

Illinois State University

ISU ReD: Research and eData

---

Faculty Publications - College of Education

Education

---

2024

## The Unintended Consequences of Integrating Trauma-informed Teaching into Teacher Education

Kyle Miller

*Illinois State University*, kemille@ilstu.edu

Karen Flint-Stipp

*Illinois State University*, ksstipp@ilstu.edu

Follow this and additional works at: <https://ir.library.illinoisstate.edu/fped>



Part of the [Education Commons](#)

---

### Recommended Citation

Miller, Kyle and Flint-Stipp, Karen, "The Unintended Consequences of Integrating Trauma-informed Teaching into Teacher Education" (2024). *Faculty Publications - College of Education*. 35.

<https://ir.library.illinoisstate.edu/fped/35>

This Article is brought to you for free and open access by the Education at ISU ReD: Research and eData. It has been accepted for inclusion in Faculty Publications - College of Education by an authorized administrator of ISU ReD: Research and eData. For more information, please contact [ISUReD@ilstu.edu](mailto:ISUReD@ilstu.edu).

## The unintended consequences of integrating trauma-informed teaching into teacher education

Kyle Miller & Karen Flint-Stipp

To cite this article: Kyle Miller & Karen Flint-Stipp (28 Jan 2024): The unintended consequences of integrating trauma-informed teaching into teacher education, Teaching Education, DOI: [10.1080/10476210.2024.2307360](https://doi.org/10.1080/10476210.2024.2307360)

To link to this article: <https://doi.org/10.1080/10476210.2024.2307360>



© 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.



Published online: 28 Jan 2024.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)

# The unintended consequences of integrating trauma-informed teaching into teacher education

Kyle Miller<sup>a</sup> and Karen Flint-Stipp<sup>b</sup>

<sup>a</sup>School of Teaching and Learning, College of Education, Illinois State University, Normal, USA; <sup>b</sup>School of Social Work, College of Arts and Sciences, Illinois State University, Normal, USA

## ABSTRACT

In response to the growing need for trauma-informed teaching, more teacher education programs are incorporating trauma-informed content to prepare preservice teachers for their future classrooms. For this study, we examined student coursework and clinical experiences related to student trauma and trauma-informed teaching with a group of preservice teachers ( $N = 25$ ). A thematic analysis of written reflections and interviews revealed deficit-based ideologies connected to student trauma with minimal attention directed at student strengths and resilience. Preservice teachers viewed student trauma in relation to behavioral issues, as circumstances that teachers have to *deal with*, and as a result of family and community deficiencies. A few students recognized trauma in relation to resilience by viewing schools and teachers as a protective factor. Informal stories shared by cooperating teachers appeared to feed these deficit views, as well as some course-related materials and projects. Recommendations for teacher educators are discussed.

## ARTICLE HISTORY

Received 8 March 2023  
Accepted 15 January 2024

## KEYWORDS

Trauma-informed teaching; preservice teachers; deficit ideologies; resilience; clinical experiences

## Background

As research turns its attention to trauma and its effects, the pervasiveness and consequences of trauma are becoming increasingly clearer (Alisic, 2012; Cowell et al., 2015; Jennings, 2018; Van der Kolk, 2014). Most individuals have experienced at least one form of trauma, with a substantial number of individuals experiencing four or more forms (Centers for Disease Control and Prevention [CDC], 2020; Felitti et al., 1998). Trauma is not restricted to adults, and although children might not have the exact words to describe what they are experiencing, trauma is estimated to impact two-thirds of children in the United States (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). The death of a caregiver, witnessing violence, racial oppression, divorce, abuse, or loss of housing are just a few of the ways children face adversity in the United States and abroad (National Child Traumatic Stress Network [NCTSN], 2016). While some children seem to have adequate resilience for overcoming such adversity, the negative

**CONTACT** Kyle Miller  kemille@ilstu.edu  School of Teaching and Learning, College of Education, Illinois State University, Normal, IL 61790, USA

© 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

consequences of traumatic exposure can remain potent and long-lasting for others (Matte-Landry et al., 2023; Perfect et al., 2016; Pickens & Tschopp, 2017; Sonuga-Barke et al., 2017). In response, a growing number of schools are becoming ‘trauma-informed,’ and more teacher education programs are incorporating trauma-informed content to better prepare preservice teachers for their future classrooms (Anderson et al., 2015; Bonnett et al., 2023; Brown et al., 2022).

The movement toward trauma-informed training is long overdue, as mounting research supports the importance and effectiveness of trauma-informed practices (Jennings, 2018; Thomas et al., 2019), such as forming positive relationships with students, maintaining a predictable classroom environment, attuning to students’ needs, creating a democratic atmosphere, integrating culturally responsive social emotional learning, and practicing self-care (Anderson et al., 2015; Bonnett et al., 2023; Souers & Hall, 2016). Therefore, as teacher educators infuse the topics of childhood adversity and trauma-informed teaching into their work with preservice teachers, we assume that we are ‘doing good’ (Ginwright, 2018), but is there a cost? Limited scholarship focuses on the potential consequences of drawing attention to childhood trauma and trauma-informed practices with preservice teachers (Brown et al., 2020; Harrison et al., 2020; Haynes et al., 2023; Petrone & Stanton, 2021). Specifically, should teacher educators be concerned about deficit thinking or harm that may accompany a focus on trauma? The study aimed to analyze preservice teachers’ deficit-based and strength-based ideologies associated with student trauma and trauma-informed teaching, as well as who or what potentially informed those ideologies.

### ***Adversity and trauma***

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) study is perhaps the most well-known and impactful study related to trauma and its effects (Felitti et al., 1998). The study examined the personal histories of over 17,000 adults, with questions related to childhood abuse/neglect and household challenges in relation to adult health outcomes (CDC, 2020). The project famously linked early childhood experiences to long-term health consequences, drawing attention to the powerful and longitudinal impact of trauma. Additionally, it documented the high prevalence rates with more than half of the respondents experiencing at least one category of childhood adversity and a quarter of respondents experiencing two categories or more.

It is important to note that ACEs and trauma are not interchangeable terms or phenomena, although they have become conflated in mainstream society (Gherardi et al., 2022). While trauma is the body’s response to an event or series of events, it is not an event itself. Therefore, adverse childhood experiences may not always result in trauma and trauma is not always linked to childhood adversities. The CDC-Kaiser Permanente Adverse Childhood Experiences (ACEs) research was merely a starting point that prompted attention from professionals in various fields, such as education and social work, who recognized the need to better understand the impact of adversity and trauma on children’s development and learning (Leitch, 2017; Perfect et al., 2016; Pickens & Tschopp, 2017).

The educational research that subsequently emerged determined that childhood trauma could interfere with a child’s capacity to utilize their executive function

skills – influencing children’s self-regulation, organizational skills, comprehension of new information, and memory (Cowell et al., 2015; Perry & Daniels, 2016; Thomas et al., 2019; Wolpow et al., 2009). The interference is said to alter a child’s perception of their environment and cognitive assessment of what they should fear, which can hijack their neuropathways and send them into the survival portion of their brain (i.e. fight, flight, freeze mode) rather than the thinking portion of their brain (Brummer, 2021). The child’s response to any perceived fear is reasonable based on their history but might appear to be an over- or under-reaction by others who do not experience the same sensitivity to their environment (Menakem, 2017). This line of research led to a new view of children and their behaviors, shifting the paradigm from ‘What is wrong with you?’ to ‘What happened to you?’, and paved the way for trauma-informed teaching (Ginwright, 2018; Perfect et al., 2016).

### ***Trauma-informed teaching***

Adopting a trauma-informed approach appeals to many schools as it affirms the various struggles teachers report related to the hardships that exist in students’ lives and how those experiences can explain student behaviors (Gherardi et al., 2021; Winninghoff, 2020). In turn, the terms ‘trauma’ and ‘trauma-informed’ have become part of the general *school vocabulary* as an explosion of professional development opportunities and educational materials expanded awareness of the potential impact of childhood adversity. While trauma-informed teaching is essentially about creating an environment where any individual impacted by trauma can thrive, this was not the initial message disseminated to school districts (Bonnett et al., 2023). The general message from early trauma-informed training programs was that students with ACEs have suffered trauma and stress within their homes, which has diminished their cognitive and social-emotional skills (Gherardi et al., 2022; Hobbs et al., 2019; Perry & Daniels, 2016). Resources and workshops also emphasized an interconnection between a child’s history and how the child’s brain would respond to a classroom environment, with potential triggers sending a child into fight, flight, or freeze mode, which can explain why a child might not be paying attention, recalling information or controlling impulses (Avery et al., 2020; Blaustein & Kinniburgh, 2019).

While traditional school approaches to student ‘misbehavior’ resided in punitive and behavioristic strategies such as punishments and removal of students from the classroom, a trauma-informed approach asks institutions to respond with kindness, compassion, attunement, and flexibility to avoid re-traumatization (Bonnett et al., 2023; Winninghoff, 2020). Strategies central to this approach include building positive relationships with students, establishing a routine-based classroom, creating a democratic atmosphere involving choice and empowerment, integrating exercise and movement to reset the stress response system, responding calmly to student behavior, and explicitly teaching social and emotional skills (Brummer, 2021, Haynes et al., 2023; Jennings, 2018). It also requires teacher self-care, as these trauma-informed strategies require mental and physical wellness to deliver them consistently (Thomas et al., 2019).

### ***Trauma-informed pushback***

Many scholars and schools spotlight the benefits of becoming trauma-informed and increasing awareness of trauma and its effects (Anderson et al., 2015; Brown et al., 2022; Brummer, 2021; Perry & Daniels, 2016); however, a growing number of educators and researchers are skeptical of its message and application (Foster, 2020; Gaffney, 2019). The main critiques relate to the seemingly singular focus on a negative event or series of events in a child's life, which can lead to a deficit-based view of children and families (Boylan, 2021; Ginwright, 2018). While it is unlikely that trauma-informed workshops or materials intend to lead to deficit thinking or purposefully omit content on the strength and resilience of students, content on resilience is notably absent from most training programs (Avery et al., 2020; Leitch, 2017). With an emphasis on 'hardships' that can compromise outcomes for children, it marginalizes the recognition of strength and resilience that mediates trauma. Understanding the ecology of students' lives is a much more effective approach to support individuals impacted by trauma, rather than just focusing on the negative (Van der Kolk, 2014), or using the ACE questionnaire as a guide to evaluate a child's life and their potential (Winninghoff, 2020). As Cummings et al. (2017) suggest, educators should respond to student behaviors with curiosity rather than assumptions about trauma and its impact.

Additionally, there is a heavy emphasis placed on a biomedical understanding of trauma rather than an ecological understanding that would better align with the work of schools. Trauma-informed knowledge and practices emerged from the medical field, which focuses on identifying medical problems and treating them (Felitti et al., 1998). That approach was never appropriately translated to the field of education, which focuses on creating environments and curricula that help students thrive (Brummer, 2021). The work that emerged from the medical field in the 1990s also created a narrow vision of trauma and the types of events that could impact a child, ignoring cultural and systemic forms of adversity (Petroni & Stanton, 2021). Most glaringly, early understandings and applications ignored the trauma imposed by schools and teachers (Davis et al., 2022; Gaffney, 2019).

Trauma-informed educational approaches have also received warranted criticism for their inattention to principles of social justice (e.g. Gherardi et al., 2020; Temkin et al., 2020). Most existing models of trauma-informed schools draw attention to individuals and school responses rather than calling for social change that could help mitigate the various forms of adversity that children and families face (Boylan, 2021; Davis et al., 2022). Without a clear acknowledgment of the systemic oppression that underlies most trauma exposure and the potential of communities to guide the healing process and symptom reduction, schools will continue to fuel traumatic cycles (Gherardi et al., 2021; Henfield et al., 2019; Temkin et al., 2020).

### ***Theoretical perspective***

This study draws upon the concept of *deficit ideology* (Sleeter, 2004), which leads educators to approach students based upon perceptions of their weaknesses rather than strengths (Gorski, 2011). In this study, we actively examine deficit ideology within pre-service teachers' (PSTs') reflections, projects, and interview data. Deficit-minded educators use perceived 'deficiencies' in a student to explain less optimal outcomes in the classroom

instead of acknowledging the socio-cultural-political influences in children's lives. Pollack (2012) describes how deficit narratives can emerge in schools and classrooms and become notably influential for novice teachers. Sharing stories about students is not inherently harmful unless it conveys a deficit message that the child or the child's family can present 'problems,' rather than thinking about trauma on a larger structural level (Davis et al., 2022; Stipp, 2023; Tuck, 2009). While a teacher's intent may be to warn or prepare a colleague or teacher candidate, such narratives can plant doubt about a child's abilities or direct attention to what a child *can't do* instead of what they *can*. It personalizes trauma rather than humanizing it as a collective or systems-level phenomenon (Golden, 2020; Tuck, 2009). Additionally, the concept of resilience is used to examine data from a strength-based perspective. Resilience is a child's ability to recover (quickly enough) from difficulties or hardships (Leitch, 2017). A child's resilience is often accompanied by collective and systemic resilience mobilized by cultural resources, shared identities, policies, and practices that promote collective healing and strength (Drury et al., 2019; Ungar, 2018). These theoretical concepts were embedded in our guiding questions and served as our lens to analyze and interpret our data.

## Methods

Based on the limited research in the area of preservice teachers' experiences with student trauma, we adopted a qualitative research design to explore the following questions:

- (1) How do preservice teachers utilize strength-based and/or deficit-based ideologies when discussing student trauma and trauma-informed practices?
- (2) Who or what appears to influence preservice teachers' strength-based or deficit-based ideologies related to student trauma and trauma-informed practices?

We selected grounded theory methodology (Corbin & Strauss, 2015) to inductively identify themes connected to these questions in conjunction with a critical theory paradigm to examine and challenge dominant narratives in education (i.e. deficit-based ideologies) (Asgar, 2013). Adopting principles of grounded theory allowed participant voices and experiences to guide our inquiry, to periodically step back and ask questions about our process and findings, and to revisit data in a circular manner rather than a linear one (Strauss & Corbin, 1994).

## Participants and context

This study took place at a large teacher education program in the Midwestern United States. All students enrolled in one section of an introductory elementary education course, occurring in the same semester as their first clinical experience, were invited to participate in the study. A total of 25 PSTs volunteered to participate and were included in the first phase of the study. The student sample mirrored typical demographic trends for teacher education programs, with the majority of participants identifying as White, female, and middle-class from suburban settings (Amatea et al., 2012). There were two male participants and 23 female participants. Ethnically, 22 participants identified as

White, one as Latina, one as Asian, and one as Biracial. Additionally, a subsample of eight participants volunteered for follow-up interviews.

The two authors are tenured faculty at the public university where the study took place. The first author identifies as a White cisgender female from a middle-class background. She spent the first decade of her professional career working in a large urban district as a classroom teacher and student support coordinator, as well as at a teacher-training school in Nicaragua. She currently serves as a professor in an elementary education program that emphasizes social justice and antiracist teaching. The second author identifies as a White cisgender female from a middle-class background. She was a school social worker in a low-income rural district where the coal mine employers had moved out long ago, then in a higher-income district where she supported marginalized students and families recently immigrated from Central America. She is currently an associate professor and program director in a graduate social work program that emphasizes inclusion, diversity, equity, and access.

The 16-week course led by the first author was a required introductory elementary education course that covered a range of topics, such as current issues in education, social justice practices, classroom management, social emotional learning, instructional strategies, assessment, and lesson planning. Childhood adversity and trauma-informed teaching were not topics required in this course, or anywhere else in the elementary education program, but were added due to the author's interest in the topics. Students attended this in-person class on Tuesdays and Thursdays and assisted classroom teachers in first to fifth grade classrooms on Mondays and Wednesdays for the full day. Their clinical classrooms were all designated as *diverse* by the university's standards, which meant they had a significant percentage of English Language Learners, racial diversity, and/or children from low-income homes.

### **Data sources and analysis**

The first phase of data collection occurred at the end of PSTs' junior-year course/clinical experience and consisted of written reflections and class artifacts related to trauma-informed teaching. Written reflections prompted students to discuss current educational issues impacting their clinical placements; adversity/trauma experienced by their students; and the influence of trauma on classroom dynamics. Course artifacts included a group project on trauma-informed teaching that was presented to the class, which consisted of a slideshow and presentation notes, and course materials (i.e. syllabus, schedule, readings, slideshows, handouts).

The second phase of data collection involved follow-up interviews with a subsample of participants. Eight participants volunteered to participate and answer semi-structured questions related to their junior-year written reflection as well as experiences in their current student teaching placement. Interviews were audio-recorded and later transcribed for analysis in conjunction with written reflections, and course artifacts. The analysis followed Boyatzis' (1998) inductive, data-driven process for developing codes and thematically analyzing data, which incorporated elements of the constant comparative method and grounded theory (Corbin & Strauss, 2015). The first author and a graduate assistant moved through the open and axial coding process by coding data independently and then meeting to discuss discrepancies (Corbin & Strauss, 2015). For

example, beginning with the reflection data, coders went through each line to mark the main idea or thought of the participant. When they met, they compared the labels/codes they had applied and created an outline of those codes for each participant. By comparing outlines across participants, we were able to move to axial coding by grouping and clustering the lower-level codes into bigger ideas (Boyatzis, 1998). Finally, the most prominent themes were theoretically grouped as deficit-based or resilience-oriented to present findings. NVivo 12 assisted with the organization and analysis of data (QSR International Pty Ltd, 2010).

The trustworthiness of findings was supported by prolonged engagement across a semester of coursework and through follow-up interviews one year later (Lincoln & Guba, 1985). Additionally, the triangulation of sources helped us to cross-examine and verify the experiences and ideas of the participants. By bringing together coursework, class artifacts, and the voices of PSTs, we were able to explore general patterns as well as nuances and deviations in the data. As this study spanned two years, it was accompanied by much peer debriefing between the authors, and in coordination with an international graduate assistant from China. The graduate assistant helped with transcriptions and coding, while also prompting much reflexive journaling for the first author in the form of memoing (Stahl & King, 2020). The graduate student's international perspective helped the first author to explore and critically consider personal characteristics that framed how she saw the data and topic of trauma. For example, her willingness to raise questions about the ACE questionnaire, share how adversity was viewed in her country and community, and draw attention to the strong focus participants placed on specific students in their classrooms moved the analytic process to a deeper and more trustworthy level.

## Findings

Themes were grouped within the theoretical framework of the study, by linking identified themes to deficit-based ideologies (Sleeter, 2004) and the concept of resilience (Leitch, 2017). Deficit-based themes included viewing trauma as the source of behavioral issues, positioning student trauma as something that needs to be 'handled' or 'dealt with', and focusing on family and community deficiencies. Resilience-oriented themes included the recognition of student and family assets that helped keep them strong and how the school can serve as a protective factor. Each theme and corresponding subthemes were described and linked to data from sources used in the study.

### *Deficit-based ideologies*

#### *Trauma leads to behavioral issues*

Almost every PST made a direct link between *trauma* and *behavioral issues* in the classroom, drawing upon a deficit-based discourse (RQ 1). Several examples include: 'This one student who has been through a lot [of adversity] often misbehaves during class. He is often off-task (wandering around the room, playing with school supplies, drawing, etc.).' 'One student is no longer allowed to see his mother and lives with his aunt and seven other children. This student is constantly trying to get attention, whether it be in a negative or positive way,' 'One student's mom attempted suicide last year. She does not handle her negative emotions well.' These excerpts from student reflections, which

are representative of the full sample, show the link PSTs make between adversity and the behaviors students present in the classroom with a focus on what the student was lacking (i.e. self-regulation) or areas of deficiency.

All sources of data captured the dominant sentiment that student trauma not only explains student (mis)behavior, but that teachers should expect atypical externalizing and internalizing behaviors in the classroom. For example, when PSTs were prompted to reflect on what else they would like to know related to student trauma, one PST listed two questions, and both questions directly linked trauma to behavior. She wrote, 'How should you respond to students' outbursts relating to trauma they have experienced? How do you keep these students from interrupting the learning of the rest of the class?' These questions provide further evidence that PSTs' developing ideas about trauma are that the presence of trauma in a classroom will lead to externalizing issues, which will disrupt the teaching and learning process. Here, trauma is viewed through a deficit lens as a problem that needs intervention rather than a human condition that can help explain the way we respond to people and environments.

The group presentation on trauma-informed teaching further reinforced the link between trauma and student behavior with a quote on their final slide, which stated: '*Remember: Everyone in the classroom has a story that leads to misbehavior or defiance. Nine times out of 10, the story behind the misbehavior won't make you angry. It will break your heart.* - Annette Breaux'. This provocative quote further reinforces a deficit-based view of how trauma impacts students in the classroom. It also reflects the trauma-informed reasoning that prompts teachers to shift from thinking *What's wrong with you?* to *What happened to you?* And while this is a much more compassionate approach to viewing students compared to historically punitive approaches, it still supports a deficit mindset by making the trauma or a negative event the focus of a child rather than asking *What is right with you?* (Ginwright, 2018).

In identifying who or what might contribute to this deficit-based mindset, most data pointed to conversations with their cooperating teachers in shaping the view that trauma leads to disruptive behavior in the classroom (RQ 2). For example, one PST reflected on the source of a child's refusal to use the bathroom during the school day:

My cooperating teacher informed us that his father was abusive and in jail now. She also told us that his mom was not reliable or stable and didn't take good care of him. My cooperating teacher believes that he refuses to use the bathroom because of his father's abuse.

Additionally, the course's design, which partnered trauma content with the topics of *classroom management* and *social emotional learning* seemingly led to the narrow view that trauma is exclusively linked to student (mis)behavior.

### ***'Dealing with' student trauma***

Many PSTs used the terms 'handle' and 'deal with' regarding student trauma, implying that student trauma were a phenomenon that needed to be managed (RQ 1). For example, one PST commented, 'I understand that an educator's job is extremely important, but I never imagined that student trauma is something that I could potentially have to *deal with*.' Another PST shared, 'I still feel unprepared to *deal with* trauma in the classroom. I am someone who must be in a situation before I understand how I want to *handle* it.'

If you look at a generic definition of ‘deal with,’ the phrase is defined as ‘to do something about a person or thing that causes a problem or difficult situation’ (Merriam-Webster, n.d.). Similarly, ‘handle’ is defined as ‘having overall responsibility for supervising or directing; putting up with; and managing.’ Applying these definitions to the usage of these phrases in this study, it appears that PSTs viewed trauma as a problem that needed to be addressed or fixed; again, focusing on what a student might be lacking rather than a child’s resilience. Written reflections and interview data suggested that PSTs assumed that as teachers they would be responsible for overseeing difficult circumstances associated with trauma and that student trauma is essentially a set of difficulties. These deficit-based phrases overpower the potential of a strength-based perspective that would focus on the skills and resilience that come with experiencing adversity in one’s life, such as recognizing students as ‘strong’ or ‘capable.’ For example, one PST who spent time researching trauma-informed teaching as part of a class project viewed trauma as something that will need to be ‘handled.’ She wrote, ‘This topic interested me and after doing a presentation about it I felt more educated. But, I think it would be beneficial to know how to *handle* such a situation.’ This suggests that online and published materials may have reinforced a deficit-based ideology related to trauma as something that would need to be managed. When reviewing the group’s presentation, which was shared with the class, the following bullet points were displayed for *how trauma can affect students and the classroom*:

- Difficulty managing stress
- Situations that were once manageable, now cause feelings of being emotionally or physically unsafe
- Hard time attending school
- School environment can trigger stress
- These children are living in a constant state of emergency
- Educators must understand their students’ specific responses to challenges
- Teacher can include strategies within the classroom to assist students struggling with a previous trauma

While this information provides an opportunity for teachers to create supportive and responsive classrooms, it also emphasizes the difficulties, struggles, and challenges of trauma. The list stemmed from online sources related to trauma-informed teaching. Unless prompted to take a critical, strength-based view of existing research in the field, it is unlikely PSTs would question the framing of the issue in published materials (Beck, 2005).

The written reflections and some interview data also suggested that PSTs believed trauma was something you react to rather than proactively plan for. As described in an earlier quote, one PST suggested she would need to be in a situation to figure out how to ‘handle’ it. Conversely, PSTs completing student teaching experiences in classrooms and districts that provide professional development on trauma discussed ‘handling’ and ‘dealing with’ trauma in more proactive ways. One student teacher shared:

Sarah: Pretty much all my students are impacted by trauma.

Interviewer: How do you know that?

Sarah: You just do. And, like, my CT (cooperating teacher) told me that students have gone through or are going through a lot. It is something you need to be ready to *deal with*. It is in everything, like giving students time to connect with you and being patient and creating a structure that works for them.

This example shows the mindset that student trauma is still something that needs to be managed, but it is through a general approach to teaching rather than a reactive moment with individual students. However, it was still viewed through a deficit-based lens, neglecting the strength and resilience that can come with trauma or that trauma is often a symptom of larger systemic issues.

Influences that might contribute to these word choices and a deficit-based mindset remain somewhat unclear (RQ 2) but are likely related to a variety of factors (e.g. site placements, internet resources, classroom discussions). There is some evidence that PSTs were recycling terms heard from cooperating teachers when they recounted stories and perspectives that were shared with them at their clinical placements. Based on the trauma-informed project shared in class, deficit-based views may also be connected to a broader deficit-based perspective embedded in online materials and articles on children, families, and schools. Taken together, the internalization that trauma needs to be 'handled' or 'dealt with' rather than an opportunity for healing and growth could be associated with the field's general approach to classroom management and viewing students as individuals who need to be 'managed' rather than understood (Shalaby, 2017).

### ***Trauma occurs within families and communities***

Almost all PSTs discussed children's homes and communities as the primary sources of trauma by suggesting something was lacking or causing harm in those settings (RQ 1). Students' homes and communities were viewed as problematic settings that might compromise a child's wellbeing rather than support resilience. One senior-year student reflected back on her junior-year placement:

For example, in my previous placement, one of my student's mothers was selling her daughter's meds to make money. There were just a lot of issues going on outside of the school. And I would say there is even more so for my current students. They have issues like homelessness, divorce, parents in jail . . . lots of DCFS involvement.

This quote reflects the statements of many PSTs who were quick to name familial factors that they believed were problematic in children's lives, rather than naming protective factors that can simultaneously promote resilience such as friendships or other positive adults in their lives.

One student's father was either deported or is in the process of being deported – my CT was unsure where he is currently being detained. The student lives with her mother, multiple younger siblings, and a younger cousin who needed a place to stay. My CT worries that this cousin is in danger of being taken away from the family, as he is not technically under their guardianship.

Another PST reflected on the circumstances of one of her bilingual students. She wrote: While this clinical experience occurred during a time period when immigration status and deportations became a serious and fearsome topic for families nationwide, this PST focused on an individual family rather than the societal and political nature of the issue.

Similarly, many PSTs reflected on the negative impact of poverty and food insecurity. Again, the focus was directed at what was lacking in each student's life rather than linking these circumstances to broader system-level issues. For example, one student wrote, 'There was a student who rarely had a snack and he would stare at everyone else's snacks during math instead of learning. His basic needs were not being met.' Alternatively, as homes and communities were linked to adversity and trauma, schools and classrooms were overwhelmingly viewed as safe and caring spaces free of trauma and harm. Only two PSTs suggested trauma as part of the school experience through the form of bullying or negative interactions with school personnel, suggesting a deficit mindset primarily directed at families and communities.

Cooperating teachers appeared to contribute to negative views of the family and community through the informal storytelling that occurred during clinical placements (RQ 2). 'My CT told me ...' and 'I learned from my CT ...' were the most frequent phrases coded in reflection data and the instructor log of classroom discussions. However, the integration of the ACE questionnaire in PSTs' coursework, which specifically identifies 10 forms of adversity in a child's home (e.g. physical abuse, emotional abuse, food insecurity, divorce, incarceration), and the student project presentation that emphasized the 'stress that children bring to school from home' might also explain deficit-based comments.

## ***Strength-based ideologies***

### ***Student resilience***

Although written reflections and interviews tended to focus on negative aspects of trauma and children's lives, a few PSTs mentioned student resilience as part of the trauma process and goals of a classroom, showing some strengths-based discourse. Data reflected resilience-based stories that CTs shared, building community as a strategy, schools as a protective factor, and the desire to learn more about helping students 'bounce back' from adversity.

In three reflections, PSTs described conversations they had had with their cooperating teachers who downplayed trauma and emphasized resilience. When cooperating teachers shared stories through a resilience lens, PSTs adopted the language of resilience in replaying these conversations. For example, one PST wrote:

I spoke to my CT about some of the trauma that her students have experienced and asked her if it affects her classroom. She told me that it does affect the classroom in some ways, but students tend to be a lot more resilient than you would think.

In this example, the CT acknowledged trauma but did not center it. Instead, she directed the PST to think about student resilience, which appeared to shape the PST's thinking about students in the classroom. In another reflection, a PST recounted how her CT informally shared stories about the background of one of the students. The CT shared his history of neglect but focused on his ability to 'bounce back' and thrive in the classroom, demonstrating a strength-based mindset. This PST shared the teacher's assessment of the student and documented the improved circumstances in the child's life that supported their wellbeing. Interestingly, interviews did not include many comments of stories shared by their cooperating teachers. Instead, the senior-year student teachers focused on what they

had directly heard or observed from students and not what CTs had told them. This division between junior and senior year experiences might reflect their full immersion in the classroom and that they are less reliant on indirectly learning about students through classroom teachers.

### *School as a buffer*

Most PSTs viewed resilience through the perspective of schools and teachers serving as a resource or support to buffer the effects of trauma. There were also moments of saviorism, when PSTs credited themselves or the school for making sure students' basic needs were met such as providing free and reduced lunches and sending home food on the weekend. These data show that a strength-based concept, such as resilience, can still be rooted in deficit-based ideas that schools help to fill the voids in children's lives.

One PST recognized a teacher's choice to integrate restorative circles and minilessons on emotions as a way to support resilience. At first, the PST was 'turned off' by the teacher's insistence on bringing the class together to discuss disruptions and emotions, especially when it interrupted a lesson. She recalled questioning its effectiveness and felt a clear consequence would be a better response. However, during the semester she changed her mind and felt these approaches were helping create a positive classroom community. Another PST wrote:

My CT has created a very safe and open environment where all the students are supportive of each other. I was surprised by how supportive they are of each other and that they all really care for one another. Therefore, some of the students who have experienced trauma have opened up about it or have found a friend that they want to tell.

This was one example of a PST recognizing a trauma-informed teaching strategy as a way to support classroom and student resilience. By directly observing strength-based trauma-informed strategies, it allowed PSTs to see the resilient side of students. It also shifted their focus from an individual level to a more collective healing process (Ginwright, 2018).

## **Discussion**

A trauma-informed approach to teaching can offer a unifying and optimistic message of resilience and hope through compassionate and responsive teaching strategies. However, there are also elements of trauma-informed teaching, and how schools adopt this approach, that warrant critical consideration (Winninghoff, 2020). Without caution, 'trauma' can easily become the new term for 'at-risk' and other deficit-based ideologies in education. If trauma is not normalized as part of the human experience and viewed through a strength-based lens of resilience, especially collective and systemic resilience, preservice teachers may adopt a perspective of pity and low standards rather than a focus on strengths and potential (Drury et al., 2019; Souers & Hall, 2016; Ungar, 2018). In our study, PSTs displayed a great deal of compassion and care for their students affected by trauma in reflection data and interviews, but overwhelmingly framed that experience as an individual or familial deficit (Thomas et al., 2019). Although PSTs' accompanying coursework emphasized social justice, systemic oppression, and funds of knowledge, their internalization of student trauma appeared to be compartmentalized separately

from those course threads. It appears that trauma-related conversations and content led to a singular focus on what negatively happened to the child while edging out the recognition of factors supporting resilience (Leitch, 2017).

The informal, deficit-based 'teacher talk' that was experienced by PSTs seemed to contribute the most to deficit-based ideologies (Pollack, 2012). However, we do not intend to portray cooperating teachers as the architects of deficit narratives – they are simply operating within a system of professional development and school culture that breeds deficit thinking and a focus on 'deficiencies' (Gorski, 2011; Temkin et al., 2020). Instead, we suggest that we must all become more conscious of the narratives we share and how they are framed so that we do not direct attention to the worst thing or things that have happened to a child (Boylan, 2021; Ginwright, 2018). Teacher educators must push against these dominant narratives to focus on student strengths and resilience while reassigning responsibility to social structures rather than families. As Gherardi et al. (2020) explains, we need to shift our thinking from 'victims to systems' (p. 492) to more adequately center the social justice this work requires. Using strength-based terms such as 'healing' and 'growing' as we 'come alongside students' are ways to reposition the work and mindset of educators.

In addition to informal discussions, more formal and institutionalized material reinforced deficit-based views of student trauma. Published articles and online resources linked to trauma and children seemed to support deficit-based content for a group presentation on trauma-informed teaching. Further, course content and readings did not explicitly challenge deficit-based mindsets that can accompany trauma-informed content. As some scholars have warned, 'so-called' trauma-informed practices that frame trauma as an individual deficit may further marginalize or harm trauma-affected students (Davis et al., 2022; Thomas et al., 2019).

### ***Disrupting deficit-based ideologies***

Trauma-informed content was intended to shift our thinking from the commonly voiced deficit-based question 'What's wrong with you?' to a more compassionate question of 'What happened to you?' However, it unintentionally led PSTs in this study to a place of viewing trauma as a problem in need of intervention (Ginwright, 2018). One identified source of deficit-based language stemmed from the group presentation. The presentation met all criteria set by the rubric and guidelines, which speaks to an issue with the assignment and guidance provided by the instructor. Unless students are explicitly prompted to examine ideas and approaches through a strength-based lens and critically identify moments of deficit-based thinking, it is unlikely that a critical examination will emerge organically (Gorski, 2011; Pollack, 2012). The findings from this study also speak to the power of the latest zeitgeist in education and how quickly teacher educators can embrace new directions without careful reflection and planning for how ideas might be internalized and implemented in classrooms (Brummer, 2021). This has been a cathartic yet painful article to write, as it exposes my, first author's, contribution to deficit-based ideologies and harm.

Interestingly, deficit-based language was connected to families and communities, but not to schools. Ironically, many trauma-informed schools traumatize students on a daily basis (Foster, 2020), which was not suggested by a single

participant. Instead, participants focused on the trauma produced outside of the school. While training programs are available to schools to address bias and support greater culturally responsive sensitivity (Brabeck et al., 2000), becoming a culturally and contextually relevant trauma-informed school may be better achieved by partnering with local agencies and services familiar with the community and families in the area (Boylan, 2021); again, drawing upon the resources and strengths of a community to promote change, rather than seeking the expertise of someone outside the community.

### ***Distancing from ACE and biomedical understandings of trauma***

The *Adverse Childhood Experiences* questionnaire was developed to inform epidemiological research of large-scale populations rather than practices at the individual student level (Turner, 2019). However, when applied to educational settings, the questionnaire is often used to label students or employed in ways that exploit or demean a child's lived experiences (Khasnabis & Goldin, 2020), further supporting deficit-based views. In relation to teacher education, the immediate impulse might be to completely avoid any discussion of ACE in relation to trauma-informed teaching. However, there is also danger in failing to review and critique the instrument with PSTs or in-service teachers. Since PSTs are likely to work in districts with professional development on trauma-informed teaching, they will learn about the ACE questionnaire. Without facilitating a critical review of this instrument, PSTs might internalize trauma from a biomedical perspective rather than a strength-based humanistic perspective (Ginwright, 2018; Pyscher & Crampton, 2020).

The first author now asks PSTs to review the ACE questionnaire and identify the instrument's limitations and biases. Students also propose strength-based questions about students' lives that can buffer the effects of adversity (Leitch, 2017), such as individuals who support and care for the child or involvement in extra-curricular activities. This can lead to the incorporation of the Benevolent Childhood Experiences questionnaire (see Narayan et al., 2018), which focuses on protective factors in children's lives that can buffer against the effects of adversity. The questionnaire asks individuals to identify positive aspects of one's life such as – *Did you have at least one good friend? Did you have beliefs that gave you comfort? Was there an adult who could provide you with support or advice?* – which primes PSTs to recognize the various assets and goodness that can surround children's lives even when facing adversity. This is especially important for PSTs who have experienced trauma in the past and may feel hopeless with the message that trauma leads to negative outcomes instead of resilience and strength (Berger et al., 2016).

The Benevolent Childhood Experience Scale (Narayan et al., 2018) should also accompany trauma work in schools and districts. Ethically, if a school or district incorporates the ACE questionnaire in their work with students and families, then strength-based questions should be incorporated to help prompt the recognition of an individual's strengths and resiliencies and collective potential for healing (Davis et al., 2022; Gherardi, 2022). This can help students, families, and school professionals recognize these aspects of their lives and can increase the likelihood they will be considered in service delivery (Leitch, 2017).

### ***Systems-informed practices***

While trauma is felt at the individual level, it is often produced at the societal level (Boylan, 2021; Gherardi et al. 2020). It is a systemic problem that must be addressed systemically, rather than blaming children and families for perceived deficiencies or problems they did not create (Khasnabis & Goldin, 2020; Temkin et al., 2020). This came through in PSTs' written reflections and interviews, specifically when discussing poverty and immigration issues. Data suggested that PSTs viewed these issues at the individual level – that families were unable to provide 'basic needs' or that a family's immigration status brought fear or disruption to a child's life. However, trauma imposes a collective impact on a range of populations and communities. Therefore, it must be addressed through a collective and holistic healing process (Drury et al., 2019), since focusing on specific children can further catalyze the blame and stigma of trauma, imposing more harm than good (Davis et al., 2022). When PSTs become captivated by student stories of adversity, they often link those stories to observed behaviors and assume they need to 'handle' or 'deal with' the perceived consequences of that trauma. This process keeps PSTs' attention at the individual level instead of considering how they can address broader structural inequities at a systems level through curricular decisions, classroom management philosophies, and ideological mindsets (Gaffney, 2019; Miller et al., 2022; Petrone & Stanton, 2021).

As trauma is a systems-level issue, so is deficit-based thinking in education. PSTs are not developing deficit-based views on their own; it is part of the culture of education and long-standing practices that interfere with strength-based thinking (Lucas, 2022). One of the biggest contributing factors to deficit-based thinking is the increased standardization of learning in schools. It is difficult to be flexible and responsive when teachers are given scripted curricula and assessment tools that focus on summative results rather than formative processes (Davis et al., 2022; Lucas, 2022). Standardized, high-stakes testing often reduces children to a number rather than seeing and appreciating the child in front of us. Educators are operating within a machine driven by fear rather than hope and resilience that could shape more supportive practices and systemic resilience (Ungar, 2018).

Moving toward culturally responsive teaching practices, which encourage teacher reflection and building relationships with students, may help address some of the deficit-minded practices in education (Davis et al., 2022; Dray & Wisneski, 2011; Haynes et al., 2023). As educators are encouraged to adopt these practices, it should increase the examination of internalized prejudices and assumptions related to student trauma. Culturally responsive teaching practices will also help teachers leverage student and community assets to support student growth and resilience (Donahue-Keegan et al., 2019; Gay, 2018).

Equally important is creating a supportive environment for teachers and their well-being (Gherardi et al., 2022). When the demands of teaching outmatch the resources and care for teachers in a school building, it is difficult for teachers to focus on student strengths and attune to their needs (Jennings & Greenberg, 2009). In fact, Thomas et al. (2019) argue that a school cannot and should not call itself trauma-informed unless they encourage and provide resources for teachers' self-care. If we are committed to trauma-informed teaching, it will require a massive shift in how we talk about and treat our teachers (Davis et al., 2022).

## Conclusion

Now, imagine you are working with a group of preservice or in-service teachers. You display a picture of a child sitting at their desk with a book covering their head. You ask, 'What do you think is going on in this picture?' A trauma-informed teacher might be encouraged to say, 'This child seems to be shutting down. Maybe they were triggered because of trauma they have experienced in the past.' While a healing-centered teacher might be encouraged to say, 'This child has developed strategies to cope with what is occurring around them. We are here. We are growing. We are moving forward.' It is a subtle but important shift to move from a deficit-based to a strength-based view of students and the collective nature of healing from trauma. As Ginwright (2018) explains, there is no remedy for trauma; instead, there is a collective responsibility to acknowledge the systems affecting our students and work towards changing those systems. Training and support must begin in teacher education with an intentional focus on the resilience of children, families, and their communities.

## Disclosure statement

No potential conflict of interest was reported by the authors.

## References

- Alisic, E. (2012). Teachers' perspectives on providing support to children after trauma: A qualitative study. *School Psychology Quarterly*, 27(1), 51–59. <https://doi.org/10.1037/a0028590>
- Amatea, E. S., Cholewa, B., & Mixon, K. A. (2012). Influencing preservice teachers' attitudes about working with low-income and/or ethnic minority families. *Urban Education*, 47(4), 801–834. <https://doi.org/10.1177/0042085912436846>
- Anderson, E. M., Blitz, L. V., & Saastamoinen, M. (2015). Exploring a school-university model for professional development with classroom staff: Teaching trauma-informed approaches. *School Community Journal*, 25(2), 113–134.
- Asghar, J. (2013). Critical paradigm: A preamble for novice researchers. *Life Science Journal*, 10(4), 3121–3127.
- Avery, J. C., Morris, H., Galvin, E., Misso, M., Savaglio, M., & Skouteris, H. (2020). Systematic review of school-wide trauma-informed approaches. *Journal of Child & Adolescent Trauma*, 14(3), 381–397. <https://doi.org/10.1007/s40653-020-00321-1>
- Beck, A. (2005). Critical literacy in the classroom. *Thinking Classroom*, 6(3), 3–9.
- Berger, A., Abu-Raiya, H., & Benatov, J. (2016). Reducing primary and secondary traumatic stress symptoms among educators by training them to deliver a resiliency program (ERASE-stress) following the Christchurch earthquake in New Zealand. *American Journal of Orthopsychiatry*, 86(2), 236–251. <https://doi.org/10.1037/ort0000153>
- Blaustein, M., & Kinniburgh, K. (2019). *Treating traumatic stress in children and adolescent: How to foster resilience through attachment, self-regulation, and competency* (2<sup>nd</sup> ed.). The Guilford Press.
- Bonnett, T., Gould, E., Gratton, C., Malik, S., & Zinck, J. (2023). Trauma-informed practice: A self-study examining the readiness of pre-service early years professionals. *Journal of Early Childhood Teacher Education*, 1–19. <https://doi.org/10.1080/10901027.2023.2257147>
- Boyatzis, R. (1998). *Transforming qualitative information: Thematic analysis and code development*. Sage.
- Boylan, M. (2021). Trauma informed practices in education and social justice: Towards a critical orientation. *International Journal of School Social Work*, 6(1). <https://doi.org/10.4148/2161-4148.1071>

- Brabeck, M. M., Rogers, L. A., Sirin, S., Henderson, J., Benvenuto, M., Weaver, M., & Ting, K. (2000). Increasing ethical sensitivity to racial and gender intolerance in schools: Development of the racial ethical sensitivity test. *Ethics & Behavior*, 10(2), 119–137.
- Brown, E. C., Freedle, A., Hurless, N. L., Miller, R. D., Martin, C., & Paul, Z. A. (2020). Preparing teacher candidates for trauma-informed practices. *Urban Education*, 57, 662–685. <https://doi.org/10.1177/0042085920974084>
- Brown, E. C., Freedle, A., Hurless, N. L., Miller, R. D., Martin, C., & Paul, Z. A. (2022). Preparing teacher candidates for trauma-informed practices. *Urban Education*, 57(4), 662–685. <https://doi.org/10.1177/0042085920974084>
- Brummer, J. (2021). *Building a trauma-informed restorative school: Skills and approaches for improving culture and behavior*. Jessica Kingsley.
- Centers for Disease Control and Prevention [CDC]. (2020). Behavioral risk factor surveillance system ACE data. <https://www.cdc.gov/violenceprevention/aces/ace-brfss.html>.
- Corbin, J., & Strauss, A. (2015). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (4th ed.). Sage.
- Cowell, R. A., Cicchetti, D., Rogosch, F. A., & Toth, S. L. (2015). Childhood maltreatment and its effect on neurocognitive functioning: Timing and chronicity matter. *Development and Psychopathology*, 27(2), 521–533. <https://doi.org/10.1017/S0954579415000139>
- Cummings, K. P., Addante, S., Swindell, J., & Meadan, H. (2017). Creating supportive environments for children who have had exposure to traumatic events. *Journal of Child and Family Studies*, 26(10), 2728–2741. <https://doi.org/10.1007/s10826-017-0774-9>
- Davis, W., Petrovic, L., Whalen, K., Danna, L., Zeigler, K., Brewton, A., Joseph, M., Baker, C. N., Overstreet, S., & New Orleans Trauma-Informed Learning Collaborative. (2022). Centering trauma-informed approaches in schools within a social justice framework. *Psychology in the Schools*, 59(12), 2453–2470. <https://doi.org/10.1002/pits.22664>
- Donahue-Keegan, D., Villegas-Reimers, E., & Cressey, J. M. (2019). Integrating social-emotional learning and culturally responsive teaching in teacher education preparation programs. *Teacher Education Quarterly*, 46(4), 150–168.
- Dray, B. J., & Wisneski, D. B. (2011). Mindful reflection as a process for developing culturally responsive practices. *Teaching Exceptional Children*, 44(1), 28–36.
- Drury, J., Carter, H., Cocking, C., Ntontis, E., Tekin Guven, S., Amlôt, R., Sonnie, M., Veinoglou, A., Hodges, M. H., & Zhang, Y. (2019). Facilitating collective psychosocial resilience in the public in emergencies: Twelve recommendations based on the social identity approach. *Frontiers in Public Health*, 7, 1–21. <https://doi.org/10.3389/fpubh.2019.00001>
- Felitti, V. J., Anda, R. F., Nordenberg, D., & Williamson, D. F. (1998). Adverse childhood experiences and health outcomes in adults: The ace study. *Journal of Family and Consumer Sciences*, 90(3), 31.
- Foster, M. D. (2020). Looking for trouble and causing trauma. *Occasional Paper Series*, 2020(43), 10–21. <https://doi.org/10.58295/2375-3668.1352>
- Gaffney, C. (2019). When schools cause trauma. *Teaching Tolerance*, 62. <https://www.learningfortolerance.org/magazine/summer-2019/when-schools-cause-trauma>
- Gay, G. (2018). *Culturally responsive teaching: Theory, research, and practice*. Teachers College Press.
- Gherardi, S. (2022). *Improving trauma-informed education: Responding to student adversity with equity-centered, systemic support*. National Education Policy Center.
- Gherardi, S. A., Flinn, R. E., & Jaure, V. B. (2020). Trauma-sensitive schools and social justice: A critical analysis. *The Urban Review*, 52(3), 482–504. <https://doi.org/10.1007/s11256-020-00553-3>
- Gherardi, S. A. Flinn, R. E. & Jaure, V. B.(2020). Trauma-sensitive schools and social justice: A critical analysis. *The Urban Review*, 52, 482–504.
- Gherardi, S. A., Garcia, M., & Stoner, A. (2021). Just trauma-informed schools: Theoretical gaps, practice considerations and new directions. *International Journal of School Social Work*, 6(1). <https://doi.org/10.4148/2161-4148.1070>
- Ginwright, S. (2018). The future of healing: Shifting from trauma informed care to healing centered engagement. *Occasional Paper*, 25, 25–32. <https://grandparents.com.au/wp-content/uploads/2018/08/OP-Ginwright-S-2018-Future-of-healing-care.pdf>

- Golden, N. (2020). The importance of narrative: Moving towards sociocultural understandings of trauma-informed praxis. *Occasional Paper Series, 2020*(43), 71–78.
- Gorski, P. C. (2011). Unlearning deficit ideology and the scornful gaze: Thoughts on authenticating the class discourse in education. *Counterpoints, 402*, 152–173. <https://www.jstor.org/stable/42981081>
- Harrison, N., Burke, J., & Clarke, I. (2020). Higher education and the sustainable development goals. *Teaching in Higher Education, 81*(1), 1–15. <https://doi.org/10.1007/s10734-020-00652-w>
- Haynes, J. D., Marsh, L. T. S., & Anderson, K. M. (2023). Planting the seeds of culturally responsive, equity-centered, and trauma-informed attitudes among urban educators. *Urban Education, 1*–33.
- Henfield, M., Washington, A. R., Besirevic, Z., & De La Rue, L. (2019). Introduction to trauma-informed practices for mental health and wellness in urban schools and communities. *The Urban Review, 51* (4), 537–539. <https://doi.org/10.1007/s11256-019-00541-2>
- Hobbs, C., Paulsen, D., & Thomas, J. (2019). Trauma-informed practice for pre-service teachers. *Oxford Research Encyclopedia of Education*. <https://doi.org/10.1093/acrefore/9780190264093.013.1435>
- Jennings, P. A. (2018). *The trauma-sensitive classroom: Building resilience with compassionate teaching*. WW Norton & Company.
- Jennings, P. A., & Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research, 79* (1), 491–525.
- Khasnabis, D., & Goldin, S. (2020). Don't be fooled, trauma is a systemic problem: Trauma as a case of weaponized educational innovation. *Occasional Paper Series, 43*, 44–57. <https://doi.org/10.58295/2375-3668.1353>
- Leitch, L. (2017). Action steps using ACEs and trauma-informed care: A resilience model. *Health & Justice, 5*(1), 1–10. <https://doi.org/10.1186/s40352-017-0050-5>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Lucas, B. (2022). Rethinking assessment in schools: Moving from a deficit to a strengths-based model. *The Psychology of Education Review, 46*(1), 5–15. <https://doi.org/10.53841/bpsper.2022.46.1.5>
- Matte-Landry, A., Grise Bolduc, M. E., Tanguay-Garneau, L., Collin-Vézina, D., & Ouellet-Morin, I. (2023). Cognitive outcomes of children with complex trauma: A systematic review and meta-analyses of longitudinal studies. *Trauma, Violence & Abuse, 24*(4), 2743–2757.
- Menakem, R. (2017). *My grandmother's hands: Racialized trauma and the pathway to mending our hearts and bodies*. Central Recovery Press.
- Merriam-Webster,(n.d). Deal with. In Merriam-Webster.com dictionary. Retrieved from September 8. <https://www.merriam-webster.com/dictionary/deal%20with>
- Miller, K., Stipp, K., & Bertrand, S. (2022). The intersection of classroom management, student trauma and self-care: Experiences of preservice teachers. *Teacher Development, 27*(1), 55–74. <https://doi.org/10.1080/13664530.2022.2146180>
- Narayan, A. J., Rivera, L. M., Bernstein, R. E., Harris, W. W., & Lieberman, A. F. (2018). Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale. *Child Abuse and Neglect, 78*, 19–30. <https://doi.org/10.1016/j.chiabu.2017.09.022>
- National Child Traumatic Stress Network [NCTSN]. (2016). *Secondary traumatic stress: A fact sheet for child-serving professionals*. Secondary Traumatic Stress Committee.
- Perfect, M., Turley, M., Carlson, J. S., Yohannan, J., & Gilles, M. S. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of research from 1990 to 2015. *School Mental Health, 8*(1), 7–43. <https://doi.org/10.1007/s12310-016-9175-2>
- Perry, D. L., & Daniels, M. L. (2016). Implementing trauma—informed practices in the school setting: A pilot study. *School Mental Health, 8*(1), 177–188. <https://doi.org/10.1007/s12310-016-9182-3>
- Petrone, R., & Stanton, C. R. (2021). From producing to reducing trauma: A call for “trauma-informed” research(ers) to interrogate how schools harm students. *Educational Researcher, 50*(8), 1–9. <https://doi.org/10.3102/0013189X211014850>

- Pickens, I. B., & Tschopp, N. (2017). Trauma-informed classrooms. *National Council of Juvenile and Family Court Judges*.
- Pollack, T. M. (2012). The miseducation of a beginning teacher: One educator's critical reflections on the functions and power of deficit narratives. *Multicultural Perspectives*, 14(2), 93–98. <https://doi.org/10.1080/15210960.2012.673318>
- Pyscher, T., & Crampton, A. (2020). Possibilities and problems in trauma-based and social emotional learning programs. *Occasional Paper Series*, 43, 3–9. <https://educate.bankstreet.edu/occasional-paper-series/vol2020/iss43/1>
- QSR International Pty Ltd. (2010). *NVivo qualitative data analysis software; version 9*. Lumivero.
- Shalaby, C. (2017). *Troublemakers: Lessons in freedom from young children at school*. The New Press.
- Sleeter, C. E. (2004). Context-conscious portraits and context-blind policy. *Anthropology & Education Quarterly*, 35(1), 132–136.
- Sonuga-Barke, E. J. S., Kennedy, M., Kumsta, R., Knights, N., Golm, D., Rutter, M., Maughan, B., Schlotz, W., & Krepner, J. (2017). Child-to-adult neurodevelopmental and mental health trajectories after early life deprivation: The young adult follow-up of the longitudinal English and Romanian adoptees study. *Lancet*, 389(10078), 1539–1548. [https://doi.org/10.1016/s0140-6736\(17\)30045-4](https://doi.org/10.1016/s0140-6736(17)30045-4)
- Souers, K., & Hall, P. (2016). *Fostering resilient learners: Strategies for creating a trauma-sensitive classroom*. ASCD.
- Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education*, 44(1), 26–28.
- Stipp, B. (2023). *When students suffer: A situated understanding of trauma and the role of the classroom teacher*. School of Education, Olivet Nazarene University.
- Strauss, A., & Corbin, J. (1994). Grounded theory methodology: An overview. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 273–285). Sage Publications, Inc.
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (2022). *Understanding Child Trauma*. <https://www.samhsa.gov/child-trauma/understanding-child-trauma>
- Temkin, D., Harper, K., Stratford, B., Sacks, V., Rodriguez, Y., & Bartlett, J. D. (2020). Moving policy toward a whole school, whole community, whole child approach to support children who have experienced trauma. *Journal of School Health*, 90(12), 940–947. <https://doi.org/10.1111/josh.12957>
- Thomas, M. S., Crosby, S., & Vanderhaar, J. (2019). Trauma-informed practices in schools across two decades: An interdisciplinary review of research. *Review of Research in Education*, 43(1), 422–452.
- Tuck, E. (2009). Suspending damage: A letter to communities. *Harvard Educational Review*, 79(3), 409–427.
- Turner, A. (2019). Good intentions but the right approach? The case of ACEs. In ACEs Connection. <https://www.acesconnection.com/blog/good-intentions-but-the-right-approach-the-case-of-aces>.
- Ungar, M. (2018). Systemic resilience: Principles and processes for a science of change in contexts of adversity. *Ecology and Society*, 23(4). Article 34. <https://doi.org/10.5751/ES-10385-230434>
- Van der Kolk, B. (2014). *The body keeps the score: Mind, brain and body in the transformation of trauma*. Penguin.
- Winningshoff, A. (2020). Trauma by numbers: Warnings against the use of ACE scores in trauma-informed schools. *Occasional Paper Series*, 2020(43), 33–43. <https://doi.org/10.58295/2375-3668.1343>
- Wolpov, R., Johnson, M. M., Hertel, R., & Kincaid, S. O. (2009). *The heart of learning and teaching: Compassion, resiliency, and academic success*. OSPI.