed strategies (Bonner & Evans, 2026).

Participants further identified structural constraints that hinder their ability to meet individual student needs, such as large class sizes, limited support staff, and competing classroom demands. One participant noted, "My classroom numbers range from 26–30 students with no additional support. Being able to implement trauma-informed strategies and support those students with no additional support is definitely difficult." These accounts suggested that implementation is shaped by both educator capacity and systemic barriers. These findings aligned with the literature, which emphasized that TIPs are best sustained in systems providing

cohesive support and shared understanding (Raffaele Mendez, 2024; Taylor, 2026). Existing research also suggested whole-school approaches to trauma-informed care, such as increasing support staff to allow educators to build stronger, more responsive relationships with trauma-affected students (Evans, 2023; Lipscomb et al., 2024).

Collectively, these implications highlighted that TIPs, as experienced by participants, are shaped by preparation, relationships, and systemic conditions. The findings showed that gaps in pre-service preparation, professional learning continuity, and systemic support create challenges for consistent classroom implementation. This aligned with the existing literature by Reddig and VanLone (2024), which suggested the importance of pre-service preparation in establishing TIC practices and consistent implementation. Addressing these challenges likely requires a whole-system approach, including quality pre-service preparation, ongoing professional development, and consistent systemic support and modeling. These findings supported existing literature by showing that TIPs are integral to student outcomes, as consistent support, learning, and systemic involvement foster positive outcomes (Bonnett et al., 2024; Marshall, 2023).

### **Recommendations for Future Research**

In considering these research findings, which revealed educators' perceptions of preparedness, or lack thereof, in implementing trauma-informed practices, several areas for further research emerged. The findings of this study highlighted the need to deepen understanding of trauma-informed implementation, particularly regarding the effectiveness of pre-service training and the role of systemic support in educator preparedness. While this study focused on educators' perceptions and lived experiences, further research is needed to examine the impact of mandating trauma-informed training within pre-service programs and to explore

how systemic structures can better support alignment with training and sustain implementation across educational settings.

This study focused on educators' perceptions of preparedness to implement trauma-informed strategies in the classroom, including how their pre-service training prepared them to support trauma-affected students. Future research on pre-service training should examine the specific components of preparation programs that most effectively build educators' confidence and competence. This further expands on the findings, in which participants stated that their preparation programs prepared them little to support students in the classroom. Furthermore, participants stated that improvement recommendations for preparation programs should include mandated training in TIC. Therefore, through further research, studies can examine programs with and without mandated trauma-informed coursework to gain insight into the effectiveness of such requirements.

Findings indicated the importance of systemic support and collective support from other adult personnel. Future research should explore systemic supports that enable or hinder the implementation of TIC. This includes examining administrative practices, school policies that adopt trauma-informed approaches, and staffing structures for support personnel. Administrators influence educator buy-in, implementation consistency, classroom sizes, and access to ongoing learning opportunities to ensure confidence and competence. Through examining these systemic factors, future studies can develop strategies to strengthen implementation, reduce barriers, and create confident educators who feel empowered to support all student needs.

Additional recommendations for future research should seek to replicate this study with a larger sample to strengthen its reliability and credibility. Similarly, to the conducted research, future research can use a phenomenological study to gather in-depth, thick descriptions of

participants who consistently implement trauma-informed strategies (Amankwaa, 2016). Factors such as implementation strategies, pre-service training, continuous learning opportunities, and barriers could be discussed. By reviewing these factors, research could be compared using a phenomenological thematic analysis to determine whether consistent implementation strategies and training impact educators' perceptions of preparedness. This recommendation would further clarify whether pre-service trauma-informed training combined with ongoing learning opportunities should be mandated to shape educators' perceptions of preparedness to support students with lived trauma.

## **Conclusions**

The problem addressed by this study is that many K-12 educators often lack adequate training in TIC practices that are necessary to support trauma-affected students (Anderson et al., 2022; Krupina et al., 2025). The purpose of this study was to explore educators' lived experiences and perceptions of preparedness in implementing TIPs. The findings of this study confirmed that many educators feel ill-equipped to implement trauma-informed strategies in the classroom to support students' behavioral and social-emotional needs. Although some participants indicated having a strong sense of preparedness to support trauma-affected students, the majority felt unprepared and poorly equipped to identify students impacted by trauma and uncertain of which strategies to implement to support their needs. The findings revealed that educators' perceptions of preparedness after pre-service training were limited, and programs did not provide adequate training in trauma-informed care strategies. Furthermore, educators express limited ongoing learning opportunities for continued support to address the needs of trauma-affected students.

The findings of this study revealed that educators perceive large class sizes, limited support personnel, and unsupportive adults as challenging barriers to supporting students affected by trauma. Educators emphasized that without ongoing professional learning opportunities, consistent support personnel, and adequate time to build meaningful relationships, they would be unable to support student needs appropriately through TIC. The findings suggested that while educators may have basic knowledge of TIC, they often lack the confidence, systemic support, and preparedness to readily apply these strategies in the classroom. Furthermore, educators advocate for improved pre-service training opportunities that mandate TIC as part of the curriculum. These strategies should focus on building relationships, creating safe environments, and enabling the practical application of training materials in their classroom.

Taken together, the results of this study affirmed previous literature that pre-service training does not adequately prepare educators to support trauma-affected students (Bonnett et al., 2024; Marshall, 2023). By addressing challenges identified by educators and pursuing future research recommendations, pre-service programs can adapt to strengthen expectations for trauma-informed care, including consideration of mandatory learning and follow-up support for educators after program completion. By improving pre-service experiences and expectations, educators' perceptions regarding preparedness can improve, ultimately increasing confidence and implementation fidelity. This would foster future opportunities for educators to learn strategies that create safe environments for students, establish meaningful relationships with students, and improve overall well-being to promote academic success.

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## Appendices

### **Appendix A: Recruitment Email**

My name is Emily Duarte, and I am a doctoral student at National University. I am conducting a research study about the limited training and support educators receive from their training programs in addressing students affected by trauma. The name of this research is “**A Phenomenological Study of Educators’ Preparedness and Lived Experiences with Trauma-Informed Practices.**”

I am recruiting individuals who meet all of these criteria:

1. Inclusion criteria for participating in the study will consist of: (a) currently be employed as a K-12 educator (general or special education), (b) minimum of two years teaching experience, (c) engaged in trauma-informed practices (e.g., trauma-informed practice (TIP), trauma-informed care (TIC), social-emotional learning (SEL), trauma-sensitive classroom management, etc.), and (d) be able to participate in a 60-90 minute in-depth interview.

If you decide to participate in this study, you will be asked to do the following activities:

1. Participate in a 1:1 online interview over Zoom for 60-90 minutes
2. Review your interview transcript via Zoom for 10-15 minutes

During these activities, you will be asked questions about:

- Your understanding of trauma-informed practices
- Your sense of preparedness for implementing trauma-informed practices
- Your perception of challenges with using trauma-informed practices in the classroom
- Your previous training and/or preparation related to trauma-informed practices
- Your perception of how helpful previous training was or was not

- What you would like to change and/or include in future training opportunities
- What area of western United States you teach
- What type of community you teach (rural, urban or suburban)
- Your experience with trauma-affected students

If you are interested in participating in this study, please contact me at e.duarte0784@o365.ncu.edu or at (530)586-1048.

Thank you for considering participating in this voluntary research!

Emily Duarte

## **Appendix B: Informed Consent**

My name is Emily Duarte, and I am a doctoral student at National University (NU). I also hold a role as school psychologist for Tehama County Department of Education.

I'm asking you to take part in a research study on the sense of preparedness educators experience when implementing trauma-informed practices within the classroom. The name of this research is "A Phenomenological Study of Educators' Preparedness and Lived Experiences with Trauma-Informed Practices."

You may participate in this research if you meet all of the following criteria:

1. Teach in the western United States
2. Currently be employed as a K-12 educator (general or special education)
3. Minimum of two years teaching experience
4. Engaged in trauma-informed practices (e.g., trauma-informed practice (TIP), trauma-informed care (TIC), social-emotional learning (SEL), trauma-sensitive classroom management, etc.)
5. Be able to participate in a 60-90 minute in-depth interview
6. Be able to participate in a 10-15 minute follow-up to review interview transcripts

I hope to include 8-12 people in this research.

Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

**What you will be asked to do:** If you agree to be in this study, you will be asked to do the following activities:

3. Participate in a 1:1 online interview over Zoom for 60-90 minutes
4. Review your interview transcript via Zoom for 10-15 minutes

During these activities, you will be asked questions about:

- Your understanding of trauma-informed practices
- Your sense of preparedness for implementing trauma-informed practices
- Your perception of challenges with using trauma-informed practices in the classroom
- Your previous training and/or preparation related to trauma-informed practices
- Your perception of how helpful previous training was or was not
- What you would like to change and/or include in future training opportunities
- What area of western United States you teach
- What type of community you teach (rural, urban or suburban)
- Your experience with trauma-affected students

**Risks:** There are minimal foreseeable risks or discomforts associated with this research. You can still skip any question you do not wish to answer, skip any activity, or stop participation at any time.

**Benefits:** If you participate, there are no direct benefits to you. This research may increase the body of knowledge in the subject area of this research.

**Recording:** I would like to audio and/or video record your responses with Zoom during the interview. You can disable the video function of the online meeting platform at any time.

**Mandated Reporting:** My professional role outside of NU requires me to report suspicion of child or elderly abuse, suspicion of possible harm to self or others, and committed crimes to the appropriate authorities.

**Confidentiality:** I will keep the records of this study private and take reasonable measures to protect the security of all your personal information. In any report I make public, I will not include any information that will make it possible to identify you. All audio and/or video records will be stored securely to maintain confidentiality. When the transcribing process is finalized and accurate, the audio and/or video records will be permanently destroyed.

**Taking part is voluntary:** Participation in this study is completely voluntary. You may quit at any time.

**If you have questions:** Please ask any questions you have now. If you have questions later, you may contact me at [e.duarte0784@o365.ncu.edu](mailto:e.duarte0784@o365.ncu.edu) or at (530)586-1048. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) via email at [irb@nu.edu](mailto:irb@nu.edu)

**Statement of Consent:** I have read the above information and have received answers to any questions I asked. I consent to take part in the study.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Name (printed) \_\_\_\_\_

### Appendix C: Semi-Structured Interview Questions

1. How would you describe your current understanding of trauma-informed practices?
2. When you first began using trauma-informed strategies, how prepared did you feel?
3. Can you share an experience where you felt particularly effective (or ineffective) in implementing trauma-informed strategies? What contributed to that feeling?
4. What challenges have you faced when trying to use trauma-informed approaches in your classroom?
5. Over time, what has helped you feel more prepared or confident over time in applying these practices?
6. What kinds of training or preparation (pre-service or in-service) have you received related to trauma-informed practices?
7. How well did that training match your real needs in the classroom?
8. In what ways did your training prepare you (or not prepare you) to support trauma-affected students?
9. Can you recall a time where your training helped (or failed to help) you respond to a trauma-affected student?
10. If you could design or improve trauma-informed training for educators, what would you include or change?
11. How often do you think educators should receive updated or ongoing training related to trauma-informed care?
12. Is there anything else you'd like to share about your experience with trauma-informed education or your training as an educator?