An Inquiry of the Lived Experiences and Contextual Understandings of Early Childhood Special Educators Related to Children's Trauma

Alison DuBois

Follow this and additional works at: https://dsc.duq.edu/etd

Recommended Citation

This Immediate Access is brought to you for free and open access by Duquesne Scholarship Collection. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of Duquesne Scholarship Collection. For more information, please contact phillipsg@duq.edu.
An Inquiry of the Lived Experiences and Contextual Understandings of Early Childhood Special Educators Related to Children’s Trauma

A Dissertation
Submitted to the School of Education

Duquesne University

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

By
Alison L. DuBois

October 2010
Copyright by

Alison Lynn DuBois

October 2010
DUQUESNE UNIVERSITY
SCHOOL OF EDUCATION
Department of Counseling, Psychology and Special Education

Dissertation
Submitted in Partial Fulfillment of the Requirements
For the Degree of Doctor of Philosophy (Ph.D.)

Executive Counselor Education and Supervision Program

Presented by:
Alison DuBois, M.Ed.

October 19, 2010

AN INQUIRY OF THE LIVED EXPERIENCES AND CONTEXTUAL UNDERSTANDINGS OF EARLY CHILDHOOD SPECIAL EDUCATORS RELATED TO CHILDREN'S TRAUMA

Approved by:

______________________________________________, Chair
Lisa Lopez Levers, Ph.D.
Professor

______________________________________________, Member
Joseph Maola, Ph.D.
Professor

______________________________________________, Member
Julia Williams, Ed.D.
Assistant Professor
ABSTRACT

AN INQUIRY OF THE LIVED EXPERIENCES AND CONTEXTUAL UNDERSTANDINGS OF EARLY CHILDHOOD SPECIAL EDUCATORS RELATED TO CHILDREN’S TRAUMA

By

Alison Lynn DuBois

October 2010

Secondary trauma stress, compassion fatigue, and vicarious trauma are terms rarely found in educational literature. Studies have shown the significant and lasting ramifications of these constructs within the realm of counseling and psychology. Professionals working in educational settings with high risk populations encounter multiple exposures to children experiencing traumatic events. Despite this phenomenon, teacher and counselor training programs do little to address the issue, thereby matriculating graduates who do not feel confident, well informed, and effective when dealing with trauma material on a daily basis.

This inquiry sought to examine the lived experiences and contextual understandings of early childhood special education teachers. Additionally, this study explored the effects of secondary trauma on professionals working with high risk populations, environmental protective and risk factors associated within the educational environment, the role of administrative support, and finally the impact of stress on an educator’s career development.
Theoretical underpinnings of this research included Bronfenbrenner’s (2002) bio-ecological model of human development, Super’s (Sharf, 1995) theory of career development, and Figley’s (1980) work on secondary traumatic stress and compassion fatigue. Maslach’s (1980) research on burnout, in addition to the current literature on developmental psychopathology are also be discussed.

This qualitative, phenomenologically-oriented research design employed semi-structured interviews with approximately 8 early childhood special education teachers currently working in Western Pennsylvania. A focus group involving 5 of the informants commenced at the conclusion of the interviews thereby providing participants with an opportunity to further discuss the topical issues associated with this phenomenon, in addition to the preliminary research data gleaned from the semi-structured interviews.

This dissertation addresses the key research areas found in current education literature associated with trauma, teacher attrition, compassion fatigue, and administrative support.
DEDICATION

To my sons Michael and Matthew: You are and will always be my greatest accomplishment. I love you very much.
ACKNOWLEDGMENTS

“If I have seen further it is by standing on the shoulders of giants.”

~Isaac Newton

I have been fortunate to have encountered so many “giants” who have challenged, nurtured, and guided me throughout my life. These individuals have enabled me to become more self-reflective and have encouraged a deeper level of self-awareness to enable me to reach my fullest potential.

I would like to begin by thanking my committee members, Dr. Joseph Maola and Dr. Julia Williams, for your insight, expertise, guidance, and on-going support throughout this entire process. I am a better counselor, educator, and person as a result of knowing each of you.

Special thanks go to Dr. Lisa Lopez Levers, my dissertation chairperson. Her ability to successfully assuage my anxiety, build up my confidence, and enable me to see all of the possibilities has been immeasurable throughout this entire process. I am grateful for her mentorship and for having the opportunity to work with such an esteemed scholar.

I would also like to thank Ardella Crawford, an exceptional editor who also happens to possess a great sense of humor. Your wit was much appreciated during tense moments on my dissertation journey. Without your help and guidance, I would have had great difficulty maintaining my timelines and completing this document.

I would like to thank my cohort members for providing collegial support and comic relief throughout our entire academic process. I made it through the program because of your generosity and friendship. I will forever be grateful to you all.
My loving, supportive parents, Nick and Kathi, have always nurtured my insatiable curiosity about life and supported all of my pursuits, academic and otherwise. You both have always been my biggest cheerleaders and empathic shoulders to cry on. I am so blessed and grateful for your constant nurturing and love. I am proud to be your daughter.

Since I met them 19 years ago, my mother-in-law and sister-in-law, Kathi and Karly, have provided me with love, respect, and true affection. We have weathered many storms together, and I am grateful to you both for helping me to get through this process.

Even though she is no longer living, I would like to thank my grandmother, Florence Tommelleo. Throughout her life she imparted to me the importance of education and service to others. She was a generous woman with a vivacious spirit, and she was my biggest role model.

My brother Nick and his wife Maureen, who are my best friends, never fail to provide a shoulder to cry on or an ear to listen. Thank you for your love and support.

Lastly, I would like to thank my husband, Michael. These few words are so inadequate to express my love and appreciation for you. I am so lucky and grateful that you are my partner in this life. Knowing you has made me a better person in every way. Thank you for your support throughout our twenty years together in everything, not just this process. Thank you to my sons Michael and Matthew. Even though I know you missed me the many nights I was gone throughout this process, you never complained. You are such exceptional young men, and I love you so very much. I have big dreams for you!
# TABLE OF CONTENTS

Abstract ......................................................................................................................... iv

Dedication ......................................................................................................................... vi

Acknowledgments ........................................................................................................... vii

List of Tables ..................................................................................................................... xiv

Chapter 1: Introduction ................................................................................................. 1

  Importance of Interpersonal Relationships in Early Childhood ......................... 2

  The Impact of Systems on a Young Child ................................................................. 4

Background of the Problem ......................................................................................... 7

The Problems Associated with Poverty .................................................................... 9

Current Demands of Special Educators ................................................................. 11

  A Theoretical Framework for Understanding a Professional Lifespan .............. 12

  Compassion Fatigue in Education? ................................................................. 13

Purpose and Importance of the Study ................................................................. 14

Statement of the Problem ................................................................................. 16

Research Questions ............................................................................................. 17

Action Research ................................................................................................. 18

Methodology ................................................................................................. 19

Sampling ........................................................................................................ 20

Analysis of the Data .......................................................................................... 21

Significance of the Study .................................................................................. 21

Summary ........................................................................................................ 22

Operational Definitions .................................................................................... 22
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical Framework</td>
<td>70</td>
</tr>
<tr>
<td>Systems of Change</td>
<td>70</td>
</tr>
<tr>
<td>The Cost of Caring</td>
<td>72</td>
</tr>
<tr>
<td>Research Design</td>
<td>73</td>
</tr>
<tr>
<td>Action Research</td>
<td>73</td>
</tr>
<tr>
<td>Sampling</td>
<td>75</td>
</tr>
<tr>
<td>Collecting the Data</td>
<td>76</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>77</td>
</tr>
<tr>
<td>Examining Human Experience</td>
<td>77</td>
</tr>
<tr>
<td>Content Analysis</td>
<td>79</td>
</tr>
<tr>
<td>Importance of the Focus Group</td>
<td>79</td>
</tr>
<tr>
<td>Ethics and Protocol</td>
<td>81</td>
</tr>
<tr>
<td>Informed Consent</td>
<td>81</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>82</td>
</tr>
<tr>
<td>Research Questions</td>
<td>82</td>
</tr>
<tr>
<td>Semi-structured Interview Questions</td>
<td>83</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>83</td>
</tr>
<tr>
<td>Summary</td>
<td>84</td>
</tr>
<tr>
<td>Chapter 4: Research Findings</td>
<td>85</td>
</tr>
<tr>
<td>Informant Interview Analysis</td>
<td>89</td>
</tr>
<tr>
<td>Findings: Case-by-Case Analysis</td>
<td>91</td>
</tr>
<tr>
<td>Informant #1</td>
<td>93</td>
</tr>
<tr>
<td>Informant #2</td>
<td>104</td>
</tr>
<tr>
<td>Informant #3</td>
<td>112</td>
</tr>
<tr>
<td>Informant #4</td>
<td>120</td>
</tr>
</tbody>
</table>
Informant #5 .......................................................................................................................... 126
Informant #6 .......................................................................................................................... 134
Informant #7 ........................................................................................................................ 141
Informant #8 ........................................................................................................................ 150
Focus Group ......................................................................................................................... 158
Similarities and Differences Among Informants ................................................................. 167
Summary .............................................................................................................................. 168
Chapter 5: Discussion ........................................................................................................... 172

Summary of the Findings ....................................................................................................... 176
Compassion Fatigue in Early Childhood Special Educators .................................................... 184
Protective and Risk Factors for Early Childhood Special Educators ...................................... 187
  History of Adverse Childhood Experiences ...................................................................... 187
  Caseloads ............................................................................................................................. 188
  Lack of Training in Trauma .............................................................................................. 188
  Impact of Bio-ecological Systems on the Individual .......................................................... 189
Protective Factors ................................................................................................................. 189
  Professional Development in Trauma, Crisis Theory, and Poverty ........................................ 189
  Role of Family and Friend Support .................................................................................. 189
  Importance of Physical Activity ....................................................................................... 190
  Spirituality as a Protective Factor ..................................................................................... 190
  Music and Finding the Humor in Life ................................................................................ 190
Self-Awareness as a Tool for Creating Boundaries ............................................................... 191
The Synergistic Effects of Empathy ..................................................................................... 191
Emergent Themes .................................................................................................................. 192
  Theme 1: The Cost of Caring and Teaching .................................................................... 192
List of Tables

Table 1. Informant Demographic Information ................................................................. 79
Table 2. Informant 1 ........................................................................................................ 94
Table 3. Informant 2 ........................................................................................................ 101
Table 4. Informant 3 ........................................................................................................ 109
Table 5. Informant 4 ........................................................................................................ 115
Table 6. Informant 5 ........................................................................................................ 123
Table 7. Informant 6 ........................................................................................................ 129
Table 8. Informant 7 ........................................................................................................ 137
Table 9. Informant 8 ........................................................................................................ 145
Table 10. Additional Quotations Significant to the Research ....................................... 153
Chapter 1: Introduction

“Education is a social process. Education is growth.

Education is not a preparation for life; education is life itself.”

~John Dewey

As human beings, we are naturally programmed to nurture and care for one another. Compassion and empathy are tools we use to educate and raise our children. Early childhood teachers often form strong attachments to the children in their care. They must meet each child at his or her developmental level, scaffolding the volume of information into consumable parts and enabling the child to construct meaning from the information presented. Child development is an ongoing, dynamic process born out of the dialectical, verbal, and non-verbal communicative exchanges between a child and an adult caregiver. Empathy and compassion are found naturally in the relationships that early childhood teachers cultivate with the children that they teach. But children today face a number of adversities, and teachers, school counselors, and administrators rarely acknowledge the toll that this takes on them personally and emotionally. Early childhood teachers often become advocates for the children with whom they interact daily and demonstrate protective behaviors when they feel the children’s safety is compromised. When these children experience trauma in home or community environments over which teachers have little control, they can feel this especially deeply.

Emotional togetherness, along with a passion for working with children, helps the teacher to genuinely be there—not just to be present, but to be wholly available on emotional, cognitive, and physical levels—and therefore capable of coming to genuinely understand and appropriately engage with the child. This genuine
understanding and engagement is important for all children, but essential for children who have experienced trauma. (Lucas, 2008, p. 88)

This chapter will elucidate several key elements and concepts related to the field of childhood trauma and to the workers’ accumulative exposure to trauma material. A theoretical framework explaining the impact of trauma on individuals, the affect of systems on children and educators, and a lens for viewing the professional lifespan of a professional educator will be provided. The key elements providing the impetus for this study will be discussed, in addition to the background of the problem, current research in the field of secondary trauma and education, and the design of the study.

**Importance of Interpersonal Relationships in Early Childhood**

Goleman (2005) postulates that interpersonal relationships can affect how a person’s brain develops, thereby also affecting how an individual learns and grows. Preschool years serve as a prime opportunity for children to explore beyond their immediate home environment, allowing for expansion of their peer group and social skill development. Stronger social skills allow children to form attachments to peers and adults, who in turn provide a sense of safety for the child, ultimately enabling the child to take risks when exploring the educational environment and to build cognitively flexible brains as they expand on their repertoire of early learning tasks (Riley, San Juan, Klinkner, & Ramminger, 2008). According to Vygotsky (1978), objects in a child’s environment provide both the clues and the necessary motivation for the child to perform a particular action. Imaginary, dramatic play in the preschool classroom serves this purpose, guiding a child’s behavior so that he or she can continually acquire new skills.
“Human learning presupposes a specific social nature and a process by which children grow into the intellectual life of those around them” (Vygotsky, 1978, p. 88).

Children’s ability to manage their emotions is crucial to their development of prosocial behaviors, empathy, and motivation (Riley et al., 2008). Management of emotions enables children to develop self-regulation skills that aid in the ongoing development of working memory and executive functioning skills, such as response inhibition, task initiation, flexibility, and goal-directed persistence (Dawson & Guare, 2004). All of these elements are crucial for typical cognitive development. When a young child experiences a traumatic event, like physical abuse or neglect, the primary working memory centers in the brain (notably the hippocampus and the neo cortex) can be significantly altered (Goleman, 2005). “Continual emotional distress can create deficits in a child’s intellectual abilities, crippling the capacity to learn” (Goleman, 2005, p. 27). Children demonstrating deficits in social and executive functioning skills experience higher rates of special education, such as behavioral issues and reading difficulties (Epstein, 2009; Evangelista & McLellan, 2004; Rossman & Yoshikawa, 2001; Schonberg & Shaw, 2007). Emotions, characterized as psychological and physiological phenomena by Decety and Meyer (2008), enable children to adapt successfully to changing environmental demands. Expression of emotions and the development of the child’s sense of self contribute to the formation of empathy. Children with immature emotional systems exhibit a number of behavioral problems, such as overactivity, inattention, and aggression (Campbell, March, Pierce, Ewing, & Szumowski, 1991). Siegel (1999) purports that early childhood experiences, in particular experiences occurring repeatedly over time, can shape the structure of the neuronal circuits in the brain, regardless of
whether the experience is traumatic, biological, or attachment related. This can affect children’s emotional systems and impair their interactions with others. A number of biological and environmental risk factors can have an impact on a child’s ongoing development.

The Impact of Systems on a Young Child

According to Urie Bronfenbrenner (2005), humans do not develop in isolation but as a direct result of the interactions they experience among and between significant caregivers and their respective environments. The child is at the center of this model and is the product of four inter-related components: (a) the developmental process, (b) the person’s own biological, cognitive, emotional, and behavioral characteristics, (c) the context of various systems that are interfacing with the individual daily, and (d) time, that changes throughout the individual’s life (Lerner, 2005).

Bronfenbrenner called this model the Process-Person-Context-Time (or PPCT) Model (as cited in Lerner, 2005). “Within the bio-ecological theory, development is defined as the phenomenon of continuity and change in the bio-psychological characteristics of human being both as individuals and as groups. The phenomenon extends over the life course across successive generations through historical time, both past and present” (Bronfenbrenner, 2005, p. 5 [xxx]). Within Bronfenbrenner’s theory, regular, consistent interactions that occur over time in the child’s immediate environment are called proximal processes (p. 6). Examples of proximal processes can include, but are not limited to, adult-child interactions, child-child interactions, gross motor activities, games, free play—either in groups or individually, learning a new skill or concept, etc. (p. 6). He purported that “participation in such interactive processes over time generated the
ability, motivation, knowledge, and skill to engage in such activities both with others and on one’s own” (p. 6).

Much of Bronfenbrenner’s work was based on Kurt Lewin’s theory of space and ecological substance. In his theory, Lewin discussed four levels of a system: the microsystem, mesosystem, exosystem, and macrosystem. Lewin named the microsystem as the innermost “circle” that focuses in on a person’s goal conception and the connections and inter-workings of the relationship between people in any given environment (as cited in Bronfenbrenner, 2005, p. 45). Bronfenbrenner expanded on Lewin’s notion of a microsystem by asserting that proximal processes occur in the child’s microsystem. In order for a child to grow in all areas of development (cognitive, fine/gross motor, communication), these proximal processes must become increasingly complex on a consistent basis over time. For this process to take place effectively, the child must develop a “strong, mutual emotional attachment” (Bronfenbrenner, 2005, p. 9) with an adult that is invested in the child’s growth and development for a long period of time. Bronfenbrenner asserted that this attachment early in life will motivate the child to explore his environment in a multitude of ways (p. 9). When a child turns three, the focus of the learning environment begins to diversify and broaden. The child’s opportunities to learn and grow expand from the home and community environments into an educational environment. The early care and trust established by the parent is then generalized to new caregivers within the early childhood setting. A child’s bio-ecological system, which once consisted of home and community, now includes school. Both community and school environments help to make up the mesosystem. The mesosystem incorporates multiple settings in which the child is an active participant. From birth, the child is also
exposed to his exosystem, which does not directly involve the developing child, but
which has an ancillary effect on him. An example of this can include the workplace of the
child’s parent, “the parents’ network of friends, [and] the teacher’s homelife”
(Bronfenbrenner, 2005, p. 46).

The next layer of bio-ecological development includes the macro-system. This
system represents forms of social organization, associated belief systems, and lifestyles
(Bronfenbrenner, 2005). The macro-system includes the culture and climate of the child’s
school. Finally, Bronfenbrenner adds one last layer to this model: the chronosystem,
which looks at the effects of patterns in the child’s environment over time.

There is a dialectical relationship between the child’s various systems. Networks,
social organizational norms, and social trust facilitating cooperation and coordination of
services for the greater benefit of the group can be referred to as social capital (Putnam,
1995). According to a 2008 Child Trends Report,

Children who live in high-support neighborhoods are more likely than children
living in low-support neighborhoods to have discussions with their parents, to
have parents who attend their events and meet their friends, to exhibit social
competence with peers, to attend weekly religious services, and to participate in a
variety of after-school activities. (Wilkenfeld, Moore, & Lippman, 2008, p. 2)
The value of a cohesive, supportive, consistent environment should not be
underestimated.

With myriad issues and complex, ever changing systems, the field of education
has become a difficult one in which many teachers struggle remain effective in the
profession. Socio-economic levels have a tremendous influence on family function and
dynamics. From the age and condition of the housing in which children reside to the neighborhoods in which they live, can have a dramatic effect on the resources available to the family when rearing a child.

**Background of the Problem**

Plato states, “The direction in which education starts a man will determine his future in life.” The educational system is frequently viewed as a panacea that can have a positive impact on societal issues like poverty and crime. One of the first objectives of the early kindergarten movement in the 1870s was to teach children skills and habits that would have a productive effect in the home, notably in maternal behaviors (Spring, 2001). In the 1960s, President Lyndon B. Johnson declared a “war on poverty” and created a commission to investigate solutions to reduce social-class divisions and eliminate poverty (Spring, 2001). Once again, education was brought to the forefront as a means for addressing society’s ills. The commission states that “universal education has been perhaps the greatest single force contributing both to social mobility and to general economic growth…The school must play a larger role in the development of poor youngsters if they are to have, in fact, ‘equal opportunity’” (Spring, 2001, p. 373). Thus the preschool was born. During this time, an awareness of individuals with disabilities emerged as a result of the Civil Rights Movement and John F. Kennedy’s President’s Commission on Mental Retardation (Hunt & Marshall, 2006). Prior to this time, parents either institutionalized their children or kept them at home (Hunt & Marshall, 2006). In 1974, the passage of Public Law 94-142 had a profound impact on special education (Hunt & Marshall, 2006). It requires that every child between the ages of 3 and 21 with a disability be provided with a free and appropriate public education in the least restrictive
environment (Hunt & Marshall, 2006). By 1986, Public Law 95-457 was passed, compelling states to develop special education programming for infants, toddlers, and preschoolers with disabilities (Evangelista & McLellan, 2004). In the Commonwealth of Pennsylvania, children meet the disability criteria of a *developmental delay* if they are demonstrating a 25% developmental delay as compared to their chronological age in one or more areas: cognitive, social-emotional, fine and gross motor, adaptive, and expressive and receptive communication. Currently in Pennsylvania, there are 43,545 children receiving early intervention (ages 3-5) services (Pennsylvania State Data Center, 2010). The vast majority of these youngsters (57.7%) are attending regular early childhood classrooms (Pennsylvania State Data Center, 2010). Educators receive training in a number of areas including human and growth development, instructional methods, and classroom management; however, few training programs help trainees to understand the developmental impact that trauma and poverty have on children. Educators thereby enter the field with little or no foundational knowledge and few supports available to them; supervisors and school counselors also have limited experience with crisis intervention or trauma-related issues.

This study examines the lived experiences of early childhood special education teachers working in high risk, low-resource socio-economic counties in the Commonwealth of Pennsylvania. Approximately one-third of Pennsylvania’s children, ages birth through 5 years, attend a publicly funded early childhood program, which includes programs such as the Nurse-Family Partnership, Head Start, Pre-K Counts, Early Intervention, and Keystones STARS (PA Program Reach and Risk Assessment, October 2009). Approximately one-third of children in Pennsylvania under age 5 are living in
low-income families and Lawrence and Mercer Counties (two of the counties involved in this research study) are considered high socio-economic risk for children living at or below the poverty line (PA Program Reach and Risk Assessment, October 2009). Keystone STARS, Early Intervention, and Head Start are the only programs that provide a direct impact to children under the age of 5 that reach all 67 counties in the Commonwealth, totaling one-third of preschoolers served in early childhood settings (PA Program Reach and Risk Assessment, October 2009). In high-risk counties, such as Lawrence and Mercer, up to 57% of all preschoolers in an early childhood setting are being served in a state funded program (PA Reach and Risk Assessment, October 2009).

The Problems Associated with Poverty

Poverty affects children in a number of indirect ways, ranging from parenting practices, limited access to medical care, and a lack of personal and community-based resources.

Through its nature, poverty exerts its effects by limiting material and other resources; the lack of these resources affects children through altering the quality of the home environment, the physical and social conditions of the neighborhood in which the child and the family live, the mental health of the child’s caregivers, parental interactions with children, health, nutrition, etc. (Pachter, Auinger, Palmer, & Weitzman, 2006, p. 7)

Poverty also demonstrates differences among cultures. Rates differ considerably among ethnic groups, with the highest rates among African Americans (24.9%) and Hispanics (21.8%) and the lowest rates among Asians (11%) and Whites (8.3%), according to the 2005 Census data (Rodriguez & Fabionar, 2010). African Americans and Hispanics may
comprise only 12.6% and 14.7% of the population, but they make up almost 50% of the low income population in the United States (Rodrigues & Faionar, 2010).

Children living in low income neighborhoods are vulnerable to a number of risk factors. Children residing in low income housing are exposed to toxic chemicals, such as lead and asbestos, in addition to poor plumbing and heating (Strauser, 2007). Lead exposure has been positively linked to learning disabilities (Strauser, 2007) and, according to Berliner (2007), has caused brain damage in almost half a million children and permanent neurological damage in another half million children in the United States.

The neighborhoods themselves are often riddled with crime, noise, and heavy street traffic which can prohibit children from playing outside (Strauser, 2007). Residents may feel a general lack of control over their physical environment which can lead to increased feelings of physical and psychological distress (Strauser, 2007). Berliner (2007) also found that the impact of neighborhoods affected children in that “poor” neighborhoods have limited access to information and networks as compared to their middle and upper class counterparts, thus affecting long-term student achievement. Inadequate access to early nutrition and health care services, such as dental and vision, also puts these children at risk for increased development of serious health issues and disabilities (Strauser, 2007). Children living in poverty are at greater risk for experiencing delays in language, working and long-term memory, and cognitive control (Tough, 2008). Meyers et al. (1998) found that families residing in a low income household are at a 40% higher risk of having a child with a disability. A child with cognitive and social-emotional delays is more likely to come from families experiencing higher levels of environmental stress (Campbell, 1991). Parents of a child with a disability are also at a
higher risk for being labeled with a disability themselves (Strauser, 2007; Campbell, 1991). The sheer number of dynamic processes that occur within and between all of the systems that children interact with daily all contribute to their ongoing cognitive, physical, communicative, and social-emotional development. When these processes are impaired and a host of risk factors are introduced, this can have a drastic impact on children’s development.

**Current Demands of Special Educators**

Special educators must employ a number of coping mechanisms to deal with the many facets of their jobs. In addition to handling the complexity of issues that children living in poverty bring with them to school, many special educators rise to the challenge of caring for and teaching medically fragile children, only to experience traumatic losses when the children succumb tragically to their medical conditions. Special educators must also effectively handle a multitude of administrative roles and responsibilities, which include appropriately meeting the plethora of developmental and educational needs of the children and families in their care, large caseloads, frequently changing paperwork requirements, and varying levels of administrative support. Special education consultative teachers working within the Head Start setting must also navigate the various social and familial eco-systems, as they are working with a population that is at risk in numerous areas of growth and development. Brownell and Smith (1993) have developed a conceptual model for understanding teacher attrition and retention. We will examine this model, which is based on Bronfenbrenner’s Bio-ecological Model of Development, to gain a better understanding of what risk factors affect a teacher’s perception of job satisfaction and frustration. This model provides a framework for understanding teachers’
interactions within and between the various systems that they encounter daily (Brownell & Smith, 1993). The micro, meso, exo, and macro-systems are defined according to various influences of the educational environment. Professional school counselors can provide a crucial role in the implementation of on-going support and staff training, so that teachers in the field develop a better understanding of the impact of these systems and how they affect a child’s development.

**A Theoretical Framework for Understanding a Professional Lifespan**

The literature has linked teacher attrition and job dissatisfaction to several key areas, including age, gender, teacher training and certification, salary, school climate, role confusion, paperwork, caseloads and lack of administrative support (Brownell, Smith, McNellis, & Lenk, 1994-5; Carlson, 2002; Cross & Billingsly, 1994; Litrell, Billingsley, & Cross, 1994). Super’s Theory of Career Development will provide the theoretical basis for identifying where educators are in their careers from a developmental standpoint. Participants will fall into one of three categories: Establishment, Maintenance, or Disengagement (Sharf, 1992).

Individuals are in the establishment phase when they are beginning their professional life; they can remain in this phase for 7-12 years until they move into the Maintenance phase (Sharf, 1992). Individuals in the Maintenance phase find their efforts are concentrated on maintaining and updating their skills (Sharf, 1992). Finally, individuals enter the Disengagement phase as they near the end of their careers. This phase can include reducing workloads and retirement planning (Sharf, 1992).
Compassion Fatigue in Education?

Few studies consider the impact of compassion fatigue on special educators, even though there is a profusion of literature in the fields of social work (Bride, Radey, & Figley, 2007) and counseling (Bloom & Sreedhar, 2008). This study seeks to examine the complexities associated with teaching high risk early childhood populations, in addition to examining the degree to which special educators experience symptoms of compassion fatigue. The many reasons for teacher burnout, such as high caseloads, lack of colleague and administrative support, and paperwork, have been examined thoroughly in the literature, but what if the causes of burnout and attrition are of a more complex, emotional nature? Are teachers affected by the traumatic events that occur in the lives of the children they teach? Individuals can be traumatized without being physically harmed or threatened and are more likely to suffer from secondary post traumatic stress disorder when exposed to traumatic material on a consistent basis (Figley, 2002). Compassion fatigue can affect an individual cognitively, emotionally, behaviorally, and spiritually (Figley, 2002). Individuals can also exhibit problems in their personal and professional relationships, demonstrate somatic symptoms, and experience a decrease in work performance (Figley, 2002). It will be argued that special educators are at a high risk for compassion fatigue. This argument will be developed by 1) a thorough discussion of Bronfenbrenner’s Bio-ecological Model and its application to child and teacher development, 2) a discussion of biological and environmental risk factors impairing the neurodevelopment of children and the impact that this has on the educational process, 3) an overview of the current literature discussing risk factors that contribute to special education teacher burnout and attrition, and 4) an explanation of the concepts of
compassion fatigue, burnout, and compassion satisfaction as they relate to the field of education. Dimensions of burnout will be explored within the parameters of the field of education. Compassion satisfaction will be briefly considered to garner a better understanding of the phenomenological thought processes of the teachers’ perceptions of self-efficacy, their ability to constructively deal with the traumatic material encountered daily, and satisfaction with their chosen occupations.

**Purpose and Importance of the Study**

School personnel must have training and experience in dealing with students affected by a multitude of risk factors, which include trauma and poverty. Research shows that personnel with prior training and experience are better able to implement self-care strategies, reducing the risk of burnout and compassion fatigue (Jaycox et. al, 2007). Resignation due to compassion fatigue and vicarious traumatization can contribute to staff attrition (Sexton, 1999), which results in inexperienced staff who are ill-equipped to handle the many facets of job responsibilities, thereby reducing their efficacy in the classroom.

Each day teachers face the pressure of meeting learning objectives and demonstrating student progress. Teacher training programs provide future teachers with a plethora of information regarding curriculum and instructional methods. They rarely address the impact that a child’s social-emotional development can have on the learning process or knowledge in various theories regarding developmental psychopathology, attachment, and systems. Teacher and counselor training programs rarely cover topics such as trauma, and the development and effective implementation of effective coping mechanisms.
The effects of adverse childhood experiences are long-term, powerful, cumulative, and likely to be invisible to health care providers, educators, social service organizations, and policy makers because the linkage between cause and effect is concealed by time, the inability to “see” the process of neurodevelopment, and because effects of the original traumatic insults may not become manifest until much later in life. (Anda et al., 2006, p. 14)

Many teachers and school counselors are ill-equipped as they enter the field to deal with the complexities of the modern family and of the children, who exhibit a huge volume of specialized needs and who will be in their charge. In a related field, studies have shown that counselors’ internal coping resources can be significant in protecting them from secondary traumatic stress symptoms (Simpson, 2005). As a result of this deficiency in special education teachers’ foundational knowledge base, they find themselves unprepared to handle the emotional toll that the profession will take over time; thus it is critical that this information be provided throughout the training process (Sexton, 1999). Additionally, if teachers and school counselors understood the concept of compassion fatigue, they would be more effective in identifying the symptoms and would seek peer or administrative supervision to mediate the effects (Simpson & Starkey, 2006).

Preventative measures could be taken if a more integrated approach among systems were implemented, leading to more accurate young child and family assessments, better utilization of community-based resources, and most importantly, more efficacious, meaningful educational experiences for preschoolers. Children experiencing the effects of poverty or maltreatment often experience a number of long-term neuro-developmental and biological changes that carry well into adulthood.
Effective programming and services that intervene early can have a drastic impact on the quality of life for children living in these environments. The issues associated with child maltreatment and poverty can “translate into (reduced) costs of health care, disability, and social services” (Anda et al., 2006, p. 12). By accurately recognizing the risk factors and presenting issues, teachers and school counselors can develop a network of support, decreasing their own workload and their own emotional and somatic experiences. Research has shown that an organization that provides its workers with a culture that validates the effects of working with high risk populations can be supportive by providing a venue for workers to seek help if needed (Bell, Kulkarni, & Dalton, 2003).

“Groups are sociological wholes; the unity of these sociological wholes can be defined operationally in the same way as a unity of any other dynamic whole, namely the interdependence of its parts” (Lewin, 1948, p.73). A foundational “ground” is formed as individuals’ thoughts, feelings, and perceptions are inextricably rooted to other members of the groups. Little is done organizationally by administrators to address this issue, and teachers are often left to debrief and cope with their intricate emotions alone. Even though special educators are not dealing with children and families in a therapeutic, clinical sense, the nature of the population that they are interacting with can interfere with a teacher’s “feelings, cognitive schemas, memories, self-esteem, and/or sense of safety” (Hernandez, Gangsei, & Engstrom, 2007, 230-1). This can have a tremendous effect on organizational culture and climate (Sexton, 1999).

**Statement of the Problem**

Early childhood special educators handle a multitude of complex tasks on a daily basis. Job responsibilities can range from individualizing educational plans to navigating
sometimes tenuous family situations, all in an effort to meet the developmental needs of children on their caseloads. Few studies in the current research literature examine the emotional strain and the accumulative toll that work with early childhood, high risk populations takes on early childhood special educators. Secondary traumatic stress, compassion fatigue, and vicarious trauma are terms rarely associated within the realm of education. School counselors and administrators can provide a tremendous amount of collegial and supervisory support; however, school counselor and teacher training programs rarely address adult protective and risk factors with formal, organized instruction, and educators are rarely equipped to recognize the signs that they might be in distress. The consequences of this oversight can have dire ramifications that affect teachers professionally and personally.

**Research Questions**

Compassion fatigue as a counseling construct is rarely examined in the profession of regular and special education. Teacher attrition literature has examined the impact of dealing with traumatic material, and any lasting effects of these interactions, in a limited way. The compelling question guiding this inquiry is as follows: What are the lived experiences and contextual understandings of early childhood special educators who are coping with the trauma of the children in their safekeeping? The following subsidiary questions guiding the trajectory of this study also will be explored:

1) What are the accumulative and/or residual effects of trauma on early childhood special education teachers working with at-risk children?

2) How do environmental protective and risk factors affect an early childhood special education teacher’s job performance?
3) How does administrative support play a role in the protective risk factors that an early childhood special education teacher employs?

4) How does stress affect the career development of early childhood special education teachers?

The parameters of burnout will be discussed in chapter 2 to make a nuanced distinction between compassion fatigue and burnout. Compassion satisfaction will also be discussed as a theme that emerged throughout the interviews as part of teachers’ motivation to stay in the field.

For the purposes of this study, I will use the Pennsylvania Department of Education’s definitions for regular and special education environments. Early Childhood environments are deemed specialized if more than 51% of the students in the classroom qualify for and are receiving special education services. Early Childhood Head Start regulations allow for 10% of their total enrollment to qualify for special education. Even though there is overlap (e.g., some developmentally delayed youngsters living at or below the poverty line receive special education services in specialized environments), early childhood special education teachers are dealing with larger numbers of developmentally delayed children (e.g., usual caseload is 35 children) as compared to less than 10% for their regular education counterparts.

**Action Research**

The goal of this action research was to uncover information about the effects of compassion fatigue on early childhood special educators and to contribute to the body of knowledge currently in the field of education. Action research is a common research design methodology often used in education (Berg, 2007) to resolve systemic problems.
According to Berg, it can be defined as a “collective, self-reflective enquiry…in order to improve some condition or situation with which they are involved” (p. 223). Action research enlists the engagement of the study’s informants to become active participants in the research in an effort to discover practical implications that can be addressed in the informants’ everyday lives. The researcher approaches the subjects with an expectation that they will want to reflect, examine, and possibly change current educational practices with the over-riding goal of improving the system. This study examined the lived experiences of early childhood special educators who are teaching high risk students with the hope of illuminating an under-identified phenomenon so that it can be systematically addressed.

**Methodology**

The goal of this inquiry was to explore the professional experiences of early childhood special educators from a phenomenologically oriented perspective. The research design consisted of an interactive, participatory process in which the data was continually be organized and examined to inform the process. Semi-structured, 45-minute interviews were employed to collect rich text from eight early childhood special educators. From each audio-taped interview, transcripts were made, enabling the researcher to identify and analyze emergent categories and themes within the text. Participants received copies of their respective transcripts to review, clarify, and correct any necessary changes. Following the individual interviews, a focus group was also held with at least six of the participants to further reflect on the preliminary findings.
Sampling

The interviews focused on the special education teachers’ perceptions and interpretations of their students’ experiences and the effect and meaning that these perceptions have on their professional and personal lives. The study participants are employed by a regional early childhood special education program. This program holds the Mutually Agreed upon Written Arrangement (MAWA) with the Commonwealth of Pennsylvania to provide special education services to eligible youngsters ages 3 to 5. All of the teachers hold a current Pennsylvania Teaching License and are certified Special Education teachers. Teaching experience ranges from 5 to 30 years in the field. The teachers serve a variety of roles, ranging from self-contained classroom special education teacher to itinerant special education developmental consultant, serving community Head Starts and private preschools. Recruitment was done via phone calls to request voluntary participation in the study. Approximately eight teachers participated in face-to-face, 45-minute to one hour interview sessions, which were transcribed. Though participation in this study was voluntary, study participants were identified through code names in the analysis of the transcripts. Through inductive analysis, the information acquired from the interview sessions examines new areas regarding compassion fatigue in special education. Transcripts were also made available to the dissertation chairperson. Once the data was analyzed, a focus group comprised of five of the participants in the individual interview sessions took place to discuss the findings and to refine the information gleaned from the initial interviews. During this focus group, I solicited the participants’ insights, points of view, and recommendations for making improvements in the program or field.
Analysis of the Data

The data was analyzed through a hermeneutic, phenomenological lens. Phenomenology attempts to gain insights into the lived experiences of individuals, gaining meaningful insights into the various structures and ontological nature that makes up the whole. Phenomenology is an interest in the essence of a phenomenon. According to Van Manen (1990), “Phenomenological human science research is *explicit* in that it attempts to articulate, through the content and form of text, the structures of meaning embedded in lived experience” (p. 11). The study followed a semi-structured individual interview format. Theme analysis and reduction were used to analyze the data from the interview sessions to identify, compare, and contrast recurrent themes that were further analyzed and described. The data was organized and analyzed through the lens of Van Manen’s *lived existentials*, which include *lived space, lived body, lived time, and lived human relation*. In addition to the mode of phenomenological data analysis, further theory was examined, including that of Bronfenbrenner, Super, and Brownell and Smith, to provide a conceptual, thematic framework.

Significance of the Study

Due to the dearth of information in educational research regarding compassion fatigue, the implications of this study are significant for future research, teacher training programs, counselor education programs, and current administrative and field practices and policies. As the modern family becomes more complex and struggles to manage a wide range of stressors and risk factors, children’s development is significantly affected. Teachers in all areas of education are challenged daily to meet the growing needs of their students. The scarcity of research on risk factors examining and analyzing the emotional
toll sustained by educators working with high-risk early childhood populations needs to be explored. The effects on special education teachers can be deleterious if not addressed. Improving the professional quality of life of teachers will enable them to become more effective, responsive educators, thereby improving the quality of education for the children that they teach.

**Summary**

There is a profusion of literature examining the impact of child maltreatment and poverty on a child’s developing neurological and biological systems, which can predispose the youngsters to qualifying for and needing special education services. But little attention is given to these risk factors, or how they will affect the educational environment, in teacher training programs. Special educators are not entering the field prepared to effectively and constructively deal with the multitude or complexity of issues that they are presented with daily. Educational administrators also need the tools to properly identify and address stressful, non-administrative components affecting a special educator’s emotional, psychic, and physical well-being.

**Operational Definitions**

**Psychiatric Trauma** occurs when an individual experiences an event that is emotionally overwhelming and may result in long-lasting mental and physical effects (American Psychological Association [DSM-IV-TR], 2000).

**Adverse Childhood Experiences** can include abuse, neglect, witnessing domestic violence, growing up with alcohol or substance abuse in the household, parental mental illness, parental discord/divorce, or crime in the home (Anda et al., 2006).
**Burnout** is a stress response to chronic, emotional strain when dealing with the rigors of one’s job (Maslach, 1982).

**Compassion Stress** can arise when helping professionals demonstrate stress responses such as neglect, resentment, and distress (Saakvitne & Pearlman, 1996).

**Traumatic Stress** occurs when a helper’s belief system becomes disrupted due to her overwhelming feelings as a result of an experience or event (Saakvitne & Pearlman, 1996).

**Compassion Fatigue** occurs when a professional is exposed to traumatized individuals on a consistent basis. It can create changes in an individual that are cognitive, emotional, behavioral, and spiritual and lead to a decrease in work performance (Figley, 1980).

**Compassion Satisfaction** is the ability of individuals to identify their self-efficacy, deal appropriately with trauma material, and find satisfaction in their work (Stamm, 2002).

**Organization of This Dissertation**

Chapter 2 will lay the groundwork to support the argument that special educators experience compassion fatigue and that this issue should be considered and addressed in today’s educational environment. This study is analogous to a tree. The roots and the multiple layered rings of the stem represent the grounding in the various dimensions of trauma. The complex and numerous inter-working systems, from the child’s microsystem to the teacher’s professional work environment, come together to represent the various branches extending out from the tree. The next chapter will examine current research in the literature regarding developmental trauma, teacher burnout and attrition factors, compassion fatigue, individual teacher characteristics such as age and years of experience, administrative support, and compassion satisfaction. It will also provide an
overview of the theoretical constructs used in the research methodology regarding participant and data analysis. The review of the literature will advocate that a rationale exists to support this occurrence in education and the need to develop effective coping mechanisms to address this issue in an effort to improve the lives of teachers and the children they teach.

Chapter 3 further elucidates the specific demographics of the population to be studied, as well as the research methodologies to be employed.
A shift in educational pedagogy occurred at the beginning of the 19th century in a movement that began to emphasize the importance of moral and value development in the curriculum. Gender bias was extremely prevalent; it was a widely held belief that rational attributes were ascribed to men and emotional attributes to women; therefore, men administrated and women taught. By the end of the late nineteenth century, the impact of industrialization created an expansion of the urban areas, which led to a plethora of social issues. A common fear began to spread that the decline of these urban areas would result in a loss of community and social control, increasing crime and poverty (Spring, 2001).

As a result, “school was considered a logical institution to prevent these problems by providing social services, teaching new behaviors, and creating a community center” for children and adults in an effort to “reduce (neighborhood) delinquency” (Spring, 2001, p. 229). After almost a century of practices that centered primarily on moral and values education, which was delivered almost entirely by women, additional pressure was put on the educational institutions to “fix” society’s ills. This shift in a teacher’s roles and responsibilities forced educators to expand their professional work environment beyond the school setting and into various systems operating within the community.

The concept of kindergarten, introduced into the United States in the middle of the 19th century, was “necessary because traditional socializing agencies like the family,
church, and community had collapsed” (Spring, 2001, p. 232). A major focus of kindergarten was to educate parents in parenting practices so as to have a positive impact on the home environment. Urban decay and poverty were still prevalent in the ghettos, and society looked again to education to reach children at even younger ages. In October of 1963, Walter Heller presented a report entitled “The Problem of Poverty in America.” He concluded that education can be a major factor in “uprooting the culture of poverty” (Spring, 2001, p. 372) and stated that schools must play an even larger role in education, starting with preschool aged children. This gave birth to the Head Start Program.

As a result of this historical evolution in education, today’s teachers are struggling with a multitude of dilemmas ranging from large class sizes or caseloads and effectively meeting the needs of a wide variety of learners while implementing a standards-based curriculum, to managing difficult behaviors so that a cohesive learning environment can be created. Many children are living in dysfunctional home environments and suffering the deleterious effects of trauma, poverty, and poor parenting practices. Teachers, administrators, and school counselors are expected to deal with all of the educational and emotional needs of the children presented to them. Compassion, patience, empathy, and calm guidance are skills teachers employ to help children grow and develop as typically as possible. The emotional toll on these professionals can be significant. Teacher attrition literature often discusses variables that are linked to stress, but few examine the more long-lasting, detrimental emotional cost of working with high risk early childhood populations.
The Lasting Impact of Early Attachments

Due to the complexity of special educator roles and responsibilities, this study seeks to examine special educators’ personal and professional impact through a new lens. Dimensions of compassion fatigue, burnout, and compassion satisfaction have explored to gain insight into the short-term and lasting ramifications that special education teachers are experiencing as a result of serving a high-risk population. Compassion fatigue as a counseling construct is rarely examined in special education. As stated earlier, special educators must effectively handle a multitude of roles and responsibilities which include appropriately meeting the plethora of needs of the children and families in their care, large caseloads, frequently changing paperwork requirements, and varying levels of administrative support. This study uses the Pennsylvania Department of Education’s definitions for regular and special education environments. Early Childhood environments are deemed specialized if more than 51% of the students in the classroom qualify for and are receiving special education services. Early Childhood environments are comprised primarily of typically developing youngsters with a minority of developmentally delayed children included in the class. Early childhood special education teachers are dealing with larger numbers of developmentally delayed children (e.g., the usual caseload is 35 children) than their regular education counterparts.

As the modern family becomes more complex and struggles to manage a wide range of stressors, the impact on a child’s development is significantly affected. Teachers in all areas of education, in addition to school counselors, are challenged daily to meet the growing needs of their students. The risk factors that contribute to the emotional toll sustained by educators who work with high-risk populations needs to be explored, as the
research in this area is scarce. Improving the professional quality of life for teachers will enable them to become more effective, responsive educators, thereby improving the quality of education for the children that they teach. Many teacher training programs focus entirely on curriculum and instructional teaching methods; however, when early childhood educators begin work in the field, the children they teach and environment in which they work are guided by different principles, which are a direct contrast to the field of early childhood education (Riley, San Juan, Klinker, & Ramminger, 2008). Curricula must include topics such as the fundamental importance of attachment early in a child’s life, so that teachers can effectively identify non-typical behaviors related to this area and intervene early. Early childhood education is strengths-based, emphasizing how a child learns and grows. Knowledge is actively constructed based on the child’s motivation to learn and personal experience. Attachment and exploration are important developmental behaviors that a young child instinctively exhibits. The ability to form strong attachments to others allows children to develop trust and a sense of safety to explore the world around them and gain knowledge from new experiences. Children first form attachments to their parents or caregivers, then to teachers. Effective parents and caregivers demonstrate nurturing behaviors that quell their children’s anxieties, thereby effectively enabling them to grow and learn. The feelings and emotions conveyed between caregivers and young children form the foundation for children’s development of empathy and social cognition (Decety & Meyer, 2008). Lewin (1948) states, “All actions are based on the ground the person happens to stand upon. The firmness of his actions and the clearness of his decisions depend largely on the stability of this ‘ground’, although he himself may not even be aware of its nature” (p. 145).
Once children form a strong attachment to their parents, they are capable of transferring this form of socialization to others in their environment. Early childhood teachers are the first experience many children have in the educational world. Studies have also revealed that a strong attachment to an early childhood teacher increases the likelihood of future success. Securely attached preschoolers demonstrate more compliance, possess more control in managing their behavior and emotions, have a natural tendency to explore the environment, employ a stronger developed internal locus of control and sense of self, acquire the ability to delay gratification, demonstrate stronger attending skills, accept comfort when upset, and develop stronger peer relationships (Riley, et al., 2008; Pollak, 2005; Goleman, 2005; Decety & Meyer, 2008).

The following sections provide a comprehensive analysis of the different factors necessary for healthy child development, highlighting the importance of this information in teacher and school counselor training curricula and in ongoing staff training for professionals currently working in teaching and school counseling.

**Building Strong Social Skills**

Damage to all developmental areas can be sustained by children who experience disrupted attachments (Bloom, 1999). Adult and peer relationships can be detrimentally affected because children who have experienced early maltreatment demonstrate difficulty in accurately decoding facial expressions depicting emotions (Pollak, 2005). Possessing the skill to accurately process one’s own and subsequently a parent’s emotional state is the foundation of the development of empathy. “The ability to share the subjective states of others and resonate with their perspective, strongly relies on the ability to read (in the sense of reacting and understanding) others’ emotions to determine
their psychological state” (Decety & Meyer, 2008), thus forming the basis of social cognition. Children exhibiting deficits in empathy show delays in executive function skills, such as response inhibition, self-regulation, task initiation, cognitive flexibility, and goal directed persistence (Dawson & Guare, 2004; Decety & Meyer, 2008). When children do not develop impulse control, primarily the ability to follow through and complete tasks (including social activities), their ability to incorporate early learning educational concepts into their repertoire of knowledge is compromised (Goleman, 2005). This can lead to special education referrals, beginning the trajectory for all educational experiences that follow. All of these skills are critical to meeting early childhood developmental outcomes and creating the building blocks for future educational success.

**Strong Attachments, Strong Cognitive Skills**

Research has found that children who have formed positive, secure attachments demonstrate higher performance levels in assessments requiring cognitive skills through age 17 (Jacobsen, Edelstein, & Hofman, 1994). Roughly one in five children (Riley et al., 2008) do not have a secure relationship with their parents or caregivers, making the building of a strong bond to an adult caregiver crucial to the child’s continued growth and development. Protective factors, from the basic provision of food, shelter, and clothing to more involved factors such as the development of secure, lasting relationships with at least one primary caregiver, are crucial to the overall development of children.

**Childhood Risk Factors**

What are the risk factors that our children are facing in society today? There are two types of risk that can affect the normal development of a child, biological and
environmental. “Biological risks exist when events occur before, during, or after birth that may be associated with damage to the child’s developing systems, increasing the likelihood that he or she will experience developmental problems” (Hunt & Marshall, 2006, p. 45). Biological risks include maternal illness/infection, prenatal drug/alcohol abuse, maternal age at conception, traumatic birth injuries resulting in oxygen deprivation, prematurity, low birth weight, lack of maternal obstetric care, and nutritional deprivation (Hunt & Marshall, 2006). Environmental risks comprise any “factors related to the surroundings in which the child develops” (Hunt & Marshall, 2006, p. 56). These factors include exposure to toxic chemicals (such as lead, asbestos, and pesticides) accidents, family structure/stability, child maltreatment, and poverty. Poor children are at least twice as likely to experience lead poisoning, grade retention, hunger, and developmental delays (Hunt & Marshall, 2006). According to the Children’s Defense Fund, in 2001, 11.7 million children, or one in six, are living at or below the poverty line. Three out of four families live with at least one family member that worked for at least part of the year (Hunt & Marshall). More poor children live in suburban and rural areas than in central cities (Hunt & Marshall). Thirty-nine percent of the households headed by single women are poor (Hunt & Marshall). Cichetti and Manly (2001) found that children exposed to early environmental distress, including maltreatment, deprivation, poverty, and trauma are at an increased risk for delays in social, emotional, and behavioral areas, which can result in problems later in life. Wolfner and Gelles (1993) found that 3- to 6-year-old children are at a higher risk of experiencing physical violence. Children living in communities that are characterized by poverty, large matriarchal families, and high tenant turnover are also at greater risk for child maltreatment (Coulton, Korbin, Su, & Chow,
Environmental risk factors, such as single-parenthood and poverty, often become “a significant risk predictor of childhood disability” (Hunt & Marshall, 2006, p. 60). Although it is often a combination of biological and environmental risk factors that young children face, the influence of the family unit is significant (Bronfenbrenner, 2001; Campbell, 1991; Hunt & Marshall, 2006). Families with weak structure and stability struggle under the strain of trying to raise a child with a disability. Single mothers, economically disadvantaged and under severe amounts of stress, are often faced with the reality of meeting the needs of their entire family, in addition to the specific, involved interventions required for their child with a disability. The cost of raising a child with a disability can be exorbitant (e.g., increased doctor visits and medical bills, adaptive equipment, etc.) in addition to providing day-to-day care that is labor intensive. The mother must learn to navigate and negotiate a number of systems to meet the needs of their exceptional child and the rest of the family. All of these additional environmental stressors can lead to the incidence of child maltreatment in the home environment.

System, taken from the latin *systema*, is “a regularly interacting or interdependent group of items forming a unified whole” (Webster’s New Dictionary, 1989). The various people and environments that young children encounter all influence their development. Urie Bronfenbrenner’s (2005) Bio-ecological Model of Human Development provides the theoretical background for examining the various inter-connected systems, or branches, as they relate to children and educators; and Van Manen’s theory of Lived Existentials is the theoretical underpinning for examining the experiences of the early childhood special educator participants.
Bronfenbrenner’s Bio-Ecological Model of Human Development

Working within various social systems, early childhood educators learn to interact with a variety of people, processes, and systems. Many theories discuss human development from a variety of perspectives. Vygotsky believed that there exists a social nature to human learning that enables children to grow through a variety of processes and experiences as a result of interacting with others around them (Vygotsky, 1978). Kurt Lewin (1948) also viewed human psychology from a developmental (as opposed to a research) perspective that involved children’s residing in the middle of several “spheres,” which represented different contexts or environments in constant interaction with one another, thereby fostering the children’s development. For the purposes of this study, I will examine Urie Bronfenbrenner’s Bioecological Model because it provides a framework necessary for understanding the complex systems with which specifically young children develop, in addition to contextualizing the foundation of educator development.

Bronfenbrenner (2001) was deeply influenced by Kurt Lewin’s (1948) theories relating to human behavior and development. Lewin believed that “the space is not physical but psychological—consisting of the environment not as it exists in the so-called objective world but in the mind of the person, in his or her phenomenological field” (Bronfenbrenner, 2001, p.43). Therefore, Lewin viewed human development as occurring within an ecological environment consisting of “a series of nested and interconnected structures” (Bronfenbrenner, 2001, p.45). Features found in these structures could include the movement toward a goal, the connections between people and various settings, and all of these forces interacting in the larger picture. Lewin’s forward thinking created the
trajectory for Bronfenbrenner’s scholarship regarding human development. The Process-Person-Context-Time framework briefly describes the four components essential to this theory. The person (or child) sits in the center of this model (Bronfenbrenner, 2001). Context refers to environmental conditions that the child interacts with daily (Bronfenbrenner, 2001). All of the actions and interactions between the child, other individuals, and environmental factors encompass the processes that take place. Vygotsky (1978) states that “psychological analysis of objects should be contrasted with the analysis of processes, which requires a dynamic display of the main points making up the processes’ history” (p. 60).

The last consideration in this model involves time-change and development that occur over time and that can have a significant impact on the emotional, intellectual, spiritual, and physical growth of an individual. Taken from the Greek word meaning *taxis*, this model provides a taxonomy—a system for classifying natural phenomena—“for identifying the defining properties of a particular theoretical system and its operational model” (Bronfenbrenner, p. 4).

This theory rests on six propositions, the first of which places emphasis on the objective properties of the environment which includes children’s perspective and perception of their experiences of living in that environment (Bronfenbrenner, 2001). The interactions occurring children’s immediate environment must occur frequently, regularly, and over a period of time to be considered proximal processes. Proposition II posits that these proximal processes are “the primary engines of development” (Bronfenbrenner, 2001, p. 6). The third proposition discusses the framework for the theory, the *process-person-context-time model* The fourth proposition builds on the
second and requires that children continually have opportunities to engage in increasingly complex activities on a regular basis in order to develop in all areas (Bronfenbrenner, 2001). Attachment becomes a crucial element in proposition five. Maternal and paternal attachment enables children to take interest and engage in their environment in an effort to grow and develop. Attachment to a third party who maintains a positive relationship with the primary caregiver(s) also becomes critical to children’s development, as stated in proposition six. Bronfenbrenner (2001) has three additional propositions based off of Vygotsky’s theory that are still in research and development. They examine areas already referenced (e.g., attachment), the influence of the parents’ psychological health on the child’s development, and the reliability of the theoretical model as a whole. Both students and teachers reside in their own respective Microsystems. This “inner circle” consists of the individual’s immediate setting and includes all of the structures and processes that take place there. For a child, the microsystem includes all primary caregivers, the home, school, community settings, such as a library or playground. All of the processes and connections taking place between two or more settings that the child is directly involved with and having a direct influence on is considered the mesosystem. Examples can include interactions between home and school, school and day care center, etc. (Bronfenbrenner, 2001). When one setting does not contain the developing children on a regular basis, but has the capacity to influence the interactions and processes in the children’s immediate setting, the Exosystem is activated. Even though children do not go to the work setting with their parents, a mother’s parenting style can be affected if she is having a difficult time at work; and this can have a dramatic impact on the developing children. The macrosystem encompasses all of the previous systems and includes belief
systems, social organizations, and culture of society at large (Bronfenbrenner, 2001). Lastly, the chronosystem examines how all of the interactions among and between the child’s other systems interact over time.

**Van Manen’s Lived Existentials**

A theoretical framework was also needed for examining and analyzing the lived experiences of the study participants, who were early childhood special educators, some with extensive experience in the field. Polyani (1969) explains that there is a more profound form of knowing that exists, informing a deeper personal awareness or knowing. Husserl argues that the cognitive nature of perceiving, believing, judging, and knowing are “psychical phenomena” (p. 8) and that their structures should be investigated and explored (Zahavi, 2003). Husserl also asserts that one’s experiences are presentational, meaning that one’s experiences present the world as having particular features (Zahavi, 2003) personal to that particular individual. Phenomenology seeks to find the core essence of a given phenomenon. Therefore, a phenomenological study seeks to systematically investigate, describe, and explain the various structures and internal meanings associated with a specific experience (Van Manen, 1990). Van Manen states, “As educators we must act responsibly and responsively in all our relations with children, with youth, or with those to whom we stand in a pedagogical relationship” (p. 12). This study seeks to examine and glean meaning from the daily experiences of early childhood special educators working with high-risk populations.

Structures of meaning have been derived from the rich text offered by the early childhood special education teachers and have been analyzed using Van Manen’s four lived existentials. *Lived space* examines how a person thinks, feels, and acts as a result of
a given experience. It can include a person’s *geistig*, or emotional atmosphere, found in that lived space (Van Manen, 1990). In education, a teacher’s lived space can include physical environments, such as the classroom and the school building, in addition to the general atmosphere one feels upon entering into those spaces. One’s physical existence in the world is referred to as one’s *lived body*. Individuals may find themselves in a particular experience in which their bodily presence might reveal something intentionally or unintentionally about themselves. When teachers are confronted with trauma, they may feel compelled to “act” despite the inner turmoil they may be experiencing at the time of the experience. Time can be subjective, based on a person’s perception of how it shapes and guides a particular experience. *Lived time* refers to the temporal dimension and its impact on a given phenomenon. Teachers’ personal and professional history can drastically affect their ability to employ protective risk factors. Relationships also can change and shape an individual’s perception of a particular experience. *Lived other* allows the phenomenological researcher to examine the relationships and interpersonal space that has helped to shape the individual’s experience. Efficacy is a key factor in job satisfaction that can be positively affected by strong interpersonal relationships.

**Trauma**

As previously discussed, children face a number of environmental and biological risk factors, which can include family instability, poor nutrition, and exposure to toxic chemicals in their microsystems daily. Many children living at or below the poverty level do not receive the necessary supports from their home environment to promote typical development. Early childhood educators work with children who display a multitude of mental and/or physical needs at various stages of their young development. In addition to
the range of abilities that early childhood educators must incorporate daily to meet the needs of their students, they must also successfully navigate the various systems (school, family, and community) that affect the efficacy of their teaching. Many of the children under their care have been traumatized in a variety of ways, including but not limited to various forms of child abuse, neglect, repeated medical procedures precipitating trauma, poverty, and so forth.

**Early Social Cognitions**

From birth, children are exposed to their own bio-ecological systems that have a tremendous impact on their learning and development. The proximal processes occurring over time contain an emotional subtext between the parent and child. These messages help children form the basis of their “emotional outlook and capabilities” (Goleman, 2005, p. 195). Parental “messages” that children are interpreting and internalizing can be punitive and unsupportive. Young children emulate the emotional interactions with caregivers as they develop an emotional language needed for creating a blueprint for constructing moral development and social cognition (Decety & Meyer, 2008). Dr. Patricia Kuhl (2007), a leading researcher in the field of early language development, has conducted studies to indicate that the acquisition of early speech learning can be grossly limited in the absence of consistent social interaction within the child’s natural environment. Vygotsky (1978) believed that social interaction was crucial to social learning. Kuhl (2007) posits that these social interactions raise infants’ motivation, inducing their attention and arousal, in addition to the auditory method in which the information is presented to young children. Therefore, these early communications between parent and child can be crucial not only for language acquisition and social
learning, but also for social cognition. At the preschool level, teachers are consistently working with parents and caregivers, many of whom exhibit their own psychological, biological, and socio-economic needs. “The family is a critical support system to human beings before, during, and after stressful times and … the system and its members are also affected, sometimes even more than the victim” (Figley, 1986, p. 40).

**The Neuro-biological and Developmental Impact of Trauma**

What are adverse childhood experiences and how do they affect the neurodevelopment of our children? In a large, decades-long study, Robert Anda (2006) and colleagues examined the impact of adverse childhood experiences on an individual’s neurodevelopment and physical health across the lifespan. Adverse childhood experiences can be defined as any experience that is stressful or traumatic, such as abuse, neglect, witnessing domestic violence, or growing up with alcohol or other substance abuse, mental illness, parental discord, or crime in the home (2006). The researchers posit that early traumatic childhood experiences “are a common pathway to social, emotional, and cognitive impairments that lead to increased risk of unhealthy behaviors, risk of violence or re-victimization, disease, disability, and premature mortality” (Anda et al., 2006). Adverse childhood experiences disrupt normal neurodevelopment of the brain and can have a long-term impact on the brain’s structure and function. This study elucidated a number of areas in child maltreatment as it found that childhood adverse experiences are quite common: more than two-thirds of the participants have had at least one adverse childhood experience, and one or two out of every ten adults have experienced five or more adverse childhood experiences. The study also found that these experiences are interrelated and co-occurring; for example, a child experiencing neglect may have a
parent abusing an illegal substance. Finally, the cumulative effect of these experiences can permanently alter the brain and wreak havoc on the body (Anda et al., 2006).

Neuroscientists have linked childhood maltreatment to long-term changes in several areas of the brain including the prefrontal cortex, hippocampus, amygdala, corpus colossum, and cerebellum. Children experiencing early stressors also demonstrate changes to their stress-responsive neurobiological systems, affecting emotional regulation, the processing of somatic signals, memory, arousal, and feelings of anger and aggression (Anda et al., 2006).

In an effort to understand this neurobiological impact on development more fully, it’s necessary to discuss early brain development. Neurons (nerve cells) and neuroglia (the neurons’ supporting cells) are the building blocks of the central nervous system (Dawson & Guare, 2004). A neuron is made up of a cell body (axon) and its branding dendrites. The dendrites help the neurons to pick up and send signals (electrical impulses) to one another (Beckham & Leber, 1995). The electrical impulse changes to a chemical one (neurotransmitter) as it travels from the dendrites to the axon. A synapse occurs when one chemical message passes from one neuron to another (Beckham & Leber, 1995). These nerve signals need to be insulated to increase the speed with which they are sent. This insulation is called myelin and the process of myelination begins in the earliest stages of development and carries through to the child’s adolescent years (Dawson & Guare, 2004). Grossman et al. (2003) state that in a typical child’s development, these processes are influenced primarily by genetic determinants; however, children’s daily experiences play an increasingly prominent role throughout the course of their development. Most researchers agree that cognitive development takes place in the
frontal and prefrontal cortex of the brain (Dawson & Guare, 2004). This prefrontal brain area is among the last to develop, usually in late adolescence, and serves as an “information processing center,” in addition to housing working memory. Normal development of the cerebral cortex relies on an even distribution of neurons (Grossman et al., 2003). When a disruption occurs in the neuronal migration and differentiation, significant and detrimental effects can occur on the cortical organization (Grossman et al., 2003).

Plasticity allows the brain to adapt to new demands throughout a child’s development. Genetic and environmental factors can influence the brain’s effectiveness in adapting to new situations. Plasticity, or neuroplasticity, is the brain’s life-long ability to reorganize neural pathways when an individual engages in a new situation or experience and new skills are needed to function effectively (JFK Center for Research on Human Development, 2010). Plasticity enables the brain to engage in the process of “pruning” which allows the brain to adapt successfully to a new environment. In the process of pruning, experiences occurring most frequently, such as proximal processes, have a large influence and are kept, while the brain “prunes” the weaker connections (JFK Center for Research on Human Development, 2010). Grossman et al. (2003) states that the “capacity for plasticity later in life can, as a result, be positively or negatively influenced by these factors, making the brain more or less able to adapt to future demands” (p. 38).

The processes that occur when the brain encounters a traumatic stimulus are intricate and involved. For the purposes of this research, we will discuss a brief overview of the bio-physiological changes that occur during this process, as explained by Goleman
When individuals are confronted with experiences that could potentially cognitively overwhelm them, a visual or auditory signal is sent, by way of the thalamus, to the amygdale and hippocampus (memory storage site) first and then on to the neocortex (Goleman, 2005). The amygdala, from the Greek word *almond*, is an almond-shaped cluster of interconnected structures that rests just below the limbic ring and just above the brainstem. It gauges the emotional significance of the event as it unfolds. The amygdala sends a “distress” signal to other parts of the brain, triggering an emergency response hormone (CRH or corticotrophin-releasing hormone), readying the large muscle groups and cardiovascular system for a response. A signal from the brain is sent to the adrenal glands to release epinephrine and norepinephrine to activate other key areas in the brain. As a result, the neocortex—or “thinking brain,” develops a more detailed reaction to the experience. It organizes the information to make meaning (Goleman, 2005), so that the brain can better understand the stimuli (e.g., Is this a threat or not?).

The release of epinephrine and norepinephrine prepare the body for stress and activate receptors on the vagus nerve, carrying signals back and forth from the heart (Goleman, 2005). During this whole process, the amygdala serves as a depository for emotional memory, comparing the current stimuli with events or situations that happened previously. The amygdala also sends a signal to the limbic system to discharge catecholamines, adrenaline, and noradrenaline to mobilize the body for emergency (Goleman, 2005). The hypothalamus sends a signal to the pituitary gland to release cortisol. Problems in this process can occur when the stressor in the present is minimal, but an emotional memory from the past triggers the amygdala into action. As a result, changes occur between the limbic system and the pituitary gland, which is responsible for
releasing the main stress hormone, alerting the body to an emergency that is not really there.

As stated earlier, the frontal systems of the brain are among the last to develop. When traumatic events occur in early childhood, structures in the brain can also be altered, such as the hippocampus—which stores our narrative memories and the neocortex, the center for rational thought—prior to children’s full development (Goleman, 2005). When the working memory is activated, the hippocampus works in concert with the amygdala: the hippocampus retrieves the information, and the amygdala decides if it contains any emotional value (Goleman, 2005). The “thinking brain” or neocortex, modulates the amygdala and other limbic areas allowing for a more rational, analytic response. The prefrontal lobes, which plan and organize information, coordinate a response. The prefrontal lobes are responsible for working memory, and when a stress signal, such as fear or anxiety, is received, neural static can occur, inhibiting the brain’s capacity to use working memory (Goleman, 2005). This is why continual emotional distress in childhood can create deficits in intellectual abilities and functioning, such as working memory, planning, organization, and metacognition, thus inhibiting the capacity to acquire new information and educational concepts, and thereby increasing the likelihood of agitation and impulsivity and diminished capacities for self-regulation, task initiation, response inhibition, flexibility and persistence (Dawson & Guare, 2004).

Studies have shown that raised cortisol levels can impair memory by harming the brain in three ways: 1) it can interfere with the brain’s supply of glucose; 2) it can interfere with the function of neurotransmitters, such as serotonin, norepinephrine, and dopamine; and 3) It causes an influx of calcium into brain cells, which can kill or damage
them (Khalsa & Stauth, 1997). When the brain has been damaged by cortisol, the individual has difficulty paying attention, resulting in poor memory retention, and it can lower the individual’s ability to absorb information quickly and retain the information long-term (Khalsa & Stauth, 1997). High epinephrine (adrenaline) levels keep an individual in a high state of alert, making concentration, social awareness, sleep, and attention difficult.

The Long Lasting Effects of Trauma

Teachers, who themselves may have experienced adverse childhood experiences, are now confronted with children undergoing similar situations. As a result of the ACES study, adverse childhood experiences were found to be quite common in adults. The neuro-circuitry in adults could be impaired, and as they experience daily stressors, the responses chosen to address an event can often be destructive. If a person’s resources are more or less equal to coping with the present situation, little stress is encountered. Stress and anxiety responses occur when the individual does not have the capacity to deal with the demands. Lazarus states (1999), “If the ratio of demands to resources becomes too great, we are no longer talking about high stress but trauma” (p. 58).

The Implications of Trauma in an Early Childhood Classroom

With additional pressure from state departments of education to provide an inclusive environment for all children, early childhood educators are working with a range of developmental features and significant health issues within the classroom environment. Due to the nature of the age of their students, early childhood educators interface often with the families of their students and must perform many roles and functions including those of teacher, counselor, social worker, and administrator on a
daily basis. Few studies, outside of those dealing with natural or man-made catastrophes, however, examine the notion of compassion fatigue on educators working in classrooms daily with children exposed to numbers of traumatic stressors. Teacher and counselor training programs do little to address this issue in a formal, organized manner, as trauma courses are rarely included or required as a part of the education curriculum. Trauma occurs when a person’s internal and external resources are inadequate when faced with a serious external threat (Van der Kolk, 1989). “Children who suffer disrupted attachments may suffer from damage to all of their developmental systems, including their brains” (Bloom, 1999, p. 2).

The deleterious effects of trauma are often the underpinnings of a child’s maladjustment to a classroom environment and presentation of challenging behaviors which can pose problems for teachers, administrators, and school counselors ill-equipped to handle the situation effectively. Children who are traumatized often have immature, underdeveloped coping mechanisms (Bloom, 1999). Their schemas for meaning, hope, faith, and purpose are not fully formed. They are in the process of developing a sense of right and wrong, of mercy balanced against justice. All of their cognitive processes, like their ability to make decisions, their problem-solving capacities, and learning skills are all still being acquired. As a consequence, the responses to trauma are amplified because they interfere with the processes of normal development. (Bloom, 1999, p. 8).

Coping with Trauma Material

Not all individuals who experience a traumatic event develop post-traumatic symptoms. Carlson (1997) asserts that there are several critical elements necessary to make an experience traumatic. The first is that the person experiencing the event must
perceive it as having a “severely negative valence” (Carlson, 1997, p. 28). Instinctually, human beings avoid painful experiences; however, if the person is unable to avoid the painful stimuli, resulting in overwhelming, sudden fear, the experience can be traumatizing (p. 28). The next critical element that must exist has to do with timing. “The critical factor here is the amount of time between the person’s awareness of a danger and the danger itself because that is the amount of time that a person as to act or to process the negative event” (Carlson, 1997, p. 31). A person’s ability, or perceived ability, to control his or her environment during a traumatic event is a third critical element that determines if a person will exhibit post-traumatic features. For example, a trained medical practitioner who “loses” a patient could have a significantly different outlook on the patient’s death than a lay-person performing CPR on an injured person that still results in a person’s death. Whether the incident is voluntary, involuntary, or predictable can also play a role in the person’s perception of the event as traumatic (Carlson, 1997). For example, a person electing to receive a necessary, life-saving heart procedure will have a different perception of the experience than a person experiencing inexplicable chest pains that result in an unexpected open heart surgery. Another important component to the development of making an experience traumatic is the swiftness of individual response that enables the person to find safety in a timely manner (Carlson, 1997). Adding to this element of time is the frequency with which a traumatic event occurs.

What makes an event traumatic? Green (1993) categorizes seven dimensions of trauma. These can include acts of human aggression as defined by threats to a person’s physical body, intentional or unintentional, individually or collectively, such as in cases of war or neighborhood gang violence; exposure to the loss of a loved one that can be
sudden or violent; causing serious harm to another individual; natural or man-made disasters, such as hurricanes, school shootings, car accidents, etc.

Significance of Poverty in Early Childhood

Children living in poverty are often at risk for traumatic exposure. Poverty can affect children directly and indirectly. A child’s health and development can be compromised by poor quality living conditions and limited nutritional options (Pachter, Auinger, Palmer, & Weitzman, 2006). The child’s mesosystem in a low socio-economic environment, more often than not, offers poor quality childcare, health care, and educational institutions. As a result of limited or low paying job opportunities, family cohesion can be compromised when financial pressures start to impact the child’s exosystem (Pachter et al., 2006). Children living in low socio-economic households are more likely to be exposed to greater levels of violence (Evans, 2004), which in turn can increase the potential for trauma symptomology. These children are also at greater risk for change in their exo/meso/macro-systems, due to frequent changes in residence as a result of eviction or moving (Evans, 2004). Impoverished families are also at a 40% higher risk of having a child with an identified disability (Meyers, Lukemeyer, & Smeeding, 1998). According to the 2007 U.S. Census, there were 2,786,719 children under the age of 18 living in the state of Pennsylvania. According to the US Department of Health and Human Services, in the year 2007, Pennsylvania Child Protective Services received and investigated 23,513 reports, 4,177 of them founded. As mandated reporters, teachers are often on the front lines in confronting issues of abuse and helping children cope and adjust through the investigative process.
Teacher Attrition

Brownell and Smith (1993) adapted Bronfenbrenner’s Bio-ecological Model of Human Development to examine factors associated with teacher attrition. The model recognizes four inter-related systems that teachers navigate daily. Using this conceptual model, we can examine individual teachers within the broader context of a school system and look at how diverse variables are interacting with the educator’s distinct characteristics (Miller, Brownell, & Smith, 1999). A teacher’s microsystem “consists of a multitude of classroom variables that interact with the teacher. The special education teacher brings individual abilities and qualities that interact with the classroom variables (e.g., number of students served, diversity of students’ learning needs) (Miller et al., 1999, p. 204). The microsystem includes that teacher’s immediate setting and all of the interactions (student to teacher, teacher to para-professional, teacher to teacher, etc.) that occur in that setting (Brownell & Smith, 1993). In addition to the complexity of effectively handling all of the variables involved within the teachers’ microsystem, the mesosystem adds the school environment, which can include administrative and collegial support, teachers’ perceptions of their roles and responsibilities, and opportunities for further training (Miller et al., 1999). The mesosystem includes the relationship of multiple workplace variables, such as colleague and administrative support (Brownell & Smith, 1993). Conversely, district, state, and federal educational policies can have a dramatic impact on teachers’ interactions in the microsystem and mesosystem. Thus, the teacher’s exosystem is often affected by decision-making at a much higher level, which significantly influences teachers’ day-to-day responsibilities (Miller et al., 1999). As a result, they have little control over important decisions that impact the classrooms or the
students. This lack of decision-making control can have drastic effects on teachers’ perceived efficacy. Research has shown that perception of teaching efficacy is a positive variable relating to teachers’ satisfaction with the profession and resiliency in the face of stress (Miller et al., 1999). Decisions made at the state and early childhood organizational levels often involve changes and increases in paperwork. Salary, job benefits, and service delivery systems are also components comprising the teacher’s exosystem (Miller et al., 1999). The exosystem includes the socio-economic levels and diversity of the community (Brownell & Smith, 1993). Cultural beliefs, school budgetary issues (including school board decisions that affect teachers), and community ideologies are part of the macrosystem (Brownell & Smith, 1993).

Professionally, individuals experience a number of implicit and explicit demands from the social environment compelling them to act in specific ways (Lazarus, 1999). “How these demands and conflicts are coped with, and the emotions aroused by the struggle, influences our morale, social functioning, and physical well-being” (Lazarus, 1999, p. 62). As a result of this implicit need to “fit in” or be perceived by co-workers and supervisors as “competent,” some behaviors can interfere with the coping process. For example, a person with too heavy a caseload may eliminate some of the burden, making others perceive him or her as incompetent or ineffective in executing the responsibilities of her job.

All of these systems have a direct impact on the educational process occurring within a classroom. When teachers are working in low socio-economic, culturally diverse schools with children frequently immersed in chaos and potentially traumatizing situations, the personal toll can be significant. Teachers face a multitude of sociological
factors, including but not limited to a significant rise in single parent households, child abuse, poverty, and diverse systemic needs. For an educator, the management for all of these variables and systems can be quite overwhelming and stressful. In the last two decades a plethora of studies have been conducted analyzing variables that contribute to teacher attrition. The overwhelming majority of these studies have occurred within the regular education environment (Darling-Hammond & Sclan, 1996; Grissmer & Kirby, 1987). Special education has received little attention in this regard (Billingsly, 2003). Various factors, including educational training and preparation, years of experience, and level of administrative support, contribute to a special educator’s willingness to stay in the field.

The attrition literature has linked teacher attrition and/or job dissatisfaction to several key areas which include gender, race, age, personal reasons, training and certification, salary, school climate, administrative and colleague support, opportunities for professional development, teacher roles and role confusion, paperwork, caseloads, and stress (Brownell, Smith, McNellis, & Lenk, 1994-5; Carlson, 2002; Cross & Billingsly, 1994; Litrell, Billingsley, & Cross, 1994). Research has found that young, inexperienced special educators are twice as likely to leave the profession as compared to their more experienced colleagues (Billingsly, 2004; Singer, 1993). Older teachers tend to leave the profession as a result of retirement (Billingsly, 2004). Cole’s (1992) research found that personal characteristics have a direct impact on a teachers’ professional practice, the work environment, and the relationships that they develops with colleagues. All of these factors can contribute to whether teachers remain in the field or leave it. The notion of burnout is frequently referenced in the attrition literature. It is usually referred
to as “emotional exhaustion” or a sense of “depersonalization” in relation to teachers’ work efficacy.

**Burnout**

“Burnout is a result of frustration, powerlessness, and inability to achieve work goals…Burnout can result from the noxious nature of work stressors themselves or from hierarchical pressures, constraints, and lack of understanding” (Figley, 2002, p. 19). Teacher attrition literature often uses the term burnout when reporting the reasons why educators leave the field. Maslach describes burnout as “a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems” (1982, p. 3). When an individual experiences burnout, extreme emotional and physical exhaustion is experienced. Exhaustion is often the first sign that the stressors of one’s job have become too demanding (Maslach & Leiter, 1997). In an effort to cope with increasing levels of emotional exhaustion, teachers may distance themselves from their students or begin to develop negative attitudes or feelings toward that students (Jennett, Harris, & Mesibov, 2003). This sense of depersonalization leads to a second dimension of burnout which includes indifference and adoption of a cynical attitude toward the work.

Finally, people experiencing burnout are also feeling inadequate and ineffective at performing the many aspects of their job (Maslach & Leiter, 1997) and a diminished sense of accomplishment (Jennett, Harris, & Mesibov, 2003). The ability to believe that one has the capacity to demonstrate control over oneself and one’s environment is self efficacy (Bell, 2003). When individuals believe that they have handled a challenging situation well, they not only show a decrease in stress and anxiety, but also develop a
greater degree of motivation and demonstrates a higher level of performance in their work (Bell, 2003). This can be an important mitigating factor in coping with burnout.

According to Maslach and Leiter (1997), burnout occurs for a number of reasons, which include work overload, lack of control over decision-making, experiencing a lack of intrinsic or extrinsic reward, low morale at the organization, conflicting values between the individual and organization, and lack of fairness.

**Educator Burnout**

Some of the factors that contribute to teacher burnout have been identified as caseload numbers, years of experience, level of education, role identification/ambiguity (Cross & Billingsly 1994; Gersten et al., 2001), lack of resources (Edmonson & Thompson, 2000) lack of administrative support (Billingsly, 2004), salary (Singer, 1992), school climate and colleague support (Miller et al., 1999), paperwork (Billingsly et al., 1995; Gersten, Keating, Yovanoff, & Harniss, 2001), and stress (Gersten et al., 2001; Singh & Billingsly, 1996). No studies to date have examined the relationship between burnout and compassion fatigue symptoms in education. Work overload is an everyday occurrence in the life of an educator. Work overload can stem from confusion over roles and responsibilities (Billingsly et al., 1995; Cross & Billingsly, 1994; Singh & Billingsly, 1996), management of the increasing volume of paperwork (Brownell et al., 1994-1995; Westling & Whitten, 1996), changes in service delivery models (Morvant et al., 1995), and increasing student caseloads (Brownell et al., 1994-5; Morvant et al., 1995).

Due to the state and local bureaucracies’ enforcing compliance of regulations, special educators possess little control over the decision-making involved in paperwork or educational process (Gersten et al., 2001). Special education teachers are often
required to keep up with and maintain compliance to those mandated requirements, thus adding to stress and frustration levels and diminishing their perceptions of self-efficacy on the job. This lack of control can negatively impact teachers’ perceptions of self-efficacy.

**Professional Efficacy and Social Supports**

Most educators do not enter the field for monetary rewards. Reinforcement often comes in the form of a teacher’s perception of efficacy, collegial, or administrative recognition. Teachers have a strong belief that they have the ability and skills to bring about positive change in their students despite the systemic risk factors (e.g. poverty, parental influences, etc.) that the students face (Jennett, Harris, & Mesibov, 2003). Therefore, students’ ability to learn and make progress is tied to teachers’ beliefs that they are making a difference in the lives of the children. This is a significant motivator and dynamic intrinsic reward for educators. Special educators working from a consultative service delivery model must realign their view of intrinsic rewards as their work primarily engages the regular education staff, with a decreased emphasis on direct contact with the children on their caseload. When this support is absent, lack of reward becomes a contributing factor to burnout (Maslach & Leiter, 1997). Miller et al. (1999) found that collegial support has strong associations with determining if a teacher will stay in education or leave. Boe et al. (1999) also found that teachers were four times more likely to stay in their current positions if they perceived administrative leadership as supportive. Administrative and collegial support, which engenders a climate of professional rewards and recognition, can contribute significantly to the creation of a safe, positive work environment. Building a sense of community establishes a positive or
negative culture of the organization. Research has shown that teachers who perceive their work environments positively are less likely to leave (Miller et al., 1999) or to experience burnout.

Early childhood teachers are at an increased risk from a perspective of support due to the nature of their environments. Teachers working with this young population often experience isolation (Noble & Macfarlane, 2005; Westling, Herzog, Cooper-Duffy, Prohn, & Ray, 2006) due to the service delivery model that their program implements. Some educators teach in self-contained special education classrooms, whereas others function as itinerants and provide consultation services to regular education staff. The self-contained special education teachers may not have the opportunities that the consultants have to share their specialized knowledge, brainstorm effective solutions for day-to-day educational issues, and receive support from colleagues and paraprofessional staff. Special educators working in a self-contained classroom environment often feel disconnected from the regular education staff in the same building (Gersten et al, 2001).

Another component that Maslach and Leiter (1997) identified as contributing to the overall concept of burnout is an individual’s perception of administrative and organizational fairness. When individuals believe that they are respected and valued, they are more likely to feel a sense of community with their colleagues and to develop a sense of trust within the organization. Finally, burnout is likely to occur when an individual experiences a conflict between personal and organization values (Maslach & Leiter, 1997).

Age can also have an influence on the likelihood of a person’s experiencing burnout symptoms. Similar to the attrition studies, the literature on special educator
burnout has found that older teachers are less likely to experience burnout symptoms when compared to their younger counterparts (Banks & Necco, 1990; Crane & Iwanicki, 1986; Greer & Greer, 1992).

**Administrative Support**

Special educators have reported that emotional support from their administrators is most important (Littrell, Billingly, & Cross, 1994). Administrators and professional school counselors often have more operational control over much of the programmatic decision-making that takes place and have the ability to ameliorate a number of factors that contribute to special education teacher stress and burnout. Administrators and professional school counselors are responsible for setting and maintaining a positive, cultural climate, providing teachers with ample opportunities for further training and professional development, mediating disputes between staff and families, reducing the impact and affects of role dissonance, and recognizing extraordinary work performance on a consistent basis (Gersten et al., 2001). This type of support includes verbal praise, effective communication, and showing interest and appreciation in the teacher’s work (Littrell et al., 1994).

Research has also found that both regular and special education teachers’ perceptions of support were just as crucial (Miller et al., 1999; Boe, et al., 1999; George, George, Gersten, & Grosenick, 1995). According to Billingsly and Cross (1992), regular and special educators are also more likely to feel social connectedness and responsibility to their organizations and to demonstrate less stress than their counterparts who receive less support. The success or failure of a program or organization often rests on the leadership of its administration. Leaders can be viewed on a continuum ranging from
team-based action and decision-making to more autocratic methods. Much is dependent on the leadership style of the supervisor and the supervisees’ perception of this leadership style. When administrators communicate expectations clearly, provide unequivocal support, allow a degree of freedom to express ideas and make decisions, provide clear, constructive feedback, and recognize the teachers for their efforts, individuals are more likely to feel emotionally tied to the organization and to develop intrinsic motivation to carry out the demands of their job effectively (Abraham, 2004). “Ultimately, it is the combination of the values and actions of the principal and teaching staff as mediated by the overall school culture that influences the level of support felt by the special education teacher” (Gersten et al., p. 557).

**Years of Experience**

In framing the parameters for categorizing the educators who voluntarily participated in this study, I used Super’s life-span theory of late adolescent and adult career development. Super asserts that individuals fulfill certain critical roles in daily life, such as studying, working, community service, home and family, and leisure activities (as cited in Sharf, 1992). In addition to the importance of these roles, Super includes values as a crucial component in his theory. An individual’s commitment to or value of a given activity is measured to determine its level of salience to the individual. Super’s theory allowed for identifying the work stage of the study participants and helped to clarify and explain any changes in the participant’s life. Work is only one role that study participants fulfill. By acknowledging that teachers and paraprofessionals satisfy a multitude of salient roles daily, I was able to gain a more developed understanding of their career development and the types of coping mechanisms they employ. “In Super’s theory, roles
form the context from which to view the basic stages of career development: exploration, establishment, maintenance, and disengagement” (Sharf, 1992, p. 174).

As all of the participants are adults in the study and have chosen their career path, the exploration stage, which includes the sub-stages of crystallization, specification, and implementation, was not be used, and the teachers identified with one of the remaining stages. Individuals who have recently entered the teaching profession were able to identify with the establishment stage. In this stage, the worker attempts to achieve stabilization, consolidation, and works towards advancement. Individuals are working to achieve some level of stability and permanence in their job (Sharf, 1992). At the beginning of this stage, they may also feel a degree of apprehension or anxiety when faced with the job’s daily demands and their ability to successfully complete the roles and responsibilities assigned to them. Once stabilization has occurred, individuals are able to consolidate their skills so that they can be viewed by colleagues and supervisors as “dependable” and “able to do their job well” (Sharf, 1992, p. 185). By laying a solid foundation for producing quality work, individuals look towards advancement, which comprises the last sub-set of the establishment stage.

Once teachers and paraprofessionals feel confident they can execute their daily tasks competently, they begin to update their current professional practices and to think about incorporating innovative skills and techniques into their repertoire, becoming immersed in the maintenance stage (Sharf, 1992). In this stage, individuals have achieved some degree of success and are working to “hold” the position that they have (Sharf, 1992). This sub-set includes adapting to changes that affect the implementation of their roles and responsibilities, in addition to demonstrating awareness as to the current
practices used by the organization as a whole. In education, continuing education hours are required to maintain current certification. Teachers are required to update their knowledge base through a multitude of trainings and workshops. As a result of this training, teachers and paraprofessionals become innovative in their pedagogies and practices and make a multitude of contributions to their programs and the field of education itself.

As teachers near the end of their careers, deceleration commences, which in turn leads to retirement planning and retirement living (Sharf, 1992). This last stage is referred to as the disengagement stage. During disengagement, individuals tend to slow down and may find that they are experiencing limiting physical abilities. This can have a significant impact on an early childhood teacher, who must rely heavily on the physical exertions required by the job. During this final phase, individuals may be seeking easier ways to complete daily tasks or may choose to avoid the task entirely. Individuals also begin to focus their attention on a multitude of other activities, ranging from retirement planning to procurement of a new part-time job. Values also can change during this phase as less emphasis is placed on career and work, and more is focused on family, friends, living arrangements, and use of free time.

**Compassion Fatigue**

There is a paucity of literature that examines the effects of compassion fatigue on educators. Educational research has examined compassion fatigue as it relates to catastrophic events, such as 9/11, Hurricanes Katrina and Rita, and the Columbine shootings (Jaycox, Tanielian, Sharma, et al., 2007; Lantieri & Nambiar, 2004). Kanter (2007) posits that most individuals experiencing difficulties are chronic in nature, such as
poverty and disabilities. As a result of their suffering, helpers, or in this case teachers, are interfacing with a population that experiences different degrees of trauma or suffering on a daily basis. The work is inherently stressful, and the degree to which these interactions affect the helper are based on the helper’s perception of the suffering (Kanter, 2007).

A psychological strength that helping professionals, such as counselors, social workers, and teachers, often exhibit is empathy. Empathic workers are at higher risk of being consistently, negatively affected when working with highly traumatized populations. Teachers working with preschool populations must often employ a multitude of caregiving practices, many rooted in empathy. The core psychological and social components of compassion are care, empathy, devotion, responsibility, nurture, and preservation (Figley, 2002). “Compassion is feeling and acting with deep empathy and sorrow for those who suffer” (Hudnall, 2002, p. 107).

Compassion stress can arise when individuals working in helping professions begin to have stress responses that demonstrate resentment, neglect, and distress. This empathic response can lead to traumatic stress when the helper’s feelings become overwhelming and their belief systems start to become disrupted (Saakvitne & Pearlman, 1996). According to Figley’s (2002) Secondary Traumatic Stress Theory, people who work directly with others who have experienced trauma can be just as likely to experience traumatic stress and related disorders. This reaction can result in the helper’s feeling secondary traumatic stress. “The distress and trauma of not having done enough to avert suffering or death is a common secondary stress and secondary trauma response in helpers” (Valent, 2002, p. 26). Secondary Traumatic Stress Theory asserts that people can be traumatized merely by working with individuals who have a trauma history and
that helpers can experience trauma symptoms simply by learning about the traumatic event (Valent, 2002).

Workers who are frequently exposed to traumatized children are especially vulnerable and are at a higher risk for compassion fatigue (Figley, 2002; Meyers & Cornille, 2002). Workers who themselves have a personal history of trauma are also at greater risk of developing secondary traumatic stress, which can lead to compassion fatigue if left unattended (Figley, 2002; Pearlman & Saakvitne, 1995). Eliot and Briere (1995) found that 76% of American adults have experienced a traumatic event.

Individuals who experience compassion fatigue display problems in seven different areas (Figley, 2002). Cognitively, individuals can develop decreased levels of concentration and self-esteem, apathy, rigidity of thought processes, disorientation, thoughts of harming self or others, or minimization (Figley, 2002). Feelings of powerlessness, anxiety, guilt, anger, numbness, fear, helplessness, sadness, depression, emotional depletion, and hypersensitivity all characterize the emotional realm that can be affected by compassion fatigue (Figley, 2002). Behaviorally, an individual can demonstrate irritability, impatience, moodiness, sleep disturbances, nightmares, changes in appetite, and hypervigilance (Figley, 2002). When individuals begin to question their sense of purpose, the meaning of life, or faith, the spiritual component is affected. Withdrawal from others, lack of interest in intimacy, loneliness and isolation, and overprotection as a parent are relational issues that may ensue (Figley, 2002).

Somatic symptoms can include shock, sweating, increased heart rate, breathing difficulties, aches and pains, impaired immune system, and other somatic complaints (Figley, 2002). Professionally, a person’s work performance can begin to demonstrate
low morale and motivation, avoidance of tasks, apathy, negativity, detachment, poor work commitments, absenteeism, exhaustion, irritability, and withdrawal from colleagues (Figley, 2002).

Gentry (2005) proposed that compassion fatigue and burnout have synergistic qualities. In his study, counselors who are overworked and emotionally exhausted had less cognitive, emotional, spiritual, and physical energy to manage compassion stress symptoms, resulting in greater feelings of helplessness and eventually compassion fatigue. Gentry’s study also found that a higher patient caseload and counselors’ working with clients facing a plethora of symptoms also primed the counselors to be at greater risk for compassion fatigue.

As stated earlier, special education teachers handle large caseloads of children who demonstrate a multitude of needs. This study proposes that the concept and symptomology of compassion fatigue also occur in education. Although the literature often uses a variety of terms to describe the empathic engagements of traumatized individuals, such as secondary traumatic stress (Figley, 2002) and vicarious traumatization (Pearlman & Saakvitne, 1995), for the purposes of this study, vicarious traumatization will be viewed as an extension of the work done on secondary traumatic stress (Sexton, 1999).

Saakvitne and Pearlman (1996) believe that VT has a direct impact on a person’s world view, identity, psychological needs, beliefs, and memory system. “Vicarious Traumatization is the transformation of the therapist’s or helper’s inner experience as a result of empathic engagement with survivor client’s and their trauma material…It is a human consequence of knowing, caring, and facing the reality of trauma” (Saakvitne &
Pearlman, 1996, p. 25). Vicarious trauma involves dramatic changes in the helping individual’s cognitive schemas including identity, memory system, and belief system. These effects can be cumulative, permanent, and evident in the helping individual’s professional and personal lives (Pearlman & Saakvitne, 1996). Vicarious trauma can be exacerbated by and possibly rooted in the empathy that the counselor extends to the client (Pearlman & Saakvitne, 1996; Trippany, Kress, & Wilcoxon, 2004).

People may find it difficult to distinguish between the symptoms of vicarious trauma and the previously discussed burnout. It may be useful to note that the onset of burnout is usually gradual and accumulative over time. Burnout usually occurs when a helper’s emotional or systemic resources are limited or as an ongoing reaction to accumulative stress. Burnout often relates to an individual’s feeling overwhelmed, which is secondary to the client’s traumatic experiences and does not alter the counselor’s world view (Trippany et al., 2004). It can usually be remediated in a fairly swift manner by making a lifestyle changes or a sudden change in one’s circumstances. It is possible, however, for individuals to experience both burnout and vicarious trauma (Trippany et al., 2004).

Compassion fatigue is further down the continuum and is much more involved than either burnout or vicarious trauma. Symptoms commensurate with Post-traumatic Stress Disorder can develop quickly, overwhelming the person and taking time to mediate. Major differences between compassion fatigue and vicarious trauma can be found in the symptomology of each. Individuals exhibiting signs of compassion fatigue demonstrate overt physical symptoms, such as exhaustion, impaired functioning, and avoidance/numbing (Regan Burley, Hamer, & Wright, 2006). Vicarious traumatization
may not include overt symptoms of impairment, as it can affect an individual’s perception and beliefs about trust, safety, control, and sense of belonging (Regan et al., 2006).

Compassion fatigue is the amalgamation of secondary traumatic stress and cumulative burnout experienced by an individual over a period of time (Figley, 2002). When these people are teachers, the children in their care will be affected. Individuals who work with traumatized children appear to especially be at high risk (Meyers & Cornille, 2002).

**Compassion Satisfaction**

Resilience is a component of a human’s psyche that enables the person to respond to and grow from adversity in positive ways. Stamm (2002) reports that a one’s likelihood of exposure to a traumatic incident sometime in one’s lifetime hovers around 50% to 60%, yet less than 8% of those exposed to trauma experience any long-lasting residual effects. In observing these numbers, it would appear that a person’s ability to “self-protect” instinctually is strong. Resilience enables a person to develop positive patterns and adaptations when faced with life’s challenges and adversities. The psychological construct of resilience is a main component of compassion satisfaction. Workers in caring professions often report the satisfaction they experience when helping others. The context individuals are functioning in is crucial to their efficacy in employing resiliency. Supportive factors from teachers’ home lives and taken to the various systems (micro-, meso-, exo-, macro-) they encounter at work contribute to the development and sustainment of compassion satisfaction, which in turn enables them to stay in the profession (Littrell, Billingsly, & Cross, 1994). Colleague and administrative support
(Billingsly, 2004; Stamm, 2002), availability and access for additional training and technical assistance, and positive school climate all contribute to a teacher’s ability to preserve and develop constructive coping mechanisms when faced with traumatic stressors (Billingsly, 2004).

Stamm (2002) asserts that helpers in a caring profession derive tremendous satisfaction out of providing care and compassion to others, and this, in turn, provides them with the intrinsic motivation to continue their work. This component is especially critical for educators. Teachers often employ the resiliency characteristics, such as focusing on individual strengths, maintaining hope, tempering frustration, and compartmentalizing the work, that Hernandez, Gangsei, and Engstrom (2007) found to be evident in counselors who have clients with trauma histories. Teachers who acknowledge their own positive impact on the children they are teaching also view themselves as effective, thereby serving as a positive coping mechanism (Lucas, 2008).

**Summary**

This chapter examines the literature relating to the impact of trauma on childhood development, the effect of children’s trauma on special education teachers, and the possibility of such teachers’ coping with vicarious trauma, burnout, and compassion fatigue. The importance of early social attachments to a young, developing brain cannot be underestimated. These social attachments begin in a child’s immediate environment and gradually progress outward to include school and community. Strong attachments enable the child to create and sustain a solid foundation, enabling future exploration and intellectual growth.
Bronfenbrenner’s Model of Bio-ecological Development provides the necessary framework from which to understand the role that inter-twining structures play in the maturation of a child. Adverse childhood experiences can have far reaching, long-lasting physical and intellectual ramifications, which affect not only the child, but all who come into contact with that child. Childhood maltreatment and poverty, which result in disrupted attachments, can have many negative implications for a child’s development in all areas (e.g., cognitive, communicative, physical, and adaptive).

Adverse childhood experiences are extremely common for children, as is trauma for adults. By way of analogy, developmental trauma serves as the roots and trunk of the tree. Each branch is connected back to the trunk. Trauma and poverty have a significant impact on the developing brain, and the lasting effects of trauma predispose a child to special education services. The children’s trauma, in turn, affects the special educators entrusted with their educational care and development. The branches of the tree are represented by burnout, compassion fatigue, and vicarious trauma; we have explored the differences between them, as well as the potential ramifications that can have a negative impact on a special education teacher’s self-efficacy, job satisfaction, and personal well-being.

Other caring professions have studied and documented the interactions and emotional toll incurred by professionals faced with trauma material on a daily basis. The lens must now focus on education. Educators, professional school counselors, and administrators must be compelled to develop a deeper understanding of trauma. This should include a thorough understanding of the effects of trauma and poverty on the children in their care, as well as, identifying the signs that they may be experiencing
burnout, secondary traumatic stress, or compassion fatigue as a result of working with a high-risk population.
Chapter 3: Methods

“At the lowest cognitive level, they are processes of experiencing, or to speak more generally, processes of intuiting that grasp the object in the original.”

~ Edmund Husserl

This study presented a view of education from multiple angles: the role of early educational experiences on a child’s developing sense of self, the role of the early childhood educator in this process, and the emotional journey the early childhood educator embarks on when engaging in this educational relationship. John Dewey viewed education as a constant, on-going interaction between individuals and their environment that enables them to grow and develop their sense of self (Dewey, 1998). In Fear and Trembling and Sickness unto Death (2008), Kierkegaard shared his view of education when he observed, “I should suppose that education was the curriculum one had to run through in order to catch up with oneself, and he who will not pass through this curriculum is helped very little by the fact that he was born in the most enlightened age” (p.33).

This chapter explores the determining factors that led to the identification of the problem, ranging from inadequate teacher and school counselor training regiments to the ever-changing emotional landscape of today’s family system. The study’s theoretical framework and research design are explicated, in addition to a thorough description of the population targeted for participation in the study. A theoretical lens through which to analyze the collected data and the study’s limitations is also discussed.
Purpose and Significance of the Study

School counseling and teacher training programs rarely provide students with the background knowledge needed to deal effectively with trauma material and employ necessary self-care strategies. Jaycox et al. (2007) found that personnel with prior trauma training competently implemented self-care coping mechanisms, thus reducing the risk of burnout and compassion fatigue. All school personnel, teachers, administrators, and school counselors must receive training in major childhood risk factors, such as trauma and the developmental impact of poverty. According to Simpson (2005), counselors’ internal coping resources can serve as a significant “buffer” to protect them from secondary traumatic stress symptoms. As a result of the lack of teacher and school counselor training and the lack of comprehensive understanding of the topic on the part of the school counseling staff and administration, teachers can experience the accumulative effects of these issues, which take an emotional toll that can affect them personally and professionally.

No current research examines the accumulative effects or professional and personal consequences of teaching high-risk students. Teachers are faced daily with complex childhood and family issues that they are ill-equipped to deal with effectively. Much of the professional teaching staff interviewed for this study could articulate the emotional toll that had on them, and many also exhibited the impact through their physical appearance, behavior, and poor health.

My career has been in education for the past 15 years. Initially, I worked as an elementary classroom teacher, then as a counselor working collaboratively with families and educational staff, and most recently as an administrator in an early childhood special
education program. As a classroom teacher, I dealt with the complexity of child maltreatment, in addition to managing the gamut of emotions elicited by the experience, all with little support. As a counselor and administrator, I often helped the educational staff cope with the multitude of stressors related to working with children affected by trauma, as well as managing the personal impact it had on me. The longer I worked in education, the more valuable my counseling background became. I found that there were many situations, quite delicate in nature, that the educational staff was ill-equipped and often too overwhelmed to handle effectively. At the beginning of my doctoral studies, I tried to find literature about special education teachers who experience compassion fatigue and vicarious trauma. To my astonishment, I found little to inform me of ways in which I could effectively address this topic with the professional teaching staff.

Even though I no longer work at this regional educational service agency nor work closely with its staff, I continue to have great interest in this topic and the practical implications that will emerge as a result of this new area of research. Vandenberg (1974) states,

To confine research to existing educational practice restricts it to an extremely varied set of phenomena, not all of which are of equal worth, to research or to the student or to society. If research is confined to what is, it is not clear how its findings could be applied to improve practice, for from statements about what is there follow merely statements about what is. (p. 183)

Polyani (1962) believed that the process of self-knowing consists of experiential self-discovery that affirms or denies a person’s belief system. This study has provided early childhood teachers with an opportunity to examine, explore, and reflect on the
dimensions of how trauma affects them personally and professionally by sharing their experiences within the construct of a phenomenologically-oriented action research qualitative study.

**Theoretical Framework**

Existentialists believe that we all live in a state of *Miltwelt*, being with others, and *Eigenwelt*, being myself. This dichotomy exists as we learn how to demonstrate positive emotional regard for others, while still evolving into the people we are to become. Enculturation is the process that occurs naturally between human beings and their environments. Dewey believed that there is a reciprocal relationship between human beings and culture as they are both created and affected by the culture of the environment (Troutner, 1974). Troutner stated, “To effect changes in man, it is necessary to work through the institutions and culture of which he is a part” (p. 43). The theoretical underpinnings for this study have come chiefly from the work of Bronfenbrenner (2001), Figley (2002), and Brownell et al. (1997).

**Systems of Change**

Lewin (1948) and later Bronfenbrenner (2001) recognized the impact of systems on the developing individual. Lewin believed that space is psychological, not physical, and that it is thereby made up of the environment as it is perceived in the mind of the person (Bronfenbrenner, 2001). Lewin was interested in the development of an individual’s *phenomenological field*. Various stimuli, ranging from goal acquisition to connections between people and various environments to interactions between these variables, can have an impact on the individual (Bronfenbrenner, 2001).
Bronfenbrenner (2001) further defines this theory by breaking it down into four components. The individual is found in the center of his model. Daily conditions that the individual must face within the environment make up the context. Interactions and relationships between individuals and their environment refer to processes. The last component of this model refers to the idea that changes and development take place over a period of time (Bronfenbrenner, 2001). Based on Bronfenbrenner’s work in defining social systems, Miller et al. (1999) developed a lens through which to analyze teachers as they work in educational environments. As stated earlier, the teacher resides in the innermost circle called the micro-system. Within this “circle” teachers possess their own individual strengths, weaknesses, perceptions— which all interact with other classroom variables, such as the students, complexity of student needs, support staff, etc. (Miller et al., 1999).

The next layer, the mesosystem, adds the school environment, which includes the administrative and collegial support networks, opportunities for further professional growth and development, and teachers’ perceptions of their roles and responsibilities (Miller et al., 1999). The exosystem examines the impact of local, state, and federal decision-making, which has a tremendous impact on teachers’ working environments and day-to-day responsibilities, ultimately diminishing their decision-making capacity and level of control (Miller et al., 1999). The exosystem represents other variables that have an impact on teachers (e.g., salary, service delivery systems) and various levels of community diversity (Miller et al., 1999). Finally, the macrosystem encompasses community-based cultural beliefs, ideologies, and social mores. When variables in any of
the systems become too overwhelming for an individual, the impact can be significant and long-lasting.

**The Cost of Caring**

A common characteristic shared and demonstrated by educators within the various systems is their high degree of empathy for the children that they teach. Caring for and nurturing children is often perceived as a necessary component of a preschool teacher’s professional repertoire of skills. As stated earlier, most difficulties experienced by individuals are chronic in nature—such as poverty and disabilities (Kanter, 2007). Teachers faced with all of these varying child needs are confronted with a multitude of trauma material that can affect their own daily functioning. This work is inherently stressful and Kanter (2007) believes that the impact this work has on individuals is based on their perceptions of their students’ suffering.

When this perception becomes emotionally overwhelming for the educator, compassion stress can develop. Individuals experiencing compassion stress initially demonstrate feelings of resentment, neglect, and distress. When belief systems are disrupted, compassion stress can turn into traumatic stress (Saakvitne & Pearlman, 1996). According to Figley (2002), when individuals perceive that they have not done enough or could have done more to avert the pain and suffering for someone else, they can become overwhelmed by these feelings and can develop secondary stress and secondary trauma response. He further posits that helpers can develop and demonstrate trauma symptoms merely by listening to an account of a traumatic event (Figley, 2002). Research has found that professionals working with traumatized children are at an increased risk for developing symptoms of compassion fatigue (Figley, 2002; Meyers & Cornille, 2002).
Individuals experiencing compassion fatigue can demonstrate problems in a variety of areas including cognition, control over emotions and behaviors, world view and sense of self, relationships, physical health and well being, and work (Figley, 2002).

**Research Design**

The aim of this study was to explore the lived experiences of special education teachers working with at risk children and examine their vulnerability to developing secondary traumatic stress, compassion fatigue, and vicarious trauma. The qualitative design of the research process is iterative and interactive, in that the product will continually inform and modify the process (Schoenfeld, 1979). Lewin (1948) believed that research exploring the various branches of social action could not be produced from books—it had to take on an “action” to gain a better understanding of the social processes being studied.

**Action Research**

Action research is used frequently in the field of education when a particular practice is being observed with the intent to improve upon it (Glense, 2006). The researcher works in cooperation and collaboration with the study participants to examine, analyze, and develop a better understanding of a particular problem. The goal is to enable the participants to create a positive change in practice by improving a particular condition that is negatively affecting the individuals in a chosen area of living.

Through naturalistic inquiry, action research can encourage participants to reflect and share their lived experiences regarding an issue being examined by the researcher. It can analyze how participants make meaning of these particular occurrences. Since action research includes the participants as fellow researchers, phenomenological engagement as
a theoretical orientation fits in nicely with this design. “Phenomenological research gives us tactful thoughtfulness: situational perceptiveness, discernment, and depthful understanding” (van Manen, 1990, p. 156). Phenomenological, action research can have effects not only on the organization involved, but also on the participants involved in the study. The interviews and follow up focus group will lead to new levels of self-awareness with the capacity to transform the participants individually and collectively as a group.

Phenomenology, German for *phänomenologie*, is the study of human consciousness and self-awareness as a preface to or part of philosophy (Webster’s New Dictionary, 1989). When conducting phenomenological research, one must strive to describe a given societal phenomenon, or in this case educational issue, as accurately as possible to gain a better grasp of the various perspectives and perceptions of the people involved. The aim of phenomenology is to focus on a phenomenon and discover how it manifests itself in consciousness (Troutner, 1974). “Phenomenology is the systematic attempt to uncover and describe the structures, the internal meaning structures, of lived experience” (van Manen, 1990, p.10).

Phenomenological research attempts to describe the various levels of meaning existing in a lived experience by documenting the content and the form of the phenomenon (van Manen, 1990). The goal of phenomenological research is to evoke a rich description of a particular human experience in an effort to analyze and construct meaning. In phenomenological studies, the term “description” is often used when explicating the text of a particular phenomenon. This description focuses on the way we live in the world, not the way we conceptualize it.
Sampling

Three levels of educational programming are present in the Commonwealth: the state, the local (e.g. school districts), and the intermediate level. Intermediate Units were re-organized forty years ago in the Commonwealth of Pennsylvania to address the needs of regular and special education students, in addition to providing curriculum development, personnel and technology trainings, supports, and resources to local school districts (Joint State Government Commission, 1997). The Intermediate Units, or IU’s as they are commonly called, serve as regional service education agencies to the surrounding school districts that they are contained within, in addition to providing a valuable link to state-wide information. Midwestern Intermediate Unit IV encompasses Lawrence, Mercer, and Butler counties and will be the agency in which potential participants will be targeted.

A purposeful sampling technique was employed in an effort to gain insight into a specific group of early childhood special education teachers. Purposeful sampling is a technique used when the researcher wants to gain insight into a particular issue or group (Berg, 2002). Patton (2002) asserts that there is no definitive number needed when determining the sample size, rather the emphasis lies in the purpose and aim of the study, and the credibility of the information provided by the participants. I chose this group of Early Childhood Special Educators due to the crucial role that these teachers play in the lives of their students and the long-lasting impact that they can have on the child’s potential development. This professional population also comes into contact with families frequently due to the age of the children they teach, in addition to working with children that are experiencing a plethora of biological and environmental risk factors.
Through personal experience, I have witnessed the tremendous amount of stress and the emotional toll that working with this population has on the professional staff. This study was comprised of 8 Pennsylvania certified special education teachers working in the Pennsylvania counties of Lawrence, Mercer, and Butler, all employed by Midwestern Intermediate Unit IV. These early childhood education teachers range in age from 26 to 55 and have a minimum of three years experience and a maximum of twenty-three. The special education early childhood staff at MIU-IV that provide direct service delivery to children were contacted via phone call by the researcher to solicit their voluntary participation in the study with the intention of 8-10 voluntarily participating in the study. Male and female teachers were invited to participate in the study. All potential participants are Caucasian and all but one are female.

The key informant interviews and focus group were conducted during time off from the traditional school calendar. I have had a previous professional relationship with the potential participants in the study, however, I have never served as their supervisor or completed annual performance evaluations on any of the individuals involved.

**Collecting the Data**

Due to the complexity of the subject matter, a semi-structured interview format was employed to acquire detailed information in an effort to develop a more thorough understanding of compassion fatigue in the realm of special education. A semi-structured interview enables the researcher to have some flexibility in the process, while still having the capacity to ask the same essential questions of all of the study participants. Through the use of interviews, I explored the special education teachers’ perceptions about the primary and secondary effects of working with traumatized children. Interview questions
took place at a neutral location and were recorded. A transcript was be made of the interview to ensure trustworthiness of the data. The purpose of the study was elucidated for the participants, in addition to counseling constructs, such as compassion fatigue, burnout, secondary traumatic stress, vicarious trauma, and compassion satisfaction so that participants had some foundational knowledge about the study prior to the interview commencing. The analysis of the transcripts was on-going and had a direct impact on format and structure of subsequent teacher interviews. To ensure trustworthiness, the transcripts were also made available to the dissertation chairperson and study participants for accuracy of data and proper analysis of theme reduction.

Data Analysis

Examining Human Experience

How do we go about explaining others lived experiences? As researchers, we are asking others to describe and reflect on their own awareness of a particular situation so that we may glean a deeper meaning and the experience takes on a new significance. A hermeneutic interview can bring to light subtle nuances and rich descriptions of a particular phenomenon, allowing the researcher to encourage the informant to describe all aspects (e.g. emotional, corporeal) of a particular experience. There is an immense complexity to human behavior, therefore when interpreting and analyzing descriptions of a lived experience van Manen (1990) provides the researcher with a guide to interpreting and reflecting on the text. He discusses four existential that include lived space, lived body, lived time, and lived human relation.

Lived space constitutes how the space we inhabit affects the way individuals think, feel, and act about a particular experience. It can include global awareness, that is,
how individuals move through their environment, in addition to their position within the
environment in relation to other physical objects. The researcher’s interest in lived space
is uncovering how the study participant reflects on the impact of this dimension on her
environment. For example, when a teacher is feeling vulnerable as a result of
encountering traumatic material, where does she go to find her equilibrium again?

There is a dichotomy that exists in the corporeality in the world. Lived body refers
to our physical presence in the world. Our bodies “reveal something about ourselves and
we always conceal something at the same time” (van Manen, 1990, p.103). van Manen is
saying that an individual’s physical presence can often demonstrate a behavior that is in
contrast to the text a she is articulating.

Our temporal way of experiencing the world is called lived time. Lived time is
subjective, in that its effect on an individual is based on her perception of how the
temporal dimension has an impact on perceptions and reflections of a given experience.
An individual’s past and present can relate to her perception of the experience and have
an influence on the future. Society is geared toward future thinking, and this in turn can
change the way one reflects on the past. This temporal region encompasses all aspects
and dimensions of how time can influence the description of an event.

Lived other refers to the relationships individuals have with others and the
interpersonal space shared with them (van Manen, 1990). Initially, the other person is
physically present. As the relationship evolves, a more communal, intimate, and intricate
relationship emerges.

From each of these lived existentials, the researcher can analyze the descriptive
text for emergent essential themes among the study’s participants. “In determining the
universal or essential quality of a theme the concern is to discover aspects or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is” (van Manen, 1990, p. 107). The researcher must make a determination whether a theme belongs to a particular phenomenon essentially or incidentally (van Manen, 1990). Uncovering shared, universal themes will require an in-depth look into the world of the early childhood special educator in an effort to develop a comprehensive understanding of how she constructs meaning in her world.

**Content Analysis**

Content analysis of the transcripts allows the researcher to identify emerging themes from the text. This technique allows the researcher to approach the data in a reductionistic manner. In content analysis, the literal words in the text are “being analyzed, including the manner in which these words are offered” (Berg, 2007, p. 307). Throughout this process, researchers are interpreting data by categorizing the information, identifying emerging themes, and determining what meanings can be found. Content analysis is a beneficial tool to use when analyzing in depth interview data. A limitation of content analysis is that the researcher only examines the recorded messages. Another limitation in content analysis is that the researcher might be tempted to make inferences when determining causality between two variables.

**Importance of the Focus Group**

In keeping with the collaborative spirit of the research design, a focus group comprising 5 of the informants was held to discuss the findings and glean additional information about the topic, once the transcript analysis had been completed. “The focus group approach to research lends itself well to use as a qualitative method insofar as it
assists in obtaining in-depth understandings of perceptions, opinions, and the ways in which people make meaning of a variety of aspects of their lives” (Levers, 2006, p.381). For the purposes of this study, the focus group met after the key informant interviews were conducted and analyzed to further elucidate on the nature and veracity of the text acquired. The focus group was audiotaped and used for analysis of themes. The researcher and dissertation chair had access to the audiotape.

The researcher served as the facilitator of the group implementing a core group of questions based on and guided by the key informant interviews. The study’s participants were viewed as stakeholders as they provided individual and group input to further current professional knowledge and improve the educational practices that have a daily impact on them. The practical nature of this research sought to work collaboratively with the participants to identify issues and possible solutions in an effort to improve educational pedagogy. This focus group was audiotaped and made available to the dissertation chairperson to ensure triangulation and validity of the data occurred. Individual interviews and the focus group session were conducted at the beginning of the school year. Triangulation of the data collection can be seen as a way to ensure that a more reflexive, comprehensive analysis of the data (or text) occurs.

Respondent validation was implemented to further establish the relationship between the researcher and the participants as an effort is made to obtain participants’ reactions to the initial data analysis gleaned from the key informant interviews and expand on the body of knowledge pertaining to the phenomenon (Mays & Pope, 2000). This technique allows the process to be recursive, as participants reflect on and grow from their experiences. Text from the focus group was incorporated into the study’s
findings. Reflexivity to the data analysis was maintained. This includes analysis of how the participants, researcher, process and the role of a priori assumptions and experience held by all involved has affected or influenced the collected data and (Mays & Pope, 2000).

**Ethics and Protocol**

Prior to the start of each key informant interview, the researcher addressed the purpose of the study, provided definitions of some of the key terms, and discussed the range of benefits and possible risks associated with participation in this research. A possible risk was experiencing painful or stress inducing memories as a result of coming in contact with trauma material as informants will be asked to provide an extensive account of their experiences. Participants were provided with a de-briefing period prior to the conclusion of the key informant interviews. A benefit of participation in this study was that they are furthering the professional understanding in the field of education and school counseling to shed light on the impact of accumulative secondary trauma on educators. Information gleaned from this study has the potential to make positive changes in current professional practices and training programs that can directly benefit teachers and professional school counselors.

**Informed Consent**

The term *informed consent* first appeared in a 1957 civil court document (Skloot, 2010) involving a surgical medical procedure that ended with dire, life-long consequences for the patient. The judge ruled that a physician has an obligation to provide full disclosure of the risks and benefits of a medical procedure prior to the patient giving written consent (Skloot, 2010). When a number of studies conducted from the
1940s through the 1970s (e.g. Tuskegee Experiment) emerged showcasing inadequate or sometimes absent informed consent procedures, new measures were taken to protect a research study participant’s well being (Skloot, 2010; Washington, 2006).

Study participants voluntarily signed an informed consent (Appendix B) that explained the purposes of the study and provided details regarding what was be expected if they chose to participate. An informed consent means that the participants knowingly and freely consent to participate in the research study (Berg, 2002; Glesne, 2006). A signed informed consent allows the Institutional Review Board the opportunity to monitor the research subjects voluntary participation in the study (Berg, 2002; Glesne, 2006).

Confidentiality

The participants’ identity in this study remain confidential. Berg (2007) states, “Confidentiality is an active attempt to remove from the research records any elements that might indicate the subjects’ identities” (p. 79). As stated earlier, the researcher and the dissertation chair were the only investigators who had access to the transcripts.

Research Questions

Compassion fatigue is a counseling construct rarely examined in the profession of regular and special education. The research literature has addressed this issue in such a limited scope (e.g. natural or man-made catastrophes) that little is known about the lived experiences of educators coping with trauma material. Therefore, the question guiding this research exploration was: What are the lived experiences and contextual understandings of early childhood special educators who are coping with the trauma of the children in their charge: This study explored the following ancillary questions:
1) What are the accumulative and/or residual effects of trauma on early childhood special education teachers working with at risk children?

2) How do environmental protective and risk factors affect an early childhood special education teacher’s job performance?

3) How does administrative support play a role in the protective risk factors that an early childhood special education teacher employs?

4) How does stress affect the career development of early childhood special education teachers?

**Semi-structured Interview Questions**

As mentioned earlier, a semi-structured interview was conducted to obtain the rich text necessary in understanding this particular phenomenological experience. Questions range from demographic (e.g. “How many years have you been teaching in early childhood?”, “How many students are on your caseload?”) to perceptions and recollections of particular professional experiences and events (e.g. “Describe the emotions that you experienced when dealing with this traumatic incident.”). There are 20 potential questions aimed at acquiring more in depth knowledge regarding the main and subsidiary research questions. The semi-structured interview questions can be found in Appendix A.

**Limitations of the Study**

There are a number of limitations to this study. The sample was taken from a small group of Pennsylvania-based special education certified teachers who are currently working within an early childhood (ages 3-5) context. These teachers are working within two out of three counties that are considered high risk for poverty by the state of
Pennsylvania and have access to a limited number of resources due to their rural location. The sample size was also small, the results found may be unique only to this sample of professionals.

Researcher bias was also an issue continually addressed throughout the interview process, data analysis, and interpretation, due to my own personal experiences with this topic and the study’s participants. Within the area of data analysis, researcher bias can also occur if the researcher is trying to determine causal relationships and is tempted to infer such relationships (Berg, 2007). Because the purpose of action research is to serve as a change agent, there was also the possibility that participants would continue to experience further reflection of their responses during the key informant interviews and that this would have an impact on their responses during the focus group.

Summary

In conclusion, this qualitative, action research study used a semi-structured key informant interview protocol to gain insight into the daily experiences of 8 early childhood special education teachers working with high risk populations in low resource areas. To further the strength of the study, a focus group of six teachers was convened to discuss preliminary findings of the individual, semi-structured interviews and provided further thoughts and details regarding this complex issue. In addition to the focus group format, other techniques were employed to safeguard against researcher bias including accessibility of transcripts to the dissertation chairwoman. Chapter 4 elucidates on the findings.
Chapter 4: Research Findings

“Retire unto yourself as much as possible. Associate with people who are likely to improve you. Welcome those whom you are capable of improving. The process is a mutual one. People learn as they teach.”

~Seneca

Qualitative researchers are naturally inquisitive and seek to understand how members of a social group construct meaning from their interactions with the world. In an effort to make meaningful interpretations, the qualitative researcher must gain a multitude of perspectives from the individuals belonging to a certain social group. Ontology is the science of being or existence. “The ontological belief that tends to accompany quantitative research approaches is that a fixed reality exists external to people that can be measured and apprehended to some degree of accuracy” (Glesne, p. 6). The qualitative researcher is also interested in observing and analyzing the epistemological nature of phenomena—that is, how one comes to know what one knows.

This chapter provides a case-by-case narrative of the data collected from eight key informant interviews and a focus group. This chapter provides a chart to illustrate the critical demographic information of the informants and nine individual tables outlining notable phrases of significance collected during the interviews and focus group. Analytical categories, in addition to the identification of emergent themes derived from the data, will be expounded upon using the information recorded in these charts, thereby providing the reader with a deeper contextual understanding of the written material found in this chapter. This chapter also includes a discussion surrounding the similarities and difference found among the informants and their respective “stories.” My own
impressions and observations are also included throughout the narrative, which documents my own experience as I conducted this research. All of this data will provide a foundational context for further exploration in Chapter 5.

The informants in this study were eight certified special education early childhood teachers currently working in Western Pennsylvania. Years of teaching experience ranged from 3 to 23 years in the profession. Due to the delicate nature of the topics being discussed, confidentiality was of the utmost importance. Informants were encouraged in a variety of ways (e.g., through the Informed Consent and the initial interview protocol provided verbally) not to use any identifiers during the interview. Each informant was assigned a number, and I was the only person in sole possession of the key. If names or genders were used during the interview process, they were omitted during transcription. Interviews were conducted at the beginning of the school year. All informants had experience in working with preschool-aged children who had been traumatized in a variety of ways, ranging from acute neglect to poverty to physical, sexual, and emotional abuse. None of the participants reported having received any undergraduate or professional training in trauma; a small number reported having received minimal training about the impact of poverty on a developing child. Table 1 provides a summary of the demographic information of the informants.
Table 1

Informant Demographic Information

<table>
<thead>
<tr>
<th>Informant</th>
<th>Years of Experience</th>
<th>Degree</th>
<th>Classroom Assignment</th>
<th>Current Caseload</th>
<th>Percent of Children with Gov’t Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8</td>
<td>B.A.</td>
<td>Combination</td>
<td>38</td>
<td>50%</td>
</tr>
<tr>
<td>2</td>
<td>23</td>
<td>B.A./M.Ed.</td>
<td>Consultant</td>
<td>36</td>
<td>75%</td>
</tr>
<tr>
<td>3</td>
<td>10</td>
<td>B.A.</td>
<td>Combination</td>
<td>21</td>
<td>85-90%</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>B.S.</td>
<td>Combination</td>
<td>38</td>
<td>65%</td>
</tr>
<tr>
<td>5</td>
<td>10</td>
<td>B.S.</td>
<td>Self-contained</td>
<td>28</td>
<td>70-75%</td>
</tr>
<tr>
<td>6</td>
<td>12</td>
<td>B.A.</td>
<td>Self-contained</td>
<td>15</td>
<td>60-75%</td>
</tr>
<tr>
<td>7</td>
<td>21</td>
<td>B.A./M.Ed.</td>
<td>Self-contained</td>
<td>26</td>
<td>70%</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>B.A./M.Ed.</td>
<td>Consultant</td>
<td>30</td>
<td>90%</td>
</tr>
</tbody>
</table>

Individual Information Interviews and Focus Group

This section outlines the process used to code and analyze the data derived from the eight key informant interviews and subsequent focus group. In an effort to address researcher bias, this chapter identifies and examines several presuppositions about the topic. An audio-recorder and field journal, capturing my own thoughts and perceptions during each interview and focus group, was also used to minimize the effect of researcher bias. A semi-structured interview format was used to maintain and encourage consistency in the manner in which the data was retrieved for each informant. My background in Cognitive Behavioral Therapy and extensive experience in counseling interviewing techniques
helped enormously in the on-the-spot processing of data, for intentionality in keeping the informant/interview on track, and in asking the necessary questions to delve into the heart of the topic. The eight interviews lasted 45 to 60 minutes, and the focus group lasted approximately one hour. Both formats were informal and conversational.

**Presuppositions**

The first presupposition postulates that early childhood special education teachers experience residual, accumulative effects from working with high-risk preschoolers that affect them profoundly on a personal and profession level, and for a sustained length of time. The literature is scarce about the effects of secondary traumatic stress, compassion fatigue, or vicarious trauma on professionals working in the field of education. Due to the extreme youth and the high degree of complexities of the children they interact with daily, it has been asserted that this set of teachers employs a higher degree of empathy while fulfilling their roles and obligations as early childhood special education teachers. The ability to demonstrate empathy for students and not to allow their problems to be all-consuming is critical in remaining effective in the field. Research has shown that empathy plays a large role in pre-disposing an individual to develop compassion fatigue (Figley, 1986).

The second presupposition is that administrative support will be a crucial protective risk factor for this group of educators. Many teacher attrition studies cite administrative support as a key element in a teacher’s decision to remain in the field (Billingsly, 1999). Research has shown that special education teachers who feel supported by their administration are less likely to feel stressed and more likely to
experience a higher degree of job satisfaction and to feel a higher level of commitment to their organization (Billingsly & Cross, 1992).

The last presupposition asserts that younger, inexperienced teachers will have fewer environmental protective factors and will employ less sophisticated coping mechanisms than their more experienced counterparts, thereby leading to higher levels of cumulative stress and an increased likelihood of experiencing secondary traumatic stress and/or compassion fatigue. Studies have demonstrated that younger special education teachers are more likely to leave the profession than older special educators (Cross & Billingsly, 1994; Morvant et al., 1995). The ability to process the rigors of the job constructively has a direct impact on individuals’ perceptions of their self-efficacy and job satisfaction.

**Informant Interview Analysis**

I anticipated that much of the information shared in the key informant interviews would be concordant with my own experiences in working within the field of education, first as a teacher and then as an administrator, and also commensurate with what has been previously reported in the literature in chapter 2. In my continued efforts to reduce researcher bias, I was particularly mindful of my own actions during the interviews. I was cognizant that my previous professional relationship with the informants could interfere with my objectivity; therefore, I implemented a semi-structured format and maintained a field journal, which I used to capture my thoughts, observations, and impressions as the interviews unfolded. I also used this field journal to serve as a guide for further reflection when necessary throughout the research process.
Giorgi (1985) identifies four steps that should be followed when analyzing qualitative data. In an effort to gain a better understanding of the informant’s language, Giorgi suggests conducting a general reading of the entire description of the informant’s experience. This first step can take several readings until researchers believe they have an in-depth understanding of the material. The second step includes using intentionality to review the material in great detail within the context of a specific theoretical framework. The third step consists of a thorough examination of any units of meaning that emerge from the text. The goal in this step is for the researcher to identify and analyze any insights gleaned from the informant’s experience. For the final stage in this process, the researcher synthesizes the data in an effort to fully understand the informant’s lived experience (Giorgi, 1985).

Each audio-taped recording was reviewed several times following the interviews. My purpose was to add information to my field journal regarding any emergent themes captured during the interview. With each successive interview, the similarities and differences among informants became readily apparent. I framed the structure of my interview questions, the format of the interview session itself, and my interpretation of the text based on my research questions. Once each interview was transcribed, I “coded” (Patton, 2002) any phrases of significance in addition to highlighting themes that were emerging from the transcribed text. This helped me create consistency and uniformity in the analyses of the informant interviews. As a result of implementing this practice, I could then group key phrases into specific analytical categories. This process served as the foundation for developing the accompanying tables. I felt confident that I had reached saturation by the time I completed Informant 6’s interview; however, I continued to
gather additional data from two more informants in an effort to substantiate my assumptions. As previously discussed, Van Manen’s four lived existentials and a review of the recent literature surrounding the topics to be examined served as my guide when identifying emergent themes and analytical categories. Each of the tables presents a collection of significant phrases that allow the reader to comprehend and understand the depth of the content disclosed by each informant. I grouped these phrases of significance into four major domains for further convenience. These categories are as follows:

1) Lived Existentials: This category organizes the data using Van Manen’s lived existentials.

2) Elements of Support: This category includes levels of administrative, collegial, and familial support.

3) The Effective Teacher: This category records the teachers’ self-perceptions of their professional efficacy and the environmental protective factors that they employ.

4) Training Programs: This category includes the pre-service and on-going professional development opportunities of the informants.

These tables provide the reader with a clear and concise tool for understanding the lived experiences of early childhood special education teachers. As a direct result of compiling the data into these charts, I determined that saturation had in fact been reached, and I identified emergent themes that will be further expanded upon in chapter 5.

Findings: Case-by-Case Analysis

The interviews for this inquiry were conducted in a private conference room located at a branch office of Midwestern Intermediate Unit IV. A mutually agreed upon
time was arranged via phone call to set up the interview. Participants were familiar with the location, and they arrived at their designated times. Prior to each participant’s arrival, the audio-tape recorder, definition of terms, and informed consent documents were prepared and readily available on the conference table. At the beginning of each interview, an explanation was provided about the purpose of the research study. A thorough examination of the informed consent document commenced, allowing the participant ample time to ask questions or get clarification if needed. Once the informed consent document was signed, I provided the participant with a copy of information defining the key terms (Appendix C) of this study to peruse. At the conclusion, I again asked if informants had any questions or concerns that they wanted to discuss before beginning the interview.

Each interview began with general demographic questions pertinent to the central questions in this study. As stated earlier, level of education, caseload, teaching assignment, and years of experience are positively correlated with burnout. In an effort to develop a comprehensive view of this group of educators working with low income families, questions were asked to gauge how extensive the impact of poverty is for teachers who meet the children’s daily needs. As I have had previous interactions with the participants, a professional decision was made early on to create a larger number of interview questions to maintain the focus during each interview. Once the audio-tapes were transcribed, a copy was sent to each participant to critique and provide further feedback. After this occurred, a focus group was conducted to discuss the preliminary findings and provide further clarification on certain key points to ensure triangulation occurred.
Informant #1

Informant 1 arrived early to the interview and appeared anxious. I decided to assuage some of the anxiety and nervousness that the informant was physically demonstrating by providing a brief overview of the types of questions she could expect, the parameters of the study, and giving her an opportunity to discuss any fears or concerns before the interview started. With the further explanation, she appeared relieved and stated that she was ready to begin.

Informant 1 possesses a bachelor’s degree in special education and a bachelor’s degree in elementary education. She is dual certified in both elementary and special education. She has been teaching for 10 years, and she has 38 children on her caseload. She reported that at least one-third to one-half of the children in her caseload receive government assistance. The informant’s teaching assignments include both several sessions of a self-contained classroom and consultation services to several Head Start classrooms. The purpose of beginning with these simple demographic questions was to get the informants acclimated to the format of the interview and develop a level of comfort and control over the information that they would share.

When the first question was asked regarding trauma, Informant 1 continued to talk in a matter-of-fact tone. Her demeanor did not begin to change until the third question, as she began to speak faster, to sound nervous, and to display agitated body language. She reported,

We had a little one who came in displaying bruises, and she did this on multiple occasions, and we began to suspect that there were situations in the home that were becoming a little bit dangerous to the child. So with the physical evidence—
and she would make off-hand comments that were a little bit mature for her age—we began to wonder what was going on.”

When asked how she believed she handled the situation, she responded,

At first we took a “wait and see” approach. It’s hard to just jump in because you don’t want to call CYS the first thing. Sometimes kids do get bumps and bruises. Sometimes they do hear things on TV, and they will repeat them. What we did is just kind of watched her. We brought in the school nurse to kind of keep track of what was going on. We had conversations with the family-indirectly: “Are there stressors at home?” or “So and so is not acting the same way at school”—just casual parent/teacher kind of conferences. And then, finally, we did make a report formally.

As she was sharing this information, I sensed reluctance in her delivery and continued to probe her to discover why. Her initial reaction was “I think that we did follow proper procedural protocol, but that wasn’t your first instinct.” This prompted me to ask Informant 1 about what her first instinct was in dealing with this particular issue. She stated,

First instinct, when you see this child who came in bouncy and happy become withdrawn and frightened…you want to take her under your wing a little bit…. But you do, and you take it home with you. I spent a lot of hours thinking, “Okay, what could be going on?” All we had were physical presentations and the emotional ones, but you always have your gut, which is saying, “There is something more, what can I do for it?” And you kind of come to the conclusion that you only have the child for 7 ½ hours per week. And all you can do during
that time you have the child is plan positive thoughts and hope that when she is away from you, those kind of carry through into her behavior and attitude.

At this point in the interview, the informant’s non-verbal language began to show some emotion. She continued to share her perceptions, and I did not interrupt her thought process. When she was finished speaking, I asked if she was all right to continue, and she said, “Yes.” As we progressed through the interview, I delved into discovering more about professional experiences that were hard to let go of emotionally for Informant 1.

After some careful consideration, she replied,

When it comes to a child that you know is in a situation that is detrimental to them and there is really nothing you can do from a legal standpoint, it sort of makes you question, “Why did I go into teaching? Did I do enough for the child if she turns out permanently traumatized? Was [there] something I could have said or could have done to prevent it?” With a personal history of childhood abuse myself, I know that the effects, even on preschoolers, can be very long term. Maybe she won’t remember it, maybe she will; maybe somewhere down the line, something will trigger and it will all come out, and you can only hope that she is in a more supportive environment by that point or in a better place in her life. But this is a case I have had for three years, and I still think about it.

At this point of the interview, I briefly stopped the tape to ensure that the informant felt secure and was willing to continue with the interview. I also chose to stop at this point because my next series of questions were designed to examine the emotional and physiological impact of secondary trauma on an individual. I wanted to ensure her safety before proceeding any further. During this brief exchange, she spoke matter-of-factly
about her personal history and of her willingness to continue. It became evident that Informant 1’s personal history of trauma had a direct impact on her perceptions and actions when interacting with the children in her care. My next question asked about the emotions she had experienced during her experience of dealing with a traumatized child. She stated,

Wow, that’s a toughie. I mean, I think at first you feel kind of like astonished that in this day and age with so many so-called protective agencies out there, that the child has gotten from point A to point B with no intervention so far. I mean there are so many red flags, so many things that we see that surely other people in the community have seen. I mean, this child goes to therapists and she goes to doctors and she has a psychiatrist, you would think that somebody would intervene. You kind of feel alone, and you don’t want the school to be the only place that is seeing it because you know that other people are…. So you do feel frustration and maybe a little anger toward the other people who should be listening to her and maybe aren’t hearing it. Sometimes you start questioning yourself, like “Maybe I’m over-reacting, maybe because of what I went through…” It’s not that I use this child as a favorite, but some kids touch you deep and when they leave, it leaves a longer impression on you…. But you do, you run a whole gamut, it’s almost like a grieving cycle. You know, at first you don’t believe it and then you see the proof…. It’s just sad. You look at the world and you think it’s supposed to be just a happy place and then you realize so much of the population doesn’t have a happy childhood home. I had my own history of childhood trauma. Thankfully,
I was in an environment that supported [me]. The anxiousness, it comes back and forth because you always question yourself, “What can I do that’s more?”

Informant 1 expounded further on the dilemma faced by many educators once they make the phone call to CYS and report suspected abuse. She stated,

…You may get a lot of fall back from the family and you know that child is probably experiencing the resentment that the parents feel toward the school now. You don’t want to do anything either, even though you know it’s the right thing. You worry that you have maybe put the child in more jeopardy because you were involved. You cry for that child, you hug them, you love them….They are just babies and they are already challenged [being developmentally delayed] to begin with. I felt truly bad because if we lost tabs on that child, who is looking out for her? At least we know for three days a week, she is coming to us.

At this point of the interview I shifted the focus of the discussion toward the surrounding resiliency skills and protective factors. This was intentional, as I wanted to allow the informant a recovery time from discussing highly personal matters and allowing her to focus on her strengths. She spoke of the professional support she had with administrators, the school nurse and then stated,

I think every person has to reach within; you have to help heal yourself…no matter how much you are validated; you have to come to some kind of internal conclusion and just know that what you did was the best you could.

She proceeded to discuss how spending time with her children also helps validate her. Informant 1 shared that she is not a person of faith and that she rarely used prayer to get through difficult experiences. She does, however, employ boundaries and stated,
I did come to realize that we are just people, and we can only do what we can do in a given day, and that’s what I try to do. The job at school, my personal life at home—and only let the two mix when it’s absolutely necessary because I think you’ll reach burnout a lot faster—you just have to leave it behind. It’s hard, but you can’t take it home with you all the time.

I wanted to explore this thread further and asked what led her to making this realization. She initially stated that she believed she had the capacity to repress unpleasant, traumatic things based on her childhood experience. Upon further reflection of her ability to “compartmentalize,” she shared a slightly different viewpoint. She stated,

It’s not something I’ve mastered by any stretch of the means. There are many days where I go home, and I try to use the drive home, and I’m thinking, “What can I do?” and I’ll wake up in the middle of the night thinking about kids from school. I just try when I’m in one setting to really focus on why I’m there, but I’m not successful at it all the time by any stretch.

Informant 1 experienced a high degree of symptoms when describing the physiological effects of dealing with these secondary traumatic experiences. She stated,

Sleep disturbance is a big one with me. I have a hard time keeping my brain—I can’t turn it off at night. I can lay down and say, “It’s time to sleep, it’s time to rest,” but it doesn’t keep the wheels from spinning, and sometimes it will actually manifest in dreams or I’ll be thinking “What can I do?” …I notice some weight loss or weight gain; it just fluctuates. Sometimes when I’m overstressed, I don’t eat at all. Sometimes when I’m not thinking, I eat too much…Sometimes it will just be more fatigue overall. Sometimes it is just an overall displeasure. You go
into work kind of with butterflies in your stomach, almost like your first year of teaching where you are always questioning, “Am I doing the right thing? Am I employing all of the skills that I’ve learned?” You go in kind of—not hating your job, but kind of dreading it a little bit more. And I’ll feel that and I’ll see it…When I feel like I’m going through the motions rather than truly teaching, I can see that. And I know other people can too.

Colleagues, such as para-professionals (a.k.a. teaching assistants) and other teachers help Informant 1 de-brief from stressful situations. She also reported that finding the humor in a given situation is also a helpful tool to decrease the level tension and stress. Informant 1 stated,

We can use our supervisor, but a lot of times it’s easier to deal in-house. I think just because we are the ones who are seeing them [the children] every day. It’s hard to get at it from an outside perspective without her [the supervisor] really knowing the kids or what is going on.

This statement led naturally into my segment for gauging the importance of administrative support to special educators working currently in the field. Informant 1 has a strong belief that parent relationships are established by the team (e.g., teacher, para-professionals, speech therapist). She said, “We are the ones who have to establish the relationship, build the bridge, and if the bridge starts to crumble, we have to redo it ourselves.” I asked her to expound on this train of thought further. She stated,

I just think sometimes the administration forgets what it’s like to be in a classroom. They hear about these things; they know it’s happening, but until you have been responsible every day for that child’s emotional welfare and their
educational well-being, I just think they forget what it’s like, and we don’t just have one kid in a class. In a class of 11 kids, you have not just one, you may have 3, 4, or 5 kids who, in addition to their diagnosis of autism or Down syndrome or developmental delay, also have very high powered emotional risks, maybe an absentee parent, maybe a sibling who has explosive behavior problems, who is raised by somebody else in their family. They may come from, like, low poverty families. Sometimes we get babies who come from parents who are little more than babies themselves.

The last portion of the interview focused on training. Studies have shown that individuals with proper training in trauma are better able to cope productively with the issues associated in this area. When Informant 1 was asked about any training she had received in her under-graduate program she replied,

We had a course…. I do not remember the title of the course. I do know I went to a state school in PA and we had a class that was on testing situations and how to deal with kids who wouldn’t test as well because of their situation…. They taught us how to handle a little bit; they had us practice conferences with parents who were pretending to be less educated so we could begin to understand. So they tried to help us role play socio-economic structures and they had us think about human scenarios.

When asked if she believed further training would be beneficial she responded,

I think it would be nice to offer educators a course on factors that affect children outside of their disability…because I think a lot of good teachers leave the field early because they just can’t handle it anymore, and I think what’s worse are the
ones who can’t handle it any more [and] stay because they don’t know any other job, and I see it taking detrimental risks on kids. They may have been highly effective for five or ten years, but you can only suffer so many pains of little people; and like I said, each one takes a small dent out of you before you start to feel like you either have to put a shield out that keeps you an arm’s length away from the emotions of the kids, which is ineffective teaching or you just keep taking the dings to the point where you just can’t do it anymore, and I think you lose a lot of good staff that way. So I think the training would be beneficial, but I think there has to be follow-up. You just can’t throw textbook stuff out and expect us to absorb it and not give us key on how to handle the day to day.

Informant 1 also shared her views on professional school counselors, saying, “I find school counselors are very education-oriented more than family-oriented.” This led me to reflect on what future study participants’ views might be regarding a professional school counselor’s roles and responsibilities. Informant 1 also stated,

I think it’s hard at the preschool level because we don’t belong to a school district [and have the availability of a professional school counselor]. What we have available is a social worker, but the very title is very intimidating to a lot of families…. [School counselors and social workers] are kind of like an afterthought most of the time, not the first step.

In closing the interview, I asked the informant if there was anything she wanted to share in ending the interview. I decided to do this to provide her with an opportunity to share her final thoughts in an effort to assess her mood. I wanted to make sure that she was
comfortable with the level of information that she had shared. I believe her words were a most poignant way to end the interview. She was self-composed when she stated,

We are the first introduction into the educational world. We are the first people who look at their children and say that it’s okay that they [the children] are like this [developmentally delayed]. Because there are people in the world who are going to accept them and we are going to help them get ready for that acceptance…. We are taking the first step as a human in saying, “I want to be on your team; I want you to trust me”…because with each family you get a brand new chance to start over and you need to take it.

A number of significant phrases contributed to the richness of the interview with Informant One. In Table 2 the phrases are organized into analytical categories, which were described at the beginning of this chapter.

Table 2.

<table>
<thead>
<tr>
<th>Analytical Categories</th>
<th>Quotations of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Four Lived Existentials</strong></td>
<td></td>
</tr>
</tbody>
</table>
| • Lived Body              | *Sleep disturbance is a big one with me.*  
Sometimes I feel fatigue or general displeasure. I notice some weight loss or weight gain.  
You go into work kind of with butterflies in your stomach.  |
| • Lived Space             | *You kind of feel alone and you don’t want the school to be the only place that is seeing it.*     
*Like I just needed to know in that time and space there were kids who meant a lot to me, that I know I made a connection with.*  |
| • Lived Human Relation    | *When we are all struggling over kids,*                                                                                                                 |
• Lived Time  
  we’ll talk about it.  
  You know, the duration on this particular child probably lasted longer.

ELEMENTS OF SUPPORT  
• Administrative  
  I think in some ways, it’s nice to know that they are there. I just think a lot of times it’s easier to deal “in house”...because we are seeing (the children) everyday. It’s hard to get at it from an outside perspective with (the supervisor) really knowing the kids or what is going on.  
  Leave the job at school, my personal life at home, and only let the two mix when it’s absolutely necessary. You just leave it behind. It’s hard, but you can’t take it home with you all the time.

• Collegial  
  I’ll bounce ideas off of team members.

• Familial  
  Some of what really helped was reconnecting with my own children.

THE EFFECTIVE TEACHER  
• Perception of Self-Efficacy  
  I think we did follow proper procedural protocol.

• Protective Factors  
  When I spend time with my children, I smile more, I laugh more.

TRAINING PROGRAMS  
• Undergraduate  
  They taught us how to handle a little bit.

• Professional in-service  
  I think the training would be beneficial. But there has to be follow up.

UNITS OF MEANING  
  I think a lot of times you still feel it, no matter who else is out there. I think everybody has to reach within; you have to help heal yourself first because going home and ranting, “This is what I did, do you think it’s right?” No matter how much you get validated, you have to come to some kind of internal conclusion and just know that what you did was the best you could.
Informant #2

Informant 2 holds a bachelor’s degree in special education and elementary education and a master’s degree in early childhood special education. She is certified in special education for grades Kindergarten through 12, elementary education K-6, and early childhood education. Informant 2 has been teaching for 23 years. She currently has 36 children on her caseload and estimates that at least 75% of these children qualify for government assistance. Informant 2 is a special education developmental consultant. She states, “I am an itinerant teacher, so I travel around to various (preschool) sites and work with 3- to 5-year-olds and usually they are at Head Start, (private) preschools or daycares.” As she was responding to the demographic questions, her answers were delivered in a deliberate, methodical, and calm manner. She did not appear to be nervous or anxious, and seemed open to the format of the interview. Her demeanor changed slightly when asked to recall an experience when she was confronted with traumatic material. Her body language and voice became more animated. She began speaking much faster and made fewer pauses between thoughts. She reported,

Basically I’m thinking of one particular family where both the mother and father were mentally challenged and they had already previously had a child…who was taken away from them…. It was a very low income home, and it ended up being, once I made a home visit, realizing this was a very neglectful type of a situation…. [I ended up having] to go to court, and the children, all three, were taken away from the family.

Informant 2 went on to discuss the extent of the neglect, including the lack of food found in the residence; therefore, the children were not being fed. She went on to explain,
So I literally after that home visit ended that afternoon—it was like 3:00 or 4:00 in the afternoon—went to my own home, got food, and brought them some food because I thought those kids were not going to get food that evening until they got to school the next morning. It was pretty bad.

As a result of the severity of issues going on in the home, Informant 2 was asked to testify in court as to what she had observed. In addition to inadequate nutrition for the children, the children were often inappropriately dressed for the weather, rarely clean, and the home was rife with human urine and excrement, as diapers were rarely used or changed. All of these details were documented in her weekly session notes. She reports,

I had never gone to court, number one; I hadn’t been called to go to court like that, and when we ended up going to court, I had never been in that situation with a family; and to my right were the lawyers and to the left was the mother and the father. It was very hard.

When asked to describe the physiological symptoms that she experienced while managing the issues with this family, she stated, “I was nervous because it had been my first time at court and definitely my heart was racing.” She also shared that she experienced disruptions in her sleep for the duration of this incident.

As the interview progressed, I was reflecting on the information that was shared and noticed that Informant 2 often answered questions intellectually, instead of providing emotional insight into her thought process and perceptions about her work. I found that each of my semi-structured interview questions were often followed by subsidiary questions, prompting Informant 2 to recall emotions and feelings, in addition to her factual recollections. At one point of the interview, she used the words “cut and dry” to
describe the legal proceedings, and I identified a parallel between her recollection of the event and the interview in progress. I found that my training as a counselor aided in my ability to recognize resistance in addition to analyzing and assessing the verbal data quickly, so that I could re-frame my questions and stay on track in an effort to retrieve the data necessary for my research.

A pattern was beginning to emerge in Informant 2’s behavior when she was asked to describe a time when she took the emotional part of work home with her. She went on to describe another incident involving a family living in poverty with extremely limited resources. She stated,

One other girl didn’t have indoor plumbing, so that kinda tells you a bit. And that child being raised by grandparents, very elderly, very lack of stimulation in the home, very few toys, hardly any books…just television, very limited heating, furniture and everything.

Informant 2’s response to dealing with this situation was to intervene the only way she believed she could. She reports,

Sometimes getting involved like that, I can think of a couple other situations where I have done things like that on my own time, but things that matter, you know, you need to do something…I would go to flea markets on Saturday morning and look for clothing her size and take it to the family when I would make my next visit. I had [this child] from when she was three until she was five and she was still in our building, so I believe that I continued even giving her clothing …for a couple more years, maybe second or third grade.
At this point in the interview, I again asked Informant 2 to describe the emotions that she experienced while dealing with the traumatic incident. She took a few seconds to think about her response, then said,

I would say the emotions I felt for the particular case where the children were going to court, just a lot of sadness for yourself because I kind of thought that was probably what was going to happen [the children being removed from the home]…. It was very sad. I was torn, very sad. But you knew that those children needed help. If they missed the bus and didn’t come to school, they were missing out on having a breakfast and a lunch and their education. It was a strange thing.

I observed in her demeanor that her body language reflected sadness without a shred of anger. I asked her if she experienced feelings of anger or resentment towards the family. She went on to share that she has a brother who has special needs. Informant 2 appeared to empathize with this mother when she stated, “You could tell she had a very limited understanding… You could tell that she had very limited ability. She was like a kid herself.” When asked to share more of her perceptions of how she felt towards this particular mother she reported,

I wasn’t mad at all, and I don’t think I felt that emotion at all, but just very sad for the kids and what a shame…. It was more compassion…. The night I brought some food back, the very first thing the mother did was start eating herself. She didn’t feed the kids at all. Like I said, she was very much a like a child herself; you could tell her ability was very low.

When I asked the next question, relating to the informant’s own personal history regarding adverse childhood experiences, I was not sure what to expect. To my surprise,
Informant 2 was open and forthright. She went on to explain that she is the oldest of five children. Her parents divorced when she was in adolescence. Overnight, her family was thrust into poverty. She said,

My mother needed to go on welfare for the first time in her life, needed to go get food stamps. She was left with five children to raise and the youngest has special needs…. [I had personally] experienced the excitement of people passing along bags of used clothing and we would go through the bag and say, “I got dibs on this, I got dibs on that.” Knowing how valuable just somebody passing along some simple used clothing could be…. 

Internally, I felt myself responding to the words this informant was saying. I made a note in my field journal to reflect on my personal reaction to this information. Upon further reflection and after reviewing the tape and the transcript, I came to the conclusion that what Informant 2 said resonated with me because when I was a child, my mother had me bag my own clothing to give to families that she knew needed it. I never met any of the children or had the opportunity to realize the impact this simple practice had on a child. I also came to the conclusion that Informant 2’s childhood experiences also had a tremendous impact on her development of coping skills and protective factors. Her ability to express a high degree of compassion and empathy helped her in coping with the distressed families that she interacts with on a daily basis. I discovered that I wanted to learn more about the protective factors that Informant 2 possessed. She stated,

[My] background, there is a reason why I do. When I am able to provide and help other people, I try to, if I can, if I can do something to help somebody. I can kind of relate to the situation sometimes.
Informant 2 went on to discuss another crucial coping mechanism that she employs. She explained,

I think one of the things that I do, sometimes, is have that separation. You can’t help everybody. I have to tell myself “no.” I just need to wear my “just say no” shirt…because sometimes I do need to have a divide and not get emotionally involved and so I leave a lot at work.

Informant 2 also shared that she employed a more conventional means of dealing with the anxiety and stress related to her job. She stated,

One of the things I have always been [is] a pretty active person…So when I get home from school, I usually go for a bike ride or I walk the dog or something like that…I have a yoga class two nights a week, and yoga is very helpful. So I do other things aside from school that are totally not school related and take school out of my mind.

The next portion of the interview examined protective factors related solely to the work environment. Informant 2 shared that she has chosen colleagues also working with a particular child for de-briefing when stressful situations arise. She reported that she rarely involved her administrator. She shared that administrative support was important and went on to include administrative behaviors that she believed to be helpful. She stated, “An informal meeting every once in a while…just to make sure everything was okay. It would be nice to be able to have a little more one on one time.” Informant 2 also shared that having access to additional colleagues, such as a professional school counselor would also be beneficial. She stated, “From time to time, [I] try to speak with a speech
therapist, or the Head Start Disability Coordinator, a school counselor, or our social worker…if I need help with trying to coordinate a service for a family.”

The last portion of the interview examined the individual educator’s training program. Few education and school counseling programs cover topics such as trauma and poverty. I was interested to hear how the informants acquired the knowledge that they possessed about these subjects. Informant 2 stated that she had received no formal training in the areas of poverty or trauma in college. She went on to report,

For me, it’s a lot of natural experiences. My field experiences, my student teaching and my own personal experience growing up…Recently, I attended an in-service [on poverty] that was one of the best things I had probably ever attended in all my 20-some years and I wish I could have another in-service like that one…You look at our day and times and so many people are out of work, parents are out of jobs and they are on unemployment and just the state of our economy right now. I think it is going to be affecting so many more people who it was not affecting five or ten years ago. I think we are going to see even more kids whose families…have had to go get food stamps or the Medical Access card who did not have to do that before. People are homeless; they have lost their homes because people are out of work.

At the conclusion of the interview, I thanked Informant 2 for her open, candid participation in my research study. Table 3 illustrates important phrases relevant to this interview.
Table 3

Informant 2

<table>
<thead>
<tr>
<th>Analytical Categories</th>
<th>Quotations of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOUR LIVED EXISTENTIALS</strong></td>
<td></td>
</tr>
<tr>
<td>• Lived Body</td>
<td><em>I was nervous. My heart was racing.</em></td>
</tr>
<tr>
<td>• Lived Space</td>
<td><em>N/A</em></td>
</tr>
<tr>
<td>• Lived Human Relation</td>
<td><em>When I am able to provide and help other people, I try to, if I can. I can kind of relate to the situation sometimes.</em></td>
</tr>
<tr>
<td>• Lived Time</td>
<td><em>I followed her along just for a little ways, a couple of more years, maybe second or third grade.</em></td>
</tr>
<tr>
<td><strong>ELEMENTS OF SUPPORT</strong></td>
<td></td>
</tr>
<tr>
<td>• Administrative</td>
<td><em>I know that there are always supervisors and administrators that I could go to if I had a situation that I needed help with.</em></td>
</tr>
<tr>
<td>• Collegial</td>
<td><em>If I need help trying to coordinate a service for a child, I know I can go to a counselor and get information.</em></td>
</tr>
<tr>
<td>• Familial</td>
<td><em>I have a sibling who has special needs. My background, there is the reason why I do [what I do].</em></td>
</tr>
<tr>
<td><strong>THE EFFECTIVE TEACHER</strong></td>
<td></td>
</tr>
<tr>
<td>• Perception of Self-Efficacy</td>
<td><em>[We handled the situation] as well as we could have.</em></td>
</tr>
<tr>
<td>• Protective Factors</td>
<td><em>One of the things I do is have that separation. I try to distance myself from being overly involved.</em></td>
</tr>
<tr>
<td></td>
<td><em>I go for a bike ride, walk the dog, go to my yoga class.</em></td>
</tr>
<tr>
<td><strong>TRAINING PROGRAMS</strong></td>
<td></td>
</tr>
<tr>
<td>• Undergraduate</td>
<td><em>For me, it was a lot of field experience. I don’t think I got that much [information in school].</em></td>
</tr>
<tr>
<td>• Professional in-service</td>
<td><em>I recently attended an in-service that was very eye opening on poverty. It was one of</em></td>
</tr>
</tbody>
</table>
Informant 3 entered the conference room exhibiting a high level of anxiety. When probed, she shared that she was extremely nervous because she did not know what questions I was going to ask her. I went through all of the protocols (e.g., explanation of the purpose of the study, informed consent, definition of terms) giving her ample time to ask questions. Informant 3 was still demonstrating anxiety, so I gave her a brief overview of how the interview would unfold. For example,

The first five questions will acquire professional demographic information. The second segment of the interview will examine your experiences dealing with children who have been abused or neglected. The third segment will cover your own personal experiences with adverse childhood experiences. The fourth will ask your thoughts regarding administrative support. The last portion of the interview will examine the training you have received regarding issues of trauma.

After I had broken down the format in this manner, her non-verbal behaviors demonstrated that she was more at ease, and she verbally indicated that she was ready to begin the interview.

Informant 3 holds a Bachelor of Science degree in elementary and special education. She has dual certification in elementary and special education. She has been teaching in special education for 10 years. Informant 3 currently has 21 children on her
caseload, but shared that this number will increase as the year progresses. She stated that 85% to 90% of the children on her caseload qualify for government assistance.

Informant 3 recalled a situation in which a child in her classroom came to school with inexplicable bruises. She shared,

I had a student that came…and we found bruises on his body…. He wasn’t able to verbally express what happened, but it was very clear that he was hit with something across his legs. We called and we questioned Mom, and she just said, “Oh, he fell,” but this was a very fragile child that was in a wheelchair so to walk on his own wasn’t possible…It was just sad to see that situation in the classroom.

Informant 3 believed that she and the staff working with the child handled the situation as best as they could. She stated that she documented what she saw, made the necessary contacts (CYS, mother, supervisor) and felt confident that they were taking the right course of action to protect this child.

When asked about taking the emotional part of the job home with her, Informant 3 stated,

It’s hard to sometimes leave it at work. You feel what the kids are feeling…It’s almost like you can sense there is an abuse in that situation…It really bothers me to the extent where they are only three (years old) and you can see a change in them. I go home and my spouse is like “You have to let it go.” But there are also times where I really watch, too. It’s hard to let it go because you continue thinking about, “Is something really happening to this child?”

Informant 3 went on to discuss that the duration of the emotional investment can last for a while. She stated,
When he is in your class daily, you are exposed to that daily, so you think about it and it almost becomes what you’re there for, your feelings toward the kid. So it could go on, it could even be longer than that.

Similarities were starting emerge in participants’ responses when I asked the next question concerning the emotions that Informant 3 experienced when working with this high risk population. She said,

I would say sadness was one of the major ones, but almost anger because how could you do that to a child? Very, very sad. But I think I was more mad than I was sad. Almost became quiet, too, because you feel for that child.

Informant 3 went on to discuss how stress plays a part in the dynamic of this issue. She stated,

I would say stress level [increased] because you are constantly thinking about it and then it becomes, like I said, a part of your job and it is hard to just leave it, so you become more stressed while it is going on. You think about it and become more angry or you worry about if something else is going to happen or you didn’t take care of it the correct way or something is going to fall back on you, and you didn’t report it to somebody. So I would say it’s higher stress.

Informant 3 expressed the frustration she felt at the ambiguity of being in the middle of a possible abuse situation. She knew the policies and procedures of how to make the Childline call, what steps to follow, who needs to be informed. It was apparent that she still struggled with the question of when it was appropriate to make a Childline call. She said,
I just feel maybe having actual examples of what your steps are to do when a child comes with a broken arm and you don’t’ know how it happened, they [the parents] didn’t write you a note….What do you do? Is it your job to call the parent, call your supervisor? I just feel that as teachers or professionals, you are not informed on what to do. You kind of find out and hope it is what you are supposed to do.

When asked to describe the physiological symptoms that she experienced when dealing the trauma material that a child was presenting she answered,

I say a lot of times, almost an upset stomach or just [dealing with the] anxiety was upsetting. I guess I would just get more upset to my stomach or I wasn’t able to eat as much…I had more trouble focusing. [Sometimes] I slept more. When something bothered [me] a lot, not a depression state, but symptoms like that, like not wanting to eat or not wanting to really even talk, just kind of going about [my day] and hoping it would go away.

Informant 3 discussed her thoughts on why she believed a school counselor would be helpful in working with teachers and high risk children and families. She stated,

If something happens that bothers you, to be able to just talk to someone within your profession, like a counselor, or just if there was something that continually bothered you, then someone could even say “Would you want to talk about it?”

We just kind of go about our own…There are a lot of reasons that a school counselor could come and talk with the whole classroom about issues or about what is going on.
Informant 3 shared that she did not personally experience any adverse childhood experiences within her nuclear family. She grew up in a loving, supportive environment, wherein members of the family were often guided by their faith in God:

We are very close and even my extended family. And our Christianity and our strong ways of sitting down together and talking about our problems. We eat dinner every night. I just think those are just ways that you bond with your family.

She was the first participant who did not have a personal history of trauma. This prompted me to ask her,

Do you think it is a strong foundation that helps you deal with kids that are being abused, or do you think that because you didn’t really experience any of these issues growing up that you struggle with this population of kids?

Informant 3 believed that her strong foundation worked in two ways. She replied,

I get torn because that’s where I think the anger comes in because I never experienced that, and I see what they could have [had growing up], and that’s where I get so upset that how could you do that? When I grew up with such a strong, close-knit family and these kids are being neglected and not even having food….They are on welfare and don’t even have enough money to [get basic necessities] for the week. I also think though gaining more compassion because I was so blessed and they are not, so I think I have compassion for it, but I also get more upset at the family.

Informant 3 shared a number of constructive coping strategies that she frequently employed to help her manage the stress of her job. She described herself as a “talker” and noted that she processes information with trusted family and colleagues. As an
afterthought, she included that she could contact her supervisor “if something was truly bothering her” and ask for assistance. She went on to describe additional strategies:

I have a very Christian belief and my faith is probably one of the biggest coping skills; if something is bothering me…I like, instantly pray…. If I’m frustrated with a child or if I’m very sad, I just [pray], “Let me get through this situation”…. I like to shop, that’s my method of coping…. I like to read or I will go for a walk.

As stated by previous participants, colleagues are most helpful to Informant 3 when needing to de-brief from a stressful situation:

Someone that has experienced it is more likely who I tend to go to because they can sympathize with you and maybe give you some suggestions of what to do. Obviously, the people that work in your room, you’re dealing with the same [issue].

Informant 3 had much to say regarding the importance of administrative support. One of the key points that she emphasized was the importance of having an administrator who had practical experience in dealing with these difficult issues. She said, “You have your colleagues, you have your administrator. If they can’t help you, who are you left to go to?” She went on to share her opinion of supportive administrative behaviors. Her verbal delivery and body language became agitated, and her frustration was apparent when she stated,

I just feel that someone, even if you call them, they are willing to listen to you and say, “I will do my best to help you… I will come myself.” A lot of times they are too busy or (will say) “Find somebody else to help you, and then I will help you.” I just feel it would be helpful for an administrator to take time to ask “What’s
really bothering you?” or even dig deeper, “What’s bothering you? Not the situation at school, how can be of help you to cope with what is going on or what is the next step that we in the process of dealing with it?” A lot of times, I don’t think they know what actually is supposed to happen—just like we don’t. So we’re kinda left in limbo. ‘Cause sometimes I think you’re afraid to tell your administrator something because they are going to think you don’t know how to teach or you don’t know how to deal with the situation yourself.

In any relationship, professional or personal, trust is a key element to the sustainability and strength that defines it. The ability to establish trust within an educational environment for high-risk children is crucial. All three participants so far have shared that administrative support is a key element necessary for them to carry out the responsibilities of their job effectively. When educators do not feel this support, they may experience higher levels of burnout and stress.

When asked about any formal training about trauma or poverty that she received in her undergraduate teacher training program, she replied, “I don’t honestly remember having any training at all in this. So I would probably say none.” When asked to share her thoughts on why training in these areas is important she responded thoughtfully, saying, Sometimes I feel they dropped this kid off at your door and “there you go.” [So] you [have] to learn what’s wrong with them and how to deal with it. A lot of times you don’t even know what’s going on, but you know there is some type of trauma going on…Every kid learns differently, but when they have trauma in their life, they learn completely different. Even just life skill, day-to-day living skills. Think training should be greatly improved.
Table 4

**Informant 3**

<table>
<thead>
<tr>
<th>Analytical Categories</th>
<th>Quotations of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOUR LIVED EXISTENTIALS</strong></td>
<td></td>
</tr>
<tr>
<td>• Lived Body</td>
<td><em>I say a lot of times—almost an upset stomach. I wasn’t able to eat as much. I also had more trouble focusing.</em></td>
</tr>
<tr>
<td>• Lived Space</td>
<td><em>I feel that I have a lot of control in the classroom, but I let the kids know that they can be a part of it too.</em></td>
</tr>
<tr>
<td>• Lived Human Relation</td>
<td><em>In my family, God blessed me [in that] we are very close—even my extended family.</em></td>
</tr>
<tr>
<td>• Lived Time</td>
<td><em>It’s hard to let it go because you continue thinking about, “Is something really happening to this child?”</em></td>
</tr>
<tr>
<td><strong>ELEMENTS OF SUPPORT</strong></td>
<td></td>
</tr>
<tr>
<td>• Administrative</td>
<td><em>I think administrative support is the most important thing. When you don’t have an administrator that supports you or even understands the situation or has never worked within a classroom, they are not going to have as much sympathy or knowledge as what you have.</em></td>
</tr>
<tr>
<td>• Collegial</td>
<td><em>I do talk to other teachers when something bothers me.</em></td>
</tr>
<tr>
<td>• Familial</td>
<td><em>My family eats dinner together every night. I just think those are the ways that you bond.</em></td>
</tr>
<tr>
<td><strong>THE EFFECTIVE TEACHER</strong></td>
<td></td>
</tr>
<tr>
<td>• Perception of Self-Efficacy</td>
<td><em>I think that we handled it appropriately in that we covered all aspects.</em></td>
</tr>
<tr>
<td></td>
<td><em>But as for caring for the children, I feel that I do a nice job of that.</em></td>
</tr>
<tr>
<td>• Protective Factors</td>
<td><em>I am a talker when something bothers me. My faith is probably one of the biggest coping skills.</em></td>
</tr>
</tbody>
</table>
Informant #4

Informant 4 was the youngest participant in the study. She has been teaching for 3 years and holds a Bachelor of Science degree in special education. She is a certified special education teacher. She estimates that approximately 65% of her caseload of 38 students qualify for government assistance. She teaches in a self-contained classroom two days a week and provides consultation to area preschool programs on the remaining three days. Informant 4 entered the conference room appearing extremely nervous. As with Informant 3, I asked Informant 4 why she was feeling some anxiety, and she also stated that she was not sure what types of questions would be asked. I followed the initial interview protocol, in addition to providing my brief overview of the breakdown of the interview. She visibly calmed down, and the interview proceeded.

The first experience she talked about was an example that falls into an emerging category involving possible or suspected cases of child abuse. I had been starting to wonder if a pattern would continue to emerge among the rest of the participants regarding this topic. The informants appeared to feel more frustration, heightened anxiety, and sometimes mental anguish surrounding cases that had presented “gray” areas—that were not clear-cut and simple judgment calls. I made a note in my field journal to probe this

TRAINING PROGRAMS

- Undergraduate
  
  I don’t honestly remember having any training at all in this.

- Professional in-service
  
  A lot of times they [administration] think that we rarely deal with issues involving trauma. I think training would be, should be greatly improved.

UNITS OF MEANING

I would say sadness was one of the major [emotions I felt], but almost anger because how could you do that to a child?
further during the focus group session. I proceeded to ask Informant 4 how she felt about the way she had handled this particular experience. She replied,

Being a first year teacher, probably not like I would have handled it now. I think that I probably waited too long. I was new and kind of unaware of my resources a little bit. But I think the assistant [teacher] and the speech therapist and the other teachers kind of guided me through it, but I would have changed some things, maybe called the parents sooner, tried to [find clarification for the presenting behaviors] before the child moved on to kindergarten.

When asked how long she had thought about this particular child, she said, “I think throughout that year [that she was in my classroom] and that summer after she left, I would think about it occasionally. Like, I wonder what she is doing now; is it still an issue?”

Similar to Informant 3, she struggled with how to ask probing questions of parents about a child’s well-being. She shared another experience that involved a child repeating inappropriate phrases heard at home when he was at school. Informant 4 stated,

I have to call these parents. How do you confront them about what their child is saying? That was hard to deal with. That was also my first year of teaching. That was on my mind a lot my first year. But I think every teacher brings home stress at night, whether it’s about the kids, parents’ involvement or lack of, or paperwork…I guess after I called home the first time, the father answered and he was mad at the little boy. I mean, he is four years old, and I just couldn’t believe that the father said, “Oh, well, I’ll take care of him when he gets home.”
When asked to describe the emotions she felt during this experience, she stated that her initial feelings were confusion and frustration, then anger. She went on to explain,

I had never experienced something like that before. [I felt] frustrated because I would call home and [the parents] would say “Oh, we’ll take care of it.” And then the child would come back to school and continue exhibiting the inappropriate behavior. I felt anger after talking to the dad. I was angry at him for blaming the little boy.

Informant 4 also experienced disruptions in her ability to concentrate on the task at hand. She believed that the impact of dealing with this type of stressor affected her more at work than at home. She stated, “Sometimes it was hard to concentrate…and it was constantly going on in the back of your mind.” She did not report any other physiological symptoms as a result of the stress of working with high-risk populations. Despite her age and minimal years of experience, she was able to develop strong boundaries to help buffer the effects of the emotional toll that the job can take. This information made me more curious about her coping mechanisms, which led right into my next line of questioning. I asked her about specific strategies that she employs to help reduce the amount of stress she experiences:

When I go home, I mean, any day is stressful in early childhood, so when I get home, I just try to sit down and clear my mind of the day. On my way home, I just listen to music, try not to think about anything, go to the gym…, but I like to have that time to free my mind of all of the work-related stuff.… Faith certainly drives what I do each day. My behaviors and how I interact with other people. I have a
lot of support at home. My spouse teaches as well, so he knows what I’m going through. We can relate. [My extended family] is very supportive of each other. Informant 4 outlined other positive coping skills that helped her manage her emotions at work. They included staying “calm” and “organizing your thoughts,” in addition to de-briefing with other colleagues and para-professionals. She noted, “I think they (colleagues and para-professionals) can really help you cope with stressful situations…I think just trying not to hold it all in, talking about it with your colleagues.”

When Informant 4 was 8 years old, her parents experienced a short separation in their marriage. She talked about the impact that had on her and her teaching.

I think 8 years old, you are aware of what is going on and you kind of feel pulled both directions. I [learned] that family is really important. Not to judge people that come from split homes. Children that do come from split homes, I kind of feel for them a little more.

I asked her if she believed her own personal history was a help or a hindrance in her interactions with her high-risk students. She, like Informant 3, believed her background experience influenced her in both positive and negative ways. She stated,

I think it might be a hindrance only because really when I’m looking at a situation, it’s hard to put myself in their shoes because I really never experienced that kind of material…. But I think also having a supportive family, it could be a positive thing too because I have learned how to support others and talk them through things and try to let them cope as well.
As all previous participants before her, Informant 4 placed great emphasis on the importance of administrative support and having access to a professional school counselor. Her sentiments echoed what had been previously stated by her colleagues:

I think it’s very important that administrators acknowledge that this is present and provide support or resources for their staff, whether it be group sessions where teachers can come on a Friday evening and talk if they want or just provide training opportunities on how to cope with this type of stuff…. Just learning what is expected, knowing how to obtain the resources or help or support. [Working with a professional school counselor] would also help the staff, and [they] could help come up with ideas to support the family or a child because right now, we don’t have anyone that really can do that. It is kind of we all work together or by ourselves to figure [out] what is going on and what we can do, so I think that would be very beneficial.

Informant 4 felt very effective in her implementation of classroom practices. The area she admitted to struggling in dealt mainly with parental communications. She shared that she struggled with effectively communicating with parents on important matters. She did not believe she was as assertive as she should be when seeking resolution on a particular issue. This line of discussion led naturally into the last segment of the interview involving training. She was succinct in her response. When asked about training in trauma or poverty as an undergraduate, she replied, “None. I don’t know how you want me to expand on that.” This prompted me to ask her how situations were handled during her field experiences to which she responded,
I think they just said “Well, we’ll let the co-operating teachers deal with it.” They never really expanded on what to do if…Right now I’m doing my master’s program and there is this little blurb on poverty, but it’s probably like a paragraph long in the textbook.

Table 5

Informant 4

<table>
<thead>
<tr>
<th>Analytical Categories</th>
<th>Quotations of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOUR LIVED EXISTENTIALS</strong></td>
<td></td>
</tr>
<tr>
<td>• Lived Body</td>
<td>Sometimes it was hard to concentrate, and it was constantly going on in the back of your mind.</td>
</tr>
<tr>
<td>• Lived Space</td>
<td>N/A</td>
</tr>
<tr>
<td>• Lived Human Relation</td>
<td>I think just trying not to hold it all in, talking about it with your colleagues.</td>
</tr>
<tr>
<td>• Lived Time</td>
<td>Probably at least four or five months.</td>
</tr>
<tr>
<td><strong>ELEMENTS OF SUPPORT</strong></td>
<td></td>
</tr>
<tr>
<td>• Administrative</td>
<td>I think it’s very important that administrators acknowledge that this is present and provide support or resources for their staff.</td>
</tr>
<tr>
<td>• Collegial</td>
<td>I think the assistants and the speech therapist and the other teachers kind of guided me through it.</td>
</tr>
<tr>
<td>• Familial</td>
<td>My husband teaches as well, so he knows what I’m going through. We can relate.</td>
</tr>
<tr>
<td><strong>THE EFFECTIVE TEACHER</strong></td>
<td></td>
</tr>
<tr>
<td>• Perception of Self-Efficacy</td>
<td>I think I’m pretty confident in the classroom. Once you have that routine down, you feel like you are a better teacher.</td>
</tr>
<tr>
<td>• Protective Factors</td>
<td>When I get home, I just try to sit down and clear my mind of the day. I listen to music, go to the gym.</td>
</tr>
</tbody>
</table>
Informant #5

Informant 5 also demonstrated a high level of anxiety when he presented himself to the conference room. This was a behavior that I had not anticipated from the study’s participants. I made a note in my reflective journal to probe this further during the focus group. Was the heightened anxiety due to the topic (trauma) or something else I was not considering? I adhered to the protocol used previously with the other participants and the interview commenced.

Informant 5 was the only male participant in the study. He holds a Bachelor of Science degree in elementary and special education and is certified to teach both. He has been teaching for 10 years and has 28 children currently on his caseload. He estimates that at least 70% to 75% of his consultation students receive government assistance and that 100% of his self-contained classroom students receive aid.

He became reticent when asked to describe an experience when he was introduced to a child’s trauma material. My perception was that he knew the exact incident he
wanted to talk about, but was organizing the way in which he wanted to communicate the information. When he began to speak, I realized that this, in fact, was the case. He began by describing the child involved as “non-mobile, non-verbal, not able to feed.” He stated that this child had been in his classroom for only two days when the staff began to notice some physical signs of abuse. Due to the delicate nature of the type of abuse the staff suspected, Informant 5 asked for guidance from the school nurse. He stated,

We had one student who was suspected of abuse in a mature manner. And we weren’t really sure what direction to go because we just had the student for two days when this occurred. So we didn’t know if the condition was normal to this child or not. The nurse asked us to monitor certain areas of the child’s body on a daily basis, which was very emotional for the staff.

When asked to expound on additional stressors compounding the situation he responded,

The other things that went along with that were having contact with the family. After that, trying not to be judgmental, trying to keep a professional demeanor when talking with them (the family) was very difficult. Not to mention, questions from other staff members that you really couldn’t talk about it with. So it just created a little bit more of a stressful situation. Not only at school, but at home too.

As the interview went on, he started to exhibit non-verbal signs of unease. He was reluctant to make eye contact, kept his hands locked together and in front of his mouth—almost as if he were guarding the information he was about to share. Informant 5 appeared remorseful in his recollection of how he and his staff had handled the situation. I decided to ask more guided questions to inquire if my perception was accurate. He
stated that he and his staff followed the advice of the school nurse who took a “wait and see” approach, as this child was new to the school and little was known about the family.

In reference to this course of action, Informant Five stated,

We had two feelings. One was relief that somebody was telling us “don’t do that yet, it might not be that,” but at the same time, a lot of internal angst just because “but it could be.” The child’s attendance was not the best. So we were monitoring on as consistent a basis as possible. And of course if the child was not there, our suspicions would go up. “What’s going on? Why isn’t _____ here?” It was difficult.

He went on to discuss the difficulty and ambiguity that one experiences when faced with making a decision whether to report a suspected case of child abuse. He stated,

I think [another thing] that makes it difficult is when you have children of all different ethnicities in your classroom. They maybe have things [physically] that are typical for their ethnic group that you’re not familiar with, and you might make a call to Childline and it turns out that it is just something that goes with that child, and it’s nothing really to be concerned about; it makes you second guess your first instincts, makes it difficult.

Informant Five’s lowered his voice and spoke more slowly when the next question was posed. He spoke about taking the emotional part of the job home with him:

I really didn’t notice at the time. My spouse mentioned it to me, like a week later: “What’s going on? You’ve been a little more guarded, little different; something’s not right, what’s going on?” I didn’t realize it was affecting me to the point it was. I was just shut down at home. I had a hard time functioning with my children,
with my spouse. I was there, but I wasn’t…I would say these emotions lasted at least a month and a half, we were on high alert…Probably that first month and a half was really when that level of emotion was there.

When asked to describe the gamut of emotions he experienced, he stated,

I think at first, disbelief that somebody could actually do that to somebody who is not able to defend [themselves]—speak, move, do anything really. I think after that, a lot of anger and resentment. I think even now there is still some pangs of “Why didn’t you do more.” As I mentioned, we were always anxious if the child didn’t show up. “Is _____ not here because of illness? or something else?” That was in and of itself very emotionally draining. The student was coming in the morning, so I thought about it on the way to work. I thought about it before the kids got there. And if _____ wasn’t there, I thought about it the rest of the day, sometimes a week until the student came back. That part was mentally fatiguing. The other part that was difficult was when the student did come (to school), we knew we had to observe any physical signs of abuse. It was just very stressful. I think before I had kids, I could have looked at it a little more detached. I wouldn’t have been as emotionally invested, but I was able to look and say, “That very well could be one of my children that somebody is doing that to.” So I think that helped add to the level of anger.

Informant 5 was extremely specific in detailing the physiological symptoms that he felt during this experience. His body language was visceral, and the serious tone in the conference room was palpable. He recounted,
I’ve certainly noticed an increased heart rate as the time got closer and closer [to the child’s coming to school]. I’m sure my blood pressure was up because I was always warm. I just felt like I was racing to get stuff done. And I know I was a lot more on edge during the first part of all that stuff that was going on. I had a difficult time expressing what needed to be done in the classroom to other people, and it was difficult…. I think that [child’s] first day [with us at school] is stuck in my mind. And I think it’s always going to be there…Probably for the first week and a half, it took me a good three hours to fall asleep. I would stay up thinking about what I could’ve, should’ve done and I would be up to one or two in the morning, which made it difficult to function at work. I think after that first week and a half, my body was just so exhausted from being up late and getting up early, it had to fall asleep.

At this point in the interview, it became apparent that Informant 5 had experienced some level of secondary traumatic stress while going through this experience. I wanted to probe further to discover if his worldview or belief system had changed as a result of this experience to determine the degree of compassion fatigue he may have experienced. He responded,

I think as I look back there is certainly thoughts of “Who could do this to this type of person?” You know that there are those predators out there. I think what is interesting is several months after this happened, my spouse and I were watching a television program related to my experience. I became a little bit more jaded towards that whole situation again. It really took me back and now I’m just very
overly cautious, I guess, with students and how they are in appearance and everything.

Para-professional support also played a large part in the daily management of the issues. Informant 5 went on to say,

We had a lot of discussion; there were a lot of tears, as a classroom staff, about the situation. We had a variety of responses. Certainly everybody was upset with what we were observing. We kind of had to work through all of that together…. We are all able to support each other so while I am the lead teacher in that classroom, everybody is able to kind of pull each other aside and talk freely and openly about these types of things. But there were some more severe reactions than others. The speech therapist that I work with had a particularly difficult time even looking at [the child] for a while because she would get so upset.

Informant 5 had not had an adverse childhood experience as defined earlier in this text. He did recount an educational experience that traumatized him and propelled his interest in becoming a teacher. He stated, “I think that’s probably why I go into teaching…I wanted to be positive influence, not a negative influence for kids.”

Informant 5 had much to discuss when asked to talk about his coping mechanisms. He responded,

Anymore, I have kind of looked at it in a “business fashion,” especially after this occurred, and I realized it affected me so deeply that I was having a hard time at home. [I came to the realization that] there was not much I could do about it after the kids leave my room. So when they come in, if there’s a problem, I address it to the best of my ability, and I attempt to leave it at the door. Certainly that
doesn’t always happen—you know that problem is waiting for you when you go back to work, but it seems to have helped quite a bit in easing my frustration, knowing there is only so much I can do and that as long as I am doing what’s required of me, personally too, to meet the needs of that kid and to make sure they are safe and able to function a little bit better…. I found that when I said, “I’ll get to that later” sometimes that meant a lot later and it just made things ball up more and more… The more you let those [thoughts] sit inside and don’t talk about them, the more stressful they become to you and the more dangerous they are because you have a hard time stopping to think about them. Just having the folks I work with on a day-to-day basis there to talk to is a good resource.

Administrative support had proven to be a crucial element for Informant 5 as he went through his experience. He shared,

I think if we didn’t have our administration supporting us, we would have really struggled a lot. It would have been very difficult to get through this situation. The administrative team that we have realized that a little bit down the road what we were going through was very stressful, and they pulled us into the office as a team to make sure we were okay. They said, “We’ve got grief counseling; if you guys need to go through some grief counseling, we will provide that information.”

When you’re going through it, you don’t necessarily think about it. So for that, I was very thankful that they were there and they supported and believed what was occurring.

When I made an inquiry about his thoughts regarding how a professional school counselor might serve as resource, I really got the sense that he was not sure what the
roles and responsibilities of a school counselor were. I made a note of this in my field journal. He did, however, believe that someone trained in trauma-related issues would be helpful.

Informant 5 reported that he had received no formal training in his undergraduate program or professionally regarding topics such as trauma and poverty. He stated,

I think it would help staff, give them direction. “If you run into a situation like this, these are the steps that you can take to help yourself deal and cope.” You hope you don’t have to run into these often, but they do occur. It’s just the nature of public service. So I think it would have been beneficial [to have received some training in these areas].

Table 6

Informant 5

<table>
<thead>
<tr>
<th>Analytical Categories</th>
<th>Quotations of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOUR LIVED EXISTENTIALS</strong></td>
<td></td>
</tr>
<tr>
<td>• Lived Body</td>
<td>I’ve noticed an increased heart rate. I had a difficult time expressing what needed to be done. I was a lot more on edge. I was just shut down at home. I had a hard time functioning with my children, my spouse. The first week and a half, it took me a good three hours to fall asleep.</td>
</tr>
<tr>
<td>• Lived Space</td>
<td>I was watching a news program about a topic that triggered this experience and it really took me back to that place. You thought about this child before the kids got (to school). You thought about it on your drive to work.</td>
</tr>
<tr>
<td>• Lived Human Relation</td>
<td>Everybody is able to pull each other aside and talk freely and openly about these types of things.</td>
</tr>
<tr>
<td>• Lived Time</td>
<td>I would say a month and a half.</td>
</tr>
</tbody>
</table>
Informant #6

Informant 6 was soft-spoken and reserved. She entered the conference room exhibiting non-verbal behaviors—wide-eyed, dry mouth, wringing her hands, speaking at a low volume, having difficulty projecting her voice—all physical symptoms commensurate with high levels of anxiety. Prior to the beginning of the interview, she even requested a glass of water and shared that she was extremely nervous. As with the previous participants, I asked her why she felt such anxiety and she responded, “Because..."
I’m not sure what you’re gonna ask me.” I went through the protocol as I had with the other informants, slowly and methodically, periodically providing her with time to digest the information and ask questions. I intentionally slowed the pace of the interview to help alleviate some of her anxiety. When I had finished explaining how the interview questions were segmented into the various areas that I was researching and shared what those topics were, she was calmer and ready to begin. I noted in my field journal to reflect upon the level of anxiety that I was encountering among participants at the start of the interviews. This was something that I had not anticipated, as I had a previous professional relationship with the informants; and a level of trust and collaboration had already been established. My perception going into the interviews was that the participants would be calm and that the interview would be conducted in a conversational way. I also noted in my field journal to observe the demeanor of the participants when they were brought together for the focus group.

Informant 6 holds a degree and a Pennsylvania teaching certificate in special education. She has been in the field for 12 years. Her caseload is now at 15, but she reported that this will increase to 33 by the end of the school year. At least 60% to 75% of her students receive government assistance. She teaches in a self-contained classroom.

Informant 6 went on to describe an experience with a homeless preschooler. She expressed great frustration at the lengths that she and the staff, including the social worker, had to go to just to get this child enrolled in school. When asked to expand further on the experience she responded,

[The child] was low functioning and would scream for attention…. He just wanted someone’s attention. And at home, [his] mom said he screamed
constantly—even in the middle of the night. We have children for 2 ½ hours a
day, and one day we counted he screamed 80 times within the 2 ½ hours.

The chaos found in poverty appeared to have the most profound effect on this
child. Informant 6 reported that the child’s basic needs were met—he appeared to be
nourished and clean—but they just moved repeatedly, at one point taking residence in a
women’s shelter. She said,

You could tell that he would, besides the screaming, come and start pushing
children. He never really cried or anything, but it just seemed like he was getting
a lot of those aggressive [behaviors] too, [that] maybe he had seen [at the shelter].

The mother eventually told Informant 6 that the child had been physically and
emotionally abused, but never expounded upon the details of the abuse. Informant 6
struggled with feelings of helplessness:

It was hard for me because I just kept wanting, “What can I do for this child?
How far can I go? What else can I do?” And I spent time after school trying to
call the mom. She didn’t have the same phone number all the time. So I had to
find out where she was. I spent so much time trying to find her.

The social worker who had also been involved made the call to Childline. This
provided Informant 6 with great relief. “I was lucky because the [social worker] is housed
in our building. So I could just talk to her; it was very easy to get a hold of her.”

When asked to give her opinion on how she had handled the situation, Informant
6 noted,

I tried to have patience with it, but it was hard to balance because I felt like I was
neglecting the other children because I was spending so much time with him. And
that hurt me too because I wanted to have fair time for everyone. And some of the quiet children, they were getting neglected because of it. And it was affecting the aides [teaching assistants]; it was affecting the other children…. The balance…it was so hard to balance. And to try to get the aides to understand that we are trying to work on this. They are very professional aides, but it was hard for them too… Because we knew his background…maybe I tried to solve it more because I knew what the background was.

Informant 6 shared that she takes the emotional part of work home with her “a lot of the time.” She reported that she has trouble physically and emotionally. Informant 6 shared that she struggles with overeating as a means of coping and the emotional strain that the job often puts on her. She spoke about fatigue, for one thing. Because it just seems like when the day is over, it’s not over. Because you are either thinking or you are trying to write something to be right for the children…I have had, like, heart palpitations. Whenever you are trying so hard to manage the class, and try to take care of some of these things at the same time and it’s hard to handle sometimes.

When asked to describe the emotions that she felt going through this experience, she replied,

First, sadness and shock that people can be as cruel as they are sometimes. And just, I want children to be children, and to think that they can’t have a childhood really hurts me. My kids say I live in a rainbow world, that I like the best for all children. [I feel] anger too. How can people do this? How can they just have these beautiful children and treat them like this?”
Informant 6 was extremely candid about her own personal history when asked how this information might pertain to her. She shared,

Well, my mom was sick whenever I was younger [a small child], and my dad says that she was verbally abusive to me. I don’t remember. So I blocked that in somewhere. So that’s what I’m wondering if some of the things I’m hearing with the children is some of the things inside of me that are coming out…. He [her father] tells me about it now as an adult…. I feel a lot of compassion for them [the children] because it’s the same thing I’ve said before, I want them to be children. In a way it helps for the good, I think, because then I can hopefully make up for what I’ve not had—for some of them. I can empathize.

Prayer appears to be an effective tool Informant 6 employs when trying to cope with the stressors of her job. She stated, “One thing is pray. That is my top thing. I pray. I try to listen to soothing music. I try to do things with friends, joyful things, to try to counteract some of it.” Like her colleagues, Informant 6 finds comfort and support from the para-professional staff: “I don’t know what I’d do without her. We can talk about anything; we can cry about anything. She has been with me for 12 years, so I think we read each other like a book.”

Administrative support is a crucial element to helping to alleviate the stress of the job, according to Informant 6. Unfortunately, she does not feel like she has support from her administrator. She states,

She sort of… I don’t know if it’s because we have been there that long that she almost feels like we can run it ourselves. And there are times when we really do need the supervisor to help us, and we don’t get that help. [During the previously
discussed experience], she didn’t really get involved. Asked a few questions once in a while, but nothing too much. [showing frustration in her voice] So that was hard too, [her] not understanding the depth of it.

Informant 6 shared that although she found training in poverty and trauma to be extremely important, most training is about curriculum and classroom management. She stated,

I don’t think there was anything [in my undergraduate program], to tell you the truth. And I don’t think even training I have had, and I don’t think too much. There might be a little bit, but not that much, though, dealing with that.

In closing, she wanted to share,

Just all through it, I still enjoy it, it’s rewarding…. I think we feel really good when they [the children] leave that we’ve done something for them. And that’s why I keep going back day after day.

Twenty minutes after the interview, Informant 6 called me stating that she had done further reflection on some of the questions I had asked and wanted to add more information to her interview. I shared with her that one of the purposes of having the focus group was to capture participant reflections post-interview and assured her that she would have the opportunity during the focus group to share her thoughts.

Each of the participants in the study was provided with the written transcripts of his or her interview to review. In an effort to ensure triangulation, they were given opportunities to clarify any information that they believed to be unclear and ensure that the text was an accurate representation of their thoughts and feelings regarding this issue. One of the main insights that Informant 6 remarked on after reading her transcript was, “I
didn’t realize how nervous I was. I think some of my answers sounded a little immature.”

I made a note in my field journal to observe her behavior and reflect on her responses during the Focus Group.

Table 7

*Informant 6*

<table>
<thead>
<tr>
<th>Analytical Categories</th>
<th>Quotations of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOUR LIVED EXISTENTIALS</strong></td>
<td></td>
</tr>
<tr>
<td>• Lived Body</td>
<td>Fatigue for one thing. Over-eating is another thing that I do to cope. I can tell when I have a rough day ’cause my ankles are big. I hold the kids all the time. I have heart palpitations.</td>
</tr>
<tr>
<td>• Lived Space</td>
<td>N/A</td>
</tr>
<tr>
<td>• Lived Human Relation</td>
<td>I feel a lot of compassion for them (the children), because I want them to be children.</td>
</tr>
<tr>
<td>• Lived Time</td>
<td>It depends on the year and the children of that year. This was a very stressful year.</td>
</tr>
<tr>
<td><strong>ELEMENTS OF SUPPORT</strong></td>
<td></td>
</tr>
<tr>
<td>• Administrative</td>
<td>Very important. And I don’t have the support from our main administrator. I don’t know if it’s because we’ve been there so long that she almost feels like we can run it ourselves. There are times when we really do need that person to help us and we don’t get that help.</td>
</tr>
<tr>
<td>• Collegial</td>
<td>My one aide, especially. She is very, very good. I don’t know what I would do without her. We can talk about anything. We can cry about anything.</td>
</tr>
<tr>
<td>• Familial</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>THE EFFECTIVE TEACHER</strong></td>
<td></td>
</tr>
<tr>
<td>• Perception of Self-Efficacy</td>
<td>I try to have balance. It is so hard to balance. I think I do pretty well. I try to be level-headed. I mean there are times when your emotions overrule you. But I think I</td>
</tr>
</tbody>
</table>
After each interview, I took time to reflect on the information that had been shared and began to identify some emerging themes. I found a great many commonalities among participant responses and believed that I had reached saturation about the time I interviewed Informant 6. In an effort to ensure trustworthiness, I decided to continue with at least two more semi-structured interviews to support this belief.

Informant 7 appeared calmer than her colleagues upon entering the conference room. When she began to speak, however, I detected slight agitation. She was speaking faster and with more volume than usual. I presented the introduction to the interview as I had done with the previous six participants, as I believed this would help assuage any anxiety she might be experiencing.

She holds a Bachelor’s degree in elementary and special education and a Master’s degree in mental retardation. She reported that her caseload is currently at 26, but will
increase to 33 by the year’s end. Informant 7 estimates that at least 70% of her students receive government assistance. She teaches in a self-contained classroom.

The experience she recalled that held a lot of emotional valence occurred with a child that had an extremely different background from the previous cases profiled. Informant 7 struggled all school year with how to proceed with educating this child because there was no clear-cut case of child abuse. I found that this observation sends an important message about whom trauma affects and where it can occur. She went on to explain,

We had a child whose parents were both professionals. This child always appeared very clean, very well cared for. The child was totally non-verbal. This child had little limb movement. I had never seen a child who presented with so much inability to move. This child couldn’t do much of anything. The child could move eyes back and forth. There was very little reaction to anything—we never saw tears, or smiles, or any of this—although the parents claimed that he did get excited and do these things in their home. We had a problem getting [the parents] to share any medical information, actual documentation from the doctor. The parents kept saying that they wouldn’t give this child any different medications. We encouraged the family to seek additional outside services [e.g., physical therapy] and they didn’t want to do that. It seemed like everything that we were suggesting that they [the parents] do, they said they had either done it or their doctors recommended that they don’t do it. We weren’t seeing any improvements in this child (development)—the child actually started losing body mass. When I asked [the mom] about the child’s weight, she [brushed] the inquiry off. We were
very concerned that this child appeared malnourished—we were seeing his ribs protruding. We weren’t allowed to feed this child anything at school. It became a very stressful thing because we were very concerned about this child’s ability to survive—yet this wasn’t a typical family, [so] our fears were that if CYS were to be involved, that would have been the end of this child getting any educational benefits at all. They [the parents] would just withdraw him. It just became very difficult as to what do you do. It was just a terrible, stressful situation for everybody.

I was observing the frustration that Informant 7 was exhibiting and asked her to expand on that:

We just couldn’t get the family to give us the medical information that we needed. They were very private; their feeling was that they didn’t want people to know about their child; they wanted everything [kept] secret…My whole feeling was I had to maintain good relationships with this family because I might have been the only outside person who has really seen this child. I wasn’t sure how to approach the situation [calling CYS] or how I could justify my concerns because I didn’t have that medical documentation. It was just from a visual standpoint. I did call the school nurse to come in and evaluate and make sure things were not, like he wasn’t being physically threatened by what was happening, that maybe his heart rate or whatever.

When asked if she would have handled the situation differently, she responded,

No, I think that I did the best that I could under the circumstances. The bottom line is doing what is best for that child. Would it have done any good to have
stirred the hornet’s nest? I don’t know. I really don’t know…. I’ve seen kids in physical conditions worse than that, where CYS couldn’t do anything and I thought “Here we have this family that is educated and an upper class family.” I just honestly didn’t think there was anything they were going to do. I didn’t know what to do…That is why I called the school nurse in because I got the feeling of, “If I wake up tomorrow and pick up a paper and see that this child died, I didn’t do anything to stop that. I would have been partially guilty for not having done something.”

Informant 7 went on to describe another experience involving a child with identified neurological impairments, who was living in an environment rife with chaos and drug abuse. She went on to discuss the frustration and helplessness she felt each time she had to make a Childline call. She felt relief when a service provider from a partnering agency made the call. She shared,

I don’t believe that the parent doesn’t figure out who [makes the call] and I didn’t want it to be us because again, this child needs to be here every day. He needs to be with us. I hope they [other providers] understand that sometimes we feel we are the only life line …[for] that child. If she [the mom] pulled this child from programming, nobody was seeing this child on a daily basis, but us.

Informant 7 had much to say when describing the emotional part of the job that she took home with her. She shared with great compassion and conviction in her voice,

I’ve gone home crying…. It just rips a hole in my heart so big. That is always difficult—leaving this nucleus to go home. You have got to learn to leave what goes on in this child’s home in their home because you can’t change that. There is
nothing I can do that is going to make [their home] better. Maybe I want to stay in my own little euphoric bubble and pretend everybody is going home to home like I raised my children in—and I know realistically that is not true. For the biggest percentage of kids, it’s not… Frustration. Anger. Bewilderment that a parent could be so [misguided]… Anxiety. Unbelievable anxiety. [Having to go testify in court] was a horrible experience. I don’t ever want to go to court and do that again. That was terrible.

Informant 7 definitely experiences some physiological symptoms related to the amount of stress she’s under working with such a high-risk population. She stated,

My stomach—just to keep the stomach acid down because stress levels get crazy. Sleep gets harder because it gets hard to go to bed at night and put it all to rest. Sometimes I’m just so exhausted that I’ll fall asleep, but then I wake up at 3:00 a.m. and I keep thinking, “I should keep one of these little recorders [beside my bed]” because my mind starts going into school and doing this, and doing that, and what I need to do, and what I should have done. So then, you’re dealing with tiredness, exhaustion, which makes things harder.

When asked if she had encountered any adverse childhood experiences, Informant 7’s history was similar to that of Informant 5. She grew up in a loving, stable environment, attending a private, religious elementary school. She recounted an event that held a vivid memory for her in which she witnessed a fellow student (who happened to have special needs) experience repeated episodes of corporal punishment. She stated that the memories are quite “traumatic.” She believes that this also propelled her to go into the field of special education.
I then asked Informant 7 what would help to alleviate some of the cumulative stress of the job and she replied,

Sometimes I wonder, we do all of these group efforts to help us to learn to do the paperwork, learn to do [a new skill]. Maybe we need some mental health grouping to [look at]: “How do you get through this?” I don’t know what the answer is because we have to deal with this all the time. I just think that God put me here for a reason. I think, “If this family will trust me, let me in, maybe I can change what’s going on with the compassion that I have.” A lot of the children don’t have a formal medical diagnosis when they come in (to my classroom). I have to get these parents through the grieving process of hearing that their child has autism, hearing that their child has whatever…and teaching them that their child is a kid first, [that] the diagnosis is only a tool to get us where we need to go.

Informant 7 had a number of coping mechanism—some constructive, some destructive—that she employed while navigating a difficult situation at work. She stated, I obviously cope too much because I like the sweets…. Every morning, my first prayer before I get out of bed is to be the hands of Jesus, and his voice and his heart. Because if I can’t come in here and love these babies and give them 100%, then it’s time for me to be gone—because they deserve and need that…. Walking is an outlet that I still use because I can get out there and just put [on] my music and go. It seems to expend all of that pent-up frustration and energy to allow you to think more clearly because there are sometimes when you just have to turn and walk away because you are in such overload; you just can’t do it. I know that my
spouse is my best friend, and I’ve gone home—and without divulging any identities—he’s like, “Rough day?” And I’m just like, “You have no idea.” I can just vent and be frustrated and he’ll say, “But they’re lucky to have you.” That makes me start seeing it from the other side. So I just have to keep working on that faith, that that’s why I’m here and that He will get me through it.

Informant 7 also found tremendous support from her colleagues. She demonstrated ambivalence when discussing administrative support. She included in her discussion supportive administrative behaviors that she believes are helpful:

You have to have staff that can support you. Supervisors get so busy, and you can tell them a story, but to them it’s a story of a child’s face that they’ve never seen. I know that their schedules are tight. I think too many times supervisors forget that we need to hear the positive things about what we are doing right, instead of just the negative things about what we do wrong. I just think sometimes if they were more involved in coming in and seeing what we go through. I cannot tell you the last time I had an administrator in my room as my class was going on. Just coming in and joining us.

I reflected in my field notes about this belief that administrators are “detached” from the day-to-day functions and the various classroom processes. This had been the fourth time an informant inferred that supervisors are often viewed as far removed from situations that occur, and the informants believed that they often didn’t have the “answers” required to solve the problem anyway. I wanted to discuss this further in the focus group.
Informant 7’s responses were similar to those of her previously interviewed colleagues when probed about undergraduate or professional training in poverty or trauma. She stated,

None. I don’t think that there was anything. I really think that we don’t prepare our kids [future teachers] as they come out of school for what happens. Nobody talks about the emotional toll that it takes when you see these kids in [harmful] positions and knowing you can’t change it.

When discussing how a professional school counselor would be a benefit, she noted,

At least you’ve got somewhere to vent. Somewhere there needs to be somebody who you can say what you need to say, that it goes no further than that and you know that it’s okay to do that. Do I ever see that happening [having access to counseling services]? Probably not. And I think it’s sad because I think people reach that burnout level so much quicker.

Table 8

Informant 7

<table>
<thead>
<tr>
<th>Analytical Categories</th>
<th>Quotations of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOUR LIVED EXISTENTIALS</strong></td>
<td><strong>I obviously cope too much, because I like the sweets. I feel like that solves everything, which it doesn’t; then it reaches into all kinds of other things. I know my coping mechanisms aren’t the best.</strong></td>
</tr>
<tr>
<td>Lived Body</td>
<td><strong>I’m sure I’ve gone home crying.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>My stomach, just to keep the stomach acid down because stress levels get crazy. Sleep gets harder because it gets hard to</strong></td>
</tr>
</tbody>
</table>

148
go to bed at night and put it all to rest. Sometimes I’m just too exhausted that I’ll fall asleep, but then I wake up at 3:00 a.m. and I keep thinking. So then you’re dealing with tiredness, exhaustion, which makes things harder.

- Lived Space
  N/A

- Lived Human Relation
  I can’t tell you how many times I said to a parent, we give hugs here to parents too.

- Lived Time
  I don’t know what the answer is because we have to deal with this all the time. A two-week vacation in Hawaii would be great. No, I don’t even know if that really takes it away. I don’t know.

<table>
<thead>
<tr>
<th>ELEMENTS OF SUPPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Administrative</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>I think it’s absolutely vital. I know their schedules are tight.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Supervisors get so busy and you can tell them a story, but to them it’s a story of a child’s face they have never seen and they can lend from that end of it.</td>
</tr>
<tr>
<td>• Collegial</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Oh, my staff. I mean, you got to have staff that can support you.</td>
</tr>
<tr>
<td>• Familial</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>I know that my husband is my best friend and I’ve gone home (and without divulging any names) he’s like “Rough day?” And I’m like, “You have no idea.” And I can just vent and be frustrated and he’ll say, “But they’re lucky to have you.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THE EFFECTIVE TEACHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Perception of Self-Efficacy</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>• Protective Factors</td>
</tr>
<tr>
<td>Walking is an outlet that I still use because I can get out there and just put my music on and it just seems to expend all of that pent up frustration and energy and allow you to think more clearly because there is just sometimes you have to turn and walk away because you know you are in such overload. Every morning</td>
</tr>
</tbody>
</table>
my first prayer before I get out of bed is to be the hands of Jesus, and His voice, and His heart because if I can’t come in here and love these babies and give them 100%, then it’s time for me to be gone because they deserve that and they need that.

I just think that we are all part of what happens to everybody else and there is a reason for that. So I just have to keep working on that faith. That’s why I’m here and that He will get me through it.

<table>
<thead>
<tr>
<th>TRAINING PROGRAMS</th>
<th>None. There was barely a touch of anything. I don’t think there was anything. I really think that we don’t prepare our kids as they come out of school for what happens.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>None. There was barely a touch of anything. I don’t think there was anything. I really think that we don’t prepare our kids as they come out of school for what happens.</td>
</tr>
<tr>
<td>Professional in-service</td>
<td>N/A</td>
</tr>
<tr>
<td>UNITS OF MEANING</td>
<td>There is nothing I can do that is going to make it better [for this child]. It just rips a hole in my heart so big.</td>
</tr>
</tbody>
</table>

Informant #8

Out of the seven candidates that I had interviewed, all seven appeared for the interview in varying degrees of apprehension, uncertainty, and anxiety. Informant 8 was the exception. She walked into the conference room completely at ease. Since her demeanor ran completely counter to that of her colleagues, I had to ask why. She replied, “This is stuff I want to talk about.” Nonetheless, I went through the entire protocol exactly the same as I had with the previous participants to maintain consistency.

Informant 8 holds a dual certificate in special and elementary education. She has a Bachelor’s degree in both areas as well. She has a Master’s degree in curriculum and instruction. Informant 8 is in her ninth year of teaching. She is beginning the school year.
with an active caseload of 30 children. She estimates that close to 90% of her students receive government assistance. She is an itinerant consultant.

I began the interview initially obtaining the demographic information and progressing to the more difficult questions. I asked her to describe an experience when she was confronted with one of her student’s trauma material. Her eyes began to well up. As she responded, tears began to roll down the sides of her cheeks.

It’s hard to pick out just one because in the population that I work with, the demographics were a high poverty level, so we have a lot of kids coming [to school] hungry, dirty, just all around scared of adults, scared of other kids…. I was working with a child who had a history of neglect—the child’s front teeth were removed at an early age due to bottle rot. The child had very little speech. You would be wiping this child off with baby wipes and making sure the child’s diaper was changed—because that didn’t always happen in the morning before the child came to school…. I guess the most poignant thing for me, not knowing much about the child’s background, was one day, police sirens went off in the parking lot (of the school) and a police car drove up. The child said, “It’s the cops, everybody hide.” So I guess that really hit home—if this child can’t even feel safe in her home, and now they hear police sirens here [at school], how can they feel safe anywhere? I turned to the paraprofessionals in my room and we all had the same thought, “What exactly is going on in this child’s home to elicit this type of a reaction?” [I wonder] mentally, how is this child gonna grow up? I think about another case to this day. I wish there was more that I could have done, but there wasn’t. The child came to school with physical signs of abuse. You are like,
“Who is hurting this child? This is a baby.” This child is three, can’t talk, barely walks. CYS comes and investigates and they follow the bus home, so the parents know where the phone call came from. At this point, I’m like, “What are you going to do?” The parents denied any wrongdoing. The next day, I am listening to messages on the answering machine saying that they [the parents] were going to withdraw the child from my classroom. [The father threatened] if I ever attempted to make any kind of contact again, he was going to come and kill me. So I had to go through the [process] of documenting the information and making sure my supervisor was made aware of the threat. To this day, I still think about this child and what happened. You know, when you’re a consultant, you are in the schools, and I found myself looking for this child when ____ went to kindergarten. Sometimes you follow the proper procedures and sometimes they work [in keeping kids safe] and sometimes they don’t.

I decided to prompt Informant 8 further to expound on her feelings of helplessness. She shared,

Over the years, when you first start teaching, you go into it with expectations of everything you’ve learned in the books. Then when you go to school [your first job], and [you learn] it’s nothing like you’ve learned in the books because they don’t tell you. The kids come to school and might be riddled with fleas. There are kids coming to school who haven’t had their diaper changed since Friday when they left your classroom. So I think over the years, unfortunately, you become a little more hardened, maybe not hardened—I think you become a little more selective of what really tugs at your heart. When I was first teaching, I was
constantly at yard sales buying underwear, socks, everything I possibly could [for my students]. Then, you have your own child and you’re trying to balance home with work—especially when you’re working with young children. So I think, unfortunately, it does take more and more of what you see to bother you as much as it did when you were younger and just starting. You build up a tolerance, saying, “Oh well, I’ve seen this twenty times before. I’ll do everything I can for them when they are here, but once they go home.” I can call CYS 20 times and it’s not gonna make any difference because they are not going to take them out of the home. You get a few children every year that really hit home and you feel you have to, you want to do so much more for them.

Informant 8 described for me the range of emotions that she felt going through this experience. She said,

I think the first emotion I always feel is anger. I just get so angry that somebody could do this to someone so helpless. Because not only are these little kids, they are special needs little kids. They have an extra added component, so I think my first [response] is always anger. And then I start getting sad [thinking], “What’s this kid’s life going to be like if it’s like this when they are three?” And you just keep wishing, keep thinking, “Well, if I could only take them home with me.” I just want to take them home for the weekend and show them what it’s like to get a bubble bath, snuggle with somebody and read a book. It starts with anger and then goes more to sadness.

When asked about the time it took Informant 8 to let go emotionally of some of these children she responded,
It’s years. I can just tell you that I had a conversation with a school-age colleague that ended up with one of my former students and I started crying because I had worked with this child for two and a half years and this child never spoke. She [the colleague] told me yesterday that this child had finally started talking. And you’re like, “Wow! Maybe it was something that I did with him!”

The physiological aspects Informant 8 experiences are commensurate with what has previously been reported. She said,

There are a lot of sleepless nights worrying about what happened to these kids. I felt my frustration levels go up, and it affected the way I interacted with my own children. With regards to the incident of being personally, physically threatened, a lot of fear. I would say some feelings of anxiety.

Informant 8, like Informant 3, experienced a parental marriage separation when she was in junior high school. She said that she had an “excellent teacher who really took me under his wing.” This propelled her to reflect and consider teaching as a profession. She observed,

I would look back at what my teacher did for me when I was having the hard times and I said, ‘You know, I want to be that for somebody.’ I think that having my parents split up and then having that teacher to be the one who was there to support me really made me decide that was where I belonged.

Spirituality was not a coping mechanism that Informant 8 used. She shared that humor is an effective one for her. “If you don’t laugh, you’re gonna cry.” She also invests her time in doing medieval reenactments. She has a support base with many friends in
this group. At work, she also believed that her teaching assistants were crucial in providing emotional support. She reflected on this and stated,

I don’t know if it is because (they) have always been older than I have been, that I always felt them being more of like a maternal figure. I tend to gravitate towards the older people that I work with for stress relief because they have been around and they will say “Oh, you know, this will pass. Give it a couple of days and it will be fine.” They seem to have a better perspective on the “here and now” because they have already lived it. I also gravitate towards my older colleagues for this reason too.

Informant 8 was quite opinionated when it came to administrative matters. She stated,

You have to have a strong administrative team to even be able to support the teachers to get through. I know that with my supervisor, there have been days where I have called her burned out, crying, saying “They said that they hate me!” And just looking for the reassurance that “Yeah, I’m a good teacher.” I think it’s very important. I think that administration should be willing to listen, rather than always tell you [what you should do]. Just being there, if you need five minutes to talk to somebody or vent something, whether it’s about a particular day or just about your classroom, I think that if you have somebody willing to listen to you and validate what is going on. [Supervisors] who are willing to work with you and just be there and be support for you, even if it’s only, like I said, five minutes in a 9-week period.

For the last segment of the interview, the focus shifted to educational training.

When asked if there was any coursework in her undergraduate program about trauma or
poverty, Informant 8 responded, “None.” She reported that she had one or two assignments dealing with the topic of poverty in her graduate program. I asked her to expand upon how learning about poverty and trauma might be helpful to teaching professionals and she stated,

I remember at an in-service one time, one of the biggest impacts I got was from somebody who came in and spoke about the way poverty affects families. The biggest thing that hit me was, you wonder, “Why do people keep having children?” Well, if that’s the only thing that you can have, that you can get for yourself, that’s what you are going to do because it’s yours. That might be the only thing in the world that is yours. I didn’t learn those things until I was already in the field, 7 years, the stuff they don’t teach you [in] college, for sure, but they should.

School counselors trained in treating mental health issues with training in trauma and poverty would be a great resource, according to Informant 8. She stated,

I think it would be helpful to the children. I muddle my way through it, but I think the kids are really who would benefit from that. Not a counselor who functions more like the assistant principal. Someone to support the kids emotionally, not just provide discipline and order. It’s more like they [the children] are being sent to the counselor to be disciplined. Just someone who is trained to figure out what is going on with the kids and why they are so angry.
Table 9

Informant 8

<table>
<thead>
<tr>
<th>Analytical Categories</th>
<th>Quotations of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOUR LIVED EXISTENTIALS</strong></td>
<td></td>
</tr>
<tr>
<td>• Lived Body</td>
<td>There are a lot of sleepless nights worrying about what happens with these kids. [When a parent threatened me], I was sticking my head out the back door [making sure it was clear].</td>
</tr>
<tr>
<td>• Lived Space</td>
<td>N/A</td>
</tr>
<tr>
<td>• Lived Human Relation</td>
<td>So, you know it’s our [informant and colleagues’] motto, “If you don’t laugh, you’re gonna cry. So you might as well have some fun while we are here and keep them safe.”</td>
</tr>
<tr>
<td>• Lived Time</td>
<td>Yeah, it’s years that I still think about my kids. I think that over the years, unfortunately, it does take more and more what you see to bother you as much as it did when you were younger and when you first started [teaching].</td>
</tr>
<tr>
<td><strong>ELEMENTS OF SUPPORT</strong></td>
<td></td>
</tr>
<tr>
<td>• Administrative</td>
<td>I think it’s extremely important. You have to have a strong administrative team to even be able to support the teachers to get through.</td>
</tr>
<tr>
<td>• Collegial</td>
<td>At work I would say a lot of the time it would have to be, and I have always relied on my teaching assistants a lot for that. Some teachers don’t really form a bond with their teaching assistant for whatever reasons, but I always gravitated towards my teaching assistants.</td>
</tr>
<tr>
<td>• Familial</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>THE EFFECTIVE TEACHER</strong></td>
<td></td>
</tr>
<tr>
<td>• Perception of Self-Efficacy</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Focus Group

Focus groups are an effective tool for qualitative researchers as they attempt to ensure triangulation of data. A focus group enables the researcher to participate in the research in the role of collaborator (Berg, 2007). It can allow the researcher an opportunity to explore topics ancillary to the research that were not initially considered.

Protective Factors

I do medieval reenactment and I sew all of our clothing for our medieval reenactment, so I guess that would be my major hobby. I have a lot of friends there.

A lot of it is, and this sounds terrible, but if you don’t laugh you’re gonna cry. That is how we get through a lot of our days, where we would just look at each other, shrug our shoulders, and say “What?” I mean, you can’t make some of this stuff up...a child who steals my farm animals that needs to be patted down before he leaves my classroom—to make sure he doesn’t have a cow in his pocket!

TRAINING PROGRAMS

- Undergraduate

None. I would say my undergrad, we didn’t really ever talk about any of those kinds of topics. There was barely a touch of anything.

- Professional in-service

There was a little more in my master’s curriculum only because they asked us to look at a specified population versus another one. Maybe one or two assignments.

UNITS OF MEANING

All the time, you always wonder looking back, “Is there more I could have done?” I called everybody I possibly could try, to follow this child and sometimes, unfortunately, you do all you can and you still don’t know what happened.

Focus Group

Focus groups are an effective tool for qualitative researchers as they attempt to ensure triangulation of data. A focus group enables the researcher to participate in the research in the role of collaborator (Berg, 2007). It can allow the researcher an opportunity to explore topics ancillary to the research that were not initially considered.
Lastly, it can generate additional insights (Berg, 2007) and can provide further clarification of topics discussed during the individual interviews. Some disadvantages of focus groups are that dominant personalities may overpower the group’s responses, and the implementation of the group format and analysis of the data are highly dependent on the skills of the researcher (Berg, 2007). A cursory analysis of the data derived from the individual interviews and a list of four questions (Appendix B) served as the basic structure for my approach to the focus group.

My goal at the start of this research was to secure at least six informants who had participated in the semi-structured interview portion of the study to participate in the focus group. At the conclusion of each individual interview, I shared information pertaining to the focus group with each potential participant and informed them that I would be contacting each by phone and email to secure a date advantageous to as many of the participants as possible. The date, time, and location were confirmed in writing to all of the participants via email. Up until the day before the focus group, Informant 1 had to decline due to family matters. On the day of the focus group, Informants 3 and 5 simply forgot about the focus group, and therefore were unable to participate. Both called acknowledging their errors and apologized for the oversight. The focus group gathered with the remaining five informants. Prior to the focus group, transcripts were provided to each informant. Only Informant 6 had further clarifications of her transcript. The focus group took a total of 60 minutes before all participants agreed that they had all exhausted what they had to say regarding the topic.
I began the group by asking the informants if any had additional insights upon further reflection of the individual interviews and transcripts. Only Informant 6 wanted to expound further upon how one of her destructive coping mechanisms helped her. She talked about how she “stress eats” and went on to say that doing so provides her with a “sense of relief” and “is calming.” A few other informants nodded their heads in agreement, but when prompted by me to expand on this topic, they all believed that Informant 6 had summed it up quite well for them.

I noticed a big difference in the presentation of anxiety among participants. They all appeared to be more at ease as compared with their presentations for the individual interview portion of the study. Nonetheless, I wanted to probe this further to assess my observation. Informant 4 shared, “I was so nervous because I went into the interview thinking, ‘I am a new teacher. I don’t really know enough to answer the questions.’ That tape recorder made it feel so official. It also made me nervous.” All but Informants 7 and 8 agreed with the comment pertaining to the fact that the interviews were audio-taped. Informant 7 even said, “Oh my gosh, I didn’t even notice the tape recorder until the end of the interview.” Informant 6 noted that she gets nervous when situations are “one on one.” I asked if everyone was feeling all right. They all indicated yes, that they “felt much better in the group format” and we began the focus group.

I then asked them to talk with one another about a time they had received collegial support. At first, this question appeared to confuse the group. I told the group that each informant had named his or her paraprofessional staff first when discussing the role of collegial support. Only two informants had mentioned gaining aid from another teacher. Informant 4 stated, “The help goes both ways—young and old.” Informant 8
shared, “I have received more negative feedback from some of the older teachers. That’s the single biggest reason why I stopped going to them.” Informant 4 stated, “You learn who to go to. People who are helpful, positive.” When prompted to discuss further reasons why members of the group were reluctant to seek help from other certified staff the responses ranged from “Sometimes geography is an issue” (Informant 8) to “Mentors are useless; they are often two counties away, are in a different teaching assignment, have a different supervisor, etc.” (Informant 4) and “[We aren’t given time with the mentor] to create that bond” (Informant 2). All believed that the process of de-briefing after a traumatic experience was crucial, but found alternative means to do so. Informant 8 shared that her classroom staff would meet at a local restaurant after work once a week to connect. Informant 4 lamented that she would welcome unstructured activities like that to help de-stress from the rigors of the job. All of the informants agreed that a sense of humor was also essential.

The next topic involved taking a deeper look at the empathy these women held in their personal reservoirs. Studies have shown that workers possessing high levels of empathy are at higher risk for developing compassion fatigue, so I wanted to explore this area further. In my explanation to the group about certain empathic behaviors (e.g., going to yard sales to buy essentials for their students), Informant 4 responded, “I look at it as part of my job.” Informant 8 said, “Maintaining boundaries are important, but if their basic needs aren’t met, how can they learn?” Informant 6 admitted, “Sometimes I don’t establish boundaries well. It’s hard for me; I feel like I’m giving up [on the kid] if I can’t get through.” Informant 7 shared that early in her career, an older colleague warned her, “Be careful; you’re wearing your heart so open.” All of the participants nodded their
heads in agreement when Informant 8 said, “No one can tell you where your ‘line’ is; it would’ve helped to have had some professors with practical experience.”

Almost every informant used the words “sadness” and “anger” when describing the emotions they felt when confronted with a child who was being traumatized. A theme emerging from their words, but rarely articulated in the individual interviews, also involved the feeling of frustration. I asked the group about this finding. All of the informants talked about how limited they believed their resources were, but Informant 7 seemed to encapsulate the sentiment: “We’re feeling futility all the time at how we’re limited to help these kids.” She mentioned another aspect into which I had wanted to delve deeper, involving how “torn” many of the participants were when having to make a call to Childline. Informant 7 said, “I’m afraid to make the call—there are so many flaws in the system.” Informants 2, 6, 7, and 8 discussed how difficult it was to weigh what’s really better for the child—remaining in the home and attending preschool or being removed from the only schedule they know—and whether or not they are equipped to answer that question. Informant 2 stated, “When you have a great relationship with a parent, and then you suspect abuse, I mean, by law I have to call CYS, but it’s so difficult. You know you are jeopardizing the relationship.”

When I did the individual interviews, I started to notice that the informants may have had some confusion over the roles and responsibilities of professional school counselors. When probed, these were the responses given to the question, “What do you think school counselors do?”

“What, besides eat lunch four times a day?”

“Scheduling.”
“Career Planning—for a select few.”

“If there’s a problem in the classroom [mental health related], only then will they deal with it.”

“No pro-active approaches.”

I was concerned that the participants’ responses were more indicative of their own personal experiences with school counselors, so I probed further to encourage the group to consider additional insights. Only Informant 2 differed in her responses. She observed, “Our school counselor did a lot of mental health related stuff. She provided a lot of social skills training to the students, ran mental health counseling groups, made home visits to get the families involved, and provided a lot of ongoing support to the staff.” The rest of the group sat in awe for a few moments. This led to additional reflections on the part of the remaining participants. Informant 8 said, “The school counselor at my site covers three schools—that’s 800-900 students. What kind of an impact can she have?” Informant 7 noted, “They are often professionally held down by their own training (or lack of it). [There is] a lack of support from a school counselor who is not well-trained.” Informant 8 then stated, “We need access to one [who is like Informant 2’s school counselor experience].” Informant 7 said in response, “Teachers are not all that well-equipped to deal with these things. Kids emotions, classroom discipline. Nobody ever teaches you the humanity side of teaching. It leaves so much frustration for teachers.”

The frustration I had asked the teachers to discuss earlier was emerging during the focus group. Informant 8 shared, “[Many people don’t even know] that there is a population out there. We are so overlooked in Early Intervention. These kids are so overlooked. Catch mental health [issues] early, too.” Informant 6 shared that her sister-in-
Informant 8 chimed in, “Yeah, people think we are glorified babysitters.”

All agreed that they felt they could not go to administration for most issues. Some cited the geography (the supervisor is often located in different counties); others merely said that they would call only if it was a “big thing.” They shared that they did feel support when needing to access community-based resources from the social workers assigned to their respective counties. All informants believed that additional counselors would be extremely helpful and that they were necessary. They shared that someone who was trained to provide mental health services outside of the scope of the classroom would be a welcome addition. “They think we’re supposed to be an expert on everything” (Informant 8). Informant 2 said that a school counselor would provide staff with a “layer of objectivity” and “could help to mediate between family and staff when issues crop up.” Informant 8 noted, “If given the choice between mental health services for kids and families and mental health for us, I’d rather go with kids. It’ll make our job much easier. It it’s something that’s built in [to the program], they’ll [families] will take advantage of it.” In response to this statement, Informant 7 replied, “We live in a more volatile society than we used to. People become more angry and loud at home, and kids come in that way to school.”

In closing, I asked the group if they had anything further that they wanted to share. When members shook their heads no, Informant 6 spoke up, looking at the participants, and said, “One good thing that’s come out of this [focus group] is that we now have our own little support group to help us out.”
The following table displays additional phrases of significance that were captured during the individual interviews and focus group session. These fit into two additional categories, which are detailed in Table 10 and further explicated in Chapter 5.

Table 10

*Additional Quotations Significant to the Research*

<table>
<thead>
<tr>
<th>Analytical Categories</th>
<th>Quotations of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BAPTISM BY FIRE</strong></td>
<td>• <em>For me, it’s a lot of natural experiences. My field experiences, my student teaching, and my own personal experiences...I don’t think I got that much [coursework]</em>.</td>
</tr>
<tr>
<td></td>
<td>• <em>I just feel that as teachers and professionals, you are not informed on what to do. You kind of find out and hope it is what you are supposed to do...Sometimes I feel they dropped this kid off at your door and “there you go.” You learn what’s wrong with them and how to deal with it. A lot of times you don’t even know what’s going on, but you know there is some type of trauma going on. And it’s kind of like you learn how to deal with it, so I really feel that it is a baptism by fire.</em></td>
</tr>
<tr>
<td></td>
<td>• <em>None of these topics were covered in my teacher training.</em></td>
</tr>
<tr>
<td></td>
<td>• <em>I don’t think there was anything [in my teacher training] to prepare me for what I’d see to tell you the truth.</em></td>
</tr>
<tr>
<td></td>
<td>• <em>I don’t think that there was anything. I really think that we don’t prepare our kids [teachers] as they come out of school for what happens. Nobody talks about the emotional toll that it takes when you see these kids in these positions and knowing you can’t change it.</em></td>
</tr>
<tr>
<td></td>
<td>• <em>I would say [during] my undergrad [training], we didn’t really ever talk</em></td>
</tr>
</tbody>
</table>
about any of those kinds of topics. There was a little bit more, maybe like one or two assignments, in my master’s curriculum, only because they asked us to look at a specified population versus another one.

**Disconnect Between Education and School Counseling**

- Maybe even having, if something happens that bothers you, to be able to just talk to someone within your profession, like a counselor. We just kind of go about [on] our own.
- I think it definitely would be worthwhile to hire someone that could help us with the effects it has on the staff and come up with ideas to support the family or a child because right now we don’t have anyone that really can do that.
- Having someone available who understands trauma issues would be extremely helpful.
- It would be extremely helpful having a counselor available to us. At least you’ve got somewhere to vent. I think everybody needs a sounding board...but somewhere there needs to be somebody who can say what you need to say, that it goes no further and you know it’s okay to do that...And it’s sad, because I think people reach that burnout level so much quicker. I think that the system is really broken and needs to be fixed.
- The school counselor at my site covers three schools—that’s 800-900 students. What kind of an impact can she have?
- They are often professionally held down by their own training (or lack of it). [There is] a lack of support from a school counselor who is not
Similarities and Differences Among Informants

The participants shared many similarities when expressing their thoughts and feelings regarding the topic. The emotions from each of them centered around feelings of sadness and anger—demonstrated in varying degrees. All expressed feelings of frustration, if not directly articulated, visible in their non-verbal behaviors and inferred from the stories they shared. A component contributing to this frustration appeared to be feelings of helplessness when having to deal with situations that appeared to be futile and having few available resources at their disposal, in addition to feeling confused when often serving as the sole decision-maker for a child presenting with possible signs of abuse or trauma. During the discussion surrounding the participants’ empathy, they all viewed this behavior as necessary to their ability to be effective teachers.

All respondents preferred the support of the immediate classroom staff as opposed to other certified professionals working within the program. Even though all of the participants viewed administrative support as extremely important, they also demonstrated reluctance to seek out support from the administrators in the program unless it was absolutely necessary. They did agree that an administrator that was more present in the classroom would be welcome and viewed as supportive. Several of the
respondents shared similar positive coping mechanisms (e.g., family, exercise, mindfulness practices) while others shared destructive coping strategies (e.g., “stress” eating). The impact of dealing with secondary trauma was also similar (e.g., sleep disruptions, increased heart rate, and increased distractibility). All discussed the importance of establishing healthy boundaries, although they acknowledged that some demonstrated this more effectively than others.

All of the participants highlighted the need to address the social-emotional development of preschoolers, the increase of mental health issues that they are dealing with in the classroom and with families, and the critical need for trained professionals to help them deal with all of these matters. None of them felt confident that they had received adequate training to address the mental health needs of the students and families in their care. They also expressed the lack of training they received in their undergraduate and graduate programs regarding issues of trauma, poverty, and how to successfully implement constructive coping mechanisms to handle the emotional landscape that comes with the job.

As stated earlier, the similarities among the participants were profound. Most differences centered on individual perceptions regarding their own reactions and subsequent behaviors/responses to the secondary trauma and the coping skills employed to address the situation. None were considered to be extreme data points having an impact on the overall data analysis.

**Summary**

This chapter elucidates the information retrieved from eight informants participating in individual, semi-structured interviews, and five informants who
participated in a follow-up focus group session. The semi-structured interviews, ranging from 45-60 minutes in length, were audio-taped. I also maintained a field journal to reflect on my thoughts, impressions, and feelings during both phases of the study in an effort to limit my biases and to build more trustworthiness into the data I was collecting and subsequently analyzing. The audio-tapes were transcribed for analysis. All participants were provided with a copy of their individual interviews and with an opportunity to make further corrections or clarifications to their respective narratives. This occurred prior to the commencement of the focus group. The data was initially analyzed in an effort to identify common themes and patterns in response to the individual interviews. As stated earlier in the chapter, during the interview with Informant 6, it became clear that common patterns and themes were emerging among the participants. To ensure that the data had reached a saturation point, I conducted two more individual interviews to support the analysis that there were no new themes or insights to be shared during the initial phase of the study. At this point, I felt a degree of confidence that any additional information would be redundant to the data already collected and concluded the first phase of the study.

This information, in addition to my field notes, the literature review in chapter 2, the Brownell’s ecological model related to teacher development and environment, Figley’s secondary traumatic stress theory, Super’s theory of career development, and various factors indicated in teacher training and support was used to provide a clear foundation and narrow the scope and direction of the focus group questions. Even though several attempts via phone and email were made to ensure attendance by all participants, a total of five participated in the focus group. An in-depth discussion that explored the
patterns and themes derived from the individual interviews ensued during the focus group, as the informants further expounded upon issues surrounding this topic. The focus group lasted approximately 60 minutes, when it was agreed by the participants that the discussion of the topic had been exhausted.

A thorough discussion of the data analysis will occur in chapter 5; however, to conclude this chapter I will mention several themes that emerged during both phases of the study. The first theme encompasses a large part of the data. The lack of undergraduate and professional training in dealing with the emotional toll of the job, in addition to dealing with the poverty and trauma issues of the students and families, had become abundantly clear by the time saturation was met. Few possessed any formal training at all, and every participant expressed a strong desire to receive teacher in-service from qualified professional personnel regarding all of the aforementioned areas. Another theme emerging from the respondents’ sentiments involved the role of administrative support and their views of professional school counselors.

The severity or type of trauma affecting the child in the classroom and the years of experience of the teacher did not appear to have a direct effect on the prolonged emotional impact on the teachers in this study. Secondary traumatic stress and the development of compassion fatigue occurred at various points in each teacher’s career. The role of empathy continues to play a large part in a teacher’s ability to believe that he or she is effective in the classroom; therefore, the teachers who maintain this high level of empathy appear to be just as affected by exposure to childhood abuse and trauma material at the beginning of their career as they are throughout the maintenance and disengagement phases.
The next chapter will also expound upon the implications of this study to the fields of education and school counseling. Several areas of reform, ranging from teacher and counselor education curricula to the practical implications for teachers and school counselors working in the field, will be illuminated.
Chapter 5: Discussion

“In order to succeed, people need a sense of self-efficacy, to struggle together with resilience to meet the inevitable obstacles and inequities of life.”

~Albert Bandura

Children in today’s classrooms struggle with a multitude of personal issues that directly affect their full access to education. Poverty, marital instability, parental mental health issues, crime, and abuse are only a few of the issues. Historically, schools were viewed as a panacea, expected to cure the ills of society. School personnel, ranging from teachers to school counselors to administrators, are expected to meet the needs of every child successfully to ensure that learning objectives are mastered. More often than not, these caring professionals have not been given the appropriate tools to deal with the many difficult situations that arise. Teacher training and school counselor programs are effective at covering topics ranging from instructional methods to theory, but they rarely address controversial issues such as the impact of poverty or trauma on children.

This inquiry examined the lived experiences of a specific, professional population (early childhood special educators), but the participants reflect a much larger issue that is current in education. Educators, including teachers, school counselors, and administrators, handle a multitude of complex tasks daily. These tasks can range from addressing familial concerns to curricular planning and interventions. Formalized instruction rarely examines adult protective and risk factors. In pursuit of meeting each child’s educational needs, educators can and often do experience an emotional toll in caring for and educating the children in their care. Unfortunately, educators are rarely given the tools to identify if they personally are in distress. Researchers have found that
individual awareness can be an effective tool in functioning as a preventative for compassion fatigue (Figley, 2002; McCann & Pearlman, 1990). Secondary traumatic stress, compassion fatigue, and vicarious trauma are counseling constructs rarely examined in education literature. Mental health issues in children are on the rise, and there is a critical need for educators to understand the complexities of today’s youth and to address their needs accordingly. A study conducted in 2005 by the National Center for PTSD found that 15 to 43% of girls and 14 to 43% of boys have experienced at least one traumatic event in their lifetimes. Among the children identified with having had a traumatic experience, 3 to 15% of girls and 1 to 6% of boys could be diagnosed with post-traumatic stress disorder.

The questions guiding this inquiry frame the foundation for developing a better understanding of the emotional toll experienced by special education early childhood teachers, the risk factors that they are predisposed to encountering each day, the protective factors that they employ effectively to enable constructive coping, the role administrative and collegial support plays in the development of protective factors, and how stress can affect the career development of this population. All professionals working in education continually search for the most effective methods to reach the children in their care. The numbers of children who are experiencing the effects of trauma increase by the day. It is imperative that the proper tools be made available for all educators to address the needs of this growing population. Well-trained professionals are needed to implement the necessary systemic changes.

Professional school counselors can be an effective tool in addressing various barriers to student academic and personal success. One study found that school
counselors spend more than half of their time addressing students’ mental health issues (Foster, Rollefson, Doksum, Noonan, & Robinson, 2002-3). Professional school counselors receive specialized training in both education and counseling, which makes them uniquely equipped to handle the myriad issues arising within the educational arena. Unfortunately in elementary and secondary education, many states make the necessary improvements to address class size, curriculum, higher academic standards, and accountability measures, but take few measures to improve student learning through a variety of needed support services, which include counseling, school psychology, social work, and nursing (American School Counselor Association [ASCA], 2006-2010). Professional school counselors are often tasked with a wide range of administrative tasks, such as testing and class scheduling.

The purpose of this study was to examine the lived experiences of early childhood special education teachers currently working with high-risk populations. An examination of the findings in this chapter will highlight the emotional toll experienced by these teachers, their frustration with varying levels of support, lack of proper training, and protective factors that continue to make them vital in the field. Although this study examined professionals working as teachers, several ramifications affect the field of school counseling as well. Teachers are dealing with a multitude of mental health issues daily, with little training and guidance in effective counseling practices. The goal of this study was not to train teachers to become mental health practitioners. The goal was to illuminate a phenomenon that occurs within the realm of education and to provide a forum for discussing the implications to the fields of school counseling and teacher education related to mental health issues, specifically those affected by poverty and
trauma. Every day, educators are working with children who are experiencing maltreatment at the hands of their caregivers. Due to a lack of training, stress and frustration levels increase because teachers do not know how to handle the situations effectively. They often seek support from administrators, colleagues, and support personnel who have also received little training in handling trauma. This is where school counseling programs can make a difference. The old adage “Knowledge is power” serves as an appropriate way to frame the information illuminated in this study. Information gleaned about the effects of educators’ interfacing with high-risk populations provides the necessary groundwork for changes that must be made in the fields of education and school counseling so that more competent professionals are entering their respective fields, in turn yielding more effective results for the children in their care.

As mentioned in earlier chapters, this study was conducted in two phases. Eight informants participated in the first phase, which consisted of a 45-minute to one hour semi-structured interview. Informants were probed to discuss their thoughts, perceptions, and feelings relating to their experiences working with high-risk preschoolers. Data saturation occurred after Informant 6 was interviewed; however, two additional early childhood special educators were interviewed to ensure trustworthiness of the data. Each interview demonstrated a certain consensus with the others in the information shared, and common themes began to emerge among participants. In an effort to ensure triangulation of the data, informants were provided with copies of their individual interview transcripts for their comments and further reflection prior to the second phase of the study.

The second phase consisted of a focus group that lasted approximately one hour. Five of the eight original informants participated in the focus group. Informants were
given an additional opportunity to reflect upon their thoughts regarding the individual interviews, followed by a discussion meant to foster further reflection on the common themes that had emerged from the first phase of this inquiry. This chapter begins with a summary of those findings. Each theme and its implications for school counseling and education will be explored in detail.

**Summary of the Findings**

Chapter 1 compared the foundation of this study to that of a tree. Several theories have been integrated to provide a useful tool in analyzing the data collected in both phases of this study. The roots and multiple layered rings of the trunk remain grounded in the various dimensions of trauma. Each ring represents a different theory used to support the argument that educators experience a complex range of emotions when working with high-risk preschool populations. Overlapping occurs between each of the theories to provide a comprehensive vehicle for interpreting and understanding the data. Van Manen’s (1990) theory of lived existentials enables the data to be analyzed in relation to bodily experiences, relational experiences, spatial/environmental experiences, and the effect of time in relation to all of the previous experiences. Bronfenbrenner’s (2005) Bio-ecological Model provides a lens with which to understand how an individual functions within the multitude of interfacing systems. Super’s theory of career development (Sharf, 1994) allows the data to be viewed with a more in-depth understanding of how time affects the trajectory of one’s career.

The informants’ demonstrated a wide range concerning years of experience. The youngest informant, possessing three years of experience, was firmly entrenched in the establishment phase. She continues to achieve a level of stability and permanence in her
job. At the beginning of this stage, individuals can experience a higher degree of anxiety when faced with the daily demands on their ability to effectively complete the various roles and responsibilities required with their job. Informant 4 discussed varying degrees of insecurity and anxiety throughout both portions of the study when she stated, “I was new and unaware of my resources a little bit.” Most of her examples were culled from her first year of teaching, and she expressed remorse when asked to reflect on her perceptions of how she had handled each of the situations involving child maltreatment. Later, during the focus group, when probed about the high level of anxiety she exhibited during the individual interview, she responded, “I’m a new teacher. I went in thinking ‘I don’t really know enough.’”

The vast majority of the informants were well into the establishment phase of their careers. They demonstrated a level of confidence in their daily work and decision-making, and were interested in continuing education opportunities to enhance their skills. Informant 3 shared the sentiments echoed by the rest of her colleagues in the establishment phase when she stated, “I think that we handled it appropriately for the fact that we covered all aspects. We documented what we saw and we questioned, we called the family and asked as well. And then, we also contacted services too.”

The last two informants fall into the disengagement phase of their careers. During this phase, individuals tend to slow down and begin to demonstrate values realignment, focusing more on family or friends. What is unique to these two individuals is that they demonstrated more behaviors consistent with individuals in the establishment phase. They perceived themselves as effective (Informant 7: “I think that I did the best that I could under the circumstances”), but still wanting to advance their professional
knowledge and skill levels (Informant 2: “I …would definitely be interested in having some more training about the effects of trauma and poverty.”). Neither discussed retirement, and both shared many stories demonstrating their high levels of empathy for the children and families that they worked with each day. Both also expressed a high degree of satisfaction derived from their profession. Informant 7 stated,

God put me here for a reason… I think we are all part of what happens to everybody else…So, I just have to keep working on that faith that that’s why I’m here and that He will get me through it.

Diversity in classroom teaching assignments was also found among the participants. Two informants worked as itinerant developmental consultants, providing support and consultative services to Head Start classrooms and private preschools across their respective counties. Three of the teachers worked in self-contained classrooms, located within a public or private school, almost exclusively with developmentally-delayed youngsters. The last three early childhood special educators currently provide a combination of both services: consultation for several days a week and maintenance of a self-contained classroom for the remaining days. Analyzing environments these environments led to a plethora of possibilities. With reference to Brownell and Smith’s (1993) model, a teacher’s microsystem consists of all of the classroom variables that interact with the teacher. This can include the personal and professional qualities that the teacher possesses, in addition to the students in her classroom. Several of the informants experienced at least one adverse childhood experience that they believed had a direct impact on their thoughts, perceptions, and behaviors when dealing with at-risk preschoolers while operating in the microsystem. Informant 1 stated,
With a personal history of childhood abuse, I know the effects, even on
preschoolers, can be very long-term…The anxiousness, it comes back and forth
because you always question yourself; ‘What can I do that’s more?’. I think we do
that with every lesson plan we teach, let alone every life decision that we make.

Navigation of even this level can be extremely complex for these teachers when
they serve as consultants to another professional’s microsystem, as five of the
participants do. These teacher consultants often enter environments over which they have
little control, establish meaningful relationships with outside staff, and become familiar
with the children and routines of a classroom they visit several times a month.
Developmental consultants work with as many as 25 different sites in one year. The
support is on-going and based on the level of intervention that the child needs in order to
be successful in the typical early childhood classroom. Three members of this group work
as both consultants and self-contained classroom teachers. In addition to fostering
relationships with outside preschool programs, they must also establish their own
microsystems within their own classroom of students with whom they work daily. This,
in turn, means that they must also develop relationships with another school site and with
additional staff. Informant 6 expressed her frustration with handling various educational
systems when she stated, “Us being the entity we are in, we are sort of in the middle of a
few different systems. And it’s hard to know which way you are supposed to listen, who
are you supposed to follow exactly?”

The next layer, the mesosystem, incorporates all of the relationship variables
among staff members, opportunities for further training, and the teachers’ perceptions of
their own roles and responsibilities. As mentioned earlier, most of the early childhood
specialized classrooms are located within a larger elementary school arena. The teachers must work within the norms and regulations established by their school entities, in addition to observing their own special education program policies and procedures. Sometimes this can be isolating. When teachers are caught between conforming to various educational systems and managing the complex familial systems, stress and anxiety levels rise.

Within the exosystem, teachers can feel the impact of decision-making that goes on at much higher administrative levels. Studies have shown that increased resiliency is linked to a teacher’s perception of his or her efficacy (Miller, Brownell, & Smith, 1999). Administrative decisions made at the local and state level that affect teachers can compromise their perception of their own efficacy in adequately performing their job functions. Informant 7’s frustration was evident:

I cannot tell you the last time I had an administrator in my room as my class was going on. There are just so many things I think they’ve forgotten to look at. These [kids] are just statistics [to them] and I understand you want to keep data on them, but they are forgetting that these are children who are parts of families who are doing the best they can to survive in an economy that is not good for them anymore. And what they’re doing is taking the teacher away from what we are here to do, and that’s to teach. They are the administrators who are guiding our supervisor who has to guide and push all this other stuff down. They [our supervisors] are caught up in all the bureaucratic red tape.

Several teachers expressed concerns about operating with the exosystems of their professional realm. This level includes the socio-economic levels of the community. This
group reported student dependence on government assistance as ranging from 50% to 90% of their current caseloads. The majority of the teachers (6 out of 8) reported that at least 70% of their current caseload was children receiving government assistance. Several of the participants alluded to the impact on their families due to the current state of the economy; Informant 2 stated eloquently,

You look at our days and times and so many people are out of work, so many more people are out of work. Parents are out of jobs and they are on unemployment… I just saw something on the news the other night, so many more people are filing for social security, and I think a lot of people have had to go to food banks for food. People are homeless; they have lost their homes because people are out of work.

Cultural beliefs, school budgetary issues, and community ideologies are included in the macrosystem. Surprisingly, nothing was said regarding budget restrictions and having to work with limited resources in either phase of this study. One reason for this could be that all but one of the teachers was established with resources and materials well before current events had a profound effect on the economy.

Children become a part of various systems of their own when they enter school, and these interface with the teachers’ professional systems. The staggering number of complex systems with which these teachers must interact daily creates an environment rife with feelings of burnout and compassion fatigue. Informant 7 talked about the emotional strain that she experienced one year when a supervisor required the certified staff to make home visits. She stated,
Nobody talks about the emotional toll that it takes when you see these kids in these homes and know you can’t change it. I don’t ever want to do home visits again. Don’t force me to go into everybody’s home because I honestly sometimes don’t want to know.

Informant 1 emphasized, “It’s sadness [that I feel] when the parents aren’t controlling what is going on in the home and [kids] aren’t getting the support that they need.” With reference to a memorable home visit years ago, Informant 2 shared that the memory of the condition of the home still is with her today. She stated,

The speech therapist and I had gone out to the home to do an evaluation and realized the dire situation in the home. The children were not even getting fed. The children were all dirty, running outdoors in their bare feet. The 2 ½ year old was voiding on the floor. The house was not clean. The floor was black as black could be. We had to use a tablecloth to sit on the floor to test the child…That’s, I guess in my mind, one of the most memorable things. Very bad. It was very hard.

These early childhood teachers understand the developmental importance of children’s forming strong attachments early in life. Much of the teacher’s felt helplessness stems from the child’s not residing in a home environment that fosters healthy attachment. Several of the informants discussed how their own teaching style has changed throughout their careers to address parenting with the goal of improving the home environment. Informant 5 stated,

When I first started my career, I didn’t ask my families to do as much as I do now. Now I think we are having more and more of our families that are having both parents working or having families that do not have two parents involved
anymore, and it is more difficult to get parents to participate in their child’s education. They are either working or don’t have transportation to get here. It’s often difficult to get things back in a timely fashion.

One of the more experienced informants discussed having multiple children from the same family throughout the course of several years, enabling them to work more effectively by establishing trust and provide follow-through activities with the family. Sometimes this situation also provided a source of frustration. Informant 7 reflected regretfully on many years of having students and the children of former students in her classroom:

The kids in these situations that never get better, they are going to go on to produce kids and continue the cycle of not caring because they never had anybody who cared about them. They never had connectivity with anybody and the system is broke. Somebody needs to fix the system…provide a safe place where you know you’re being fed, cared for. You can go to sleep and no one is going to rape you. You know that you don’t have to scramble for food and stuff yourself because food might not be coming for two days because mom’s high.

Many parents living in poverty-stricken environments display difficulty with successful navigation of their own bio-ecological systems, let alone helping their children adapt and grow within their own systems. As a result, many families are involved with a number of agencies, ranging from the Nurse-Family Partnership and Family Connections programs provided through Children’s Advocacy Centers to caseworkers assigned to the family through Children and Youth Services. The early childhood special education teachers experience a large learning curve when determining who the major stakeholders
are in the child’s life. Frustration can also arise when decisions are made by one agency that does not inform the child’s educational environment of a particular course of action. This was witnessed in the case of Informant 8 who made a CYS referral, only to have the CYS investigators follow the bus home—signaling to the parents the identity of the referral source; the parents subsequently pulled their child out of the program.

**Compassion Fatigue in Early Childhood Special Educators**

As previously discussed, the complexity and sheer number of inter-working systems that an early childhood special educator must navigate can be daunting and overwhelming. Compassion fatigue is a construct often examined in the field of counseling, but rarely in the field of education. When analyzing this topic in the field of education, one must view it through a counseling lens, with special care and attention to the differences in service delivery and environments between educators and counselors. The informants discussed several risk factors throughout the two phases of the inquiry that have led to additional levels of stress, feelings of burnout, and subsequent development of compassion fatigue. The informants expressed feelings of frustration as evidenced by Informant 4: “I felt frustrated because I would call [the family] and they would say, ‘We’ll take care of it’ and the child would come back to school demonstrating the same issues.”

Informant 1 stated, “You do feel frustration and maybe a little anger toward the other people who should be listening to the child and maybe aren’t hearing it.” The informants have also experienced powerlessness. Informant 8 recalled, “I’ll do everything I can for them once they are here, but once they go home, I can call CYS 20 times and
it’s not going to make any difference because they are not going to take them out of that home.”

Compassion stress was also evident in the respondents. According to Figley (2002), professionals working directly with others who have a history of trauma are just as likely to experience traumatic stress and related disorders. Informant 1’s despondency was evidenced by these words,

You go into work kind of with butterflies in your stomach…you are always questioning “Am I doing the right thing and employing the skills I’ve learned?"

You go in kind of not hating your job, but kind of dreading it a little bit more.

Signs of compassion fatigue were also evident. Informants cited a decrease in their ability to concentrate, an increase in feelings of apathy towards their job, and second-guessing their ability to make effective decisions, which undermined their self-esteem. Sentiments of powerlessness, sadness, hypersensitivity, helplessness, and anger were also expressed. All but one informant said they felt anger and disbelief when confronted with child maltreatment. Informant 1 asserted, “At first, you don’t believe it, and then you see the proof.” Informant 5 shared, “At first [I felt] disbelief that somebody could actually do that to somebody who is not able to defend, speak, move, do anything really.”

All informants expressed the extreme sadness they experienced while supporting the child. Informant 8 stated, “You start getting sad and asking yourself, ‘What’s this child’s life going to be like if it’s like this when they are three?’” Informants also experienced physiological symptoms related to compassion fatigue including changes in appetite, irritability, moodiness, sleep disturbances, and hypervigilance. For example,
Informants 5 and 8 talked about how their respective families were affected by their behavior. Informant 5 stated,

I really didn’t notice at the time. My spouse mentioned to me, “What’s going on? You’ve been a little more guarded, a little different, something’s not right….” I was just shut down at home. I had a hard time functioning with my children, with my spouse. I was there, but I wasn’t.

Informant 8 shared,

There were times I would come home from work and you are really emotional with your own children. I’m just like, “Give me 15 minutes of silence.” So I think as a teacher, having your own children, there does become a little of “I just can’t take it anymore, I need 5 minutes.”

Several informants talked about the isolation they felt and their withdrawal from others. Informant 1 said, “You kind of feel alone, and you don’t want the school to be the only place that is witnessing [the abuse].” Informant 8 shared, “Sometimes I will just lock myself in the bathroom [when I get home].”

Somatic symptoms of compassion fatigue included increased body temperature/raise in blood pressure (Informant 5) and increased heart rate (Informants 2, 5, 8). While discussing her reaction to a parent meeting with her supervisor present, Informant 1 shared, “I threw up for three days before the meeting. I mean, it just hits you that hard.”

Professionally, the informants demonstrated varying degrees of task avoidance, apathy, detachment, exhaustion, and irritability. When talking about the emotions Informant 5 felt when a child, suspected of maltreatment, was absent, he stated, “We
were always anxious if the child didn’t show up. Is the child not here because she is sick, or is it something else? That was in and of itself very emotionally draining.”

**Protective and Risk Factors for Early Childhood Special Educators**

**History of Adverse Childhood Experiences**

These professionals encounter a number of risk factors. The first, and most profound, involves a personal history of an adverse childhood experience. According to the definition of adverse childhood experiences found in chapter 2, five of the informants had experienced at least one episode of an adverse childhood experience. This ranged from experiencing the effects of poverty, to parental discord and divorce, to childhood abuse. All five informants believed that these experiences had exerted a profound effect on their personal development and the way in which they perceived and subsequently handled situations arising with the children in their care. Witnessing the effects of childhood maltreatment has the potential to activate the educator’s own personal history. If educators are not self-reflective and attentive to addressing their needs, the risk of developing compassion fatigue becomes great. Informant 1 expressed her concerns going into a meeting with a parent who was suspected of child maltreatment:

> I mean it just hits you hard. You just don’t want to be confrontational and I knew I was coming in with baggage of my own. I didn’t know how much of that would affect the [outcome] of the meeting.

Informant 2 had experienced firsthand the effects of poverty and divorce. She shared that she often provided resources out of her own personal bank account to help the impoverished children in her care. When asked why, she responded,
I think I had my own experiences to tie in with that particular girl and that family appreciating that clothing. Seeing her wear it and her excitement when she would wear something to school…I can kind of relate to the situation sometimes.

This ability to relate to and empathize with the children based on personal experiences was a sentiment echoed by the remaining participants as well.

**Caseloads**

Teacher attrition literature often includes a special education teacher’s caseload number as a reason for leaving the field. Participants in this study had caseloads ranging from 15 to 38 students. Early Intervention accepts children the year around, and caseloads usually start lower at the beginning of the school year and gradually increase to a full load by May. The issue of caseload number is referenced in this study as a risk factor, based on previous research of the literature; however, this topic was not explored within the parameters of this inquiry. As a result, none of the informants referenced it in either the individual interviews or the focus group, nor did they identify it specifically as a stressor.

**Lack of Training in Trauma**

Educator training, including undergraduate training programs, advanced degrees, and opportunities for professional in-service, has also been referenced in the teacher attrition literature as a risk factor for leaving the field. The participants shared their thoughts and views regarding their personal educational experiences. This topic will be further expanded upon later in this chapter.
Impact of Bio-ecological Systems on the Individual

The risk factor that appeared to challenge the informants the most was the role and interplay of the staggering number of personal and professional systems that they encounter daily. Much energy was expended on identifying and organizing key stakeholders in the child’s various ecological systems. Informant 6 discussed the time, energy, and frustration she felt trying to set up services for a preschool child: “We went through so many channels to get that done…She didn’t have the same phone number all of the time…I spent so much time trying to find her.”

Protective Factors

The informants employed a number of protective factors to help manage the stressors of their work. All of the protective factors mentioned are consistent with the current research literature. All of the informants shared that the development of protective factors was neither discussed nor developed during their undergraduate and/or graduate training programs.

Professional Development in Trauma, Crisis Theory, and Poverty

Professional training can serve as a protective factor to help mitigate some of the stressors. All of the informants believed that additional classes or workshops on topics such as resiliency (for staff and children), poverty, and trauma would all be effective in addressing many of the issues they face in the classroom today. This aspect will be further addressed in another theme that emerged from the data.

Role of Family and Friend Support

Five of the informants spoke of spending time with family or friends as an effective ameliorator in dealing with stress: “Some of what really helped was
reconnecting with my children” (Informant 1). “We eat dinner every night [together]” (Informant 2). “We are very supportive of each other. My spouse and I spend a lot of time with my parents and siblings. We are together almost every weekend and I think we are strong” (Informant 4). “I try to do things with friends, joyful things, and try to counteract some of it” (Informant 6).

**Importance of Physical Activity**

Four of the informants named some form of physical activity, ranging from walking to chopping wood. Informant 2 finds yoga particularly calming: “I have a yoga class two nights a week…I do other things aside from school that are totally not school-related and take school out of my mind.”

**Spirituality as a Protective Factor**

According to Pearlman and Saakvitne (1995), spirituality can be a substantial protective factor because secondary trauma can affect the way a person perceives hope and life meaning. Spirituality allows connects individuals to one another. Four of the informants pray and rely on their faith to help get them through difficult situations. Informant 3 stated, “I have a very Christian belief, and my faith is probably one of the biggest coping skills. If something is bothering me, I instantly pray, ‘Help me to get through’.” Informant 4 uses mindfulness strategies to de-brief from her job. She stated, “When I get home, I mean, any day is stressful in early childhood, so when I get home, I just try to sit down and clear my mind of the day.”

**Music and Finding the Humor in Life**

Informants 6 and 8 mentioned music is a helpful salve. Informant 2 discussed the necessity of maintaining healthy boundaries, and Informant 8 shared that having a sense
of humor was crucial to maintaining resiliency. Both of these topics were discussed further during the focus group. The five informants that participated in the focus group unanimously agreed that being able to maintain perspective, identify the lighter side of things, and laugh at themselves definitely played a large part in their ability to manage and cope with the emotions they experienced daily. They shared that humor was an essential part of their de-briefing process. Moran (2002) found that humor can improve immune system functioning and reduce physiological stress symptoms in individuals at risk for developing compassion fatigue.

**Self-Awareness as a Tool for Creating Boundaries**

Self-awareness and reflection appear to be important instruments in the development of protective factors. Individuals with limited self awareness may lack the necessary perceptiveness for accurately identifying appropriate boundaries and signs of distress. During the individual interview, Informant 2 talked about the importance of boundaries as one of her protective factors:

I think one of the things that I do, sometimes is have that separation. You can’t help everybody. I have to tell myself no…I do need to have a divide and not get emotionally involved and so I leave a lot of work at work.

When the discussion about the development of healthy boundaries unfolded, informants had this to share: “No one can tell you where your ‘line’ is” (Informant 8). “Sometimes, I don’t establish boundaries well” (Informant 6).

**The Synergistic Effects of Empathy**

The healthy establishment of boundaries and the effective application of empathy can serve as protective factors. Most from this sample of early childhood teachers
employed these tools as a way to address the accumulative stressors of their work effectively. A few, however, still struggled. The group as a whole believed that in order to be an effective teacher, empathy was a critical part of their job. When probed during the focus group about several members’ having provided basic necessities (e.g. food, clothing) to their students, Informant 4 responded quite firmly, “I look at it as part of my job.” Informant 8 further justified the practice saying, “If their basic needs aren’t met, how can they learn?” Teachers who do not demonstrate the capacity to manage their empathic responses and establish healthy boundaries with the young children and families in their care are at a much higher risk of developing burnout, secondary traumatic stress, and subsequently compassion fatigue.

**Emergent Themes**

**Theme 1: The Cost of Caring and Teaching**

The informants who participated in this study discussed a number of sociological issues that they are facing in the classroom. Several referred to the current state of the economy and the increase in families receiving government aid and experiencing homelessness, and children residing in single parent homes. Others discussed the changes in student needs, highlighting that more children are in their classrooms presenting with specific, involved global delays than when they first began their careers. Informant 5 stated, “I think 10 years ago, I had maybe one child who was autistic, two children with Down Syndrome, and the rest were speech impaired. Now, most of my kids are on the autism spectrum or more profoundly delayed.” Informant 7 also shared a different perspective:
I’m seeing a lot of children who have the most significant handicaps. I’m seeing a lot more children surviving now that 20 years ago wouldn’t have survived because medical science wasn’t where it is now for the saving of preemies.

As mentioned in chapter 2, factors leading to increased feelings of burnout include caseload numbers, years of experience, level of education (Cross & Billingsly, 1994; Gersten et al., 2001), lack of resources (Edmonson & Thompson, 2000), lack of administrative (Billingsly, 2004) and collegial support (Miller et al., 1999), paperwork (Billingsly et al., 1995; Gersten, Keating, Yovanoff, & Harniss, 2001;), and stress (Gersten et al., 2001; Singh & Billingsly, 1996).

Contrary to the current literature, years of experience and level of education appeared to have little influence as a mitigating factor for teachers confronted with trauma material. The informants in this study shared a multitude of cases—some involving a CYS referral, others that were less clear cut—but they all stated that each of the cases seemed to take the same emotional toll on them. Just as much time, energy, concern, and emotion was spent on a child for whom the abuse was only suspected, as one for whom it was proven. Informant 3 stated,

It becomes part of your job. It is hard to just leave it, so you become more stressed while it [suspected abuse] is going on. You think about it and become more angry or you worry about if something else is going to happen or you didn’t take care of it the correct way, or something is going to fall back on you and you didn’t report it to somebody.

This inquiry asked the informants only to share details related to one or two of their experiences involving childhood maltreatment. Almost all of the informants
demonstrated difficulty at first in only choosing one. Many of the cases they discussed had happened years ago, and the informants still demonstrated a number of emotional, non-verbal responses (e.g., crying).

The participants alluded to several other factors (e.g., paperwork, stress) that were consistent with the research literature in the field. The teacher burnout literature does not, however, discuss the role that empathy plays in the lives of educators. Empathy has been previously discussed in this chapter as a protective factor. Professionals in helping fields, such as social work and counseling, often exhibit empathy as a psychological strength.

Due to the extremely young age, the nature of the developmental delays, and the environmental risk factors of the children, teachers working in early childhood special education programs frequently employ a great number of caregiving techniques. Throughout the course of the individual interviews, many displays of empathy and compassion were exhibited, ranging from the informants’ providing the child with basic needs to demonstrating a deeper understanding of what the child is experiencing in her home environment. The very strength that enables teachers to complete their job responsibilities effectively and to have a dramatic impact on the life of a child can also be their undoing. When compassion stress is not addressed effectively, empathic responses can lead to traumatic stress when teachers are feeling overwhelmed emotionally (Saakvitne & Pearlman, 1996). According to Valent (2002), people can experience feelings of distress and trauma from believing that they have not done enough to avert another individual’s suffering. When the individual is a child at high risk, Figley (2002) purports that professionals are predisposed to an even greater risk of developing compassion fatigue. When these professionals have a personal history of adverse
childhood experiences, as 5 of the 8 informants did, they are also at a greater risk for developing compassion fatigue. Seventy-six percent of American adults have experienced at least one traumatic event according to Eliot and Briere (1995). As a result of this research, this issue affects many more professionals working in the fields of education and counseling than is currently recognized or systematically addressed in formalized training programs before these workers enter their respective fields. Teachers’ positive perceptions of self-efficacy have been shown to be positively connected to whether they will stay in the field. Teachers who are self-confident in their abilities believe they make a greater impact on the children they teach, which in turn leads to intrinsic rewards or feelings of compassion satisfaction for doing their job. When questioned during the individual interviews about how they viewed their effectiveness in the classroom, they responded,

I always thought I was a pretty effective teacher…I could see my kids learn…I learned to appreciate the small things, the small gains, rather than the big, huge “Oh my God, I taught them all their letters and numbers”…I think you have to look at the small steps…That was always the exciting part for me, the small steps. (Informant 8)

I think so [that I’m a good teacher]. I really think that I’ve seen so many changes in children by the time they leave…I think we feel really good when they leave that we’ve done something for them. (Informant 6)

I’m pretty confident in the classroom. The first year teaching, I certainly wasn’t. But with the help of other people to help build your confidence…you feel like you are a better teacher. (Informant 4)
Stamm (2002) has found in her research that individuals possess an instinctual ability to self-protect when confronted with trauma material. Resilience enables a person to confront life’s adversities by developing positive patterns of behavioral responses. Resilience is a major component of compassion satisfaction. Colleague and administrative support (Billingsly, 2004; Stamm, 2002) and positive school climate and opportunities for additional training (Billingsly, 2004) all contribute to a teacher’s ability to preserve and develop constructive coping mechanisms when faced with traumatic stressors.

**Theme 2: Levels of Professional Support**

The inclusion of administrative support has been explored at length in this study, as it is a determinant of teacher self-efficacy and job satisfaction. It appears consistently in the teacher attrition research literature as a mitigating factor in teacher success. The important role that an administrator plays in a teacher’s professional life has profound effects on the teacher’s perception of self-efficacy and compassion satisfaction. Its inclusion in this study as a protective and/or risk factor was paramount. Two different administrative types emerged throughout both phases of the study. Littrell et al. (1994) have found that special educators believe that emotional support from the administrative staff is most important. Informant 8 discussed this saying,

There was never really an issue where I was calling my supervisor and going, “Now where do I put this or where do I put that?” Mine was always more, “I had a really bad day and this kid did this and I need some help.” So that was more important to me than the other stuff.
Not surprisingly, and in support of the literature, all of the informants strongly emphasized the importance of a strong, supportive supervisor. When dealing with sensitive material related to childhood maltreatment, the informants in this inquiry described supervisors that fell into two categories: the “Involved Supervisor” and the “Detached Supervisor.” The Involved Supervisor provided clear expectations, unequivocal support, constructive feedback, validation of teacher efforts, and most important, emotional support. The Detached Supervisor is far removed from the day-to-day classroom activities, provides little follow through on important matters, is more involved in administrative tasks, emotionally and professionally unavailable, and provides little to no support. Informants had much to say in regards to this matter.

It’s nice to know that they are there. (Informant 1)

I think [administrative support] is extremely important. I think administrative support with anything is probably the most important thing. When you don’t have an administrator that supports you or even understands the situation…they are not going to have much sympathy. (Informant 3)

I think if we didn’t have our administration supporting us, we would have really struggled a lot. It would have been difficult to get through that situation…I was very thankful that they were there and they supported and believed what was occurring. (Informant 5)

I just absolutely think it’s [administrative support] vital and I mean, I know their schedules are tight…I think too many times, supervisors forget that we need to hear the positive things about what we are doing right, instead of the negative things about what we do wrong. (Informant 7)
I think it’s extremely important. You have to have a strong administrative team to even be able to support the teacher to get through. I know that with my supervisor, there have been days where I have called her, burned out, saying, “They say they hate me.” Just looking for the reassurance that “Yeah, I’m a good teacher.” I have always thought that. I think it is very important. (Informant 8)

Informants 3, 4, and 5 all expressed similar sentiments when referring to an initial case of suspected child maltreatment. They all emphatically stated that it was imperative that the supervisor acknowledge the veracity of the information they were presenting about the child. Informant 4 stated, “I think it’s very important that administrators acknowledge that this is present and provide support, or resources, or staff.” Informant 3 shared,

A lot of times, they think that there is nothing wrong, that there is no trauma, and a lot of times they don’t really care. It’s like they think, “They [the teachers] will learn how to deal with them [the traumatized children].”

While discussing the role of administrative support during the focus group, an interesting avenue emerged for discussion. It branched out from similar sentiments expressed during the individual interview portion of the study. The general consensus among focus group participants was that consulting administration was considered to be the last step in trying to handle an incident of child maltreatment. Even though the participants had previously agreed upon the importance of having an effective administrator, they also said that they only accessed administration when absolutely necessary. In their words, administration was called for “big things.” In the individual interview, Informant 3 shared a similar view adding, “Sometimes I think you’re afraid to
tell your administrator something because they are going to think you don’t know how to
teach or you don’t know how to deal with the situation yourself.”

Informant 1 stated,

We can utilize a supervisor, but a lot of times it’s just easier to deal in house. I
think just because we are the ones seeing them [the children] everyday. It’s hard
to get an outside perspective when they don’t know the kids or what is going on.

Informant 6 encapsulated the image of the detached supervisor when sharing,

I don’t have that support from our main administrator. I don’t know if it’s because
we have been there so long that she almost feels like we can run it ourselves. And
there are times when we really do need that person to help us and we don’t get the
help…. [When handling a child maltreatment issue] our administrator really
wasn’t involved. Asked a few questions once in a while, but nothing too much.

Informant 4 stated of one supervisor, “She rarely came into the classroom. Mainly only
when there was an issue that needed her expertise or support or whatever.” Billingsly and
Cross (1992) determined that regular and special educators felt more social
connectedness, a higher degree of responsibility to their jobs, and a lower level of stress
when they received administrative support. Further examination on the various forms of
supervision should also occur as a result of this study. This will be further explored in the
Implications for Future Research section.

Several factors associated with the participants in this study intersect with the
current research. The literature has found that support from other teachers can be crucial
in lowering stress levels and improving job satisfaction. In this particular instance,
geography and classroom assignment play a critical role in explaining why the informants
were more dependent on their classroom staff rather than other early childhood special education teachers. As mentioned previously, this group provides service delivery in a variety of formats. The immense number of educational systems with which the teachers must cope limits their accessibility and proximity to other early childhood special education teachers. As a result, informants in this study found collegial support from para-professional staff, instead of from other certified special education teachers, to be most essential in helping to de-brief from stressful and traumatic situations. They shared,

Someone that has experienced it is more likely who I tend to go to because they can sympathize with you and maybe give you suggestions of what to do. The people that work in your room, you’re dealing with the same things. (Informant 3)

If I didn’t have another person in that room, I think it would be difficult to continue on some days without having a person there to talk to about stressful situations immediately…So, just having the folks that I work with on a day to day basis there to talk is a good resource. (Informant 5)

I would say a lot of the time it would have to be my teaching assistants [that help me debrief]. I don’t know if it is because they have always been older than I have been, that I always felt them being more like a maternal figure. (Informant 8)

Theme 3: The Disconnect between Education and Counseling

As the individual interviews and the focus group commenced, a most profound theme began to emerge of the minimal consultation and collaboration between these two disciplines, even though many worked in the same buildings and had direct contact with the same children. The dearth of literature addressing the lacuna that exists between the fields of teacher and counselor training programs serves only to support the argument that
professionals are entering their respective fields with little understanding of the need for collaboration and consultation to serve children in their care effectively. Throughout this study, there were several instances where the teachers had little or no access to a school counselor at all. All of the participants believed that the inclusion of school counselors in their programs would enhance the services being delivered, make the learning environment more effective, and have a greater impact on children and families.

However, signs of role confusion appeared regarding the school counselors as some negative comments were made that seemed contrary to some statements regarding the positive impact a school counselor can have. When asked to elaborate on what school counselors’ responsibilities entail, participants’ responses ranged from “eating lunch four times a day” to “scheduling” to “career planning for a select few.” After additional probing, participants were willing to concede that school counselors have extremely high caseloads, are often responsible for the children in multiple sites, and can be prisoners to their own responsibilities—as outlined by the administrator. These were several of the reasons given for the breakdown in communication and services between members of the professional staff.

Professional school counselors and administrators can ameliorate a number of stressors that contribute to teacher burnout. These professionals are often responsible for the development of a positive educational environment. They can also provide opportunities for much needed teacher training, serve as an objective team member helping to mediate disputes between staff and families, and provide constructive feedback and on-going validation to staff. This issue was discussed during the individual interviews and focus group. Informant 3 stated, “School counselors would provide us
with a layer of objectivity. They could help us to build relationships with families and work through difficult situations when they come up.” Informant 7 noted,

I think it would be very helpful [to work with a school counselor]. I think everybody needs a sounding board sometimes to just get it off their chest…and it’s sad because I think people reach that burnout level so much quicker.

In the individual interview and the focus group, Informant 8 took a different approach to how she would work with a school counselor:

I have always thought I have kids here that have mental health issues. If somebody could just come into my classroom once a week and maybe take this kid for ten minutes and talk to them about, “What’s going on?” and “Why are you so angry?” I’m not sure I could do those things. I mean, I can figure it out, maybe, but you only have so much time in the day…. If given the choice between mental health [services] for kids and families and mental health for us [teachers], I’d rather go with the kids and families. It’ll make our jobs so much easier.

**Theme 4: Gaps in Training and Resources**

Children today are plagued by a number of environmental and biological risk factors, including family instability, poor nutrition, exposure to toxic chemicals, and abuse. All of these risk factors can lead to deleterious influences on healthy psycho-social and physical development, in addition to the construction of important resiliency skills. When a disruption transpires in a child’s normal brain development, significant and noxious effects can occur during critical periods of cortical organization (Grossman et al., 2003), thereby having profound, lasting effects on a child’s ability to process information, employ problem/decision-making strategies, and ultimately learn. Lynch
and Levers (2007) have found that the role of protective and risk factors in one’s environment can have a dramatic effect on an individual’s development, noting that “[e]nvironmental factors have an impact on the person in stage-salient ways; and continual transactions within the environment, or ecology, determine the risk or protective factors present in the individual’s ecology” (p. 590). Exposure to trauma in childhood can affect individuals cognitively, social-emotionally, and physiologically throughout the remainder of their lives. Protective factors can help mediate the detrimental consequences of childhood maltreatment. The healthy development of protective factors in professionals can help neutralize the onset of secondary traumatic stress and compassion fatigue. Although the rate of incidence for experiencing trauma is exponentially higher in lower socio-economic levels, trauma is not limited to those living in poverty. Advances in neurobiology have enabled researchers to effectively link adverse childhood experiences with disruptions in a child’s neurodevelopment, thus resulting in lasting effects on brain structure (Anda et al., 2006). The Adverse Childhood Experience Study examined the childhood origins that contribute to many of the nation’s health and social problems (Anda et al., 2006). The study found that two-thirds of the more than 17,000 person sample had experienced at least one adverse childhood experience (Anda et. al, 2006). The impact that this result has on the current population should not be underestimated, as the number includes many professionals currently working in helping professions, such as counseling and education. In 2005, Gentry purported that burnout and compassion fatigue has synergistic qualities. His study focused on the counseling field and found that counselors who were overworked and emotionally exhausted have less cognitive, emotional, spiritual, and physical energy to
manage compassion stress symptoms, leading eventually to the development of compassion fatigue. Research has shown that awareness can serve as the foundation and prevention of compassion fatigue (Figley, 2002; McCann & Pearlman, 1990). Therefore, educational institutions that train teachers and school counselors should include coursework on the developmental effects of trauma on children and the potential for the permanent, damaging effects of compassion fatigue (Arvay, 2001; Cunningham, 2004).

The pedagogical issue that arises is two-fold: a) Teacher and counselor training programs are not properly addressing the many issues presented by today’s youth in the educational environment; therefore, teachers and school counselors are ill-equipped to address student needs effectively and to identify correctly the signs of burnout, secondary traumatic stress, and compassion fatigue that they might be experiencing as a result of the rigors of the job; and b) teachers and school counselors often seek support for dealing with complex mental health issues from ancillary professional personnel, such as school counselors and administrators. These professionals are often lacking the necessary training and knowledge base to provide adequate support and resources.

**Baptism by fire.** This perception was expressed multiple times throughout the individual interviews and focus group discussion. Informant 2 believed that “natural experiences” occurring in her field work and her own personal experience are the only training that she has received as an undergraduate. When asked if she received any formal training in the areas of trauma or poverty, she stated, “I don’t think I got that much.” When Informant 3 was probed, she stated, “I don’t honestly remember having any training at all in this, so I would probably say none.” She went on to express her frustration with the lack of training and follow through when she stated,
Sometimes I feel that they drop this kid off at your door and “There you go.” You learn what’s wrong with them and how to deal with it. A lot of times you don’t even know what’s going on, but you know there is some type of trauma. So I really feel that it is a baptism by fire…I think training would be, should be greatly improved.

Informant 4 shared a similar impression when asked what part of her teacher training program discussed poverty or childhood maltreatment:

None. I don’t know how you want me to expand on that…The first time I encountered these issues, I was student teaching in a district with a lot of low-income families. I guess during student teaching was the first time I had encountered that…I hate to say it, but the professors just said, “Well, we’ll let the cooperating teachers deal with it.” They never really expanded on what to do if…Right now, I’m doing my master’s program and there is this little blurb of that, like poverty, but it’s probably like a paragraph long in the textbook.

Informant 8 also stated that she never encountered any formalized instruction as an undergrad. She said, “There was a little bit more in my master’s curriculum only because they asked us to look at a specified population versus another one. *Maybe* one or two assignments.”

Informants 4 and 8 quite poignantly point out that the curriculum needs to extend further—to instructional teaching practices within the walls of a classroom. Reading materials, such as textbooks, supplemental readings, and articles are also necessary to provide teachers and school counselors in training with a foundational knowledge base.

According to Levers (2007), accreditation standards across all disciplines of academic
human service training programs rarely address the topic of trauma. Teachers and
counselor educators must impart knowledge and wisdom to their students before they
matriculate. This is not to imply that the current topics found within these respective
curricula are unimportant or unnecessary. It is merely opening the discussion to expand
on the current pedagogical practices and improve the students’ repertoire of skills.

Trauma and poverty are pervasive in today’s classroom. If teacher and counselor training
programs fail to recognize this matter and address it within their curricula, generations of
teachers and school counselors will enter the field inadequately trained and
underprepared to address the needs of their students. This situation will continue to
perpetuate the cycle of teacher attrition and a reduction in teaching staff who develop a
more sophisticated level of professional experience and who can serve as effective
models for newer professionals entering the field. The ultimate goal in having a highly
qualified, effective teaching and counseling staff is to provide the maximum educational
programming to the children they serve.

Informants 5, 6, and 7 did not have any formal training in trauma or poverty
either. Informant 7 further expounded on her opinion of the importance of this training:

They talked about this population of kids, like, as being learning disabled, the
emotionally disturbed…I don’t think there was anything. I really think that we
don’t prepare our kids as they come out of school for what happens. I’ve talked to
other old-school folds like myself and I think it’s harder in the generation of
teachers coming out now to find that compassion that we had—and that drive to
fix it. So many of them, they view it as a job, but without the compassion, I don’t
know how effective they are because the first thing you got to do is love these
kids and love these families because if you don’t have that connection to them, then you’re not going to make the change. Nobody talks about the emotional toll that it takes when you see these kids in these positions and knowing you can’t change it.

Informant 1 shared her concerns about teachers who are ill-equipped to handle the variety of issues and stressful situations within an early childhood classroom:

When we do have students that come up that we just don’t know what to do with or when we start questioning our own teaching careers, there needs to be some follow up, maybe some kind of coping class. Because I think a lot of good teachers leave the field early because they just can’t handle it anymore, and I think what’s worse is the ones who can’t handle it anymore and stay in the field because they don’t know any other job and I see it taking a detrimental risk on kids. They may have been highly effective for five or ten years, but you can only suffer so many pains of little people and like I said, each one takes a small dent out of you before you start to feel like you either have to put a shield out that keeps you an arm’s length away from the emotions of the kids, which is ineffective teaching, or you just keep taking the dings to the point where you just can’t do it anymore. I think you lose a lot of good staff that way. I really do. So I think the training would be beneficial, but I think there has to be follow up. You just can’t throw textbook stuff and expect us to absorb it and not give us keys on how to handle the day to day.

Informants 1 and 3 also indicated that having the opportunity to discuss hypothetical cases with other professionals who had an expertise in trauma, in addition to
brainstorming various courses of action, would also be greatly beneficial. Informants 6 and 8 illuminated an additional issue, indicating that seasoned teacher educators instruct on topics such as classroom management, instructional methods, curriculum, and theory, and forget to address the practical implications of all of this knowledge. During the focus group, informants also highlighted the fact that many supervisors are advanced up the administrative chain of command because they hold the right credentials and certificate—yet they possess little practical knowledge or formal training that would be helpful to the staff in times of crisis. They also questioned the formal training and efficacy of the school counseling staff they have worked with, wondering whether or not they, too, were equipped to deal with these issues.

**Summary of Themes**

Throughout exploration of the themes that have emerged in this inquiry, the subsidiary questions of this focus have been addressed. The emotional toll on early childhood teachers working with high risk populations has been examined, in addition to the role of protective and risk factors, supervisory and collegial support, and the impact of the stress experienced on career development. Ultimately, the individuals in this group of early childhood special educators stay in the field because they truly believe in what they do and can see the difference they make in the children’s lives and the lives of their families.

Informants in this study demonstrated a wide range of experience in their career development. One participant was in the establishment phase; five were living in the maintenance phase; and the last two were nearing the retirement phase. Classroom
teaching assignments were also diverse. Informants variously worked in a self-contained classroom, provided consultation services, or performed a combination of both.

Some of the risk factors that have been explored are commensurate with the current teacher attrition literature. Caseloads, opportunities to advance educational attainment, a history of child maltreatment, and the sheer number of systems to cope with all contribute to feelings of stress, emotional exhaustion, and burnout. When a child presents with symptoms of maltreatment, the risk factors that teachers encounter contribute to their overall perception and subsequent handling of the situation.

The informants also indicated a promising number of protective factors that they employed during times of crisis and stress. Many of the informants used hobbies, faith/spirituality, exercise, and mindfulness practices as constructive coping mechanisms. Professionally, the development and implementation of healthy boundaries, the presence of administrative and collegial support, and the application of empathy also helped restore balance to their lives.

The first theme explored the cost of caring for young, special needs children within an educational environment. As mentioned earlier, empathy is viewed as a protective factor, but without the proper implementation of boundaries, empathic responses can lead to traumatic stress. If the traumatic stress goes unaddressed, compassion fatigue can result. In addition to protecting the individual from the onset of compassion fatigue, the development and implementation of resiliency behaviors also enables this group of educators to find satisfaction in their work.

The second theme examined the various levels of professional support made available to this group of early childhood special educators. A discussion surrounding the
various roles of the “Detached Supervisor” vs. the “Involved Supervisor” analyzed various supervisory behaviors that were perceived to be helpful or unproductive during times of crisis. An interesting dichotomy was unearthed when informants were probed further regarding their perceived involvement of a supervisor. During some of the semi-structured interviews and the a portion of the focus group, informants agreed that administrative support was crucial, but admitted to only calling a supervisor for help for issues that were monumental. Providing teachers with various levels of supervision, ranging from administrative to clinical, was also an emergent theme that participants discussed. This theme also found that informants preferred seeking out support from classroom staff (e.g. para-professionals) instead of other early childhood special educators when needing to process difficult information. Participants were extremely vocal in their desire to work with a professional school counselor, trained in trauma and crisis intervention and experienced in providing mental health services and support.

The third theme brought to light examines the great divide that currently lies between educators and school counselors. Some of the participants’ beliefs are rooted in misperceptions regarding the roles and responsibilities of school counselors; some are due to the lack of access this group has to school counselors who would really create a dramatic difference. Sharing of information, consultation, and collaboration rarely occurred. In the few instances in which it did, the team was usually in crisis and responding reactively to the situation.

The last theme ties into the need for additional training. None of the participants had experienced any formalized training in their undergraduate programs, and only a few had had one or two lessons during their graduate programs. All expressed a strong
interest in obtaining additional information on the issues encompassed in this inquiry. Many of the informants shared with me their desire to advance the knowledge in the field regarding this topic because they truly believed that there is a need to bring light to this issue in education and that current practices are not properly addressing it. During the focus group, participants expressed doubt as to whether or not many of the professional support personnel (e.g., school counselors) themselves possess the necessary tools for addressing trauma. All of the participants expressed the need to update the teacher training and school counseling curriculum to include issues of trauma, crisis intervention, and the developmental impact of poverty on children. Many expressed that teacher and counselor educators needed to go further by forging ongoing conversations and following through with field students while in training.

Several areas for future development have arisen as a result of this inquiry. The next section of this chapter will include a discussion of recommendations for the fields of education and school counseling. Prevention and intervention techniques will be discussed, in addition to curriculum development and training practices.

**Recommendations: Focusing on Prevention**

As mentioned previously in this chapter, compassion fatigue is a construct rarely examined in the field of education. When analyzing this topic in the field of education, one must view it through a counseling lens with special care and attention to the differences that exist between educators and counselors in service delivery and environments. Care must also be taken when considering the types of interventions that will be effective with this population. Many of the recommendations in this section are techniques employed currently by counselors and counselor educators. It is believed that
these same strategies can be effective if implemented consistently within the field of education. Several of the recommendations are necessary components of counselor training curricula, such as clinical group and individual supervision during fieldwork, debriefing, and opportunities for follow-up care. A few are not a part of either teacher or counselor training programs, such as trauma training.

Empathy is one of the most effective tools that these early childhood special education teachers employ on a daily basis. It allows them to show compassion for families who are struggling in their parenting practices and to demonstrate patience with the children in their classroom. When educators have difficulty establishing healthy boundaries with the children and families they work with, they can experience damage that can affect not only their physical selves, but also their psyches as well. The hurt, if not identified and treated, can accumulate and last a long time. Informant 1 shared that some teachers put up a “shield that keeps [them] at arm’s length away.” This behavior allows educators only to dissociate from the pain they are experiencing. As a result, their ability to demonstrate empathy, sympathy, and effective handling of high-stress situations is drastically reduced. This diminished capacity affects the teacher professionally and personally. The children, who are the innocent bystanders in this scenario, are the ones most dramatically affected. Practitioners currently working in the field can engage in a number of preventative behaviors to reduce their risk of experiencing burnout, secondary traumatic stress, and compassion fatigue.

According to Yassen (1995), there are three levels of prevention: primary, secondary, and tertiary. Primary prevention consists of education, awareness workshops and training, and self-care plans. Support groups, supervision, and consultation services
make up the second layer of prevention. The last level involves more specific interventions, debriefings, and personal therapy. A number of tools can be developed for preventing and addressing trauma issues in early childhood special education teachers.

**Developing Awareness**

As mentioned earlier in this chapter, awareness of the symptoms of compassion fatigue is a key tool in preventing it. In addition to educators’ being able to competently identify the signs and symptoms associated with this disorder, they must also possess a level of self-awareness that enables them to take a critical, hard look at themselves. Self-awareness is an important self-protective behavior and is essential for maintaining a healthy balance of empathy (Pearlman & Saakvitne, 1995). Access to professional workshops and training that promote self-reflection and coping strategies, education, and training for teachers, school counselors, and administrative staff can help build a culture of awareness within the walls of education.

The successful implementation of boundaries extends many layers of an individual’s professional life. The informants in this study referred to establishing boundaries as they relate to the relationships that they build with children in their care. The role of boundaries should also extend to other areas of professional life. Boundaries, including time and personal life, ensure that a separation exists between individuals and their work. Behaviors as simple as maintaining regular work hours, taking periodic breaks throughout the day, and maintaining a manageable workload are just a few behaviors that have been found to promote balance.
Establishing Professional Support Networks

The ability to build and maintain professional relationships is a thread that runs through many aspects of this research. Administrative and peer support are key factors in job satisfaction and perceived efficacy. Supervisors often provide guidance and support that is administrative in nature. The focus of this type of supervision is centered primarily on programmatic guidelines, special education law, and paperwork. With regard to supervisor input, the participants in the study shared that it is important for supervisors to provide teachers with opportunities to process difficult situations, daily stressors and concerns, and the toll that the rigors of the job takes on them. Several commented that having access to professional school counselors in this capacity would ameliorate many of the stressors they experience. School counselors can also help by reducing feelings of isolation and providing opportunities for staff to process difficult, stressful situations and to connect with one another during times of crisis. School entities can naturally build this into the culture of their programs by providing teachers with consistent, on-going opportunities to grow and learn from one another. Change can be difficult for large organizations, but it is possible when working within existing structures of social support. Humor, listed as a protective factor earlier, can be used as a tool for building social cohesion among staff members. Eagly et al. (2004), in discussing Kelman’s three processes of social influence, state that “[a]n influencing agent can affect a target either by producing attitude change, which in turn leads to behavior change, or by producing behavior change directly” (p. 65). Several components contribute to creating a change in behavior within a social system. Compliance occurs when one person accepts influence from another individual or group with the hope of gaining a favorable reaction or to avoid
punishment (Eagly, Baron, & Hamilton, 2004). Identification occurs when individuals identify themselves with a person of interest and accept the influence of this person in maintaining a self-defining relationship. Internalization occurs to maintain the assimilation of individuals’ value systems and to ensure that their actions and beliefs are congruent (Eagly et al., 2004). Creating opportunities for educational programming that raises awareness about compassion fatigue is one component already mentioned for effecting organizational change.

Effective mentoring of younger staff by more experienced staff members can ameliorate some of the stressors placed upon educators. For inexperienced teachers, this is often the first relationship that is established within the educational system. Supportive mentors can assuage anxiety, offer suggestions and alternatives to daily struggles, and provide additional resources when foundational knowledge is limited and professional development is warranted. Additionally, there is no power differential that exists between a mentor and mentee, allowing the relationship to develop naturally without concern for professional recourse.

Obtaining Effective Supervision and Community Support

Supervision is another crucial element in which systemic changes can occur at the individual level. Supervision can be administrative for teachers and paraprofessional staff, and clinical, for professional school counselors who work with high-risk populations and provide support to professional staff. In order for supervisors to be effective, they too must have the knowledge and expertise about trauma and crisis theory to address situations effectually as they arise. Not only can supervisors engage supervisees in activities that promote self-awareness and personal growth, but also topics
such as resiliency and additional self-care methods can be discussed. There is a growing trend in education today that emphasizes educational leadership among all practitioners, not just administrators. Leadership behaviors include a wide repertoire of skills, including self-reflection and resiliency.

Many of the informants in this study indicated that they want more time that is not meeting or training related with their supervisors. They indicated that a group forum to discuss caseloads and concerns for a brief period would help them to manage their job responsibilities. Group supervision could provide a means to an end for administrators whose schedules are stretched thin. Working within the structures of social support systems, administrators can encourage and foster collaboration, collegial support, and promote and enhance problem-solving behaviors. In examining the importance of collaborative learning partnerships, Saltiel, Sgroi, and Brockett (1998) state that professional relationships are centered on the basic core idea that all of the individuals are working towards a mutual goal. They note, “It is the social and psychological aspects of working together that are critical in understanding the concepts associated with partnered learning” (p. 6).

An unfortunate reality for many professional school counselors is that they often do not have access to a clinical supervisor with mental health training (Roberts & Borders, 1994). An effort is being made in the field to ensure that qualified, well-trained counselors are holding supervisory positions. The ACA (2005) Code of Ethics states, “Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topic
skills” (F. 2. a). In response to the lack of clinical supervision opportunities for professional school counselors, a model that has found success within the school counseling field is based on peer consultation. Benshoff and Paisely (1996) collected data on structured peer consultation dyads over a 9-week program. Participants found this format to be extremely effective in generating ideas, providing support, and developing more refined counseling skills (Benshoff & Paisely, 1996).

This model could be adapted to educators as well. School counselors could serve as team members or group leaders to foster an atmosphere of support and create systemic change. In a study of school counselors who were experiencing burnout, Butler and Constantine (2005) found that school counselors may feel more competence and professional satisfaction, and fewer feelings of emotional exhaustion and depersonalization, when their professional peer group is positively perceived by others. A situation like this demonstrates the principle of collective self-esteem. Creating a culture that recognizes and validates the complex issues that educators and school counselors are facing daily is also essential. As mentioned earlier, fostering a collaborative relationship between teachers and school counselors through tasks, such as supervision, was positively viewed by participants in this study. Many of the informants discussed the importance of administrative personnel’s recognizing the strides that they make with children and the need for the collective, public conscience to view them as essential members of the educational community. Informants spoke, with hurt resignation, of experiences they have had with individuals who misunderstand the role that they play in children’s lives or who think that they are “glorified babysitters.” In a related study of counselors, Williams et al. (1997) found that the individual’s perception of self-efficacy
played a large role in his or her development of self-confidence and of feeling effective when working with clients. Even though the informants in this inquiry found much intrinsic reward from the small, smiling faces of the children they work with, several indicated a need to receive positive validation from administration and staff. Informant 7 stated, “I think too many times supervisors forget that we need to hear the positive things about what we are doing.”

Despite these negative perceptions from supervisors and from the general public, the informants all appeared to demonstrate a well-developed sense of purpose. They all believed that they have made a difference in the lives of the children and families in their classrooms. This belief propels them to notice and appreciate the “small gains.” A professional and community culture that supports this belief and provides consistent validation and constructive feedback can also serve as a preventative measure and can mitigate signs of compassion fatigue.

**Self-Care Plans**

Another tool shown to be an effective preventative strategy is a self-care plan. Many administrators require the professional teaching staff to submit annual goals as part of their ongoing professional development. Administrators and school counselors can help teachers develop self-care plans that address specific strategies and behaviors that they can implement when coping with the daily demands of their roles and responsibilities, in addition to crisis planning when traumatic situations occur. Many of the informants spoke of the need for follow through on the part of administrators and teacher/counselor educators. This practice would provide professional staff with another
layer of accountability, as administrative staff would address items on the self-care plan with the staff to ensure implementation of the behaviors in daily life.

**Debriefing**

Several of the informants discussed the need to have a forum for debriefing with well-trained staff after a crisis. Debriefing after a traumatic incident can also be an essential component in the prevention of compassion fatigue. Debriefing is “a structured group discussion of a crisis or traumatic even wherein the participants are encouraged to discuss their respective cognitive perceptions of, as well as affective and physical reactions to, a crisis or traumatic event” (Everly, Boyle, & Lating, 1999). Debriefings can also serve as an early assessment tool in determining additional factors as presented by the participants that need to be addressed by further interventions on an on-going basis. Everly et al. (1999) also found that debriefing was effective in providing participants with “cathartic ventilation, social support, verbal expression, normalization, and stress management education, as well as assessment for follow up” (p. 232).

**Teacher and Counselor Training Programs**

Jerome Bruner (1960) believed that of the many responsibilities teachers have, highly important is the obligation not only to teach factual information, but also to create learning opportunities that enable students to develop a full understanding of the conceptual framework of the knowledge. Moving students along the learning continuum focuses students on assimilating that particular information into their own foundational knowledge so that it can be used to complete complex tasks. Freire (1970) discusses this “banking concept of education” (p. 73) in his book *Pedagogy of the Oppressed*. He writes,
In the banking concept of education, knowledge is a gift bestowed by those who consider themselves knowledgeable upon those whom they consider know nothing….The more the students work at storing the deposits entrusted to them, the less they develop the critical consciousness which would result from their intervention in the world as transformers of that world. The more completely they accept the passive role imposed on them, the more they tend simply to adapt to the world as it is and to the fragmented view of reality deposited on them. (pp. 72-73)

Therefore, according to Freire (1970), the students become nothing more than “receptacles” (p. 72) to be filled by the teacher. “Education thus becomes an act of depositing” (p. 72). This approach stifles creativity and activism among individuals. Freire encourages the concept of “liberating education” (p. 79) which emphasizes “acts of cognition, not transferrals of information” (p. 79). A dialectical relationship is born between teacher and student, which takes place through meaningful communicative dialogues. Only then can an “emergence of the consciousness” (p. 81) occur that enables students to see knowledge as evolving and encouraging them to become critical thinkers.

In dealing with issues of trauma, this way of thinking can also provide hope. Freire posits that people do not exist apart from the world and that individuals find grounding in the relationships that they foster with one another in the “here and now” (p. 85), hence emerging as critical thinkers. “To alienate human beings from their own decision-making is to change them into objects” (p. 85). Reflective thinking is a critical element in this path of learning. It exists in the dialogue and actions of human beings. Addressing the need for trauma curriculum in the fields of education and counseling begs for further
consideration. Freire (1970) states, “We must pose this existential, concrete, present situation to the people as a problem which challenges them and requires a response-not just at the intellectual level, but at the level of action” (pp. 95-96).

As teacher and counselor educators, a prevailing goal is to produce future teachers and counselors that are effective at their practices in working with high-risk children and families. In order to make this goal a reality, the field needs well-trained professionals to implement these systemic changes. Like the rings on a tree trunk, this is a multi-layered approach. Counselor educators must work collaboratively with their respective teacher educator counterparts to address the necessary gaps in curricula. School counseling programs that provide coursework in trauma and poverty-related issues will not only create a more dramatic impact in the practical implications of their students’ work strategies, but will also help the students to cultivate better self-care strategies to implement when a crisis occurs. Personal awareness and knowledge of compassion fatigue symptoms leads to more constructive interventions and ultimately to healthier, more effective professionals in the field.

The prevalence of trauma among American adults has been mentioned multiple times throughout this text. Vrana and Lauterbach (1994) found that 84% of non-clinical undergraduate psychology students reported experiencing at least one traumatic event that triggered PTSD symptoms, and at least one-third of those students had experienced four or more traumatic events. A common misconception in the field of counseling is that teaching about trauma-related material will potentially unleash unresolved trauma issues in the counselor-trainee. The problem occurs also in teacher training programs where teacher educators have little background in traumatology and are reluctant to address it.
Black (2008) found that some trainees did experience some “intrusive imagery” (p. 8) as a result of coursework. Despite this cognitive interference, the emotional disruption was relatively low, and the inclusion of these materials was essential for covering the objectives outlined in the course. A greater emphasis should be placed on the design of the course materials, which should be devised to foster self-reflection, not to overwhelm the individual emotionally. According to Black (2008),

> [a]s the literature on trauma treatment has grown exponentially following posttraumatic stress disorder’s (PTSD; American Psychiatric Association, 2000) first introduction into the diagnostic lexicon almost 30 years ago, virtually no literature exists on the training and teaching of trauma counseling in graduate programs. (p. 266)

The consequences for failing to address this issue in teacher and counselor training programs can be severe, not only for the potential student, but also for the trainee. Black (2006) concluded,

> The cost of teaching trauma based on these principles is nothing more than the time it takes instructors, professors, and trainers to prepare and incorporate the principles into their teaching. The cost of choosing to ignore these principles may be that our students, who are trying to learn how to help clients remain, grounded and centered, will themselves feel ungrounded, off-center, and overwhelmed during the class. (p. 9)

The banking concept of education runs counter-intuitive to the essential skills of creative problem-solving and productive decision-making. If current teaching methods fail to foster learner autonomy, trainees will be ineffectual in the field, bogged down with
feelings of overwhelming anxiety and self-doubt and thus perpetuating the cycle of burnout and compassion fatigue. Instructional methods must consider the distinct needs of the individual learner and encourage divergent methods to acquire knowledge. This can be done through activities such as role plays and other experiential methods. Nelson and Neufeldt (1997) believe that “fostering counseling students’ development of these problem-solving abilities requires much creativity and thinking outside of the lines from counselor educators” (p. 70).

As stated earlier, awareness is an essential tool in the prevention of compassion fatigue. If pedagogical methods are implemented in teacher and counselor training programs, teachers and counselors will matriculate with a more formalized knowledge of the implications of trauma and will possess practical methods to employ when faced with this issue in the field. Kitzrow (2002) has said that “[p]reparation should include extensive role playing in a pre-practicum laboratory setting before the student is allowed to work with real clients who have been traumatized” (p. 115). Only Informant 1 discussed the limited use of role playing in her undergraduate program. She said, “They taught us how to handle a little bit; they had us practice conferences with difficult parents. So, they tried to help us role play and they had us think about human scenarios.”

The value of role playing various trauma-related scenarios is that it provides trainees with real-life situations that they must address, but within the safe walls of a classroom. Teacher and counselor educators, as well as fellow students, can continue a dialogic conversation with one another, providing valuable feedback and encouraging in-depth personal awareness.
Course design should also require the students to maintain a reflexive journal. Self-reflection and self-awareness are paramount in the identification and immediate, appropriate intervention of compassion fatigue. Fink (2003) encourages the use of reflective writing in coursework:

This recommendation is based on two beliefs. This first is that writing, when viewed as a process and done properly, has a unique ability to develop the interior life of the writer. The second belief is that the act of focusing students’ attention on the learning process will make them more aware of themselves as learners and will thereby begin the process of developing their ability to create meaning in their lives. (p.116)

Fink (2003) discussed two different types of writing, reflective and substantive. Substantive writing encourages the learner to thoroughly examine their own ideas as they relate to a given topic. Reflective writing enables the learner to become more personally aware throughout the learning process. This type of journaling encourages the student to develop a higher level of independence, as they become more self-directed and their learning experiences garner more personal meaning for them (Fink, 2003). Fink added, “With practice and appropriate feedback, students can become effective at engaging in reflective dialogue with themselves about the nature and meaning of their learning experience” (p. 118)

Some students experience difficulty in verbalizing the overwhelming thoughts and feelings that they may be experiencing as a result of the material. Reflective writing can be a helpful tool enabling these students to express their perceptions and feelings in a different medium. Griffith and Frieden (2000) have found that
[w]riting about the experiences helps the student think critically and develop keener insights into assumptions and beliefs that can interfere with clinical judgments. Students may feel more comfortable expressing painful emotional experiences in writing than in a classroom discussion. (p. 84)

This practice also fosters the implementation of a protective behavior that the trainees can carry with them into the field. A journal can also be a useful tool to administrators and supervisors during individual and group supervision sessions, providing the teacher or counselor with a record of their thoughts and feelings in great detail.

Gaps exist between the fields of education and school counseling that can create significant issues throughout one’s career. These gaps affect many levels in the respective fields. Within the undergraduate level, formalized instruction on trauma and protective factors, in addition to consistent, thorough supervisory practices that include follow-up care during trainee fieldwork is critical. At the professional level, there is a lack of opportunities addressing formalized training and in-services about trauma, crisis intervention, and resiliency. Providing a multitude of forms of supervision and consistent follow-up care can also ameliorate the impact of compassion fatigue and can ultimately enable professionals to achieve a greater degree of compassion satisfaction from their work. Counselor and teacher educators should be the first in the field to begin addressing these issues, implementing changes from coursework to follow-up care and offering community-based in-services to current practitioners in the fields of counseling and teaching within the realm of educational environments.
Limitations of the Study

The qualitative design of this study used eight early childhood special education teachers who participated in two separate phases of the inquiry: a semi-structured, individual interview and a focus group. Saturation was reached by the time Informant 6 was interviewed; however, to ensure trustworthiness of the data, two additional individual interviews took place. A large sample is not necessary within the structure of a qualitative design inquiry to establish reliability of data (Berg, 2009; Patton, 2002; Van Manen, 1990). A number of factors potentially limit the generalizability of these findings. The first has to do with the nature of the ecological systems of the informants. Since the early childhood educators’ classroom assignments differ, from teaching in a self-contained classroom to consulting, an effort was made to address the varying roles and responsibilities found within early childhood education. Such an approach may not, however, reflect statewide or national trends for service delivery. The geography encompassed by the informants was broad, limiting opportunities for professional engagement and support. This group also worked with significantly high numbers of at-risk preschoolers, who qualify and receive government assistance financially and medically.

An effort was made to gain participation from informants in various stages of career development. The majority of the informants, however, fell into the maintenance phase of their careers, leading to homogeneity among responses. The informants were all Caucasian, and all but one participant was female. This lack of diversity also impedes the generalizability of the data to other professional early childhood populations.
In an effort to address researcher bias, I implemented several techniques to safeguard the analysis and ensure trustworthiness of the data. These processes included use of the semi-structured interview protocol, garnering verbal and written feedback from informants in relation to their written transcripts, conducting a focus group to further ensure reliability of the data, and maintaining a reflective journal to ensure self-reflection and deeper awareness of the process and my perceptions of the process as the study unfolded. Despite these efforts, the fact remains that I have had a previous professional relationship with each of the participants, was intimately familiar with the early intervention system, and came into this inquiry with my own pre-conceived notions. There is also the potential that some of the informants may have influenced the study by providing information that they knew would be helpful to the researcher.

Implications for Future Research

The questions guiding this inquiry arose out of my own personal experiences working within regular and special education settings over the course of my career. To narrow the focus of this inquiry to a manageable level, the focus of this study was limited to early childhood special educators located in a low resource area. Further research probing the relevance of this topic to teachers and school counselors in all areas of education would continue to illuminate the prevalence of this issue in the field of education, possibly reinforce the findings of this study, and offer additional insights regarding the need for trauma education. Research examining the disconnect between the fields of education and school counseling at the academic and professional levels, in addition to an analysis of effective ways to address this gap and foster collaborative environments, will also serve to enhance the information gleaned from this study.
In addition, future research could examine the positive effects on teacher and counselor trainees who receive trauma-related coursework; other research could examine follow-up in the field, in an effort to determine the effects on teachers’ or counselors’ perceptions of self-efficacy, confidence, and job satisfaction. A follow-up study to this one, in which the eight informants would participate in trauma training to increase their levels of self-reflection and topical awareness at the beginning of the school year, with a follow-up focus group at the end of the year to assess any differences in their skill set, would also further the research in this area.

Branching into the tertiary areas of this inquiry, research examining the effects of secondary trauma on professional school counselors and educational administrators would be useful; such research would include an examination of their personal histories, their familiarity with and foundational knowledge regarding traumatology, and the impact it has on the supervisory relationship.

Finally, it would be useful to create a model for encouraging collaboration between teachers and counselor educators, and practicing teachers and school counselors, addressing the need for trauma education and the practical application of effective methodology within the field. This model should be adaptable to various levels, academic and professional, and should include a number of the interventions recommended in this chapter. The model should include the following activities: a) Exercises that foster self-reflection and self-awareness; b) Ample opportunities for further education and training on trauma, the impact of trauma on child development and psychopathology, and crisis theory; c) Opportunities to partake in various forms of supervision (administrative to clinical); and finally, d) A professional environment that encourages and nurtures
collegiality and a community of respect among all professionals—from teachers to school counselors to administrators.

**Research Questions Generated as a Result of this Inquiry**

The inquiry into the lived experiences of early childhood special educators working with high-risk populations has generated a number of additional research questions to examine. The first question to consider is a further exploration of how extensive the rise of childhood mental health issues is, and if regular and special education teachers believe their skill sets and training are adequate to address this current topic. Branching into other areas of education, an examination is warranted of regular-education teachers’ working with high-risk populations in an effort to determine if they share experiences similar to those of their special education counterparts when dealing with childhood trauma material. Another emerging aspect for additional research involves training. To that end, what impact will specialized trauma training have on teachers’ and school counselors’ perception of self-efficacy, in addition to the pedagogical methods implemented to encourage self-reflection on the part of teacher and counselor trainees? The participants in this study overwhelmingly reported that they received no formal training in compassion fatigue and coping strategies. Further examination is needed to determine if teacher and counselor training programs are teaching constructive coping and stress management techniques. Participants also reported that there was little support and follow-through while they were completing fieldwork during their undergraduate training programs. Additional research should also be carried out in the fields of counselor and teacher education to determine whether or not training programs are providing the necessary coursework; this should be attended by
supervisory follow-through to prepare trainees for trauma-related material encountered during fieldwork. Exploring areas of support to determine if teacher and counselor trainees feel adequately supported by their university and site supervisors would also be helpful in the development of additional programming.

**Conclusions**

The purpose of this study was to examine the lived experiences of early childhood special education teachers working with high-risk preschoolers. The subsidiary questions of this focus have been addressed through an examination of the emotional toll on early childhood teachers working with high-risk populations, the role of protective and risk factors, supervisory and collegial support, and the impact of stress on career development. The early childhood educators in this study firmly articulated how strongly they believe in the difference they make in the children’s lives. The intrinsic gratification that they feel makes their job rewarding.

The fact remains that teachers, especially those who work with high-risk student populations, demonstrate a sizable attrition rate. This inquiry explored a number of risk factors that are commensurate with the current teacher attrition literature and these were borne out in the interviews and focus group: lack of administrative support, heavy caseloads, lack of opportunities to advance educational attainment, a history of child maltreatment, and having to deal with too many social and educational systems all contribute to feelings of stress, emotional exhaustion, and burnout. Trauma theorists have purported that the emotional impact of dealing with traumatic material also can be propagated through the process of empathy (Figley, 1995; Stamm, 1995). To deal with these factors, the teacher needs an arsenal of protective behaviors to employ. The
successful handling of a crisis situation contributes to their overall perception of the teacher’s self-efficacy. This in turn leads to more effective teaching practices and higher levels of job satisfaction.

An encouraging sign uncovered throughout this inquiry is the large number of protective factors that the informants employed during times of crisis and stress. Many of the informants use hobbies, faith/spirituality, exercise, and mindfulness practices as mechanisms to effectively cope with the stressors. Informants spoke candidly about the importance of developing and implementing healthy boundaries, obtaining administrative and collegial support, and the necessary implementation of empathy also helped to ground them. Additional steps should be taken by school counselors to implement additional supports within the educational environment to help staff lead healthy professional lives. This can include organizing groups around physical activities, organizing social gatherings to foster and strengthen relationships, and providing comprehensive support in times of distress.

Several themes emerged as a result of this study. The first theme investigated the emotional toll early childhood teachers experienced while caring for young, special needs children within an educational environment. Within this theme, the component of personal resiliency systems was examined. None of the participants had received formal training in ways to cope with the stressors encountered daily. As mentioned in the previous paragraph, school counselors can minimize the impact of the emotional toll incurred by providing teachers with organized activities that foster collegiality and support in an effort to increase their protective factors. The role of empathy cannot be undervalued; it can be viewed as a protective factor, but if teachers and school counselors
are not given the proper tools to encourage self-reflection and self-awareness, they will have difficulty identifying when safe boundaries have not been established, and empathy itself can lead to traumatic stress. Traumatic stress that is unaddressed may result in compassion fatigue, which may have lasting, profound effects on an individual’s personal and professional life. One conclusion is that teachers, with the assistance of well-trained school counselors, need to develop tools, such as stress management techniques, to protect themselves from the onset of compassion fatigue. Organizing an after-school walking group at the school’s track is an example of how simple and cost-effective some strategies can be. Another tool is to develop and implement resiliency behaviors. Several of the informants did not realize that they were already implementing constructive coping behaviors to deal with the stressors of their job. Increased awareness of positive coping mechanisms during training is warranted to enable trainees to effectively employ these behaviors in times of crisis. During the focus group, participants also indicated that there is a need to address with trainees ways to develop and establish healthy boundaries with children and families. Compassion satisfaction also enables this group of educators to find gratification in their daily work. By using techniques such as role playing and maintaining a reflective journal, teachers can increase their levels of self-awareness, and monitor how effectively they are implementing newly acquired coping strategies. These strategies also can enable school counselors and educators to make supervision more effective.

The second theme examined various levels of professional support available to this group of early childhood special educators. As previously mentioned, the culture of an organization can not only set the expectations for worker roles and functions, it can
also set up the expectations for how workers address and deal with specific issues (Bell, Kulkarni, & Dalton, 2003). This organizational impact is more profound on the individual when she is dealing with trauma material. To mitigate these effects, an organizational culture that validates and attempts to “normalize” the effects of trauma material fosters a supportive environment (Bell et al.). A professional culture that validates individuals and their experiences is viewed as highly supportive by its workers, thereby increasing compassion satisfaction. Simply put, the workers begin to see that they are “not alone” in their thoughts, perceptions, and grief. Informants, when probed on their perceptions of the “detached supervisor” and the “involved supervisor,” discussed and analyzed various supervisory roles and behaviors that they perceived to be helpful or unproductive during times of crisis. The idea of the “detached supervisor” was a common thread among participants. Some cited tremendous supervisory responsibilities as a result of the supervisor’s aloofness; others indicated that supervisors had difficulty in dealing with this topic as well. No matter the reason, the data clearly indicated that the supervisory relationship is a crucial one and supervisors need additional training in order to effectively address trauma issues in day to day practice.

School counselors with trauma training can be a ubiquitous tool in training all staff—teachers, supervisors, paraprofessionals, and support personnel. School counselors can also serve as liaisons between supervisors, staff, and families providing additional communication, education, and support. Additional layers of support for the participants included classroom support staff (e.g., para-professionals) instead of other early childhood special educators when needing to debrief from difficult situations. Team-building activities, such as staff retreats and outdoor education strategies, also can foster
relationships among staff members, resulting in higher levels of group support (Bell et al., 2003). Over a three-year period, researchers examined the impact of the Teacher Support Program with 178 special education teachers in North Carolina (Westling, Herzog, Cooper-Duffy, Prohn, & Ray, 2006). This program offered special educators with opportunities to increase collaboration, staff development, and provide additional layers of support throughout the calendar school year (Westling et al., 2006). This was achieved through small group work which fostered collaborative problem-solving, electronic networking opportunities, access to current research, strategies, and materials, peer mentoring, on-site/in-class consultation, and staff development trainings (Westling et al., 2006). Participants in this study found that this program provided them with tools that were “relevant, useful, and timely” (p. 144). The increased levels of support enabled the teachers to try new instructional practices and develop higher degrees of confidence in their classroom management strategies (Westling et al., 2006). School counselors, working in conjunction with administrators, educators, and paraprofessionals can implement the basic structure of this program in high-risk, low-resource areas to address trauma-related issues in education. The addition of these supportive behaviors would be prescient in the prevention of compassion fatigue and teacher attrition.

Participants unanimously agreed that a professional school counselor, trained in trauma and crisis intervention and experienced in providing mental health services and support, would provide another layer of much needed support. An additional issue emerging from this study regarded teacher support through increasing the number and availability of school counselors within the field of education. School counselors can provide necessary weekly de-briefing meetings to help normalize and validate the
teachers’ feelings and perceptions. A sentiment echoed during the focus group indicated that younger employees were reluctant to seek out a supervisor during difficult times for fear of the supervisor’s perceiving them as ineffective. School counselors rarely serve as supervisors, thus eliminating the power dynamic that exists in supervisory relationships. At times, participants seemed misguided in the roles and responsibilities of a professional school counselor. School counselors should be encouraged to educate school personnel about the changing face of counseling within schools in an effort to alter public perceptions positively and to reflect current trends in the field.

Gaps in formalized training constituted the focus of the last theme. For the participants in this study, formalized training concerning trauma, crisis intervention, and the effects of poverty did not exist in their undergraduate programs and only a few had had one or two lessons during their graduate programs. One way to prevent the onset of compassion fatigue is to participate in research that advances knowledge in the field (Richardson, 2001). Due to the prevalence of trauma in American society, all participants expressed a strong desire to acquire additional information on the issues encompassed in this inquiry. Educators and school counselors who receive the necessary and proper education in identification of compassion fatigue, trauma-related issues in children, and constructive coping techniques may exhibit fewer symptoms than those without this training. Several of the informants participated in this study out of firm conviction, truly believing there is a need to bring light to this issue in education and that current practices are not properly addressing it.

Professional doubt arose as to whether support personnel (e.g., school counselors, nurses) have been provided with the necessary training that would allow these
professionals to provide effective support to the teachers during times of crisis. A conclusion arising from this discussion is that these issues need to be addressed in updating teacher training and school counseling curricula to include topics such as trauma, crisis intervention, and the developmental impact of poverty on children. Follow up practices with teacher-trainees in the field to discuss these issues during training was also an essential component that informants believed should be added to teacher and counselor training programs. Bell et al. (2003) also suggest that trauma training should begin as early as the job interview, so employers can assess foundational knowledge and resiliency characteristics. Employers can also provide new workers with information regarding the risks and effects of working with trauma material and necessary follow up at staff meetings. School counselors can function as a part of the team throughout the employment process to help gauge a candidate’s or employee’s risk of developing compassion fatigue. The informants in this inquiry all indicated a desire for increased one-on-one or small group meeting time with supervisors to discuss difficult issues, providing an ideal forum for on-going assessment and training. As a part of the educational team, the school counselor can serve as a facilitator during small group meeting times to help foster an environment conducive to productivity and change.

The current educational system is failing our children because it does not properly recognize and address topics fundamental to healthy child development and academic success. Multiple levels exist in the current system of education that can begin to effect change. Teacher and school counselor educators should forge the way in developing a greater awareness of trauma-related issues in education. School counselors should serve as invaluable resources who guide certified professional staff in the implementation of
practical strategies that work for children, for families, and most important, for themselves. As Informant 8 so eloquently stated, “If children’s [basic] needs aren’t met, how can they learn?” All members of the discipline, from academics to professionals in the field, must work together alongside families to effect the necessary changes. Not to do so is a crime.
References


Appendix A

**Semi-Structured Interview Questions**

1) Please state your educational degree(s) and teaching certifications.

2) How many years have you been teaching in early childhood?

3) How many students are on your caseload?

4) What is the percentage of children on your caseload that qualify for government assistance?

5) What is your teaching assignment (e.g. self-contained, consultant, both)?

6) Describe an incident when you were confronted with traumatic material from one of your students.

7) How do you believe you handled the situation?

8) Describe a time when you took the emotional part of work home with you.

9) What was the duration?

10) Describe the emotions that you experienced when dealing with this traumatic incident.

11) What would help you manage the accumulative stress of these incidents?

12) Describe the changes in student profiles from the beginning of your career up to the present.

13) Research states that most adults have encountered at least one adverse childhood experience (e.g. abuse, neglect, parent involved with substance abuse, domestic violence, mental illness, crime). In what way might this information relate to you?
14) Regardless of whether you encountered any adverse childhood experiences, how does your personal history have an impact on you when faced with this issue with your students?

15) What coping skills do you employ when encountering traumatic material that your students bring to school?

16) At work, who helps you de-brief from stressful situations?

17) In your opinion, how important is administrative support when dealing with high risk populations and the issues associated with them?

18) How do you view your self-efficacy in the classroom?

19) What is your perceived level of control and decision-making over day to day functioning in your classroom?

20) What part of your teacher training curriculum covered topics such as trauma and poverty?
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: An Inquiry of the Lived Experiences and Contextual Understandings of Early Childhood Special Educators Related to Children’s Trauma

INVESTIGATOR AND ADVISOR: Dr. Lisa Lopez Levers
412-396-1871
Duquesne University
600 Forbes Avenue
Canevin Hall
Pittsburgh, PA 15282

STUDENT INVESTIGATOR: Alison L. DuBois
724-657-1305
This study is being performed as partial fulfillment of the requirements for the Doctor of Philosophy degree in the department of Counseling, Psychology & Special Education.

SOURCE OF SUPPORT: This study is not funded by any outside source.

PURPOSE: You are being asked to participate in a research project that seeks to examine the lived experiences of early childhood special education teachers currently working with high risk populations. In addition, you will be asked to discuss perceptions of your professional experiences working with at risk preschoolers and comment on protective factors that you have effectively employed throughout your career. The semi-structured interviews (approximately one hour) will be taped and transcribed. Further, you are being asked to participate in a focus group (approximately one and one-half hours) that will discuss reactions to and information obtained from the interviews. The interviews and focus group will take place at the Lawrence County Education Center. These are the only requests that will be made of you.

RISKS AND BENEFITS: There are no risks greater than those encountered in everyday life. Benefits of participation in this study include contributing to the professional knowledge in the fields of education and counseling regarding trauma-related issues.
COMPENSATION: Participants will not be compensated in any way. However, participation in the project will require no monetary cost to you.

CONFIDENTIALITY: Your name will never appear on any survey or research instruments. No identity will be made in the data analysis. All written materials and consent forms will be stored in a locked safe in the researcher’s home. You will be assigned a number for identification purposes that will represent the information that you provide throughout the interview and focus group. The researcher will be the only individual with the key that connects you to your number. Transcriptions will delete any identifying markers in the text. Only the researcher will have access to the audio-tape recordings. Final transcriptions will be reviewed by the Investigator on this study, Dr. Lisa Lopez Levers. Your responses will only appear as either anonymous quotes illustrating something of value to the research or in an aggregate data analysis summary. Audiotapes will be destroyed at the completion of the research; however, as per the National Institute of Health guidelines, transcriptions will be kept for a period not to exceed five years.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Dr. Lisa Lopez Levers, Principal Investigator (412) 396-1871, Alison DuBois, Student Investigator (724) 657-1305, or Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412) 396-6326.

Participant's Signature ___________________________ Date ______________

Researcher's Signature ___________________________ Date ______________
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: An Inquiry of the Lived Experiences and Contextual Understandings of Early Childhood Special Educators Related to Children’s Trauma

INVESTIGATOR AND ADVISOR: Dr. Lisa Lopez Levers
412-396-1871
Duquesne University
600 Forbes Avenue
Canevin Hall
Pittsburgh, PA 15282

STUDENT INVESTIGATOR: Alison L. DuBois
724-657-1305

This study is being performed as partial fulfillment of the requirements for the Doctor of Philosophy degree in the department of Counseling, Psychology & Special Education.

SOURCE OF SUPPORT: This study is not funded by any outside source.

PURPOSE: You are being asked to participate in a research project that seeks to examine the lived experiences of early childhood special education teachers currently working with high risk populations. In addition, you will be asked to discuss perceptions of your professional experiences working with at risk preschoolers and comment on protective factors that you have effectively employed throughout your career. You are being asked to participate in a focus group (approximately one and one-half hours) to discuss your professional work experience. The focus group will take place at the Lawrence County Education Center.

These are the only requests that will be made of you.

RISKS AND BENEFITS: There are no risks greater than those encountered in everyday life. Benefits of participation in this study include contributing to the professional knowledge in the fields of education and counseling regarding trauma-related issues.
COMPENSATION: Participants will not be compensated in any way. However, participation in the project will require no monetary cost to you.

CONFIDENTIALITY: No identity will be made in the data analysis. All written materials and consent forms will be stored in a locked safe in the researcher's home. You will be assigned a number for identification purposes that will represent the information that you provide throughout the focus group. The researcher will be the only individual with the key that connects you to your number. Transcriptions will delete any identifying material pertaining to you and anyone you may speak about during the focus group. Only the researcher will have access to the audio-tape recordings. Final transcriptions will be reviewed by the Investigator (Faculty Advisor) on this study, Dr. Lisa Lopez Levers. Your responses, with identifying markers removed, will only appear as either anonymous quotes illustrating something of value to the research or in an aggregate data analysis summary. Audiotapes will be destroyed at the completion of the research; however, as per the National Institute of Health guidelines, transcriptions will be kept for a period not to exceed five years.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Dr. Lisa Lopez Levers, Principal Investigator (412) 396-1871, Alison DuBois, Student Investigator (724) 657-1305, or Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412) 396-6326.

Participant's Signature __________________________________________________________________________ Date ____________

Researcher's Signature __________________________________________________________________________ Date ____________
Appendix C

Definition of Terms

These terms were presented to the participants so that they would proceed with full knowledge of the concepts explored in this study.

**Psychiatric trauma:** When a person is confronted with an event or events that involved an actual or implied threat resulting in death, serious injury, or a threat to the individual’s or another’s physical integrity. (American Psychological Association [DSM-IV-TR], 2000).

**Adverse Childhood Experiences:** Any experience that is stressful or traumatic, such as abuse, neglect, witnessing domestic violence, growing up with alcohol or substance abuse, mental illness, parental discord, or crime in the home. Researchers posit that early traumatic childhood experiences “are a common pathway to social, emotional, and cognitive impairments that lead to increased risk of unhealthy behaviors, risk of violence or re-victimization, disease, disability, and premature mortality” (Anda et al., 2006).

**Burnout:** Maslach (1982) describes burnout as “a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems” (p. 3).

**Compassion Stress:** Arises when individuals working in helping professions begin to have stress responses that demonstrate resentment, neglect, and distress. It can lead to traumatic stress (Saakvitne & Pearlman, 1996).

**Traumatic Stress:** The helpers’ feelings become overwhelming and their belief systems start to become disrupted (Saakvitne & Pearlman, 1996).

**Compassion Fatigue:** Individuals can be traumatized without being physically harmed or threatened and are more likely to suffer from secondary post traumatic stress disorder when exposed to trauma material on a consistent basis. Compassion fatigue can affect the individual cognitively, emotionally, behaviorally, and spiritually. Individuals can exhibit problems in their personal and professional relationships, demonstrate somatic symptoms, and have a decrease in work performance (Figley, 1980).

**Compassion Satisfaction:** The ability to identify one’s own self-efficacy, to deal constructively with traumatic material encountered daily, and to find satisfaction in one’s work (Stamm, 2002).