Preservice Teacher Burnout:

Secondary Trauma and Self-Care Issues in Teacher Education

Kyle Miller
Karen Flint-Stipp
Illinois State University

Abstract

This study examines preservice teacher coursework and interview data related to encountering student trauma, secondary trauma, and the role of self-care during clinical placement experiences. A thematic analysis of the data led to the identification of four main themes: the power of student stories, recognition of the many forms of trauma, preservice teacher burnout, and barriers to integrating self-care. Additionally, our analysis revealed the ways in which preservice teachers experienced secondary trauma as a consequence of forming relationships with students and listening to their stories. Some of the effects of this secondary trauma were mitigated by engaging in self-care, but those preservice teachers who felt they failed at supporting their personal wellness experienced burnout. More troubling, only one preservice teacher recognized self-care's connection to trauma-informed teaching. Our findings reveal the importance of infusing content on trauma, secondary trauma, and self-care in teacher education coursework and the need to provide professional development on trauma-informed teaching for clinical placement school sites.

Kyle Miller is an associate professor in the School of Teaching and Learning of the College of Education and Karen Flint-Stipp is an associate professor in the School of Social Work of the College of Arts and Sciences, both at Illinois State University, Normal, Illinois. Their email addresses are: kemille@ilstu.edu & ksstipp@ilstu.edu

Introduction

Trauma is the experience of intense physical or psychological stress in response to one or more adverse event(s) or life circumstance(s) (SAMHSA, 2015). Such events or circumstances can affect an individual's physical, emotional, social or spiritual well-being (Crosby, 2015). Disconcertingly, the past decade of research has shown that trauma is abundant, and especially prevalent in childhood (Alisic, 2012). Children who have experienced trauma are also K-12 students, and that trauma is carried with them into classrooms. Student trauma might include suffering through natural disasters, loss, abandonment, chronic poverty, fear, or abuse. Based on growing statistics, it is likely there are children in every classroom who have experienced some level of trauma (National Child Traumatic Stress Network [NCTSN], 2016), with disproportionately higher rates in low-income schools (Brunzell, Stokes, & Waters, 2016; Ford, Chapman, Connor, & Cruise, 2012). If we accept that trauma directly affects students' lives and their abilities in the classroom, we can anticipate that it will have at least indirect effects on teachers (Fowler, 2015). Any teacher who cares for traumatized students is thus susceptible to the burdens of trauma.

Admittedly, there are many positive benefits associated with caring for students, such as experiencing feelings of self-fulfillment, competence, and personal growth (Tehrani, 2007). But caring comes at a cost: the risk of secondary trauma (Bride, 2007; Figley, 1995). Identified in the 1990s within the field of counseling psychology, secondary trauma is a consequence of learning about a traumatic event and the duress associated with helping or wanting to help the traumatized individual (Tehrani, 2007). Examples of secondary trauma include learning about the death of a student's caregiver, familial abuse, or food insecurity. As Fowler (2015) writes, "When children hurt, we the compassionate, competent adults in their lives hurt too—whether or not we are aware of the toll it takes on us" (p. 31).

The 'toll it takes,' also recognized as secondary trauma, is a product of the teacher-student relationship that serves as the foundation to teaching (Crosby, 2015). Necessary for effective instruction, classroom management, and the promotion of student success (Kearns & Hart, 2017), the teacher-student relationship also carries underlying risks. Specifically, studies suggest that approximately 50% of helping professionals, including teachers, are at high risk of secondary trauma (NCTSN, 2016). Exposure to secondary trauma can lead to a number of physical, mental, social, emotional and spiritual consequences, such as expecting the worst, avoiding friends or colleagues, diminished self-

care, difficulty sleeping, and feeling hopeless (Hydon, Wong, Langley, Stein, & Kataoka, 2015). These consequences compromise teachers' personal health as well as the support they can provide to students in their classrooms (Alisic, 2012).

Teachers respond to trauma almost every day in their classrooms (Tehrani, 2007), yet schools have historically placed mental health concerns in the hands of school counselors and social workers for students, without providing commensurate resources for teachers. This general tendency neglects to recognize that teachers are often the first outside of family members to learn about student trauma and feel its effects (Atkins & Rodger, 2016). Since few districts offer programs or supports to help teachers develop the skills needed to manage these complex emotions, rarely do preservice teachers (PSTs) observe or hone these skills in clinical placements (Osher et al., 2008; Sutton, 2007). In turn, little instruction is provided in teacher education programs related to secondary trauma and how PSTs can learn to utilize personal resources and self-care strategies to buffer against the associated stress (Mansfield, Beltman, Broadley, & Weatherby-Fell, 2016; Wolpow, Johnson, Hertel, & Kincaid, 2009). The purpose of this study, therefore, was to gain insights into PST experiences with student trauma, secondary trauma, and self-care within an elementary education course and clinical experience in a Title I school. Secondary trauma and self-care are understudied at the preservice level, and this study aimed to deepen our understanding of what helps teachers stay resilient in the presence of trauma.

Theoretical Perspective

This article is founded on the theoretical concept of resiliency. We adopt Brunetti's (2006) definition that teacher resilience is "a quality that enables teachers to maintain their commitment to teaching and their teaching practices despite challenging conditions and recurring setbacks" (p. 813). Our use of resiliency is based on a combination of personal qualities and environmental characteristics that help teachers thrive despite adversity. Focusing on the context of schools, teacher education programs include clinical experiences that can be especially stressful when PSTs face the realities of teaching (Gu & Day, 2007). An even greater degree of stress is associated with K-12 classrooms affected by trauma and the secondary traumatic stress related to caring for students who have faced adversity, especially when adverse experiences are cumulative (Mansfield et al., 2016; Maschi, 2006). We argue, therefore, that in order to cultivate resilient teachers, the place to start building resilience is in teacher education programs, before PSTs enter

into full-time positions as classroom teachers. Supporting PST development of personal resources and strategies to manage the emotional and physical demands of teaching (Koller & Bertel, 2006), as well as how to recognize the impact of secondary trauma and mitigate some of its effects through self-care, can help promote teacher resilience (Jennings, Snowberg, Coccia, & Greenberg, 2011).

Methods

We used grounded theory methodology to inductively identify themes from reflective writings and interviews to answer our research questions through a systematic, data-driven coding procedure and analysis. Grounded theory is based upon the interpretivist perspective, which proposes research is never purely objective, and multiple realities can exist (Corbin & Strauss, 2015). Building upon this notion of multiplicity, we embraced the idea that participant perspectives are based on their perceived realities and unique situations within a teacher preparation program (Thanh & Thanh, 2015). The following questions guided this study: (a) How do preservice teachers describe the influence of student trauma on their personal well-being during a practicum experience at a low-income school site? (b) How do preservice teachers perceive the connection between self-care and secondary trauma?

Participants and Context

This study took place at a large teacher education program in the Midwest. Participating PSTs were beginning their junior year of the program and entering their first clinical experience at Title I schools in both urban and rural areas. In addition to assisting in a classroom two days each week, PSTs were also enrolled in a 16-week introductory elementary education course that covered education practices and policies (e.g., controversial issues in education, classroom management, lesson planning, assessment, technology). The first author served as the instructor for the introductory elementary education course, which was redesigned to incorporate the topics of trauma and self-care in discussions, activities, and assignments. Specific content related to trauma and learning, trauma-informed practices, the Adverse Childhood Experiences (ACEs) questionnaire (Centers for Disease Control, 2019), domains of wellness (physical, social, psychological/emotional, spiritual), work-life balance, meditation, and mindfulness (see Appendix A) were added to the course. This additional content was unique to the instructor-researcher's section and was not included in other courses or clinical experiences at the time.

All PSTs in the introductory elementary education course agreed to participate in the study per IRB regulations, and the sample (N=25) included two male participants, and 23 female participants. Ethnically, 22 participants identified as White, one as Asian, one as Latina and one as Biracial (Latina/White). One year after the conclusion of the course (when participants were seniors), a subset of PSTs from the original sample participated in the second phase of the study. This subsample (N=8) consisted of eight females, six of whom identified as White, one as Asian, and one as Biracial. The subsample was stratified to include four participants who struggled with self-care during their junior year and four participants who engaged in self-care regularly. Pseudonyms were assigned to participant data in order to protect confidentiality.

Data Sources

The first phase of data collection consisted of PSTs' written reflections, self-care plans, and a research log kept by the researcher-instructor. The end-of-semester written reflection prompted students to describe what they observed in their Title I schools, focusing on the adversity in their students' lives, the influence of student trauma on their experience as a preservice teacher, the types of self-care they engaged in during the semester, and the role of self-care in teaching. The self-care plan asked PSTs to complete a self-care template as a guide for future semesters and teaching. In these plans, PSTs listed physical, social, psychological, emotional, and spiritual activities in which they wanted to engage. They also identified current barriers to and supports for the implementation of these self-care activities.

The written reflections and self-care plans were assignments connected to the course, whereas the research log was a record maintained by the researcher-instructor, and consisted of in-class discussions, artifacts introduced and used in class, as well as researcher reflections. Serving as a peripheral piece of data to capture the context of preservice teacher data, the research log provided an additional lens for analysis and interpretation of data.

The second phase of data collection occurred one year after the first clinical experience and involved semi-structured interviews related to how PSTs recalled their first clinical experience, with a focus on classroom dynamics, student trauma, and self-care (see Appendix B). At this time, PSTs were also asked to discuss their current student teaching placement in relation to student trauma and the role of self-care in their lives. At the end of the interview, participants reviewed the self-care plan submitted during their junior year, identified the self-care goals

they met, and reflected upon unmet goals. Interviews, which lasted approximately 45 minutes, were audio-recorded and later transcribed for analysis.

Data Analysis

Preliminary analysis began early in the semester as the researchers met to discuss the researcher-instructor's implementation of course content and reflections on discussions and activities. The researcher-instructor shared notes from the research log and the co-researchers created pedagogical notes on the delivery of the content and student discussion points. Full data analysis was not initiated, however, until grades were submitted at the end of the semester (per IRB's requirements), and included analysis of reflections and self-care plans. This analysis followed Boyatzis' (1998) process for developing codes and thematically analyzing data, and incorporated elements of the constant comparative method (Corbin & Strauss, 2015). The coding and analysis were inductive, allowing for the discovery of new ideas and ways to think systematically about secondary trauma and self-care. Open and axial coding involved two coders – the principal investigator and a graduate student[1]—who coded data independently and then compared codes before reaching consensus by discussing and then agreeing on the final assigned codes. The same inductive process was used with interview data. Emerging interview data themes were then compared against the original reflection data to identify the most robust themes. The research log and pedagogical notes were used to further contextualize findings during axial coding and the write-up of findings. NVivo 12 assisted the management and analysis of data (QSR International, 2010).

Findings

Our thematic analysis led to the identification of four major themes related to how student stories can activate stress and concern in preservice teachers, as well as how preservice teachers manage, or neglect to manage, negative emotional reactions. The themes are elaborated below.

The Stories They Tell

Written reflections, class discussions, and follow-up interviews all exposed the power of stories. PSTs reported feeling the most unsettled by the personal narratives that their students shared with them directly or that they heard indirectly through cooperating teachers (CT). When participants discussed the trauma in students' lives, they retold stories

and reflected on the emotional impact the trauma elicited initially and over time. Junior and senior PSTs described student stories as "sad," "heartbreaking," and "shocking." In a follow-up interview her senior year, Julie reflected on an interaction with a student when she was a junior:

> I don't know if you [instructor-researcher] remember this story, but one of my students looked really tired one day, so I asked her if everything was okay. She told me that her mom works at night and forgot to leave the door unlocked for her after school. She didn't have anywhere to go, but realized she needed to find a place out of sight so that no one would take her. She ended up sleeping in the bushes and then got on the bus the next morning and came to school.

As Julie revisited this memory, she remarked that she still thinks about this student and her experience. Nineteen participants shared stories similar to this example and described feeling alarmed that their students were facing levels of adversity so removed from their own lived experiences. PSTs connected their students' stories to the distress and concern they reported experiencing during the semester, and made no mention of resources or supports to help them process or make sense of the stories during their junior year placements.

A general awareness of their students' difficult circumstances resulted in PST concerns for their students' well-being. For example, Madisyn wrote, "My [cooperating] teacher kind of gave me a heads up on the students who have a lot going on in their lives and have experienced trauma. She didn't tell me specifics, but you could tell they had a lot on their mind." But it was the personal stories that led to a marked increase in negative emotions and stress. In a follow-up interview, Peyton reflected on the amount of stress and worry she experienced during student teaching, as compared to her first clinical placement. She shared:

> I know my students at my first placement had experienced trauma, but it was just different. Like I knew that one of my student's moms got in trouble for selling her kid's meds—so there is obviously something going on there. Being with my students now [senior year] and spending every day with them, I feel like they just tell me more and I feel more responsible. Like one of my students, I can't even begin to tell you some of the things she has been through and then something else happened again last week. I was like, 'Seriously?! Give this kid a break. How much more can she take?' And you can't get that stuff out of your head. You worry.

Peyton explained that the increased time spent with students—learning about their backgrounds and hearing their stories—opened her up to greater concern as she attempted to empathize with them. She was asked in a follow up prompt, "Do you think about your students in your

free time?" and she answered, "Yeah [long pause]. I know I should leave it at school but then I feel like, like I'm letting her down by shutting her out." Her response was common to three-quarters of the seniors who built strong relationships with students or were matched with CTs who retold student stories. When the trauma was personalized through stories, PSTs seemingly experienced greater secondary trauma. Indeed, as they assumed a more central role in the classroom during student teaching, all of the seniors interviewed reported both a deeper knowledge of students and an increased sense of responsibility.

What Counts as Trauma?

Even though the topic of trauma was covered in their coursework, PSTs appeared to hold narrow definitions of the concept (i.e., "physical abuse," "foster care," "death"). For example, the first prompt on the written reflection assignment asked PSTs to describe issues their schools were facing, before being asked to discuss student trauma and its impact specifically. Most commonly, participants discussed poverty and fear outside of their definition of 'trauma' and 16 described these circumstances as general 'issues' rather than 'trauma.' Moreover, one-fifth of the junior participants (*N*=5) wrote some variation of, "I didn't have any students experiencing trauma, but all of my students lived in poverty, which had a big impact on my experience," in their reflections. In far fewer cases did PSTs begin to broach poverty as a form of trauma. A senior participant, Rachel, explained in a follow-up interview:

> I mean, it might not officially be trauma, but many of my students are dealing with poverty. That's a big deal when you don't always have a bed at night or are stressed about having food and meals. It's something you worry about for them. You think about how you can make sure they get food in class or making them feel safe.

Similarly, the notion of 'fear' did not fit neatly into all of the PSTs' working definitions of trauma, even as they recognized its impact on students. Mikayla, a junior PST, wrote:

> One of the current issues that my clinical placement is dealing with is the repeal of DACA [Deferred Action for Childhood Arrivals]. Directly in my classroom, one student did not come to school for a week because his mother is undocumented and was scared to send him. Along these lines, some students still feel unsafe with Trump's administration. The school is working towards making sure that the students know everyone is accepted there, documented or not. Because I can see how much this affects my students and families. It has to be scary.

When prompted about trauma, Mikayla later wrote that there were

only two students in her classroom who experienced trauma (they were homeless); she did not formally recognize the fear her undocumented students experienced as trauma. Another junior, Annie, wrote about the fear her student expressed in relation to his mother's terminal illness. She identified the student's situation as one of the difficult issues experienced in her placement, but did not associate it with trauma. On the whole, it appears that when their students' life stressors did not align with the PSTs' personal definitions of trauma, the PSTs grappled with how their negative emotional reactions fit into the discussion of trauma.

Preservice Teacher Burnout

The course also covered the importance of building relationships with students (Crosby, 2015), and PSTs were encouraged to engage in relationship building during their clinical experience. As a consequence, PSTs were positioned to experience indirect trauma within those relationships, and they did. Indeed, although participants did not use the term 'secondary trauma" in their written reflections or interviews, their responses consistently indicated that they carried additional stress due to learning and caring about their students' lives. These stresses, in addition to the general stress associated with their coursework, accumulated during the semester and all PSTs reported feeling overwhelmed by the pressure. Carrie exemplified the challenges PSTs described feeling when she wrote, "This semester and my placement have really set off my anxiety again. I even had to call my mom to come stay with me one night because I was so overwhelmed."

Problematically, as stresses accumulated during the semester, many of the PSTs reported a diminishment of both self-care and wellness. Some even began to question their desire to teach. Grace, a junior participant reflected:

> This was the most stressful semester of my life. I'm not sure if my instructors didn't realize that or just didn't care. We were in really difficult placements and they gave us more work than anticipated. My health really suffered, and I know a lot of friends who suffered anxiety.

Grace's description was typical of almost all of the participants; there appeared to be a universal frustration with the junior-year semester and the perceived lack of PST support. These frustrations were exacerbated by personal traumas and/or adverse events that presented in addition to the secondary trauma experienced in their clinical placements for a subset of four participants. For example, Josh, a junior PST wrote, "Just like my students, some things have occurred in my life that were out of my control and they have taken a huge toll on my everyday life

this semester." Similarly, Maddie wrote in the junior-year reflection, "A number of really bad things happened this semester that were out of my control and added extra stress and responsibility to my life during an already busy time. It has caused me to have a lot of doubts about me teaching in general. This wore on me mentally and emotionally which hindered my ability to even think about self-care."

One year later, senior participants continued to describe feeling burnout during student teaching, but they also communicated a greater sense of purpose as they became central figures in their classrooms during student teaching. Mikayla explained:

> I think if I didn't have edTPA [performance-based assessment for teacher licensure], and you know, have to create lesson plans to turn them in and do assignments, I would have a lot more time for myself. As an actual teacher, I won't have assignments along with teaching. I think that's why I'm so burnt out.

Mikayla later shared that when she secured a teaching position for the following year, the excitement of signing the contract and knowing that a classroom awaited her in the fall helped to 'recharge' her for the remainder of the year.

For all of the seniors involved, their general routine consisted of teaching during the day and then planning for the next day until they went to sleep. Two of the PSTs who participated in the follow-up interviews explained that they returned to their family unit during student teaching to help guard against complete teaching fatigue. Two other follow-up participants also referred to peers at their clinical sites as 'family' who helped them 'get through.' According to these PSTs, co-planning and taking courses with fellow preservice teachers who shared similar students and school contexts helped these PSTs maintain resiliency during the semester.

Self-Care in a Silo

All PSTs welcomed discussions and activities related to self-care enthusiastically during the semester and recommended that it become one of the initial topics in the course. Junior-year written reflections included: "I wish we could learn more about meditation and do more of it in class," "I loved talking about our wellness in all of the areas and wish we could start it earlier in the semester," and "The self-care part of the course was great. I would also like to know how I can do self-care with my students." Based on junior-year reflections, approximately half of the sample reported investing in some areas of wellness (e.g., physical, emotional, social and spiritual) during the semester but the efforts

were challenging to integrate fully. For example, Elizabeth explained, "I haven't had much time this semester, but I found support through my significant other, by speaking with my counselor, taking vitamins, and getting 15 minutes of sun each day."

Yet even these efforts were too much for the other half of the sample, who described themselves as 'failing' at self-care. These participants blamed the 'impossible task' of balancing coursework, clinical hours and part-time jobs as the primary barrier to self-care. Similarly, five seniors who participated in the follow-up interview hypothesized that their senior year, which included a performance-based licensing assessment, was more stressful and time consuming than the life they anticipated experiencing subsequently as a classroom teacher, post-graduation. Others, however, feared work-related stress might get worse, which would further hinder self-care. Allison, a junior, questioned, "I want to know how teachers are able to show their principals that they are committed to their job and that they are working hard, but not have to stay every day after school for hours. I have seen some teachers arrive at school about 1.5 hours prior to school and then leave 2 hours after school, every day!" For the PSTs in classrooms without teachers who established a work-life balance, it was difficult to imagine it for themselves.

Indeed, although participants viewed self-care as an important component of being an effective teacher, it was viewed initially like a fragmented course topic, isolated from, rather than integrated within all aspects of teaching. Chelsea, a senior, reflected on the importance of self-care, "Originally, I knew it [self-care] was something good for my health, but now I realize it is something good for my teaching." She commented, "Just like preparing my lesson plans, I need to get a full night's sleep to be ready to teach." Like Chelsea, most PSTs did not make an explicit connection between self-care and working with students affected by trauma. For example, later in the interview, Chelsea worried that she lacked the knowledge and skills to work in a trauma-impacted classroom. Although she reported feeling well-versed and committed to self-care, she did not associate self-care with trauma-informed teaching. In contrast, Hillary, the one senior who explicitly linked self-care to serving trauma-impacted students identified her CT as her mentor in this area. She shared:

> I remember trying to make photocopies during lunch on my first day of student teaching. My cooperating teacher told me to put down the papers and sit down for lunch. She told me that we had 45 minutes for lunch and we were taking those 45 minutes for ourselves and not talking about school. She explained that too many teachers burn out because they won't even let themselves eat lunch. And based on the

> lives of my students and their needs, we need that break. Small things like that make a difference on [sic] how you view students and the way you respond or even your desire to get out of bed each morning and have hope for your classroom and high expectations.

Hillary later explained that she used to view self-care as selfish because she believed students should 'always come first.' By her senior year, however, she recognized self-care as an act that benefits her students, too. She explained, "You have to take care of yourself first. I've had a lot of students with trauma this year, so that's been rough. So, I had to take some breathers. I can't help them if I don't. So, that's not selfish." She explained further that her CT helped to socialize her in this way by modeling and discussing self-care practices.

With the exception of one PST, all of the participants discussed the impact of student trauma on their emotional well-being and recognized the psychological effects, but did not consider that some of their sleep, nutrition, social and spiritual struggles during the semester might also be connected to secondary trauma. Self-care remained more of a conceptual 'topic' and not necessarily as a way of being that intersected with other aspects of teaching or a means to diminish some of the weight of secondary trauma. Instead, the majority of participants viewed self-care as a general professional practice—something they ascribed to, but did not integrate into their lives.

Discussion

Research has shown that there are many benefits associated with caring for students affected by trauma, such as promoting student well-being and feeling personal growth (Kemp & Reupert, 2012; Tehrani, 2007), but there are also costs. Caring for students opens teachers up to the impact of secondary trauma (Hydon et al., 2015), and the PSTs in this study experienced secondary trauma absent an understanding that trauma can be transferred from one individual to another, even when the effects of trauma on teachers' well-being were discussed in class. This type of secondary traumatic stress wears teachers out—physically, emotionally, and mentally—and it is especially damaging when individuals feel unsupported in demanding environments (Fowler, 2015), like teaching placements. PSTs expressed frustration with what they viewed as unrealistic requirements and expectations from instructors, coupled with a lack of support for processing the emotional realities of the classrooms in which they were placed. The narrow definitions of trauma these PSTs held may have prompted even more frustrations, as they kept PSTs from recognizing that student trauma can be a consequence

of fear or poverty, and can elicit secondary traumatic stress in teachers, just like more recognizable forms of trauma.

While the term 'trauma' is at the fore of educational discussions (Báez, Renshaw, Bachman, Kim, Smith, & Stafford, 2019), attention is currently directed at student trauma and the development of responsive teaching strategies (Thomas et al., 2019). The effects of secondary trauma and ill-formed coping strategies, are not however, discussed widely in teacher education or school districts (Dawson &Shand, 2019; Hydon et al., 2015). Moreover, even when information on trauma and self-care was infused in our participants' teacher education course, PSTs struggled to make connections between self-care and the secondary traumatic stress experienced in their clinical sites. Instead, PSTs viewed self-care as an isolated activity that could benefit one's teaching, rather than recognizing it as a coping mechanism that could be integrated into traditional teaching processes to offset the emotional stress their students' stories elicited. The emotional burden of working with students affected by trauma is often carried home, which compromises teachers' well-being when not supplemented with self-care (Alisic, 2012).

Even more troubling, the emotional burdens on our PSTs grew during their senior year. As PSTs took on more central teaching roles in the classroom, seniors completing their student teaching experience expressed greater responsibility for students, deeper connection with them, and more direct access to student stories (Kearns & Hart, 2017). Yet, instead of feeling better prepared to deal with the stresses of the more profound and grounded relationships they formed with their students, the PSTs said they felt more stress within these relationships. In fact, participant data aligned with research that shows teaching is inherently relational and student distress can evoke an innate desire to comfort and care for children, which can lead to secondary trauma (O'Rourke, 2011; Tehrani, 2007). It is clear from our study that teacher educators and school districts must work together to provide preservice and inservice teachers with the tools to recognize and prevent secondary trauma. Viable methods might include normalizing secondary traumatic stress and providing spaces for discussion, as well as more formal professional development in teacher education programs (Hydon et al., 2015).

Conclusion

Findings from this study affirm the need for including resiliency practices as a part of teacher education programs (Cefai & Cavioni, 2014). Yet, teacher education and the schools teachers work in seldom focus on building teacher resilience, ameliorating the effects of second-

ary trauma, or facilitating self-care (Benson, 2017; Gu & Day, 2007). Some suggestions for building teacher resilience more generally (e.g., mindfulness workshops) are offered in the literature (e.g., Castro, Kelly, & Shih, 2010; Jennings, 2015), but little is known about burnout and resilience at the preservice level. Teacher education can thus play a key role by making resilience central to its mission and infusing self-care into coursework, as well as into mentored experiences in the field. For example, in response to our findings, the elementary education course that served as the platform for this study now introduces "trauma," "secondary trauma," and "self-care" on the first day of class, and revisits these concepts at the beginning of each subsequent session, in tandem with concrete self-care activities.

Moving forward, researchers should explore curricular activities and approaches embedded in adjacent fields of study. The departments of social work and school psychology are aware of the transfer of trauma from clients to clinicians and prepare their students for this phenomenon accordingly (Bride, 2007; Sommer, 2008). Yet teacher education programs also place PSTs in roles where the transfer of trauma can occur, thus it is the responsibility of teacher educators to engage in similar prescriptive practices to protect the well-being of PSTs. Seeking interdisciplinary support from social work or psychology faculty is a practical starting point that could begin with interdisciplinary discussions and grow to co-planning and co-teaching workshops or class sessions on secondary trauma. Additionally, given the challenges in obtaining work-life balance and professional resilience, instructors might uphold their responsibility to model and discuss self-care as a professional practice more explicitly (Benton, 2019). As our participants noted, it is difficult to imagine such a balance if it is not observed in the field.

Finally, teacher education programs should recognize and address preservice teacher burnout and its relation to the professional practice of self-care. Approximately half of the participants in this study believed they 'failed' at self-care and noted the toll it took on their well-being during their junior year clinical experience, with some subsequently questioning their desire to teach. One year later, although participants seemed more assured in their desire to enter the field as classroom teachers, they again described the ongoing challenges of establishing work-life balance and processing students' stories of adversity. Given the likelihood that student trauma exists in every classroom (NCTSN, 2016), teacher education programs may be inadvertently placing preservice teachers at risk of experiencing secondary trauma without commensurate supports, which was the case for PSTs in this study. Modifying the supportive structures of teacher education and K-12 schools to include

a focus on self-care and teacher resiliency is one way we can work to mitigate these risks and better prepare our teacher workforce while cultivating a healthier work-life balance for teachers at all levels.

Note

[1] We gratefully acknowledge Sara Farmer for her invaluable role in coding and analyzing the data. Her work is much appreciated.

References

Alisic, E. (2012). Teachers' perspectives on providing support to children after trauma: A qualitative study. *School Psychology Quarterly, 27*(1), 51–59.

Atkins, M. A., & Rodger, S. (2016). Pre-service teacher education for mental health and inclusion in schools. *Exceptionality Education International, 26*(2), 93-118.

Báez, J. C., Renshaw, K. J., Bachman, L. E., Kim, D., Smith, V. D., & Stafford, R. E. (2019). Understanding the necessity of trauma-informed care in community schools: A mixed-methods program evaluation. *Children & Schools, 41*(2), 101-110.

Benson, J. (2017). When teacher self-care is not enough. *Educational Leadership, 75*(4), 38-42.

Benton, S. (2019). Promoting Student Wellbeing in Veterinary Technology. *The Journal for Research and Practice in College Teaching, 4*(1), 23-39.

Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work, 52*(1), 63-70.

Brunetti, G. J. (2006). Resilience under fire: Perspectives on the work of experienced, inner city high school teachers in the United States. *Teaching and Teacher Education, 22*(7), 812-825.

Brunzell, T., Stokes, H., & Waters, L. (2016). Trauma-informed positive education: Using positive psychology to strengthen vulnerable students. *Contemporary School Psychology, 20*(1), 63-83.

Boyatzis, R. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage.

Castro, A. J., Kelly, J., & Shih, M. (2010). Resilience strategies for new teachers in high-needs areas. *Teaching and Teacher Education, 26*, 622-629.

Cefai, C., & Cavioni, V. (2013). *Social and emotional education in primary school: Integrating theory and research into practice*. New York, NY: Springer.

Centers for Disease Control. (2019). About adverse childhood experiences. *Violence Prevention*. Retrieved from https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html

Corbin, J., & Strauss, A. (2015). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (4th ed.). Thousand Oaks, CA: Sage.

Crosby, S. D. (2015). An ecological perspective on emerging trauma-informed teaching practices. *Children & Schools, 37*(4), 223-230.

Dawson, V., & Shand, J. (2019). Impact of support for preservice teachers placed

in disadvantaged schools. *Issues in Educational Research, 29*(1), 19-37.

Gu, Q. & Day, C. (2007). Teachers' resilience: A necessary condition for effectiveness. *Teaching and Teacher Education, 23*(8), 1302-1316

Figley, C. R.. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York, NY: Brunner/Mazel.

Ford, J. D., Chapman, J., Connor, D. F., & Cruise, K. R. (2012). Complex trauma and aggression in secure juvenile justice settings. *Criminal Justice and Behavior, 39*(6), 694-724.

Fowler, M. (2015). Dealing with compassion fatigue. *The Education Digest, 81*(3), 30-35.

Hydon, S., Wong, M., Langley, A. K., Stein, B. D., & Kataoka, S. H. (2015). Preventing secondary traumatic stress in educators. *Child and Adolescent Psychiatric Clinics, 24*(2), 319-333.

Jennings, P. A. (2015). Early childhood teachers' well-being, mindfulness, and self-compassion in relation to classroom quality and attitudes towards challenging students. *Mindfulness, 6*(4), 732-743.

Jennings, P. A., Snowberg, K. E., Coccia, M. A., & Greenberg, M. T. (2011). Improving classroom learning environments by cultivating awareness and resilience in education (CARE): Results of two pilot studies. *The Journal of Classroom Interaction, 46*(1), 37-48.

Kearns, S., & Hart, N. (2017). Narratives of 'doing, knowing, being and becoming': examining the impact of an attachment-informed approach within initial teacher education. *Teacher Development, 21*(4), 511-527.

Kemp, H. R., & Reupert, A. (2012). "There's no big book on how to care": Primary pre-service teachers' experiences of caring. *Australian Journal of Teacher Education, 37*(9), 114-127.

Koller, J. R., & Bertel, J. M. (2006). Responding to today's mental health needs of children, families and schools: revisiting the preservice training and preparation of school-based personnel. *Education and Treatment of Children, 29*(2),197-217.

Mansfield, C. F., Beltman, S., Broadley, T., & Weatherby-Fell, N. (2016). Building resilience in teacher education: An evidenced informed framework. *Teaching and Teacher Education, 54*, 77-87.

Maschi, T. (2006). Unraveling the link between trauma and male delinquency: The cumulative versus differential risk perspectives. *Social Work, 51*(1), 59-70.

National Child Traumatic Stress Network (2016). *Secondary traumatic stress: A fact sheet for child-serving professionals*. Los Angeles, CA: Secondary Traumatic Stress Committee.

Osher, D., Sprague, J., Weissberg, R. P., Axelrod, J., Keenan, S., Kendziora, K. (2008). A comprehensive approach to promoting social, emotional, and academic growth in contemporary schools. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology* (Vol. 4, pp. 1263–1278). Bethesda, MD: National Association of School Psychologists.

QSR International Pty Ltd. *NVivo qualitative data analysis software; Version 9, 2010*.

Richards, K. A. R., Levesque-Bristol, C., Templin, T. J., & Graber, K. C. (2016). The impact of resilience on role stressors and burnout in elementary and secondary teachers. *Social Psychology of Education, 19*(3), 511-536.

Sommer, C. A. (2008). Vicarious traumatization, trauma-sensitive supervision, and counselor preparation. *Counselor Education and Supervision, 48*(1), 61-71.

Substance Abuse and Mental Health Services Administration [SAMHSA]. (2015). *Trauma-informed approach and trauma-specific interventions*. Rockville, MD: Author.

Sutton, R. E. (2007). Teachers' anger, frustration, and self-regulation. In P. A. Schutz & R. Pekrun (Eds.), *Emotion in education* (pp. 251-266). San Diego, CA: Academic Press.

Tehrani, N. (2007). The cost of caring–the impact of secondary trauma on assumptions, values and beliefs. *Counselling Psychology Quarterly, 20*(4), 325-339.

Thanh, N. C., & Thanh, T. T. (2015). The interconnection between interpretivist paradigm and qualitative methods in education. *American Journal of Educational Science, 1*(2), 24-27.

Thomas, M. S., Howell, P. B., Crosby, S., Scott, K., Newby, L. Q., Evans, H., & Daneshmand, S. (2018). Classroom management through teacher candidates' lenses: Transforming learning communities through a community of practice. *Kentucky Teacher Education Journal, 5*(2), Article 4. Retrieved from https://digitalcommons.murraystate.edu/ktej/vol5/iss2/4/

Wolpow, R., Johnson, M. M., Hertel, R., & Kincaid, S. O. (2009). *The heart of learning and teaching: Compassion, resiliency, and academic success*. Olympia, WA: Washington State Office of Superintendent of Public Instruction, Compassionate Schools.

Appendix A
Trauma and Self-Care Content

Course Activities

◆ **Trauma Power Point**: Overview of trauma and how it impacts the brain/self-regulation in students.

◆ **Trauma-Informed Schools Project**: One group selected the topic of trauma-informed schools for their classroom management project. They presented the history of the approach, research-based evidence supporting the approach, application examples, and pros/cons.

◆ **Adverse Child Experience (ACE) Survey Discussion**: PSTs reviewed the ACE survey followed by small group discussions and its application in schools.

◆ **Self-Care Power Point**: An overview of work-life balance and physical, emotional, social and spiritual wellness with definitions and examples.

◆ **Meditation and Mindfulness Workshop**: A representative from the Health and Wellness Department facilitated an in-class session on meditation and mindfulness including meditation techniques.

◆ **Self-Care Plan**: PSTs completed a self-care plan including the areas of physical, emotional, social, and spiritual self-care. They also identified barriers and support to self-care.

◆ **Final Reflection Discussion**: PSTs brought their written reflections on trauma and self-care (data source) to class and discussed their reflections in small groups followed by a whole-class discussion.

Course Readings

Blitz, L. V., Anderson, E. M., & Saastamoinen, M. (2016). Assessing perceptions of culture and trauma in an elementary school: Informing a model for culturally responsive trauma-informed schools. *The Urban Review, 48*(4), 520-542.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*(3), 227.

Nealy-Oparah, S., and Scruggs-Hussein, T. C. (2018). Trauma-informed leadership in schools: From the inside-out. *Educational Leadership, 47*(3), 12-16.

Will, M. (2017, June). Happy teachers practice self-care. *Education Week*. Retrieved from https://www.edweek.org/tm/articles/2017/06/07/social-emotional-competence-starts-at-the-head-of.html

Appendix B
Interview Script

For this interview, I would like you to think back to your junior-year clinical experience. Please tell me a little bit about that experience and what you recall.

    What kind of student trauma(s) do you recall?

    How did student trauma affect your experiences in the classroom?

    How did student trauma affect you personally?

    How did you respond to student trauma?

What kind of student trauma(s) are you aware of in your current placement for student teaching?

    How does student trauma affect your experiences in the classroom?

    How does student trauma affect you personally?

    How do you respond to student trauma?

How are you currently practicing self-care during your student teaching?

    In what ways do you feel like you are succeeding at supporting your wellness?

    In what ways would you like to improve your wellness?

    How does self-care affect your student teaching experience?

Here is your self-care plan from junior year. Which self-care goals do you feel you have met and are part of your routine? Which goals remain unmet and why? Has your self-care plan changed during the past year? How so?

Is there anything else you would like to share about trauma and/or self-care?