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Running head: VICARIOUS TRAUMA IN OUR “SYSTEMS”

WHAT ABOUT US?
VICARIOUS TRAUMA IN OUR “SYSTEMS”

By
Suzanne Spencer

A Dissertation in Practice

Submitted in Partial Fulfillment of the Requirements for the Degree of
Doctorate in Education

Doctoral Program in Educational Leadership at Lynn University
Ross College of Education

Lynn University

2018

VICARIOUS TRAUMA IN OUR SYSTEMS

LYNN UNIVERSITY

APPROVAL OF DISSERTATION IN PRACTICE

WHAT ABOUT US?

VICARIOUS TRAUMA IN OUR "SYSTEMS"

By

Suzanne Spencer

Dr. Jennifer Lesh
Chair, Dissertation in Practice Committee

Date

Dr. Kathy Weigel
Member, Dissertation in Practice Committee

Date

Dr. Kelly A. Burlison
External Member, Dissertation in Practice Committee

Date

Dr. Kathleen Weigel

Dean, Ross College of Education

VICARIOUS TRAUMA IN OUR SYSTEMS

ABSTRACT

SUZANNE SPENCER: What About Us? “Vicarious Trauma in our “Systems”

This narrative design investigates the phenomenon of vicarious trauma in a teacher’s system. Vicarious trauma is a silent phenomenon that can occur through the secondary witnessing of the traumatic experiences of others. This narrative design will describe how and what teachers experience through chronic and cumulative exposure to the adverse childhood experiences of their students. This research will narrate the lived experience of a teacher with vicarious trauma and the impact of vicarious trauma on a teacher’s belief system.

VICARIOUS TRAUMA IN OUR SYSTEMS

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ACKNOWLEDGMENTS

The pursuit of my Ed.D. would not have been possible without my husband's unwavering support. Thank you for loving me pre- and post-degree, and for believing in my highest potential. None of this would have been possible or in my dreams without you. I want to thank my committee chair, Dr. Jennifer Lesh. You just get it, and I was so lucky to have you by my side. Your passion and commitment to each student who comes into your life is inspiring and greatly respected. Thank you for understanding my vision and believing that we each can change the world. I adore you and it would be an honor to work with you soon. Thank you, Dr. Kelly Burlison. Your support has been instrumental in this study. I know from your experience in schools that you understand the need for further research on this topic. Thank you to Dean Kathy Weigel. I am in awe of your heart and work. We share the same fire, passion, belief, spirit, and love for "our" kids. I hope one day we will have the opportunity to work together.

I also want to thank my dad. It is my hope that, in this body of work, you will come to understand my passion to advocate and understand the purpose of my voice as a vehicle for change to serve those who have been marginalized. As a little girl who went to work with you on Saturdays, you taught me the three D's: dedication, determination, and desire. You have always been with me throughout this journey, and this giant footprint in education will move our family legacy forward for generations to come.

VICARIOUS TRAUMA IN OUR SYSTEMS

DEDICATION

I dedicate this dissertation to our son. It is my hope that this body of work will inspire you to pursue your educational journey, to look for each opportunity in the world, and to leave your best footprint for those who will follow. Your mummy pursued this degree because she is passionate about people and the human spirit. One of my favorite professors at Lynn University, Dr. James Guthrie, once told me to “Dream Big,” and my biggest dream is to be the best role model as a mummy that I can be to you. I know that you were born to lead, my son. Stay sweet, stay kind, stay confident, and know that you are a contribution to the world just as you are, because of who you are, and in whose likeness, you were made.

VICARIOUS TRAUMA IN OUR SYSTEMS

TABLE OF CONTENTS

ABSTRACT ii

ACKNOWLEDGMENTS iv

DEDICATION v

LIST OF TABLES xii

LIST OF FIGURES xiii

CHAPTER I: INTRODUCTION..... 1

 Background of the Problem 3

 Rationale 9

 The Purpose of the Study 10

 Theoretical Framework 11

 Research Questions 13

 Significance of the Study 13

 Assumptions..... 16

 Limitations of the Research Study 16

 Definition of Terms..... 17

 Organization of the Study and Summary 19

CHAPTER II: LITERATURE REVIEW 20

 Genealogy of the Construct of Trauma..... 20

 Vicarious Trauma in School Culture 24

 Teachers’ exposure to children with adverse childhood experiences 25

 Predictors of vicarious trauma in teachers 26

 Areas of disruption to teachers 27

VICARIOUS TRAUMA IN OUR SYSTEMS

Interlocking theories that form the essence of a teacher	30
Personality Traits	30
Attachment theory.....	31
Triggers.....	33
Teacher beliefs	33
Self-efficacy and resiliency beliefs.....	34
Theoretical Framework.....	34
Summary of the Literature	35
CHAPTER III: METHODOLOGY	38
Introduction.....	38
Research Questions.....	38
Philosophical Perspective	38
Epistemology	39
Ontology	40
Axiology	40
Research Method	41
Narrative Design.....	42
Inclusion Criteria	43
Population.....	44
Participant selection.....	44
Instrumentation	45
Data Collection Procedures.....	45
External Validity.....	46

VICARIOUS TRAUMA IN OUR SYSTEMS

Bias	46
Interviews.....	47
Triangulation.....	48
Data Analysis	48
Ethical Considerations	49
Risks.....	49
Benefits	49
Confidentiality	49
Informed Consent.....	50
Limitations of data collection	50
Delimitations.....	51
Summary	51
Executive Summary	54
CHAPTER IV: RESULTS	56
Introduction	56
Background Information.....	56
Statement of the Problem.....	58
Statement of Purpose	59
Significance.....	60
Summary of Major Research Findings in the Literature	60
Theme One: Individual Well-Being.....	61
Altruism	62
Worldview.....	63

VICARIOUS TRAUMA IN OUR SYSTEMS

Attachment	64
Empathetic engagement	66
Physical symptoms.....	68
Coping mechanisms	69
Self-care	70
Self-efficacy	71
Theme Two: Organizational Wellness.....	72
Leadership actions	73
Traumatogenic environment	74
Theme Three: Resilience	76
Summary of Research Findings	78
Purpose of the Study	79
Research Strategy.....	80
Research Questions.....	80
HeadsUpUS: Professional Development Seminar.....	80
Part one: Personal systems.....	80
Part two: Organizational systems.....	81
Part three: Resilience	81
Limitations and Recommendations.....	83
Conclusion	83
References.....	85
CHAPTER V: CONCLUSIONS	91
Introduction.....	91

VICARIOUS TRAUMA IN OUR SYSTEMS

Interpretation of the Findings.....	92
The impact of multiple levels of functioning on well-being.....	93
A disintegrated view of self and others.....	94
Empathetic sensitivity as a strength and a vulnerability.....	95
Enmeshment because of proximity and witnessing adverse childhood experiences	96
Non-normalized functioning.....	97
The Deterioration to Self-Efficacy and Competence.....	98
Organizational Wellness.....	98
Organizational and operational stressors and vicarious trauma.....	98
Leadership capacity and lack of organizational support is a detriment to school culture.....	100
Schools as traumatogenic environments.....	101
Individual resilience is possible but not probable to the collective without leadership.....	102
Implications of the Findings to Theory.....	103
Assumptive worldview theory.....	104
Evaluation of the Study.....	105
Limitations of the study.....	106
Recommendations.....	106
Conclusion.....	107
REFERENCES.....	112

VICARIOUS TRAUMA IN OUR SYSTEMS

APPENDIX A: VICARIOUS TRAUMA IN OUR “SYSTEMS” TEACHER

RECRUITMENT FORM.....	54
APPENDIX B: CONSENT FORM	138
APPENDIX C: INTERVIEW PROTOCOLS	141
APPENDIX D: INTERVIEW PROBES	144
APPENDIX F: LIST OF “ARTIFACTS”.....	147
APPENDIX G: COUNSELOR REFERRALS FORM.....	148

LIST OF TABLES

Table 1. Summary of Results..... 81

LIST OF FIGURES

Figure 1. Percentage of children with two or more ACEs. 7

Figure 2. Vicarious trauma in our “systems”: Layers of trauma diagram. 8

Figure 3. Strengths, weaknesses, opportunities, and threats related to vicarious trauma. 53

Figure 4. Word cloud of Sarah’s experiences with a lack of leadership support..... 74

Figure 5. A view of the lived experience of vicarious trauma as described by Sarah. 78

CHAPTER I: INTRODUCTION

The researcher has personal experience with some of the signs and symptoms of the onset of vicarious trauma, although she did not recognize them as such despite having worked in the field of substance abuse for more than a decade. When the researcher entered the field, she was untrained but eager to help and contribute value to those she served because of her ability to empathize, listen, support, guide, and build trust and rapport. Throughout the researcher's years in the field, she heard stories of abuse, neglect, loss, grief, and violence from young adults who were no older than children at the time and were dependent on family, government, school, and community systems to keep them safe.

The researcher's time in the field took her through a professional journey in treatment to head a drug task force, to head a heroin task force, to head a substance abuse prevention program, and hearing the stories of young people who were trying to find their way through long-term recovery. The researcher noticed that she struggled to hear the trauma of one more story, that she was unable to watch the news, and that she was unable to view to a multimedia experience that portrayed trauma. The researcher also became hypersensitive, fear-based, and her worldview changed due to a sense of loss of hope and belief. She knew from firsthand experience that vicarious trauma happens outside of the clinical counselor experience. The researcher believes it happens to first responders, police departments, nurses, teachers, and many others who are untrained and unprepared.

Recognizing cause and effect is easy when one observable phenomenon directly results in a specific outcome. It is more difficult to identify a process that is a silent

internal disruption, like vicarious trauma. In this study, the researcher will build upon the existing body of work devoted to trauma and secondary exposure. Understanding the impact of vicarious trauma in teachers may one day lead to a follow-up study devoted to correlating the consequences of exposure to secondary traumatic witnessing and vicarious trauma in teachers, as well as specific outcomes in the classroom.

One might recall the length of time, rise of chronic disease, and public revolution surrounding secondhand smoke exposure. For example, the surgeon general only warned of the correlation between secondhand smoke and health problems in 2006, illustrating the hesitancy to attribute causality to indirect variables (Crane-Godreau & Payne, 2015).

Secondhand smoke and health problems suggest that cause does not always lead to real-time effects; and that secondary effects are often involuntary (Crane-Godreau & Payne, 2015). Similarly, the vicarious traumatization process does not always lead to real-time effects. Teachers' understanding of exposure risk may be involuntary as they may not realize the impact of secondary trauma on their health. (Hydon, Wong, Langley, Stein, & Kataoka, 2015).

The researcher's hope is that this narrative design will lay the groundwork for other researchers to explore vicarious trauma in the field of education and beyond into other non-crisis professional populations (Waitt, 2015). *Secondary trauma* or *vicarious trauma*, as the field of counseling has defined it, is a process of disruption to the inner beliefs of those who repeatedly encounter the traumatic experiences of others (McCann and Pearlman, 1990). It is a probable effect that develops over time because of chronic and cumulative exposure to a highly stressful daily environment: "Daily stressors can expose school personnel (i.e., teachers, administration, nurses) to vicarious trauma,

afflicting those who frequently work with traumatized populations” (R. Goodman, personal communication, January 23, 2018).

Other researchers have affirmed the daily stressors of teachers (Lucas, 2007). As stress builds, the health consequences resulting from vicarious trauma can disrupt teachers’ internal systems, often resulting in the use of drugs, alcohol, maladaptive behaviors, and a lack of coping skills (Madill, Halle, Gebhart, & Shuey, 2018). This process can negatively transform and permanently alter an individuals’ cognitive schemas (Diehm & Roland, 2015). When teachers’ lack awareness or an understanding of risk factors, their exposure to vicarious trauma is involuntary; the effect of this trauma increases in severity if these teachers chronically encounter auditory, emotional, or visual adverse childhood experiences (ACEs) of their students (Borotrager et al., 2012). Like the life-threatening lessons of secondhand smoke, more research is needed to explore the correlation of cause and effect of vicarious trauma on teachers who care and respond to the needs of traumatized students. Moreover, as vicarious trauma becomes a more widely accepted in the broadened scope of education, school communities must look to provide protective factors that mitigate a teachers’ risk and may leave a permanent alternation to their physical, emotional, spiritual and cognitive beliefs, functioning, and well-being (Diehm & Roland, 2015).

Background of the Problem

Vicarious trauma is a seldom encountered term in the field of education and researchers know little about its effects on educators (Hydon et al., 2015). Although the term is not new, it continues to evolve in both meaning and understanding (Kadambi, M. A., & Ennis, L. 2004). In the early days of Freudian psychoanalysis, the term

countertransference encapsulated a similar experience to vicarious trauma. For Freud, countertransference described the phenomenon whereby the analyst would identify with or adopt or empathize with the feelings expressed through the content of a patient's story. (Tansey, M. J., & Burke, W. F. 1989).

As the term continued to evolve throughout the century—from burnout, to compassion fatigue, to secondary traumatic stress, and finally to vicarious trauma—it continued to expand and evolve from its original framework and extend beyond the field of psychiatry to those in high-crisis emergency and aid jobs. Among contemporary high-risk, high-crisis populations such as first responders, aid workers, or healthcare providers (Drum, 2016), a broader spectrum of symptoms include interactions with traumatized clients that cause similar symptoms to those Freud associated with countertransference: compassion fatigue, emotional fatigue, burnout, secondary traumatic stress, or vicarious trauma (Pearlman & Saakvitne, 1995). These terms each possess unique definitions that emphasize their subtle differences, but because of their intertwined occurrence and interchangeable use, researchers have struggled to isolate the structure and measurement of vicarious trauma. Often these responses are co-occurring (Pearlman & Saakvitne, 1995). As such, current research has failed to establish a clear definition of vicarious trauma, creating limitations in methodologies and disparate results (Kadambi & Ennis, 2004).

For the purposes of this study, McCann and Pearlman (1990) provided one of the best definitions of vicarious trauma: as a process that disrupts the inner experience of an individual through overly empathizing with another person's suffering. In addition to the negative mental and physical effects to an individual's well-being, they identified three critical components putting those who work with traumatized individuals at heightened

risk for vicarious trauma:

1. Empathetic engagement through auditory, emotional, or direct witnessing of traumatic experiences
2. Empathetic engagement and chronic witnessing to the darker side of humanity
3. The potential for triggering responses stemming from past direct trauma (McCann & Pearlman, 1990)

Today, it is necessary to consider that the construct of vicarious trauma extends far beyond the fields of counselling, healthcare, and aid workers (Waite, 2015). It can occur to anyone who has cumulative exposure to a survivor of trauma as it continues to evolve and broaden in scope. Scholars have identified the process as an inner transformation resulting from empathetic engagement with traumatic material (Pearlman & Saakvitne, 1995).

Based on personal experiences with first responders, the researcher recognized that vicarious trauma was causing an inner disruption in their thinking and worldviews because of an opioid epidemic within a local community that was subsequently changing the nature of police work. Officers served as first responders, rendering medical aid during chronic overdoses. During their duties, these officers routinely witnessed traumatic events that impacted their psyche, family, and worldview. The rapid rate at which these officers' jobs had changed caused a reactionary response with few precautionary measures. The department offered little supervisory training and implemented no policy covering counselling options for new or veteran officers who faced more traumatic scenes and chronic stress than ever before. In this professional

population, the increased risk of substance abuse, declining mental health, and psychological risks were unmet needs.

Research has shown that adults who have suffered childhood trauma or adverse childhood experiences may have elevated levels of empathy (Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018). This may provide an understanding of why teacher's may feel increased empathy in the aftermath of witnessing the traumatic experiences of their students (Greenberg et al., 2018), as they suffer from poverty, homelessness, divorce, neglect, illness, or abuse. A 2006 study suggests that teachers will suspect about 92 cases of child maltreatment within their career lifespan (VanBergeijk & Sarmiento, 2006). This exposure may accumulate over time, leaving educators who enter the profession with altruistic aims burdened, overwhelmed, or hopeless at their inability to help. Studies affirmed that school personnel are experiencing high levels of stress (Borntrager et al., 2012). Similar to the relationship of a caregiver, research on the relationships between teachers and students has shown that indirect exposure, scene experiences, and a bond to those directly affected by the trauma increases the likelihood of experiencing negative psychological responses (Shultz et al., 2012). The field of education is one of the highest-ranking occupations that includes physical and emotional exhaustion (Klimeková, 2007). The manifestation of burnout in helping professions with exposure, such as education, can have a long-term psychological burden (Hoskovcová, 2009). These negative psychological responses can manifest in various ways, such as absenteeism (approximately 8% of teachers leave the teaching profession each year and 40% leave every five years), poor job performance, job

dissatisfaction, and a disrupted worldview that affects their daily functioning (Jenkins & Baird, 2002; Lucas, 2007).

Forty-five percent of children in the United States have experienced at least one ACE, and 10% of children are reported to have experienced three or more ACEs (Sacks & Murphey, 2014). National data suggest that close to 25% of youth have witnessed or had indirect exposure to violence in their family or community. This same data also indicated that 60.8% of children had at least one direct form of violence exposure before 2013, putting educators at high-risk for vicarious trauma (Finkelhor, Turner, Shattuck, & Hamby, 2015). More than 60% of adults reported having had at least one ACE with 25% reporting three or more (Finkelhor et al., 2015). Below, *Figure 1* visualizes the percentage of ACEs children have in different geographical locations of the United States.

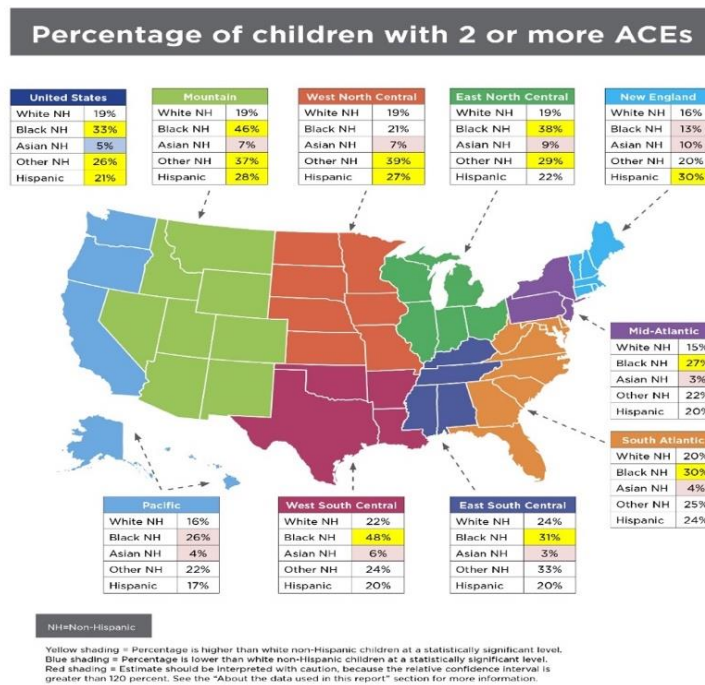


Figure 1. Percentage of children with two or more ACEs.

It remains unknown as to the effort that reporting of child maltreatment or violence can have on the teacher (VanBergeijk & Sarmiento, 2006). Some additional compounding organizational and operational traumas emerge from a lack of communication, poor leadership, performance demands, and change management. Seventy percent of adults' report experiencing at least one traumatic event with over 30% reporting four or more (Benjet et al., 2015). A teacher's exposure to trauma today (as seen in *Figure 2*) can be both cumulative and chronic.

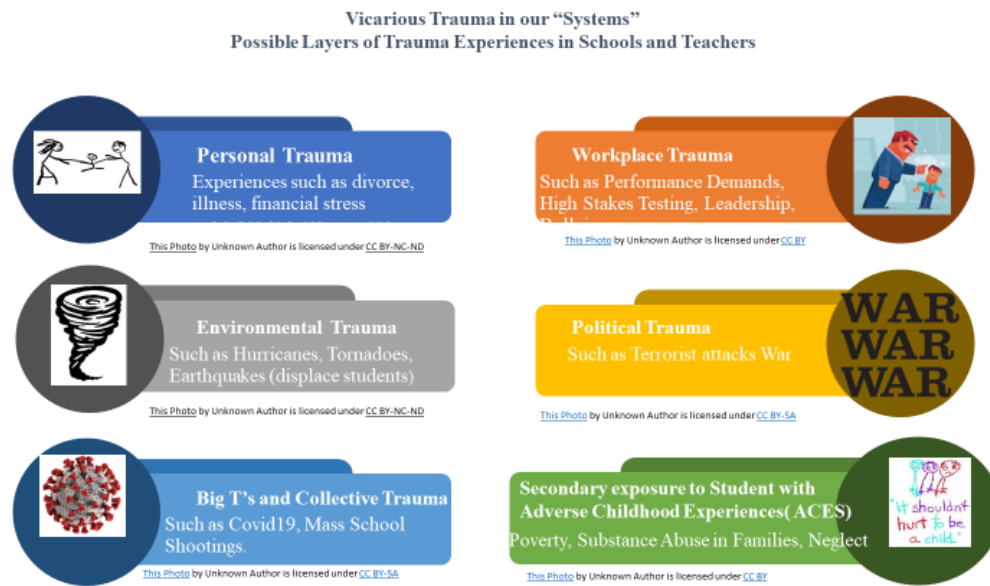


Figure 2. Vicarious trauma in our "systems": possible layers of trauma diagram.

New research has introduced the idea of *shared resilience* because of collective trauma as an opportunity to grow because of shared trauma (Nuttman-Shwartz, 2014). Both resilience and secondary trauma can manifest in behaviors, emotions, and conceptions (Nuttman-Shwartz, 2014). Research has increasingly demonstrated the impact of the organizational system in both the prevention and the reducing of risk in vicarious traumatization (Bell, Kulkarni, & Dalton, 2003). School communities must

assess the workplace as it looks to the workforce of the future. Strategies may resemble the practices of prevention for other helping populations that address both preventative and risk factors through policy, processes, and procedures. Policies that protect these individuals through hiring practices, workplace processes that increase education, and procedures that allow for intervention are necessary (Bell et al., 2003).

Rationale

Within the theoretical framework of the assumptive worldview (Janoff-Bulman, 1989), the purpose of this study is to determine the following research questions: What are the meanings, structures, and essences of the lived experience of vicarious trauma by a teacher? What is the impact of vicarious trauma or secondary traumatic stress on a teacher's belief system? Researchers have largely ignored the impact of vicarious trauma on non-crisis professions (e.g., teachers) (Hydon et al., 2015). Literature suggests there is a gap in addressing how organizations accept and recognize this crisis (Alisic, 2012); this lack of understanding and awareness may reduce access to aid and mental health services that help teachers adapt to changing dynamics of the school environment today. The basis for the adoption of the concept of vicarious trauma from the therapeutic setting to the educational setting emerges from the theoretical framework of the assumptive worldview theory and the constructivist self-development theory as identified in the field of therapy (Janoff-Bulman, 1989; McCann & Pearlman, 1990).

The rationale for this narrative study was the researcher's long-term aspirations as a human organizational development consultant to design and offer a professional development curriculum that helps provide tiered-level intervention within macro systems that will possibly decrease or alleviate the side effects of vicarious trauma. I

have designed a product that will help address interventions for both the individual (in this case, the teacher) and the organizational system (in this case, the school) that helps prevent and reduce risk within both systems.

The Purpose of the Study

The purpose of this narrative study is to expand the understanding of vicarious trauma in many non-crisis professional populations, the workplace, and the general population. With the recognition of this phenomenon in professional populations that have cumulative and chronic exposure to the trauma of others, it has broadened the depth and breadth of this wider psychological problem to the field of education. In devoting this study to vicarious trauma in teachers, similarities such as secondary witnessing of trauma, repeated exposure to the traumatic experiences of others, organizational culture, operational stresses, chronic absenteeism, and maladaptive behaviors (substance abuse, anxiety, and mental health issues) required the adoption of the concept of vicarious trauma in new professions and populations. Using this narrative design, the researcher aimed to discover the personal and professional impact of vicarious trauma or secondary traumatic stress on the life of a teacher. Throughout this study, the researcher interchangeably used the term vicarious trauma or secondary traumatic stress to refer to a negative transformative process and response that occurred because of chronic exposure and secondary witnessing to the traumatic experience of others (Figley, 1995). This study played an important role in the adaptation of vicarious trauma from the field of counselling (McCann & Pearlman, 1990) and emergency response (Shakespeare-Finch & Armstrong, 2015) to the field of education. Using the concept of vicarious trauma,

scholars can expand on the prevalence of the phenomenon within other professional populations, such as: lawyers, doctors, students, judges, and media.

Theoretical Framework

This research is based on the theoretical framework of the assumptive worldview theory first articulated by Janoff-Bulman (1989), which describes the organization of individuals' cognitive schemas and belief systems that reflect what a person assumes about both the world and himself or herself based on past experiences. It is these assumptions or beliefs that aid in grounding individuals, allowing them to feel safe and secure in their sense of reality, meaning, and purpose in the world (Janoff-Bulman, 1989; Kauffman, 2002; Feldman & Kaal, 2007).

The assumptive worldview speaks to three core assumptions as it relates to trauma and an individual's beliefs that shape their worldview. First, *the world is benevolent*: people are good, kind, and well-intentioned; life has positive outcomes and people have some ability to influence events. Second, *the world is meaningful*: there is a clear correlation between cause and effect that allows people to understand how and why events unfold in the world. Third, *the self is worthy*: people are moral individuals allowing society to assume a level of respectful behaviour from others (Janoff-Bulman, 1989). Traumatic events challenge or undermine these assumptions, and a disruption starts to take place within the assumptive worldview. This loss of coherence starts the onset of disillusionment.

Edmonson et al. (2011) identified the onset of this disillusionment as the consequence of the shattering of the assumptive because of exposure to traumatic material. The loss of these assumptions results in a dramatic shift in an individual's

cognitive schema: The individual may no longer see themselves as competent and safe (Park & Ai, 2006; Tedeschi & Calhoun, 2004). A psychological state transforms from one of security and assurance into one of anxiety and psychological reactivity (Edmondson et al., 2011).

As teachers witness the darker side of humankind, such as child neglect, poverty, and abuse at rates of approximately 92 cases of child maltreatment within their career lifespans (VanBergeijk & Sarmiento, 2006). Vicarious trauma endangers the assumptive worldview (Janoff-Bulman, 1992), and this can leave teachers highly vulnerable because of their chronic exposure to students with ACEs.

In some situations, teachers and students can mimic the bonds of a parent-child relationship (Horru & Ikonen-Varila, 2004). Given that teachers spend six to seven hours a day with increasing numbers of students who meet the criteria for three or more ACEs in the classroom, they are at serious risk to experience vicarious traumatization and the slow erosion of beliefs (Fleming & Robinson, 2001; Calhoun, Tedeschi, Cann, & McMillan, 2000; Joseph & Linley, 2008).

An individual who witnesses or has a trauma experience does not automatically construct negative meaning in response to such events (Hernández, P., Gangsei, & Engstrom, 2007). Teachers are unique as a population because of their altruistic and personal fulfillment motivations for entering the profession (Shulzhenko, & Sayko, 2015). This often involves the promise of having a positive influence on the lives of their students. Recent research affirmed that growth can occur because of traumatic events (Linley, Felus, Gillett, Joseph, 2011). One influencing factor of whether post-traumatic growth or disintegration will occur (Tedeschi & Calhoun, 2004) is a teacher's ability to

have sense-making of student's traumatic experiences.

Research Questions

The researcher has limited this study design to an early grade or special education teacher who has the responsibility of at least one class most of the day— a benchmark for chronic exposure. In this study, the researcher answered a set of guiding research questions. First, what are the meanings, structure, and essence of the lived experience of vicarious trauma by a teacher? Second, what is the impact of vicarious trauma or secondary traumatic stress on a teacher's belief system? The researcher narrated and described these questions through a narrative study design. This strategy was advantageous in understanding both the lived experience and the disruption to a teachers' belief system due to the onset of vicarious trauma. The researcher gathered information on these questions by means of a one-on-one, semi-structured interview with a single, strategic participant.

Significance of the Study

This study was relevant for the mental health of teachers in American school systems. Early exploratory studies have identified vicarious trauma among teachers who work with low socio-economic populations and high-risk communities (Baikova, 2016; Dubois, 2010). While teachers who work with low-income and high-risk populations frequently encountered this trauma, it is often overlooked in these environments, recognizing it not as a phenomenon, but rather a consequence of the job demands of working in lower socio-economic school districts and violent communities (Baikova, 2016). However, today with the broad scope of experiences that constitute ACEs, school districts located in affluent communities are not immune from such problems (Sacks,

Murphey, & Moore, 2014).

Today, the prevalence of trauma in the daily lives of Americans of all colors and socio-economic levels is at an all-time high (Sacks et al., 2014). According to the U.S. Department of Health and Human Services (HHS, 2011), there were 676,569 reported victims of child abuse and neglect across the nation. A recent study reports that approximately five million children in the United States experienced trauma every year (Perry, 2017). As traumatic experiences increase, so too will children's and teachers' exposure to ACEs and their prevalence in the classroom. Twenty-six percent of children in the United States will witness or experience a traumatic event before the age of four, and 60% of adults report ACEs during childhood (National Center for Mental Health Promotion and Youth Violence Prevention, 2012).

These statistics suggest that teachers routinely encounter high percentages of children with multiple ACEs and daily traumatic events. They also suggest the likelihood that there is a high population of teachers who may themselves have ACEs, and that may remain unresolved with the potential to retrigger at any given moment through their work with students (Slater, Veach, & Li, 2013). According to the National Institutes of Health, Department of Veteran Affairs, and the Sidran Institute (2018), post-traumatic stress disorder affects more than 7.7 million Americans a year, a diagnosable psychological response because of direct or indirect exposure to a traumatic event. A recent study determined that teachers experience signs of post-traumatic stress disorder such as hyper-arousal, intrusive thoughts, helplessness, and physical symptoms (Srdanovic, 2017) because of their student's traumatic experiences (Hill, 2011). Symptoms can overlap, and there may be misdiagnoses between PTSD and vicarious trauma (Eriksson, Kemp,

Gorsuch, Hoke, & Foy, 2001). According to the Diagnostic Statistical Manual (DSM-V), individuals can witness a trauma by both direct or indirect encounters and because of repeated and chronic exposure as a circumstance of a professional role (American Psychiatric Association, 2013).

Prior research has also affirmed the increase of occupational and operational stressors among teachers (Chang, 2009), which may be because of organizational expectations and demands like testing, the accountability of student motivation, and achievement. In the current educational environment, a teacher's competency and skill receive punitive response for student shortcomings (Aydarova & Berliner, 2018). The increase of active shooters on school campuses (Tosone, Nuttman-Shwartz & Stephens, 2012) has shattered the safety of American schools and classrooms, and while the title of the professional remains that of teacher, the role of the profession resembles that of professional caregiver, first responder, and social worker (Cherniss, 2016). There is a loss of idealism that results from unfilled expectations and school systems that are unsupportive (Cherniss, 2016).

This study was critical because teachers have a significant influence on the daily beliefs, values, and learning of students (Hallinan, 2008). The psychological distress that teachers confront daily detaches them from their profession, and further has a detrimental effect on their personal and organizational systems (Tosone et al., 2012; Hill, 2011). Previous studies have identified that when teachers are not psychologically healthy, the quality of their interactions with students in the classroom will suffer as will their efficacy as professionals (Hamre & Pianta, 2004; Jeon, Buettner, & Snyder, 2014). Exposure to trauma—whether direct or indirect—is causing epidemic proportions of

maladaptive behaviors that include both substance abuse and mental health issues (Waite, 2015), and this public health crisis will only continue to grow without informed intervention.

Assumptions. The following assumptions occur within the known parameters of a narrative study design as well the participant variables within the research topic:

- A strategic participant will be available to participate in the study.
- The participant will be open and honest in sharing their lived experience.
- The interview will show themes that can serve as a phenomenon of the strategic participant.
- The participant will understand the definition of the topic of vicarious trauma.
- The participant will be able to identify the relationships between physical, behavioral, and cognitive symptoms of vicarious trauma.
- I will not lead participant answers in any way.
- I will shift and adapt theory based on the identified re-storied themes.
- This narrative is with a single strategic participant.

Limitations of the Research Study

There were limitations of this narrative study design on vicarious trauma in our “systems.” First, the researcher had no control over the outcomes of the results. The participant was strategically selected, and further study will be required to make a broader claim (Flyvbjerg, 2006). As the researcher interpreted the stories of the participant, there are areas that related to research subjectivity (Verschuren, 2003).

Where there is concern about the reliability and replicability of this study design, the goal

of this narrative study was not to generalize the results, but rather, to explore, describe, and explain vicarious trauma as a phenomenon within the context of a teacher's profession.

Definition of Terms

Vicarious trauma is a process and results from an emotional residue of exposure initially seen in counselors who work with clients and traumatic experiences. The phenomenon occurred with counselors who chronically encountered or witnessed the traumatic experiences of their clients (Lai, Heydon, & Mulayim, 2015). In this narrative design, the scope of vicarious trauma is broadened and adapted because of teachers' chronic exposure to their students' ACEs (e.g., divorce, neglect, abuse) in the classroom.

Vicarious traumatization represents a deteriorating effect of trauma therapy on the therapist (Pearlman & MacCann, 1995). In the context of this narrative design, it refers to the deteriorating effects such as cognitive distortions, disrupted beliefs about self and others, and maladaptive coping behaviors such as substance abuse of indirect trauma exposure of a teacher.

Secondary traumatic stress represents an emotional reaction that happens when an individual hears about the firsthand trauma experiences of another (Do, 2016). In this narrative design, the researcher uses the terms vicarious trauma and secondary traumatic stress interchangeably.

Punitive is the concept of punishing someone. In this study, the researcher refers to the term punitive in the context of the action taken based on the measurement of a teacher's performance or competencies.

Psychological distress can cause vicarious traumatization and can impact a

teacher's level of functioning.

Maladaptive behaviors are dysfunctional coping skills and refer to an individual's unproductive and unhealthy coping skills. In this study, the researcher defines maladaptive behaviors as unhealthy and dysfunctional coping skills in teachers that have long-term negative outcomes.

Direct trauma is a firsthand traumatic experience that involved actual or threatened death or serious injury (Farley & Barkan, 1998). In this study, direct trauma refers to a firsthand experience with a traumatic event or adverse experience.

Indirect trauma results from secondhand witnessing of the traumatic experiences of others and can be a normal reaction when working with trauma survivors (Rakow, 2015). In this narrative design, indirect trauma refers to secondary traumatic witnessing and vicarious traumatization of teachers who encounter and suffer from the effects of their students' trauma.

Adverse childhood experiences (ACEs) are known stressful and traumatic events in a child's life that can result in long-term adult chronic illness (Felitti et al., 1998). They may also include dysfunctional homes with domestic violence and those with substance use disorder. This study refers to teachers who encounter the ACEs of their students in the classroom.

Chronic exposure describes repeated exposure. In this study, chronic exposure refers to the repeated exposure to the ACEs of students in the classroom (Singer, Anglin, Yu Song, & Lunghofer, 1995).

Post traumatic growth (PTG) is a result of psychological growth that can occur from a traumatic experience. In this narrative des teacher's level of functioning.

Organization of the Study and Summary

The research questions guided the central purpose of this study to gain a rich and deep understanding of vicarious trauma in a teacher's system. There are three main pillars outlined in the study include: (i) a genealogy of the construct of vicarious trauma, (ii) an understanding of the essence of teachers and what makes them a highly vulnerable population, and (iii) the impact of vicarious trauma on a personal and professional dimension. Previous research on vicarious trauma has almost exclusively targeted crisis-related professions, leaving the phenomenon of vicarious trauma among educators relatively unexplored (Alisic, 2012). There remains a significant gap in the literature that adapts the progress made in crisis, aid, and mental health workers for the changing dynamics of the school environment today. Further areas of study include both qualitative and quantitative study designs that examine the prevalence of vicarious trauma, the impact of attrition on the school system, and how it increases maladaptive coping behaviors such as substance abuse. The researcher chose a narrative design as scholars have overlooked this phenomenon in the field of education; a narrative design provided a rich and deep understanding of teachers' experiences and how they react to the unfolding phenomenon.

CHAPTER II: LITERATURE REVIEW

Today, the traditional boundary that trauma only happened elsewhere has eroded and made its way into local civilian lives (Tosone et al., 2012)—most notably, in schools where teachers encounter increasing numbers of traumatized students. This study aims to discover the essence of the lived experience of a teacher with vicarious trauma through a narrative research design (Baxter & Jack, 2008; Crowe et al., 2011).

The awareness of trauma has expanded from its traditional understanding in the context of global trauma and its occurrence outside of the United States borders and the context of humanitarian or crisis professionals. In a recent interview, a researcher stated that “working in a highly stressful environment daily exposes school personnel (e.g., teachers, administration, nurses) to vicarious trauma—a silent phenomenon that afflicts those who frequently work with traumatized populations” (R. Goodman, personal communication, January 23, 2018). The findings of this study will help school systems identify and reduce risk factors to teachers of vicarious traumatization. In this study, I narrated and described the experience of a teacher who is chronically exposed to the ACEs of students in their classroom. This narrative has guided prevention models that address both self-care and organizational care strategies.

Genealogy of the Construct of Trauma

Freud first introduced a similar construct of this phenomenon, which he labeled “countertransference” (Gemignani, 2011). Freud identified a phenomenon that he observed within the therapeutic process between a patient and a therapist: The therapist appeared to suffer emotionally from their exposure to their patients’ traumas. There were

some who believed that therapists could only serve the patient well if they drew on deeper levels of empathy, allowing them to live and experience the patient's trauma as if it were their own (Sullivan, 1953). The concept of countertransference became more widely accept in relation to the therapeutic process of interaction. The concept evolved from the field of psychiatry and then to counselling from the general effects of an intertwined, empathetic, therapeutic relationship to include more nuanced pathologies: burnout, compassion fatigue, empathy fatigue, post-traumatic stress disorder, secondary traumatic stress, and vicarious trauma. Understanding the differences of these pathologies led researchers to identify the same problems in other trauma-related populations such as veterans (Saarento, Kastrup, & Hansson, 1998). The prevalence of PTSD within the general population has given rise to a specific set of diagnosable symptoms (American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 1980). Although each of these disorders intersects in their symptomology, there are subtle differences from the phenomenon of vicarious trauma.

Burnout describes the consequences of severe stress intertwined with lofty expectations in helping professions (Schaufeli, Leiter, & Maslach, 2009). Burnout typically occurs in high-stress jobs with low job satisfaction, healed only by leaving the job that is causing the disturbance to the psyche. Professions with high burnout rates include medical professionals (Chou, Li, & Hu, 2014), lawyers, and teachers (Cherniss, 2016). Burnout can mimic some of the signs of vicarious traumatization and post-traumatic stress symptoms, such as exhaustion, irritability, and low self-efficacy (Srdanovic, 2007).

Empathy/compassion fatigue is emotional, physical, and spiritual exhaustion that results from an individual's own traumatic experiences that others' traumatic or stressful events repeatedly trigger (Figley, 1992; Stebnicki, 2008). Figley (1992) described the term as an emotional and physical erosion that takes place when those who help are unable to refuel and recharge. In the field of counselling, empathy fatigue is the exchange that takes place between a counselor and a patient, where the former revisits his or her own wounds when interacting with the patient (Shallcross, 2013). Empathy fatigue weighs on the very essence of an individual and the characteristics that allow them to empathize with the suffering of another. Professions that experience high rates of empathy or compassion fatigue are direct service professions like counselors, social workers, and psycho-therapists (Stebnicki, 2008). A similar negative transformative response occurs with vicarious trauma as it erodes the professional's ability to feel empathy and their inability to care for those they serve (Pearlman & Saakvitne, 1995). Without an understanding of the vicarious traumatization process, a teacher may become detached from their students and feel as if they are unable to adequately serve their profession any longer and may prematurely leave their field of passion.

Secondary traumatic stress (STS) commonly occurs with crisis response professionals trying help those who are traumatized (Figley, 1995, p. 7). One of the key differences between STS and vicarious trauma is that secondary traumatic stress may result from a single traumatic event, as opposed to vicarious trauma, which is a process of transformation and that results from prolonged exposure. At the end of the 1970s, researchers noticed symptoms in those emergency service workers who treated victims of

trauma daily that resembled posttraumatic stress disorder (PTSD): flashbacks, nightmares, hyper-arousal, etc. (Srdanovic, 2007).

McCann and Pearlman (1990) first coined the term *vicarious trauma*, which they identified as an internal disruption that takes place in the counselling profession that occurs when they listen or are secondary witnesses to the traumatic stories of their clients. This is like Freud's original construct of countertransference, whereby a therapist would bond with their patient through an empathetic engagement with the patient's traumatic experience. As this empathetic engagement with clients became chronic, researchers concluded that vicarious trauma caused a permanent and negative transformation in the view of both the self and others (Pearlman & Saakvitne, 1995). The effects of vicarious trauma included deteriorated "worldview, spirituality, affect tolerance, inter-personal relationships, internal imagery and physical presence in the world" (Pearlman & Saakvitne, 1995, pg. 280; see also Saakvitne, Tennen, & Affleck, 1998; Tosone et al., 2012).

As researchers began to explore the phenomenon of vicarious trauma in the field of counseling, they subjected it to the theoretical framework of the constructivist self-development theory (Saakvitne, Tennen, & Affleck, 1998; McCann & Pearlman, 1990). This theory is rooted in the belief that people construct their reality based on their experiences. As such, when an individual routinely encounters traumatic material, it will change their perception of reality and disrupt the cognitive schema to that of a negative transformative response (Pearlman & Saakvitne, 1995). Disruptions to the psyche include how people see the world, how they see themselves, and their ability to meet their emotional needs (McCann & Pearlman, 1990).

Those in the helping profession who offer care and support to others often put their own emotional energy and coping resources at risk (Punamaki, Kanninen, Qouta, & El-Sarraj, 2002). Researchers have identified other professions, such as medical professionals (Chou, Li, & Hu, 2014), that suffer from the indirect transmission or secondary exposure to traumatic events; their symptoms resemble those of individuals who have directly experienced trauma (Argentero & Setti, 2011; Hatcher, Bride, King, & Catrett, 2011). Since McCann and Pearlman's (1990) introduction of the term vicarious trauma, researchers have explored the concept only in the field of therapy. As a result, the adaptability of the concept to other helping professions that engage in the treatment and support of traumatized individuals remains unexplored (Alisic, 2012).

There is, however, growing recognition that the construct of vicarious trauma extends beyond the field of counseling and into other professions: lawyers, media, first responders, and educators (Waite, 2015). Researchers are also more willing to identify vicarious trauma as a normal response to repeated encounters with traumatic stories or images (Pearlman & Saakvitne, 1995). Those who are unaware of the vicarious traumatization process and the disruption to their cognitive schema may carry this phenomenon in silence assuming that it is a weakness within themselves (Klassen & Chiu, 2010).

Vicarious Trauma in School Culture

Organizational stressors and demands (Chang, 2009), such as academic performance, grades, and student achievement, are the dominant elements of school cultures today. There are environmental changes in school communities and in the world at-large that give way to an increased escalation to both direct and indirect traumatic

experience (Tosone et al., 2012). Research has characterized those in professions that encounter the traumatic experiences of others as working in *traumatogenic* environments. School climates and the cumulative exposure to multiple layers of trauma could deem a school as a *traumatogenic* environment: a place where teachers find themselves in a traumatic environment (Tosone et al., 2012). School communities are increasingly vulnerable to environmental traumas or natural disasters (e.g., hurricanes, earthquakes, and bushfires) in addition to non-political acts of terrorism (e.g., school shootings) (Tosone et al., 2012).

Studies indicate that workplace violence has a negative effect on employee morale, job neglect, productivity, turnover, job dissatisfaction, and attitudes (Schat & Frone, 2011; Chang & Lyons, 2012). Whereas in the field of counseling, the extent of exposure and caseloads are predicting risk factors of vicarious trauma (Bober & Regehr, 2006), a broadened scope of vicarious trauma could consider the extent of a teacher's chronic exposure and the number of students in their classrooms who meet criteria for three or more ACEs may be considered as mitigating risk factors.

Teachers' exposure to children with adverse childhood experiences. ACEs are increasing (HHS, 2011). Reports affirm that approximately five million American children per year experience some form of an ACE, such as loss, illness, witnessing family or community violence, drive-by shootings, or substance abuse in families (Perry, 2010). In the United States twenty-six percent of children will be witness to or experience a traumatic event under the age of four (Briggs-Gowan, Ford, Fraleigh, McCarthy, & Carter, 2010). The lasting effect of chronic exposure to traumatized clients on counselors is readily accepted and can be applicable to teachers who spend six to

seven hours a day with traumatized students (Gallagher, 2014). When teachers are exposed to traumatized students, they may become vulnerable to vicarious trauma and the process that causes a negative transformation in functioning through cognitive distortions, unhealthy behaviours, and maladaptive coping (Waitt, 2015). Some examples of this in the field of education include unhealthy eating, cigarette smoking, drinking, and substance abuse (Waitt, 2015). As ACEs increase, it could soon become the number one public health crisis that faces our country, putting teachers on the frontlines.

Predictors of vicarious trauma in teachers. Empathy can also serve as a significant predictor of vicarious traumatization (Oakley, 2014). Among trauma workers, the ability to empathize with the suffering of the client or the client's experience can benefit responders' treatment approaches—empathy that is a desired quality of trauma workers (Campbell, 2002; Freedberg 2007). Similarly, empathetic sensitivity represents a necessary character trait for effective teachers (Peck, Maude, & Brotherson, 2015). This highly valued quality among teachers who are chronically exposed to traumatized students is one of the very traits that leaves a teacher highly vulnerable to vicarious traumatization. Other predictors of vicarious trauma in the clinical sector include a clinician's level of experience within the field. In some cases, a lack of experience has resulted in intrusive thoughts and avoidance symptoms (Hill, 2011). However, some have challenged this data since clinicians may leave the profession prematurely as result of exposure. Longer exposure starts altering beliefs, but it may be less noticeable in those individuals with longer term experience (Iliffe & Steed, 2000).

Likewise, 50 percent of American teachers were prematurely leaving the profession within five years (Macdonald, 1999). Since then, new studies have disputed this national data to reflect lower attrition rates. A 2012 Gallup Report on the state of America's teachers acknowledged that 46 percent of teachers reported high daily stress (Baikova, 2016). According to the 2013 Schools and Staffing Survey, approximately eight percent of teachers leave the teaching profession each year (40 percent every five years), and teacher absenteeism in the United States is approximately five percent according to the National Center for Education Statistics (Baikova, 2016). More can be done to understand if teachers are leaving the profession due to the negative effects of stress (Klassen & Chiu, 2010).

Additionally, while some studies have affirmed the association between a personal trauma history and vicarious traumatization (Pearlman & MacCann, 1995), others have suggested that it is only unresolved personal trauma such as an individual's inability to make sense of the traumatic event that increases an individual's vulnerability (Bober & Regehr, 2006).

Areas of disruption to teachers. Researchers have asserted that vicarious trauma has a negative impact on cognitive schema (McCann & Pearlman, 1990; Culver, McKinney, & Paradise, 2011). It can permeate multiple dimensions of an individual's life including their fundamental worldview. Disruptions to teachers can look like fear, withdrawal, hyper-arousal, perception, decreased empathic abilities, and defensive reactions (Srdanovic, 2007; Harrison & Westwood, 2009). The physical and inner psyche start to erode on professional, interpersonal, intra-personal levels (Argentero &

Setti, 2011; Pearlman & Saakvitne, 1995; Dombo & Gray, 2013; Adams, Matto, & Harrington, 2001).

In the field of education, professional erosion can resemble a decline in work performance, lack of connection to colleagues, and poor morale. Interpersonal changes create behaviors of social isolation and difficulty with intimate relationships. The intrapersonal transformations are those that shatter religious and spiritual beliefs and distort beliefs about self-efficacy (Argentero & Setti, 2011). An erosion of a teacher's spiritual dimension such as questioning the meaning of their work, a loss of a sense of purpose, feelings of hopelessness, and over-empathizing with the suffering of another can occur (Dombo & Gray 2013).

With the disruption of the assumptive worldview over time, sufferers often experience a loss of coherence and the onset of disillusionment or shattered assumptions (Janoff-Bulman, 1992). Vicarious trauma also plays a role in the sensory system; it causes imagery intrusions, bodily sensations (i.e., panic attacks), anxiety, and other sensory reactions such as hyper-arousal (Pearlman & Saakvitne, 1995). Oftentimes, when an individual is unable to comprehend the cause of these sensory overloads or control them, they resort to maladaptive coping strategies to avoid or numb these sensations (Madill et al., 2018).

Studies have shown that an individual will seek adaptive or maladaptive coping strategies because of increased emotional stress (Madill et al., 2018). Signs of maladaptive coping strategies include as numbing, self-distraction, denial, substance use, cutting, behavioral disengagement, venting, and self-blame (Littleton, Horsley, John, &

Nelson, 2007). Adaptive strategies represent those skills that foster resilience and healthy coping behaviors (Tedeschi & Calhoun, 1996).

Janoff-Bulman (1992) identified the onset of this disillusionment as the shattered assumptions theory. As trauma shatters teachers' assumptions about the world (their cognitive schema), they may no longer see themselves as competent and invulnerable (Maxwell, 2015; Park & Ai, 2006; Tedeschi & Calhoun, 2004). Teachers can start to experience a psychological state that begins to shape in the form of anxiety and psychological reactivity (Edmondson et al., 2011).

Vicarious trauma and secondary trauma can affect teachers' brains in the same way that it affects the students who suffer directly from such trauma (Tosone et al., 2012). Cognitively, the brain reacts by a fear response: It releases excessive cortisol and adrenaline; increases the heart rate, blood pressure, and respiration; and then opens the floodgates to an emotional response. A biological response begins to manifest with mental and physical symptoms such as anger, absenteeism, detachment, and negative workplace behaviors. Research affirms that teachers who have a classroom with one or more students struggling from the effects of trauma commonly experience symptoms very much like those that their students are exhibiting (Tosone et al., 2012; Hill, 2011).

Shared trauma events refer to key aspects that include a collective event wherein the clinician and the client belong to a shared community and the clinician works within the community and works with individuals in the same community (Baum, 2010). For example, recent school shootings across the country are illustrations of teachers who are part of a shared trauma experience. Teachers are part of a collective experience; both the teacher and the student belong to the same community, and a teacher is doubly exposed

to the traumatic event by direct trauma experience along with the responsibility of caring for their students. There have also been studies that support the idea that an individual can grow from shared trauma exposure with the development of deeper meaning in their work and a recommitment to the organizational mission (Quiros, 2010). Additionally, competence increases with a shared sense of empowerment (Bauwens & Tosone, 2010; Harrison & Westwood, 2009). These ideas may support organizational factors such as compassionate leadership and a school culture and mission that help teachers have sense-making of the ACEs of their students.

Interlocking theories that form the essence of a teacher. Studies have inquired into the motivations leading people to enter the profession of teaching. The research affirmed the main reason is personal fulfillment (Lesh, Shatz., Harris-Looby, & Roberts, 2017; Younger, Brindley, Pedder, & Hagger, 2004). Others have found the primary motivations among teachers are altruistic: the desire to help others (Kyriacou & Coulthard, 2000). A motivator that drives altruism is the desire to, in some way, improve the situation of others (Shulzhenko, & Sayko, 2015). Empathy is one of the key elements of altruistic behavior (Oakley, 2014).

Personality Traits

Some researchers have explored the characteristics and personality traits most common among those who become teachers such as openness, sadness, and worry as necessary for a teacher to have meaningful, engaging, and effective ways with students (Ripski, LoCasale-Crouch, & Decker, 2011). Character traits like “sympathetic,” “easily moved,” and “highly vulnerable” may pose a great risk to teachers’ vulnerability to vicarious traumatization (Costa & McCrae, 1992). As teachers work in classrooms with

children who meet criteria for three or more ACEs, teacher characteristics such as personality, ego, temperament, and personal trauma history become personal risk factors for vicarious trauma to permeate many aspects of work and working with those with multiple traumas. Organizational factors may also play a role in traumatization as those who advocate for the under-served or marginalized, like teachers do, typically lack proper funding and resources, further compounding the potential risk for vicarious trauma (Baikova, 2016; Bell et al., 2003). Research has affirmed that stress and strain on a teacher results from disruptive student behavior and has an effect on teacher well-being and burnout (Evers et al., 2004).

Attachment theory. Research has identified similarities between the parent-child relationship and the teacher-child relationship (Koomen & Hoeksma, 2003). One such similarity is that students turn to teachers for instrumental aid (Lempers & Clark-Lempers, 1992). There is additional evidence that there is an attachment component between teachers and their students (Cassidy, 2008), even though it may not be a bond to the same capacity of the parent (Cassidy, 2008; Schuengel & van Ijzendoorn, 2001). Therefore, the teacher-student relationship is critical to a child's development and partially explains why teachers are at risk for vicarious trauma. The role of a teacher has shifted from a unilateral role as educator to a multi-dimensional role of first responder, social worker (Cherniss, 2016), and in many cases, professional caregiver (Horppu & Ikonen-Varila, 2004). Although the exposure to this role depends on the grade level of the teacher, there are many instances when an educator spends extended hours with a student to compensate for the lack or absence of parental involvement (Horppu & Ikonen-Varila, 2004; Goossens & van Ijzendoorn, 1990; Howes & Hamilton, 1992).

Research has demonstrated that the relationship between a teacher and student allows learning to occur (Kohn, 2006). In an increasingly growing number of schools, teachers must assume the role of substitute parent, caregiver, or trusted adult depending on the age of the student. Educators are teaching life skills, prevention, and social-emotional learning skills; they must care for their students experiencing homelessness, poverty, neglect, and abuse.

Attachment theory, which identifies a primary function of an attachment relationship is the protection of a child, partially explains the evolved role of teachers (Hazan & Shaver, 1990). Attachment theory explains the relationship between teachers and students, which forms through the dimensions of closeness and dependency with the teacher seen and felt as a haven and a safe base (Verschueren & Koomen, 2012). The interpersonal relationship between teacher and student deepens the closeness of the two. Moreover, the interaction of feelings and thoughts they have towards each other surrounding safety and trust create a strong bond (Koomen, Verschueren, & Thijs, 2006).

The second dimension of attachment theory suggests that a teacher's responsiveness to a child's needs is a result of proximity or relationship quality through safety and comfort-seeking in the relationship between student and teacher. (Bakermans-Kranenburg, van Ijzendoorn, & Juffer, 2003; Buyse, Verschueren, & Doumen, 2011). Psychological reactions, such as resistance and avoidance, form as coping mechanisms when students' experiences overwhelm the internal systems of educators (Verschueren & Koomen, 2012.)

Triggers. Witnessing a student's traumatic experience makes teachers vulnerable, particularly when it activates a traumatic experience of their own that may remain unresolved (Figley, 1992; Stebnicki, 2008). When these experiences trigger past traumas in educators, the reactions can range from anger, frustration, questioning of judgment, and an over identification with the student's experience (Slater et al., 2013). It can ignite the re-traumatization of both the student and the teacher in maladaptive ways (Slater et al., 2013). There is a daily unconscious displacement of emotions, behaviors, and thinking that happens whether it relates to trauma enactments or to daily relationships. A 2005 study on countertransference spoke to a need for teachers to be aware of any triggers causing them to fall in and out of connection with their students (Slater et al., 2013; Raider-Roth, 2005).

Teacher beliefs. Teaching is not only a cognitive process, but also an emotional one. Teacher beliefs affect their own emotional experiences in the classroom (Jennings, 2015). Researchers have contextualized constructivist theories around teacher beliefs from a whole person view that considers both the heart and the head of a person. Teachers today must assume a multi-faceted and interactional role; they will often make decisions in the classroom based on those beliefs (Fives & Buehl, 2012).

Studies have shown that teachers believe that emotion in the classroom is a good practice that helps with classroom management (Sutton & Wheatley, 2003.). Teachers who engage in this personal emotional regulation within the classroom—for both negative and positive experiences—may find the experience highly satisfying or emotionally exhausting (Tsouloupas, Carson, Matthews, Grawitch, & Barber, 2010; Maxwell, 2015).

In the past and present, this emotional connection could represent an asset to the management of the classroom. However, when the proportion of traumatized students continues to grow in classrooms (Gallagher, 2014), this emotional connection between teacher and student may become a detriment rather than a benefit to the teacher. As the process of vicarious trauma is known to slowly erode an individual's belief system, worldviews, and cognitive schemas (Pearlman & Saakvitne, 1995), teachers are more vulnerable to errors in judgment by making their daily decisions based on these belief systems.

Self-efficacy and resiliency beliefs. Bandura (1997) spoke of the need to nurture self-efficacy. According to Maxwell (2015), four factors that help influence the formation of beliefs are: (1) mastery of tasks, (2) vicarious experience to observe live or symbolic models, (3) self-efficacy appraisals, and (4) an individual's psychological and emotional reaction. Although one or more of these factors may influence an educator (depending on their level of experience), from a cognitive perspective, how an educator makes the cognitive connections between causes and outcomes of an event shapes their picture of self-efficacy (Maxwell, 2015). This could suggest that teachers, who have little or no mastery over the ACEs of their students or over their own reactions to this trauma in and out of the classroom, may suffer from a negative sense of self-efficacy.

Theoretical Framework

Vicarious trauma can be understood from the theoretical framework of the assumptive worldview theory (Janoff-Bulman, 1989), as well as the constructivist self-development theory (McCann & Pearlman, 1990). The assumptive worldview theory is based on three core assumptions that the world is benevolent, the world is meaningful,

and that the self is worthy (Janoff-Bulman, 1989). As teacher's witness approximately 92 cases of child maltreatment within their career lifespan (VanBergeijk & Sarmiento, 2006), they are witnesses to the darkest side of humanity and some of the atrocities that are inflicted on children. Teachers with good intentions struggle to feel any control over these events. There is little sense-making of these traumatic events, and there may be little to any organizational communication or closure surrounding the event.

Constructivist self-development theory suggests that vicarious trauma poses a challenge to an individual's sense of safety and trust (McCann & Pearlman, 1990). This disruption to an individual's sense of safety and trust may affect a teacher's ability to trust themselves and others. Debriefing is the opportunity to review a critical incident; share emotional, cognitive, and physical responses; to review typical stress responses and coping mechanisms; and an organizational plan for support (Miller, 2001). School communities may benefit from operational procedures that help teachers have closure and sense-making through debriefing. This will assist teacher's in sense-making of cumulative critical incidents and help foster resilience through shared traumatic growth (Nuttman-Shwartz, 2014).

Summary of the Literature

Today, exposure to vicarious trauma is a phenomenon that is not exclusively confined to non-crisis response professions (Hydon et al., 2015). In recent years, professional populations like first responders increasingly witness trauma due to the overwhelming loss of lives resulting from the opioid crisis. Teachers also witness the darkest sides of humanity because of the growing number of children in the classroom with ACEs. Teachers' increasing exposure to traumatic experiences is staggering; they

encounter trauma daily, which has begun to overwhelm their personal and professional organizational systems (Borntrager et al., 2012). Teachers are showing signs of stress-related problems that can manifest as destructive coping skills such as alcoholism and absenteeism (Myburgh & Poggenpoel, 2002). Although empathy is a highly valued skill for teachers when it comes to classroom management (Peck et al., 2015), it is the same trait that puts them at greater risk for vicarious trauma. Teachers have assumed a professional helping role for which they are untrained, unaware of the risks, and unaware of the needed protections to avoid vicarious trauma.

In their 2002 study, McAllister and Irvine noted that teachers believed that empathy with their students increased their effectiveness and that it was important for a teacher to use and nurture this ability within the classroom. Although these skills and experience can garner great respect among peers, parents, and the community, teachers unknowingly lack the education that will protect them from the chronic exposure to the traumatic experiences of their students in their classrooms. Educators and policymakers must be aware of this silent crisis, as working with traumatized students shifts from empathy, to secondary trauma, and finally, to vicarious traumatization.

A recent report indicated that 28% of teachers nationwide were absent ten days or longer for the 2015-2016 school year (Education Week Research Center analysis of Civil Rights Data, 2018). In a 1985 study, Fimian, Zacherman, and McHardy reported that 6% to 11% of teachers reported the need to use substances to cope with stress. Among those, 3% to 11% reported the need to use chemicals and substance daily (Fimian, Zacherman, & McHardy, 1985). Other researchers that address teacher substance abuse have estimated around 10% of teachers struggle with substance abuse problems (Cidambi,

2018). Lastly, according to the Schools and Staffing Survey (2013), approximately 8% of teachers leave the teaching profession each year (40% every five years). As these numbers increase, its relevance to both the internal systems of a teacher and the organizational systems within a school could have serious repercussions.

CHAPTER III: METHODOLOGY

Introduction

A silent phenomenon known as vicarious trauma may be affecting the nation's school systems and its teachers. Although this construct is widely accepted and understood within the field of counseling, it warranted further study to broaden the scope of the construct as the prevalence of trauma today continues to affect those in non-traditional helping roles like teachers. This narrative design was beneficial for following reason: First, the researcher wanted to describe the viewpoint of the participant with the robust stories and artifacts as sources of data. This narrative design focused on two research questions that played a fundamental role in understanding the process of disruption as it occurred within the phenomenon of vicarious trauma.

Research Questions

The researcher sought to determine the following research questions: First, what is the meaning, structure, and essence of teachers' lived experience suffering from vicarious trauma? Second, what is the impact of vicarious trauma or secondary traumatic stress on a teacher's belief system?

Philosophical Perspective

The researcher selected a narrative design because the main purpose of this study was to facilitate the understanding of a phenomenon and make meaning of what is currently an abstract and relatively unexplored concept within the teaching profession (Alisic, 2012). The researcher's purpose was to narrate, describe, and lay the foundation of understanding about the lived experience of a teacher who chronically encounters the

ACEs of their students. The use of a narrative design was ideal as the construct of vicarious trauma in teachers is new and relatively unexplored—as are the dynamics and context of today’s classroom (Baikova, 2016). Therefore, the researcher adopted an unstructured, interpretive, inductive investigation approach in this study.

Epistemology. The researcher designed this narrative research from the philosophical perspective of an interpretivist point of view, focusing on meaning and reflected on different aspects of the phenomenon. This theoretical framework approaches the study of humans as “social actors” who are both the characters and the directors of the meaning they assign to their lives and their experiences with others. This is the phenomenological basis of how people make sense of the world. Through this interpretative framework, people decipher their interactions with others, and as a result, adjust their interpretations and the meaning they assign to their lives (Wahyuni, 2012). Because the process of vicarious trauma is often silent, it was the researcher’s hope that this narrative study may help others in the field of education understand areas of disruption they may be experiencing in their personal and professional lives. This study helped give meaning to domains of disruption such as self-efficacy, beliefs, fear, and worldview. It may also help those in education seek help and not suffer in shame, or alternatively, inspire administrators to avoid punitive reactions to this issue, recognizing it as a crisis given the reports that indicate teacher substance abuse around 10% (Cidambi, 2018), and the 2013 Schools and Staffing Survey estimating that approximately 8% of teachers leave the teaching profession each year (40% every five years). Teachers’ beliefs erode around their self-efficacy or cognitive distortions, leaving

them feeling as failures of the profession, inadequacies, or with a weakness of character (McCormick and Kerry, 2010).

Ontology. According to Crotty (1998), the knowledge and the meaning assigned to reality stems from interactions with others and how people interpret these interactions. From this perspective, the researcher described what the essence of meaning is within a teacher's life based on their daily interactions, experiences, and emotional connection to the adverse childhood experiences of students in their classroom. The researcher narrated and described the multiple dimensions of meaning within the context of worldview, self-efficacy, mental health, and emotional well-being (Pearlman & Saakvitne, 1995, pg. 280; Saakvitne, Tennen, & Affleck, 1998; Tosone et al., 2012).

Axiology. Heron (1996) outlined the guiding values behind each action of human beings. He affirmed the research process demonstrates the value of a researcher throughout the study. The researcher believed that the construct of vicarious trauma could be adapted to address the phenomenon occurring within teachers. The researcher's selection of this topic was based on her values that an organization has a shared responsibility in employee wellness. The implementation of organizational strategies included tiered level interventions to preventative strategies that may help reduce personal and organizational risk.

Lastly, the researcher's values emerged through the strategic selection of an individual. This form of sampling helped gather data from a subject that was strategically suited to articulate their experience with vicarious trauma and was available to participate in the study. The subject gave a rich depth of voice to a previously

unidentified professional population that assumed their role based on the fulfillment of teaching.

Research Method

In this narrative design, theory followed the research; therefore, this was an inductive research choice. The researcher sought to narrate and describe the lived experience of a teacher through a strategic participant. The researcher has gained a deep and rich understanding about the internal disruption that is often silent and occurs in individuals' beliefs about themselves, perceptions of others, their emotional responses, how they see the world, and how they come to understand their place in it because of the researcher's personal experience and analysis.

Given the assumptive worldview (Janoff-Bulman, 1989), "assumptive beliefs" are held about the world in which we live. One of these beliefs is that the world is a generally benevolent place and that we can trust in the virtue of people. There is the assumption that the world is meaningful, and that there is some sense to extract from one's experiences. Lastly, the belief that the self is worthy: that people get what they put into life, and there is some sense of predictability and control over our outcomes (Janoff-Bulman, 1989).

Teachers may not realize that trauma can cause a silent disruption to these worldviews. An internal shift can take place that causes damage to their individual and organizational systems. As this study demonstrated, there is a lack of understanding at the societal level; organizations, communities, and families often miss the symptoms and the effects of vicarious trauma in the everyday lives of their members.

If scholars view trauma as an emotional response to an event or to an experience

that is deeply distressing, then it is somewhat easier to see how educators increasingly witness (auditory, emotional, physical) and encounter (whether direct or indirect) traumatic experiences and events (Spencer, 2018).

The reason for a narrative design was to gain a rich and deep understanding about the essence of a teacher's lived experience with vicarious trauma. The researcher used an in-depth, semi-constructed interview and artifacts where available for data collection that will allow for a multi-dimensional view of the phenomenon (Easterby-Smith, Thorpe, & Lowe, 2002). This narrative design interviewed a single strategic participant who was aware of and could identify with the process of negative transformation of vicarious traumatization. The interview took place outside of the participant's naturalistic environment so that no environmental stress triggers were activated and so interview questions could be answered with deeper reflection. The critical elements of a research design were selecting the participant, data collection, analysis, and reporting (Baxter & Jack, 2008; Crowe et al., 2011). This narrative design utilized all the design components in the following ways.

Narrative Design

The purpose of this narrative design was to gain a rich and deep understanding into the story of a teacher with vicarious trauma. A narrative design allowed the researcher to tell the story of a teacher as it related to their understanding of the process of vicarious trauma and to narrate their experiences with students with adverse childhood experiences (Connelly & Clandinin, 1990). Two questions guided the narrative design and research design. First, what is the lived experience of a teacher with vicarious trauma? Second, what is the impact of vicarious trauma on a teacher's belief system?

Inclusion Criteria

To meet the inclusion criteria, the participant had to understand the concept of vicarious trauma. For the purposes of this study, vicarious trauma referred to: a process of silent inner disruption that occurs in the thoughts, beliefs, feelings, behaviours, and spirituality of a teacher because of the cumulative and chronic witnessing of the traumatic experiences of their students. The researcher identified a strategic participant through a personal referral and recommendation from her personal network of professionals. Once a participant who met the inclusion criteria was identified, the researcher emailed a personal invitation (see Appendix A) that detailed the purpose, process, and use of the study. The researcher sent an informed consent form and collected it on the day of the interview (see Appendix B). As a backup, the researcher brought an informed consent to the interview. At that point, the participant agreed on an interview date and time that was convenient to the participant. The interview included semi-structured questions along with probes (see Appendix D). The researcher sent the semi-structured interview questions to the participant in advance so that the teacher might reflect on the questions and the meaning as it pertains to their answers. Additionally, the researcher removed the participant from the real-life context to avoid environmental factors that may have triggered an emotional response. The interview took place in a private setting in South Florida and lasted two hours in length, allowing the participant ample time to provide detailed responses and reflect on them. The researcher offered the participant two counselling resources of trauma specialists in the county if the teacher wanted to pursue this intervention. The researcher collected the data via two audio recorders, and on the day of the interview, ensured that the room was comfortable for an extended interview

and the audio was of high quality. The researcher reiterated the purpose, process, and use of the study and went over the details of the informed consent again prior to beginning the interview (see Appendix B). The researcher provided water and snacks when the participant needed a break. The researcher stored all transcription data in a secure and locked, password-protected computer with the signed informed consent that is locked in a personal file cabinet in an office and all audio tapes deleted following the transcription. After two years, the transcriptions will be permanently deleted from the computer and the informed consent shredded and disposed of in a confidential shredding box.

Population

Participant selection. In a narrative study, the researcher could be more strategic with recruitment strategy as she would not use the study results to make broad generalizations of a larger population. However, the richness and depth of the data was still of critical importance to curate the lived experience of the phenomenon of vicarious trauma in a teacher's system. The participant of this study was an educator who worked as a special education teacher. The researcher's reasoning for this inclusion criteria was because a teacher plays the role of a meaningful attachment figure during students' early years when the prevalence and dangers of ACEs are most acute to children. Children under the age of 12 accounted for 80% of all neglected children, 70% of physically-abused children, 85% of psychologically-maltreated children, and 53% of sexually-abused children according to the U.S. Department of Health & Human Services (2011). A 2016 report has shown that between the ages of 0-17, more than 34 million children have one of nine ACEs (Bethell, Davis, Gombojav, Stumbo, & Powers, 2017). The teacher must have worked in any Florida school for at least three years and had the

responsibility of at least one class most of the day for an accurate representation of cumulative and chronic exposure. Participant ages ranged from 21-70 years old, of any race, and could be from any socioeconomic background. The minimum level of education required to participate was that of a bachelor's degree.

Instrumentation

The instrumentation used for this individual narrative design was a semi-structured interview of a single strategic participant. Using a strategic recruitment method, the researcher recruited a participant who met inclusion criteria using a recruitment flyer through a personal network. The researcher stated that a semi-structured interview was a minimum of two hours in length on a day that was of convenience to the participant. The semi-structured interview utilized probes helped to elicit rich and detailed data collection from the participant, as well as explored organic story threads as shared by the participant or elicited through exploratory sub questions. The researcher invited the participant to share artifacts such as memorabilia, emails, documents, letters, and pictures. The participant received a flyer that described artifacts that could be brought to the interview (see Appendix F) that would add to the richness of the data collection. The researcher used two audio recorders for the duration of the interview.

Data Collection Procedures

The researcher used two audio recorders and observations for data collection. The interview took place in a comfortable and private location outside of the context of a school to avoid any environmental triggers within the interview. The researcher elicited descriptive and rich information through expression and dialogue of a semi-structured

interview with a participant who met criteria for participation. As the interviews were semi-structured, the participant introduced artifacts such as emails, newspaper articles, pictures, or songs to enhance their description. The researcher provided the subject with a list of items that could be brought to the interview that gave meaning to their story and responses to the semi-structured interview questions (see Appendix F). This helped the researcher adapt to new themes as they emerged (Miles & Humberman, 1994). The interview was semi-structured so that the researcher could gather data around several domains such as the participant's beliefs, values, spirituality, and self-efficacy (Pearlman, & Saakvitne, 1995, pg. 280; Saakvitne, Tennen, & Affleck, 1998; Tosone, Nuttman-Shwartz, & Stephens, 2012; Robson, 2002). One interview took place with the participant and it was a minimum of two hours in length.

Construct validity. Narrative research requires that the researcher consider construct validity and reliability (Connelly, & Clandinin, 1990). The researcher used multiple sources of data such as the interview, articles, and artifacts that affirmed construct validity (Polkinghorne, 2007).

External Validity

The replication and reliability of this study was transparent through the study design. The researcher kept organized documents, transcripts, and recorded the analysis of the data.

Bias. The researcher has experience with a population of first responders where vicarious trauma had become a silent crisis. At the time, an opioid epidemic within a local community was changing the nature of police work. Officers served as first responders, rendering medical aid during chronic overdoses. During their duties, these

officers routinely witnessed traumatic events that impacted their psyche, family, and worldview. In this professional population, the job had undergone a significant change in basic assumptions in the face of the opioid epidemic. The rapid rate at which these officers' jobs had changed caused a reactionary response with few precautionary measures. The department offered little supervisory training and implemented no policy covering counseling options for new and veteran officers who faced more traumatic scenes and chronic stress than ever before. In this professional population, the increased risk of substance abuse, declining mental health, and psychological risks were unmet needs. What is unclear is what the essence of lived experiences of teachers suffering from vicarious trauma is? Secondly, what is the impact of vicarious trauma or secondary traumatic stress on a teacher's belief system?

All these factors and influences have shaped the study in the following four ways:

1. The vision for the study design/how the interview was conducted
2. The design of the study
3. The collaborative connection that occurred between the researcher and the participant
4. The understanding of expression in the interpretation of the data/ how I retell the story

Interviews

The interview took place in a comfortable private location that was outside the participant's natural work environment. The participant had a semi-structured interview that included a brief introduction the study, an introduction of the researcher, a pre-review of the content questions, some verbal probes, and some closing instruction.

Triangulation. Triangulation was particularly important within a narrative design. The researcher was able to triangulate using the audio-tape interview along with artifacts and participant observation during the interview process. Triangulation helped corroborate participant themes and the accuracy of a re-storied and chronological accuracy in facts. Themes occurred across stories, experiences, observation and artifacts. Triangulation was critical to ensure the accuracy of the data. It also ensured the ethical procedure of the design. The researcher used methodological triangulation to increase confidence with the researcher's interpretation (Denzin, 1984).

Data Analysis

The researcher transcribed all data using Google Voice transcribing. Once audio-taped interview was transcribed, the researcher emailed it to the participant to check that transcription was correct and to expand on any questions that needed further detail. The researcher gave the participant two weeks to check transcription and would have assumed the transcription was correct if the researcher received no correspondence from the participant within that timeframe. Once the researcher received the member-checked transcription, she began organizing, coding, and then derived themes from those codes (Yin, 2016). One of the challenges of a narrative research design was the vast amounts of data that can overload researchers and their ability to organize and make meaning of it. The basis of the data analysis was to re-story and use all relevant data as defined by the research questions. The analysis was ethical in any interpretations that did not support the theory, and the researcher narrated these diversions within the study. The analysis accentuated the most relevant aspects of the study; although it drew upon her expertise on

the topic, the researcher committed to identifying any biases and maintained objectivity (Rowley, 2002).

Ethical Considerations

Risks. The participant shared their daily experiences that triggered a response that was in keeping with their daily exposure to the job. The participant was able to decline any questions and terminated their involvement at any time they chose. Audio tapes would have been destroyed at that time, and the researcher would have provided counseling service information if the participant requested this.

Benefits. The participant received no direct benefit for their participation in this study. However, the participant enjoyed sharing their rich and detailed, qualitative narrative and had a better understanding of how it will help guide a better understanding and adaptation of this trauma construct in teachers.

Confidentiality

For the purposes of this study, all comments were confidential and every effort was made to preserve the integrity of confidentiality in the following ways:

- A pseudonym was used to for all names and locations.
- The participant had direct contact with the researcher.
- The researcher informed the participant of the use and the purpose of the study and asked the participant to provide a signature demonstrating their informed consent for participation (see Appendix B).
- The researcher assigned a pseudonym for the participant that was used on transcript and research findings.

- The researcher kept interview transcriptions and any other identifying participant information in a locked file cabinet in the researcher's personal possession.
- The researcher kept all participant data confidential except in the case where she was legally obligated to report specific incidents such as abuse or suicide risk.

Informed Consent

Participation in this study was voluntary. If the teacher wished to participate in this study, the participant signed a consent form (see Appendix B). The participant was free to withdraw from the study at any time and without providing a reason.

Withdrawing from this study would not have affected the relationship with the researcher. If a participant withdrew from the study before the completion of data collection, the researcher would have returned or destroyed the data.

Limitations of data collection. The limitations of qualitative data collection include the following:

- The trust that the researcher established with the participant (Creswell, 2017; Jacobs & Furgerson, 2012; Rudestam & Newton, 2015): As this study involved strategic recruitment, the degree of separation was through another trusted relationship that allowed me to build on an established foundation of trust with the participant.
- The researcher's observations included non-verbal cues and body language as noticed in the articulation of the participant's story.
- The researcher identified a suitable participant that would provide rich, detailed responses. This resulted in vast amounts of data that were coded into themes (Creswell, 2015; Maxwell, 2013). As the researcher utilized a

strategic participant, it increased the likelihood that the participant would be able to participate in the study.

- The detail of data analysis (Choy, 2014; Creswell, 2015): The researcher planned for the appropriate storage of the data that allowed the researcher to revisit and review the content of the data as needed.
- The researcher coordinated the triangulation of the data and was aware of her bias or pre-conceived theories (Creswell, 2015). The researcher already established her personal bias and prevented this from entering the reporting and used triangulation with the participant and the transcription of the audio recordings.
- The participant was able to opt out of the study at any time. There was a possibility that the researcher would need to find an additional participant at the last minute (Patton, 2002). Part of the reason for strategic recruitment was to reduce personal and organizational barriers that may have prevented or hindered participation.

Delimitations. The researcher has identified the delimitations of this narrative design as the following:

- The researcher narrated and described only the lived experience of the participant in the context of vicarious trauma.
- A participant who did not meet criteria could not participate the study.

Summary

According to Creswell and Creswell (2017), research inquiry needs to be somehow enmeshed and intertwined with politics and a political agenda, and this as an

ideal framework in times when there are pertinent social issues that allow participants to have a voice and a call to action in social reform. The researcher is a known local civic activist in the areas of substance abuse and reform initiatives that address the way the legislature, not in my backyard (NIMBY), and workplace and education communities think, feel, believe, and treat substance use disorders (SUD). The topic of vicarious trauma in teachers and sub-school personnel related to the researcher's passion to mobilize the voice of an unheard people and to debunk myths that assign punitive blame and alienation to those afflicted. On a macro level, this study caused a paradigm shift in action that helped move the system from this punitive blame response toward teachers and leadership to a system that helped create an internal community of support.

The goal of this study was to narrate and to curate the lived experience of participants. The researcher is interested in acting as a catalyst for change, such that there might be a call for an agenda of action, an increased awareness of risk, and a shared responsibility between self-advocacy and organizational care. The researcher would also like to see this narrative design be a catalyst for building upon in the field of education. Further studies might take a quantitative view, exploring the correlation between cause and effect. Other researchers may want to investigate what impact vicarious trauma has on teacher efficacy and student achievement. Perhaps most importantly, future studies may explore the prevalence of vicarious trauma among America's teachers and other school personnel.

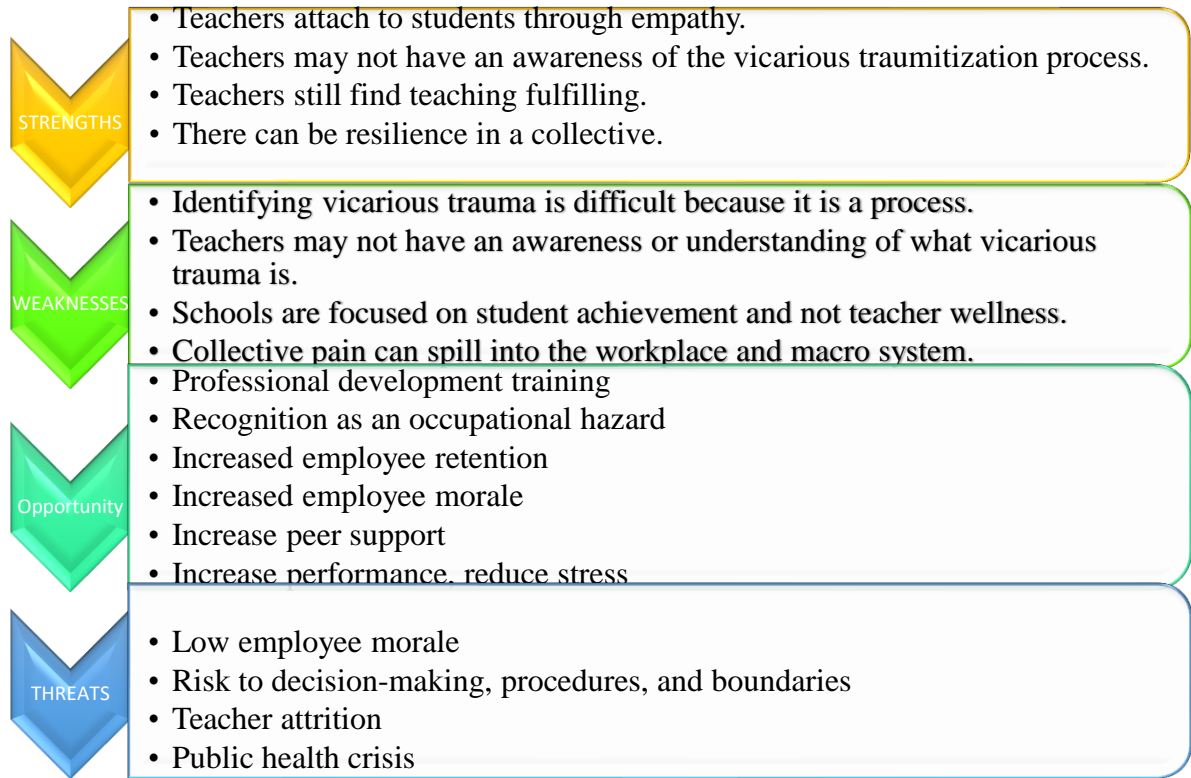


Figure 3. Strengths, weaknesses, opportunities, and threats related to vicarious trauma.



**WHAT ABOUT US?
VICARIOUS TRAUMA IN OUR “SYSTEMS”**

A Dissertation in Practice

Executive Summary

Submitted to the Faculty of Lynn University,
College of Education



In Partial Fulfillment of
The Requirements for the Degree of Doctor of Education
By
Suzanne E. Spencer

TABLE OF CONTENTS

I. Summary of Problem in Practice

II. Summary of Major Research Findings in the Literature

III. Context and Methodology of the Study

IV. Summary of Results

V. Limitations and Recommendations

VI. References

CHAPTER IV: RESULTS

Introduction

Vicarious trauma is a process and does not always lead to real-time effects, and teachers' understanding of exposure may be involuntary as teachers' may not realize the impact of vicarious trauma on their health (Hydon et al., 2015). Vicarious trauma is a probable effect that develops over time because of chronic and cumulative exposure to a highly stressful daily environment: "Daily stressors can expose school personnel (e.g., teachers, administration, nurses) to vicarious trauma, afflicting those who frequently work with traumatized populations" (R. Goodman, personal communication, January 23, 2018). The relationship between teachers and students has shown that indirect exposure, scene experiences, and a bond to those directly affected by the trauma increases the likelihood of experiencing negative psychological responses (Shultz et al., 2012).

Background Information

Vicarious trauma, as the field of counseling has defined it, is a process of disruption to the inner beliefs of those who repeatedly encounter the traumatic experiences of others (McCann & Pearlman, 1990).

As stress builds, the health consequences resulting from vicarious trauma can disrupt teachers' internal systems, often resulting in the use of drugs, alcohol, maladaptive behaviors, and a lack of coping skills (Madill et al., 2018). This process can negatively transform and permanently alter an individuals' cognitive schemas (Diehm & Roland, 2015). When teachers' lack awareness or an understanding of risk factors, their exposure to vicarious trauma is involuntary; the effect of this trauma increases in severity

if these teachers chronically encounter auditory, emotional, or visual adverse childhood experiences (ACEs) of their students (Borntrager et al., 2012). Vicarious trauma is a seldom-encountered term in the field of education and researchers know little about its effects on educators (Hydon et al., 2015). Although the term is not new, it continues to evolve in both meaning and understanding (Kandmabi & Ennis, 2004).

In the early days of Freudian psychoanalysis, the term countertransference encapsulated a similar meaning to vicarious trauma (Freud, 1910). For Freud, countertransference described the phenomenon whereby the analyst would identify with or adopt the feelings expressed through the content of a patient's story. As the term continued to evolve throughout the century—from burnout, to compassion fatigue, to secondary traumatic stress, and finally to vicarious trauma—it continued to expand and evolve from its original framework and extend beyond the field of psychiatry to those in high crisis emergency and aid jobs. McCann and Pearlman (1990) provided one of the best definitions of vicarious trauma: as a process that disrupts the inner experience of an individual through overly empathizing with another person's suffering.

In addition to the negative mental and physical effects to an individual's well-being, there are three critical components putting those who work with traumatized individuals at heightened risk for vicarious trauma:

1. Empathetic engagement through auditory, emotional, or direct witnessing of traumatic experiences
2. Empathetic engagement and chronic witnessing to the darker side of humanity
3. The potential for triggering responses stemming from past direct trauma

(McCann & Pearlman, 1990)

Today, it is necessary to consider that the construct of vicarious trauma extends far beyond the fields of counseling, healthcare, and aid workers (Waitt, 2015). It can occur to anyone who has cumulative exposure to a survivor of trauma as vicarious trauma continues to evolve and broaden in scope.

Statement of the Problem

Studies affirmed that school personnel are experiencing high levels of stress (Borntrager et al., 2012). A 2006 study suggests that teachers will suspect about 92 cases of child maltreatment within their career lifespan (VanBergeijk & Sarmiento, 2006). When this is coupled with more than 60% of adults reported having had at least one adverse childhood experience (ACE) and another 25% reporting three or more (Finkelhor et al., 2015), this may provide an understanding of why teachers may feel increased empathy in the aftermath of witnessing traumatic experiences of their students (Greenberg et al., 2018).

This exposure may accumulate over time and leave educators who enter the profession with altruistic aims burdened, overwhelmed, or hopeless at their inability to help. Like a caregiver relationship, the relationships between teachers and students have shown that indirect exposure, scene experiences, and a bond to those directly affected by the trauma increases the likelihood of experiencing negative psychological responses (Shultz et al., 2012).

The field of education is one of the highest-ranking occupations that includes physical and emotional exhaustion (Klimeková, 2007). This high-ranking burnout often manifests in those in the helping professions, such as education, and includes exposure to

long-term psychological burden (Hoskovcová, 2009). These negative psychological responses can manifest in various ways, such as absenteeism (approximately 8% of teachers leave the teaching profession each year and 40% leave every five years), poor job performance, job dissatisfaction, and a disrupted worldview that affects their daily functioning (Jenkins & Baird, 2002; Lucas, 2007).

Forty-five percent of children in the United States have experienced at least one adverse childhood experience (ACE), and 10% of children have experienced three or more ACEs (Sacks & Murphey, 2018). National data suggest that close to 25% of youth have witnessed or had indirect exposure to violence in their family or community. This same data also indicated that 60.8% of children had at least one direct form of violence exposure before 2013, putting educators at high-risk for vicarious trauma (Finkelhor et al., 2015).

Some additional compounding organizational and operational traumas emerge from a lack of communication, poor leadership, performance demands, change management. A teacher's exposure to trauma today can be both cumulative and chronic.

Statement of Purpose

The purpose of this narrative study was to expand the understanding of vicarious trauma in many non-crisis professional populations, the workplace, and the general population. As this phenomenon is adapted to professional populations that have cumulative and chronic exposure to the trauma of others, it will broaden the depth and breadth of this wider psychological problem outside the field of counseling. With this devoted study to vicarious trauma in teachers, similarities such as secondary witnessing of trauma, repeated exposure to the traumatic experiences of others, organizational

culture, operational stresses, chronic absenteeism, and maladaptive behaviors (substance abuse, anxiety, and mental health issues) have adapted the concept of vicarious trauma in new professions and populations.

Significance

This study was critical because teachers have a significant influence on the daily beliefs, values, and learning of students (Hallinan, 2008). The psychological distress that they confront daily detaches teachers from their profession and it has a detrimental effect on their personal and organizational systems (Hill, 2011; Tosone et al., 2012). Previous studies have identified that when teachers are not psychologically healthy, the quality of their interactions with students in the classroom will suffer as will their efficacy as professionals (Hamre & Pianta, 2004; Jeon et al., 2014). Exposure to trauma—whether direct or indirect—is causing epidemic proportions of maladaptive behaviors that include both substance abuse and mental health issues (Waitt, 2015), and this public health crisis we will continue to grow without informed intervention.

Summary of Major Research Findings in the Literature

The desired outcome of this study was to understand the lived experience of a teacher with vicarious trauma and to find solutions that will have a positive impact on teacher well-being so that personal and profession risk will be reduced. The findings are meant to contribute to those in the teaching profession, school districts across the United States, legal advocates, and policymakers. These findings have identified key concepts and on the lived experiences of a teacher with vicarious trauma and have established connections and patterns that add to both the research and existing theory. As such, the findings are both contextually grounded and related to relevant theory. Sarah

(pseudonym) has a master's degree and has been in the classroom for over 30 years. She met criteria and was between the age of 18-70. Her current role was as a special education teacher and many of her teaching years were spent in Title I schools.

Three themes emerged because of rigorous data analysis, all of which will be reported in this section. Each theme also supported the theoretical framework of the assumptive worldview, attachment theory, vicarious traumatization, and resilience. The three, broad, overarching themes were found to be (1) well-being, (2) organizational wellness, and (3) resilience. Each of these themes emerged out of two research questions. First, what are the meanings, structure, and essence of the lived experience of vicarious trauma by a teacher? Second, what is the impact of vicarious trauma or secondary traumatic stress on a teacher's belief system?

Theme One: Individual Well-Being

The findings of well-being and its impact on teachers has multiple sub-components. The very nature of teacher well-being is critical as it relates to helping teachers continue the meaningful work they do every day. Individual well-being is a measurable concept. As a result, it can provide policymakers, schools districts, and talent managers the metrics that will enable school districts to reduce occupational risk of vicarious trauma in teachers. The findings of this study can provide evidence-based data to policymakers and school leaders who can shape policies, processes, procedures, and training that support the well-being and build the resilience of their teachers. Lastly, the well-being of our teachers will result in reduced disease promotion such as mental and physical illness, substance abuse, injury, and daily functioning. Ultimately, the well-being of our teachers and the effects of vicarious trauma will impact public health. There

were several sub-themes within the findings of well-being. They include components such as altruism, worldview, attachment, empathetic engagement, physical symptoms, coping mechanisms, lack of self-care, and self-efficacy.

Altruism. One of the primary motivations of teachers who enter the profession is altruism and their desire to help others (Kyriacou & Coulthard, 2000), and in some way, improve their situation (Shulzhenko & Sayko, 2015). Sarah (pseudonym) entered the profession of teaching with an idealistic perspective as the promise of teaching was embedded throughout her childhood experience and interactions with her teachers. Sarah shared her reasons for entering the profession of teaching and her desire to positively impact the lives of students. She also discussed the qualities she believed made for a great teacher.

- “I really wanted to help.”
- “I wanted to make a difference.”
- “I wanted to teach them and make a difference in their lives.”
- “What makes you a great teacher is your heart.”
- “The most is the heart part. You have to figure out how to reach them.”
- “We need to make the world better. They’re (kids) going to carry it on they are going to make it happen.”

These comments supported evidence that Sarah wanted to make a significant contribution to the world. There are a multitude of reasons for this:

- Her belief systems surrounding future generations
- Her beliefs about how kids will impact the world
- A longing to prove her own sense of purpose

Sarah's desire to be a teacher helped provide something meaningful in her life, fueled her dreams, and inspired her to a greater level of achievement. It was highly aligned with the expectations and values of the family dynamics she grew up with. She identified the "heart" of a teacher as the differentiator in what makes a for a great educator. It appears that Sarah related the work of the heart to an unconditional capacity to love, its ability to transform a life, and that it reflected her loyalty to the Catholic faith by honoring the "stewardship of the creation" and one's perceived obligation and responsibility to protect people and planet (Lieberman, 2017). Sarah's core values around "heart" and altruism can also be viewed from a solid upbringing in faith and the foundational belief of the Catholic Church that the sharing of one's resources to support those who are poor and needy is both a moral and religious obligation. This provided a deeper understanding both of why Sarah continues to stay in the teaching profession, and her commitment to her students at great sacrifice to her own well-being.

Worldview. The theoretical context of the assumptive worldview suggests that humankind holds intrinsic positive assumptions about the world and a sense of self. This theory asserts that, in general, we as people believe that humans are good, kind, and well-intentioned; life has positive outcomes and people have some ability to influence events. Second, the world is meaningful: There is a clear correlation between cause and effect that allows people to understand how and why events unfold in the world. Third, the self is worthy: People are moral individuals allowing society to assume a level of respectful behavior from people (Janoff-Bulman, 1989). The theory goes further to suggest that an individual's chronic and cumulative exposure to direct or indirect trauma shatters these assumptions and disrupts core beliefs about the self and other to a less positive view.

Sarah's comments showed how the vicarious traumatization process has shifted her worldview. She stated, "I do believe that people are *basically* good and that my students are *basically* good." Sarah reiterated the role faith plays in helping her hold onto the assumptive worldview and commented, "I must stay with the faith part or I fall apart." Sarah also remarked that "the world has changed," and "I do not know if I would do it (become a teacher) again." These comments indicated that there has been a shattering of beliefs and a negative transformation has taken place and the inner psyche has started to erode. (Argentero & Setti, 2011; Dombo & Gray, 2013; Pearlman & Saakvitne, 1995).

Sarah worked hard to hold onto her positive worldview about others and relied greatly on faith for this. She acknowledged that if faith were not a core value, she would *disintegrate* in her ability to *function* on a variety of levels that include *physical, emotional, and spiritual well-being*. Sarah also acknowledged, almost with guilt, that she would not have chosen teaching had she known. Given Sarah's strong faith, this was a hard admission and seemed to leave her with guilt surrounding her perceived moral and religious obligation.

Attachment. Theoretically attachment and the relationships between teachers and students have shown that indirect exposure, scene experiences, and a bond to those directly affected by the trauma increases the likelihood of experiencing negative psychological responses (Shultz et al., 2012). Another primary function of an attachment relationship is the protection of a child, which in part explains the evolved role of teachers (Hazan & Shaver, 1990), and the dimensions of closeness and dependency (Verschueren & Koomen, 2012).

An additional, second dimension of the theory suggests that a teacher's responsiveness to a child's needs is a result of proximity or relationship quality through safety and comfort-seeking in the relationship between students and teachers (Bakermans-Kranenburg et al., 2003; Buyse et al., 2011). Sarah's comments showed a connectedness to this theory that emerged throughout the data. Sarah stated, "the relationship I have built with my kids is helping them." There is a daily demand on her to be responsive to her student's needs as they state they are hungry or thirsty. Sarah stated:

- "Kids are living in cars."
- "You understand what their home life is like."
- "I bought clothes for another young lady and her mom was wearing them."

Sarah shared a story of a new student enrolled in fifth grade who immediately showed signs of a behavior disorder. On his first day, she began to develop a rapport and relationship with him. One day, a few weeks later, she received a call on her two-way radio that the student was leaving campus and was headed towards the bridge over the waterway. Sarah spoke of immediately going after the student and calling out to him. The student told Sarah that he was going to jump off the bridge. Sarah spoke further of taking the student to have his front tooth repaired, purchasing a tree and stand to take to his apartment, paying the water bill for his mother, and meeting his mom under a tree as she was high on drugs at 10 in the morning.

Sarah described numerous traumatic scenes and experiences like these throughout her 34 years of teaching. Chronic and cumulative exposure to indirect traumatic experiences have a negative psychological impact (Waitt, 2015). This impact was illustrated through Sarah's effect, which was one of acceptance and that this was the

norm in the life of a teacher. Teachers by nature of proximity, dependency, and closeness are forced to assume a multi-dimensional role to students as an ad hoc caregiver, social worker, first responder, and aid worker to the classroom.

Empathetic engagement. Empathetic engagement is shown to be contextually grounded based on the results of qualitative data. Empathy has been identified as one of the key elements of altruistic behavior (Oakley, 2014), which is connected to the findings of Sarah and her altruistic reasons for entering the teaching profession. Empathy has also been identified as a highly valued skill in a teacher that benefits classroom management (Peck et al., 2015) and increases effectiveness with their students (McAllister & Irvine, 2002). Empathetic engagement can occur through auditory, emotional, and direct witnessing of traumatic experiences, and it has the potential for triggering responses stemming from past direct trauma (McCann & Pearlman, 1990). Research demonstrates that adults who have suffered childhood trauma or ACEs may have elevated levels of empathy (Greenberg et al., 2018).

Sarah shared a powerful description surrounding her empathetic engagement with the traumatic experiences with her students, stating “the trauma you are feeling is what they are feeling, but you are not them. You are feeling their pain, but it is not your body, you are not directly involved but you feel what they feel and they feel what you feel.” Sarah also shared the following examples of emotional engagement through auditory, visual, and emotional witnessing:

- “One student had a treasured item, a little blanket, and it was treasured because it was the only thing she had from her birth mom. She was adopted

because their birth mom gave the student away. So, it just breaks your heart when you read these things.”

- “This young person’s sister died last week of a drug overdose, so they were writing about that.”
- “So, it’s all kinds of things that you hear, different obstacles, cancer, death, some of my kids have lost their parents.”

Lastly, Sarah commented on being triggered because of her empathetic engagement and stated, “Suicides that I hear about and read about. That hits home for me, that is how my brother died. He hung himself, or when they talk negatively about gay people, that would stop me immediately.”

Because of the chronic exposure of teachers to their student’s ACEs, responsiveness is a constant demand and requirement of the job. While empathetic engagement begins as a connecting tool between student and teacher, in a classroom filled with ACEs, it can render a teacher like Sarah helpless, hopeless, and overwhelmed from witnessing humanity’s dark side. Sarah’s exposure to auditory, emotional, visual, and direct witnessing had physical repercussions to her well-being. Researchers have identified that reactivity may stem from a personal trauma experience (McCann & Pearlman, 1995). This would explain Sarah’s reactivity, which may have stemmed from her own unresolved trauma triggers. While Sarah’s emotional engagement early in her story attached and bonded her to the needs of her students, as the vicarious traumatization process deepens, her well-being started to deteriorate. Ironically, the very trait of the “heart” that she identified as making for a great teacher is the same trait that made her

highly vulnerable to vicarious trauma. As the process of vicarious trauma deepened, Sarah started doubting her skill, her ability to respond, her beliefs, and her desire to teach.

Sarah's exposure to trauma is not only in the classroom and her student's ACEs, but through the cumulative, daily experiences of her own life outside of the school community. These additional traumas include her own individual adverse experiences—political, environmental, organizational, and other Big "T" traumas such as school shootings (see *Figure 2, pg. 8*).

Physical symptoms. Research has determined that teachers experience signs of post-traumatic stress disorder such as hyper-arousal, intrusive thoughts, helplessness, and physical symptoms (Srdanovic, 2007). Symptoms are the manifestation of a biological response that affirms the occurrence of mental and physical symptoms such as anger, absenteeism, detachment, and negative workplace behaviors. Research has also affirmed that teachers who are exposed to one or more students who struggle with the effects of trauma commonly experience symptoms very much like those that their students are exhibiting (Hill, 2011; Tosone et al., 2012).

Sensations like imagery intrusion, panic attacks, hyper-arousal, and general anxiety are known common sensory reactions of vicarious trauma (Pearlman & Saakvitne, 1995). Sarah detailed the impact of vicarious trauma on her sensory system and her well-being, identifying some of her physical symptoms as:

- "I went to the bathroom and vomited when I heard that."
- "I have experienced nauseous, headaches, depression, sleep disturbances, and trouble focusing."
- "It's exhausting, it's exhausting for teachers."

Sarah took a very stoic approach to her acknowledgment of these symptoms. Vicarious trauma and the process causes a negative transformation in functioning through cognitive distortions, unhealthy behaviours, and maladaptive coping (Waite, 2015). Upon further probing, Sarah started to realize that these symptoms had simply become a normalized part of her functioning. Sarah's physical symptoms could easily be mistaken as symptoms of burnout, a recently classified diagnosis; however, as burnout mimics the signs of vicarious trauma, there are often errors in diagnosis. Unlike burnout, the cognitive disruption caused by vicarious trauma is a permanent negative transformation (Diehm & Roland, 2015), and changing jobs would not alleviate symptoms.

Coping mechanisms. Further research on this topic can help prevent the onset of substance abuse because of vicarious trauma. An inability to comprehend the cause of sensory overloads or control them often results in the use of maladaptive coping strategies to avoid or numb these sensations (Madill et al., 2018).

Sarah was aware of and admitted to several maladaptive coping strategies. Research identified these unhealthy coping strategies as numbing, self-distraction, denial, substance use, behavioral disengagement, venting, and self-blame (Littleton et al., 2007). Sarah described several of these strategies as part of her daily functioning and potentially others that Sarah has not connected to her trauma exposure in the classroom. Sarah stated the following maladaptive coping strategies as part of her ability to maintain daily functioning in the classroom:

- “You got to go on.”—symptomatic of denial
- “You stuff it.”—symptomatic of numbing
- “My coping mechanism is drinking.”— symptomatic of substance mis-use

- “Two, three, five glasses of beer just to relax.”— symptomatic of substance mis-use

These comments indicated that Sarah is aware of the physical symptoms of distress, but she keeps going in an effort to not run into her pain. As a result, maladaptive coping behaviors such as drinking have become part of her daily functioning and coping. The high levels of stress that Sarah has experienced and her chronic witnessing have resulted in an inner disruption to her functioning. Sarah admitted to physical symptoms such as headaches, nausea, depression, sleep disturbances, and focusing coupled with emotional, physical, and spiritual exhaustion. Studies have shown that an individual will seek adaptive or maladaptive coping strategies because of increased emotional stress (Madill et al., 2018). Sarah’s substance use can indicate the desire to seek some relief and emotional numbing that allows her to detach from a full emotional response and the breakdown of her sensory experience.

Self-care. When asked about self-care, Sarah shared the following experiences:

- “You neglect yourself.”
- “You don’t have time to feel.”
- “There is no time to feel for yourself.”
- “You don’t have time.”
- “You rationalize what you witnessed.”
- “You rationalize what you felt.”
- “I thought about taking a week off, but you can’t do that because then you give in.”
- “I need some mental health time.”

- “I hardly ever take time for being sick. When you are gone it is worse for the kids.”
- “Never give up on kids.”

Sarah attempted to rationalize her distress and her feelings. Her comments implied some self-awareness of her need to have some time for herself and regroup. However, she described an inability to allow herself this time because of her responsibility to the needs of her students. Sarah seemed to perceive the need for self-time as a weakness and seemed to inwardly doubt her self-efficacy in the job. She seemed to correlate her need for self-care as a visible admission that would have implied she gave up on her students. Sarah may also have an underlying fear that if she were to take some much-needed time for herself to process her emotions and distress, that she will not return to teaching. Based on her strong code of faith, she could perceive this as a moral failing and lack of commitment to her spiritual beliefs. In some ways the process of vicarious trauma and the inner disruption to her psyche has rendered Sarah helpless in her belief that she can meet her own emotional needs as detailed by McCann and Pearlman (1990).

Self-efficacy. Self-efficacy is critical to how we see ourselves and our perception of others. It is also critical to our sense of competency and capability. Vicarious trauma erodes any belief in self-efficacy. There can be a decline in the way in which we perform in our field; there can be detachment from both professional and personal relationships; personnel morale can be low, and there is likely to be a tendency towards social isolation and lack of intimacy.

Intrapersonal transformations shatter religious and spiritual beliefs and distort beliefs about self-efficacy (Argentero & Setti, 2011). Sarah made the following comments about her beliefs surrounding her self-efficacy:

- “I doubt myself and I think that I handled that badly.”
- “Some days you are human.”
- “You wonder how you are going to figure that out.”

Self-doubt and blame are themes in Sarah’s comments. Even with her level of self-sacrifice, Sarah’s comments indicated a belief that she is not doing enough. Sarah commented that “Some days you are human.” The comment indicated a view from a lens of failure. The theoretical concept of altruism and empathy are identified traits of great teachers, and it is ironic that the very characteristic that brings teachers to the field with purpose and passion is altered and turned against them through the experiences of trauma in the classroom. Sarah’s comment connotes that, in some respects, for one to stay in the work of teaching today, an individual must be less than human to survive it. At times, Sarah doubted her ability to do the job, which is unrealistic given her 34 years of experience in the classroom. She hinted at a responsibility and an expectation on her to reach each of her students, even though their traumatic experiences may extend far beyond her knowledge, training, or expertise.

Theme Two: Organizational Wellness

The second theme that emerged from the data shed a bright light on organizational well-being. In Sarah’s story, the lack of organizational support appeared to greatly compound and layer her traumatic experiences. Some of these stressors revealed both organizational and operational stressors. The lack of organizational

support contributed to a significant, negative transformation in Sarah's well-being. The lack of organizational wellness compounds vicarious traumatization through the erosion of her beliefs, physical symptoms, coping mechanisms, and her lack of self-care, self-efficacy, and competence (Chang, 2009). Two sub-themes emerged within the broader category of organizational wellness: (1) leadership actions as a lack of organizational support and (2) working in a traumatogenic environment.

Leadership actions. In times of trauma, leadership can be critical to helping teams move forward. Leadership helps teachers move forward to achieve personal well-being and provides healing through organizational support. Organizational factors may also play a role in traumatization as those who advocate for the under-served or marginalized—like teachers—typically lack proper funding and resources, further compounding the potential risk for vicarious trauma (Baikova, 2016; Bell et al., 2003). Leadership can reduce traumatic impact by ensuring operational support through training, policies, procedures, caseloads, work-life balance, and self-care. Sarah shared her thoughts on school leadership. She spoke of their unwillingness and lack of compassion to facilitate and promote well-being and healing within the organizational culture. Sarah provided insight to administration's lack of ability to lead school teams in times of trauma. Lack of leadership can compound organizational trauma. School leadership can provide support to teachers by providing meaning for the work, offering sense-making of traumatic experiences, and creating an organizational culture of openness that allows for healing to take place amongst peers who are a part of a shared trauma experience and have be present to lead teams with a compassionate leadership style. In traumatic environments and collective pain, the ability to foster a resilient school culture occurs as

a collective when the process of healing fosters a sense of shared empowerment (Bauwens & Tosone, 2010; Harrison & Westwood, 2009).

Sarah described a lack of understanding by school leadership. She described in detail that they were disconnected from the experience of their classroom teachers, and leadership failed to provide sense-making for their teachers because of their classroom experiences. Sarah cited the following when asked about school leadership.

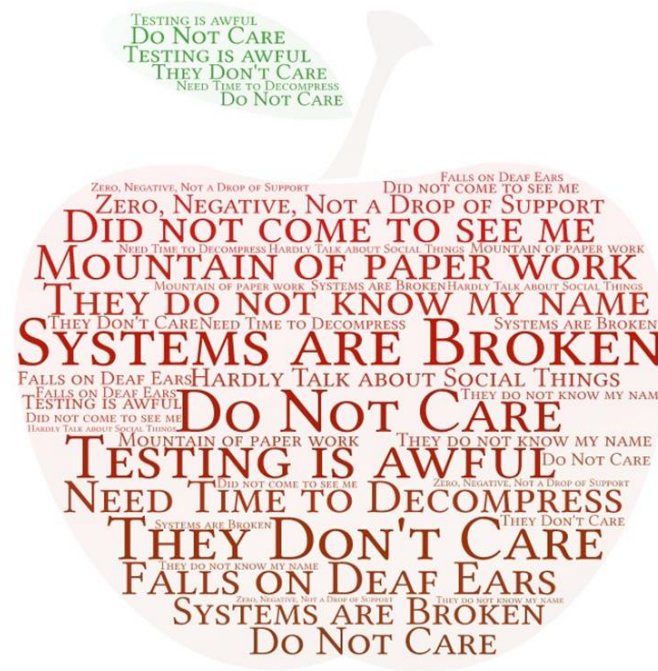


Figure 4. Word cloud of Sarah's experiences with a lack of leadership support.

The role of a teacher today resembles that of a professional caregiver, first responder, and social worker (Cherniss, 2016). This environment would benefit from a compassionate leadership style and an organizational mission that is aligned with the environment.

Traumatogenic environment. Because teachers encounter the traumatic experiences of the students in their classroom, school communities are considered

traumatogenic environments. Sarah identified the following traumatic experiences with her students in the classroom that added to her trauma cumulation. Sarah described a fifth grade student who had signs of a behavior disorder and disobedient, attention-seeking behavior. She met the student on his first day and started a rapport and a relationship with the student. One day, Sarah received a call on her two-way radio that the student was seen leaving campus and headed toward the bridge over the waterway. Sarah immediately went after the student. Before the student made it to the apex of the bridge, she called out and the student came to her. The student told Sarah that he was going to jump off the bridge. The student later became enraged and had to be handcuffed by school police. Sarah made many attempts to help the student by taking him to get his front tooth repaired, purchasing a Christmas tree for the student's family, paying the families water bill, and meeting the mom who was high on drugs for a parent-teacher meeting under a tree at ten in the morning.

Sarah recalled another story where a young kindergarten student stood on top of his desk with a scissor to his neck and was screaming that he was going to harm himself. Sarah described having to get the children out of the classroom and having to be the one to de-escalate the situation and calm the child down. When she went to the child's home, his mother answered the door wearing only a sheet around her body and the student was cowering behind her.

Sarah shared an experience of one of her high school students who had cerebral palsy and was in a wheelchair. She learned that the father had murdered the student by pushing her off the roof of a building and then jumping himself in a murder-suicide. Sarah described compounding organizational trauma such as:

- Undergoing “training on how to apply a tourniquet and stop blood in case a shooter came in.”
- “[A] student told me he was going to rape me.”
- “Kids can come in with whatever.”
- “They could shove a knife up my back because they are an angry person.”

School leadership compounded organizational and operational traumas through poor communication, lack of leadership skills, and performance demands.

Theme Three: Resilience

Sarah demonstrated an amazing sense of resilience that appeared to be grounded in her faith. There were signs that vicarious trauma had a negative transformation to Sarah’s cognitive schema. A disruption could also be seen in her belief system and a negative transformation to her worldview. In each case, Sarah described grasping onto her faith. Sarah described days at work where she felt she could not go back to the classroom because the day was so brutal, and she came to the realization that she probably would not choose to become a teacher if presented with the opportunity today.

She shared how difficult it is and how she often feels like she is done. Sarah also acknowledged an understanding of why teachers leave so early in the profession and the teacher shortage. However, something continued to push Sarah through each day. It appeared to be a combination of love for her kids, her sense of responsibility for their well-being, her belief in the promise of teaching, and her commitment to her faith. Sarah commented that, at times, her energy for faith would only allow her to pray to “Saint Mattress.” This was indicative of her emotional exhaustion, her need for quiet time,

and a deepening of the vicarious trauma process as it headed towards the core foundation of her faith.

Sarah's description of her reliance of faith and the role it played in her resilience created an analogy of the only life vest on a sinking boat as she stated:

- “Without my faith, I would fall apart.”
- “I want to see the world in a positive light.”
- “I am not going to let it bring me down.”

Sarah's resilience strategy included her need to seek a beginning, middle, and end of her students' traumatic experiences to allow some sense-making. As the process of vicarious trauma deepened, so too did Sarah's doubts about her self-efficacy. These negative beliefs have challenged Sarah's thoughts about her ability to meet both her own emotional needs and those of her students. Sarah worked hard to strengthen her resilience despite the manifestation of her conceptions and emotions. She described an unwavering sense of responsibility to help her students learn as seen in her comment, “How can I help you get there?”

This commitment to her students likely leaves Sarah unaware of her own trauma triggers. Trauma triggers can cause a teacher to be in or out of connection with her students (Slater et al., 2013). Sarah described her students as “my kids,” believed that “we need to make the world better,” and that it was her responsibility to “make a beautiful environment for [her] kids.” In the end, love and faith keep Sarah in the classroom, but she continued to face vicarious trauma as an opportunity for post-traumatic growth. Her resilience is rooted in her faith and what remains of her belief in

and the rise of schools as traumatogenic environments may be giving rise to this silent phenomenon in a teacher. While the prevalence of vicarious is uncertain within the school population, this study described the lived experiences of a teacher with vicarious trauma today. The study showed the disruption to a teacher's well-being that was compounded by a lack of organizational support and increased operational stressors that increased these risk factors. In short, vicarious trauma could be viewed as an involuntary occupational risk that, when viewed through a teacher's chronic and cumulative exposure to the ACEs of the students in their classroom, has a disintegrating effect on their well-being and beliefs, and requires school leadership to play a role in the restoration of health.

Purpose of the Study

The purpose of this narrative study is to expand the understanding of vicarious trauma in many non-crisis professional populations, such as education. With the recognition of this phenomenon in crisis professional populations, such as counselors that have cumulative and chronic exposure to the trauma of others, it will broaden depth and breadth of this wider psychological problem outside the field of counseling and aid workers.

By devoting this study to vicarious trauma in teachers, similarities such as secondary witnessing of trauma, repeated exposure to the traumatic experiences of others, organizational culture, operational stresses, chronic absenteeism, and maladaptive behaviors (e.g., substance abuse, anxiety, and mental health issues) required the adaptation of the concept of vicarious trauma in new professions and populations such as teachers and school personnel.

Research Strategy

It was critical to the narrative of the study that Sarah felt comfortable with the researcher and the depth of her narrative. While the semi-structured interview format was intentional and provided in advance, there were moments during the interview that questions outside the planned interview structure were explored. Any content that was relevant to the research questions documented in this study were utilized.

Research Questions

The study aimed to explore the following two research questions through a one-on-one, semi-structured interview with a single, strategic participant.

RQ1: What are the meanings, structure, and essence of the lived experience of vicarious trauma by a teacher?

RQ2: What is the impact of vicarious trauma on a teacher's belief system?

HeadsUpUS: Professional Development Seminar

The focus of the professional development seminar is to help school communities reduce employee risk through awareness. The emphasis of the seminar is as follows:

- Self-Care
- Organizational Care
- Resilience

Part one: Personal systems. HeadsUpUS will help teachers define and articulate the concept of vicarious trauma. It will provide teachers with an understanding of emotional, spiritual, and cognitive impact of vicarious trauma. Through self-assessment, teachers will be able to self-identify personal and organizational symptoms associated with vicarious trauma.

Part two: Organizational systems. HeadsUpUS will help school administration gain a better understanding and insight as to non-technical leadership competencies and leadership traits that will help negate the impact of vicarious trauma. School leadership will gain tools and insight that will provide them with helpful strategies to lead teams in traumatogenic environments.

Part three: Resilience. HeadsUpUs will help teachers and school leadership build synergy between shared responsibility for personal well-being and organizational care towards resilience.

Table 1.

Summary of Results

Alignment of Curriculum with Research (HeadsUpUS)	Supporting Research Quotations
Developing an understanding of a lived experience of vicarious trauma through reflective practice	<p>“It’s exhausting, it’s exhausting for teachers.”</p> <ul style="list-style-type: none"> • “I went to the bathroom and vomited when I heard that.” • “I have experienced nauseous, headaches, depression, sleep disturbances and trouble focusing.”
The need for self-care strategies that include protection and prevention	<p>“You neglect yourself.”</p> <ul style="list-style-type: none"> • “You don’t have time to feel.” • “There is no time to feel for yourself.” • “You don’t have time.” • “You rationalize what you witnessed.” • “You rationalize what you felt.” • “I need some mental health time.” • “I hardly ever take time for being sick, when you are gone it is worse for the kids.”

- “Never give up on kids.”

The need for coping and resilience skills

“You got to go on”

- “You stuff it.”—symptomatic of numbing
- “My coping mechanism is drinking.”
- “Two, three, five glasses of beer just to relax.”

The need for leadership training.



Testimonials from test launch of HeadsUpFl, the inspiration behind HeadsUpUS

“I would really like to have a training with our teachers.”
—Middle school teacher

“The workshop was well worth getting out of bed on a Saturday morning. I hope you can coordinate a professional development that will make us more resilient.”
—Middle school reading teacher

Limitations and Recommendations

There were limitations to the study. The subject was a single strategic participant, and as such, generalizations of a larger population must be further explored to make a broader claim (Flyvbjerg, 2006). The stories of the participant have been interpreted and therefore have a degree of subjectivity (Verschuren, 2003).

Conclusion

Today, exposure to vicarious trauma is a phenomenon that is not exclusively confined to non-crisis response professions (Hydon et al., 2015). Teachers are witnessing the darkest sides of humanity because of the growing number of children in the classroom that have ACEs. Teachers' increasing exposure to traumatic experiences is staggering; they encounter trauma daily, which has begun to overwhelm their personal and professional organizational systems (Borntrager et al., 2012).

Teachers are showing signs of stress-related problems, which can manifest in destructive coping skills such as alcoholism and absenteeism (Myburgh & Poggenpoel, 2002).

HeadsUpUS is critical to addressing the lived experience, needs, and resilience of teachers and the broader landscape of school personnel. Given the prevalence all over the United States of students with two or more ACEs and adults who have experienced one or more ACEs, the school classroom is at high-risk to impede decision-making and a continued increase in attrition and long-term occupational risk that could find districts with civil liability. HeadsUpUs provides teachers and school leadership with the ability to reduce occupational risk to teachers from this silent phenomenon while helping them

build resilience so that they may carry on the meaningful work they do in the nurture and education of all students.

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CHAPTER V: CONCLUSIONS

Introduction

The purpose of this narrative study was to expand the understanding of vicarious trauma in a non-crisis professional population such as teachers and the field of education. This chapter includes a discussion of the major findings and addresses the connections to the literature, gaps in the literature, and unexpected findings. A highly valuable component of this chapter is the implications of the findings to those in the profession, school leadership, and policymakers. Included in this chapter is an evaluation of the findings and suggestions as to ways others can build upon the research. The discussion in this chapter and any future research possibilities are based on the following two research questions:

RQ1: What are the meanings, structure, and essence of the lived experience of vicarious trauma by a teacher?

RQ2: What is the impact of vicarious trauma on a teacher's belief system?

McCann and Pearlman (1990) provided one of the best definitions of vicarious trauma as a process that disrupts the inner experience of an individual through overly empathizing with another person's suffering. The relationship between teachers and students has shown that indirect exposure, scene experiences, and a bond to those directly affected by the trauma increases the likelihood of experiencing negative psychological responses (Shultz et al., 2012). A high burnout field such as education (Klimeková, 2007), coupled with exposure to long-term psychological burden (Hoskovcová, 2009), causes a disrupted worldview that affects daily functioning (Jenkins & Baird, 2002; Lucas, 2007).

Research has shown that vicarious trauma can be additional compounded by organizational and operational traumas (Bell et al., 2003), which can emerge from a lack of communication, poor leadership, performance demands, and change management. There are many theories as to why an individual chooses to teach. This study addressed the themes of (1) traits, (2) characteristics, (3) efficacy, (4) beliefs, (5) worldview, and (6) attachment that makes for a great teacher. In essence, these are theories that acknowledged the most desirable traits in a teacher assigned to touch the lives of students but where such qualities unknowingly and involuntarily left them highly vulnerable to vicarious trauma and becoming out of connection with both students and the passion of their field. For the purposes of this study, the definition provided by McCann and Pearlman (1990) best defined vicarious trauma as a process that disrupts the inner experience of an individual through overly empathizing with another person's suffering.

Interpretation of the Findings

The study is unable to generalize these findings throughout a broader population. This is, in part, due to the sample size was of a single strategic participant. However, the results of this study were not to quantify the prevalence of vicarious trauma in the field, but rather to assert using the related theory of other researchers that there may be implications to the broader population to whom characteristics, dimensions of closeness, and density of students in a classroom with two or more ACEs may be at greater risk. Through the lived experiences of Sarah (pseudonym), a teacher of 34 years with both classroom and administrative experience, policymakers, school leadership, other teachers and school personnel might have better sense-making of this silent phenomenon.

The findings are aligned within the theoretical framework of the assumptive

worldview (Janoff-Bulman, 1989) and attachment and trauma theory (Koomen & Hoeksma, 2003). The following three themes emerged because of the findings and are discussed in detail in the following sections.

- Individual well-being
- Organizational wellness
- Resilience

The impact of multiple levels of functioning on well-being. This study concludes, like that of the literature, that teachers like Sarah entered the profession of teaching because of an altruistic character trait and their desire to help others (Kyriacou & Coulthard, 2000), or in some way to improve the situation of children (Shulzhenko & Sayko, 2015). While generalizations cannot be made based on a single strategic participant, there are likely others in the teaching profession that had an idealistic perspective of the role of a teacher and believed in the promise of teaching, which may have been embedded in their childhood experiences. Pearlman and Saakvitne (1995) found that “the effects of vicarious trauma included deteriorated worldview, spirituality, affect tolerance, inter-personal relationships, internal imagery and physical presence in the world” (p. 280).

While Sarah showed signs of deterioration because of prolonged exposure and indirect traumatic experiences, she also cited an amazing capacity to love, to be hopeful, and to respond to the endless needs of who she referred to as “my kids.” Sarah demonstrated a determination to cope with the vicarious trauma process (in both healthy and maladaptive ways) to build some resiliency. Her core dimension of doing so, while it could be seen on a precipice, came from her faith.

In this study, Sarah emphasized her lack of self-care, a lack of organizational care, and a strong commitment to not give up on the profession or the students. Throughout much of the interview, she spoke of “love” both for the promise of the profession and towards ‘her kids’ who depended on it. Hernandez referred to the more immediate symptoms of vicarious trauma such as depression, avoidance, and anxiety (Hernández et al., 2010), all of which were visible signs in Sarah as she cited times when she often did not want to go back to the classroom.

A disintegrated view of self and others. While Sarah had an amazing ability to hold onto hope for her students, for herself, for the profession, and in her faith, there were obvious signs of cognitive dissonance and psychological struggle due to cumulative and prolonged exposure to secondary trauma. Some of this dissonance was revealed as Sarah shared her beliefs that (a) the world had changed, (b) people do not care anymore, (c) that families were broken, (d) systems were broken, (e) that love had been lost to hate, (f) teachers had no value in the public or family eye, and (g) her doubts about her self-efficacy even after 34 years of experience in the classroom. These beliefs infer that Sarah had suffered some disintegration into her cognitive schema.

Janoff-Bulman (1989) referred to three core dimensions to which vicarious trauma starts to disintegrate the cognitive schema, which aligned with the findings of this study: (1) that people are good, kind, and well-intentioned; (2) that the world is meaningful, and (3) that the self is worthy. The study concluded that vicarious trauma implodes these positive worldview assumptions. This understanding of the process of disintegration that has occurred in Sarah is also aligned with theory that is rooted in the belief that people construct their reality based on their experiences, and that when an

individual routinely encounters traumatic material, it will change their perception of reality and disrupt the cognitive schema to that of a negative transformative response (Pearlman & Saakvitne, 1995).

Given that Sarah and other teachers have prolonged exposure to classrooms engulfed by students with two or more ACEs, it is easy to understand how such exposure would have a transformation in even the most positive of psyches such as Sarah. Sarah cited “I do believe that people are basically good and that my students are basically good.”

Empathetic sensitivity as a strength and a vulnerability. The empathetic sensitivity in a teacher is a both a highly desirable quality in an educator and one of the qualities that makes a them most vulnerable to vicarious trauma. Researchers have identified empathetic sensitivity as a necessary character trait to be an effective teacher (Peck, Maude, & Brotherson, 2015). This study demonstrated that Sarah had great empathetic sensitivity traits; however, the findings of this study show that empathetic sensitivity becomes a perfect storm of vulnerability that permeates the well-being of the individual and overwhelms organizational systems when factors like closeness, dependency, personal trauma history, auditory emotional and visual direct and secondary witnessing of traumatic experiences, and organizational and operational stressors are in play. Sarah cited some of her own personal trauma triggers that added to her empathetic sensitivity: “Suicides that I hear about and read about. That hits home for me, that is how my brother died. He hung himself, or when they talk negatively about gay people, that would stop me immediately.” The findings of this study concluded, similarly to that of other researchers, that vicarious trauma can cause permanent and negative transformation

in the view of both the self and others (Pearlman & Saakvitne, 1995). Sarah noted, “I doubt myself and I think that I handled that badly.”

Enmeshment because of proximity and witnessing adverse childhood

experiences. Of interest and a gap in the literature that is worthy of future study was the blurred line between attachment and enmeshment. Previous literature explains the relationship between teachers and students through the dimensions of closeness and dependency, and teachers as seen and felt as a haven and a safe base (Verschueren & Koomen, 2012). However, the findings of this study indicate a highly intertwined relationship between teacher and student in a human response to the depth of the needs and suffering of her students. While any theories of enmeshment were not addressed in this study, there is an opportunity for future research to explore the theory of enmeshment in traumatogenic environments such as schools. Sarah cited “[t]he trauma you are feeling is what they are feeling, but you are not them. You are feeling their pain, but it is not your body, you are not directly involved but you feel what they feel and they feel what you feel.” This may be an indicator of signs of enmeshment resulting from the multi-dimensional role that teachers must assume in the classroom as an ad hoc caregiver, social worker, first responder, and aid worker to the classroom that erodes any delineation of boundaries that would separate professional from personal responsibility.

Previous studies refer to the theory of attachment resulting from a teacher’s responsiveness to a child’s needs. Researchers state that this is a result of proximity or relationship quality through safety and comfort-seeking in the relationship between students and teachers (Bakermans-Kranenburg et al., 2003; Buyse et al., 2011). Sarah had great pride in the relationship quality she had with students that other teachers gave

up on, particularly those in special education. The study concluded that, with Sarah's career lifespan, she had witnessed the darkest side of humanity and some of the greatest atrocities that are inflicted on children. Sarah spoke of an experience of one of her high school students who had cerebral palsy and was in a wheelchair. She learned that the father had murdered the student by pushing her off the roof of a building and then jumping himself in a murder-suicide. This is supportive of national data that suggests teachers will suspect about 92 cases of child maltreatment within their career lifespan (VanBergeijk & Sarmiento, 2006).

Non-normalized functioning. In traumatogenic environments such as today's schools, it is reasonable to suggest—as was shown in the findings of the study—that teachers with vicarious trauma have physical symptoms such as hyper-arousal, fear, imagery, and sensory reactions. However, the findings aligned with other studies that cited a permanent alternation to functioning and well-being (Diehm & Roland, 2015). The study revealed no difference from the literature regarding coping skills. Sarah sought relief from normal responses to indirect witnessing of her students' traumatic experiences in maladaptive behaviors that have become part of her normalized daily functioning (Pearlman & Saakvitne, 1995), and she cited “[t]wo, three, five glasses of beer just to relax”—a non-normalized functioning.

While each teacher will have experiences that are unique, the study confirmed that because of an inability to understand or deny the cause of sensory overloads or to control them, it results in maladaptive coping strategies such as denial, substance abuse, numbing, self-blame, venting, and self-distraction to desensitize these sensations (Madill et al., 2018). Myburgh and Poggenpoel (2002) suggested that this puts teachers like

Sarah at high-risk for destructive coping skills such as alcoholism and absenteeism.

Sarah stated, “[m]y coping mechanism is drinking.” It is not an unreasonable prediction that this could grow into a public health crisis without informed intervention.

Researchers have confirmed that exposure to trauma—whether direct or indirect—is causing epidemic proportions of maladaptive behaviors that include both substance abuse and mental health issues (Waitt, 2015).

The Deterioration to Self- Efficacy and Competence

Sarah demonstrated a strength in holding on to her beliefs surrounding her self-efficacy as a teacher and the competence she had garnered from 34 years of teaching in a variety of roles. One of the only components that helped her do this was a strong religious foundation. Sarah stated “[w]ithout my faith, I would fall apart.” The research verified that intrapersonal transformations shatter religious and spiritual beliefs and distort beliefs about self-efficacy (Argentero & Setti, 2011). In other words, there were clear indicators that both Sarah’s faith and her belief in her competency in the classroom was dangling by a thread. Vicarious trauma as is shown by Sarah in this study, and it cannot be solely viewed from the perspective of organizational wellness but as pain that spills over into personal wellness.

Organizational Wellness

Organizational and operational stressors and vicarious trauma. Throughout her career lifespan, Sarah spoke of powerful moments of hope that occurred in and through her students daily and could visibly be seen not wanting to let go of her positive view of teaching. However, there were several expressions of disappointment, disgust, and disdain at the lack of leadership and organizational support. It was both implied and

directly stated in this study that organizational and operational stress, such as a lack of communication, poor leadership, performance demands, and change management, had a significant, compounding traumatizing impact on the teacher (Chang, 2009). Sarah cited that: (a) systems are broken, (b) [complaints] fall on deaf ears, and (c) they [leaderhyps] do not care.

What was unexpected in the findings was that Sarah described feeling isolated and siloed in her experiences in the classroom. She cited “[h]ow can I work for a leader or an organizational that doesn’t have my back?” This was ironic as the illustrations in this study were not unique to Sarah’s classroom—it is a reasonable assumption that other teachers could relate to a shared trauma experience. However, when there is a closed culture of communication and leadership that lacks non-technical capacities, healing is not able to take place within the workplace and organically amongst peers.

Studies support the idea that an individual can grow from shared trauma exposure with the development of deeper meaning in their work and a recommitment to the organizational mission (Quiros, 2010). Additionally, competence increases with a shared sense of empowerment (Bauwens & Tosone, 2010; Harrison & Westwood, 2009). A possible contributing factor to the poor leadership capacity identified in the study could be a result of what researchers have identified as little-known impact or understanding of vicarious trauma on non-crisis professions (e.g., teachers) (Hydon et al., 2015). It is for this specific purpose that this study focused on the lived experiences of a teacher with vicarious trauma that will aid organizations in accepting and recognizing this crisis (Alisic, 2012).

Leadership capacity and lack of organizational support is a detriment to school culture. When comparing the results of this study to research that affirms how principals play a key role in influencing school culture but often struggle to sustain a positive school culture (Savory, 2014), this study confirmed that there is both a lack of leadership ability and a lack of leadership compassion that enables healing and a healthy school culture. Further study is indicated to determine the gaps in leadership capacity to lead in times of trauma, or to determine if vicarious trauma extends beyond teachers in the classroom to the greater traumatogenic environment to leaders as well and causing them psychological distress. There is research that affirms that psychological distress can detach teachers from their profession (Tosone et al., 2012). School leadership has the bigger responsibility and psychological burden of the distress of a collective.

Implied through the study was that it was not the collective that was struggling to adapt to the changing dynamics of the school environment, but rather that school leadership who failed to lead during times of trauma. Sarah cited a “[s]tudent told me he was going to rape me.” The results revealed that leadership was disconnected from understanding the multi-dimensional role a teacher played on a classroom level, and how leadership was unaware of supporting research that confirmed the role of a teacher resembling that of professional caregiver, first responder, and social worker (Cherniss, 2016). The result to a teacher, as the findings demonstrate, is a loss of idealism. Research has shown that this occurs because of unfilled expectations and school systems that are unsupportive (Cherniss, 2016).

The study revealed daily operational demands on a teacher that were staggering and included high caseloads, the demands of testing, and the accountability of student

motivation and achievement. It affirmed current research that, in today's educational environment, a teacher's competency and skill receive punitive response for student shortcomings (Aydarova & Berliner, 2018). However, it is hard to measure with any accuracy academic shortcomings in students or in teacher's efficacy when teachers spend six to seven hours a day with increasing numbers of students who meet the criteria for three or more ACEs in the classroom (Calhoun et al., 2000; Fleming & Robinson, 2001; Joseph & Linley, 2008). National data suggests that 45% of children in the United States have experienced at least one ACE, and 10% of children have experienced three or more ACEs (Sacks & Murphey, 2014). Research confirms that there is often no organizational support plan (Miller, 2001). The result confirmed by the findings of the study is that when teachers are not psychologically healthy, the quality of their interactions with students in the classroom will suffer as will their efficacy as professionals (Hamre & Pianta, 2004; Jeon, Buettner, & Snyder, 2014).

Schools as traumatogenic environments. There is another factor in the school environment that was identified in the study and contributed to the process of vicarious trauma. School climates and the cumulative exposure to multiple layers of trauma could deem a school as a *traumatogenic environment*: a place where teachers find themselves in a traumatic environment (Tosone et al., 2012), as was confirmed by this study.

The study revealed multiple illustrations of secondary witnessing of the traumatic experiences of students that entailed murder, suicide attempts, and abuse. The layers of trauma were comprised of Little "t" traumas like personal wellness, organizational trauma such as workload, environmental trauma such as hurricanes and earthquakes that caused the displacement of students and their families, political trauma witnessing

through the media; as well as Big “T” traumas like a mass school shooting close to home and the participant’s daily exposure to the ACEs of the students in her classroom that saw her as witness to poverty, neglect, abuse, and homelessness. Sarah cited “[k]ids are living in cars.”

Natural disasters in addition to non-political acts of terrorism (e.g., school shootings) have made school communities increasingly vulnerable to environmental traumas (Tosone et al., 2012). Throughout the findings, Sarah’s account of the current lived experience of a teacher supports areas of research that have identified the environmental changes in school communities and in the world at-large that give way to an increased escalation to both direct and indirect traumatic experience (Tosone et al., 2012).

Individual resilience is possible but not probable to the collective without leadership. The results of this study imply that individual resilience is possible. Throughout the research findings, beliefs, value, and faith were seen hanging by a thread. The analogy of a life vest in a tsunami provided a more accurate visual picture of the importance of such a life-saving tool, yet it paled in the face of the force of mother nature. Several times, it was cited that there were multiple days when the management of emotion tied to going back into the classroom was next to impossible. These findings may support the research of the 2013 Schools and Staffing Survey that identified approximately 8% of teachers leave the teaching profession each year, 40% every five years, and that teacher absenteeism in the United States is approximately 5% according to the National Center for Education Statistics (Baikova, 2016). The findings within this study suggest the possibility that teachers are leaving the profession prematurely because

of the toll of the environment on their well-being, and further, that teachers may be leaving the profession due to the negative effects of stress (Klassen & Chiu, 2010).

There was another area that revealed resilience in the findings. While there was a clear use of maladaptive behaviors that were used to cope to enable daily functioning, there was also an effort to continue with healthy coping skills and adaptive strategies when possible that helped foster healthy coping skills (Tedeschi & Calhoun, 1996).

Implications of the Findings to Theory

The findings of this study have implications to teachers, school leadership, policymakers, federal law, and even possible workers compensation. Trauma in the United States is at an all-time high and does not discriminate based on color or socioeconomic level (Sacks et al., 2014). This study demonstrates that the construct of vicarious trauma in the field of education can no longer stay unexplored (Alisic, 2012). The scope of what constitutes an ACE continues to expand. Current research estimates that 10% of children have experienced three or more ACEs (Sacks & Murphey, 2018), supporting the findings that a teacher has prolonged and cumulative exposure to high percentages of children with multiple ACEs.

Bowlby's (1978) theory of attachment suggests that attachment is a deep and emotional bond, and that it connects people together through space and time. The results of this study indicated that the relationship between a teacher and student with one or more ACEs is strongly linked to Bowlby's attachment theory.

The study revealed that, due to proximity, there was an exchange between teacher and student that deeply bonds a teacher to a student in times of trauma. The proximity of time and space that a teacher has in the classroom and between a teacher and student are

aligned with Bowlby's theory of space and time. The findings were also like Bowlby's (1978) theory as it found that teachers chronically find themselves having to respond sensitively to their students' needs. Students spend up to seven hours a day with a teacher in the classroom, and this study revealed that teachers by nature of proximity, dependency, and closeness are forced to assume a multi-dimensional role to students as an ad hoc caregiver, social worker, and first responder (Cherniss, 2016), supporting Bowlby's theory (1978) in the context of a caregiver who gives safety and security and affect a child's survival.

Assumptive worldview theory. Rather than compare the findings of the study to the assumptive worldview, the results indicate instead a process that has caused a deep disintegration of the assumptive worldview theory. The theory suggests that an individual's chronic and cumulative exposure to direct or indirect trauma shatters positive worldview assumptions and disrupts core beliefs about the self and other to a less positive view (Janoff-Bulman, 1989). Janoff-Bulman's (1989) theory identifies three core components of the assumptive worldview: (1) the belief that humans are good, kind, and well-intentioned, and that life has positive outcomes and people have some ability to influence events; (2) the world is meaningful and there is a clear correlation between cause and effect that allows people to understand how and why events unfold in the world; and (3) the self is worthy and people are moral individuals allowing society to assume a level of respectful behavior from people.

Throughout the findings of this study, there were examples of the emotional, auditory, and visual witnessing of traumatic experiences that illustrated the darkest side of humanity and the worst atrocities to school-aged children. There was no control over

these events for either the teacher or the student. The results of this study confirmed that, in addition to the direct or indirect witnessing of a student's traumatic experiences, there was a longing for some sense-making and anything or anyone that could provide a beginning, middle, and end as to how and why the traumatic experiences of students unfolded. Lastly, this study revealed a complete disruption in the third component of the assumptive worldview. Any belief in people as moral individuals and having some level of respective behavior were shown to be shattered. The findings of this study deeply aligned with the theory that secondary victims of trauma have higher empathy related to a less positive worldview (Feldman & Kaal, 2007).

Evaluation of the Study

The study was approached through a narrative design for two reasons: (1) to seek answers to the two research questions through the eyes of a teacher and her daily experiences, and (2) the construct of vicarious trauma has not been deeply studied or readily adopted in schools and educators across the country. What little study has been done tends to identify the phenomenon as something that occurred to teachers who worked with high-risk and poverty-stricken schools in communities of violence.

Today, and as garnered from the results of the findings, the prevalence of vicarious trauma in teachers and schools across the United States is probable. ACEs are happening daily across the country to children who are being separated from their families, to families that are victims to the opioid crisis, to children with increased learning disabilities, to families who are struggling to meet their needs, to cancer diagnosis and divorce—and it all lands in the laps of a teacher. This was the philosophy behind taking a narrative approach.

Limitations of the study. The most important limitation of this study is that it was based on a strategic sample selection of one participant, and while a generalized claim of vicarious trauma cannot be made of the broader profession of teaching, given the similar circumstances, time, proximity, the prevalence of ACEs, the quality of relationship, and the demands of responsiveness required of teachers today, it is highly probable that this silent phenomenon is occurring in teachers in classroom throughout the United States.

In a qualitative research design, coding is based on subjective themes (Baikell, 2015; Maxwell, 2015), and while there is some degree of subjectivity within the findings, bias was addressed through triangulation to ensure the accuracy of the data. The study also focused solely on a female teacher who had been in the classroom for many years.

Recommendations

This study was designed as a narrative study to illustrate a deep understanding of the lived experiences of a teacher with vicarious trauma and the impact to personal beliefs. The priority of the study was to assert the adoption of vicarious trauma in the field of education and trigger acknowledgement and acceptance of the construct in policymakers and school leadership who are tasked with leading in traumatogenic environments in an age of trauma. However, there are many more areas of research to explore. There is an opportunity for quantitative research designs that look at prevalence, measure the disruption of teacher beliefs, and that can determine the impact of vicarious trauma on teacher efficacy, recruitment, retention, and more. Researchers can further explore qualitative studies that examine the effect of vicarious trauma on the male gender, various age groups, and in new teachers in comparison to veteran teachers and

special education teachers. What is most important about further research is that it is designed to engage an audience in social justice and the desire to act.

Conclusion

Reports affirm that approximately five million American children per year experience some form of an ACE, such as loss, illness, witnessing family or community violence, drive-by shootings, or substance abuse in families (Perry, 2010). In the United States twenty-six percent of children will witness or experience a traumatic event before the age of four (Briggs-Gowan et al., 2010). Fifty percent of American teachers are prematurely leaving the profession within five years (Macdonald, 1999), and 46% of teachers report high daily stress (Baikova, 2016). This presents the issue of teachers leaving the profession because of the negative effects of stress (Klassen & Chiu, 2010).

The idea of vicarious trauma in education is neither widely acknowledged nor accepted. Indirect trauma experiences mimic and mirror the physical and psychological symptoms of those who have experienced direct trauma. Factors such as personality traits, altruistic motivations, beliefs, trauma history, and organizational culture coupled with exposure and proximity to classrooms that are overwhelmed with students with multiple ACEs leave those in teaching professions with chronic and cumulative secondary trauma and the process of vicarious trauma.

While the prevalence of vicarious trauma is not yet known, it is highly probable based on similar factors of chronic exposure that occur in classrooms across America that not all teachers will have the same mitigating factors of risk. In the field of education, professional erosion can resemble a decline in work performance, lack of connection to colleagues, and poor morale. Interpersonal changes create behaviors of social isolation

and difficulty with intimate relationships. When teachers are exposed to traumatized students, they may become vulnerable to vicarious trauma and the process that causes a negative transformation in functioning through cognitive distortions, unhealthy behaviours, and maladaptive coping (Waite, 2015).

Teachers are critical to society's infrastructure. Through their classrooms, they are the ones who help shape the minds of students and in turn the world around us. While much attention is being paid to build trauma-informed schools around students with ACEs, we cannot forget that whether trauma is direct or indirect that physical, emotional and cognitive experience is the same. It is critical to public health, and to the future and safety of both teachers and students in the classroom, that there is public and workplace awareness about vicarious trauma. In doing so, attention must be paid to promote workplace well-being through onboarding practices, organizational culture, and intervention. This goal should be a shared responsibility between individual well-being and organizational wellness, which in the end will reduce personal and professional risk. The best way for this to be accomplished is to spread awareness; develop informed leadership and foster a company culture that embraces the responsibility of self-care and organizational care in a way that allows teachers and other school personnel to continue the meaningful and life-saving work they provide to their classrooms, communities, and world. The results of this study indicated three broad themes in response to the two research questions:

RQ1: What are the meanings, structure, and essence of the lived experience of vicarious trauma by a teacher?

RQ2: What is the impact of vicarious trauma on a teacher's belief system?

The three themes were (1) personal well-being, (2) organizational wellness, and (3) resilience. First, personal well-being is impacted on multiple dimensions as cognitive, physical, emotional, and spiritual levels are disrupted and disintegrated as the vicarious trauma process deepens. The dimensions of attachment theory are due to the proximity and time teachers are exposed to students in their classroom with multiple ACEs. A second dimension of the theory was prevalent regarding closeness and dependency, and that students turn to teachers as ad hoc caregivers in the absence of a parent figure for safety and comfort. The deterioration of personal well-being was also affected through a deterioration of a positive worldview in areas that believe people are good, the world is meaningful, and the self is worthy. In this study, the teacher could be visibly seen trying to find resilience through her faith to hold onto any remaining beliefs that would allow daily functioning.

The second theme identified was organizational wellness. There findings clearly indicated a lack of leadership capacity to lead teams (teachers and other school personnel) in times of trauma. Further research is needed to determine if this lack of leadership capacity is a result of school leaderships' own deterioration of personal well-being as a result of working in a traumatogenic environment, or a lack of leadership skill resulting in avoidance and detachment. More research needs to be conducted to explore this possibility. The findings also identified the environment as traumatogenic and an organizational culture that was closed. The study revealed that school leadership was adding to the vicarious trauma process and functioned as organizational and operational stressors at a district level.

The last theme was that of resilience. The study revealed that, while personal resilience was possible as was seen through the individual strength of will and faith from Sarah, that there would be a greater chance of organizational health if there was a culture of openness that allowed for shared trauma to become part of collective resilience. This would allow for the collective to find sense-making, reconnect to the mission, and allow healing to organically occur amongst and with each other.

While this study revealed the vicarious trauma of one teacher who had the courage and self-awareness to recognize that something was shifting in her psyche and functioning, vicarious trauma is a silent phenomenon. It is highly probable that many teachers are suffering in silence; they may be unable to name their lived experiences, or they may assign punitive blame upon themselves for being disconnected from their students. Although empathy is a highly valued skill for a teacher when it comes to classroom management (Peck et al., 2015), it is the same trait that puts them at greater risk for vicarious trauma. Teachers have assumed a professional helping role for which they are untrained, unaware of the risks, and unaware of the needed protections to avoid vicarious trauma. From this study, it is evident that policymakers, school leadership, and community need to help provide interventions that will allow teachers to continue to do meaningful and lifesaving work. These interventions include prevention education that will allow teachers to recognize signs and symptoms. Preventative strategies that can be incorporated into teacher recruitment and retention to reduce risk. School leadership can benefit from building their compassionate leadership strategy that will help them lead both in times of trauma and with those who have experienced trauma. School leaders must also have prevention training as they too are vulnerable to secondary witnessing

through both their teachers and their student connections. School leaders may also benefit from resilience training that allow them to move teams through trauma to growth. On a policy level, ensuring that teachers are onboarded with a training to increase vicarious trauma awareness and be informed of best practices around preventative strategies. Teachers should be informed of access to services as well as self-care strategies that allow them to seek support, and resilience through peer networks.

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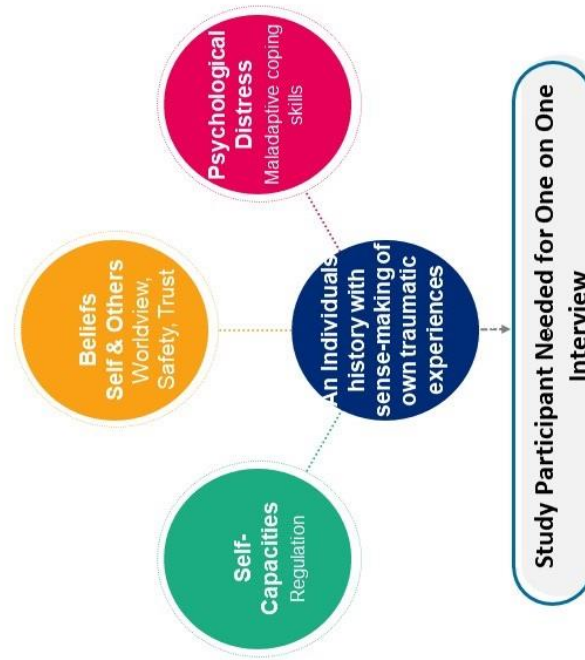
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APPENDIX A: WHAT ABOUT US?

“VICARIOUS TRAUMA IN OUR “SYSTEMS” RECRUITMENT FORM

**Vicarious Trauma in our “Systems”
The Silent Phenomenon of a Teacher**

THIS INTERVIEW IS STRICTLY VOLUNTARY. This interview is completely confidential. There are minimal risks, as questions pose no more stress than occurs during a typical school day. At any time, participant can exit the interview and choose not to participate. By participating in this narrative study, you will be benefiting research vicarious trauma in our “Systems”, and the understanding of the Silent Phenomenon of a Teacher.



“
My students’ issues feel so personal to me. I re-experience the impact of my own trauma, and feel shuttered and drained”
- HIGH SCHOOL TEACHER

Who: A teacher who has worked in any Florida school for at least 3 years and has had the responsibility of at least one class most of the day for an accurate representation of cumulative and chronic exposure. Participant age should range from 21-70 years old of any race and can be from any socio-economic background. The minimum level of education required to participate is that of a bachelor’s degree.

Why: Vicarious Trauma in our “Systems” The Silent Phenomenon of a Teacher
A Narrative study to understand the following:
1) What are the meanings, structure, and essence of the lived experience of vicarious trauma by a teacher?
2) What is the impact of vicarious trauma or secondary traumatic stress on a teacher’s belief system?

What: Semi-structured interview questions. Question provided in advance for reflection. The interview will be approximately 2 hours and the participant will be invited to share artifacts such as notebooks, emails, pictures that can add to the richness of the data collection. A snack break will be provided.

Confidentiality: For the purposes of this study, all comments will be confidential, and I will make every effort to preserve the integrity of confidentiality

APPENDIX B: CONSENT FORM**TITLE OF STUDY**

What About Us? Vicarious Trauma in Our “Systems”

PRINCIPAL INVESTIGATOR

Suzanne Spencer

Lynn University
 College of Education
 3601 N Military Trail
 Boca Raton, Fl, 33431
 [REDACTED]
 [REDACTED]

TITLE OF STUDY

What About Us? Vicarious Trauma in Our “Systems”

PURPOSE OF STUDY

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to understand the following:

- 1: What are the meanings, structure, and essence of the lived experience of vicarious trauma by a teacher?
- 2: What is the impact of vicarious trauma or secondary traumatic stress on a teacher’s belief system?

STUDY PROCEDURES**THE INTERVIEW****One interview session**

- One-on-one interview
- Minimum of two hours
- Semi-structured interview
- Questions provided in advance (see appendix)
- Probes will be utilized (see appendix).
- Participant may bring in artifacts to add to interview responses. A list will be provided of suggested items (see appendix).

RISKS

The sharing of daily experiences or stories may trigger a response that is in keeping with your daily exposure while on the job.

You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

BENEFITS

“There will be no direct benefit to you for your participation in this study. However, we hope that the information obtained from this study may help guide a better understanding and framework of vicarious trauma in a teacher’s system.

CONFIDENTIALITY

For the purposes of this research study, your comments will not be anonymous. Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning code names/numbers for participant that will be used on all research notes and documents
 - Keeping notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the personal possession of the researcher
-

Participant data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk.

CONTACT INFORMATION

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the Primary Investigator, please contact the Institutional Review Board at (865) 354-3000 ext. 4822.

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide if to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

CONSENT

I have read and I understand the information provided. I have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will receive a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

Participant's Initials: _____

APPENDIX C: INTERVIEW PROTOCOLS

ONE ON ONE GUIDING INTERVIEW QUESTIONS
INTERVIEW QUESTIONS WILL BE SEMI-STRUCTURED.
THE FOLLOWING QUESTIONS WILL BE USED TO HELP GUIDE THE
INTERVIEW PROCESS. QUESTIONS WILL BE ADAPTED AS NEEDED TO AID
IN RICHNESS AND DEPTH OF DATA COLLECTION.

Your participation in this study is voluntary. It is up to you to decide if to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be destroyed.

1. Getting to know you

- Tell me about yourself, your family, your job history
- What led you to be a teacher?
- Why did you want to be a teacher?
- What qualities, skills, and talents did you have that could be brought to teaching?
- How is being a teacher different from what you envisioned?
- What if any adverse childhood experiences did you have growing up?

2. Gaining an understanding of your work and your classroom

- How prevalent are students with adverse childhood experiences in your classroom?
- How do you learn about a student's adverse childhood experience?
- Can you describe some of the traumatic experiences of your students?
- What has your role been with students with face traumatic experiences?
- How does witnessing the traumatic experiences of your students change your beliefs, faith, the world?
- How does your organization/school leadership help you make sense of your student's traumatic experiences?

3. **Impact to your personal and professional life**

- What are coping skills do you use to make sense of your student's traumatic experiences?
- How does the definition of your job match today's experience and your role in the classroom?
- How does the school system increase or decrease your cumulative stress?
- Does school leadership help you debrief about witnessing student traumatic experiences?
- How do these traumatic experiences affect the way you feel about your ability to do your job?
- Are there any physical symptoms that occur from witnessing students' traumatic experiences?

4. **Concluding questions**

- Are there any other artifacts, memories, or experiences you would like to share as it relates to experiencing vicarious trauma?
- What would you most like others to know about being a teacher today and trauma exposure?
- Is being a teacher what you dreamed it would be?
- Were you properly prepared to encounter the traumatic experiences of students in the classroom?
- Do you feel like training and prevention strategies in the school for teachers would help reduce personal and professional risk?
- Please describe your thoughts/feelings about this interview? Is there anything that stands out in relating your experiences?
- Do you have any questions?

RISKS

The sharing of daily experiences or stories may trigger a response that is in keeping with your daily exposure while on the job.

You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

BENEFITS

“There will be no direct benefit to you for your participation in this study. However, we hope that the information obtained from this study may help guide a better understanding and frame work for the phenomenon of vicarious trauma in school personnel.

CONFIDENTIALITY

For the purposes of this research study, your comments will not be anonymous.

APPENDIX D: INTERVIEW PROBES

I will look to use probes to help reveal rich in-depth data from the participants. The strategies identified by Mary Kennedy in 2006 (<https://msu.edu/user/mkenney/digitaladvisor/Research/interviewprobes.htm>) will focus on the following areas:

1. Clarity

- Defining....Say what you mean by [term or phrase]
- ClarifyingWhen you say, [term or phrase], what are you actually doing?
- SummarizingIt sounds like you are saying, “ ... ” Is that a fair summary?
- Paraphrasing ...So you are saying ... ?

2. Seek understanding

- Tell me more about that.
- Can you give me an example?
- What would that look like?
- How do you do that?
- Can you tell me more about that?
- How did others [e.g., students] respond to that?
- If I were watching you do this, what would I see?

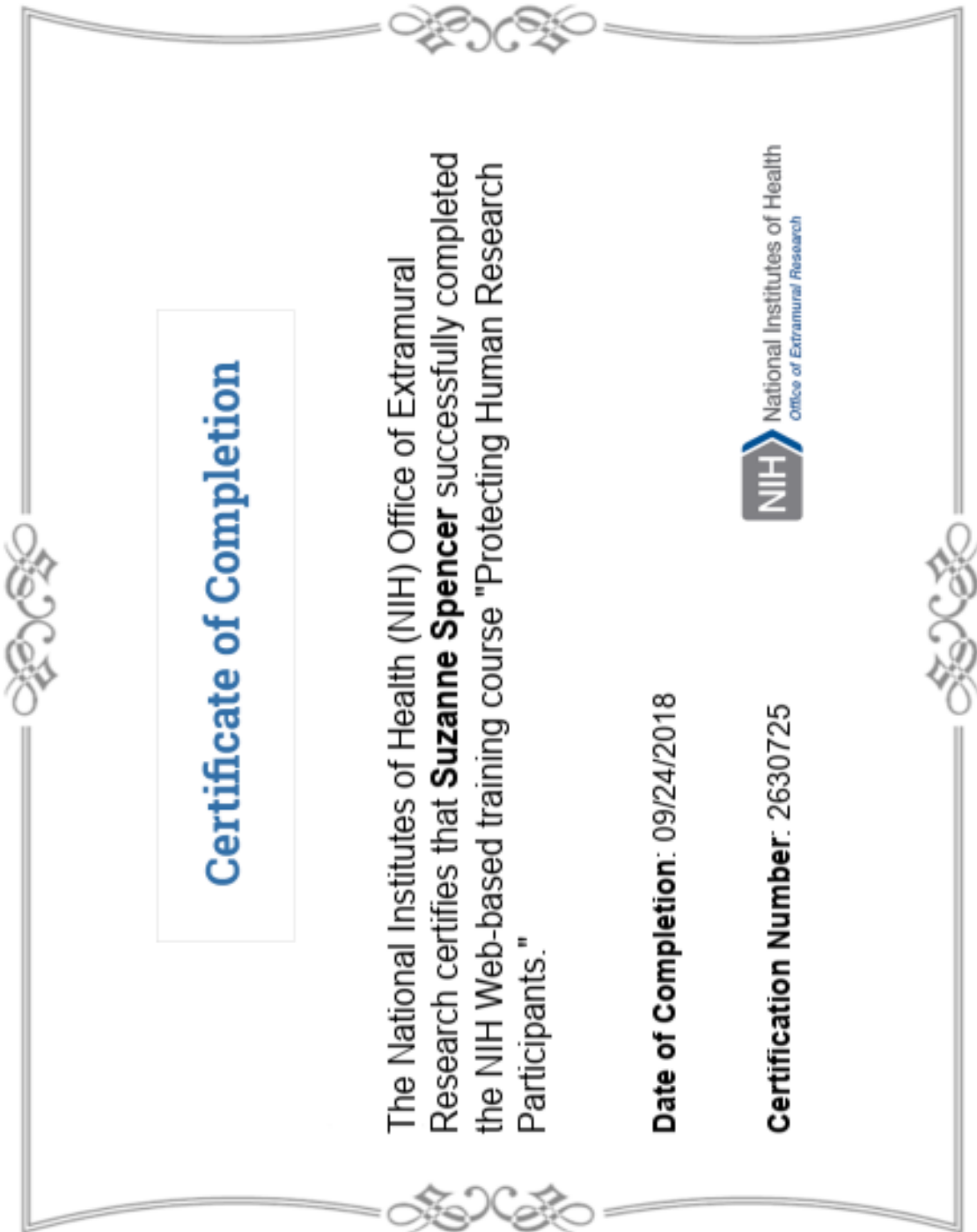
3. What do they think, feel, believe?

- Why was that important to you?
- Why does that stand out in your memory?
- Why do you think you noticed that?
- Why does that matter?
- What motivated your response?
- How did you feel about that?
- What was significant about this to you?

5. What are your views and where do they come from?

6. Review all possible influences

APPENDIX E: NIH CERTIFICATE OF COMPLETION



APPENDIX F: LIST OF “ARTIFACTS”

What Are “ARTIFACTS”

Artifacts are helpful to obtain an rich, in-depth appreciation of an issue, event or phenomenon of interest, in its natural real-life context.



Crowe, S., Cresswell, K., Robertson, A., Hubby, G., Avery, A., & Sheikh, A. (2011). The case study approach. *BMC medical research methodology*, 11, 100. doi:10.1186/1471-2288-11-100

APPENDIX G: COUNSELOR REFERRALS FORM

Counselor Referrals



REVITAL GOODMAN
PSYCHOLOGY

Revital Goodman, Ph.D
LCSW, EMDR Certified
561-212-8446
contact@revitalgoodman.com
www.revitalgoodman.com

Deborah Woods

Counselor MS, LMHC

701 Northlake Blvd

Suite 101

North Palm Beach, Florida 33408

[\(561\) 693-0662](tel:5616930662)