EXPLORING TEACHER IMPLEMENTATION OF SOCIO-EMOTIONAL HEALTH PROGRAMMING FOR MIDDLE SCHOOL STUDENTS

A thesis presented
by
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to
The School of Education

In partial fulfillment of the requirements for the degree of
Doctor of Education

in the field of
Education

College of Professional Studies
Northeastern University
Boston, Massachusetts
February 2016
ABSTRACT

This research study was designed to explore teachers’ experiences with implementing socio-emotional learning in their classrooms. One important component of this study was to look at how socio-emotional learning supported students with trauma histories. This topic is important because many students are coming to school each day with numerous obstacles in their lives resulting from acute and chronic traumas and while schools cannot prevent these issues, teachers and schools can provide a supporting environment where all students can learn.

Teachers were interviewed in this interpretative phenomenological study in order to learn more about what they are doing in their classroom with socio-emotional learning and the support and resources that they were receiving in order to perform their jobs. This study highlighted that teachers agree on the importance of socio-emotional learning in their classrooms and they felt that it was beneficial for students with trauma backgrounds to receive socio-emotional learning development. There also was a desire from the participants to receive more training and support to deal with numerous situations that were occurring with their students that they felt unprepared to manage.

The research findings elucidate three main areas for recommendations for future work and additional study. The teachers reported wanting an improved professional development model that included specific components of trauma-informed practices and trauma-responsive schools. They want ongoing support in their work and the professional development that they participate in to be responsive to issues going on with their students and receptive to the changes that may be occurring with their populations. They also addressed the need of having feedback and support of their socio-emotional implementation from administrators and other support staff. The final recommendation determined from the findings was for teachers to have access to updated resources and have options for accessing resources outside of the school either through agencies or conferences/workshops specific to supporting children with adverse childhood experiences.

Keywords: socio-emotional learning, trauma-informed professional development, teacher training, adverse childhood experiences
Acknowledgements

There is a proverb that states, “Whatever is good to know is difficult to learn” and I feel this is summative of my experience with this research study. It has not been an easy journey, but it has done a great deal at educating me in numerous areas. My insight and skill expertise has improved and I have been enriched by my experiences.

First I would like to thank my NEU advisor, Dr. Billye Sankofa Waters for her support throughout this process. She has provided me with incredible insight, guidance and encouragement along the way. I truly appreciate the time that was spent in order for me to create a finished product that I could be proud of. Also, thank you to the other members of my committee, Dr. Karen Reiss Medwed and Dr. Nicholas Bretz.

Thank you also to my participants in this study for not only being part of this project, but for the beautiful work that you do everyday with your students. I am proud to be part of a profession where there are so many people working to ensure that children receive the best possible education.

And last, but certainly not least, to my family (especially my mother and sister), friends and colleagues at the Bayah School, thank you for your love, laughter and support through this part of my educational journey.
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Chapter 1: Introduction

Statement of the Problem

All students deserve the right to access high quality educational programming to develop skills that prepare their lives for a brighter future. While schools and educators cannot control the circumstances that students experience, education can be used as a platform to help support socio-emotional development in a student’s life. Teachers, because of their unique position in a child’s life with daily interactions, have numerous opportunities to make a difference through the course of a school year. Their multifaceted role requires them to be both resourceful and skilled at implementing socio-emotional learning, oftentimes designing and carrying out individualized plans to meet the diverse needs of the children in their classroom.

Today’s teachers often find themselves being asked to support more than just the academic development of children. Interactions and relationships with adults, interactions and relationships with peers, identity of self in relation to others, recognition of ability, expression of emotion, empathy, emotion regulation, impulse control and social understanding are all examples of the many areas that may fall under the socio-emotional health learning that teachers may be asked to address. Teachers work diligently to deliver the best possible education to their students on a daily basis; implementing socio-emotional learning to support children requires an understanding not only of the SEL pedagogy, but also requires that teachers are nurturing and insightful to the needs of their students.

Schools have provided socio-emotional support for youth in response to adverse childhood experiences, also known as trauma. Major traumatic events affecting schools and the society at large have increased student exposure to adverse childhood experiences. This exposure, either through personal experience or through media coverage, necessitates the need to provide socio-
emotional support to students. To name of few of the events that have received national coverage in the recent past include: Columbine High School shootings, Virginia Tech shootings, Newtown Connecticut shootings, and others nationally. In Boston, the terrorist attacks at the Boston Marathon Bombings, had a significant impact on the city and the educational community due to injury and death of local students and the traumatic response that individuals in the community had to these events. Traumatic events have impacted children, both in and out of school, and schools are working to help support students’ socio-emotional health learning and are asking teachers to help deal with the impact of these events.

**Significance of the Problem**

If students experience greater exposure to trauma, whether it occurring in their lives or they are witnessing these experiences second-hand through the media and technology, the need for schools to address these areas of student socio-emotional health also increases. According to a new survey on adverse childhood experiences by the National Survey of Children’s Health (NSCH), about half of the nation’s children have experienced at least one or more types of serious trauma during childhood, which translates into an estimated “34,825,978 children nationwide”(Stevens, 2013). What is even more concerning is that nearly a third of United States youth, ages 12-17, have experienced “two or more types of childhood adversity that are likely to affect their physical and mental health as adults”(Stevens, 2013). Since children are coming to school with adverse childhood experiences, they are in need of programming beyond academics and it is the teachers who are being asked to provide support for socio-emotional development for the students. Teachers could benefit from additional support and training as they go about their very difficult job of not only ensuring that their students’ perform well
academically, but also that their students have the socio-emotional skill sets to support mental well-being.

The reason why trauma and support of that trauma has such a significant role in the learning environment is because trauma has been linked to having major impacts on student learning. Children’s exposure to trauma has been linked to both short-and long-term problems according to the National Center for Children in Poverty at Columbia University (Dube, Anda, Felitti, Chapman, Williamson, & Giles, 2001). In addition to physical and emotional health problems, other consequences of trauma include “difficulties with learning, ongoing behavior problems, impaired relationships and poor social and emotional competence” (Bogat, DeJonghe, Levendosky, Davidson, & von Eye, 2006) and there has been a correlation to decreased executive functioning skills, such as directing attention, self-monitoring and manipulating information, all critical to academic success (Overstreet & Mathews, 2011). Since trauma and posttraumatic stress are associated with difficulties functioning in cognitive performance activities related to achievement, it is not surprising that youth exposed to trauma may be at risk for school failure (Overstreet & Mathews, 2011).

Trauma and trauma response exist in numerous forms and manifest differently in various individuals. “Acute traumas are single, unanticipated events such as: natural disasters, loss of a loved one, community violence, murders, assaults, terrorist attacks, car crashes and other single event occurrences (Bell, Limberg, & Robinson III, 2013, p. 140). And chronic traumas are “long-term child abuse, neglect, domestic violence and chronic illness” (Bell et al, 2013, p. 140). Teachers are responding to this trauma from various students on a daily basis every year at school. Their ability to support students with trauma exposure is of great importance for schools
and communities due to the fact that trauma can influence academic achievement and have a significant impact on the child’s trajectory of life. Knowing this, some of the crucial elements missing both in the research as well as in practice on the ground level in schools, are the best practices to prepare and to support teachers in their tasks of supporting students with exposure to trauma.

Harris et al (2004) discuss that the number of children who are exposed to acute and chronic trauma is unacceptable; however, there are unique opportunities to utilize the power of collaboration between schools, families and community partners in order to support children living with trauma exposure in their backgrounds. It is the responsibility of “the trauma community to organize and mobilize a coordinated effort to confront and change this unacceptable situation” (Harris et al, 2004, p. 331). Since children spend seven hours a day at school for at least 12 years, a child’s educational instructional time provides schools with the opportunity to help support student development, especially for those who may have endured adverse childhood experiences. Due to the fact that teachers are having to help students who have had exposure to traumatic events, this study will give teachers a space to voice their challenges, successes and needs for development in this area with the end goal of providing recommendations for training and support for teachers in their increasingly challenging roles.

This research study was conducted as an interpretative phenomenological analysis and explored how public school teachers in grades 5-8 in the Boston area felt both personally and professionally about their evolving roles as educators. In particular, it was designed to investigate implementing socio-emotional learning for students and to examine how teachers felt in the process and learn more about how to support their work in classroom so that they in turn can effectively support students. This research project had two main goals: 1. To explore how
teachers felt about their skill sets when working supporting students’ socio-emotional development, and 2. To provide recommendations for professional development models for educators to support implementation of socio-emotional health programming for students. Educators cannot control the circumstance that students are being exposed to in our world; however, it is possible to support educators to respond appropriately and effectively to the multitudinous needs students bring with them to the classroom by helping them with the implementation of social emotional learning.

**Positionality Statement**

Today’s schools are faced with the challenge of offering educational programming that supports not only academic learning but fosters socio-emotional health as well. As a scholar-practitioner, in particular as a middle school teacher with diverse educational experiences, there is a personal interest in creating professional development plans in this area. Educators at every grade level are expected to handle more and more social issues that students are bringing with them to the classroom, while balancing increasingly academic rigorous requirements in all subject areas. The number of students experiencing acute and chronic trauma, coupled with resulting academic difficulties that many students face, present the primary reasons why schools should think of ways that help teachers to support the mental health of students.

This study has come about due to my personal, qualitative observations of students in urban and rural schools globally in Massachusetts, Chile, Namibia and Nepal. These students had either confirmed trauma histories or were living in situations that presented potential exposure to trauma circumstances. My deep connection to this problem of practice is because I have personal connections to traumatic experiences as a child, as well as professional connections now as a teacher and educator in schools that serve students with adverse childhood
experiences. As a first generation college student myself, with an extensive trauma history from my childhood, I relate to my problem of practice having been on the receiving end of teacher and school support; now, as a teacher, I can also relate because I am responsible for providing support to my students. Due to the many challenges that I faced as a young person, I can often relate to the difficulties that my students may be experiencing, dealing with issues at home and in the community, while still trying to remain successful at school.

Professionally, I have had the opportunity to work in urban districts in the metro Boston and New Bedford area in Massachusetts, as well as in rural, public school districts in Chile, Namibia and Nepal. I have held positions domestically as a Teaching Fellow, Campus Director, alternative school educator, regular educator and internationally as a volunteer teacher on three continents teaching students in government developmental projects. In each one of these experiences, I have felt unqualified to deal with some of the numerous situations that were disclosed to me as an educator. In addition to feeling underprepared to support my students, I also noticed that many of my students with confirmed trauma exposure, were having difficulties at school and I wished that I could do more to help them. Even with numerous interventions that students had academically, they were still experiencing challenges that were contributing to their difficulties in school. I also realized that many of my colleagues did not always have the answers to help support these students despite being able to recognize that these students needed some additional support besides the academic interventions that were in place.

In order to find ways to support my students better, I began having small conversations with them to ask what else I could do to support them. As a result of talking with many of my students, either in small groups or one-on-one, I began hearing stories and accounts of abuse, neglect, deaths, homicides, suicides, poverty, substance abuse, just to name a few of the
traumatic instances that they had in their lives. While some of them could identify a single traumatic event that had significantly impacted their life (such as the murder/death of a close family member like parent or sibling), many of my students had a list of chronic and/or repeated traumas that they had been experiencing throughout the course of their lifetime.

For students like mine, living in a constant state of turmoil, there are numerous factors influencing their ability to utilize executive functioning skills that strengthen academic performance. One example that comes to mind was a high school student who was constantly in a state of transition with their housing situation. The student would go from foster care, to Department of Youth Services’ custody, to home with their parent and then back to foster care due to an incident with the parents and the cyclical transitions would occur again. This constant state of fluctuation, being pulled from the mother’s home due to abuse/neglect, then moving to foster homes and state custody, was not only traumatizing to the youth psychologically, but also detrimental to the academic performance of this student. Organization, focus, self-monitoring and creating trusting relationships with adults were all skills that were difficult for this student to develop and/or utilize. In addition, this student also had a lot of displaced anger that would be released in the school setting creating behavioral challenges that would impact academic learning community and relationships with school personnel.

Another example is one of my student’s parents passed away due to an overdose and was found by the small siblings in the family. This student went from being a strong academic student to having numerous challenges (including being a primary caregiver), experiencing multiple distractions and accruing frequent absences from school within a short year. While these are two of the more serious cases from my professional experiences, the number of traumatic experiences that young people were experiencing was significant. When I first began
to scratch the surface of students’ lives, I found that they are dealing with a lot of social and emotional issues that are significantly affecting their socio-emotional health.

My realization that many students were facing much more than they can handle were solidified by multiple interactions with high school youth during the SY 2012-2013. The first example was a young, immigrant teenager who lost his mother to an aggressive form of cancer. He is a very smart young person yet was failing his classes as a sophomore and was not responding to the numerous academic interventions that were being put in place by the school or support personnel. As an academic counselor, I met with this young man almost weekly regarding his grades and I was trying to get to the root of his academic struggles. He finally opened up one session and began talking about all of the personal things that distract him while he is at school. He said to me, “Imagine trying to learn when it always sounds like the t.v. is on in your head--all the time--it just doesn’t turn off; I can’t focus”. Upon continuing to discuss his reflections about learning, we discussed the possibilities of counseling to help him cope with the numerous changes and challenges now facing his life as a result of his mother’s death. He stated, “If I go to counseling, then I have to admit that my mother’s really gone and not coming back to me and my dad. I’m not ready for that yet.”

The second major incident came after the Boston Marathon bombings in April of 2013. We were having a group reflection activity about the events that had occurred and one of the students said to the group, “There are murders all the time in my neighborhood; nobody shuts down the city for that….and then, ‘the killers’, they just walk around free. Nobody even cares what happens in my neighborhood. Nobody cares like they do about all this”. The trauma and pain that this student had experienced as a result of violence in his community was apparent. He was angry about the reality that there was little being done about the violence in his community; at a
bare minimum, it was easy to see that nobody had really talked to him about how his neighborhood and how the violence there was affecting his life. As his academic case manager, I knew that this boy’s grades had slowly declined over the past few years and he had failed a majority of his courses during his sophomore year. He would repeatedly say to me, “I know that I am failing. I just can’t seem to change. All of these things are on my mind; they are distracting me….I wanna change, I just can’t.”

As a teacher, there were so many moments that were coming up when I remember thinking to myself, “I’m not qualified to support these students. How am I supposed to respond to this? Am I doing this wrong?” and really just feeling as if I was not prepared to handle the things that students were sharing with me in our daily interactions. Teachers, administrators and school personnel are charged with the very difficult task of supporting students with potential or realized exposure to trauma. These adverse childhood experiences have the potential to negatively affect a child’s life; however, schools and teachers have the potential to positively support students as they cope and recover from these experiences. Teachers are an integral part of students’ lives and they can be a resource to help students to gain the support they need to cope with trauma and stress, and hopefully, to develop the protective factors necessary to gain resiliency despite traumatic experiences.

Research Central Questions

This qualitative research was conducted as an interpretative phenomenological analysis, interviewing public schools teachers in grades 5-8 in Boston, Massachusetts area. In order to examine the teachers’ experiences working with socio-emotional learning, there was one central question and one subsidiary question that were investigated to examine how best to prepare
teachers to serve students with suspected or confirmed trauma histories. This thesis examined the primary and secondary questions of:

- What are the teachers’ experiences with applying socio-emotional learning in the classroom?
  - How do these experiences inform their interactions with children who experience trauma?

Theoretical Framework: Trauma Theory

The theoretical framework that helped guide and shape this study was trauma theory. Trauma theory examines the many ways in which researchers have come to understand how trauma has an impact on an individual. When someone has experienced trauma, there can be numerous negative responses following the event that leave a lasting impact on an individual. Therefore, in order to investigate the response to trauma and ways to support students undergoing that stress, it is important to include trauma theory as a way to understand and to define this phenomenon.

**History of Trauma Theory.** When discussing the psychological and physiological effects of trauma on human behavior, it is necessary to examine how humans have developed response to trauma. In the face of danger (real or imagined), humans either fight back or avoid the impetus of the stress, which has come to be known as the fight-or-flight response. These are the basic internal protective mechanisms that have defined fight-or-flight reactions of humans for generations over the course of history. Scientific understanding of trauma and stress has been studied and updated since the 19th century and continues to be changed and updated as our understanding of trauma and its many implications are more comprehensively defined.

Since the 19th century, research has been conducted regarding trauma and its affects on individuals. Jean Martin Charcot (1825–1893), whom many have called the father of French
neurology and one of the world’s first neurologists, first began studying the psychological effects of sexual assault on women at Salpetriere Hospital. He was looking at the hysteria, a disorder usually diagnosed in women and characterized by sudden paralysis, convulsions, sensory loss and amnesia. Until Charcot, little was know about this disorder and so a common treatment for it was a hysterectomy because the origin was thought to be of physiological roots not psychological in nature. Charcot believed that these women’s “hysterical attacks were dissociative problems—the results of having endured unbearable experiences” (Van der Kolk, Weiseath, & van der Hart, 1996, p. 50). He presented his theory to large audiences where he would hypnotize his patients and get them to remember their trauma, identifying a root to their hysteria (Herman, 1992).

Following Charcot’s work, his student Pierre Janet, continued to look at the dissociative and traumatic occurrences. Janet took the initial research by Charcot and added a component that patients’ traumatic experiences could also have an effect on personality and behavior. “He recognized that patients’ intense effects were reactive to their perceptions of the traumatic events that happened to them, and he found that through hypnosis and abreaction, or reexposure to the traumatic memories, patients’ symptoms could be alleviated” (Ringel & Brandell, 2012, p. 1). During these early studies of dissociation and personality development, Sigmund Freud was also influenced by the work of Charcot. Sigmund Freud (1856–1939), Austrian neurologist and founder of psychoanalysis, continued looking at trauma and it’s influences on traumatic dissociation. In the book *Studies on Hysteria* (1893), Freud wrote, “We must point out that we consider it essential for the explanation of hysterical phenomena to assume the presence of dissociation, a splitting of the content of consciousness” (van der Kolk, Weisaeth, et al., 1996, p. 30). Overall, in the 1880s, “Freud and Breuer as well as Janet independently concluded that
hysteria was caused by psychological trauma. They agreed that unbearable reactions to traumatic experiences produced an altered state of consciousness that Janet called dissociation”(Herman, 1992). Janet also believed that by putting these experiences and emotions into words and could help to alleviate symptoms in an individual.

The work of Janet was some of the early beginnings of crisis intervention methods. During World War I, psychiatrists observed that soldiers were returning from war with “shell shock” syndrome and developmental psychologists worked to help administer the treatments to help soldiers to overcome symptoms of “uncontrollable weeping and screaming, memory loss, physical paralysis, and lack of responsiveness”(Herman, 1992). After 1923, following World War I, Abram Kardiner began to treat traumatized U.S. war veterans and like Janet and Freud, he observed the nature of reenactment, a central construct in modern trauma theory”(p. 3).

It was also during the 1920s that Dr. Walter Bradford Cannon, an American physiologist and Chairman of Physiology at Harvard Medical School, coined the term fight-or-flight response. It was an expansion of Claude Bernard’s concept of homeostasis, or internal constant state in organisms, and was popularized in Cannon’s book, *The Wisdom of the Body* (1932). Cannon concluded that the body would mobilize resources to deal with rapidly occurring reactions to stimuli especially in threatening circumstances. The definition of fight-or-flight response, also known as the acute stress response or hyperarousal, refers to a physiological reaction that occurs when a person perceived a potential harmful event, attack or threat to survival.

In civilian contexts, contemporary trauma theory was developed following events like the 1942 Cocoanut Grove fire in Boston where 493 people perished in a nightclub. Caplan and Lindemann, observing types of crises like the Cocoanut Grove fire, began to be able to systematically describe the components of crisis. Dr. Parad, also interested in trauma and crises,
was able to identify five components that affected victim’s abilities to cope with “overwhelming life events: The stressful event poses a problem which is by definition insoluble in the immediate future; the problem overtaxes the psychological resources of the family, since it is beyond their traditional problem solving methods; the situation is perceived as a threat or danger to the life goals of the family members; the crisis period is characterized by tension which mounts to a peak, then falls; perhaps of greater importance, the crisis situation awakens unresolved key problems from both the near and distant past”(Parad & Caplan, 1960, pp. 11-12).

Lifton and Shatan (1973) worked with veterans of the Vietnam War (1954-1975) who had experience trauma through combat and based on their work, came to identify twenty-seven common symptoms of traumatic neurosis, which provided the basis for the Diagnostic and Statistical Manual of Mental Disorders (third edition; DSM-III), and the diagnosis of posttraumatic stress disorder (PTSD). Additionally, Herman (1992) was the first to suggest that ‘Complex PTSD’ should be included as a component and new diagnosis to address the many origins of trauma and their complex impact on the numerous aspects of a person’s life.

Overall, trauma theory was named and described in the early part of the 19th century and has continually refined the idea that humans have innate emotions due to our mammalian heritage. Bloom (1999) stated that our physiological makeup is what produced “patterned and predictable responses in all of our organs, including our brain. This means that overwhelming emotions can do damage to our bodies as well as our psyches”(p. 1).

One of the most interesting components of trauma theory involves the autonomic responses that individuals with repeated traumas develop. “With each experience of fight-or-flight, our mind forms a network of connections that get triggered with every new threatening experience. If children are exposed to danger repeatedly, their bodies become unusually sensitive so that
even minor threats can trigger off this sequence of physical, emotional, and cognitive responses” (Bloom, 1999, p. 2). Recently, in addition to the fight-or-flight response, a third reactionary response, freeze, has been included as another effect of stress that an individual may experience. A freeze response, also known as tonic immobility, overwhelms any other competing action, whether fight or flight, that an individual may be experiencing. These individuals experience a response in which they are unable to do much of anything.

Individuals with trauma histories can do very little in order to control their reactions because “it is a biological, built-in response, a protective device that only goes wrong if we are exposed to too much danger and too little protection in childhood or as adults” (Bloom, 1999, p. 2). This component of trauma theory is significant to schooling because it discusses the potential difficulties that students with trauma histories may have in regards to regulating behavior when there are triggers present in the educational environment.

Additionally, it has been shown that individuals with trauma also have difficulties with volume control. In other words, “people who have been traumatized lose the capacity to modulate arousal. They tend to stay irritable, jumpy, and on-edge. Instead of being able to adjust their ‘volume control’, the person is reduced to only an ‘on-or-off’ switch, losing all control over the amount of arousal they experience to any stimulus” (Bloom, 1999, p.1).

Oftentimes in schools, students with trauma histories may have issues controlling their anger, have outbursts in school over what appears to be nothing, have difficulties working with others, or may have defiance issues.

Overall, the complexities of individuals’ reactions to trauma occurrences have been researched and studied for decades; however, new perspectives on trauma and it’s affect on
people are constantly evolving and advancing due to new knowledge in this area. Trauma theory was selected to guide this research study because with a greater understanding of trauma, it is possible to begin to uncover how teachers support socio-emotional learning for individuals with adverse childhood experiences and areas that they need professional development in to improve their practice. It will also help guide the recommendations that are developed from the research so that students can get the best support possible while at school.

**Synthesis of theoretical framework.** Public and private school teachers and staff all participate on some level in delivering socio-emotional health support for their students. Through both informal and formalized programming, teachers are expected to support all students, including ones with numerous adverse childhood experiences. Their knowledge and understanding of the ways socio-emotional learning supports children allows them to offer the best possible support to the children in their classrooms.

Essentially, by understanding more about trauma theory, teachers and schools can understand and reflect on the ways in which they are supporting students, and the areas that they need support in to develop greater skills. By understanding more of psychological effects that trauma has on individuals, especially children, it will be easier for teachers to discern behavioral manifestations of trauma response in their classrooms. Once teachers have the ability to recognize particular behaviors in their students, they may be able to more effectively implement programming meant to increase the development of socio-emotional health.

The main objectives of this study were to be able to understand more about the experiences of teachers in implementing socio-emotional learning in their classrooms and secondly, to be able to provide recommendations for professional development in order to support teachers in their increasing complex roles of both academic and socio-emotional learning provider. In order
to uncover what teachers and staff need to do in order to fully support growth in students, it is necessary to understand how trauma affects children and where the leverage points exist for staff intervention.

**Conclusion**

This research project is divided into five chapters. The first chapter has provided a brief introduction to the research problem, the significance of the research, and proposed method of study. Chapter 2 delves into the research on socio-emotional learning and trauma by examining topics in the literature review such as: trauma response, neuropsychological function in youth with trauma and intellectual performance of children with trauma. Chapter 3 will explore in detail the methods for this research project, including a description of the interpretative phenomenological analysis process, selection of participants and safeguards to ensure that this study was conducted without bias and in accordance to the guidelines set for by IRB and solid qualitative research methods. In Chapter 4, the research from the teacher interviews will be presented with the analysis of the teacher interviews. Chapter 5 discusses the implications of this research for teachers’ professional development programming as well as discuss recommendations for further research.
Chapter 2: Literature Review

Families and educators alike want to see young people successful in both their academic and social lives. They seek to develop healthy children, who make good decisions for themselves and others and make positive contributions to the world around them. Teachers strive to offer their students individualized attention for their socio-emotional learning while balancing the benchmarks for academic learning and progress. The students’ life experiences have a significant impact on the types of socio-emotional skills that they may need to develop and teachers are in a role that is expected to identify those needs and put into place proper support to encourage development in those areas.

Schools are faced with reality that students may be coming to school with adverse childhood experiences, which makes it necessary for educational programming to offer socio-emotional learning experiences. Payton, Warlaw, Graczyk, Bloodworth, Tompsett & Weissberg (2000) state that “schools are increasingly challenged to offer more than basic instruction in the traditional academic areas” in order to help students to grow up healthy in their social and academic lives.

In order to focus on the various dimensions of a child’s health, schools have begun to implement formalized programming in social and emotional learning (SEL). These techniques usually teach “individuals to recognize, regulate, and express the social and emotional aspects of their lives so they can successfully manage life tasks”(Norris, 2003, p. 314). Teachers and other health care professionals supplement the regular academic curriculum at schools; instruction and learning may take place one-on-one, in small groups, whole classroom and/or school wide.
“Some of the key skills in social and emotional learning include: self-awareness, self-regulation of emotion, self-monitoring and performance, empathy and perspective taking and social skills in handling relationships” (Norris, p. 315). This type of learning benefits all students, especially students with adverse childhood experiences.

The reason why socio-emotional learning supports students with adverse childhood experiences is because children who have good socio-emotional skills tend to have better mental health, more friends and perform better in school. The National Center for Traumatic Stress Studies supports research that showcases that students who are more emotionally healthy will have better outcomes academically. Adelman, Taylor and Luthar, who study trauma in children, all believe that interventions based on socio-emotional learning (SEL) that aim to foster children’s social interaction skills and management of emotions are an important way to promote children’s mental health” (Bjorklund et al, 2014 p. 2).

Payton, J.W., Wardlaw, D.M., Graczyk, P.A., Bloodworth, M.R., Tompsett, C.J. & Weissberg, R.P. (2000) also support the rationale that implementing socio-emotional health learning at school supports children who come to school with adverse childhood experiences (ACE) who may be exhibiting behavioral problems. “Because the problem behaviors that these programs target often occur together in clusters, share many of the same risk and protective factors, and can be addressed by similar strategies, there is growing national support for a comprehensive, coordinated approach to the prevention of risk and promotion of positive youth development” (Payton et al., p. 179). Children who are healthy are in a better position for creating positive relationships with peers and adults and are more receptive to academic learning.
Teachers often play an important role in implementing socio-emotional health programming as they are working daily with the students in the classroom. “Of critical importance among the many roles that teachers play is that of creating a positive, supportive classroom environment based on a clear and well-organized management plan” (Norris, 2003, p.315). A major component of many socio-emotional learning programs are the teacher’s responsibility, a task that requires continual monitoring and management throughout the school year.

“Children who are hurting cannot learn effectively, and their presence in schools without getting needed attention drains energy, focus and potential from the learning environment” (Adelman & Taylor, 1997). The very premise of this idea is what is leading schools to incorporate SEL in their educational communities and what precipitated the need for this research project to explore teachers perspectives of supporting students with adverse childhood experiences in the classrooms and to learn more about the successes/challenges that they were experiencing in their role. The components of this literature review will define and explain trauma, discuss trauma’s potential effects on childhood development, and communicate the relationship between trauma on academic performance and standardized testing.

What is Trauma?

Trauma is the response created by a sudden or threatening event, however, not all events produce the same affect on people because their responses are varied. For example, multiple people may be involved in a car accident but may experience the after effects of it differently; some may be severely traumatized while others may be less affected by the events. It is critical to differentiate the fact that it is not the actual trauma that does the damage but an individual’s...
unique responses to the traumatic experience and the responses of the individual’s social supports that determine the impact of the outcome for the individual.

Trauma response occurs when there is “a sudden, unexpected, overwhelming intense emotional blow or a series of blows that assaults the person from outside” (Bloom, 1999, p. 1). An individual will experience trauma response when their internal and external resources cannot maintain balance while they are adjusting and responding to the external threats to their physical or emotional well-being (Terr, 1991; Cohen & Mannarino, 2009; Delaney-Black, V., Covington, C., Ondersma, S., Nordstrom-Klee, B., Templin, T., Ager, J., Janisse, J, & Sokol, R., 2002). One key factor to note here is that within this literature review, the primary focus of the literature is on children’s response to trauma due to the effects on growth and neurobiological development.

Young children are developing many of their cognitive processes and schemas for things like faith, hope and meaning (Bloom, 1999). Their cognitive processes, such as learning skills, problem-solving capabilities and ability to make decisions have not yet been fully developed and therefore, early trauma and the responses to this trauma are “amplified because they interfere with the processes of normal development” (Bloom, 1999, p. 10).

Children who experience trauma from an early age develop coping strategies in which they may try to: limit the situations that promote hyperarousal and flashbacks, prevent relationships that may trigger emotional responses, and/or employ behaviors designed to control emotional responses (Deprince, A.P, Weinzierl, K.M, & Combs, M, 2009; Knox, P. & Guthrie, L, 2012) Some young people even report becoming progressively numb to all emotions and feel isolated, alienated, depressed and even ‘dead’. For these individuals with severe trauma response, it typically takes greater and greater stimulation to get the same sensations of feeling prior to experiencing the traumatic events. Therefore, it has been noted by Bloom (1999), that students
with trauma backgrounds require more stimulation to feel a sense of being alive and these students will oftentimes engage in all types of risk-taking behaviors because it is the only method that they can ‘feel’ something again (p. 7). Children with trauma can have a host of difficulties in school ranging from regulating behavior to creating relationships with peers and teachers.

Many children with chronic trauma begin to accept their traumatic experiences as what is normal rather than the exception and as a result of this, they fail to develop a sense of what is normal and healthy (Eth, Silverstein, & Pynoss, 1985; Goodwin, 1985, van der Kolk, 1987, Armsworth & Turboff, 1990). “Living in a system of contradictory and hypocritical values impairs the development of conscious, of a faith in justice, of a belief in the pursuit of truth. It should come as no surprise then that these children so often end up as the maladjusted troublemakers that pose so many problems for teachers, schools, other children, and ultimately all of us” (Bloom, 1999, p. 10). Overall, without a solid foundation, children with complex traumas face a myriad of adjustment problems, often resulting in numerous difficulties with social interactions and academic achievement. In order to understand more about trauma response manifestations in children in the school setting, a deeper examination of the literature regarding trauma and response to that trauma is required.

**Definition and types of trauma—Categorization of trauma response.** Throughout the context of this study, trauma can be defined, but not limited to an occurrence when “a child perceives themselves or others around them to be threatened by serious injury, death or psychological harm. This in turn may cause severe stress, fear, and feeling of helplessness” (Bell et al, 2013, p. 140). When a child experiences traumatic life exposures, or sometimes referred to as adverse childhood experiences, there are many behaviors and emotions that may result from it. Bell (2013) ascertains that since teachers, administrators, school counselors and other school
personnel are a significant part of a child’s life; therefore, they can consistently observe changes in a child’s disposition following traumatic events.

There are three components that make an event traumatic including “suddenness, lack of controllability, and an extremely negative valence” (Carlson & Dalenberg, 2000, p. 5). Unfortunately, it has become common for many children to be exposed to trauma early in life including: the death or loss of a loved one, community violence, physical or sexual abuse, life-threatening natural disasters, and serious accidents (Overstreet et al, 2011, p. 738). The National Center for Traumatic Stress Network (2008) provides additional events that have been defined as traumatic:

“abandonment, neglect, life-threatening illness in a caregiver or self, witnessing domestic violence, bullying, painful medical procedures, witnessing or experiencing community violence (e.g. shootings, stabbings, robbery, or fighting at home, in the neighborhood, or at school), witnessing police activity or having a close relative incarcerated, acts or threats of terrorism (viewed in person or on television)” (p. 7).

This list from the NCTSN is extensive, however, there is no complete list of all the events that can elicit a traumatic response from a child.

Trauma is divided into two types: acute and chronic trauma. Some students may not experience a lot of trauma in their lives but may experience an acute trauma, or a single-event trauma, such as the death of a caregiver or similar event, that will significantly impact the course of their life. Others may be living in home and/or in community environments that are filled with chronic trauma, or multiple traumas, that may be punctuated with major, single event traumas as well. The National Child Traumatic Stress Network defines acute traumas as “events
that occur at a particular time and place and are usually short-lived” (Bell et al, 2013, p. 140). Acute trauma is classified as a “Type I” trauma and is described as a “single, unanticipated event. This includes such situations such as natural disasters, car crashes, loss of a loved one, assault and terrorist attacks” (Bell et al, 2013, p. 140). Partially due to the abrupt nature of these events, children with Type 1 trauma often have “detailed memories of the event where the child is looking for reasons or causes of the events and oftentimes will have visual hallucinations related to the trauma” (Bell et al, 2013, p. 140).

Chronic trauma, or Type II trauma, occur when related traumatic experiences occur over long periods of time. Examples of such traumas include: long-term child abuse, neglect, domestic violence, community violence, substance abuse, sexual abuse, and chronic illness, just to name a few examples. “Chronic trauma, which involves either sustained or repetitive traumatic experiences, occurs typically in an environment where there is minimal adult support or healthy care giving” (Harris et al, 2004, p. 314). Research studies have examined the effects of chronic trauma in comparison to acute trauma in children and have found that repeated traumas are more detrimental and are linked to worse outcomes for children over the course of their lifetime.

For students living with chronic trauma, they “generally have significantly worse outcomes than do those children who are exposed to acute accidental traumas” (Harris et al, 2004, p. 314). It is theorized that one of the biggest contributing factors to this phenomena is that in environments with repetitive traumas, there is a greater chance that there are unstable conditions in multiple areas of the child’s life. With chronic trauma in the home or the local environment, there are ongoing parental or caregiver failures that may lead to a child’s feeling of betrayal and lack of protection, ultimately contributing greatly to the adversity of the experience.
Overstreet et al (2011) explained that both Type I and Type II traumas that pose a threat of death, serious injury or violate the physical integrity of an individual or another, could result in significant emotional distress at the time of exposure. “Whether acute or chronic, traumatic events hold the potential to create severe symptomatology in children, affecting them mentally, physically and academically” (Bell et al, 2013, p. 140). The extent to which these traumas affect a child differs and researchers Carlson & Dalenberg (2000), have identified five prominent factors that influence responses to trauma which include: individual biological factors, development level at the time of trauma, severity of the trauma, the social context before and after the trauma, and life events prior to subsequent trauma (p. 5). Based on these factors, a child’s background, personality/disposition and access/lack of access to supportive environments, has a powerful impact on their response to traumatic experiences.

**Core and associated responses to trauma.** There are numerous critical psychological and biological developmental processes that are impacted by traumatic experiences. “These processes, often conceptualized as developmental threads, run the course of the child’s development and set the pattern for adult life. They broadly shape the individual’s capacity to self-regulate in the face of stress and their sense of self and ability to relate to others” (Harris et al, 2004, p. 7). Every child is different and his/her response to trauma varies greatly; however, there have been broad, general categories of response manifestation that have been recognized by practitioners based on research with individuals with trauma histories.

Individuals who are experiencing trauma may experience the following core responses to trauma including: avoidance, re-experiencing, self-directed aggression, behavioral re-experiencing, dissociation, de-personalization, de-realization, gaps in awareness and dissociative amnesia. These responses to trauma have been associated with numerous factors of the
individual including: biological factors, developmental levels at the time of trauma, severity of the trauma, social context, and prior/subsequent life events.

Once an individual goes through the first core responses to trauma, there are secondary and associated responses to trauma as well. “The most prominent secondary and associated responses include depression, aggression, substance abuse, physical illnesses, low self-esteem, identity confusion, difficulties in interpersonal relationships and guilt or shame” (Carlson & Dalenberg, 2000, p. 21). The reason why secondary and associated response can be difficult for children is that these responses often happen soon after the initial responses to trauma. For example, a child may initially react to trauma through fear, anger, aggression, emotional numbing or avoidance of people. If these primary reactions happen and cause negative reactions from others, problems can arise in their relationships with others including peers, guardians and school staff further contributing to the impact of trauma.

For a child, once traumatization has occurred their natural ability to cope with the day-to-day situations may be disrupted due to the nature of the intense emotions that they are experiencing. Several areas of a child’s life are affected including peer and social relationships, academic achievement, daily self-care, interpersonal communication skills and executive functioning skills. When children are experiencing these difficulties they may rely most on environments that are predictable and comfortable to them. “Children may be more comfortable receiving help from familiar faces and environments; therefore, educators are at the forefront of identifying and contributing to the treatment of childhood trauma, thus facilitating healthy person, social and academic development” (Bell et al, 2013, p. 140). Therefore, schools and the staff can be an excellent resource in supporting children post-trauma through socio-emotional
support, help strengthening protective factors and support developing skill sets that build resiliency.

**Neuropsychological function in youth with trauma.** It is also necessary to look at the specific impact on the neuropsychological functioning of youth with trauma and the impact on brain development. Traumatic stress for youth yields some very serious neuropsychological consequences. “Chronic stress in violent family environment could have an impact on brain regions responsible for executive functioning, such as medial prefrontal cortex (mPFC), thus affect executive function performance” (Deprince et al, 2009, p. 354). It has been noted that significant trauma in early life is largely attributed to the cause of serious mental health problems in adulthood (Knox & Guthrie, 2012, p. 610).

When a child perceives danger, whether it is real or not, they believe that they are actually in physical or emotional danger. They develop a fight, flight or freeze response and that either makes them faster, stronger or in some instances less capable. Neurobiologically, the prefrontal cortex shuts down and limbic system takes over. Comparatively, for children without trauma, they will experience arousal from an event and subsequently be able to ‘cool off’ then reflect on the event. The next time a similar situation occurs, they will be able to use the data they collected from previous events to be less affected by these occurrences. On the contrary, children with trauma are on a constant state of high alert and it is more difficult for these students to be reflective in the moment or following an incident. They may experience greater reactions to triggers in their environment as a result of their difficulties modulating arousal, without an understanding of what has triggered their response.

Acute and chronic trauma in youth has links to neurobiological changes in the limbic system, in particular the top of the brain stem under the cortex. This part of the brain stores rules learned
through experience and includes the survival instincts of fight, flight or freeze responses. The prefrontal cortex, or frontal lobe, is developing over time through reflection and is primarily responsible for controlling executive functioning skills such as planning, reasoning, judgment, impulse control, and informing ‘social rules’. Early childhood trauma affects executive functioning skills that may make it difficult for a child in school due to the variety of tasks that requires executive functioning skills in order to be able to effectively perform. These skills either are related to academic performance or have a direct effect on academic performance.

Harris et al (2004) discuss that “major hormonal systems such as the hypothalamic-pituitary-adrenal axis, which plays a crucial biological role in buffering the physical effects of stress, are significantly dysregulated in victims of childhood trauma (p. 9). As a result, students with trauma histories may have more difficulties regulating behaviors and reactions to new stress that comes along in the academic or social settings. In addition, the sympathetic nervous system which is sometimes referred to as the ‘fight or flight’ system, has been found to be hyperactive, leading to increased arousal or hypervigilance, in trauma victims. Hyperarousal, by definition means, “a state of increased psychological and physiological tension marked by such side effects as reduced pain tolerance, anxiety, exaggerated startle responses, insomnia, fatigue, and accentuation of personality traits”(Harris et al, 2004, p. 10). This hyperarousal in students can lead to poor concentration, increased irritability and various other symptoms of tension, which can create issues in their school and social success.

Many critical developmental psychological and biological processes are affected by traumatic experiences. These processes can span the course of a child’s development and determine various patterns for their adult life. A child’s capacity to self regulate in the face of stress, to develop their self-identity and confidence, and to expand interpersonal skills can all be
significantly impacted during childhood if trauma is present. “The age and gender of the child, the number and types of traumas, the duration of the experience(s), the presence or absence of supportive adults and other factors influence developmental outcomes in ways that are presently only partly understood” (Harris, 2004, p. 314). Much more research is needed in this area in order to help determine what are the best methods to diagnose and to support children with trauma.

**Major health concern for children.** One of the main reasons that this is a major health concern for youth is due to the number of children who are exposed to trauma each year. The statistics are staggering and “each year in the United States, one million children experience substantiated abuse and some estimates place the fiscal cost of childhood abuse and neglect in 2007 at $103.8 billion including foster care and residential treatment”(D’Andrea et al, 2012, p. 187). Not only are the social costs high, there are significant mental health consequences for those exposed to trauma. “Both short-term and long term consequences have been documented in large-scale epidemiological samples and meta-analyses”(D’Andrea et al, 2012, p. 187).

D’Andrea et al (2010) describe that chronic exposure to interpersonal trauma can have a deep impact and alter social, psychological, cognitive, and biological development for children. “Exposure to interpersonal trauma during childhood is related to increased incidence of affect and impulse dysregulation, alterations in attention and consciousness, disturbances of attribution and schema and interpersonal difficulties”(D’Andrea et al, 2012, p. 189). Some of the most serious challenges that individuals with negative trauma response face are dysregulation of affect and serious changes to behavior. Some of those behaviors include: lability (constant state of instability), anhedonia (inability to experience pleasure from activities), flat or numbed affect, explosive or sudden anger, incongruous or inappropriate affect, withdrawal, self-injury,
aggression, oppositional behavior, substance use and other compulsive behaviors. This
dysregulation is very challenging for a child because the behaviors that manifest as a result of
exposure to trauma usually go against the expectations for the classroom and school
environment. In addition to the academic difficulties a child may be experiencing, their
challenges regulating social behaviors may also create numerous relational challenges as well.

Students with trauma histories may also have a hard time understanding others’ emotional
state. “Studies have documented that maltreated children are either hypersensitive or avoidant in
response to negative emotional stimuli or are likely to interpret positive emotions as
ambiguous”(D’Andrea et al, 2012, p. 189). Without the ability to regulate sensitivity or feel
empathy, and/or the inability to interpret other’s emotions, it is difficult for students to build
strong, positive relationships with peers and/or adults.

Besides external struggles with regulating behavior and forming relationships with others,
individuals with trauma may also experience post-trauma dysregulation internally. These
“internalizing symptoms may lead to a diagnosis of affective, eating or anxiety disorders as well
as academic or learning impairments and diminished self-esteem”(D’Andrea et al, 2012, p. 189).
Other internalizing symptoms that may also appear may be difficulties with attention and
consciousness and it may “manifest as dissociation, depersonalization, memory disturbance,

Many children who have experienced abuse and neglect may also experience interpersonal
difficulties in which they have “disrupted attachment styles, difficulties with trust, low
interpersonal effectiveness, diminished social skills, inability to understand social interactions,
poor perspective-taking abilities, expectations of harm from others, and poor
boundaries”(D’Andrea, 2012, p. 190). In school, when students need to display trust, build
relationships and/or have empathy for others, children with trauma histories may struggle to adjust to the expectations set forth by school structure. They may also not respond immediately to the interventions put in place due to the myriad of difficulties that they are experiencing as they cope with trauma.

**Biological correlates of symptoms commonly occurring in maltreated children.**

Children who have been exposed to chronic trauma during childhood have significantly increased risks for a variety of short and long-term negative developmental outcomes. “Studies examining distinct types of child victimization (e.g. physical abuse, sexual abuse, community violence) have consistently found that trauma exposure puts youth at risk for internalizing and externalizing symptomatology” (Overstreet & Mathews, 2011, p. 740). One of the specific examples of biological correlations is that of diagnoses of ADHD. There are greater numbers of individuals with interpersonal trauma diagnosed with ADHD and “given the prevalence of ADHD in environments where community trauma is common, the dysregulated affective and behavioral patterns found in ADHD following interpersonal trauma may be better conceptualized as one facet of an adaptation to extreme stress” (D’Andrea, 2012, p. 194).

One interesting component in the literature discussed that children’s exposure level to chronic stress due to community trauma has increased over the past few decades. Cooley-Strickland, Griffin, Darney, Otte, & Ko (2011) found that “children’s exposure by hearing about, witnessing, and/or experiencing violence reached critical levels decades ago and there it remains. The effects of exposure to community violence may profoundly affect children’s development in multiple domains from early childhood into adolescence and beyond” (p. 1). One particular demographic group that had significant exposure to chronic trauma was low-income students living in urban areas. Children living in chaotic environments are in a constant state of worry
about one’s own or loved ones’ safety or health and it “likely interferes with low income, urban children’s ability to function in developmentally appropriate, academically successful, and healthy ways and may be a source of anxiety and oppositional-aggressive behavior as an attempt to exert control in chaotic environments”(Cooley-Strickland et al, 2011, p. 2). Sources of stress for children are significant in today’s society and oftentimes these students may have difficulties managing the multitude of stressors in their lives.

It is not surprising that traumatized children may have significantly higher levels of behavioral and emotional problems that can lead to academic failures in comparison to children who have not had trauma occurrences in their lives. As mentioned before, students with trauma may have problems including: “depression, anxiety, aggression, conduct disorders, sexualized behaviors, eating problems, somatization, and substance abuse”(Harris et al, 2004, p. 4). Not only do these problems affect the children early on, they also “predispose children towards negative adolescent trajectories including early school dropout, substance abuse, and promiscuity-and they contribute significantly to adverse adult outcomes such as depression, post-traumatic stress disorder, substance abuse, poorer medical health, and low occupational attainment”(Harris et al, 2004, p. 4). Problems associated with trauma are very complex; therefore it is necessary to understand more about the process by which educators can make a greater impact on the lives of children and have the support and training that they need to be successful and prepared.

Throughout the literature, it was interesting to see that some of the effects of trauma, cognitive deficits in particular, may be a trigger of the emergence of various behavioral difficulties. “Children having difficulties learning may, in turn, act out or be inattentive. Behavior problems may lead to rejection by peers and teachers, decreasing opportunities for
positive instruction, classroom participation and supportive feedback” (Harris et al, 2004, p. 5). Students with trauma and negative manifestations of trauma response have difficulties controlling their emotions and may be inattentive; these negative behaviors elicit a negative response from others creating even more difficulties for the young child. One interesting example from Harris et al (2004) was a Trickett and Putnam longitudinal study of sexually abused girls that found “teachers, blinded to the abuse status of the child, rated maltreated children as significantly less likeable than matched controls” (p. 5). Teachers and other school professionals, without knowing the backgrounds of some children, may find it difficult to offer support to students that present in negative or ‘less likeable’ manner than children without trauma backgrounds.

**Intellectual performance of traumatized children.** One of the major themes that emerged from the literature was the consistent association between difficulties with cognitive functioning and exposure to trauma. Victimized youth’s abilities to perform academically should be a concern of public health and educational systems. (Overstreet & Mathews, 2011, p. 742). Some researchers have even found that there are a disproportionate number of students who experience trauma from low-income backgrounds. “Disadvantaged social statuses are generally associated with high levels of distress and high rates of disorder” (Mcleod et al, 2012, p. 482) and therefore, not addressing some of these issues sets a child up for potential future challenges. Bell et al (2013) explained that the exposure to trauma at a young age has been connected to lower grades and decreased I.Q.s, which are precipitates to higher drop-out rates particularly for black and Latino subgroups (p. 140).

Children with trauma histories face more potential difficulties as they go through their schooling. One of the areas most affected has been executive functioning skills and Deprince et
al (2009) explain that even after taking into account symptoms of anxiety and dissociation, socio-economic status, and possible traumatic brain injuries, the contribution of trauma exposure to basic executive functioning is still significant (p.353). Overstreet & Mathews (2011) have also stated that there is recent “evidence for cognitive impairments among traumatized youth where researchers have posited that deficits of executive functioning and attention regulation may develop secondary to posttraumatic stress” (p. 740). These “EF problems may provide one route via which maltreated children become at risk for peer, academic, and behavior problems relative to their peers” (Deprince et al, 2009, p. 353) without exposure to trauma.

Executive functioning skills are critical to academic success so it is not surprising that children with trauma histories may struggle in the academic setting. “Executive functions (EF) are comprised of such diverse abilities such as directing attention (including shifting, inhibiting, and focusing attention), manipulating information in working memory, and self-monitoring. These functions are critical to goal-directed behavior, allowing us to maintain, update, and integrate information to navigate our ever-changing environmental context” (Deprince et al, 2007, p. 353). Because students with trauma have such major difficulties with executive functioning skills, all which are critical to school success, they may experience numerous difficulties dealing with the rigor of academic settings.

Childhood trauma victims, especially ones who endure chronic victimization, suffer from overwhelming amounts of stress throughout the course of their development. They have diminished resources for trusting adults, difficulties regulating behaviors and struggle to resolve conflicts through adaptive and socially appropriate means. It is not surprising then, that individuals with trauma backgrounds have a high incidence of socio-emotional and behavioral problems (Overstreet & Mathews, 2011, p. 741). The research suggests that “children exposed
to high levels of violence are likely to show deficits in standardized test scores in addition to lower school grades” (Delaney-Black et al, 2002, p. 280). The research shows that children who suffer from exposure to trauma may experience a myriad of problems ranging from difficulties modulating behaviors in the school setting, challenges with academic performance as well as struggle with developing executive functioning skills.

Despite these challenges, schools are in a unique position to identify symptoms of stress in children who may be suffering due to traumatic events. However, the symptoms of trauma exposure are not always apparent in students especially for those students who have experienced chronic trauma in their lifetime. Additionally, some students may not have an immediate reaction to trauma and may experience their symptoms much later, sometimes even as a response to a future event that serves as a trigger response. “If violent exposure itself leads to cognitive deficits, interventions targeted at children demonstrating symptoms of trauma may miss children who, although not showing clear PTSD or related symptoms, may be compromised in their ability to function scholastically” (Beers & De Bellis, 2012, p. 284). Essentially, this means that interventions need to be targeted at children who are self-reporting levels of exposure to trauma or targeted at children “who either demonstrate trauma-related symptoms or at those who report high levels of exposure to violence” (Beers & De Bellis, 2012, p. 284). Providing interventions therefore is a complicated task for schools to accomplish due to three factors: there are not enough individuals with the training necessary to recognize and to support negative trauma response in youth; trauma-related symptoms are often self-reported, especially if dysregulation is internal in an individual; and, finally, trauma is only really recognized when a student is exhibiting symptoms externally that may lead to significant difficulties with functioning.
Since research has linked trauma in childhood to the neurobiological disruptions of executive functioning and the dysregulation of internal/external behaviors, it is of critical importance that schools begin to examine some of the influences of trauma on student mental health and on academic achievement. “Without intervention early on, children may face many future life-changing adversities due to unresolved trauma”(Bell et al, 2013, p. 140). Most importantly, schools need to be able to train and support teachers and school staff to provide effective mechanisms for supporting students with trauma histories in order to help them succeed in academics and to support their socio-emotional health development.

**Self-Efficacy and Resiliency**

The third component of this literature reviews looks at self-efficacy and resiliency. It discusses the research on ways that schools and communities can make a difference in the life of a young person identified as ‘at-risk’ and/or has experienced trauma. As the basis for resiliency, there is the core concept of self-efficacy, where psychologists like Alfred Bandura constructed the social cognitive theory, which is “the belief that one can perform well given sufficient effort.” The perceived link between one’s performance and the likelihood of one’s desired outcome referred to as control belief”(Urbig & Monsen, 2012, p. 856). With the belief that it is possible to direct the outcomes in your life, despite previous circumstances, the ability to form resiliency emerges. If children with trauma backgrounds develop resiliency, they learn that they can control responses to future trauma or stress in ways that significantly improve the outcome of the trajectory of the response to the stressor.

Understanding self-efficacy and resiliency may provide important information for schools because then, schools and teachers can help students with trauma backgrounds to develop skills set in resiliency. Protective processes, for example, are developed when young people believe in
the internal locus of control, or the belief they can control processes shaping one’s own destiny. The support for these findings is seen in the learned helplessness paradigm; essentially, when people believe they are powerless to control what happens to them, they become passive which restricts their coping abilities (Luthar, 1991, p. 610). If individuals believe that they have control of their actions following negative occurrences, then they can actively apply coping mechanisms to help deal with the trauma responses.

Another component helping children to recover from traumatic events are called protective factors. These factors are the additional components of a child or person’s life that assist in developing resiliency and ultimately, help to improve the chances of a more positive trajectory of recovery following an incidence of trauma. Resiliency can be improved if the protective factors in a child’s environment are strengthened. Harris et al (2004) argue that the most important of these protective factors are: intelligence, the capacity for emotional regulation, the presence of social supports provided by caring and competent adults, positive belief about self or self-efficacy, the child’s belief in the safety and fairness of their situation, and the motivation to act effectively on one’s environment” (p. 9). When a person experiences a sudden, unpredictable event, their responses to the situation determine the amount of trauma that they are left with. For children with trauma histories, or living in environments with chronic trauma, strengthening protective factors allow a child to become more resilient. Greater resiliency helps to negate some of the negative responses that may occur in response to incidences of trauma.

Throughout the literature, in which various chronic trauma and adverse situations were examined, developmental psychologists have been able to identify multiple ‘protective factors’ that they believe support individuals dealing with trauma. For example, Gelman (1991) found that by examining the risk factors of individuals such as their socioeconomic status, whether they
had physical impairments or experienced trauma from abusive parents, the researchers also
became aware of other protective factors that served to help students develop resiliency or
resistant to trauma (p. 95). Despite the very serious consequences of trauma for youth, protective
factors and various other components of a child’s life can assist with the development of
resiliency. In other words, protective factors had a significant impact on a child’s response to
trauma and their recovery could be significantly more positive.

“Numerous factors including individual and cultural coping style, beliefs, histories, values,
and personality characteristics all affect individual response to trauma” (Knox & Guthrie, 2012,
p. 610). What is interesting is that these factors, combined with other protective factors, have
been shown to create positive post-trauma response patterns for individuals. The development of
protective factors is one of the best methods for helping children and adults recover successfully
from trauma. While research has not been able to pinpoint genetically the best recipe for
resiliency, there have been studies correlating resiliency to personality. “One of the prime
protective factors, for example, is a matter of genetic luck of the draw: a child born with an
easygoing disposition invariably handles stress better than one with a nervous, over active
temperament” (Gelman, 1991, p. 95). Temperament, therefore, has been attributed to being a
strong predictor of an individual’s response to stress.

Gelman (1991) found that children who are born with “robust, sunny personalities were
often twice lucky; not only were they better equipped to cope with life to begin with, but their
winning ways made them immediately loveable” (p. 96). This idea of “dispositional optimism,
is defined as a general personal expectation that good things happen rather than bad
things” (Urbig & Monsen, 2009, p. 854). For individuals who view the world in this manner, it
has been shown “to affect health, physical well-being, and perceived stress and is associated with
active coping rather than avoidance strategies” (Urbig & Monsen, 2009, p. 854). Many individuals exude resiliency despite having endured acute or chronic traumatic stresses; oftentimes, they end up living highly successful and fulfilling lives without any mental health illnesses or traumatic stress disorders.

**Synthesis of the Literature**

In particular, this study is intended to provide insight as to how teachers feel in their ability to support students’ socio-emotional health using socio-emotional learning strategies and to discover helpful ways to improve support for teachers. This literature review discussed three main categories: socio-emotional learning, theoretical and conceptual frameworks of traumatic experiences, and self-efficacy/resilience.

Overall, acute and chronic trauma affects the neuropsychological functioning of youth, significantly influencing the socio-emotional health of a child. Many students with trauma histories may experience socio-emotional issues, including disruptive behavior patterns, difficulties creating and maintaining healthy relationships and self-destructive personal behaviors that have a negative impact on the child’s life. When a child has difficulties with these areas, they may also experience challenges with academic performance. This research project will seek to understand more about the experiences of a teacher as they try to support students utilizing socio-emotional learning strategies in the classroom and the methodology for this project will be discussed in Chapter 3.
Chapter 3: Research Design

One of the main reasons for this study was due to a problem of practice involving an increased demand of teachers’ responsibility in supporting students’ socio-emotional learning. Our world, or reality, “is not the fixed, single, agreed upon, or measurable phenomenon that it is assumed to be in positivist, quantitative research” (Merriam, p. 3) and therefore a qualitative approach was selected to explore this problem of practice.

Qualitative researchers are interested in the belief that there are numerous constructs and interpretations of reality. Those realities are constantly in a state of flux and change over time in response to internal and external stimulus. My research project examined teachers’ experiences and their perceptions of supporting socio-emotional health for students in middle school and explored their comfort-level in providing interventions where necessary. Additionally, this study asked teachers to share the ways in which they felt that they were supported in their roles and areas that professional development/resources are needed.

While qualitative research can function in numerous ways, Marshall and Rossman (1995) suggest that qualitative research is designed to “(1) understand processes, (2) describe poorly understood phenomena, (3) understand differences between state and implemented policies or theories, and (4) discover thus far unspecified contextual variables” (p. 11). This study was implemented in order to understand more about teachers’ experiences in the classroom when supporting children’s socio-emotional learning.

Contained in this chapter are the methodology/design of this study and an explanation of how the participants were selected for participation. In addition, the chapter finishes with a description of the process of data collection and the manner by which the data was analyzed.
Methodology

For the purpose of this study, a qualitative methodology was selected to examine how teachers feel about their skill sets as they support students who may be coming into the classroom with a variety of socio-emotional needs. The main and sub research question that was examined was as follows:

- What are the teachers’ experiences with applying socio-emotional learning in the classroom?
  - How do these experiences inform their interactions with children who experience trauma?

In order to conduct this qualitative research, the specific methodology selected was an interpretative phenomenological analysis. Due to the interpretative nature of this research study, it is necessary to understand the role of the researcher in this process.

Positionality/Role of the Researcher. In any research study that is qualitative and interpretative in nature, it is necessary to understand the role of the researcher in regards to the relationship with the participants. The researcher in particular is an “active learner, who can tell the story from the participants’ view rather than as an expert who passes judgment”(Creswell, 1994, p. 147). My job in this research study was to guide the study, but also to allow the story of the teachers’ experiences to be told. “As described in the constructivist paradigm, a dialectical and hermeneutical approach was used, in which individual constructions were elicited from the participants and meaning was interpreted interactively through emic (participant) and etic (researcher) points of view”(Meneses, 2011). More information regarding the process for interpretation will be included later in this chapter.
In particular, I just completed my third year of professional work in the Boston area, with two years of teaching 6th grade math and science teacher at the Neighborhood House Charter School and one year with BUILD Boston at the high school level. Prior to that, I was working in educational programming with middle school students in New Bedford Public Schools for around seven years. “Personal attachment to an interest provides the passion and dedication necessary for conducting good research” (Machi & McEvoy, 2009, p. 19). So while it is good that I am significantly invested in urban education both as a school practitioner and as a NEU scholar, it was also necessary to examine the ways in which my previous roles carried bias.

By examining my bias, it was possible to prevent and to explicitly plan where my interpretations of the data may be biased as a result of my position or my previous experiences working in urban schools in Massachusetts. “Unfortunately, personal attachment also carries bias and opinion that can cause a researcher to jump to conclusions rather than arrive at a conclusion after methodical scholarly work” (Machi & McEvoy, 2009, p. 19). This is an area that I worked incredibly hard at, particularly working to exercise good judgment and patience as I allowed the participants to tell their stories, even if at times it was different than what I expected and/or when it took a course in a new, unexpected direction.

Being aware of the biases that I held and planning to be reflective about them is one way that I addressed this issue. One of the biases that I hold is that I feel teachers, like me, are becoming increasingly responsible for supporting children in more than just their academic needs. I have faced challenges in effectively determining the best solutions for supporting kids and therefore, sometimes I assume that other teachers are also experiencing these difficulties. Additionally, I have the bias that children coming to school with adverse childhood experiences may be more
difficult to support than children without adverse childhood experiences. Despite these biases, I needed to remain aware that teachers were at many different levels and with varying levels of experience, and that they all had a distinct viewpoint of what was happening in their work as an educator.

One noteworthy item is that I have a working relationship with the study participants; in other words, many of my colleagues are interested in contributing to a study that can strengthen their practice as well as support their students. However, I cannot let these relationships create any bias in my data analysis. In other words, it is necessary not to jump to any conclusions because of my personal relationship with the study participants. “By rationally identifying and confronting these views, you can control personal bias, opinion and preferred outcome, and can become open minded, skeptical, and considerate of research data” (Machi & McEvoy, 2009, p. 19). I worked very hard trying to be very considerate of the preferred outcome as it was necessary to let the data speak for itself and I allowed the process of data collection to take its course even if it was completely differently than what I expected.

In addition, I thought it was necessary not to assume anything about the research participants even though I have known them previously and I needed to recognize that what they were willing to share as a research participant may be different than what they were willing to share professionally at work for a variety of reasons. “Inquirers explicitly identify reflexively their biases, values, and personal background, such as gender, history, culture, and socioeconomic status, that may shape their interpretations formed during a study” (Creswell, 2009, p. 177). In order to remain as aware as possible while conducting this study, self-reflection was an important tool for me in multiple areas of this study.
Moustakas’ (1994) stated that “energy and attention involved in reflection and self-dialogue, the intention that underlies the process, and the attitude and frame of reference significantly reduces the influence of preconceived thoughts, judgments, and biases” (p. 90). By examining factors of my own personal identity as a person and as a teacher, I was able to understand the ways in which I was biased. During the duration of the study, I kept a journal to maintain a space for exploring my biases, examining my thoughts and reflecting on the study. One area that the journaling was very useful for was for examining the emotions that the interview process brought out in both the participants and in myself. I never expected nor anticipated the interviews to be as emotional as they were and having a journal to reflect in was a useful tool.

**Research Design.** This study was designed to understand more about the experiences of teachers as they were implementing socio-emotional health programming to support children in their classrooms. Additionally, this study sought to explore the processes that teachers were struggling with as they supported children in their classes in more than just academic learning.

After working in education for the past nine years in both the public and non-profit sector domestically and internationally, I became interested in understanding more about teachers’ work with students with adverse childhood experiences. After having been part of numerous educational programs that tried to support these students, I was recognizing numerous difficulties staff faced and I wanted to learn more about it. By understanding more about the teachers’ experiences and their needs, it was easier to determine some strategies to help teachers that will ultimately help the children. As teachers’ roles are growing and expanding with more than just academics under their purview, it has been interesting for me to be able to gain some additional
insights of teachers and their experiences implementing socio-emotional learning.

**Participant Recruitment and Access.** In order to make sure that I had enough data to present a clear picture of the teachers’ shared experiences, the selection of the participants was very important. All of the teachers who participated in the study teach or taught in grades 5-8. “Since qualitative inquiry seeks to understand the meaning of a phenomenon from the perspectives of the participants, it is important to select a sample from which the most can be learned. This is called a purposive or purposeful sample” (Merriam, p. 12). The major method in which the teachers were selected to participate in the study was based on a response to an email (Appendix A) that I sent requesting participation. After receiving responses from the teachers, I proceeded by following up with individual teachers regarding their participation and informed them of the procedures for participation including the explanation of the informed consent forms (Appendix B). There was also a snowballing effect, where other teachers asked to participant as a result of hearing about the study from their colleague and then asking me about the research study and if they could participate. I gladly agreed and provided them with the information regarding the study and the informed consent forms.

Knowing that there might be attrition of participates over the course of the study, the initial goal of candidate participation was approximately 6-8 teachers who would participate in the study in its entirety. Additionally, the goal was to have a good representation of all grade levels as well as diversity in age, experience level, subject taught and gender. The overall sample size was 5 participants; 2 additional participants initially agreed to participate and then eventually could not follow through with the study due to a variety of reasons.

Despite the number of participants being 5, there was sufficient data for this study and a
saturation point of the data was indicative of an adequate sample size. “The ending point being
determined by when the data reached saturation point--that is, the coding and themes were
constantly being repeated and no new codes were emerging”(Guba & Lincoln, 1998).

There are a few ways that I minimized the threats of the study potentially caused by the
number of participants. One of the ways was to make sure that the group selected represented a
diverse range of educators including: age, length of experience in teaching either in charter or
regular public schools, demographic locations, educational background, educational attainment
level, grade and subject matter taught, gender and race/ethnicity.

**Protection of Human Subjects.** It was essential to uphold integrity in the protection of
human subjects, the middle school teachers in this study. “Gaining access to sites and
individuals involves several steps. Regardless of the approach to inquiry, permissions need to be
sought from a human subjects review board, a process in which campus committees review
research studies for their potential harmful impact on and risk to participants”(Creswell, 2007, p.
123). Each individual needed to sign consent forms and the Institutional Review Board (IRB) of
Northeastern University reviewed each component of this study for compliance.

Participation in the study was voluntary and it was messaged in this manner. No financial
incentives were offered to participate in this study. Overall, it was necessary to make sure that
the individuals were willingly participating and not simply participating because they thought
that it was required or that a lack of participation would be viewed negatively. There are always
ethical considerations when working with live subjects of a study. Since the participants are all
teachers, additional precautions were put in place to ensure that their well-being was accounted
for throughout this study and that their confidentiality was maintained throughout and after the
study. Each participant was also given a pseudonym and only the researcher knows his or her true identity.

There was minimal risk to the teachers involved in terms of their health and overall socio-emotional health. An institutional review board approval was received before any data collection began and was checked thoroughly by the doctoral committee. I also did a lot of reflection on the process and set-up of the study in order to ensure that the participants’ best interests were kept in mind. All participants were given the opportunity to ask questions and gain clarification during the process. At every step of the process, teachers were reminded that this study was voluntary and that they could stop participation at any time. One very important component was ensuring that all teachers’ information and identity was kept confidential and that the participants cannot be identified as a result of publication of results. In order to maintain confidentiality, all of the participants were given a pseudonym and the researcher ensured that no data shared has negative repercussions for the individual that have participated.

Informed consent was another necessary component to this research study. These consent forms required specific elements such as: “the right of participants to voluntarily withdraw from the study at any time, the central purpose of the study and the procedures to be used in data collection, comments about protecting the confidentiality of the respondents, a statement about known risks associated with participation in the study, the expected benefits to accrue to the participants in the study, the signature of the participant as well as the researcher” (Creswell, 2007, p. 123). Each of the participants in the study was given an informed consent form for this study and the researcher went over the informed consent document in full with the participant before the interview began. Additionally, all of these items were submitted to the IRB for
approval to make sure that this study adhered to policies and procedures set forth by Northeastern University.

**Data Collection/Storage of Materials.** Confidentiality was maintained throughout the study by assigning teachers with pseudonyms and the researcher was the only one who had access to the initial data of the participants’ true identity. Each teacher was given a pseudonym in order to protect their identity and it allowed them to have more comfort and freedom to share their thoughts and feelings.

The interviews were recorded using a hand-held recording device (iPhone 6+) and then transferred to my MacBook Pro. This uploaded data was stored on my MacBook personal computer, which is password protected. Notes and other written materials collected during the data collection process were stored in a locked cabinet at my home office.

Creswell (2007) describes other safeguards for data protection including: keeping back up copies of the computer files, developing master lists of the information gathered, providing all participants with a pseudonym and having a visual means of locating the data by creating a matrix that describes the location and identifying information. By having a master list, it assisted me in making sure that all data, from all of the equipment and from each activity, were properly stored and then will be properly destroyed when no longer needed in the study. Following the conclusion and defense of this dissertation, the data collected for the study will be kept for approximately three years and then destroyed.

Each participant was interviewed once for approximately one and half hours. Following the conclusion of the transcription of the data, each participant was contacted and provided with the transcribed interview in order to make sure that what they intended to say had been accurately
captured through the interview process. I collected the data from the interviews using a hand-held recording device (iPhone 6+), which was uploaded to my MacBook Pro. Additional informal connections throughout the process were recorded as notes in a field journal during meetings and phone calls.

In order to begin the interview, I made sure to remind the participants about the overall objectives of the study and reminded them that participation in the study was completely voluntarily, and at anytime, they could choose to opt out of any part of the process including leaving the study altogether.

After the conclusion of the interviews, I listened to the recordings numerous times to ensure that the information I intended to collect had been captured. I completed the transcription of the data by listening to the recordings multiple times and transcribing verbatim the information from the interviews. When the transcriptions were complete, I re-checked the transcriptions with the audio recordings to ensure accuracy and then provided copies to the study participants so that they could review the transcription to clarify anything or add any details so that I could add/change any necessary modifications.

**Data Analysis**

Creswell (2007) presents a detailed form for organizing the analysis of data in an interpretive phenomenological study. “The analysis steps--identifying significant statements, creating meaning units, clustering themes, advancing textural and structural descriptions, and making a composite description of textural and structural descriptions into an exhaustive description of the essential invariant structure (or essence) of the experience--provide a clearly articulated procedure for organizing a report” (Creswell, 2007, p.187). This study used this format for
analysis of the data.

Additionally, Moustakas (1994) states that the researcher “determines what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it. From the individual descriptions, general and universal meanings are derived, in other words, the essence of structures of the experience” (p. 13). Moustakas (1994) also provides a set of eight steps derived from a modification of van Kaam method of analysis to assist the researcher in analysis:

1. Listing and preliminary grouping (horizontalization) of meaning units
2. Reduction and elimination of redundant meaning unit
3. Clustering of meaning units into nodes and themes
4. Final identification and validation of the themes
5. Individual textural description
6. Individual structural description
7. Individual textural-structural description
8. Composite textural-structural description

The analysis of the data began soon after the interviews were transcribed. After listening to the tapes and testing the accuracy of the transcription, I began highlighting the meaning units first in different colors and then I would code them, which I did for each data set. After the initial coding was done by highlighting significant meaning in different colors, I went back to the first interview and again code sequentially, rereading each interview and listening again to the recording. From this coding, meaning units were assigned to represent the various topics followed by an examination of each meaning. In the case of redundant meaning units, they were
eliminated or combined with other meaning units. From these meaning units, a textural
description was created based on these themes and interpretations from the researcher.

**Trustworthiness.** There were numerous steps that were taken in order to ensure
trustworthiness within this study. One of the first components to preserve trustworthiness was
to utilize member checking. “In member checking, the researcher solicits participants’ views of
the credibility of the findings and interpretations….this approach, writ large in most qualitative
studies, involves taking data, analyses, interpretations, and conclusions back to the participants
so that they can judge the accuracy and credibility of the account”(Creswell, 2007, p. 208). By
providing the participants with the transcribed data, they were able to clarify or add anything as
they see necessary. Having an opportunity to react to and to address the researcher’s
interpretations/transcriptions allowed for member checking.

Another note was that I had prolonged engagement with various constituents that
participated in the study. The definition of prolonged engagement is “spending sufficient time in
the field to learn or understand the culture, social setting, or phenomenon of interest. This
involves spending adequate time observing various aspects of a setting, speaking with a range of
people, and developing relationships and rapport with members of the culture. Development of
rapport and trust facilitates understanding and co-construction of meaning between researcher
and members of a setting”(Creswell, 2007). Since I was a colleague of the study participants, it
allowed me to develop a great rapport and a sense of trust with them, which lead to very heart-
felt and descriptive feedback about their experiences in the classroom.

**Limitations.** Due to the sound research practices that were checked through well-known
researchers and strategies, there is only one limitation of this study that must be mentioned. Out
of the interview participants, there was only one male who was interviewed. While these demographics may not be different from the general pattern of the gender of teachers in middle schools, I think it is of value to mention this demographic information.

**Summary**

Chapter Three provided detailed description of the methodology, the process for data collection, the techniques for data analysis, as well as a description of trustworthiness and limitations of this study. Chapter 4 will provides the detailed data from the interviews with the study participants.
Chapter Four: Report of Research Findings

There is a quote from Aristotle that says, “Educating the mind without educating the heart is no education at all.” As an educator, this quote has always resounded with me because educators everywhere are never just teaching the academic materials. They are cultivating the hearts and minds of young people everywhere and they are doing so much more than just teaching. The teachers in this research study are living their lives full of compassion for those they are serving despite the challenging circumstances that they are working in. Because of this research study, my respect and admiration has grown for people who decide every day that they are going to do the very difficult job of teaching children. I am proud that children have these unique individuals who are working to ensure that they receive an excellent education despite the obstacles that may be present in their lives. When I began this research project, I never realized that it too would be playing a part in educating my heart in the process. Today, I cannot be more proud to be part of the profession responsible for educating the world’s greatest assets, the children.

While there were numerous areas in which I learned about the teaching practice and the challenges and successes that teachers were experiencing, there were also other ‘lessons learned’ regarding the very difficult truths that some teachers are facing. The emotional outpouring from the participants made me feel there was an even greater need for teacher support than I originally thought when I first began this research project. I never understood how much emotional weight teachers were carrying with them each day trying to serve their neediest students.

As a novice researcher, I also never realized the responsibility that I would feel after
completing my study to creating a better program to support teachers in every level in any school. This is because the nuances and complexities existing in the teachers’ roles became more apparent to me throughout this project and I think this speaks to the amount of learning and growing that I did as a researcher. I gained the understanding that there needs to be additional research to more fully understand the complexities existing in a teachers’ role in the classroom and there needs to be a greater system of support that they receive to implement socio-emotional learning. There will be additional discussion of recommendations later in Chapter 5.

Five individuals took part in this study to help examine the following questions:

- What are the teachers’ experiences with applying socio-emotional learning in the classroom?
  - How do these experiences inform their interactions with children who experience trauma?

**General Profiles of the Study’s Participants**

The following are descriptions of the study participants and all of the interviewees were given pseudonyms to preserve anonymity.

**Reed.** This participant is the youngest participant in the study and has been teaching for two years with experience in both math and science. His career first began in international business but a work-study job volunteer teaching children led him to the field of Education. He completed student teaching in Australia and returned to the States to graduate with his undergraduate degree. Following graduation, his first job was working in a children’s residential setting for students ages 9-17 years old. His mom is a teacher and stated that he has a positive role model in the field who encouraged him to go to school to be a teacher.
**Sydney.** This participant has been teaching English for eight years in the public school setting and began her teaching career as a mentor in a gender specific program for middle school girls. Sydney knew she wanted to be a teacher ever since she was young because her mother is a teacher and she looks up to her. It was very easy to sense that Sydney had a deep admiration for her mother and wanted to follow in her footsteps of being a recognized member of the educational community in her city. She has worked in all Title 1 Schools \(^1\) where a majority of the students qualify for free and reduced lunch.

**Olivia.** This participant has some of the most diverse career experience among the participants. She first began her career as a graphic designer with a bachelor’s degree in graphic design and then switched careers to education. She started as an aide for special education classrooms in grades kindergarten through third. Because she enjoyed working in the field of education so much, Olivia then began a Master of Education degree and while she was studying for this degree, she was hired to teach math and language arts for one year. For her second and third years teaching, she taught computers classes. During the fourth, fifth and sixth year, she taught 8\(^{th}\) grade Language Arts as well as participated as a teacher in afterschool programming, summer school, night school and as a coach for middle school students.

Olivia reported that the school she worked in was a Title 1 school where 75% or more of the population received free or reduced lunch. It was primarily a migrant community with a transitional population, and included a significant population of homeless students as well.

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\(^1\) Title I, Part A--of the Elementary and Secondary Education Act, as amended (ESEA) provides financial assistance to local educational agencies (LEAs) and schools with high numbers or high percentages of children from low-income families to help ensure that all children meet challenging state academic standards. Retrieved from: [http://www2.ed.gov/programs/titleiparta/index.html](http://www2.ed.gov/programs/titleiparta/index.html)
Following these experiences, she moved to London to obtain a Master in Art History degree, and taught in England as an art teacher for a year. She then moved back to the States to pursue full-time teaching in American schools.

**Marianne.** Marianne has the most experience out of the group of teachers and has been teaching for 21 years in the field of math and science. She also has had a role where she was a teacher with administrative duties at a magnet school. Prior to teaching children, she spent nine years teaching adults in the medical field. She enjoys teaching because she likes being able to learn something from everyone and being around people who like learning as well. She has worked primarily in neighborhood schools where most of the population of students is African-American and from low-income backgrounds. Marianne has taught geometry, algebra, biology and chemistry, and has spent the last 16.5 years teaching 7/8 grade gifted math. The past seven years, Marianne has worked as a part-time administrator and as the virtual coordinator for the online work at her school. Additionally Marianne facilitated the homeschool program for students excluded from the public education setting.

**Amelia.** Amelia worked in law enforcement for 7 years in the prison system before joining the field of education. As she tutored inmates, she reported that she could see a correlation between lack of education and incarceration. She went to cities to work as a substitute teacher and from there just decided to become a teacher. Amelia has been in the field for 14 years and has worked in schools “that were very impoverished where students came to school with holes in their clothes, where I’ve actually had to get a kid a jacket or sweater to take home”(Amelia, 2015). She reported that she worked in schools were the parents were not usually involved and there were many foster kids, students coming from shelters and from high poverty backgrounds.
In the appendix of this research study, there is a summary of the general profiles of the study participants.

**Participant Interviews**

As a researcher, I never realized how these interviews would make me feel more connected to the practice of teaching and just how touching these moments would be. I felt more connected to people in my practice of education and had a greater understanding for what educators, like myself, experience daily in their classrooms, their challenges, their successes and their hopes for continued improvement in the work that they love.

Reed—“And sometimes as a teacher you think, ‘am I even good at this?’ and ‘am I helping at all?’ so it’s definitely tough” (2015).

As a relatively new educator, it was easy to hear through Reed’s responses that he has many questions about teaching and is very open and honest about what he has been experiencing. It was good to hear from someone who has recently graduated and to hear about his experiences right out of undergraduate training.

“I actually taught social skills—it wasn’t in the curriculum—but I did social skills almost as much as I taught science. Um, I just think it’s really important especially for boys like that didn’t grow up in any traditional family or might not have anybody, somebody to teach them to say thank you and things like that…um, I did a lot of social skills like how to interact with peers, how to interact with adults, um how to just ask and look for directions, or set up a bank account, simple things like that they really don’t teach you in school but it’s really important” (Reed, 2015). This participant also added that he would teach skills, “like really simple daily life skills that they would need outside so that they can function out in society and I think it’s really important” (Reed, 2015).
Reed stated that “It is a big deal to teach social skills where we are teaching so they trained us pretty well. We went to trauma informed trainings—where we were taught skills like using the right key words, trying not hit triggers with the kids….that you have to be really flexible, you have to be able and willing to scrap your plans sometimes and just do what needs to be done if something is going on….you know…..yeah, that all I can really think of….but definitely important to teach these skills”(Reed, 2015).

“I’ve talked to kids after class and got questions like ‘How do you deal with death?’ or what would you do if this happened to you (sexual abuse)—some students would get really close with you and that’s fine, whenever they want to talk about anything, I’m open to talk, it’s never a bad time because you never know if they are going to share that again or come out of their shell out of that comfort zone, um so, I thought it was a positive thing that students were coming to me and talking about their past, and impulses they have had, or things that they have done that they haven’t told their social workers--so I think that is positive for me being able to share in some really deep moments with my students”(Reed, 2015).

With Reed, it was really possible to hear his concern and compassion for his students. “It’s tough, you know, you just want to teach them everything, prepare them for everything that they are going to hit in the streets but you can’t….and we’ve had boys that you think we’re making great strides with, for example, there was this one boy and he was really bright and he was doing well, and thought we really prepared him, and the students would have individualized plans, but he ended up not doing well and it was really sad, because he is so bright…”(Reed, 2015).
One of the highlights of Reed’s interview for me was his discussion of his work with one particular student in regards to socio-emotional learning that really brought to life the passion and understanding that Reed shows towards his students.

Interviewer: “Describe some experiences specifically where socio-emotional may have helped support students with trauma exposure.”

Reed: “Um yeah, a lot of one-on-one work was definitely great for certain kids. There was this one student that I had, who was extremely low academically, and his levels were really low but he was placed in a regular classroom with most of the students on grade level. His work was mostly different, you know, on very basic things like counting money and telling time, in the same classroom with boys who were doing like pre-algebra and higher level math. And he was very aware of this. So um…um….I’m sure he said it before that he never liked school because obviously he is very behind and kids tease him for it and the teachers were not really working with him. And even being on an IEP the work still was too hard for him. And he was really frustrated….so for his work, if I gave him those modified sheets, like the counting money and stuff, it was kinda embarrassing for him because the other kids knew that he wasn’t working on the same work they were. So um, I would make special worksheets for him….take the work and put it on papers with logos from other places….like I used Ohio State University a lot….and I would say things like we are going work on some things that you may use when you go to Ohio State University….so then he started clicking and he had, actually, he really made some strides….but yeah, using those worksheets with Ohio State University really worked for him…”(2015).
Reed also mentioned “I think that the first trauma-informed professional development that I went to really changed me because, um, even if I was in a suburban school, but there are kids everywhere that have gone through trauma, um, being able to know your students well and individually, and know if there are any triggers or anything that you can do as an educator to keep them from shutting down and blocking you out is important and I, at that moment, I kinda thought, because I was really worried about the curriculum and I just really wanted to teach and I just wanted to make sure that they knew their math and their science, and then, after that it was just like ‘is it really that important?’—is it that serious?’ shouldn’t the life skills components and the simple things be just as important—so my teaching kinda just shifted then……I try to make my students feel comfortable and make them like school, because if they like school, they will stay at school and maybe go to college or something. We need more trauma-informed training…..that would be helpful…and that’s definitely is a time when my practice shifted” (Reed, 2015).

Reed stated that “A lot of the feedback within the school was about the pedagogical things like are the objectives up” (2015). “At the university, there wasn’t much training and preparation, we did take a class, um, based on cultural awareness but it was like, focused on the diversity in school and making sure that you can reach different students based on their backgrounds. It was primarily to recognize how home lives might be different or you know anything that could be different based on their economic status or their, you know, race. Uh, but other than that, everything else was learning on the job. There were a lot of different days and a lot of different experiences” (Reed, 2015).

Sydney—“Once ideas become rules they lose their power and so if I create a rule for
them, it doesn’t mean much but if they say this is what’s expected of me and us then it has more power” (2015).

She reported that one of the ways that socio-emotional learning was used in her classroom was in setting up community expectations. “Making sure students feel comfortable in coming into the classroom and creating that environment—so that would be welcoming them, learning their names, always using their names, looking directly at them, asking them to talk with one another as well as with me…..to establish group work right away instead of waiting to the end, or assuming that their behavior can’t handle it, I actually think that the opposite is true, establishing group work in the beginning lets them know that they are part of a community right away, have them come up with their class expectations and rules, definitely feeds their emotional side” (2015).

“We used to have a great curricular program at our school that was meant teach our students how to be more accepting and understanding of one another. Unfortunately, when we started having some increasingly rigorous academic requirements, we stopped having this program at school because there wasn’t enough time for everything. So yeah, I think that sometimes the academic pieces were just more necessary and a higher priority for most of the school” (Sydney, 2015).

During Syndey’s interview, neither of us realized how emotional we would get during this process. But, we both ended up crying during the interview as a result of her descriptions about the impact that socio-emotional learning was having on a group of middle school girls she was working with.
Interviewer: “What are some of your most positive experiences implementing and applying socio-emotional learning in the classroom? Are there student specific memories?”

Sydney: “I’m going to think for a minute……(pause)……Well I can think of three students, one was a young girl in the afterschool program that then became the summer literacy program that I ran. She was very quiet and shy, but very, very opinionated and the program was focused on giving girls a voice and supporting, um, their thoughts and their ability to lead their own community. And so the program itself was socio-emotional and so I saw a huge impact on the girls. Maybe they would come in a little bit intimidated by having to speak up or share their own thoughts….and one girl, oh man, she was the shortest and the smallest build and she was very quiet—you would ask her a question and you could barely hear what she had to say and then you would read her writing and it was just phenomenal. The program was really supporting their “voice” not just their tone, um vocabulary, and articulation, but also their ability to speak with and among each other and then out there in the community. And she became one of the leaders and all the presentations she write scripts for their plays, she is, she is just, she graduated two years ago from her undergrad and is now in her master program and she is now working for the program that helped her so much (begins crying….long pause in speaking)…..and now she is working for that program and another one for her internship in another community very similar to the one she went through” (Sydney, 2015).

As I was interviewing Sydney, it was clear to see how much she cared for the work that she did and how much the students meant to her. We were both caught off guard about the emotion
that arose in the interview, but I think her interview highlighted one of the biggest challenges of begin a teacher—that it is an emotionally challenging position to be working with children.

Being a teacher is a stressful and difficult job not only because of the academic requirements but because it is such a psychologically demanding job to support so many students, especially those students who need our help the most.

“It had a huge impact on many of the girls as they left as very confident learners. The girls even requested to have the high school program after the success of the middle school program—saying that they needed the program or they ‘we’re not going to make it’….because all of their siblings had dropped out and were involved in various activities outside of school and then they kinda saw the impact of the program and felt that it was missing and came back to ask for the uh mentoring program. It had a huge impact on them and on their success academically. These girls are now just graduating college. It’s kinda hard to talk about because it’s so emotional…. (begins crying and pauses)….I actually haven’t cried about this in a while…..but it’s really important to have programs that support students” (Sydney, 2015).

Sydney also added that “Students who live in the stresses of poverty, you know they are living with trauma and um, and that should be handled in a different way. A majority of the girls that I worked with had trauma and abuse—sexual abuse, incest, um--homelessness, domestic abuse, so the resources were huge for their lives….like having a space….a consistent space, time, and people who showed up…..and uh, believed in the students….that was really important to them” (Sydney, 2015).

Sydney also stated that “I’ve had students who have lost parents and have been abused, and I think it just, you know, it just gives them a safe place when you are planning for their socio-
emotional health—it creates an environment where that trust is there and they can thrive, um, and like I said before, a lot of students who are from more disadvantaged backgrounds tend to have a lot of trauma in their history um....(long pause), yeah, I think it just gives them the opportunity to experience education in a different way and it gives them a resource and a tool for later on, even then, if it becomes a resource, they are more willing to participate and want to be there, um, then, feeling like they are forced to be there and not seeing a purpose to be there”(Sydney, 2015).

During Sydney’s interview, we were discussing a student with a trauma history including homelessness and neglect. She stated, “I wish I was more equipped I think um, to maybe have worked with him in a different way from the beginning um I think other teachers…the teacher who placed him in my room first…um (pause)…you know, we could have all benefitted from some professional development because he wasn’t able to be successful in school and we weren’t really helping him…and he knew that, which made it even worse”(Sydney, 2015).

“In order to create a truly positive school climate everyone needs to be on board with the objectives. Teacher to teacher, teacher to student, administration to student, teacher to administration, school climate is all connected—and we could use like a big picture training on it—it would be ideal, but I don’t believe I have had real formalized training on it”(Sydney, 2015).

“I would feel that having someone, even at the school, that knew the student body and knew the community and understood the needs of both side, um, it could offer more support if we had that within the school. I don’t feel like I have that right now” (Sydney, 2015). When asked what kinds of training they had at their school for supporting students with trauma histories, Sydney stated “Um no, there has been one training about homeless students, but it was the same video
that had been shown for like 20 years—it’s there but I don’t feel like I received that much support in that area” (Sydney, 2015).

When asked about her work with implementing socio-emotional learning in the classroom, she responded “I want to get better at it—I learned about it from my mom—she’s a leader in the community and she’s pretty amazing! So, I learned from her and formal training, I don’t feel like I had much of it. Um, I think it could have fit well in behavior management lessons in your undergrad—your education courses—but it wasn’t much there. There was some focus on diversity training and sensitivity that I think they were trying to build that in but it almost came off as patronizing rather than um, just being human…..(laughter)…..and dealing with human needs. I believe, as teachers and educators, to deal with the socio-emotional level of our students we need to deal with it amongst ourselves and at a professional level as well and to have that support of our administration within the building” (Sydney, 2015). And when asked if she received any training in her master’s program she stated, “even in graduate school, I did not receive the training necessary” (Sydney, 2015).

In Sydney’s interview, there was a deep connection to making the students feel cared for and respected. It was also very important to her that her students felt like their voice was heard and that they were challenged to grow and learn in her classrooms and programs.

Olivia—“I mean, they have to feel like they can trust their teachers because they may already have complex relationships with adults in their life” (2015).

Olivia had various professional experiences before she came to teach full time. “I started working as a graphic designer for six months after college and hated it and I hated it because I was stuck in a cubicle and I only liked coming to work because of the people that I worked with
so um, then I took a job as an aide in an elementary school and I worked in special education in, I think it was K-3, um, for about a year and realized that I wanted to teach and it’s so different in the classroom. So I applied for a masters in education…I was doing masters full time and teaching special education full time—math and language arts—and I’m not a math teacher so I had to learn all of that …[laughter]….but it was amazing and absolutely loved it and I wouldn’t change it for the world, it was really hard”(Olivia, 2015).

Besides understanding how she came to be a teacher, I also asked Olivia to think about some of the socio-emotional learning that takes place in her classroom.

Interviewer: “How would you define some of the socio-emotional learning that takes place in your classroom?”

Olivia: “I would definitely say that….clears throat, sorry that’s such a broad definition I’m trying to think of specific examples, but….establishing routine is really important in the classroom, um, and expectations, um, because if the kids know what to do and how…. Or I’ll say what’s expected of them, I think that they function a little bit better. I always give them an opportunity if they are having a bad day—I always ask them, tell me, because if you just say that you’re having a hard time then we can deal with it. But if you come in and well--I just call them human grenades--and you explode all over, it’s not going to go over well. I can give you time and I can give you space…but the kids just have to be honest. You don’t have to tell me what’s going on but that’s part of the routine…you know.” (2015).

Additionally, Olivia noted “building relationships with kids is important because I don’t think any significant learning can take place unless they feel a connection to what’s going on
inside of the classroom whether it’s the teacher or the students, or the community that’s built...and I think that’s a really big part of my teaching practice, trying to build a community where we are accountable to each other” (2015).

“I try to praise them for the good things rather than focus on the bad things….I’ve created a ‘happy list’ where I specifically look on the positive rather than the negatives. I mean, they have to feel like they can trust their teachers because they may already have complex relationships with adults in their life…and you know, meeting them where they are at and understanding that respect is a two way street and you can’t just demand it and not give it. Yeah, I don’t know. I get excited talking about this kind of stuff because….those are the specific examples of how applying socio-emotional learning in the classroom helps students and leads to positive behavior in the classroom” (Olivia, 2015)

Interviewer: “So, I would like you to think of some specific examples with applying socio-emotional learning in the classroom where you could see changes or assistance for a student that you really worked hard?”

Olivia: Oh gosh, um, I had a student, well I tend to take on the harder kids—like I really like the ones that have the most problems both in and out of school, um, yeah, I had a student, well I’ve had several students who have been in jail as middle schoolers and they have a lot of issues with teachers in class. I think that it’s also important to build a relationship with them outside of your classroom like saying hello in the hallways for example and ask how they are doing…. (2015).

During Olivia’s interview, we discussed many components of professional development. She mentioned that “well um, we did a lot of professional development on things like grading
and things like that, but socio-emotional learning I didn’t get lots of professional
development….and there were things every year that we needed to focus on with our
students….for example we were told to select one or two students to really focus on that
would really need our support and assistance….whether or not they were in our classroom, but
it really didn’t do much for us or for the students….so, some of it yes, but a lot of pd was
focused on vocabulary or English stuff….“(Olivia, 2015). She also discussed some of the
training that she received while attending the university. “I think in my Masters’ program we
talked about, not a lot, but we talked about it, in one of my teaching middle school classes,
just because that such an emotional age anyway and there’s so much change going on”(Olivia,
2015).

I also asked the participants about specific examples when it came to working with
children with confirmed trauma-exposure.

Interviewer: “Could you give me any examples of experiences that you have had where
socio-emotional learning may have really helped to support a student who you knew had
confirmed trauma-exposure?”

Olivia: “That’s such a hard one….I mean I’ve had students who have lost parents, one or
both of their parents, I’ve had students who had been abused or been in foster care for
abuse, um, yeah and I think it just, you know, I think that it just gives them a safe place to
be, it creates an environment where they feel safe, and like I’ve said before a lot of
students are from more disadvantaged backgrounds tend to have a lot of parts in their
story and yeah, I think it just gives them the opportunity to experience education in a
different way and to see it as a resource and a tool for them later on or even then. If
school becomes a safe place, it becomes a community resource, it becomes all of these things you know, they are more willing to participate and they are more willing want to be there then feeling like they are forced to be there and them not seeing a purpose to it so….(2015).

In her interview, Olivia was asked about her support that she receives for working with students who require socio-emotional learning and she stated “You know, colleagues are always a good resource. We always had trainings with our counselors and it was mainly, you know, every year like a refresher, what to do if you have a student with certain issues—there is always support at the school—um, so refer to the counselors and they will refer out further if necessary, um, and then we have like social workers and things like that”(2015).

Interviewer: “How were you encouraged or equipped with resources to support trauma?”

Olivia: “Yeah, I would have to say that well I was fortunate enough to have been able to conferences and things like that and also administration, counselors, school psychologists were all very available and then we had a social worker within the district who was an advocate especially for homeless families and trauma-wise, the community has a lot of counseling available, but often within the schools you can’t refer directly to those programs it has to come from a school psychologist….”(2015).

When asked about other outside resources that might be available for support Olivia stated that “I don’t think it was extensive but since I was in the afterschool program I was able to go to conferences for social workers and yeah, specifically for counselors, where we talked about trauma and things like that, so that was accessible to me only through the afterschool program and a different grant that was funded by the government um, that 21st century community
learning centers money grant”(2015).

And when asked about implementing socio-emotional learning in her classroom, Olivia stated that she was “comfortable but would like to learn more, go to more trainings and PD. I’m really willing to do anything to progress and to change, I love change, I love constant movement” (Olivia, 2015).

Marianne—“we asked about all these kids—why are they having difficulties— and thought of ways to work together to support the kids”(2015).

My interview with Marianne clearly demonstrated that she had seen many things in her time as an educator, both good and bad. She had been working for almost 30 years in education and had a lot of insight to share about what she had experienced over the years. It was discussed in Marianne’s interview that she saw numerous programs come and go during the years. One program that she specifically mentioned was supposed to be a weekly program, with themes each month to teach various socio-emotional values and skills. “The programming was originally 40 minutes/one time per week. Nobody wanted to give up classtime and we couldn’t find when to fit in into the curriculum, so it eventually ended up not taking root in the school”(2015).

“One way we worked together was with the other staff members—we asked about all these kids—why are they having difficulties— and thought of ways to work together to support the kids. We used gender matching and actually taught a class on social skills. But most of that was directed by us because we knew it was necessary and we were trying our best. So every week we had 1.5 hour meeting regarding the students—we tried to get to know them—maybe we would just talk about 2 kids”(2015).
In Marianne’s interview, she stated that “You can’t learn if you are hungry, or you’re uncomfortable in your own clothes, or you don’t have school supplies, and um, I mean, we had gifted kids on free and reduced lunch and nobody understands that these kids need support too” (2015). It was possible for Marianne to recognize some of the challenges that kids were facing. She also identified some things that she was struggling with as an educator.

“Homicides and suicides of family members is something that I wasn’t ready for. It had a huge impact on the others students and the individual and there were no programs in place to help me address what was occurring with the students…(pause)…one specific example that I could give was that we had a student with a chronic illness, a brain tumor, and well, he ended up passing away and it was really devastating to the students….I mean, we had even gone on a class trip to Japan and he was always so fun and outgoing and all the kids loved him….he spoke Japanese and he rapped (we even have videos of it)….he loss was very traumatic to us and the whole school community and I think that I wasn’t ready for the grief stuff—and I think that I’m still not prepared to handle these situations--with grief in particular” (Marianne, 2015). I also asked Marianne to elaborate on the situations where she knew students were facing trauma exposure and the reactions and response of the staff.

Interviewer: So now I want to move into the third section of questions which is more about students who you know had or suspected trauma exposure um whether it’s exposure to factors of poverty, or specific instances like parental deaths, or abuse and neglect just to give a few examples, where socio-emotional learning became an effective resource for you? And along with that, if your school was aware of these things, how were you encouraged and equipped with resources to support those children?

Marianne: Um, that’s a good question. [Both laugh]. That’s a really good question. So,
oh wow! That is a really good question……I’m trying to think here….so I would like to
start with what I feel like I am least equipped to deal with and that is bullying—I never
really felt like I, I handled that um, or I felt like I helped the kid the best that I could…..it
happened frequently and I just didn’t know what to do because there was so much of it
occurring between the students. And I just kept asking for help but there weren’t many
resources….I remember talking to the vice principal several times, and the dean…..and
he was ineffective….I had been there for three years and he did nothing to help, um, so
I’m going to say that I was a failure at handling bullying. Overall, my school was failing
at that for sure” (Marianne, 2015).

One of the biggest reasons why this participant felt ineffective is because she could not
measure whether or not she was making a difference for a student who was being bullied and she
stated, “I don’t think anything that I said actually helped her and I really wish I could have done
more for her” (Marianne, 2015). In investigating some of the resources that were offered to
Marianne, I asked a few questions about the types of training and support that they received.

Interviewer: Where there any outside resources that you can recall that were brought in
to encourage and equip you guys in order to support the students with the trauma
exposure? Any outside agencies or partnerships or trainings that you went to?

Marianne: Uh, no. Absolutely not. I mean I’m just being honest. I just remember
with the situation with one of the students with the murder-suicide of his parents, our
head counselor was phenomenal. But that was the extent of it. There was nothing
from the district or nothing from outside resources. It was completely internal. Um,
you could request counselors from downtown but we never had any outside counselors
come in and in talking to people from other schools, I think that most of it was that nobody wanted to admit that they needed help, like no administration wanted to say that there counselors couldn’t handle it”(2015).

Overall, my interview with Marianne was informative and helpful; her time in education as a teacher helped to provide insight that some of the younger teachers may have not experienced yet in their careers.

Amelia- Once he saw that there was an interest in him becoming a better person, he was a totally different kid”(2015).

Amelia began her work as a substitute teacher in inner cities as a result of having worked in the prison system. She had worked in law enforcement for seven years and saw the correlation between a lack of education and incarceration so she decided to change fields to make a difference where she could before people encountered problems.

Interviewer: “I’d like you to think of some times when you have had positive experiences when applying socio-emotional learning in the classroom and how it’s helped kids?”(2015).

Amelia: “The best example that I can give is that I always ended up with a class with a lot of low students and there was a big difference on how they looked at, uh, congratulating their peers on good work or doing their homework; it was not cool to be smart. You wasn’t supposed to do the homework. You weren’t supposed to come with a pencil. You weren’t supposed to get the answer right. You know. A lot of times they teased each other and they would tease each other for doing what was right which I never understood so in my class I started putting in different things to allow kids to say things
quietly like thank you and they could write a little note and just leave it one their desks. Then the next day I would announce, ‘Oh, somebody wants to thank Brian because yesterday you got this right’ um, they wouldn’t want to raise their hand because while it wasn’t cool to be smart, it wasn’t cool to be dumb either. So if they didn’t get something or understand the question, instead of raising their hand to ask me, I would tell them you can write the question in your notebook and I would walk around and look at their notebooks and I would take their questions from their notebook and make it my own. So, if someone were to say, ‘How did she get 12?’ and I walked around and I said, ‘You know what, did we say how Aisha got 12? Did anybody talk about that?’…so they wouldn’t feel embarrassed or like to much attention was on them but what I found that by the end of the year slowly but surely people started taking the questions that they would right down, and they would actually say them. And eventually they would start to give each other praise as well, but it was a slow process”(2015).

When I asked Amelia about a particular moment that became a critical turning point in her practice she immediately began talking with passion about one student. “I had a student, an ESL student from Honduras, um, he was very, very bright and every time I think of him, I think I’m gonna cry. He was very bright in math even though we had a language barrier he was really good in math. And my students would write a note to themselves in the beginning of the year and at the end of the year I would get to read them and I remember he saying, ‘I’m going to be an architecture engineer because I’m really good in math’ and this was at the time when politics wise, they were arguing about what to do with what they call ‘anchor babies’ or what do you do with these kids who are illegal immigrants but they have gone through the whole American school system…because after high school they don’t get to go to college because they’re illegals
so um, that year, I mean he was my top student and it stops for him at 12th grade. I was like, Wow!. That was probably the most monumental moment for me working with kids who were ESL because it made me want to get more involved with what do we do for these kids next…he did not make that choice, his parents made that choice….and that’s when I started to get much more involved in the ESL community and outreach….it just started going crazy because I just didn’t want anyone to be able to stop these talented kids from going to school”(2015).

When asked how prepared to implement socio-emotional learning in the classroom, Amelia stated, “Very comfortable. I actually used to work for JobCorps and part of my position was career counselor and we had to teach social skills and socio-emotional pieces, which I think every kid needs. A lot of people don’t teach them at home. I think every school should teach them social skills like I feel like it should be a class they go to because they don’t get it” (Amelia, 2015)

“I feel like I’m pretty well trained but I feel like I could always learn more—I have been required to do certain credit hours whether through a college or through my employer, but it’s been years since I had that training so to actually implement it, I would feel like I would want more because things are always changing socially, you know, but I would feel comfortable doing it and I would learn more to make sure I was up to date on the resources because resources are always changing according to the various politics and money”(Amelia, 2015).

Interviewer: If you could think about or describe some experiences where socio-emotional learning helped students with trauma exposure or suspected trauma exposure in their lives?
Amelia: One I can think of, I had one boy, whose parents had passed so him and his twin sisters were separated, um he was sent to live with his grandfather and his twin sisters went to live with like a cousin, or aunt, or something like that, and the grandfather was really old, and when their mother was alive and they all lived together, the mother was very young and active, so he was big, big in basketball because his mother had him and his sisters very active in sports and different groups like 4H clubs but when they split the grandfather was so old so it was just go to school, go home. And he didn’t get to see his sisters except at school because they lived so far from each other now and the grandfather was old, and um, the hardest thing for him was not being able to go to activities that he used to that used to actually take pride in, like I said, he was really good in basketball and used to play on a traveling league so um, he talked about how much the coach meant to him and I found out that he was a very good role model, a young, black guy, who was a real good role model for a lot of guys that actually played on the travel team so I went to a game and met the coach. He was talking about how he can’t come anymore because of where he is and you know, stuff like that, and I was telling him how I started to see a decline in his interest in school and you know different things you could just tell a different in how he used to be. So we got together, the coach, me and another parent who had a kid on the team to try to get him back involved….trying to give him back his life….what he had. So I started going to the games and I would agree on either I can pick him up or take him home after the game and when I say it was a big difference putting him back in basketball, even the leadership he displayed in class because the kids looked up to him, because he was that athlete, he was like ‘Come on, we gotta do our work’ and he was so focused now because he knew the relationship I had with his coach and he
knew that I took an interest in him and cared for him, it really made him different. Once he saw that there was an interest in him becoming a better person, he was a totally different kid” (2015).

This description of her work with this one student I think really highlights her concern for the students that she works with and the measures that she is willing to take ensure that students who may be suffering from trauma.

**Summary of Themes and Major Findings**

In summary, the data for this research study was organized into super-ordinate and nested themes; to determine these themes, the responses recurred in at least 4 out of 5 of the participants’ interview data. The following is a list of the super-ordinate and nested themes:

- Recognizing the need for socio-emotional learning in the classroom
  - not enough time/space for the additional curriculum
  - social skills taught frequently
  - socio-emotional learning supports kids who are facing major obstacles in their life
- Questioning effectiveness in handling difficult situations
  - least equipped to deal with bullying, homicide/suicide, grief support
  - most of professional is once a year or focused on academic needs of school
  - university training only covers diversity and cultural sensitivity
- Desire to receive more training to support students
  - interest in outside conferences;
  - interest in training specifically for trauma-informed practices;
  - wanting resources that are updated and responsive to the changing lives of students
Table 2 in the Appendix F provides a listing of the super-ordinate and nested themes that were established through the analysis process of the interview data and which one of the participants had interview data for each theme. Additionally, in the table the responses have been recorded as yes or not applicable (meaning that this topic did not occur in the participant responses). The next section explores and elaborates on the participants’ responses and interview data.

**Recognizing the need for socio-emotional learning in the classroom.** One of the major themes that emerged in the study was that the participants recognized the need for socio-emotional learning for their students based upon their experiences in their professional careers. They also discussed instances of how they applied socio-emotional learning practices in their classroom, but mentioned that despite recognizing the importance of the socio-emotional learning, that there were also numerous obstacles in their efforts to implement these skills successfully. The teachers also reported that they felt that socio-emotional learning was very beneficial to students who were coming to the classroom with major obstacles in their life.

**Not enough time/space for the additional curriculum.** The teachers that were interviewed perceived that there were difficulties finding time or space in the day for additional explicit socio-emotional instruction. Participants mentioned that due to increasingly rigorous academic requirements, that oftentimes, socio-emotional components were pushed to the side or not addressed at all. The teachers discussed that oftentimes a new program with a socio-emotional focus may be introduced in order to address a problem that they may be having, but that the programs were not sustainable or they were removed from
the curriculum when they became too time consuming or when they were competing for time with academic programming.

**Social skills taught frequently.** The teachers mentioned that they frequently taught social skills in their classrooms. Whether it was with whole group instruction, setting behavioral expectations, or responding to the needs of an individual student, the teachers relied on socio-emotional learning to support their instruction in the classroom. Reed, the newest teacher to the profession, stated that he often utilized socio-emotional learning in his classroom especially for some of the young boys that he worked with. Hearing him speak about how much he had learned in the first couple of years teaching and how the actual classroom was different from his training, highlighted the importance of socio-emotional learning in the classroom as a supplement to the academic curriculum. He also was really changed by the trauma-informed training practices that he went to when he first began his teaching and he believes that it had a big impact on his work.

**Socio-emotional learning supports kids who are facing major obstacles in their life.** All of the participants in this study identified that socio-emotional learning was a valuable resource in supporting children who were facing major obstacles in their lives. The participants’ experiences with students demonstrated the need for socio-emotional learning in the classroom and they discussed various instances of how they applied socio-emotional learning techniques in the classroom. In addition, the participants mentioned that this type of programming was highly beneficial to students with obstacles in their lives like homelessness, physical and sexual abuse, poverty and death, to name a few of the issues students were bringing with them to school. Despite recognizing the need and the effectiveness of socio-emotional learning, the participants
also mentioned that due to increased academic demands and rigorous standards, that sometimes offering this type of support and programming was not possible due to time constraints of the academic day.

**Questioning effectiveness in handling difficult situations.** The next major theme to occur was that the participants were often questioning their effectiveness when handling difficult situations with their students in the classroom. Within this super-ordinate theme emerged subthemes where teachers mentioned that there were particular situations that they were least equipped to handle, and that even when they needed additional support and training, their training was usually only offered one time per year if offered at all, or that sometimes the materials were outdated for the current situations. Additionally, the participants mentioned that most of their training they had focused on the academic needs of the school. In their teacher-preparatory programs, in both undergraduate and masters’ levels, the coursework offered focused on cultural awareness and diversity awareness.

**Least equipped to deal with bullying, homicide/suicide, at-risk students, grief support.** One component of the data that recurred was that participants felt that there were certain types of trauma, both acute and chronic, that they were not prepared to handle. They often mentioned that these events caught them off-guard and they were not sure how to handle the situation.

**Most of professional development is once a year or typically focused on academic needs of school.** The participants also responded that much of the professional development that they receive at school is focused on the academic needs of the students and the training they do attend regarding the socio-emotional development of the students is usually once a year in the beginning of the school year. The participants mentioned that it is not extensive
enough to help them to deal with the numerous issues that come up in the year or in-depth enough to help them to deal with the severity of the issues that are occurring in their students’ lives. In addition to the training components, most of the feedback that the participants received about their work was exclusively focused on the academic components of their work.

**University training only covers diversity and cultural sensitivity.** The question that I asked was about the types of training or classes that teachers had received in their university programs in both their undergraduate degrees and their master’s programs if they had received that degree.

**Desire to receive more training to support students.** The last major theme to emerge was a desire from the participants’ interviewed to receive more training to support students. It was a resounding yes from across the board of the participants. They all wanted more training to help them effectively support students in their classrooms.

**Interest in outside conferences/Interest in training specifically for trauma-informed practices.** Most of the time participants reported that during orientation for the year information is distributed by others who attend the conferences but that does not necessarily translate well for their learning and professional growth. They also wanted specific training to address trauma-informed practices.

**Wanting resources that are updated and responsive to the changing lives of students.** The participants interviewed recognized the need for socio-emotional learning in the classroom and reported that they were teaching social skills frequently. They felt that socio-emotional learning supported kids facing difficulties in their life from acute and chronic traumas. One resounding subtheme that came up was that due to the rigorous academic requirements being
placed on schools, teachers and students, there was not enough time and space in the day to address some of the socio-emotional learning pieces that they would like to address.

**Missing from the Data.** One major element that was missing from the research data was that there was barely any discussion of communications and connections with families. Families were mentioned if perhaps a family member died or became the new support person (for example a grandparent taking over guardianship when the mother died), but collaboration with families was not mentioned much by the study participants. Families can play an important role in supporting teachers in the classroom as they can help provide insights about the child, as well as work with the teachers to create plans that support the child both in school and in the home. It is a very powerful tool when teachers, schools and families work together to support the child, especially if the child is having trouble with socio-emotional learning and/or academic components. Teachers and schools need to be careful not to engage in deficit thinking that includes the belief that families cannot or do not want to be supportive of their children at school. Leveraging family support can play an important role in supporting children with trauma backgrounds and therefore, encouraging family access and participation at school is an important step in providing well-rounded support for the child.

In summary, the participants often questioned their effectiveness in handling difficult situations that would arise in their work. Bullying, homicides, suicides and student deaths were some of the specific examples that participants reported that they were least equipped to handle and they had the least support dealing with these situations. The training that they did receive for more serious socio-emotional pieces was limited, usually once per year, and did not address their needs. They reported that their teacher preparatory programs, in both undergraduate and graduate programming, addressed diversity and cultural awareness but did not cover issues of
students with trauma histories and/or facing major obstacles in their lives.

And the final subordinate theme discussed the participants’ desire to receive more training and support so that they could support their students. They were interested in attending outside conferences that dealt with trauma-informed practices and wanted resources that were updated and responsive to the current events and issues facing the lives of children that they were working with in their classrooms.

In Chapter 5, there will be a presentation of the recommendations that are based on the findings from participant data in this research.
Chapter 5: Implications for Practice

Problem and Significance

The main objectives of this study were to be able to understand more about the experiences of teachers in implementing socio-emotional learning in their classrooms and secondly, to be able to provide recommendations in order to support teachers in their increasingly complex roles as both academic teacher and socio-emotional learning provider. This research study was designed to understand more about the challenges that teachers are facing especially as they respond to issues that students are bringing with them to the classroom in the form of acute and complex trauma.

Teachers are constantly looking for ways to offer their students individualized attention for their needs, oftentimes utilizing socio-emotional learning techniques while simultaneously balancing the academic benchmarks for learning and progress. Addressing the needs of the students becomes increasingly complex as students are coming to school with variety of socio-emotional stresses and needs. As previously mentioned, according to a new survey on adverse childhood experiences by the National Survey of Children’s Health (NSCH), about half of the nation’s children have experienced at least one or more types of serious trauma during childhood, which translates into an estimated “34,825,978 children nationwide”(Stevens, 2013). And in addition to this, nearly a third of United States youth, ages 12-17, have experienced “two or more types of childhood adversity that are likely to affect their physical and mental health as adults”(Stevens, 2013). Trauma from adverse childhood experiences affects children thus necessitating school and teacher response.

Payton, Warlaw, Graczyk, Bloodworth, Tompsett & Weissberg (2000) stated that “schools
are increasingly challenged to offer more than basic instruction in the traditional academic areas” in order to help students to grow up healthy in their social and academic lives. At the forefront of support, schools are trying to meet the needs of these children, responding to the challenges by trying to incorporate socio-emotional learning support.

The main theoretical framework applied to this research study was trauma theory. Trauma theory examines the many ways in which researchers have come to understand how trauma has an impact on an individual. When someone has experienced trauma, there can be numerous negative responses following the event that leaves a lasting impact on the individual or individuals involved. For teachers supporting students with trauma exposure in the classroom, it was integral to be able to understand and to define this phenomenon when examining the classroom. It was also critical to provide a context for teachers as they were expressing the challenges associated with supporting children with adverse childhood experiences.

**Summary of Major Findings as Reported in Chapter 4**

The major findings of the study were categorized into three main themes: 1) Recognizing the need for socio-emotional learning in the classroom 2) questioning effectiveness in handling difficult situations and 3) desire to receive more training to support students. The follow section synthesizes the study participants’ responses.

**Recognizing the need for socio-emotional learning in the classroom.** Based on their experiences in the classroom in a variety of settings, teachers feel the need implement socio-emotional learning in the classroom and recognize that it has a very valuable place in their work as an educator. The participants interviewed discussed multiple examples of how they are teaching social skills, utilizing socio-emotional learning and supporting children with
adverse childhood experiences.

The participants also discussed that as they were trying to implement academic materials, oftentimes they had to step back from their teaching to make sure that the socio-emotional needs of their students were met before proceeding with the academic skills. One of the biggest reasons why they had to address it was because it was preventing the academic learning from occurring as a result of the child’s struggle in class or as a result of a child’s disruption to class. Despite their realizations of the importance of this type of learning, they often discussed the time constrictions of their daily interactions citing increasing academic rigor as a reason why more time could not be devoted to socio-emotional support.

One of the most important findings of this study was that teachers reported that socio-learning was very important for the students who were facing major obstacles in their lives. The teachers shared numerous examples of very emotional instances of when they were serving students with trauma histories and the ways in which these experiences were significantly affecting their students. They recounted times when students shared very personal details of their lives with them and the ways in which they tried to provide them with care and comfort that would support their socio-emotional health and overall, their work in the classroom. The teachers also frequently discussed wanting to provide support that would also serve their students outside of the classroom.

**Questioning effectiveness in handling difficult situations.** The second major finding was teachers were questioning their effectiveness of handling the difficult situations, oftentimes wondering if they were even making a difference and/or feeling like their skill sets were not sufficient nor were they equipped with the resources to deal with the situations at hand.

For example, one participant mentioned instances where students were getting bullied at
school regularly and they would approach the administration for assistance, and little was done to help the students being bullied or to help the teacher to deal with the situation or support these children in their classes. There were also a few examples of how deaths (in the form of grave illnesses, murder, suicide and parental death) became a huge obstacle for a child and/or children affected and the teachers were not prepared to deal with the grief and trauma response that ensued. However, two participants reported that their school counselors were highly effective in helping the children and the staff with the difficult situations including dealing with the murder/suicide of a mother and a father.

The participants also reported that most of their professional development regarding trauma and socio-emotional learning occurred once a year, or it was delivered in response to a particular trigger that occurred within their school such as a major event impacting many students or families. The rest of the training that they had during the year was primarily focused on the academic needs of the school. Some participants also noted that occasionally their counseling staff would go to a conference and come back with materials and present them to the staff. However, they reported that this was not usually useful because it did not necessarily translate well back to the practice of teachers.

Finally, an important component of the findings for their university training was that it was usually specific to addressing diversity in their classroom associated with cultural sensitivity. Even at the master level of education, the participants discussed that it was focused on parental communication, race, language and/or religion. They also discussed that there was mention of students’ adolescent development, but it did not specifically teach any skills around socio-emotional learning pieces. The training was mostly about understanding the adolescent stage in their students’ life (for example, focusing on friends as a teen), needing to teach to
diverse learning styles and how instruction should target multiple intelligences.

**Desire to receive more training to support students.** With the participants recognizing the importance of socio-emotional learning within the classroom, they expressed the desire to receive more training that would help them to be educators that are more effective. There was an interest in attending outside conferences. Many of the participants mentioned that a majority of the conferences that they had attended in the past had been funded from outside sources or as a result of another program that they were involved with. Therefore, funding these conferences usually presented a problem if the cost needed to be incurred by the individual school or the participant.

There was also an interest in training specifically focused on trauma-informed practices. Since many of the teachers had been faced with difficulties in responding to trauma with their students and due to the fact that internal resources at times were limited, they expressed the desire to attend trainings with professionals whose experiences and expertise are within the field of trauma-informed response.

The final noteworthy finding was that the teachers were reporting that the lives of their students seem to be changing rapidly. They reported that the training and support that they receive needs to be current and up-to-date with what is occurring with their students. For example, with the advancements in technology, cyber bullying has become a big issue with students. Training on bullying should also include components that help them to respond to the issues of cyber bullying and various techniques by which to approach the situation.

**Discussion of Research Findings with Regard to the Theoretical Framework**
The theoretical framework that guided this study was trauma theory because it examines the many ways in which researchers have come to understand how trauma has an impact on an individual. When children experience trauma, there can be numerous negative responses that follow the incidents affecting their learning at school. As the children are responding to the trauma, whether it’s acute or chronic trauma, they may be experiencing the fight-or-flight-or-freeze response, and there are numerous ways that teachers can be supporting these children. Teachers, recognizing the signs and symptoms of trauma and understanding the need to implement socio-emotional learning with the children, have reported that they need support and training to be able to effectively deal with students who are experiencing the effects of trauma in their classrooms.

Individuals with trauma histories can do very little in order to control their reactions because “it is a biological, built-in response, a protective device that only goes wrong if we are exposed to too much danger and too little protection in childhood or as adults”(Bloom, 1999, p. 2). Many of the teachers reported having experiences with children where the child would explode for no apparent reason; if the teacher had a plan in place to deal with these outbursts, it was beneficial to the individual child as well as to the entire classroom environment. Teachers need to understand trauma response as well as have plans in place to help support effective classroom management and to maintain focus on the academic materials at hand.

Additionally, it has been shown that individuals with trauma also have difficulties with volume control. In other words, “people who have been traumatized lose the capacity to modulate arousal. They tend to stay irritable, jumpy, and on-edge. Instead of being able to adjust their ‘volume control’, the person is reduced to only an ‘on-or-off’ switch, losing all
control over the amount of arousal they experience to any stimulus” (Bloom, 1999, p.1).

Oftentimes in schools, students with trauma histories may have issues controlling their anger, have outbursts in school over what appears to be nothing, have difficulties working with others, or may have defiance issues. Working proactively to have a plan in place as well as develop the necessary skill sets to help manage student behaviors is beneficial for both the teachers and the students.

Trauma theory guided this research study because with a greater understanding of trauma, it is possible to begin to look at how teachers supported socio-emotional learning for individuals with adverse childhood experiences and areas that they need professional development in to improve their practice. The findings of this research study uncovered some very specific examples from the participants of the areas that they need the most support in from both training and administration, as well as the topics that they need up-to-date resources in to support the children they are serving.

**Discussion of the Findings in Relation to the Literature Review**

The following section discusses some of the researcher’s findings that are linked to the current literature review and discusses how participants’ interact with children who experience trauma. The socio-emotional health of a child is significantly impacted by the acute and chronic trauma that affects their neuropsychological functioning. Children with trauma histories experience socio-emotional issues that could include disruptive behavior patterns, difficulties creating and maintaining healthy relationships and self-destructive personal behaviors. With these challenges, the child may also experience challenges with academic performance. Schools, faced with the reality that students are coming to school with adverse childhood experiences, need to offer socio-emotional learning experiences. Payton, Warlaw,
Graczyk, Bloodworth, Tompsett & Weissberg (2000) stated that “schools are increasingly challenged to offer more than basic instruction in the traditional academic areas” and teachers are on the frontlines of this work in the classrooms. They are striving to offer their students individualized attention for their socio-emotional learning while balancing the rigorous standards and benchmarks for academic learning.

Teachers have reported that they are implementing socio-emotional learning in their classrooms. These techniques usually teach “individuals to recognize, regulate, and express the social and emotional aspects of their lives so they can successfully manage life tasks”(Norris, 2003, p. 314). Teachers and other health care professionals have been supplementing the regular academic curriculum at schools and this type of learning benefits all students, especially students with adverse childhood experiences.

Participants noted that socio-emotional learning was important for students with adverse childhood experiences. This is supported with the literature review on trauma with findings from The National Center for Traumatic Stress Studies, which supports research that demonstrates that students who are more emotionally healthy will have better outcomes academically. Adelman, Taylor and Luthar, who study trauma in children, all believe that interventions based on socio-emotional learning (SEL) that aim to foster children’s social interaction skills and management of emotions are an important way to promote children’s mental health”(Bjorklund et al, 2014 p. 2).

(ACE) who may be exhibiting behavioral problems. “Because the problem behaviors that these programs target often occur together in clusters, share many of the same risk and protective factors, and can be addressed by similar strategies, there is growing national support for a comprehensive, coordinated approach to the prevention of risk and promotion of positive youth development”(Payton et al., p. 179). Children who are healthy are in a better position for creating positive relationships with peers and adults and are more receptive to academic learning.

“Children who are hurting cannot learn effectively, and their presence in schools without getting needed attention drains energy, focus and potential from the learning environment”(Adelman & Taylor, 1997). The very premise of this idea is what is leading schools to incorporate SEL in their educational communities. It also was what precipitated the need for this research project to explore teachers perspectives of supporting students with adverse childhood experiences in the classrooms and to learn more about the successes/challenges that they were experiencing in their role.

One of the areas that teachers reported they needed the most help with was acute trauma situations like homicide, suicide, homelessness, death of a student, parent or loved one, violence, and stresses of poverty, which falls into the chronic trauma category. As the children are responding to this trauma, it is a very complicated situation and teachers feel unprepared to deal with it in their classrooms. With the unique position that teachers and schools have in a child’s life, it is necessary to develop better skill sets to handle these situations and response to traumatic occurrences. Bell (2013) ascertains that since teachers, administrators, school counselors and other school personnel are a significant part of a child’s life; therefore, they can consistently observe changes in a child’s disposition following traumatic events.
For a child, once traumatization has occurred their natural ability to cope with the day-to-day situations may be disrupted due to the nature of the intense emotions that they are experiencing. Several areas of a child’s life may be affected including peer and social relationships, academic achievement, daily self-care, interpersonal communication skills and executive functioning skills. When children are experiencing these difficulties they may rely most on environments that are predictable and comfortable to them. “Children may be more comfortable receiving help from familiar faces and environments; therefore, educators are at the forefront of identifying and contributing to the treatment of childhood trauma, thus facilitating healthy person, social and academic development” (Bell et al, 2013, p. 140). Therefore, schools and the staff can be an excellent resource in supporting children post-trauma through socio-emotional support, help strengthening protective factors and support developing skill sets that build resiliency.

**Recommendations**

This research provides schools with a tool that can help shape the culture of the professional support network existing for the staff. Shifting the culture of schools will not be an easy task; however, schools need to respond to the issues that are affecting learning and they need to use the data to help define new methods of supporting teachers as they implement SEL learning in the classroom.

The following recommendations have been developed as a result of researcher concerns constructed from the findings of the interviews with the participants. These recommendations will provide a basis for future professional development for teachers and for support that they need to receive in order to help carry out their jobs effectively. Based on the findings from this research study, there are four major implications and recommendations for educators in order to
support their work implementing socio-emotional learning in the classroom, especially to support children coming to school with trauma histories.

**Improved support for emotional well-being for staff.** My growth as a scholar-practitioner has lead me to recognize that teachers were dealing with emotional stress and pressure from supporting children in the classroom that at times was overwhelming for them. Teachers were sharing with me very personal details of their lives as educators and it was an emotionally charged interview process. However, this also spoke to a very big implication. If other human social services like hospitals, fire fighters/police and service organizations have counseling for its staff, we could offer the same support for staff at school. This would be targeted at supporting teachers as they respond to trauma in their students and would offer teachers an opportunity to care for their own socio-emotional learning. Essentially, this process would focus on the emotional well-being of all of the school professionals who are working with students with significant trauma histories.

Schools should think of offering counseling support and debriefing programming to the teachers and determine methods to create these support networks. These networks should have the focus of working with the teachers regarding their own emotional well-being and evoking emotional healing processes if the teachers are experiencing difficulties and emotional responses to their work.

**Improved professional development model.** A second recommendation would be to strengthen the professional development model existing for teachers with explicit training on how to teach socio-emotional skills to support students and their learning. It needs to be connected with current literature regarding how socio-emotional learning benefits children
especially those who have experienced trauma. In addition, it also needs to help teachers to recognize and understand some of the signs and symptoms of trauma exposure in youth.

This plan must be made utilizing data from the school support counselors and principals. It is necessary to gain the perspective of the school support counselors about their roles and their work with the teachers around socio-emotional learning. This collaborative process would help to determine the best method of professional development delivery. In addition to gaining the insight of the school counselors, speaking with the principals as well would be a necessary step in determining the best programming for the staff.

The training can be facilitated by in-house staff like counselors or administrators and/or by outside trainers with experience working with students with adverse childhood experiences. One of the main components of importance to this training model is that it needs to be a comprehensive program existing throughout the year and not just a single day of training. It needs to include both the theoretical knowledge components as well as the practical application components.

The training that occurs needs to contain specified topics with relevant information that includes but is not limited to: responding to acute and chronic trauma, supporting adverse childhood experiences, handling major issues affecting children like homicide, suicide, bullying, violence, abuse/neglect and some of the stressors of poverty such as homelessness, recognizing trauma response in children and preparing behavioral management plans for students with adverse childhood experiences.

One interesting thing to come up in the participant data was that teachers felt differently about various types of trauma and perhaps this is due to the nuances around the definitions of
trauma. For example, teachers felt supported if there was a death of a student but they did not feel supported when dealing with bullying. While these are both trauma instances, they are very different in nature and the responses by school personnel to each type of trauma is varied. This may be because there are some situations that schools naturally invest more resources in especially during acute trauma instances. For example, if there is a student death, there will be an intense response by the school community to support this trauma. Whereas something like bullying, while it is a stressful situation for the child and those supporting the student, it does not necessarily equate with a lot support.

For the recommendation in this area, it would be worthwhile for schools to determine exactly what types of traumas that teachers felt supported in and what areas there needed to be growth in. This could also potentially lend itself to response to trauma plans or guides for varying types of trauma. These ‘guides’ could provide schools with the structure of who can offer support in each situation and suggest levels of involvement by key staff that would help direct constituent groups.

In addition to strengthening the professional development model, the training teachers receive would also be responsive to the changing needs of the students. As we progress as a society, especially in the age of technology, students’ lives can change very quickly. As educators, we also need to have the most up-to-date resources and programming that reflects what is occurring in our world and affecting our students.

**Feedback and support of implementing socio-emotional learning.** Just like teachers receive feedback for their instructional practice and academic preparation of students, teachers also need to receive feedback and support on their implementation of socio-emotional learning practices. Since this recommendation will require the support of the administration, it is only
necessary that the administration is prepared and receives training on the best practices for utilizing socio-emotional learning to support children with adverse childhood experiences as well.

The teachers, who are with the children more than anyone else in the school day, must also receive support from the counseling staff. The communication between the constituents needs to be fluid and organized; administration needs to work with the counseling staff and the teaching staff and information needs to flow in both directions. The team must create plans for the most effective support services as well as the determine ways to be reflective and continuously improving throughout the year.

**Access to Updated Resources.** One of the major areas that teachers will need help with will be access to updated resources to support their practice. Teachers should have the opportunity to attend outside training and conferences that support their work, or have outside trainers come into the school to help them develop best practices for working with students with trauma histories. One important note is that teachers will need access to resources throughout the entire year and that these resources will need to be up-to-date and provide information that is current for their students.

**Implications for Further Study**

There are a few areas that would be worth investigating further in order to add to the literature of the types of training that benefit the teaching profession as a whole. There needs to be more study and research of teacher training and preparation at the university level. Looking at both undergraduate and graduate teacher preparatory programs would be worthwhile to understand more about the types of skills that teachers are developing prior to entering the
classroom in comparison to the types of skills that they find necessary once entering the teaching practice in the school setting.

Additionally, since there are many children who experience trauma, from so many different backgrounds in various areas of the country, further insight regarding trauma theory and differing types of trauma, would be beneficial to numerous teachers as they prepare to enter the teaching practice. For example, the training on parental death looks a lot different from training for handling bullying issues. It will be up to the individual schools for determining a set of ‘best practices’ for their student populations.

Another area that would be worth further study would be the best professional development model to support the teachers in their work. A way to further our learning in this area may be to investigate in a larger, quantitative study of the best practices of professional development. In understanding more about how teachers learn best and the effectiveness of their experiences in professional development, additional research could help direct professional development models at schools and help administrators to more effectively understand the needs of their teachers and the ways to best support them.

The final area worth investigating would be to determine the best staffing model to effectively support the teachers the most throughout the year in their classrooms. For example, there are often counselors and psychologists who work with the students and occasionally offer training and knowledge development for the staff. It would be valuable to explore if there could be a certain role within the school that may offer the teachers the most support if the administration or other support staff does not have the necessary capacity based on their demands as instructional leaders.

Conclusion
The recommendations of this study have been created and reviewed by looking at and considering the literature review, trauma theory and the experiences of middle school teachers. If these recommendations are to be implemented with diligence, it is possible for teachers not only to feel more supported, but to have special skill sets that allow them to most adequately support their students, especially the students with adverse childhood experiences. If administration becomes more involved in the process with teachers and other support staff, the schools will be well on their way in creating a culture within their school that is responsive to trauma experiences in children.

This research has provided a deeper look into the experiences of middle school staff as they implement socio-emotional learning in their classroom. It was especially noteworthy to understand more about teachers’ shared experiences of supporting students with adverse childhood experiences and the challenges they face when trying to best serve these children. This study allowed the researcher to grow as an educational leader and understand more about the types of support teaching staff may need in order to be the most effective educator possible.

As our world continues to change as we grow and develop as a society, the lives of our children change as well. Educators and schools need to be up-to-date on the most current practices to support children, especially for those who have adverse childhood experiences. While the findings of this research study are by no way all-encompassing of the needs of children, it does provide a starting point for some of the development that is necessary in order to respond to the increasingly complex lives of children in the United States.
References


Knox, P. & Guthrie, L (2012). Role of direct and secondary traumatic experience on later functioning. World Academy of Science, Engineering and Technology.


Appendices

Appendix A
Request Sought for Participation in Research Study:
Participants sought for socio-emotional teaching feedback

Greetings Fellow Educator:

As you may know, I am currently a doctoral student at Northeastern University in the Educational Leadership program. To complete my Doctor of Education Studies, I am engaging in a study to explore teachers’ work with supporting students in the classroom by utilizing socio-emotional learning strategies. Your participation in this study will assist in improving the professional development programming that is put in place to support teachers working in schools with students who have various socio-emotional needs. You will help to identify the successes and the challenges in working with students and the ways that socio-emotional learning has or has not helped your practice as an educator.

If you would like to help with this important project, participation will include two brief interviews. The first one will be an interview regarding your practice and the second meeting will share your interview transcription with you so that you can be assured that what was recorded and what you had intended to say are matched up.

Participation is entirely voluntary and all of the information that will be gathered throughout the interview process will be anonymous. Your identity will be protected through the use of pseudonyms and I will be the only one who will know your true identify. Please contact me if you would like to be considered for participation.

I can be contacted at pearse.m@husky.neu.edu or by telephone at 617-435-3191.

Regards,

Mary-Elizabeth Pearce
Appendix B and C-Informed Signed Consent/IRB

Signed Informed Consent Document

Northeastern University, College of Professional Studies
Name of Investigator(s): Dr. Billye Rhodes, PI; Mary E. Pearce, Student Investigator
Title of Project: Exploring Teacher Implementation of Socio-Emotional Health Programming for Middle School Students

Informed Consent to Participate in a Research Study
We are inviting you to take part in a research study. This form will tell you about the study, but the researcher will explain it to you first. You may ask this person any questions that you have. When you are ready to make a decision, you may tell the researcher if you want to participate or not. You do not have to participate if you do not want to. If you decide to participate, the researcher will ask you to sign this statement and will give you a copy to keep for your records.

Why am I being asked to take part in this research study?
We are asking you to be part of this research study because you have had experiences implementing socio-emotional learning with your students in middle school grades. You have also responded to an invitation asking for your participation.

Why is this research study being done?
This study is being done in order to examine teachers’ experiences in the classroom implementing socio-emotional learning. Once the teachers’ experiences have been analyzed and the essential themes have been identified, the findings will be compared to the literature to what are some of the best practices for supporting teachers through professional development. Recommendations will be provided for professional development programming to support teachers in implementing socio-emotional learning at their schools.

What will I be asked to do?
If you decide to take part in this study, we will ask you to take part in two interviews, each lasting one hour in length. The location and the method of interviewing will be mutually agreed upon between you and the interviewer. Online interviewing will be available if necessary. During the interviews, you will be asked about your educational background, experiences implementing socio-emotional learning in your classroom and your teaching practices.
The interviews are going to be recorded using a hand-held recording devices as well as a video camera through the student investigator’s MacBook Pro. Your identity will remain confidential, known only to the researcher. No identifying information will be included. Your participation in this study is entirely voluntary.

Where will this take place and how much of my time will it take?
You will be interviewed in a location of your choosing, at a time and place that is convenient for you. The first interview will take about one hour and the second interview will be a follow-up interview where you will be given a copy of your transcribed interview. At that time, you may add or delete anything that you would like to the transcription.

APPROVED
NU IRB
VALID THROUGH 12/31/16
Will there be any risk or discomfort to me?
There is no foreseeable risks or discomforts from participating in this study.

Will I benefit by being in this research?
There will be no direct benefit to you for taking part in the study. However, the information learned from this study may help to improvements in professional development for teachers leading to better support for teachers in the classroom. With better supports to instructional practice, the hope is that the services offered to the children will be improved.

Who will see the information about me?
Your participation in this study will be confidential. Only the researchers on this study will see the information about you. No reports or publications will use information that can identify you in any way or any individual as being of this project.
The interviews will be audio and videotaped and then transcribed verbatim. The transcription will exclude any personally identifying information and each participant will be given a pseudonym in the form of numerals and will be identified throughout the transcription as
"Participant #".
Following the first interview, you will be allowed review the transcription and make any changes or clarifications if necessary. After that, any and all parts of the transcribed interviews will be eligible for publication in reports and findings of the study.
All of the study data will be kept on a password-protected computer on the researcher’s computer and only the researcher will have access to this file. When not in use by the researcher, the computer will be kept in a locked home office.
Even though the participant’s name is not used in publication, the researcher will still be able to connect the participant with the information gathered from him/her in the study. Following the conclusion and defense of this dissertation, the data collected for the study will be kept for approximately one year and then destroyed. Signed consent forms will be kept for three years and then destroyed.
In rare instances, authorized people may request to see research information about you and other people in this study. This is only done to ensure that the research is being conducted properly. We would only permit this to occur for people who are authorized by organizations such as the Northeastern University Institutional Review Board to see this information.

What will happen if I suffer any harm from this research?
No special arrangements will be made for compensation or for payment for treatment solely because of my participation in this research.

Can I stop my participation in this study?
Your participation in this research is completely voluntary. You do not have to participate if you do not want to and you can refuse to answer any question. Even if you begin the study, you may quit at any time. If you do not participate or if you decide to quit, you will not lose any rights, benefits, or services that you would otherwise have as an employee.

Who can I contact if I have questions or problems?

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THROUGH:

Northeastern University - Human Subject Research Protection
If you have any questions about this study, please feel free to contact Mary E. Pearse, the person mainly responsible for this research, via telephone at (860) 376-6689, or via email at pearse.m@husky.neu.edu. You can also contact Dr. Billye Sankofa Waters, the Principal Investigator, via telephone at (617) 390-3918 or via email at b.sankofawaters@neu.edu.

Who can I contact about my rights as a participant?
If you have any questions about your rights in this research, you may contact Nan C. Regina, Director, Human Subject Research Protection, 490 Renaissance Park, Northeastern University, Boston, MA 02115. Tel: 617.373.4588, Email: n.regina@neu.edu. You may call anonymously if you wish.

Will I be paid for my participation?
There will be no compensation for participation in this study.

Will it cost me anything to participate?
There will be no cost for participation in this study.

Is there anything else I need to know?
You must be at least 18 years old to participate in this study.

Signature of person agreeing to take part

Date

Printed name of person above

Signature of person who explained the study to the participant above and obtained consent

Date

Printed name of person above

APPROVED

NU IRB

VALID THROUGH 4/21/16

Northeastern University - Human Subject Research Protection
Rev. 4/21/2015
Appendix D-Interview Questions

Interview Questions

The interview protocol is based on the following Research Question:

- What are the teachers’ experiences with applying socio-emotional learning in the classroom?
  - How do these experiences inform their interactions with children who experience trauma?

Interview 1:

1. **Background Information**
   a. Tell me about what first brought you into the field of education.
   b. Tell me about your work as an educator.
   c. How long have you been in the field of education?
   d. Tell me about the types of schools, classrooms and towns/cities you have worked in during your career.

2. **Socio-emotional learning**
   a. How would you define socio-emotional learning in the classroom?
   b. Describe your experiences with applying socio-emotional learning in the classroom
      - What have been some of the positive experiences?
      - What were some of the negative experiences?
   c. Tell me about any unique stories, (ie turning point, critical moments) that caught you by surprise and became a critical part of your professional life and learning?
   d. How comfortable do you feel implementing socio-emotional learning in the classroom?
   e. To what extent do you think that you have been prepared and trained to implement socio-emotional learning?
   f. What current resources are available to you to develop professional in the area of socio-emotional learning?

3. **Trauma Exposure/Socio-emotional learning**
   a. Describe some experiences where socio-emotional learning may have helped support students with trauma exposure.
   b. Tell me about the support and resources that you have been exposed to that assist with your work with students with trauma exposure.
      - What resources are most effective for you?
   c. How comfortable do you feel implementing socio-emotional learning in the classroom to support students with trauma exposure?
   d. How are you encouraged and equipped by resources within the school to support students with trauma exposure?
e. How are you encouraged and equipped by outside resources to support students with trauma exposure?

4. **Additional Information**
   a. Is there anything else that you would like to add to the interview that has not been asked and/or do you have any questions?

**Interview 2:**

1. Please refer to the transcribed interview provided.
   a. Do you feel that the data that was transcribed on your behalf accurately portrays what you have intended to say in response to the questions of Interview 1?
   b. Do you feel like there is anything else that is missing or that you would like to add to the previous interview?
### Table 1. General Profiles of Study Participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Gender</th>
<th>Role</th>
<th>Years of Experience</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
<td>Multi-grade science teacher</td>
<td>3</td>
<td>Alternative education experience</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>English teacher/afterschool coordinator for girls</td>
<td>8</td>
<td>Day and Afterschool program work</td>
</tr>
<tr>
<td>3</td>
<td>Female</td>
<td>Middle school English</td>
<td>8</td>
<td>Graphic design background</td>
</tr>
<tr>
<td>4</td>
<td>Female</td>
<td>Middle school science and administrative duties</td>
<td>21</td>
<td>Adult educator in medical field</td>
</tr>
<tr>
<td>5</td>
<td>Female</td>
<td>Middle school Math</td>
<td>14</td>
<td>Previous job in law</td>
</tr>
</tbody>
</table>
### Appendix F

#### Table 2. Identification of Recurring Themes

<table>
<thead>
<tr>
<th>Super-Ordinate Themes</th>
<th>Part. 1</th>
<th>Part. 2</th>
<th>Part. 3</th>
<th>Part. 4</th>
<th>Part. 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nesting Themes</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><em>1) Recognizing the need for socio-emotional learning in the classroom</em></td>
<td></td>
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</tr>
<tr>
<td>1.1 social skills taught frequently</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>1.2 not enough time/space for the additional curriculum</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>1.3 socio-emotional learning supports kids who are facing major obstacles in their life</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><em>2) questioning effectiveness in handling difficult situations</em></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2.1 least equipped to deal with bullying, homicide/suicide, grief support</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2.2 most of professional is once a year or focused on academic needs of school</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2.3 university training only covers diversity and cultural sensitivity</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><em>3) desire to receive more training to support students</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3.1 interest in outside conferences/outside resources</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3.2 interest in training specifically for trauma-informed practices</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3.3 wanting resources that are updated and responsive to the changing lives of students</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>