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The Prepared Adult and Trauma-Informed Practice in Montessori Education

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Abstract: Montessori-specific empirical research on trauma-informed practice remains limited, particularly regarding how credentialed educators understand and enact trauma-informed principles within Montessori classrooms. This qualitative analysis draws from a broader exploratory study and focuses on prepared adult practice within the interdependent Montessori system described by educators. Fourteen credentialed Montessori educators with experience serving children ages 3 to 12 participated in one-on-one semi-structured Zoom interviews. Hybrid thematic analysis combined deductive codes informed by the Substance Abuse and Mental Health Services Administration's trauma-informed principles and Montessori concepts with inductive coding grounded in educator accounts. Four findings organized the analysis. Participants described adult preparation as ongoing professional and inner work; observation as the basis for responsive judgment; and dignity-preserving response through regulation support before correction, dependable limits, adaptation, and repair. They also described the Prepared Environment, purposeful materials and activity, child agency, mixed-age community, and school conditions as active parts of the same system. Participants varied substantially in formal trauma-related training, and the study did not assess clinical outcomes or children's experiences. The study contributes an educator-centered account of how adult preparation and response interact with Montessori environments, materials, community practices, and system supports, with implications for Montessori teacher education, professional learning, leadership, and future observational research.

Schools serve children whose learning, regulation, relationships, and participation may be shaped by adversity. The original Adverse Childhood Experiences study identified childhood exposure to abuse, neglect, and household dysfunction as forms of adversity associated with later health and well-being (Felitti et al., 1998). In educational work, adversity is best understood more broadly as potentially harmful, destabilizing, or chronically stressful experience. Trauma is not synonymous with adversity. It refers to experience that is harmful or threatening and has lasting adverse effects on functioning or well-being (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). This distinction helps educators remain attentive to

possible effects of adversity without assuming a particular experience or behavior confirms trauma.

Trauma-informed education uses knowledge about trauma to shape classroom relationships, environments, routines, policies, and responses. SAMHSA's (2014) six principles emphasize safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. Across school literature, trauma-informed practice is described as a whole-school approach rather than a single technique, with particular attention to predictable conditions, relational safety, agency, nonpunitive response, and coordinated support (Thomas et al., 2019).

Montessori education offers a significant context for this inquiry, because its philosophy and pedagogy include many of the abovementioned conditions. Montessori philosophy emphasizes respect for the child, trust in development, independence, and purposeful participation. Montessori pedagogy enacts those commitments through the Prepared Environment, hands-on materials, observation, freedom within limits, mixed-age community, and sustained self-directed activity (Lillard, 2017; Montessori, 1936/1995, 1949/2002). The child's direct engagement with the environment and materials is fundamental. The adult prepares, presents, and then protects the conditions in which children can act with increasing independence.

Montessori-specific trauma-informed scholarship is growing. Phillips et al. (2022) argued from historical accounts that early Montessori schools supported psychological healing among trauma-affected children and that this support was woven throughout materials, educational approaches, teachers, and the whole environment. A contemporary program evaluation involving 11 educators at one Montessori school reported post-program changes in participants' self-reported knowledge, attitudes, beliefs, and professional practice (Phillips, O'Toole, Phillips, & McGilloway, 2025). Phillips's (2026) thematic comparison of Montessori education with the Neurosequential Model in Education emphasizes repetitive activity, a relationally rich environment, mixed-age groups, peer teaching, a nontraditional teacher role, and readiness for reasoning. A current practitioner and teacher-education synthesis develops these historical and contemporary connections across the whole Montessori system (Phillips, O'Toole, McGilloway, & Phillips, 2025). Lewis's (2024) phenomenological study similarly documented naturally embedded trauma-informed practices in public Montessori environments.

Even with these contributions, empirical research remains limited across Montessori levels, credentialing pathways, and school contexts. In particular, less is known about how credentialed Montessori educators describe adult preparation and response in relation to the environment, materials, child agency, peer community, and school conditions. This article draws from a broader qualitative exploratory study (Anson, 2026) and focuses on educators' descriptions of adult preparation, observation, and response within that larger Montessori system. It asks what these contemporary educator accounts contribute to understanding trauma-informed Montessori practice, teacher education, and school support.

Theoretical and Conceptual Framework

The primary conceptual framework pairs SAMHSA's (2014) trauma-informed principles with Montessori philosophy and Montessori pedagogy. SAMHSA's principles supplied the study's primary trauma-informed deductive framework. Montessori concepts supplied a parallel pedagogical framework that included the Prepared Environment, freedom within limits, observation, respect for the child, mixed-age community, purposeful activity, and the teacher as guide. Using these frameworks together supported systematic examination of educator accounts without treating the two traditions as identical.

The distinction between philosophy and pedagogy is important. Montessori philosophy provides the underlying commitments to dignity, independence, developmental potential, and human interdependence. Montessori pedagogy refers to classroom structures and practices through which those commitments are enacted. In the same way, trauma-informed principles are broad commitments, while trauma-informed practices are actions, routines, relational responses, and system decisions through which those principles become visible. This framework allows alignment to be examined at both the level of values and the level of classroom enactment.

Two secondary perspectives sharpen the analysis. The Sense of Safety Theoretical Framework describes safety as a whole-person experience shaped across environment, social climate, relationships, body, inner experience, sense of self, and meaning (Lynch et al., 2025). A sociocultural perspective on trauma-informed

care locates support across environments, communities, agency, consultation, supervision, and organizational conditions as well as individual adult response (Center for Substance Abuse Treatment, 2014). Together, these perspectives situate educator practice within the environmental, relational, communal, and organizational conditions in which it occurs.

Within this layered framework, adult preparation and response operate within an interdependent pedagogical system. Much of the adult's work occurs before or around independent activity: preparing and maintaining the environment, selecting and presenting materials and community practices, modeling respectful interaction, establishing freedom within limits, and protecting concentration and safety. Once access and familiarity are established, children may select work, repeat activity, seek peer connection, and use classroom routines without continuous adult intervention. At other times, access may be disrupted by withdrawal, conflict, unsafe behavior, or overwhelm, necessitating observation, adaptation, and more direct adult support. The analysis therefore attends to both direct child-environment engagement and the adult responsibilities that establish and safeguard meaningful access to it.

Literature Review

The Prepared Adult in Montessori and Trauma-Informed Education

Montessori education assigns the adult a distinctive pedagogical role. Rather than directing all learning, the adult prepares the environment, gives precise presentations, observes, protects concentration, maintains limits, and withdraws when children can proceed independently (Lillard, 2017; Montessori, 1949/2002). Preparation includes technical knowledge and inner discipline of humility, patience, restraint, and willingness to study the child. The adult's role establishes and protects conditions in which auto-education, direct engagement with materials, and increasingly independent activity can occur.

Literature on trauma-informed teaching also identifies adult preparation as professional and relational. Educators need knowledge of trauma's possible effects, awareness of how their own stress and authority shape interaction, and the capacity to maintain safety without humiliation or punitive escalation (Blaustein & Kinniburgh, 2010; Brunzell et al., 2016). Carello and Butler (2015) extend this work into educator preparation by emphasizing predictable learning environments, reflective practice, appropriate boundaries, attention to power, and educator self-care. These contributions support examination of adult regulation and reflection while also locating those capacities within educational environments and systems.

Observation is especially relevant to the intersection of the two traditions: Montessori observation asks the adult to study behavior, development, engagement, and environmental conditions before intervening. Trauma-informed observation adds caution about interpreting behavior only as defiance, refusal, or lack of motivation. It does not authorize educators to diagnose trauma. Rather, it supports educational judgment about readiness, safety, relationship, demand, timing, and access.

Environment, Materials, Agency, and Community

The Prepared Environment is an active pedagogical element, not a neutral setting. Order, accessibility, movement, consistent routines, and self-correcting materials support independence and sustained engagement (Lillard, 2017; Montessori, 1949/2002). Practical Life and Sensorial activities invite purposeful movement, repetition, sequencing, and concentration. A familiar Practical Life activity such as sweeping can offer rhythmic movement, repetition, order, and purposeful engagement. At the same time, Montessori materials do not produce uniform effects apart from the pedagogical context in which they are used. Meaningful access depends on familiarity, developmental readiness, safe and purposeful use, freedom within limits, and an environment prepared to support independent activity. Mixed-age classrooms, Grace and Courtesy, peer modeling, and shared community practices create additional pathways for learning, contribution, and belonging.

Recent Montessori trauma-informed literature foregrounds these pathways. Phillips et al. (2022) interpret historical reports as evidence that early Montessori schools supported psychological healing among trauma-affected children. Their analysis describes healing as woven through materials, educational approaches, teachers, and the whole school environment, and gives particular attention to children's choice and repetition of Practical Life, Sensorial, academic, artistic, and outdoor activity. Phillips (2026) similarly links repetitive activity with regulation while identifying a relationally rich environment that includes teachers, mixed ages, peer teaching, and readiness for reasoning. Together, these accounts locate support across the enacted Montessori system rather than in any single element.

Table 1
Participant Characteristics

Characteristic	Distribution
Participants	14 credentialed Montessori educators
Montessori preparation	AMI, AMS, MACTE, and combined credentialing pathways
Classroom levels	Primary: 6; Elementary: 5; combined Primary and Elementary: 3
Teaching experience	1–5 years: 2; 6–10 years: 2; 11–15 years: 2; 16–20 years: 1; more than 20 years: 7
Educational contexts	Private, public, charter, and training-center settings; urban, suburban, rural, and mixed geographic contexts
Formal trauma-related training	Yes: 3; no: 11
Self-reported trauma familiarity	Very familiar: 1; somewhat familiar: 7; not very familiar: 3; not familiar at all: 3
Current professional roles	Several participants also served in administrator or teacher-education roles while drawing on classroom experience

Note. Counts reflect self-reported demographic survey data. AMI = Association Montessori Internationale; AMS = American Montessori Society; MACTE = Montessori Accreditation Council for Teacher Education.

Current Montessori-specific empirical literature adds educator perspectives but remains narrow. Lewis (2024) studied public Montessori educators' descriptions of naturally embedded practices. Phillips et al. (2025) evaluated a professional-learning program in one school and reported participant-perceived changes in knowledge, attitudes, beliefs, and professional practice. The present study extends this conversation through a varied sample of credentialed educators serving children ages 3 to 12. Its contribution is a focused empirical account of how educators described adult preparation, observation, and response in relation to Montessori environments, materials, agency, community, and contextual conditions.

Method

Research Design and Focus of This Article

This article draws from a qualitative exploratory study of how Montessori educators understood, interpreted, and implemented trauma-informed practices in classrooms serving children ages 3 to 12 (Anson, 2026). The original study asked two neutral research questions: To what extent did Montessori educators report implementing trauma-informed practices? To what extent did they perceive those practices as aligned with Montessori philosophy and Montessori pedagogy? The study centered educator accounts of educational practice and professional judgment rather than trauma diagnosis, clinical treatment, or child outcomes.

The broader analysis generated five themes: intentional adult preparation; responsive adult action; safety, trust, and belonging; Montessori elements supporting trauma-informed practice; and implementation within limits, boundaries, and contextual strain. For this article, the researcher returned to the coded dataset, analytic memos, cross-participant comparisons, and final themes to examine adult preparation and response in relation to the larger Montessori system. Evidence describing direct environmental, material, peer, and child-agency pathways was retained alongside evidence of adult practice so the focused analysis remained connected to the broader study.

Participants and Sampling

Participants were 14 credentialed Montessori educators with current or prior experience in Primary, Elementary, or combined Primary and Elementary classrooms. Eligibility required age 18 or older, a recognized Montessori credential, and experience serving children ages 3 to 12. Formal trauma-informed training was not required. Maximum variation sampling intentionally included educators whose trauma-related preparation ranged from formal training to experience-based familiarity so the study could examine variation rather than presume shared expertise (Patton, 2015). Table 1 summarizes the sample.

Table 2
Core Semi-Structured Interview Questions

No.	Core question
1	How do you understand and implement trauma-informed practices in your Montessori classroom?
2	How would you describe your understanding of trauma and its impact on child development and learning?
3	What do the terms "trauma-informed practice" or "trauma-informed practices" mean to you in the context of your Montessori work?
4	In what ways do you think Montessori philosophy naturally supports children who have experienced trauma?
5	Can you describe a time when you adapted your teaching approach to support a child you suspected had a trauma history?
6	What specific strategies have you used in your classroom to build trust and safety for children who have experienced trauma?
7	To what extent do you feel your trauma-informed practices align with Montessori philosophy and pedagogy?
8	Have you received formal or informal professional development in trauma-informed education?
9	What kinds of support within your school or community help you in working with trauma-affected students?
10	Scenario: Imagine a child in your classroom begins showing signs of emotional dysregulation and refuses to engage in work. You suspect a trauma-related response. How would you manage this situation in the moment?
11	In your experience, what Montessori classroom practices, principles, or lessons help children experience the six SAMHSA trauma-informed principles?
12	What changes would you recommend to Montessori teacher training programs to better prepare educators to support children who have experienced trauma?

Note. All participants were asked the same 12 core questions. Probes were used flexibly to request clarification, examples, or contextual detail. Question 11 was presented with the six SAMHSA principles listed in the interview chat.

Recruitment and Data Collection

Recruitment occurred through a university-based Montessori educator listserv. Approximately 1,152 invitations were delivered, 80 educators completed the demographic survey, and 25 eligible educators were invited to interview. Fourteen completed one individual semi-structured Zoom interview. Interviews ranged from 28 to 86 minutes and averaged approximately 57 minutes. With consent, interviews were recorded, transcribed, checked against the recordings, de-identified, and assigned participant identifiers.

All participants were asked the same 12 core questions in the same general sequence. Flexible probes were used to request clarification, examples, or developmental and contextual detail, consistent with semi-structured qualitative interviewing. The questions addressed classroom practices, trauma understanding, Montessori alignment, adaptation, safety and trust, professional learning, school supports, a classroom scenario, the six SAMHSA principles, and recommendations for teacher education. Table 2 presents the exact core questions.

Data Analysis

Data were analyzed through hybrid thematic analysis that combined deductive and inductive coding (Fereday & Muir-Cochrane, 2006; Saldaña, 2021). Trauma-informed deductive codes reflected SAMHSA's six principles and related educational constructs. Montessori deductive codes included the Prepared Environment, freedom within limits, observation, Practical Life, Sensorial materials, mixed-age community, respect for the child, and teacher as guide. Inductive codes captured participant language and emergent patterns such as adult preparation, dignity preservation, adaptation, relational repair, contextual strain, family partnership, and system-level barriers. Dedoose, a qualitative research tool, was used to organize and compare the data.

Theme development was recursive and involved movement among coded excerpts, full transcripts, analytic memos, cross-participant patterns, and the study's research questions. For this article, quotations were reread in full transcript context and compared with supporting and contrasting accounts. Excerpts were retained only when their wording supported the stated claim. The four findings presented below condense

the broader five-theme analysis without changing participant meaning: adult preparation; observation; dignity-preserving response; and adult practice within an interdependent Montessori system.

Trustworthiness and Ethics

Trustworthiness was supported through maximum variation sampling, two stages of member review, analytic memoing, reflexive journaling, documentation of coding decisions, and a detailed audit trail (Lincoln & Guba, 1985). Participants first reviewed their interview transcripts for accuracy and later reviewed participant-specific thematic summaries so they could confirm, clarify, or expand the researcher's interpretation. The researcher also used memos and reflexive entries to identify moments when professional agreement with Montessori language could carry too much interpretive weight.

The study received institutional review board approval before recruitment. Participation was voluntary, and participants received informed consent information before data collection. Confidentiality was protected through de-identification, participant identifiers, removal of identifying details, and secure storage. Because the study examined educator perspectives rather than children directly, no child trauma histories or clinical records were collected.

Findings

Four findings organize the analysis: Finding 1 describes adult preparation as ongoing professional and inner work. Finding 2 presents observation as the basis for responsive judgment. Finding 3 examines dignity-preserving response in moments of struggle. Finding 4 locates adult practice within an interdependent Montessori system of environment, materials, child agency, peer community, and school conditions. These findings are separated for clarity, although participants often described them as closely connected.

Finding 1: Adult Preparation as Ongoing Professional and Inner Work

Participants described adult preparation as layered, uneven, and continuing across time. Ten participants (PA01, PA03, PA04, PA05, PA07, PA09, PA10, PA12, PA13, PA14) contributed directly to this pattern. Formal preparation included Montessori training and organized learning about trauma, while informal preparation included reading, collegial support, relationships with families, prior work, lived experience, classroom experience, and reflection. Several participants were explicit that their Montessori credential had not included substantial trauma-informed content.

Trauma-related learning sometimes changed how educators interpreted what they were already seeing. PA12, an American Montessori Society (AMS)-credentialed Primary educator with 16 to 20 years of experience, connected knowledge with compassion and reconsideration of classroom expectations:

> I think that understanding the trauma and the potential impacts of trauma, if nothing else, allowed me to be much more compassionate. I have this expectation of how the classroom should run and how I expect students to be responding. And it can be frustrating, especially early on when what I'm expecting does not happen. But understanding trauma, the impacts, and how it might outwardly be manifested gave me a whole lot of compassion and understanding and opened up a lot of space that I may not have previously had.

PA12's account shows how trauma-related knowledge changed the educator's interpretation of unmet expectations and widened the space available for compassion. Similar shifts appeared across participants. PA04, an Association Montessori Internationale (AMI)-credentialed Primary and Elementary educator with more than 20 years of teaching experience, described trauma language as "a different lens." PA13, an AMI-credentialed Primary educator with more than 20 years of teaching experience, connected trauma with learning readiness, emotional regulation, and impulse control. PA14, an AMS-credentialed Elementary educator with 11 to 15 years of experience, described barriers to openness and receiving information. Together, these accounts show how additional knowledge could alter educators' interpretation of what they observed without treating behavior alone as proof of trauma.

Preparation also developed through reflection. PA04 said her understanding had "changed for me over time as I've had more and more years of experience." PA01, an AMS-credentialed Primary educator with one to five years of teaching experience, described revisiting difficult situations by asking, "Was there anything I could have done better?" and then seeking additional information. These accounts presented reflection as active professional learning rather than self-blame.

Participants also described the inner work of remaining available to children. PA03, an AMI-

credentialed Primary educator with six to 10 years of experience, emphasized "the importance of the prepared adult" who supports children during difficulty by demonstrating "kindness, tolerance, grace" and being available to "lend peace when they're not feeling it for themselves." PA04 connected adult self-care with being present for children, while PA05, an AMI-credentialed Elementary educator with more than 20 years of teaching experience, emphasized educators' need for recovery and support. Together, the accounts portrayed the prepared adult as developing rather than flawless. Adult steadiness was a professional capacity cultivated through knowledge, experience, reflection, collegial support, and sustainable working conditions.

Finding 2: Observation as the Basis for Responsive Judgment

Observation was the clearest Montessori practice participants (PA01, PA04, PA06, PA07, PA10, PA13, PA14) connected with responsive judgment. Participants described observation as purposeful noticing that informed decisions about when to present, wait, reduce demand, support, redirect, or intervene more directly. They did not describe behavior as proof of trauma. Instead, observation created a basis for cautious educational interpretation. PA13 described the concrete patterns adults might track:

> I think so much of it goes back to observation. Because behavior is communication. So, what we observe in our students communicates to us whether they are regulated or not. Is a child able to come in and get started in the day? Is a child fixated on food? Is a child distracted? All of these different things that we noticed and track over time.

PA13's account frames behavior as observable information to be tracked over time rather than as evidence of a single hidden cause. Participants named changes in beginning work, attention, food preoccupation, social interest, quietness, retreat, and proximity to adults as information worth noticing. These observations could prompt further inquiry or adjustment, but they could not confirm a trauma history.

PA14 placed the same practice within both frameworks, explaining that Montessori philosophy and pedagogy are "based on observation" and on "meeting the child where they are." The participant added that trauma-informed practice required adults to "listen and watch the child" and attend to comfort, facial expression, and body language. PA04 described retrospective observation by returning to "what happened right before" rather than becoming "wrapped up" in reacting only to the visible behavior.

Across these accounts, observation was both immediate and cumulative. It included noticing the child, the environment, transitions, expectations, relationships, and the adult's own contribution to the moment. Observation did not remove the need for limits or action. It supported more deliberate choices about timing, demand, proximity, space, and the next accessible step.

Finding 3: Dignity-Preserving Response in Moments of Struggle

Participants (PA01, PA02, PA03, PA04, PA05, PA07, PA09, PA11, PA13, PA14) described trauma-informed response as holding safety and boundaries while attending to present capacity, dignity, and continued participation. Three connected patterns were especially visible: regulation support before correction, flexible but dependable limits, and repair that preserved belonging. PA14 described how an adult might respond when a child refused work:

> I would say, I am here to help you. And if you would like to engage in work, I'm here to facilitate that with you and work with you. But nothing is as important right now as where you are and what you need. So, if you need to sit here today and take a moment, that's fine. And we can work on it tomorrow.

The educational expectation remained visible, but it was delayed until the child could access it. Other participants described similar sequencing. PA04 framed a boundary as "firm and kind at the same time," telling a child that screaming was understandable but that the classroom was not the appropriate place. PA13 described temporarily reducing expectations while maintaining safety for the child, other people, and materials.

PA05 offered a detailed example of calm proximity. The educator described crawling under a table and asking, "What's going on and how are you doing?" The child could remain there, and the adult identified another place that might feel more comfortable, adding, "When you're ready, you can go there." Importantly, PA05 did not claim certainty about trauma: "It might have been, and it might not have been." The participant knew only that the child could not regulate in that moment. The example therefore supports responsive presence and uncertainty, not retrospective diagnosis.

Dependable boundaries were part of dignity-preserving response. PA04 explained that children needed to know that adult reactions would be predictable and that they could rely on established boundaries: "Then they can relax once they know all of that is going to be true." Participants described flexibility in pace, task, space, movement, response mode, and entry point, but they did not equate flexibility with the absence of structure.

Dignity involved separating the behavior from the child's worth. PA05 described helping children understand that "their behavior in the moment is separate from their being as a human being." A choice could be unsafe or harmful, while the child remained capable of a different choice and retained a place in the community. The same participant described abandoning an immediate work expectation when forcing compliance would likely create a power struggle, additional pain, or the experience of not being seen or heard.

Repair was described as a community practice rather than a forced adult–child script. PA13 explained that children were not required to say "I'm sorry" or accept an apology with "that's okay." Instead, the class discussed how to repair harm so the injured person felt "genuinely heard," including language such as "What do you need?" and "Can I help you?" PA02, an AMI-credentialed Elementary educator with one to five years of teaching experience, described a weekly routine for compliments, thank-yous, and apologies that became "a pretty restorative thing for everyone." In these accounts, adults taught and protected conditions for repair, while children participated in rebuilding peer connection.

Finding 4: Prepared Adult Practice Within an Interdependent Montessori System

Participants (PA01, PA04, PA05, PA07, PA08, PA09, PA10, PA11, PA12, PA13, PA14) linked adult practice with the Prepared Environment, Practical Life and Sensorial activity, purposeful movement, choice, routine, mixed-age community, peer support, and school conditions. Their accounts described support as distributed across classroom life, with the relative contribution of adults, materials, environment, peers, and child agency changing across activities and moments.

The Prepared Environment was described as a stabilizing and accessible place. PA01 called the Children's House the children's "home" and "their place," where they needed "to be safe," "heard," and "seen." PA04 connected child-sized design with a sense of safety. PA13 described outdoor work, gardening, heavy work, and purposeful activity as meaningful bodily options for children who were struggling. Participants therefore located support in environmental design and in the work itself, not only in adult interpretation.

Participants also emphasized direct child choice and independent use of familiar options. PA05 explained that a child who needed a different place, posture, or way to regulate did not need "special permission" in a Montessori class: "You just go take care of yourself the way you need." The participant also described the adult's earlier role in presenting those choices and making them reliably available. Across accounts, children sometimes used familiar work, movement, routines, and community practices without requesting a new adult intervention, while prior preparation, presentation, maintenance, and protection remained part of the classroom system. PA12 connected this independent activity with Montessori lessons and community:

> One thing that comes to mind is the Silence Game and supporting exercises. While the direct aim of the Silence Game is to experience quiet, there are so many ways that that can help support regulation. I mean, gosh, so many of the lessons particularly support children experiencing stress or trauma. I think just the mixed-age classroom, where the expectation is that they are in community and supporting each other and not relying on adults for feedback on whether or not they are successful, is very important.

PA12's account connects regulation, Montessori lessons, and community. Participants also described children choosing and repeating work, using routine, learning from peers, taking leadership, and contributing to community. PA13 described older children supporting younger children and becoming more capable through that role. PA14 described student expertise and classroom meetings as forms of empowerment. These examples locate children as active participants in the classroom system rather than passive recipients of adult response.

The system also placed limits on what any one adult or classroom could sustain. PA01 said, "Number of adults in the room is a big one." PA13 noted that taking one child out of the environment could put the classroom out of ratio and described the absence of a specialized space. Participants also identified family communication, access to outside support, leadership, time, and the intensity of children's needs as conditions shaping implementation. In one account, PA10, an AMI-credentialed Elementary educator with six to 10 years of teaching experience,

cautioned that in a moment of severe distress, familiar materials such as clay or sewing might not be accessible.

Across these accounts, participants described an interdependent system. Materials, routines, purposeful activity, child choice, and peer community could support children directly and independently. Adults prepared, presented, modeled, observed, protected, and adapted. School and family conditions influenced what remained possible. No single element was sufficient in every moment, and the relative visibility of each element changed with the child, activity, and context.

Discussion

Prepared Adult Practice Within an Interdependent System

The four findings present prepared adult practice as relationally and pedagogically embedded. Adult preparation, observation-based judgment, and dignity-preserving response interacted with the Prepared Environment, materials, purposeful activity, routine, child choice, peer community, and school conditions. The contribution of the adult therefore appeared through both prior preparation and selective response within a classroom system that also supported direct child engagement and increasing independence.

A child may select a familiar Practical Life or Sensorial activity, repeat it, and become more settled without a new adult intervention in that moment. Participant accounts support this form of independent engagement. They also describe prior work through which adults prepared and maintained the environment, presented possibilities, modeled social practices, established dependable limits, and observed whether children could safely and purposefully use those possibilities. When ordinary access was disrupted by withdrawal, conflict, unsafe behavior, or overwhelm, adult observation and adaptation became more visible. Independent engagement and adult preparation therefore functioned as complementary parts of Montessori practice rather than as opposing explanations.

This interdependent interpretation is consistent with Phillips et al.'s (2022) argument that psychological healing in the early Montessori schools was woven through materials, educational approaches, teachers, and the whole environment, as well as with their emphasis on children's selection and repetition of activity. It is also consistent with Phillips's (2026) account of repetitive activity within a relationally rich environment involving a nontraditional teacher, mixed ages, and peer teaching. These sources address historical and theoretical questions about Montessori education's trauma-related potential. The present study addresses a different contemporary question: How do credentialed educators understand and enact trauma-informed practice in their Montessori settings?

Phillips et al.'s (2025) program evaluation adds a different form of evidence. Participants in that single-school study reported increased trauma knowledge, as well as changes in beliefs and professional practice, after explicit learning. The current findings extend that professional-learning conversation across a more varied Montessori sample. Educators described formal preparation as uneven, but they consistently identified knowledge, reflection, observation, and school support as relevant to their judgment.

Theoretical Interpretation

The theoretical framework helps explain why the findings are interdependent. SAMHSA's (2014) principles operate across relationships, environments, community, and organizational practice. The Sense of Safety Theoretical Framework similarly locates safety across environment, social climate, relationships, body, inner experience, identity, and meaning (Lynch et al., 2025). Participants' descriptions of child-sized spaces, predictable routines, purposeful movement, steady adult reactions, belonging, and repair can therefore be understood as different dimensions of a broader safety ecology.

A sociocultural perspective adds an organizational level to this interpretation. Trauma-informed practice is shaped by environments, communities, agency, consultation, supervision, and organizational resources (Center for Substance Abuse Treatment, 2014). Finding 4 reflects this level of analysis through staffing, ratios, family partnership, leadership, and access to specialized support. Adult steadiness and reflection remain professional capacities, while the conditions around educators influence whether those capacities can be sustained in daily practice.

The framework also clarifies the role of observation. Participants used observation to notice patterns and make educational decisions, not to establish trauma diagnoses. Trauma-informed interpretation requires curiosity and restraint. Behavior could suggest that access, safety, demand, relationship, or timing may need reconsideration while the cause remains uncertain. This

distinction supports dignity by allowing educators to respond thoughtfully without reducing the child to either a behavior label or an assumed trauma history.

Implications for Montessori Teacher Education and School Support

The findings point to concrete responsibilities and actions for moving this work forward. Montessori teacher education programs can integrate trauma-informed preparation into existing study of observation, the Prepared Environment, freedom within limits, Practical Life, Sensorial work, Grace and Courtesy, and spiritual preparation of the adult. Candidate learning can include distinctions among adversity, trauma, and behavior; observation without diagnosis; adult self-regulation; regulation support before correction; predictable and non-humiliating limits; repair after harm; and professional boundaries for consultation or referral.

Case-based preparation can make these ideas concrete. Adult learners can examine when children can use familiar materials, movement, routine, and peer community independently; when a presentation or environmental change may restore access; and when a child's distress or safety needs require direct adult support. They can practice describing observations separately from assumptions, choosing language that protects dignity, and preserving Montessori purpose while adjusting pace, space, demand, or entry point. Professional learning should keep the educator's role clearly educational, with established pathways for consultation and referral when clinical assessment or treatment is needed.

Maria Montessori's White Cross proposal offers a historically relevant foundation for this work. Montessori called for interdisciplinary study of affected children, scientific knowledge for educators, observation of psychological phenomena, and special educational preparation for teacher-nurses (Montessori, 1917/2013; Phillips et al., 2022). The proposal did not isolate the teacher from the Montessori Method. It joined preparation of adults with observation, education, environments, and practices available to children. Contemporary teacher education can honor that interdisciplinary intention while maintaining clear educational and clinical boundaries.

School leaders and training organizations also carry responsibility. Participants' accounts point to shared language, realistic staffing and ratios, time for collaborative reflection, family partnership, access to consultation, and coordinated plans when needs exceed one adult or classroom. Implementation research similarly shows that positive intention does not ensure sustained practice when organizational conditions are weak (L'Estrange & Bentley, 2025). Trauma-informed Montessori practice is most sustainable when prepared adults work within prepared systems.

Limitations and Future Research

The study used a small, nonrandom, intentionally varied sample of 14 credentialed Montessori educators. Findings are not statistically generalizable. Participants differed substantially in formal trauma-related training and familiarity. That variation was intentional and means the findings represent educator perspectives formed through various learning pathways rather than a group with one shared level of trauma specialization. Data were self-reported and may reflect memory, interpretation, or social desirability. Several participants held administrative or teacher-education roles at the time of the study, although all drew on Montessori classroom experience.

The study did not include direct classroom observation, children's or families' perspectives, physiological measures, clinical assessment, or child outcomes. It therefore cannot determine whether any reported response, material, activity, or environmental feature produced regulation, learning, recovery, or psychological healing. Historical eyewitness accounts provide detailed descriptions of early Montessori practice, but they answer different questions and require their own methodological appraisal.

Future studies might examine contemporary classroom interaction directly, including moments when children independently select and repeat familiar activity and moments when adult support changes access or participation. Research should include children, families, assistants, school leaders, teacher educators, and mental health consultants; compare Montessori levels and settings; and evaluate teacher-education approaches. Such work can examine how the contributions of adult preparation, environment, materials, child agency, community, and system support vary across children, activities, and contexts.

Conclusion

This study contributes a focused empirical account of prepared adult practice in trauma-informed Montessori

education. Educators described adult preparation as ongoing professional and inner work, observation as a basis for responsive judgment, and dignity-preserving response through regulation support, dependable limits, adaptation, and repair. They also described materials, purposeful activity, routine, child agency, mixed-age community, and school conditions as active parts of the same classroom system.

Prepared adult practice took different forms within this system. Adult work could occur before independent activity through preparing, presenting, modeling, and protecting the conditions for participation. It could become more immediate when children could not access ordinary classroom activity safely or smoothly. The environment, materials, and community could also support children directly, while staffing, leadership, family partnership, and consultation shaped what educators could sustain.

For Montessori research, the contribution is a more precise account of adult preparation and response within an interdependent pedagogy. For teacher education, the findings point toward explicit trauma-informed knowledge, disciplined observation, reflective and dignity-preserving decision-making, purposeful use of Montessori environments and activity, and schoolwide support. These directions position trauma-informed Montessori education as educational work carried through coordinated adult preparation, Montessori environments and materials, child agency, community participation, and school support.

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