Education Doctoral   Ralph C. Wilson, Jr. School of Education

8-2020

Childhood Trauma in the Elementary School: The Leadership Response in Addressing Childhood Trauma

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Abstract

The purpose of this qualitative phenomenological research design was to explore leadership responses in addressing childhood trauma. The participants were six elementary school principals from upstate New York, who shared the types of incidences of childhood trauma within their schools. Additionally, the leaders discussed how they prepared for and responded to students who experienced trauma. The leaders articulated the barriers or challenges within their schools in developing and improving the schools' responses to supporting their students through semi-structured interviews. The transcriptions were analyzed using in vivo coding to identify common themes and to develop a model for leaders to access. The outcomes of this study included the three categories based on the research questions: (a) incidences, (b) preparation and response, and (c) barriers and challenges. Within these categories were seven themes that included: (a) scope and confirmation, (b) acceleration, (c) safe haven, (d) anticipation, (e) dependence, (f) system inconsistency, and (g) supportive and supported. Each theme had one or more subthemes analyzing the participants' responses relating to the three research questions. In this research study, the challenges and impact of a student who experienced childhood trauma influenced the leader's objectives. Therefore, the findings of this study include the connection between incidences, preparation and response, barriers and challenges, and educating the whole child. The multifaceted objectives placed upon elementary school principals funnel into the importance of being a whole child leader.

Document Type

Dissertation

Degree Name

Doctor of Education (EdD)

Department

Executive Leadership

First Supervisor

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Second Supervisor

Tanya Eastman, Ed.D.

Subject Categories

Education

Childhood Trauma in the Elementary School:

The Leadership Response in Addressing Childhood Trauma

By

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Submitted in partial fulfillment

of the requirements for the degree

Ed.D. in Executive Leadership

Supervised by

C. Michael Robinson, Ed.D.

Committee Member

Tanya Eastman, Ed.D.

Ralph C. Wilson, Jr. School of Education

St. John Fisher College

August 2020

Dedication

I am grateful to the Schlegel Road school community for supporting me during this endeavor. Your hearts are in the right place to provide a safe school for our students! Thank you to Debbie, my administrative assistant and dear friend, you hold a special place in my heart. To my cohort, Confidimus Processus VI, thank you for stretching my perspective, sharing your expertise, and ongoing support as we completed this degree. "Trust the process" will be carried with me as I continue my leadership journey.

To the St. John Fisher College faculty, your leadership, commitment, and support is exceptional. I am thankful to Dr. Robinson for your mentorship, showing me what ethical leadership looks and sounds like, and your guidance as my dissertation chairperson. To my committee member, Dr. Eastman, who encouraged and guided me along the way. To Dr. Quigley, my executive mentor, who was always there to lean on at just the right moments—you have no clue how you influenced me! To Dr. Evans, my advisor, for validating the importance of sharing my voice. To Dr. Pulos for modeling the power and importance of being a vulnerable leader.

I dedicate this dissertation to my loved ones. To Tracy, Lisa, Tamara, Danny, and Robin for your unconditional friendship and support. Your words of encouragement and belief in me will always be a treasure I carry with me!

To Theresa, Bill, Dennis, and Donna, my siblings, who have walked alongside me and supported me in each chapter of my life. I am grateful to you for supporting me with your unlimited love, commitment, and tolerance of the middle child. To Kristin, Amy,

Tony, and Jay for being supportive in-laws and going to bat for me in family banter! To Kelsey, Carley, William, Evan, Tyler, Ryan, Ian, Alexis, Sami, and Abbi, whom I love dearly and appreciate all you have taught me over the years. A special appreciation to Aunt Kathy and Uncle Joe, who continue to provide me with support, guidance, and never-ending love.

To my children, Mikey and Melanie, you have influenced me along every step of this journey. I am proud of you both for your unique qualities. Thank you for being my strength and inspiration. To Valerie and Jason, you are my extended children, and I am grateful for your love and encouragement. My cherished gift of my three grandchildren, Elaina, Miles, and Baby *tbd*, during this doctoral journey is so precious to me. They have brought me infinite joy and caused me to stay focused on achieving this goal.

Most importantly, I dedicate this doctoral degree to my husband, Mike, who has encouraged me in every chapter of my adult life. We both beat the odds in so many realms because of our infinite commitment to each other. I am grateful to you for holding my hand during the beautiful and challenging times! Your crazy antics and endearing love brings me great joy. I look forward to another 34 plus years with you by my side. Thank you for always believing in me!

I love you all to the moon and back!

Biographical Sketch

Francine Leggett is currently the principal at Schlegel Road Elementary School. Mrs. Leggett attended the State University of New York at Geneseo and graduated with a Bachelor of Science degree in Elementary Education in 1995. She attended the State University of New York at Geneseo and graduated with a Master of Science degree in Special Education in 2001. Mrs. Leggett attended the State University of New York at Oswego and graduated with a certificate of Advanced Study in Educational Administration in 2008. She came to St. John Fisher College in the summer of 2018 and began doctoral studies in the Ed.D. Program in Executive Leadership. Mrs. Leggett pursued her research in Childhood Trauma in the Elementary School: The Leadership Response in Addressing Childhood Trauma under the direction of Dr. C. Michael Robinson and Dr. Tanya Eastman and received the Ed.D. degree in 2020.

Acknowledgments

Thank you to the Webster Central School District for supporting me in this leadership endeavor. I will be ever grateful to the colleagues who supported me by listening to my ideas, providing me with productive feedback, and volunteering to help me during this adventure. You are my professional support system who has taught me and provided me with the platform to achieve my aspirations and fulfill my dreams.

Abstract

The purpose of this qualitative phenomenological research design was to explore leadership responses in addressing childhood trauma. The participants were six elementary school principals from upstate New York, who shared the types of incidences of childhood trauma within their schools. Additionally, the leaders discussed how they prepared for and responded to students who experienced trauma. The leaders articulated the barriers or challenges within their schools in developing and improving the schools' responses to supporting their students through semi-structured interviews. The transcriptions were analyzed using in vivo coding to identify common themes and to develop a model for leaders to access. The outcomes of this study included the three categories based on the research questions: (a) incidences, (b) preparation and response, and (c) barriers and challenges. Within these categories were seven themes that included: (a) scope and confirmation, (b) acceleration, (c) safe haven, (d) anticipation, (e) dependence, (f) system inconsistency, and (g) supportive and supported. Each theme had one or more subthemes analyzing the participants' responses relating to the three research questions. In this research study, the challenges and impact of a student who experienced childhood trauma influenced the leader's objectives. Therefore, the findings of this study include the connection between incidences, preparation and response, barriers and challenges, and educating the whole child. The multifaceted objectives placed upon elementary school principals funnel into the importance of being a *whole child leader*.

Table of Contents

List of Tables

List of Figures

Item	Title	Page

Chapter 1: Introduction

Trends in education continue to evolve in response to changes in society. Further research is needed to identify specific ways to address the needs of students who experience childhood trauma (Ganzel & Morris, 2011). The implications of trauma for children is demonstrated in all aspects of a child's development (Ganzel & Morris, 2011). Students who experience trauma require social and emotional interventions (Kataoka, Langley, Wong, Baweja, & Stein, 2012). Teachers no longer focus only on academics. Instead, teachers provide social, emotional, and academic instruction. The school administrator's role in supporting staff and students is critical and influential in the educational efforts to develop resilient students (Cowan, Vaillancourt, Rossen, & Pollitt, 2013).

The American Psychological Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents found that approximately two-thirds of children experience trauma before the age of 16 (Greca et al., 2008). Once exposure to trauma is over, a short-term negative response is normal. Most children revert to their baseline behavior. Children who do require help either do not receive psychological treatment or get a variety of treatments (Greca et al., 2008). Parents and teachers can easily identify behavior issues. Although parents and teachers are adept at identifying behavior issues, anxiety and depression symptoms are more challenging to discern (Greca et al., 2008).

Campbell, Walker, and Egede (2016) used data from the 2011 Behavioral Risk Factor Surveillance system to study the connection between adverse childhood experiences and their impact on health and comorbid conditions. Campbell et al. (2016) identified the impact of detrimental mental and physical outcomes for adults through the Adverse Childhood Experiences (ACEs) study. The Campbell et al. study highlights risky behaviors, disability, and morbidity in adulthood in comparison to the single components contained within the ACEs study.

Boullier and Blair (2018) confirmed the increasing evidence regarding how toxic stress or repeated adverse experiences can cause permanent damage to the developing brain. The researchers also confirmed the long-term impact on an individual's risk of chronic diseases and early death as a result of toxic stress or adverse experiences. Their study recognized the importance of protective factors at a young age, which includes early intervention from parents and caregivers. These individuals can teach children how to regulate their responses and build their resilience (Boullier & Blair, 2018).

The outcomes for children who face early adversity may impact them into adulthood (Metzler, Merrick, Klevens, Ports, & Ford, 2017). Students who experience three or more adverse experiences are statistically more inclined not to graduate, be unemployed, and live in poverty (Metzler et al., 2017). Trauma-informed and trauma-responsive education systems can minimize adverse outcomes for students (Metzler et al., 2017). Therefore, this current study explored the lived experiences of elementary school principals to understand how these school leaders responded to students who experienced trauma and how the principals supported their staff members who were influenced by students' trauma every day.

Problem Statement

The U.S. Department of Health & Human Services (2012) reported that 3.4 million children in the United States were abused or neglected. Early mortality and morbidity are possible outcomes for children who experience trauma during childhood (Campbell et al., 2016). Research articulates an established body of knowledge around effective strategies to address childhood trauma in elementary schools (Cavanaugh, 2016; Crosby, 2015; McConnico, Boynton-Jarrett, Bailey, & Nandi, 2016).

Students exposed to trauma in childhood are at high risk for an adulthood of mental health issues and negative life skills outcomes (Copeland et al., 2018; Cummings, Addante, Swindell, & Meadan, 2017; Moore & Ramirez, 2016). Copeland et al. (2018) indicated negative results for adults from repetitive trauma exposure during childhood. The adults struggled with daily living experiences, decision-making, and social connections. The Copeland et al. (2018) quantitative study of 1,420 participants, for over 22 years, emphasized that trauma during childhood is extremely common. Therefore, recognizing and identifying children who experience trauma is one component of the support required to mediate the long-term impact of trauma (Santiago, Raviv, & Jaycox, 2018).

Elementary school principals are responsible for providing a safe school environment for students and staff (Cowan et al., 2013). Students who experience trauma before or during their elementary school years benefit from a trauma-informed instructional approach (Santiago, Raviv, & Jaycox, 2018). Empirical studies demonstrate the impact of trauma-informed teaching interventions and professional development

frameworks that result in supporting students who experience trauma (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Moore & Ramirez, 2016).

Durlak et al. (2011) conducted a meta-analysis focused on the impact of students' social and emotional learning. A total of 213 interventions, serving 270,034 kindergarten through high school students, were analyzed. Most significant were the results that indicated that students benefited from social-emotional learning skills, attitudes, and positive social behaviors. In addition, the academic performance of the children had improved (Durlak et al., 2011).

The implications of poor outcomes in health and life skills in adulthood stress the need for school leaders to respond. Current gaps in the literature include limited information from the elementary school principal perspective. The elementary school principal's experiences, actions, challenges, and barriers are an area for further research. This research provides qualitative data about school leaders and their positions on childhood trauma and its implication on society.

Theoretical Rationale

Kotter's (1996) eight-stage process for successful organization transformation provides a framework for elementary school principals to develop strategic plans in addressing change within the schools. Kotter's (1996) change theory is defined as the process of continually renewing an organization's direction, structure, and capabilities to serve the ever-changing needs of its external and internal customers (Moran & Brightman, 2001).

Organizational change has developed over time with input and revisions from several researchers, scholars, and leaders. Kotter's (1996) eight-stage process for

successful organizational transformation provides the steps necessary for business leaders to achieve successful organizational change. The eight steps include (a) creating a sense of urgency, (b) building a guiding coalition, (c) forming a strategic vision and initiative, (d) enlisting a volunteer army, (e) enabling action by removing barriers, (f) generating short-term wins, (g) sustaining acceleration, (h) and instituting change (Kotter, 1996). Kotter's (1996) qualitative research has impacted the way leaders implement organizational change.

Elementary school principals have a critical role in leading staff through the implementation of research-based interventions to support students. Kotter's (1996) change theory is one avenue for elementary school principals to consider when supporting a change. Kotter's (1996) model could be the blueprint for elementary school principals to follow in making sustainable changes impacting students. Interventions and strategies addressing childhood trauma and developing resilience in students are in the research (Cavanaugh, 2016; Crosby, 2015; Durlak et al., 2011; McConnico et al., 2016). The barriers and challenges for elementary school principals to lead staff through the implementation cannot be dismissed. Kotter's (1996) change theory was the blueprint for this research study, and it provided the foundation for the findings, implications, and recommendations of this current study (Kotter & Cohen, 2002).

Research Questions

In this study, the three questions explored were:

1. What types of incidences of childhood trauma, as defined in this study, have elementary school principals experienced in their schools over the past 2 years?

2. What leadership actions have elementary school principals taken in their schools to prepare for and respond to students who have experienced childhood trauma as defined in this study?

3. What are the barriers or challenges to organizational change for elementary school principals in developing and improving their schools' responses to support students who have experienced childhood trauma as defined in this study?

Potential Significance of the Study

The purpose of this study was to provide insights lacking in the research to date. The status of mental health needs in the nation is at risk. A small step in listening to elementary school principals, who are leaders in their field, uncovers practical information to set the groundwork for future research regarding how leaders can best support young children who have experienced trauma in their early lives.

The significance of this study is based on research showing students exposed to trauma in childhood are at high risk for an adulthood of mental health issues and reduced life skills outcomes (Copeland et al., 2018; Cummings et al., 2017; Moore & Ramirez, 2016). Empirical studies demonstrate the impact of teaching interventions to provide children with coping strategies and professional development frameworks to support educators with instructional skills (Durlak et al., 2011; Moore & Ramirez, 2016). However, there continue to be ongoing deficits within schools in addressing the needs of children exposed to trauma (Anderson, Blitz, & Saastamoinen, 2015).

As a result of this research study, the data from elementary school principals will provide potential benefits to address the crisis by presenting themes about their response,

barriers, challenges, and visions. The potential benefits of this study include changes to district policy, higher education implications, long-term implications, and organizational change ideas. Burke Harris et al. (2017) reflected on the need for research, intervention, and policy to tackle childhood adversity.

Elementary school principals work closely with students and staff. The results found in this data may be able to address how school leaders should respond and overcome challenges created by children of trauma. The principals may have a vision and plan for supporting students who experience trauma. Systems may be put into place with specific outcomes and results warranting further exploration and research.

Another potential benefit of this study would be for district policy to consider the ever-changing needs of students. The way schools support students who experience trauma should be part of the district policy. Once the policy is in place, plans for ongoing professional development for all staff throughout the district might be implemented and carried out (Lesley University, 2012).

Another possible benefit of this study is the implication for higher education for both new teachers, veteran teachers, and administrators. Insight about potential coursework focused on the complexities of childhood trauma and how best to respond to those circumstances could warrant consideration from the teacher and administrator viewpoints.

The long-term implications of supporting students who have experienced significant social and emotional trauma during elementary school could make a significant impact on their adult lives. There could be a decrease in adults requiring

mental health support, a decrease in medical fragility, and an increase the potential for a productive adult lifestyle.

Finally, the most important potential benefit of this research study is the impact on the lives of children. Leaders, elementary school principals, may be able to use organizational change methods to develop a systematic approach for addressing childhood trauma. By using Kotter's (1996) change theory as a lens in this study, the practices that elementary school principals have been employing may suggest successful leadership practices. These practices might include outcomes such as a decrease in the number of students requiring special education services, an increase in attendance and academic rates, and an increase in the social and emotional well-being of the youngest students within the educational arena.

Definitions of Terms

For this study, the following definitions are noted:

Academic Resilience – the ability of a student to work through academic challenges (Beri & Kumar, 2018).

Childhood Trauma – any experience children from 0 to 17 years of age encounter where they feel hopeless; helpless; fear for their life, safety, or survival; or fear for the life, safety, or survival of a loved one. This includes neglect, physical and sexual abuse, domestic violence, natural disasters, incarceration of a loved one, accidents, and war (Soma & Allen, 2017).

Protective Factors – include supportive neighborhood, safe neighborhood, non-family adult support, safe school, television and media restriction, parents' knowledge of friends, activity participation, and/or religion (Moore & Ramirez, 2016).

Chapter Summary

This chapter explained why involving the elementary school principal in the conversation about supporting students who experience childhood trauma is essential because of the lack of available research. The medical community has completed research showing the negative impact of trauma during childhood in health and life skills during adulthood (Copeland et al., 2018). Protective factors and interventions have shown how to mitigate the negative effect of trauma during childhood (Cavanaugh, 2016; Crosby, 2015; McConnico et al., 2016). However, there continues to be a disconnect between the leader's role and the leader's school. The role of the leader, the elementary school principal, relating to addressing childhood trauma is a strand with limited research.

Chapter 2 reviews and summarizes the literature, which includes trauma, the school's response, resilience, professional development, change theory, leadership, and policy. Chapter 3 describes the research design, methodology, contexts, participants, data collection, and analysis process used in the study. Chapter 4 presents an analysis of the data to report the outcomes, and Chapter 5 includes a summary of the study findings, conclusions, and recommendations.

Chapter 2: Review of the Literature

Introduction and Purpose

The role of the school principal that is related to addressing childhood trauma is a field with limited research. In today's schools, principals and teachers are challenged by students who have experienced or are experiencing childhood trauma, which may be known or unknown to school personnel, and that school personnel have to work in appropriate ways to support them. ACEs can have lifelong implications (Moore & Ramirez, 2016). Throughout the literature, the importance of educators to increase their knowledge of childhood trauma and the ways to support students are critical components of teaching in today's classrooms. In this literature review, the long-term effects of exposure to trauma during childhood on students, the schools' responses, the children's resilience, the school personnel's professional development, change theory, leadership, and policy set the foundation for this research study.

Elementary school principals are responsible for providing a safe school environment for students and staff (Cowan et al., 2013). Students who experience trauma before or during their elementary school years benefit from a trauma-informed instructional approach. Research provides an established body of knowledge around effective strategies to address childhood trauma in elementary schools (Cavanaugh, 2016; Crosby, 2015; McConnico et al., 2016).

Durlak et al. (2011) and Moore and Ramirez' (2016) empirical studies demonstrate the impact of trauma, the schools' responses, and professional development

frameworks to support educators with instructional skills to engage with children in trauma. Nevertheless, there continue to be ongoing deficits within schools in addressing the needs of children exposed to trauma (Anderson et al., 2015). There is a gap in the literature investigating the relationship between understanding the impact of exposure to trauma in childhood and the staff's role, which is led by the principal in the elementary school setting.

The purpose of this study was to gain insights into the elementary school principal's leadership responses in addressing childhood trauma. Also, this study sought information around the deficits within schools in addressing the needs of children exposed to childhood trauma (Anderson et al., 2015). This chapter reviews the literature established necessary to set the stage for this study. Included is research providing information about trauma, schools' responses, professional development, change theory, leadership, and policy.

Reviews of the Literature

Trauma. Chronic adversity impacts the milestones of a child's overall health and well-being (Center for Youth Wellness, 2013). A child's body and brain adapt to its environment. ACEs are experiences that are traumatic for the child. A child may have several traumatic experiences. These traumatic experiences can have lifelong implications, including poor health and poor adult experiences (Center for Youth Wellness, 2013). An individual with four or more ACEs is 12.2% more likely to attempt suicide, 10.3 times more likely to use drugs, and 7.4 times more likely to be an alcoholic. Empirical evidence indicates significant consequences due to childhood traumatic

experiences. These consequences include impairments in social, psychological, cognitive, and biological development (Cook et al., 2005).

There is an existing measurement tool used by experts in the mental health field to understand and analyze childhood trauma, referred to as the ACEs study. Felitti et al. (1998) gathered information about ACEs from a large sample size of 9,508 respondents. Data from the Felitti et al. (1998) study provided seven categories of ACEs and then the researchers compared those categories to adult risk behaviors. A strong correlation between exposure to childhood trauma and risk factors in adults was identified. The Felitti et al (1998) study is the ACE study, where the ACE measurement tool was created. The results of the study captured the attention of the medical community, which eventually spilled over into the education field. The study results made a connection between events in a children's lives, resulting in long-term medical outcomes and identifying a phenomenon where further research was warranted.

Anda et al. (2006) used the ACE score measurement tool to analyze childhood trauma and its impact on comorbidity. As the ACE score increased, the adjusted odds ratio increased as well. Two categories with a higher adjusted odds ratio were depressed affect and sleep disturbance. Felitti et al. (1998) and Anda et al. (2006) provide information about the exposure of childhood trauma and the implications in adulthood. The ACE measurement tool was a valid instrument in both studies. Therefore, statistical significance shows that childhood trauma has a negative impact on adulthood.

In addition, Woods-Jaeger, Cho, Sexton, Slagel, and Goggin (2018) identified themes for ways to impact intergenerational cycles of ACEs. The qualitative study involved 11 parents with histories of ACEs. The three themes identified in the study were

the intergenerational cycle of ACEs, aspiring to make children's lives better and to nurture and support children (Woods-Jaeger et al., 2018). One of the recommendations for interventions to end the intergenerational cycle of ACEs included providing parents with social-emotional resources and parenting skills development. The study highlighted protective factors and families' strengths as foundational components to creating and putting into place interventions to develop resiliency for children whose parents also faced adversity (Woods-Jaeger et al., 2018).

Furthermore, a quantitative study conducted by Vaughn-Coaxum, Wang, Kiely, Weisz, and Dunn (2018) analyzed the effects and amount of trauma in relation to coping behaviors using a large sample size of 9,427 adolescents. The results indicate that the more significant amount of trauma experienced showed an increase in negative emotion-focused coping behaviors. The statistically significant exposure to trauma categories was rape, parent violence, and other violence. Crying, screaming, and wanting to be alone are examples of negative emotion-focused coping behaviors. Negative coping behaviors impact an adolescent's ability to navigate the social and academic learning environment (Vaughn-Coaxum et al., 2018). Based on these outcomes, the lack of positive coping behaviors results in lifelong challenges.

As indicated in Copeland et al. (2018), exposure to trauma is common. Despite this, protective factors during childhood can mediate negative outcomes in adulthood (Moore & Ramirez, 2016). Specifically, a supportive and safe neighborhood, a safe school environment, and parents who supervise their children's friendships are protective factors indicated by a strong Pearson's r correlation of .001 (Moore & Ramirez, 2016). The large sample size of the Moore and Ramirez (2016) study of 34,152 participants

indicated statistically significant findings. The highest ACE was divorce, followed by poverty, whereas the lowest was parental incarceration. The validity of these results indicates a systematic response for schools and community organizations to facilitate. The implications of this study suggest that protective factors, if implemented, would mediate the effects of trauma during childhood (Moore & Ramirez, 2016).

Exposure to trauma during childhood may result in negative outcomes in adult lifestyle and in health factors (Copeland et al., 2018; Vaughn et al., 2018; Woods-Jaeger, 2018). Also, other findings provide insight into mediators to support children who have experienced trauma (Cummings et al., 2017; Moore & Ramirez, 2016). Several studies emphasize the outcomes of social-emotional learning.

Policy. Yatchmenoff (2015) found that policies are being developed in some organizations to support trauma-informed care. Policy development within the federal government to local organizations, including schools, are being developed to support trauma-informed care for children (Yatchmenoff, 2015). Policy makers would benefit from learning about trauma-informed practices to make informed policy decisions including seeking input from those with lived experiences (Yatchmenoff, 2015).

The Children's Health Act of 2000 established the National Child Traumatic Stress Network (NCTSN). President Bill Clinton signed this law to focus on children before conception through the age of 21 years. The Act created funding for child health programs including research in the pediatric realm. Both actions were critical steps in addressing ACEs.

The Every Student Succeeds Act (ESSA) was signed into law by President Barack Obama on December 10, 2015, to promote success for students and schools. Student

Support and Academic Enrichment Grants (U.S. Department of Education [USDOE], 2016) provide funding to address the support necessary for students who experience trauma during childhood. A description, analysis, and summary of the policy are components for further consideration when addressing the responses, challenges, and barriers in supporting students who have experienced trauma.

ESSA is a multifaceted policy that includes provisions for local educational agencies to develop, implement, and evaluate comprehensive programs and activities designed to support families (USDOE, 2015). In addition, funding is available for professional development within the educational arena and school-based mental health services. A focus on lifestyle programs is encouraged, and the lifestyle programs are expected to include education focused on diet, physical education, and chronic disease management as well as mentoring and counseling opportunities. Students at risk for academic failure, dropping out, criminal behavior, or drug use are the focal point. Learning environments are to be established to enhance and support student's readiness skills and success through support systems for students and families. Developing learning environments includes high-quality training for effective trauma-informed practices in classroom management. Within the school system, the creation and implementation plan is to reduce exclusionary discipline, implement positive behavioral interventions and supports, and to designate a site coordinator to provide services and oversee that the design and implementation are components that are implemented and systematically structured to provide a safe learning environment (USDOE, 2015).

ESSA intends to provide equal opportunity for all students. Specifically, equity for students who are at risk and have high needs, along with requiring all students in

America to be instructed to high academic standards. Preparing them for success in college and careers is the focus. The Title IV portion of the policy narrows the focus on the supports necessary to address students who may have experienced trauma and who are identified as high risk (USDOE, 2015).

The No Child Left Behind (NCLB) Act, enacted in 2002, established the national goal of having students make progress without any limitation due to their ZIP code, race, income, disability, language, or background. In 2007, the plan was to revise the No Child Left Behind Act. However, school leaders and teachers identified challenges. Hence, the ESSA was created. The primary cause of creating ESSA was due to the prescriptive requirements of NCLB. ESSA shifted power to the states, allowing them to complete a consolidated individualized state plan to address and tailor their target areas. The effectiveness of ESSA in comparison to NCLB is most likely the same. The individualized state plan template provides each state with a standard document to input necessary information. However, the information collected is complex and varies from state to state. The results compared from state to state may be challenging because of the unstandardized methods in data collection. The criteria collected include socioeconomic data, gender, ethnicity, and grade levels, along with variables such as state assessments, social-emotional inventories, and other local educational agencies' qualitative information (USDOE, 2015).

Policy alternatives include allowing individual school districts with the ability to determine which components of ESSA should be the priority in achieving the original intent. Instead, the decision is structured at the state level, and school districts are responding based on the higher power decision-makers in the State Education

Department. Funding decisions have been made based on the state's plans, which impact school budgets across the nation. In relation to this research study, this impacts Title IV policy within ESSA, as this small portion may be overlooked—if included at all—as is the case in some states (USDOE, 2015).

The overall goal of ESSA is for states and local educational agencies to follow specific guidelines in policy to improve the outcome for all students, with a focus on closing the gaps in achievement between the highest and lowest performing students in America. This policy addresses the development of systems within the educational sector to support students who experience childhood trauma. The structure of the template to design, implement, and evaluate does provide the framework necessary to ensure this support for students. This policy has the potential to have an impact on students (USDOE, 2015).

The U.S. House of Representatives presented a resolution (433) to the 115th Congress (2017-2019) to recognize the importance and effectiveness of trauma-informed care. Congress agreed to the simple resolution on February 26, 2019. This resolution provides federal programs and agencies with the ability to recognize trauma-informed care within existing programs. In the resolution, specific statements highlight the impact of trauma on millions of people in the United States, ACEs, and trauma-informed care specifications (GovTrack.us., 2020).

Discipline policies within school systems play a critical role for students who experience trauma. A balance of structure and caring were the outcomes in the study conducted by Gregory et al. (2010). Students benefit from clear expectations in a combination with caring adults. Schools are a safe place for students when these two

components are a consistent quality throughout the school environment (Gregory et al., 2010). Therefore, a school's response is a critical component of addressing students who experience trauma during childhood (Soma & Allen, 2017).

School response. In this section, the literature reviews the different ways schools respond in elementary schools to support students exposed to trauma during childhood. Included are protective factors, interventions, and resilience.

Interventions that target social-emotional learning provide the background for teachers to approach instruction in support of students who have experienced trauma. Social-emotional learning, as described in the literature, involves systematic instruction in a developmentally appropriate manner. Teachers teach and model the skills then students' practice. These skills are practiced throughout the daily routines of the school day (Durlak et al., 2011).

Cummings et al. (2017) gathered information from 14 community-based service providers in a case study. Four themes emerged from the questionnaires and semi-structured interviews, which included (a) realizing the existence and impact of trauma among young children, (b) recognizing reactions to trauma, (c) responding to trauma, and (d) resisting re-traumatization. According to this Cummings et al. (2017), teachers may not know how to identify or support the social or emotional well-being of a student faced with adversity. Additionally, the family system was highlighted as a critical component of trauma exposure. Partnering with families was identified as an intervention priority for trauma support.

Archdall and Kilderry (2016) discussed the implications of early-intervention educators who wait for a situation to arise versus embedding social and emotional

learning within the curriculum. The semi-structured interviews with 19 early childhood educators indicate the need for teaching skills before a situation occurs. Within the findings, Archdall and Kilderry (2016) showed the lack of skillsets the educators had in supporting students to build resilience. The educators in the study were uncertain how to approach defining and embedding this instruction into their daily practice. The study provides support for strategies on identifying resilience in a child, documenting a child's social and emotional learning, and the role of educators in supporting and planning for a child's social and emotional learning (Archdall & Kilderry, 2016).

Also, Cefai et al. (2015) highlighted student behavior improvements as the result of explicit instruction focused on social and emotional themes. In this study, 199 primary classrooms participated in a resilience curriculum for 6 weeks. They used the SAFE approach of sequenced, active, focused, and explicit, is the way the construction of the curriculum. The themes that resulted in the Cefai et al. study include developing communication skills, establishing and maintaining healthy relationships, developing a growth mindset, developing self-determination, building on strengths, and turning challenges into opportunities (Cefai et al., 2015). The intent of the curriculum is for an entire school to use the themes consistently to impact each child's resilience and overall well-being. Transferability was demonstrated through the presentation of the findings an in the verbatim comments of the participants (Cefai et al., 2015).

Cramer and Castro-Olivio (2016) examined social-emotional learning intervention programs. In this study, Strong Teens was the intervention implemented. The five components of Strong Teens included self-awareness, self-management, social awareness, relationship skills, and responsible decision-making (Cramer & Castro-Olivio,

2016). The findings indicate the intervention was effective for improving resiliency, which was shown through the results between the pre- and posttests. A replication study was conducted, which resulted in developed skills that continued after several months of the intervention instruction. The study further supports that social-emotional learning programs benefit students in developing the skill of resiliency (Cramer & Castro-Olivio, 2016; Durlak et al., 2011).

Rimm-Kaufmann, Larsen, and Brewer (2014) used Responsive Classroom, which was a social and emotional learning framework embedded throughout the entire test school. Common language, routines, disciplinary techniques, and understanding of child development was explicitly taught to all staff members. The 3-year randomized control study was conducted, involving 2,904 second through fifth-grade students. The results of the study confirmed the importance of administrator support and belief in a program (Rimm-Kaufman et al., 2014). Other findings included the need for ongoing professional development, systematic structures being put into place, and fidelity of the program throughout the school (Rimm-Kaufman et al., 2014).

A research study involving 97 fourth and fifth graders, who participated in a 12-week mindfulness and yoga practice intervention, was conducted by Mendelson et al. (2010). Students completed pre- and post-questionnaires. A statistically significant effect size of 0.83 was indicated for the outcome variable on the overall scale of Involuntary Engagement compared to the controls ($p < 0.001$). This result highlighted an improvement in student response to a problem or stressor, and it was congruent with a case study conducted by Thompson and Trice-Black (2012) who provided insights into the significance of group interventions provided by school counselors. Thompson and

Trice-Black found that children benefit from building support systems within the school environment with peers and adults.

Resilience. Resilience is one of the mediators for supporting students who experience trauma during childhood. Academic resilience is the ability of a student to work through academic challenges (Martin & Marsh, 2006). Froehlich-Gildhoff and Roennau-Boese (2012) posited that there are six resilience factors that develop throughout a child's life, and they include perception of self and others, a sense of self-efficacy, self-regulation, problem-solving skills, social competencies, and stress coping abilities.

Yoon (2017) investigated children in the welfare system. The participants were children, 4-5 years of age, who experienced abuse, and the level of protective factors was correlated. The two protective factors, enhancing child prosocial skills and caregiver well-being, influenced positive outcomes for a subset of the participants (Yoon, 2017). Overall, the large sample of 449 children, who were followed over 8 years, determined that children could demonstrate resilient and appropriate behaviors after traumatic experiences. The challenge is how to ensure that prosocial skills are explicitly taught. Yoon (2017) indicated interventions targeting prosocial skills and caregiver well-being as being helpful in lowering the risk of clinically significant externalizing behavior problems for children who experience trauma.

In contrast, Nesheiwat and Brandwein (2011) conducted a correlational analysis of kindergarten students to gain an understanding between resilience and self-concept, resilience and behavioral concerns, and self-concept and behavioral concerns.. Initially, the results indicate statistically significant findings. However, once Pearson's *r*

correlation was applied to evaluate the three hypotheses, there was no statistical significance found. The findings might have been different if the 29 study size was replicated with a larger sample of students.

Brady, Winston, and Gockley (2014) had a different perspective concerning resilience when their study was complete. The parent-participant responses, coded into four themes, were found to benefit children, which included the quality of parenting, structural resources for parents, structure barriers to the provision of resources to children, and challenges in utilizing teachers as a resource for children. Also, children's responses identified two themes: role models and being invested in and connected with family and community. Yoon (2017) demonstrated the significance of mediating factors when children who are faced with adversity are taught prosocial skills. Although Nesheiwat and Brandwein (2011) and Brady et al. (2014) were investigating different aspects of resilience, the small sample size was a limitation worthy of future replication because of the limited research in resiliency.

In a case study conducted by Downey (2014), 50 children exposed to trauma participated in semi-structured interviews. The children's responses provided information about the way they felt supported with academic performance and the impact on their ability to face adversity. Transcriptions were coded into two categories, protective factors and protective mechanisms. The findings indicate the significance of schools, communities, and families listening to children and supporting them during difficult experiences in an effort to foster academic resilience (Downey, 2014).

Beri and Kumar (2018) conducted a meta-analysis on the predictors of academic resilience, which showed a strong correlation of student's level of resilience in

connection with school success. The review noted the magnitude of developing resilience within the school setting. Resilient students can adapt to challenges (Beri & Kumar, 2018). The relationships students build with peers, teachers, and parents are critical to a student's success. Beri and Kumar (2018) highlighted the way these relationships support a positive learning environment, which allows the student to participate in learning, appropriate behavior, and the development of resilience. The implications called for further research around potential predictors relevant to the school setting, which would foster resilience, specifically, academic resilience.

Understanding professional development frameworks to ensure school responses are systematic and sustainable are areas for further insight into the role of the principal (Cowan et al., 2013). The next section is a review of professional development studies to gather information about the systems for support that have been implemented by school principals.

Professional development. Professional development of interventions is one component of addressing childhood trauma in schools. Throughout schools, interventions are introduced and attempted, but not fully implemented or continued (Gottfredson, Jones, & Gore, 2002; Ringwalt et al., 2009). As indicated in the empirical studies, school leaders are critical in creating safe schools to provide the mediating factors necessary for students who face adversity (Cowan et al., 2013). Professional development is one avenue to assist with this vision.

Anderson et al. (2015) gathered information about staff members' understanding of trauma, then they identified the professional learning needs using a school-university professional development model. The pre- and post-surveys identified the staff level of

need, and the researchers determined the continuing training needs. The literature substantiated the importance of staff input and preassessment to evaluate the depth of knowledge. Therefore, an increase in the level of staff interest and engagement was due to the staff identifying learning targets and determining the goals and needs (Anderson et al., 2015).

Rimm-Kaufman et al. (2015) found that as staff refines their knowledge about trauma and resiliency, their foundational skills of classroom management are an essential component. Statistically significant findings show the importance of classroom management for all students. The areas of behavioral self-control, cognitive self-control,   ' positive work habits, and less time off task resulted in a higher level of engagement within the learning environment. Indeed, the findings of Rimm-Kaufmann et al (2014) validate the literature supporting the justification for ongoing professional learning for teachers. Teachers benefit from continuous learning opportunities to ensure strong classroom management, which directly supports the development of students' self-regulatory skills (Rimm-Kaufmann et al., 2014).

In addition, McConnico et al. (2016) developed a framework for schools called Supportive Trauma Interventions for Educators (STRIVE), which provided a resource for supporting students with adverse experiences. The qualitative study showed educators had an increased understanding of how trauma affects child development, how educators awareness of the effects of trauma had on student behaviors, and how the educators felt they were better prepared to respond to students who experienced trauma (McConnico et al., 2016).

Crosby (2015) stated that an ecological theory approach could support schools in addressing students who experience trauma in schools. By providing professional development with research-based frameworks, the staff would develop their skill set around trauma-informed practices and resiliency instruction. As a result, increased knowledge for staff assisted in providing a safe school environment, which is one of the protective factors. Similarly, Baker (2018) indicated the importance of taking ownership of their professional development. The qualitative study gained the perspective of the educators as they learned and implemented a new curriculum. The study suggests that educational leaders design professional development with educators (Baker, 2018). Both studies used the ecological theory to illustrate a framework for schools to approach professional learning for staff (Baker, 2018; Crosby, 2015).

Furthermore, Brody and Hadar (2011) investigated the professional learning of 10 teachers using a four-stage model of personal development. In this qualitative study, they suggested the importance of teachers identifying their personal growth needs and development. Teachers can gain new knowledge and strengthen their pedagogy as well as implement change within their instructional practices (Brody & Hadar, 2011).

Overall, professional development is to be systematically planned to provide successful outcomes for teachers. Teachers are professionals who are responsible for ongoing professional growth. As building leaders, school principals' understanding of the way teachers approach learning, change, and implement are components to be closely monitored and prioritized. The ecological theory is one example of an approach to professional development in support of increasing staff understanding of childhood trauma and protective factors (Baker, 2018; Crosby, 2015).

Leadership. The majority of Americans have confidence in K-12 public school principals regarding the way they care about people, communicate concise and informative information to the public, and manage responsibility with resources (PEW Research Center, 2019). The American public sends their children to school to be educated in a safe, nurturing environment led by a school principal with a diverse skillset. This emphasizes the importance of the elementary school principal's role in navigating the necessary steps to ensure a trauma-informed school environment.

As a leader, a principal has many roles, including teacher, counselor, friend, parent, coach, and mentor (Quick, 2013). With these roles, a principal carries the charge of moral and ethical decision-making. Moral leadership impacts the work of the school principal and the lives of those who pass through the institution (Quick, 2013). Staff, families, and students notice each word and action a principal makes. The school principal is responsible for building the culture, climate, and community of his or her school. Authenticity, balance, and systems thinking are three principles of moral leadership that a school principal sets at the foundation of the leadership platform (Quick, 2013). By having these principles in place, lessons focusing on how to support students who experience trauma could be embedded in the daily practices of the school.

Inclusive, interculturally competent leaders are necessary for the daily operations of a school (Davila, 2009). School principals' knowledge and understanding are crucial to the effectiveness and receptiveness of including and caring for all students. Student experiences outside of school impact the students' academic environment. The way the school principal responds, educates, and leads the staff around intercultural awareness and sensitivity has a direct impact on all students (Davila, 2009). As a result, the principal

promotes a positive school climate. This theme and balancing the administrative and instructional roles and managing the instructional program were identified as the roles of the elementary school principal (Mestry, Moonsammy-Koopasammy, & Schmidt, 2013). The findings of the Mestry et al. (2013) study indicate the importance of instructional leadership to revolutionize a culture that encourages teachers and students to maximize their fullest achievement.

Indeed, instructional leadership is one component of the school principal's effectiveness. Organizational management is another (Sebastian, Allensworth, Wiedermann, Hochbein, & Cunningham, 2018). Both are necessary for addressing the academic, social, and emotional growth of all students. Principals with organizational management skills have the foundation for attaining instructional leadership skills (Sebastian et al., 2018). The principal's role is multifaceted in facilitating the daily operations of a school.

Day, Gu, and Sammons (2016) conducted a national study comparing the work of principals in successful schools to student outcomes according to national test scores in England. Effective principals used transformational and instructional strategies to improve overall student outcomes. The leaders responded to the context and applied leadership practices by demonstrating responsiveness. In their findings, Day et al. (2016) stated that principals had common traits including clarity of vision, determination, responsiveness, courage of conviction, moral and ethical values; they were respected and trusted by staff; they used data, research, and evidence, to improve teaching and learning; and they used transformational and instructional leadership strategies to improve the long-term goal of school improvement (Day et al., 2016). Implementing change is one

component of the principal's role. Kotter's (1996) change theory provides a systematic approach to navigate the change process necessary to support students who experience childhood trauma.

Change theory. Kotter's (1996) change theory provides a framework for elementary school principals to develop strategic plans in addressing change within their schools. Kotter's change theory is the process of continually renewing an organization's direction, structure, and capabilities to serve the ever-changing needs of external and internal customers (Moran & Brightman, 2001).

Organizational change has developed over time due to several researchers, scholars, and leaders. Kotter's (1996) eight-stage process for successful organizational transformation provides eight steps for business leaders to achieve successful organizational change. The eight steps include: creating a sense of urgency, building a guiding coalition, forming a strategic vision and initiative, enlisting a volunteer army, enabling action by removing barriers, generating short-term wins, sustaining acceleration, and instituting changes in the corporate culture (Kotter, 1996). Kotter's (1996) eight-step process for successful organizational transformation is apparent in the fields of medicine, library science, and sports. In each of the following examples, the findings show a positive impact on the organizational change process.

Neumeier (2013) discussed how Kotter's (1996) change theory, in combination with Rogers's (1983) innovation diffusion theory, supported the use of electronic medical records. The use of innovative technology was challenging, even though identified as critical for the medical community. Neumeier shifted Kotter's (1996) eight steps into three phases: creating a climate for change, engaging and enabling the

organization, and implementing and sustaining the change. This review provided a roadmap to address organizational change in a systematic, sustainable manner.

Within the neonatal intensive care setting, there is urgency in providing clear communication around patient care. Kotter's (1996) change theory was used to support the use of computerized provider order entry (Klein, 2013). The implementation of this system would assist the ongoing need for specific, proper patient care. Klein (2013) identified Kotter's (1996) eight-stage process for successful organizational transformation as a credible and viable tool.

The transformation of an established library at the University of Louisville, using Kotter's (1996) eight-stage process was successful, according to Fox and Keisling (2016). The process was initiated by establishing an organizational change process to support the necessary change of reformatting the existing footprint of the library. All stakeholders were involved in some capacity. Fox and Keisling (2016) created a table listing Kotter's (1996) eight steps alongside the original project threads. The table illustrated which steps connected to the project threads, and they were used as a guide throughout the work. The findings indicate a positive shift in the transformation of the library. The critical process of reviewing and revisiting the changes was noted (Fox & Keisling, 2016).

Chapter Summary

Throughout a child's lifetime, that child may experience trauma. A growing body of research showing students exposed to trauma in childhood are at high risk for an adulthood of mental health issues and reduced life skills outcomes (Copeland et al., 2018; Cummings et al., 2017; Moore & Ramirez, 2016). Empirical research has shown schools

as a protective factor that can counter these outcomes by providing a safe environment

(Moore & Ramirez, 2016) and implementing a research-based, social-emotional learning

intervention curriculum (Durlak et al., 2011). Principals fulfill the dual role of

instructional leadership and organizational management. Therefore, one of the principal's

roles is to ensure educators can address student's social and emotional needs and skill

development by providing systematic structures and professional development (Sebastian

et al., 2018).

      The literature review provided information about the significance of the trauma

during childhood, policy, schools' responses, resilience, systematic professional

development frameworks, leadership, and change theory. Elementary school principals

have access to research and interventions. Chapter 3 reviews the research design and

methodology to provide information for this current study.

Chapter 3: Research Design Methodology

Introduction

Students who experience trauma before or during their elementary school years benefit from a trauma-informed instructional approach (Santiago et al., 2018). In 2012, 3.4 million children in the United States were reported as being abused or neglected (U.S. Department of Health & Human Services, 2013). Elementary school principals are responsible for providing a safe school environment (Cowan et al., 2013). Research has been conducted showing an established body of knowledge around effective strategies to address childhood trauma in elementary schools (Cavanaugh, 2016; Crosby, 2015; McConnico et al., 2016). Yet, there is currently a lack of empirical data that reveals the leadership response in addressing childhood trauma.

Three research questions provided a broad focus for this study:

1. What types of incidences of childhood trauma, as defined in this study, have elementary school principals experienced in their schools over the past 2 years?

2. What leadership actions have elementary school principals taken in their schools to prepare for and respond to students who have experienced childhood trauma as defined in this study?

3. What are the barriers or challenges to organizational change for elementary school principals in developing and improving their schools' responses to support students who have experienced childhood trauma as defined in this study?

The lived experiences from the elementary school principals' leadership responses regarding childhood trauma provided a blueprint for this qualitative exploratory study. Marshall and Rossman (2016) described qualitative exploratory research as research that uncovers a phenomenon unexplored in the literature. The purpose of this exploratory study was to investigate the leaders' responses to the topic of childhood trauma in elementary schools.

In this qualitative, transcendental, phenomenological study, the perspectives of the elementary school principals, who were interviewed, were collected regarding their insights into how school leaders are responding to students who have experienced trauma and how school leaders support their staff who teach these children every day. Qualitative studies gather practical, interpretive information that is grounded in the lived experiences of people (Marshall & Rossman, 2016). The genre of qualitative phenomenological research is a broad approach that studies the perspectives and experiences of individuals, and these studies uncover individuals' recollections, senses, and feelings about a situation or event (Marshall & Rossman, 2016). A transcendental phenomenological study focuses on descriptions of the participants' experiences rather than on the researcher's interpretations (Creswell, 2007). Epoché is a term that implies the researcher's role is to suspend his or her judgment or to withhold making conclusions throughout the study (Giorgi, 2009).

Marshall and Rossman (2016) highlighted the benefits and challenges for the researcher to consider. The benefits include face-to-face interactions, the ability to uncover participant perspectives, data is collected in a natural setting, there is an ability for immediate clarification, and this type of study provides contextual information. In contrast, the researcher's interpersonal skills may interfere with the research process, or misinterpretations could occur due to cultural differences. A lack of cooperation and lack of honesty or openness can be a challenge during the research process.

The qualitative, transcendental, phenomenological methodology was the design for this research study. Creswell (2007) emphasized the participants' perspectives being the essence of the study, while bracketing the voice and interpretation of the researcher so as not to influence the interpretation. This research study provides insight into the existing state of elementary school principals' role, at the time of this study, and their perspectives of the leadership responses necessary in supporting students who have experienced or are experiencing childhood trauma.

Research Context

The elementary public school leaders who participated in this study were serving, at the time of this study, in schools located in upstate New York. The enrollments in the schools that participated in the study ranged from 434 to 767 students between kindergarten through fifth grade (NYSED, 2017). Table 3.1 shows the demographic and ethnicity information illustrating the variation in ranges among the schools.

The Finger Lakes Region's suburbs include a significant amount of agriculture. The Office of the New York State Comptroller (2017) indicates 21% of the state's farmland is within the Finger Lakes Region. The area is well known for the many

universities and graduates of specialized skills in desired jobs. However, many graduates find employment outside of New York State. There is a significant number of unemployed and unskilled residents in the suburban and urban areas of New York State who are living in poverty (Office of the New York State Comptroller, 2017).

Table 3.1

Demographic and Ethnicity Range Information

Demographic Information	Demographic Range (%)
Economically disadvantaged	57–92
Students with disabilities	13–27
Ethnicity Information	**Ethnicity Range (%)**
White	5–74
Multiracial	3–5
African American or Black	10–34
Hispanic	11–60
Asian	1–3
American Indian	1

The population of the Finger Lakes Region is less diverse than that of New York State. The counties average between 72–96% White, non-Hispanic residents, compared to 57% White, non-Hispanic residents statewide (U.S. Census Bureau, 2015). The median household income in the Finger Lakes Region in 2015 was between $46,359 and $52,564, compared to $59,269 statewide (U.S. Census Bureau, 2015).

Research Participants

The research participants were selected using criterion sampling based on their existing role as an elementary school principal at the time of the study. Each participant

met the criterion of being elementary school principal with at least 3 years of experience in an urban or suburban elementary school.

The sample size was six participants from urban and suburban districts. The sample size included principals who were selected from a range of urban and suburban schools and who had lived experiences with students who had experienced childhood trauma, and they could engage in the research study. Superintendents from the selected school districts were contacted via email before the research study, to seek support for the study. A follow-up email with an attached letter seeking written support to include for submission to the St. John Fisher College Institutional Review Board (IRB) was sent (Appendix A).

Once the IRB approved this study, the participants were recruited by personal contact through an email explaining the research study, time commitment, and informed consent process (Appendix B). The email included the purpose of the study, the way the information would be collected in the study, how the information would be used, the participants' roles, and information for the participants regarding the withdrawal process from the study at any point in time during the interviews. A follow-up phone call occurred within 3 days to the participants' workplaces to confirm receipt of the letter, their interest in participation, and to coordinate appointments for interviews if the participants agreed to participate (Appendix C). Each participant signed an informed consent form (Appendix D). The researcher assured the participants that anonymity and confidentiality would be upheld by removing all identifiers, including names of the participants and the locations, settings, and dates of the interviews.

Instruments Used in Data Collection

The instruments used in this study comprised the researcher, field notes, a research notebook, two recording devices, and semi-structured interviews. Each instrument played a role throughout the different phases of the data collection.

The field note form supported the semi-structured interview sessions. The form included the date, location address, room specification, type of setting, and timeframe in the header section. Two columns included an area for observation notes and another column was available for comments.

The research journal was integral throughout the research process. The information recorded by the researcher maintained the research journey for data analysis and reference points. Personal notes and reflections of the researcher were included and referred to throughout this research study.

Focusing on the individual lived experience of each elementary school principal in the study was the framework. The semi-structured interview was the primary strategy for the qualitative research procedure. The degree of interaction was more personal (Marshall & Rossman, 2016). Each principal read the definition of childhood trauma used in this research study. The interview questions were asked with follow-up questions or clarification when needed (Appendix E). The time the researcher and participant spent together varied from 30 to 75 minutes, given the open-ended questions presented. The overall goal was to seek deep insight into the participants' experiences by listening to their stories and experiences using their words. Before the study, the researcher met with school principals who would not be participating in this study to conduct field tests. The field tests provided the researcher with time to review the responses, in comparison with

the research questions, to ensure the level of depth for the study. Several revisions to the research questions were necessary in preparation for this research study.

Procedures for Data Collection and Analysis

The researcher was the instrument in the data collection. As noted by Marshall and Rossman (2016), consideration of the researcher's role is critical throughout the process. The researcher's role includes personal feelings, beliefs, and perspectives. Ongoing reflection and self-check notes were critical components of the research tools.

The participants were contacted by letter to participate in the study. Each participant interested in the study had support from the superintendent of the school district in which the school principal was employed. The researcher contacted the participants by phone or email. The consent form emailed to the participants obtained the signed confirmations. Once the confirmations were received, the interviews were scheduled through a phone call or an email. The interviews took place at the participants' offices or via a video conference call. Two recording devices secured the participants' words, expressions, and pauses throughout the interviews. The recordings were transcribed by a computer software program, Rev, which had been previously tested by the researcher.

Semi-structured interviews were the method for collecting the data. The transcribed recordings were for use in the analysis process. The transcription was read and reread by the researcher, and the process is known as becoming intimately engaged with your data (Marshall & Rossman, 2016). In the initial phase of analysis, the data was organized. The initial phase also included logging, recording, editing, and performing whatever tasks necessary to ensure the data was prepared for initial analysis.

In vivo coding guided the data set development. In vivo codes provided the researcher with the first-cycle method to capture the participants' responses upholding their words and perspectives (Saldaña, 2016). In vivo coding showcases the participants' words and provides integrity to their stories. The first step in this process was for the researcher to read a transcription through, in its entirety, and make notes. Next, the transcript was reread, line by line. Relevant words, phrases, sentences, or sections were coded. The coded information consisted of repeated information, something that was interesting, something the participant emphasized, or information that was connected to the research. The in vivo coding was repeated with each transcript. Then, the essential codes were determined to create categories. Within these categories, several codes were listed. Next, the categories were labeled, and the researcher determined the ones most relevant. Once the coding method was tested, further reflection and discussion were used to determine the second cycle method in the qualitative coding analysis. Connecting the categories by describing them was used to formalize the results of this study (Saldaña, 2016).

The final categories were synthesized to develop a model illustrating the findings of the study. The model has the potential to inform leaders about the participants' responses to supporting students who experience childhood trauma.

Chapter Summary

This research design is a transcendental, phenomenological, qualitative method that gains the perspective of the elementary school principal's leadership response in addressing childhood trauma. The context included urban and suburban schools in the Finger Lakes Region in upstate New York. The anticipated participants were selected

through a criterion-based sampling meeting the criterion of at least 3 years as an elementary school principal at the same school. The semi-structured interviews were conducted in the principals' natural environments or via a video conference call once the consent form was received. In this way, the complex data analysis process was initiated.

In conclusion, the research design was to conduct a qualitative phenomenological study to gain the perspective of elementary school principals' leadership responses regarding childhood trauma. Specifically, the study investigated the types of incidences of childhood trauma that had occurred in the principals' schools over the preceding 2 years, the leadership actions that were taken in the participants' schools to prepare for and respond to students who experience childhood trauma, and the barriers or challenges to organizational change to develop and improve the schools' responses in supporting students who experience childhood trauma. By gaining the data of the leaders' lived experiences, information for further solutions, and additional research to address ACEs, the long-term impact of mental health issues and reduced life skills outcomes in adulthood may be mitigated.

Chapter 4: Results

Introduction

  The purpose of this study was to gain insights from elementary school principals regarding the topic of childhood trauma. The six participants in this study articulated reflective responses about childhood trauma throughout the semi-structured interview process. Each participant had a variety of experiences teaching and leading in urban and/or suburban schools. The participants' voices and words revealed their knowledge and commitment to their current role (at the time of this study) as an elementary school principal addressing childhood trauma.

  Common themes were evident throughout the process of data analysis in response to the three research questions. The themes include the scope and confirmation of the definition, acceleration, school as a safe place, anticipation, dependence, system inconsistency, and supportive and supported. The identified themes went through a rigorous analysis of each participant's interview transcription. In vivo coding was the foundation for developing the themes. The researcher used journaling and self-reflection to keep epoché from intruding in the study.

Research Questions

  The findings are reported in response to the three research questions:

1. What types of incidences of childhood trauma, as defined in this study, have elementary school principals experienced in their schools over the past 2 years?

2. What leadership actions have elementary school principals taken in their schools to prepare for and respond to students who have experienced childhood trauma as defined in this study?

3. What are the barriers or challenges to organizational change for elementary school principals in developing and improving their schools' responses to support students who have experienced childhood trauma as defined in this study?

Data Analysis and Findings

The data analysis and findings are organized based on each research question. Specifically, Research Question 1 articulates the findings based on the lived experiences of elementary school principals with respect to the incidences of childhood trauma. The findings from Research Question 2 depict the preparation and response elementary school principals engaged in. Lastly, the analysis of Research Question 3 presents the findings centered on the barriers and challenges elementary school principals face in supporting students who experience childhood trauma. The results of the coding process formulated specific categories connected to each research question, which created themes and subthemes.

Research Question 1. In Research Question 1, the first category, incidences, emerged based on the question and the information the participants shared. The definition of childhood trauma was used frequently when referring back to describe the stories and experiences the elementary school principals shared. In the data analysis, the participants' responses led to two themes: (a) scope and confirmation and (b) acceleration. The scope and confirmation convey the validity and depth of the definition of childhood trauma.

Acceleration refers to the increased number of students who experience trauma during childhood over the past 2 years of age. Table 4.1 illustrates a summary of the research question, category, theme, and subthemes.

Table 4.1

Summary of Research Question 1; Category, Themes, and Subthemes

Research Question	Category	Theme	Subtheme
What types of incidences of childhood trauma, as defined in this study, have elementary school principals experienced in their schools over the past 2 years?	Incidences	Scope & Confirmation Acceleration	Reality of the definition Current disruptive events Daily Complexity

Scope and confirmation of the definition. The definition of childhood trauma used in this study includes any experience children from 0 to 17 years of age encounter where they feel hopeless; helpless; fear for their life, safety, or survival; or fear for the life, safety, or survival of a loved one. This includes neglect, physical and sexual abuse, domestic violence, natural disasters, incarceration of a loved one, accidents, and war (Soma & Allen, 2017).

The two subthemes were (a) the reality of the definition and (b) current disruptive events. As the participants shared their lived experiences, the words in the definition provided images and stories of real students. The disruptive events, at the time of this study, are described as the COVID-19 pandemic and the outcries of the inequalities due to racism: both were disrupting the world.

All of the participants validated Soma and Allen's (2017) definition of childhood trauma. However, the depth and frequency varied. The participants shared stories about the trauma their students experienced. Some of the elementary school principals

highlighted the intensity of each portion of the definition with specific details and emotions. At the same time, two of the elementary school principals acknowledged only one or two parts of the definition as being pertinent in their setting. Participant 3 stated, "I would say that's [definition] extremely accurate." The reflection from Participant 5 provided specific details: "We encompass every single thing on your list [definition] except natural disaster and, right now, we are in a health disaster." The variance of responses from the participants led to considering the depth of knowledge and experiences the elementary school principals had in identifying and responding to students who experienced trauma during childhood.

Soma and Allen's definition was from 2017. The participants referred to possible additions to the definition because of the disruptive events at the time of the interviews. Participant 6 highlighted the disruptive state by sharing "we have got trauma, losing a loved one during COVID or trauma of experiencing the riots or hearing all the drama." Social media and the pandemic influenced student lives in traumatizing ways. Bullying caused trauma for students both at home and in school through social media platforms. The COVID-19 pandemic caused anxiety, an unexpected change in students' daily routine of attending school, and an increase in the inappropriate use of technology.

The reflections and experiences clearly articulated the validity of the definition by the participants. Given the disruptive events at the time of this study, the notion of making additions to the definition was suggested based on the participants' experiences. It is anticipated that when students and staff return to school, the implications of an increase of adverse childhood experiences in the school setting, brought on by the additional complexities of the disruptive events, may be magnified.

Acceleration. The theme depicts the changes and increases of students who experience trauma. The subthemes, (a) daily and (b) complexity, refer to the daily acceleration or daily increases in the numbers of children who were experiencing trauma and complexity refers to an acceleration or increase in the type or intensity of the traumas.

The consensus from all six participants indicates the accelerated change in the number of students who have experienced trauma during childhood in the 2 years previous to this study, in comparison to the years farther back in their teaching and leadership. Participant 1 stated, "my focus often is on things related to trauma rather than instruction." Participant 2 shared, "It impacts the day-to-day. Maybe that is their [students] most stable, positive part of the day." Participant 4 also shared "5 years ago, it would be maybe three or four CPS [Child Protection Service] calls [in a year]. We give one [call] a day now." The increase in students who experience childhood trauma, noted by all participants, aligns with the medical research showing the ongoing increase in mental health issues and negative life skills outcomes in adults (Copeland et al., 2018; Cummings et al., 2017; Moore & Ramirez, 2016). The intergenerational cycles continue to perpetuate the overall well-being of adults (Woods-Jaeger et al., 2018).

The complexity of students and their experiences have shifted. Student behaviors have become more challenging and unpredictable. Participant 1 discussed the changes in behavior prior to the extended times away from school. "You would see, leading up to long breaks, a lot of anxiety, just scared because they did not know where they were going to get the next meal. They did not know who they were going to be with." The complexity of instructional outcomes was addressed. Participant 2 explained,

I think it impacts the children's learning to a great extent, depending on the level

and depending on the student, too. Some kids are just more sensitive, some kids

are more resilient, and you may find they may not show signs of that, but it is

certainly impacting them, and it impacts their learning.

The participants identified students with disabilities and students who were high performing as vulnerable populations. Isolation from their peers due to unexpected behaviors or lack of social skills were described. A lack of resiliency and the probability of suicide ideation are negative factors resulting from peer isolation. Classroom rosters have an increase of four or more students who are at risk. Several of the participants conveyed the significance of the increase in students who experience childhood trauma and the increased complexity of the student trauma.

Therefore, Research Question 1 garnered the lived experiences from the elementary school principals that illustrated the reality of students who experience trauma. The daily focus on supporting students' mental health and well-being was unavoidable. The shift from a rigorous focus on academics was overridden by the complex needs of students' well-being.

Research Question 2. The data analysis identified the second category, preparation and response, which provides insights into the vision and steps the elementary school principals put forth to support students who experienced childhood trauma. Three themes arose: (a) safe haven, (b) anticipation, and (c) dependence. Within each theme, subtheme(s) evolved, providing details to the effort of the elementary school principals. The participants engaged in thoughtful dialogue, expressing the steps they took to prepare and respond to children who experienced trauma during childhood.

Table 4.2 provides a summary of the category, themes, and subthemes of Research

Question 2.

Table 4.2

Summary of Research Question 2; Category, Themes, and Subthemes

Research Question	Category	Theme	Subtheme
What leadership actions have elementary school principals taken in their schools to prepare for and respond to students who have experienced childhood trauma as defined in this study?	Preparation & Response	Safe Haven	Modeling
			Capacity building
		Anticipation	Social/Emotional focus
			Professional learning
		Dependence	Community resources

Safe haven. A common theme expressed by the participants about the importance

of school being a safe haven is in alignment with the Moore and Ramirez (2016) study. A

safe haven equates to a safe school. Participate 2 discussed the importance of school as a

safe place. "I do think school can be a safe haven for kids. If there is trauma outside of

the school, the school can really be a hub to help kids." Participant 3 stated, "They

[students] are part of the school family. No matter what is going on at their home, when

they are at school, it is a good thing."

The two subthemes that emerged from the participants' words that described

school as a safe haven were (a) modeling and (b) capacity building. The elementary

school principals' words and actions played an integral part in providing a safe place for

the students.

Modeling evolved as a subtheme, which included the participants' behaviors and

actions. The participants celebrated staff and students, articulated a vision, and

emphasized the significance of building relationships and connections. Participant 5

46

shared, "people look to me to lead." Participant 3 articulated the specific modeling for students and staff. "I want you talking with kids, walking around, interacting, smiling. When the kids are here, take every moment to say hi as you are modeling what you expect." Clear expectations were embedded within all the participants' responses.

Celebrating and the importance of a universal message was a foundational component of the participants' modeling behaviors. Participant 2 referenced celebrating and the importance of a universal message. "It is branding, almost, sending the message out and branding who we are and what we expect." Sharing weekly messages celebrating short-term wins, highlighting the actions and responses of staff, and validating the short-term wins provided a model for staff to replicate with students. Participant 5 reflected on the messages shared with the staff. "The messages emphasize students first. Our hearts are all in the same place when it comes to working for children."

The participants modeled building relationships and making connections with students and their families. By developing these relationships with all stakeholders, the participants were able to be involved and supportive of students who experienced trauma. Participant 5 shared that "Kids are more resilient; the more positive experiences they have and the more relationships they have. We try to build that into their school day." Participant 2 highlighted:

> This is important work, absolutely critical. Our relationships! How powerful this support can be for kids to take time to talk about situations. They need a place to unpack that burden, have a safe place. We are talking about this (trauma). We are focusing on it.

Modeling the action of building relationships is a component of preparing and responding to students who experience trauma. Participant 6 shared, "Let us wrap our arms around the kids and love them and not keep sending them out. That is what they are used to—is that abandonment. That is what they expect."

The second subtheme, capacity building, evolved from the struggles, procedures, and need for an increase in knowledge. Building capacity was ongoing work for all six participants. Participant 1 spoke about the reality of "people's actions do not always reflect their written or spoken philosophy." Participant 1's focus was "How to expand their own capacity and how to be just a little more empathetic." Participant 3 stated, "We need to make sure we have the capacity."

Indeed, uncomfortable conversations occurred where the participants stayed grounded in their values and philosophies. For example, Participant 1 revealed,

How a lot of people really still like to talk about the kid that just wants to do well, and he is such a good boy, and he deserves to be in a place that's not disrupted or disruptive. So, pushing back on some of that stuff.

The participants recognized the connection between capacity and creating a safe place for students who experience childhood trauma. The stakeholders benefitted from observing the actions and words the elementary school principals employed to create a safe haven for students.

Within the data analysis, the steps to build capacity with the staff, to impact students who experience trauma, was crucial. The importance of building capacity was reflected by Participant 2 as, "Kids are the greatest number in the building, they can help or hinder the process. [Kids who experience trauma] impact the day-to-day routine." The

need for a unified approach, so teachers see themselves as the primary Tier 1 instructors of social-emotional learning is the foundation for building capacity in schools. Participant 4 emphasized, "It is helping them [to] not take things so personally, have a deeper understanding of trauma, and how it nests itself in day-to-day behavior." Participant 5 highlighted the importance of all-staff involvement. "Building capacity in the school with everyone. All view themselves as the first line of defense for kids. The responsibility has shifted so that teachers see themselves as responsible."

Capacity building requires systems to be in place. The systems involve data tracking, committees, and common expectations. Participant 2 worked with a team to determine students' needs. "Do they have connections with other adults? [We] identify those most at risk." The participants discussed the systematic ways data was tracked to monitor, to record action steps, and to follow up when addressing the needs of students who experienced trauma. Committees were created to provide the necessary supports and develop the culture of a safe environment. Participant 1 referenced the work of a committee. "Strong PBIS (positive behavior intervention systems); my PBIS committee is strong." Each participant described their approaches to identifying and supporting students who experienced trauma. The approaches varied; however, the common goal of providing a safe environment, a safe haven, was evident.

Anticipation. The (a) social-emotional focus and (b) professional learning subthemes emphasize the way the participants anticipated what was necessary to support their students. Staff needed to understand the multifaceted elements of social and emotional development. The elementary school principals strived to provide professional learning experiences.

Participant 2 summarized the perspective of all the participants. "All of my professional literature does not talk about increasing test scores and rigor. It talks about how kids are feeling, and it talks about the social-emotional realm." The interventions and strategies employed throughout the schools focused on social-emotional learning. "We need to be more strategic, I think, about making it [social-emotional learning] more school-wide and uniform" (Participant 5). Participant 5's remarks illustrated the consensus shared by all the participants. A multitiered system was described as an avenue to addressing student social and emotional needs.

Participant 1 shared that students were learning to self-regulate. Restorative practices were being utilized to strengthen students' responses during triggering events, which was highlighted by the participants. Several of the participants referenced the routine of morning meetings, time for mindfulness practices, and systems for students to seek help as an avenue to build a culture and safety for the students.

Ongoing focus about social-emotional learning occurred through staff meetings and informal conversations. Participant 1 shared, "We monitor, we record, and then [we] present back to staff." Participant 2 shared how the staff "modeled morning meeting techniques during faculty meetings to show the purpose." Participant 5 spoke of responding to the staff requests for support. "[I] bring in training for staff. There are grassroots efforts through [the] shared decision-making team." Each participant anticipated students' needs and developed actions to prepare staff in responding to students who experience childhood trauma.

Dependence. Schools are held responsible for educating all students; as the participants shared their insights, the subtheme of community resources developed from

the data. Elementary school principals depend on others to assist and support students who experience trauma. Participant 5 talked about the creativity needed, "I tried to be innovative and resourceful while trying to meet our kids' needs. It is always hard because our numbers are really high of kids with needs. It literally takes us being innovative in order to reach everything." The participants made connections with community resources to address the needs within the schools. They valued relationships and support. Participant 1 believed that, "Successful communities have really powerful partnerships."

The participants identified the increased amount of mental health services necessary to address the existing state of their students. "The importance of mental health support for our students," was highlighted by Participant 3 throughout the interview. Participant 6 disclosed, "We really try to reach out to the community to bring them in to fill in some of the gaps we cannot do in school." The dependence on community resources was necessary because of the limited resources and depth of knowledge available in the school settings. Students who experience trauma during childhood benefit from trauma-informed and trauma-responsive education systems (Metzler et al., 2017).

Research Question 3. The third and final category, barriers and challenges, provides insights of the elementary school principals' perseverance in advocating for the supports necessary for students who experience childhood trauma. Within all organizations, there are barriers and challenges to overcome as a leader. The data analysis uncovered two themes in response to Research Question 3: (a) system inconsistency and (b) supportive and supported. The first theme, system inconsistency, acknowledges the complexities within the school setting. The second theme, supportive and supported,

highlights the perspective of the principals' role for others and for themselves. Table 4.3

provides a summary of Research Question 3's categories, themes, and subthemes.

Table 4.3

Summary of Research Question 3; Category, Themes, and Subthemes

Research Question	Category	Theme	Subtheme
What are the barriers or challenges to organizational change for elementary school principals in developing and improving their schools' responses to support students who have experienced childhood trauma as defined in this study?	Barriers & Challenges	System Inconsistency	Staff struggles Financial Implication Decision Makers External supports
		Supportive & Supported	Stakeholders Self

System inconsistency. The four subthemes, (a) staff struggles, (b) financial implications, (c) decision-makers, and (d) external support system, impacted the goals of the participants. Each barrier or challenge provided examples that the participants navigate within their school settings.

There were staff struggles with staying on course with the interventions and systems put into place to support students who experienced trauma. Participant 1 shared, "They [teachers] all approach it [the intervention] differently. I do not think it is structured enough." The participants' staff struggled with providing the consistent support reflected in all six interviews. A consensus regarding knowing what is needed to support students and staying within the constraints of teacher contracts presented significant challenges for the participants. "The teacher contract states that if we are going to meet about something, it has to be done during the school day," was expressed with frustration from Participant 3. Similarly, Participant 6's frustration was evident when he/she shared "Union rules and union contracts sometimes go against what we want to do as a school."

Financial barriers took a toll on the goals of the participants. Participant 5 communicated that "The organizational barrier is budget." The budgets impact class size, programs, and resources, which can change from year to year and is determined by the district office leaders and state funding. Each year, the participants respond to the vision set by the district office leaders. At times, the principals were involved in the decision-making process for budget development. Other times, they were not.

Furthermore, Participant 5 highlighted the impact of district-level leadership changes and implications. "Leadership at the district level changes often. Different district leadership has different philosophies in terms of principal input and early intervention." Participant 3's remarks illustrated the challenge of addressing the needs of students who experience trauma and the relationship to class size. "Larger classes last year, we had well over 700 calls. Smaller class size this year, we have only 35 calls. It is a combination of factors. When it is a smaller class size, teachers are better able to handle situations." Class size is a direct consequence of the goals and values of a district leadership team.

In addition, to address the increasing needs of students who experience trauma, an increase in staff and programs creates a financial need. Participant 1 reflected, by stating, "if [we had] more money, we could offer after-school programs and mental health wraparound support." The participants had systemic solutions that included lowering the staff-to-student ratio. The stronger connection between the teacher and student, the better the outcomes. Nevertheless, the participants lacked the control or power to make these decisions.

Each participant referenced decision-making power, which included the district office leadership and staff unions. The expectation was the participants lead the staff in their buildings and to "follow the policies and procedures of the district," as Participant 4 reflected. The participants were not always a part of the budget decisions, and the ongoing mismatch of academics versus social-emotional goals perpetuated the challenge of addressing students' needs. A plan for securing more mental health staff and consistent programming was lacking.

External supports compounded the challenge of the participants securing more support for students. The participants indicated the need for fewer criteria, more options for after-school support, and they acknowledged the fact of the overtaxed community resources. A desire to have criteria and paperwork removed to address student needs at the moment would improve the school's access to external supports.

Each participant expressed concerns with system inconsistency. The common challenge for the participants was lacking the ability to be active and critical players in creating systems that directly benefit their students.

Supportive and supported. The second theme of Research Question 3 reviews the participants' responses to the barriers and challenges in the two subthemes: (a) stakeholders and (b) self. The participants recognized their role in supporting all stakeholders in a differentiated manner. Second, they admitted the challenge of not being supported and the difficulties as a leader.

The structure of supporting stakeholders is multifaceted. Whether it is a staff member, student, or family member, the guiding principle from the participants' lens is

one of clear expectations coupled with an empathetic approach. One example is the perspective Participant 6 described.

> When we are dealing with students with trauma, having adults who have experienced trauma [to] work with them has been challenging. I have had teachers who are trying to resolve or help a student that has trauma, but that has triggered something, and then they have had to go home because they are so distraught. . . . I think taking care of the staff, so that the staff can take care of the kids and recognizing that if the staff has their own trauma, they might not be the one to help the student with that issue.

Taking the time to stay connected with stakeholders benefits the culture and climate. The participants all referenced the importance of communication. In the next example, Participant 4 described the steps taken. "When things happen, we give communication to parents, pull staff together to share information. The mental health team communicates with the teacher . . . help teachers feel supported. Teachers deal with the kids; I help support them along the way."

References were made by the participants, highlighting the way supports were provided to staff and students. The supports included faculty meetings, opportunities for staff to lead, relieving teachers by taking over a lesson, or removing a student to provide a break. Participant 1 shared a way to approach all staff. "Faculty meetings, for some education time, where I had some people help lead. We conducted a circle and embedded some of the practice and enhancing or encouraging them to experience the philosophy behind some of the things."

The subtheme, self, represents the need for the elementary school principals' self-care. Throughout the interview process, the participants expressed feelings of frustration and exhaustion. The repeated conversations; repetitive support, time, and expectations; additional responsibilities; and feelings of ultimate responsibility were the root cause for these feelings. The participants referenced a focus on self-care as they recognized the isolation of their role.

Repeated conversations with staff to accept their role in supporting students with trauma caused frustration for the participants. Participant 1 reflected on the challenge of "getting people to think and act differently." Also, Participant 3 admitted, "Despite all the work, when things get emotional, some teachers just kind of regress."

The participants stated the feeling of exhaustion due to the repetitive nature of their support. "It is difficult because they are children, and based on what we know has been going on with the family, it is just exhausting," stated Participant 3 candidly.

The amount of time and increase in expectations magnified the frustration and exhaustion the elementary school principals referenced. Participant 2 shared:

Time is always a great challenge. As much as we try to plan our day and the responsibility, you have to complete observations, meetings, and then [you are] expected to lead all this work. It is not like Disney, where they have their whole Imagineering department that does that work. We are building a plane in flight, and I think that is a challenge.

Participant 2 stated, "if our focus is on everything, then nothing gets done. Schools are being asked to do much more. We do not have the supports to really do it all."

Elementary school principals are seen as the ultimate power in a school. Stakeholders look to them for guidance, support, and solutions. Participant 1 voiced,

Nobody wants to know you are closing your door for a minute to collect your thoughts because they have this superhuman view of what you are and what you're supposed to do. That feels overwhelming for a leader to meet.

Participant 2 stated, matter of factly, "there is really no one other than the principal to pick up the pieces or to undo any damage that's been further caused by staff members." Participant 4 addressed the stress when saying, "I think we carry it [daily stress related to students]. We do not even realize it. It is just what we do every day."

The need for self-care was readily admitted by the participants. The participants identified solutions that would benefit the students and provide support for themselves, the participants. "Having a student success coach there every day would be ideal, just as a resource. Someone here to help take care of certain instances, to repair the relationships," was shared by Participant 1. Participant 6 expressed a solution: "to ensure that there is enough staff in the building that can try to support all the kids." "I think that understanding we are all mental health providers to a certain extent," was conveyed by Participant 4. In the end, the participants communicated the underlying solution expressed by Participant 6: "Having every staff be empathetic to the kids," is what is needed.

Summary of Results

This research design was a transcendental, phenomenological, qualitative method that gained the perspective of the elementary school principals' leadership response in addressing childhood trauma. The context included urban and suburban schools in the

Finger Lakes Region in upstate New York. The anticipated participants were selected through a criterion-based sampling meeting the criterion of at least 3 years as an elementary school principal at the same school. The semi-structured interviews were conducted in the principals' natural environments or via a video conference call once the consent form was received. In this way, the complex data analysis process was initiated.

The purpose of this qualitative phenomenological study was to reveal the categories and themes that materialized from the data. The participants provided their lived experiences in response to supporting students who experienced childhood trauma. During the interview process, the participants shared the incidents, how they prepared and responded, and they described the barriers and challenges. Each participant answered the nine interview questions presented in Appendix E.

Each question generated responses to the one or more of the seven themes and one or more of the subthemes directly connected to the three research questions. The three categories that emerged from the data were: (a) incidences, (b) preparation and response, and (c) barriers and challenges. Within each category, a generated theme provided an in-depth analysis of each participant's lived experience. In the first category entitled incidences, the two themes identified were: (a) scope and confirmation and (b) acceleration. The second category, preparation and response, encompassed three themes: (a) safe place, (b) anticipation, and (c) dependence. The third and final theme, barriers and challenges, materialized the themes: (a) system inconsistency and (b) supportive and supported.

Table 4.4 illustrates the three research questions and the findings of the data analysis described as categories, themes, and subthemes. Although the data analysis

provided specific results for each question, the participants' lived experiences overlapped in some instances. The data analysis captured the essence by providing a glimpse into the way elementary school principals support students who experience childhood trauma.

Table 4.4

Summary of Categories, Themes, and Subthemes

Research Question	Category	Theme	Subtheme
What types of incidences of childhood trauma, as defined in this study, have elementary school principals experienced in their schools over the past 2 years?	Incidences	Scope & Confirmation	Reality of the definition
			Current disruptive events
		Acceleration	Daily
			Complexity
What leadership actions have elementary school principals taken in their schools to prepare for and respond to students who have experienced childhood trauma as defined in this study?	Preparation & Response	Safe Haven	Modeling
			Capacity building
		Anticipation	Social/Emotional focus
			Professional learning
		Dependence	Community resources
What are the barriers or challenges to organizational change for elementary school principals in developing and improving their schools' responses to support students who have experienced childhood trauma as defined in this study?	Barriers & Challenges	System Inconsistency	Staff struggles
			Financial Implication
			Decision Makers
			External supports
		Supportive & Supported	Stakeholders
			Self

The findings suggest that the participants understood the implications of students who experienced trauma during their childhood and the importance of providing a safe environment for those children. The participants recognized the scope and complexity of their roles. The commitment and urgency to create the organizational changes necessary to support students who experience trauma weaved throughout the participants' stories.

In the final chapter of this study, Chapter 5 presents a further summary of the findings, the limitations, and the implications for recommendations for stakeholders and researchers.

Chapter 5: Discussion

Introduction

In this chapter, the qualitative exploratory research study provides a summary of the elementary school principals' responses to addressing childhood trauma. The implications of the findings are discussed for leaders to contemplate. Limitations and recommendations are provided for further consideration.

Elementary school principals have the responsibility of leading a complex system. Students who encounter adverse experiences require a substantial level of preparation and support from the principal and the principal's decisions (Cowan et al., 2013). Phenomenology captured the lived experiences of participants, which unveiled the development of categories, themes, and subthemes through a qualitative analysis of each transcription.

The six participants were elementary school principals with at least 3 years of experience in their current role. The semi-structured interviews were conducted in person or via video conference call. Each participant shared lived experiences in response to the nine interview questions. During the time of the study, school closures occurred across the demographic area due to the COVID-19 pandemic. The participants' responses included stories about the implications of the pandemic on students who experienced trauma.

The interview transcripts prepared the foundation for the data analysis. In vivo coding was used to analyze the participants' lived experiences based on their own words

and reflections. The in vivo coding was conducted in phases. The first coding phase provided the foundation of reading and listening to confirm the accuracy of the transcripts. The second phase provided the thorough rereading of each transcript. Phase three was the first step in the in vivo coding process. The researcher reviewed and coded the transcripts to gather words or phrases that evoked interest or commonality between the transcripts. In phase three, in vivo coding was reviewed and repeated to ensure the clarity and understanding of the participants' lived experiences. In phase four, categories evolved, leading to themes and subthemes. The categories highlighted a word or key phrase found within one of the three research questions.

Trustworthiness is an essential consideration for a qualitative study (Marshall & Rossman, 2016). Credibility, dependability, confirmability, and transferability are the components of a trustworthy study. Ongoing conversations with colleagues, cohort members, and dissertation committee members established the credibility of this study. The collaborative conversations provided opportunities for feedback about the categories, themes, and subthemes. The time engaging in dialogue with others provided insight for further reflections and revisions. The lived experiences each participant shared were unique and reflective. The credibility of the study was evident in the multifaceted input from the participants, cohort members, and committee members. Dependability found within the procedures and process of the study is replicable. The process included the research design, interview procedures, and data analysis shared in previous chapters of this study.

Confirmability includes the researcher's commitment to epoché throughout the study to capture the participants' voices and feelings in response to this study's focus.

The journal and notetaking procedures provided the audit trail necessary for the analysis and findings. The transferability of this study is plausible based on the detailed information shared in Chapter 3. The detailed information includes the purpose of the research, the participant criteria, and the research methods. Therefore, the implications of the findings are grounded in the necessary components of a trustworthy research study.

Implications of Findings

This study provides insights into the three categories that emerged from the data: (a) incidences, (b) preparation and response, and (c) barriers and challenges. Within each category, a generated theme provided an in-depth analysis of each participant's lived experience. In the first category entitled incidences, the two themes identified were (a) scope and confirmation and (b) acceleration. The second category, preparation and response, encompassed three themes: (a) safe place, (b) anticipation, and (c) dependence. The third and final theme, barriers and challenges, materialized the themes: (a) system inconsistency and (b) supportive and supported.

Throughout the data analysis, the participants' words overlapped within each of the three categories. The Whole Child Leadership schematic illustrating the complexity of educating the whole child, in addition to the multidimensional components of childhood trauma, is shown in Figure 5.1. *Educating the whole child* is a term used to describe addressing the social, emotional, physical, and academic development of a child. In this research study, the challenges and impact of a student who experienced childhood trauma influenced the objectives of the leader. Therefore, the findings of this study include the connection between incidences, preparation and response, barriers and challenges, and educating the whole child. In Figure 5.1, the multifaceted objectives

placed upon elementary school principals funnel into the importance of being a *whole child leader*.

Incidences. The participants' stories about students who experienced trauma and the implications for the culture and climate of the school validated the definition of childhood trauma (Soma & Allen, 2017). The increase in students experiencing trauma was recurrent in each interview. The descriptions, intensity of the stories, and the reflective pauses implied an extreme level of complexity in addressing the needs of students who experience childhood trauma. This implication layered onto the goals of the school in addressing academic, social, emotional, and physical growth presents a complicated path for leaders to navigate.
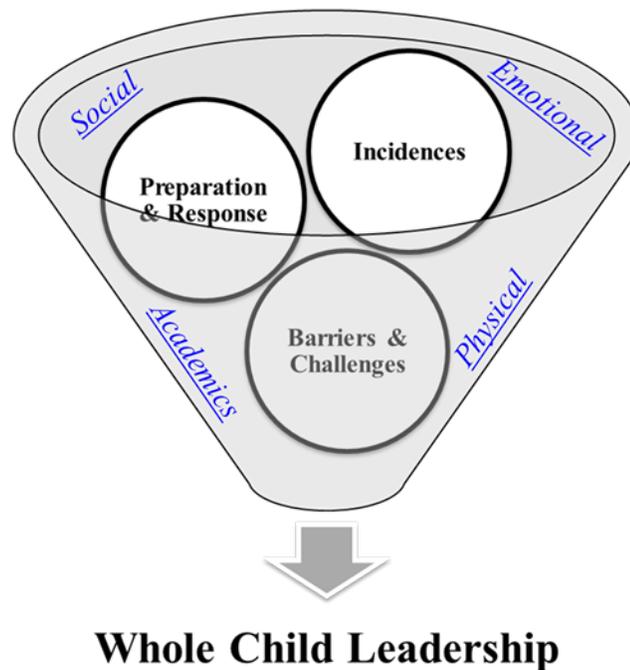

Figure 5.1. Whole Child Leadership.

Preparation and response. The participants' references provided clarity regarding the continuous groundwork necessary for addressing adverse childhood

experiences within the school setting. The words and actions of the leaders laid the foundation to influence stakeholders in joining the efforts. Their response and preparation set the stage for the way staff uphold the academic, social, emotional, and physical development of students. Robust systems for ongoing staff development require the attendance of all individuals supporting students.

A ripple effect occurred in the schools. The size of the ripple was dependent on the number of stakeholders, staff, and community resources who understood or were willing to learn more about trauma-informed practices. Elementary principals prepare and respond to situations in the moment, and the ongoing adverse experiences students encounter. A crucial component of educating the whole child is the leader's ability to provide consistency and clarity in addition to holding staff accountable for how relationships and interactions occur.

Barriers and challenges. Each participant reflected their level of frustration, balanced with the commitment to overcome their frustrations. The leaders had varied knowledge and skillsets to navigate ways to address, avoid, or overcome obstacles in their way of meeting the needs of students who faced adverse experiences. The overarching evidence was clear. The leaders did what they believed was necessary to educate the whole child. The complexity of children's needs must be articulated and overcome.

The elementary principal understands and communicates the importance of promoting student development. The academic standards outline expectations for appropriate benchmarks. Small and gross motor skills are critical for physical development. The relationships students build in a safe environment foster their social

and emotional well-being. The ongoing commitment to present the necessary safeguards for students who experience childhood trauma is vital, upholding the goals of educating the whole child.

Whole child leadership. This study provides the perspective of elementary principals and their role in combating adverse childhood experiences. In the literature review, no other studies provided insights from the educational leaders in an elementary school setting about childhood trauma. The data analysis results provide relevant information for superintendents, principals, and higher education leaders to consider in their roles. The overarching theme is for educational leaders to consider a whole child leadership approach.

Childhood trauma occurs within the home, school, and community. Leaders who recognize and understand the potential for many students to experience childhood trauma is critical. The likelihood of a student experiencing one or more adverse experiences is clear. Socioeconomics, religious beliefs, race, gender, or political affiliation does not matter as childhood trauma does not discriminate. The whole child leader must be an active participant of eradicating the outcomes of adverse experiences for students.

School leaders set the standards for selecting future school leaders. The standards must include a depth of knowledge and experience in educating the whole child and addressing the complexities of childhood trauma. Future school leaders should have the skills to lead and model trauma-informed practices.

Superintendents have the responsibility of setting a vision and mission for the school district. When implementing the district vision, elementary principals play a critical role in leading and facilitating the vision. Therefore, the voice and participation of

elementary principals should be involved in supporting the superintendent's decision-making process. Superintendents have the power to provide the groundwork necessary for elementary principals to prepare and respond to supporting students with adverse childhood experiences.

Elementary principals' realistic understandings related to staffing, budget, class size, and programming would assist the superintendent's role when addressing adverse childhood experiences. Elementary principals can provide the current state of their school community to develop systems that will support all students, including those faced with adverse childhood experiences. The elementary principals involved in the superintendent's decision-making process shared stronger reflections and skillsets around the work of supporting students who experience trauma. In contrast, the other principals' reflections indicated a disconnect and lack of involvement in the critical systems and decision-making process. The knowledge and experience of the leaders, who serve the staff and students in proximity, are a useful resource in supporting the vision and mission of the district.

Superintendents who listen, reflect, and respond to the perspective of the elementary principals will see positive outcomes for students. Also, the superintendent must look for elementary principals to articulate their goals in supporting students who experience trauma with data to show student profiles, staffing needs, and budgetary implications. Elementary principals should strive to lead trauma-informed schools to promote success for all students. Superintendents are vital in creating this platform for elementary principals.

Elementary school principals must address the complexities of childhood trauma with as much intention as ensuring students learn how to read and write. Throughout the research, the participants acknowledged the importance of shifting the schools' practices to support students in a trauma-informed manner. The missing piece was the systemic, prescribed manner regarding how to achieve this critical goal.

Kotter's (1996) change theory provides an approach to creating and sustaining change within an organization. Throughout the research and data analysis processes, the participants referenced portions of Kotter's (1996) eight-stage process. The steps include urgency, building a coalition, forming a strategic vision, enlisting a volunteer army, enabling action, celebrating small wins, sustaining acceleration, and instituting change. Each step influenced the development of the interview protocol. The lack of implementing a systemic organizational change process was evident. The participants' responses conveyed an underlying need for a sustainable system to benefit students who experience childhood trauma. Therefore, elementary school principals should implement a systematic organizational change process to address and eradicate adverse childhood experiences and resolve long-term implications.

Professional learning about trauma and lifelong outcomes must be ongoing and explicit for the principals. By participating in professional learning, the leaders will develop schema, build relationships with experts, and engage in collaborative networks. With an increase in knowledge and experience, elementary principals will have a more robust skill set for facilitating trauma-informed changes within the school setting. The principals will need ongoing professional learning, the capability to connect with

community resources, and the ability to join leadership networks. Elementary principals striving to lead trauma-informed schools will need support from district leaders.

Community resources are an avenue for elementary principals to access for support in cultivating a trauma-informed school. Elementary principals should be involved in activities in the social/emotional realms in the community to increase their level of understanding and access. The social/emotional experts in the community may provide mental health support, along with providing explicit information about ways to support students and families outside of school.

By participating in leadership networks, elementary principals will be able to learn and share their current reality with experts in the field. The medical, mental health and family service experts have information pertinent to educational leaders to use in combat against the negative outcomes of adverse childhood experiences. Elementary principals need to develop a structure within their schools to cultivate a multitiered system to address the needs of all students. A whole child leadership approach will facilitate the foundation necessary for educating the whole child under all circumstances.

The coordinators of higher education administrative preparation programs should consider ways to include trauma-informed learning opportunities within the coursework. Future leaders need to have the skill set to lead faculties in creating a safe environment for students. Leaders whose ongoing pursuit is to affect society through the education system must recognize how to support students who experience childhood trauma. The preparation would include learning about trauma-informed practices, having experiences in navigating community resources and experts in the field, and developing techniques to cultivate organizational change. Educational leaders would benefit from engaging in

rigorous learning experiences to develop their ability to address the complexity of educating the whole child. The whole child leadership approach could be the foundation for higher education coordinators to embrace in planning programs for current leaders.

Elementary principals play a crucial role in the climate and culture of a school. A whole child leadership approach provides leaders with the techniques necessary for addressing the complexities of students who experience childhood trauma in addition to attending to the academic, emotional, social, and physical development of all students. A whole child leader recognizes the students who face adverse childhood experiences, prepares and responds to their needs, and takes the necessary steps to overcome the barriers and challenges that may impede their long-term success.

Limitations

This qualitative phenomenological study gave insights into the lived experiences of elementary school principals in supporting students who experienced childhood trauma. The participants' candid, heartfelt responses described the reality in today's schools. Nevertheless, there are limitations to this study.

The perspectives of the elementary principals are limited to suburban and urban public-school settings. Further research could seek perspectives from elementary school principals in rural settings in addition to private schools in urban, suburban, and rural settings. By conducting a similar research study on a grander scale, outcomes, and confirmation of the transferability of this study may provide insight for future consideration.

The COVID-19 pandemic began during the data collection portion of this study. The unique and unprecedented circumstances during this atypical time may have

influenced the participants' responses. The shift in the elementary principals' approach to supporting students and staff in a decentralized manner may have influenced their responses. The principals were supporting trauma while possibly responding to their trauma due to the complexities of the pandemic. Also, the increased circumstances of racial inequalities and social justice highlighted by the pandemic may have influenced the participants' responses.

The information described in this research study emphasizes the importance of leaders tackling the complexities of adverse childhood experiences and educating the whole child. Students may be returning to school with more adverse childhood experiences due to COVID-19 and the ongoing injustice of racial inequalities. School leaders must recognize the reality of these possibilities. The timing of this study provides school leaders with the whole child leadership approach in eradicating these circumstances. Students need a safe school to develop substantial relationships with adults and peers in order to overcome adverse experiences and develop resiliency.

Recommendations

This research study focused on the lived experiences of six elementary school principals in upstate New York. Further research studies could gain perspectives from elementary school principals across the nation to identify school systems successfully addressing childhood trauma. By conducting a similar research study on a grander scale, outcomes and confirmation of the transferability of this study may provide insight for future consideration.

In addition, this study suggests a systematic organizational approach to addressing adverse childhood experiences. A future study could examine a school whose leader was

implementing an organizational change model with a focus on trauma-informed practices. The results may provide a lens for attaining academic, social, emotional, and physical improvements in outcomes for all students.

Furthermore, a longitudinal study focused on students with adverse childhood experiences who attended a trauma-informed school, and the students' life outcomes would be a worthwhile study. The study could provide information relating to breaking intergenerational cycles, improving mental health outcomes, and increasing the potential of healthy adult life outcomes. Pertinent information about the techniques used to connect with families, create collaborative relationships with the medical community, and provide a safe school for students may unfold.

This study further suggests that elementary school principals collaborate with outside experts in the field of trauma-informed practices. By seeking expert knowledge and practical techniques, elementary school principals will be able to broaden their skill set in promoting best practices. The collaborative network will create a resource for both parties to address further adverse effects and overcome the adverse outcomes for students.

The results suggest the need for an increase in professional learning experiences for elementary school principals and the staff they support. By connecting with experts in the field of trauma-informed practices, elementary school principals will gain information about research studies, professional literature, and names of consultants who provide professional development courses.

Next, developing a policy to create a consortium of medical, academic, community, and mental health experts to narrow in on the effects of adverse childhood

experiences within the community is necessary. This policy should promote an avenue for addressing intergenerational cycles and creating a multidisciplinary system to support the whole child. The multidisciplinary system would include recommendations from the consortium experts.

Additionally, this study suggests the necessity for NYSED to increase requirements for education certifications. All school personnel should be required to complete training in trauma-informed approaches before working with students and families. A certification renewal process every 2 or 3 years, ensures long-term commitment and understanding of the implications of adverse childhood experiences.

Furthermore, this study recommends that policies set by school boards should focus specifically on the addition of mental health personnel and professional learning for all school personnel to address adverse childhood experiences. The mental health staff would assist the principal in creating sustainable systems to ensure students receive appropriate supports. All school staff should have frequent opportunities to recertify as a trauma-informed member of the school district.

There is an imminent need for an increase in mental health supports in schools. The ESSA includes language to support an increase in mental health supports for students and families. However, the language allows the school districts to determine the spending of federal funding. The complexity of the ESSA does not require the funds to focus directly on students who experience childhood trauma. Policy and regulations should include specific information requiring an increase in mental health support in all schools as a component of mitigating adult mental health issues and adverse life outcomes.

Further federal funding centered on family supports to address intergenerational cycles to end adverse childhood experiences is vital.

The goal of being a whole child leader implies a depth of understanding of social, emotional, academic, and physical development in addition to trauma-informed practices. An increase in elementary school principals' schema will allow a shift in the trajectory of the organizations they lead. Trauma-informed and trauma-responsive education systems can minimize adverse outcomes for students (Metzler et al., 2017). Educational leaders play a crucial role in eradicating the negative outcomes for students that experience trauma.

Adverse childhood experiences have been proven to impact the lives of students into adulthood. The word mitigation is defined as the process or result of making something less severe, dangerous, painful, harsh or damaging. The definition of eradication is to do away with completely as if by pulling up the roots. Schools have the responsibility of providing trauma-informed practices to mitigate the negative outcomes for students. The question before us is why not eradicate the negative outcomes of adverse childhood experiences by improving the skillset of school leaders and staff in addition to breaking intergenerational cycles? We need to bring together school leaders, medical experts, and community members to address this crisis. Our students are suffering. Mental health issues and poor adulthood skills are on the rise. Whole child leaders can facilitate the eradication of negative outcomes for our students. Our students are depending on us!

Conclusion

The purpose of this study was to explore a phenomenon gathered from the lived experiences of elementary school principals in response to addressing childhood trauma to help mitigate the current mental health crisis in our nation (Santiago et al., 2018). Specifically, the elementary school principals' experiences, actions, challenges, and barriers were explored. The existing gaps in the literature include limited information from the elementary school principal's perspective. This research provides qualitative data about school leaders and their positions on childhood trauma and its implication on society.

The information gleaned from this study was in response to three research questions:

1. What types of incidences of childhood trauma, as defined in this study, have elementary school principals experienced in their schools over the past 2 years?

2. What leadership actions have elementary school principals taken in their schools to prepare for and respond to students who have experienced childhood trauma as defined in this study?

3. What are the barriers or challenges to organizational change for elementary school principals in developing and improving their schools' responses to support students who have experienced childhood trauma as defined in this study?

This study provides the elementary school principals' leadership responses in addressing childhood trauma. Safe school environments for students and staff is the responsibility of elementary school principals (Cowan et al., 2013). A trauma-informed

elementary school benefits students challenged with adverse childhood experiences (Santiago et al., 2018). The implications of trauma for children is demonstrated in all aspects of a child's development (Ganzel & Morris, 2011).

Approximately two-thirds of children experience trauma before the age of 16 years (Greca et al., 2018). Adverse childhood experiences have been determined to have an impact on health and comorbidity(Campbell et al., 2016). In addition, this study's results highlight risky behaviors, disability, and morbidity in adulthood (Campbell et al., 2016). There is increasing evidence regarding the way toxic stress or repeated adverse experiences can cause permanent damage to the developing brain (Boullier & Blair, 2018). The findings from Metzler et al. (2017) show that students who experience three or more adverse experiences may not graduate, may be unemployed, and may live in poverty.

Within schools, trauma-informed teaching interventions and professional development frameworks show positive impacts in supporting students who experience trauma (Durlak et al., 2016). Students have benefited from social-emotional learning skills, attitudes, and positive social behaviors.

Therefore, the purpose of this study was to provide insights lacking in the research to date. By listening to the voices of the elementary school principals, who are leaders in the field, practical information may set the groundwork for future research regarding how leaders can best support young children who experience childhood trauma in their early years.

The theoretical framework of organizational change was used as the lens to develop and study the research questions. The significance of this study is for educational

leaders to use as a guide in developing their organization to maximize the potential of educating the whole child. The findings add to the literature regarding childhood trauma and its implication on education systems, medical communities, and adult life outcomes. The design was a qualitative, phenomenological study to reveal the leadership response in addressing childhood trauma.

The participants were selected using criterion sampling based on their current role as an elementary school principal, at the time of this study, with at least 3 years of experience in their existing setting. The six elementary public school leaders who participated in this study were serving in either an urban or suburban school in upstate New York.

An interview protocol was developed in response to the literature about childhood trauma, research questions, and Kotter's (1996) change theory. The semi-structured interview was the primary strategy for the qualitative research procedure. The interviews were recorded and transcribed using a software service. Each transcript was thoroughly read while listening to each audio to ensure accuracy before the coding process.

The transcripts were read and repeatedly reread to identify codes. The codes emerged into categories, themes, and subthemes. The codes were frequently reviewed in conjunction with the research questions, during the analysis, to ensure correlation. The study investigated the types of incidences, leadership preparation and response, and the barriers and challenges to support students who experience childhood trauma.

The overall findings of the study provide a pathway for improvements within the leadership of elementary schools in addressing childhood trauma along with considerations for future research studies. Elementary principals need support from

district office leaders to mitigate the outcomes for students who experience childhood trauma. Ongoing professional development focused on trauma-informed practices is critical for elementary principals. Connecting with outside experts to learn from and network with will help support the mental health needs of students within the schools. Elementary principals must employ the steps of organizational change to systematize the structures necessary to address the complexities of educating the whole child. Leadership preparation programs need to include trauma-informed leadership experiences.

The implications of the findings emphasize how superintendents can support elementary principals, the complexity of the elementary principal role, and the changes higher education leaders can implement in leadership programs. The findings highlight the multifaceted avenues necessary to address the vital components of mitigating adverse childhood experiences.

This study provides essential information for educational, medical, and community leaders in addressing adverse childhood experiences and the implication of long-term outcomes. Burke Harris et al. (2017) reflected on the need for research, intervention, and policy to tackle childhood adversity. *Do not be the bear* is a phrase Harris (2017) used when educating others about their actions and implications for students who experience adverse childhood experiences. The challenge for educational leaders is complex. The intent of educating the whole child in addition to addressing the complexities of students who experience childhood trauma is multifaceted.

In addition, the benefits of this study are to provide elementary leaders with an opportunity to see the commonalities of the challenges faced by educational leaders. Also, this study emphasizes the importance of implementing an organizational change

model as a tool to develop and provide systemic changes within the school environment. Elementary principals may consider implementing the whole child leadership approach. Whole child leaders recognize the importance of educating the whole child in addition to navigating the complexities of adverse childhood experiences.

Finally, the most important potential benefit of this study is the impact on the lives of children. Students need educational leaders who acknowledge the ramifications of potential long-term outcomes if adverse childhood experiences are left unattended. Our nation's current mental health state requires leaders in all realms to lean in on making societal shifts. A focus on negating intergenerational cycles that perpetuate the adverse mental health and comorbidity for too many adults is vital. We need whole child leaders to develop safe havens for students, allowing them to be resilient, healthy, contributing adults to our society.

In conclusion, this study emphasizes the commitment to continuous learning focused on childhood trauma, in addition to the components of educating the whole child. Mental health needs have increased substantially in our nation. Elementary schools can play a role in combatting the long-term implications of adverse childhood experiences by providing a safe place for students. A whole child leader strives to create a school community that honors the academic, social, emotional, and physical growth of each student. A whole child leader knows how to navigate the course of mitigating adverse childhood experiences. By throwing one stone, the ripple effect begins. By taking a whole child leadership approach, educational leaders can tackle the complexities of leading a safe, trauma-informed elementary school.

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Appendix A

Written Support, Superintendent

My signature denotes support for Francine Leggett, a doctoral candidate in the

Executive Leadership (Ed.D.) program at St. John Fisher College, to recruit elementary

school principal(s). I understand this study will focus on the leadership response in

addressing childhood trauma in elementary school. I understand all information,

including that of the district and school, will be kept in strict confidence and will never be

associated with this study or within the dissertation.

Print Name	Date

Signature

Email _____

Appendix B

Principal Letter

Dear (Principal):

As a doctoral candidate in the Executive Leadership (Ed.D.) program at St. John Fisher College, I am in the process of researching the topic of the leadership response in addressing childhood trauma in the elementary school. I am interested in understanding the elementary school principals' perspective on adverse childhood experiences.

The purpose of this letter is to ask you to participate in this research study. I am conducting individual interviews with elementary school principals. By agreeing to participate, you would be agreeing to the following:
- Agree to meet at your school during a time convenient to you.
- Plan on meeting with me for 1 hour to respond to interview questions.
- Be prepared to be audio-recorded during the interview.
- Agree to the possibility of follow-up phone call(s) if clarification is needed when reviewing your responses.
- Contact your superintendent, informing of your participation. (I obtained their support before contacting you.)
- Read, sign, and return the enclosed informed consent form via mail or email.

Please be assured the district and school information will be kept in strict confidence and will never be associated with this study or within the dissertation. Participation is voluntary, and anyone can withdraw from the study at any time.

I appreciate your time and consideration. If you have any questions, please contact me at (___) ___-____ or _____@sjfc.edu. The Institutional Review Board (IRB) of St. John Fisher College will review and approve this research. I appreciate your agreement to participate noted by returning the attached agreement by Friday, February 21, 2020. Your willingness to participate in this study research has the potential to enhance the body of research addressing adverse childhood experiences in the elementary school setting.

Sincerely,

Francine Leggett
Doctoral Student, St. John Fisher College
Elementary School Principal, Schlegel Road Elementary School,
Webster Central School District

Appendix C

Phone Call Process

1. Three days after letters are mailed to elementary school principals, follow-up

   phone call to principal to schedule appointment

2. Explain the process

3. The consent form will be emailed, which will need to be returned indicating

   participation and consent

4. Ask if any clarification needed

5. Schedule interview

Appendix D

ST. JOHN
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St. John Fisher College Institutional Review Board

Statement of Informed Consent for Adult Participants

Childhood Trauma in the Elementary School: The Leadership Response in Addressing
Childhood Trauma

SUMMARY OF KEY INFORMATION:

- You are being asked to be in a research study to understand how school leaders
  are responding to students who have experienced trauma in the elementary
  school. As with all research studies, participation is voluntary.
- The purpose of this study is to add to the literature an increased understanding
  of the elementary school principal's perspective of supporting students who
  experience childhood trauma. Specifically, this study will seek information
  around the deficits within schools in addressing the needs of children exposed
  to childhood trauma. In this study, the following questions will be explored:
  What types of incidences of childhood trauma have elementary school
  principals experienced in their schools over the past 2 years? What actions have
  elementary schools principals taken in their schools to prepare for and respond
  to students who have experienced childhood trauma? What are the barriers or
  challenges for elementary school principals in developing and/or improving the
  school's response in supporting students who have experienced childhood
  trauma?
- Approximately nine people will take part in this study. The results will be used
  for adding to a body of empirical studies to decrease the mental health crisis in
  our elementary school students.
- If you agree to take part in this study, you will be involved in this study for
  approximately 1 hour with the possibility of a follow-up phone call or visit
  within t3 months of the initial interview. The researcher will follow-up at the
  end of the research to share the results at the end of the study by email.
- If you decide to participate, you will meet with the researcher in your office for
  approximately 1 hour. During this hour, the researcher will ask you open-ended

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> questions where your answers will be recorded electronically. The researcher may also take notes during the session.
> - We believe this study has no more than minimal risk. The minimal risks include the time given and sitting for the duration of the interview.
> - You may not directly benefit from this research; however, we hope that your participation in the study may benefit the decrease of mental health crisis we have in our society.
> - *No alternative procedures.*

DETAILED STUDY INFORMATION (some information may be repeated from the summary above):

You are being asked to be in a research study of to understand how school leaders are responding to students who have experienced trauma in the elementary school. This study is being conducted at a mutually agreed upon location. This study is being conducted by: Francine Leggett, doctoral candidate sponsored by Dr. M. Robinson in the Executive Leadership Ed D. program at St. John Fisher College.

You were selected as a possible participant because you are an elementary school principal, with 3 or more years of experience in the position, in an urban or suburban school in Upstate New York.

Please read this consent form and ask any questions you have before agreeing to be in the study.

PROCEDURES:

If you agree to be in this study, you will be asked to do the following:
- Meet for approximately 1 hour to respond to questions provided by the researcher while being electronically recorded
- Follow-up by phone or in person within 3 months if necessary, with researcher for clarification

COMPENSATION/INCENTIVES:

You will receive an incentive. At the end of the interview, you will receive a copy of Trauma Informed book.

CONFIDENTIALITY:

The records of this study will be kept private and your confidentiality will be protected. In any sort of report the researcher(s) might publish, no identifying information will be included.

Identifiable research records will be stored securely and only the researcher(s) will have access to the records. All data will be kept on a password-protected laptop t by the investigator(s). All study records with identifiable information, including approved IRB

documents, tapes, transcripts, and consent forms, will be destroyed by shredding and/or deleting after 3 years.

The data collected in this study as well as the results of the research can be used for scientific purposes and may be published (in ways that will not reveal who I am). An anonymized version of the data from this study may be made publicly accessible, for example via the Open Science Framework (osf.io), without obtaining additional written consent. The anonymized data can be used for re-analysis but also for additional analyses, by the same or other researchers. The purpose and scope of this secondary use is not foreseeable. Any personal information that could directly identify an individual will be removed before data and results are made public. Personal information will be protected closely so no one will be able to connect individual responses and any other information that identifies an individual. All personally identifying information collected about an individual will be stored separately from all other data."

VOLUNTARY NATURE OF THE STUDY:
Participation in this study is voluntary and requires your informed consent. Your decision whether or not to participate will not affect your current or future relations with St. John Fisher College. If you decide to participate, you are free to skip any question that is asked. You may also withdraw from this study at any time without penalty.

CONTACTS, REFERRALS AND QUESTIONS:
The researchers(s) conducting this study: Francine Leggett. If you have questions, **you are encouraged** to contact the researcher(s) at
(___) ___-____, _____@sjfc.edu.

The Institutional Review Board of St. John Fisher College has reviewed this project. For any concerns regarding this study/or if you feel that your rights as a participant (or the rights of another participant) have been violated or caused you undue distress (physical or emotional distress), please contact the SJFC IRB administrator by phone during normal business hours at (___) ____-____ or irb@sjfc.edu.

[If the study has the potential to cause physical or emotional distress, then you must direct participants to seek out an appropriate provider. If participants are SJFC students, then refer them to the SJFC Health and Wellness Center (385-8280). If participants are not SJFC students, then refer them to their healthcare provider or an appropriate agency.]

STATEMENT OF CONSENT:
I am 18 years of age or older. I have read and understood the above information. I consent to voluntarily participate in the study.

Signature:_____ Date: _____

Signature of Investigator:_____ Date: _____

I agree to be audio-recorded/transcribed _____ *Yes* _____*No*
Signature:_____ Date: _____

Signature of Investigator:_____ Date: _____

Please keep a copy of this informed consent for your records.

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Appendix E

Interview Protocol Questions

1. Describe the current state of your school and what is happening with students who have experienced trauma during childhood.

2. What are your thoughts as a leader about childhood trauma as defined in the study?

3. What types of incidences of childhood trauma, as defined in the study, have elementary school principals experienced in their schools over the past 2 years?

    a. How do these experiences affect your daily operations as an elementary school principal?

4. What leadership actions have you taken to prepare for these students?

    a. What supports would you like to have?

    b. How would you want your school to move forward in supporting these students?

5. How have you responded to students who have experienced childhood trauma?

6. What are the barriers to organizational change in developing and improving the school's response to supporting students who have experienced childhood trauma?

7. What are the challenges to organizational change in developing and improving the school's response to support students who have experienced childhood trauma?

8. Would you share a short-term win you have celebrated or plan to celebrate?

    a. In what ways do you think you can use these celebrations to sustain organizational change within the school?

    b. Describe your thoughts about this or the way you have started implementing these ideas.

9. Is there anything else you would like to share?