Improving Special Education Teacher Understanding of Secondary Traumatic Stress

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This dissertation in practice focuses on the cost of compassion in a classroom. It explores the secondary traumatic stress impacting special education teachers as they support middle and high school students daily. More specifically, this program evaluation examines how an intervention can increase teachers' understanding and awareness of their own secondary traumatic stress. From the literature review of Charles Figley's work in the 1990s to current research that helps identify the emotional and physical toll on teachers, this researcher seeks to inform practicing educators about what can occur when students share their trauma. Teachers do not fully understand secondary traumatic stress, so many feel inadequate, guilty, and even powerless as they reconsider their chosen profession (Rankin, 2020). Struggling educators say the strain is too much and are leaving the profession they love at rates reaching nearly 25% (Rankin, 2020). Through intervention outlined in this dissertation, teachers can not only confidently define secondary traumatic stress but also identify signs, risk factors, and effective preventative strategies. Data are examined through the lens of straightforward research questions and point to effective, inexpensive steps to reach a successful level of teacher understanding of secondary traumatic stress. The responses were gathered through a post-test, evaluation, and survey and include quantitative results and open-ended feedback. These results are both inspiring and concerning as teachers share honestly about the impactful phenomenon of secondary traumatic stress and the importance of knowledge and self-care.

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Preface

This dissertation would not be possible without a support network of special people. To my husband, I want to thank you for the sacrifices, the unconditional encouragement, and for having my back at each hurdle and obstacle. Together, anything is possible. To my children, Luke and Annaleigh, you are my heart. I am so proud of you and I want you to live life to the fullest. My parents have served as my guide through life, supporting the power of voice and action to help others. Thank you for teaching me that character matters most and I only need to be myself. My passion will always remain with the teachers who care for our students. Thank you to the amazing teachers that participated in this study. You are some of the best educators and people I have ever worked with and I will never forget your support.

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1.0 Problem of Practice

Teachers are experiencing secondary traumatic stress (STS) at detrimental levels (Lawson et. al, 2019). Children are arriving to school affected by trauma, impacting teachers in the classroom caring for them (Lawson et al., 2019). Secondary traumatic stress manifests similarly to post-traumatic stress with reactions including the replaying of students' stories of pain and struggle (Christian-Brandt et al., 2020). Teachers hear firsthand about adverse childhood experiences, respond directly to crises, and are in a position of repeated exposure to childhood trauma (Christian-Brandt et al., 2020). Figley (1995a) defined secondary traumatic stress as "the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 7). Because a caring response is both expected and often innate, teachers are vulnerable to the debilitating impact of secondary traumatic stress (Lawson et al., 2019). While prepared for lesson planning and student engagement, young teachers are unprepared for the overwhelming stress that is occurring (Rankin, 2020). "I'm a caring person, and I knew I would have no trouble empathizing with my students. But no one prepared me to confront children's trauma every day" (Rankin, 2020). Teachers serving to meet front-line student needs without adequate training in trauma response is leading to educator turnover (Christian-Brandt et al., 2019). Teachers do not fully understand secondary traumatic stress, so many are feeling inadequate, guilty, and even powerless as they reconsider their chosen profession (Rankin, 2020). Struggling educators say the strain is too much and are leaving the profession they love at rates reaching nearly 25% (Rankin, 2020).

Teacher needs receive minimal attention even while the needs of our children and schools remain high (Christian-Brandt, 2019). Figley (1995a) emphasizes early in the research of secondary traumatic stress that all in helping professions are susceptible to developing secondary traumatic stress through exposure coupled with a strong desire to care for others (Christian-Brandt et al., 2020). While trauma can be treated through psychological intervention and therapeutic approaches, teachers' stress often persists and the mitigation efforts are less effective due to the lack of proactive training and preparation (Lawson et al., 2019).

The setting of focus for this program evaluation on teacher secondary traumatic stress is a small, suburban district with a reputation of being close-knit, caring, and similar to a familiar. Teachers are expected to create connections with students are serve their needs in a very intentional way. Special education teachers hold the most enduring relationships with students on their caseload. Secondary special education teachers in these roles support 7th through 12th-grade students in every aspect of school success including academic, social, and mental health needs. These teacher-student connections can last up to 6 years to include transitions on our secondary campus. While special education teachers respond to student trauma, the care and effort required takes a significant toll (Branson, 2021). Special education teachers work with families, as they manage individualized education plans (IEP) and learning challenges that can make school difficult. Teachers hear about and assist students through trauma "often leading [these] professionals to experience symptoms similar to whoever first handedly experienced the traumatic event" (Branson, 2021, p. 1). Elements of the job impact teachers' well-being and these educators feel they are professionally drowning (Rankin, 2020). Rankin (2020) shares that while the natural caring and response comes easy for most teachers, the high levels of stress including health impacts, sadness, and inadequacy are surprising. Latent secondary traumatic stress that remains

untreated triggers a series of negative outcomes for educators in our schools including adult depression and exhaustion, disengagement, and erosion of confidence and strength (Lawson et al., 2019). On a daily basis, teacher exposure to the life stress and witnessed trauma that students bring to school creates a layer of trauma for teachers (Schepers, 2017). As teacher turnover rates climb, teachers need to gain an understanding of secondary traumatic stress to remain healthy and to remain in the profession they love (Rankin, 2020).

1.1 Operational Definitions

1. **Special Education**: Specially designed instruction, at no cost to parents, to meet the individual needs of a child with a disability. This includes instruction conducted in the classroom, home, institutions, and other settings. A special education teacher is one that provides and supports this specialized instruction (U.S. Department of Education, 2017).

2. **Education Program (IEP)**: The term individualized education program or IEP means a written statement for each child with a disability that is written, reviewed, and revised with an IEP team.   This individualized program includes the child's present performance levels, measurable annual goals, related services, specially designed accommodations, transition services as applicable, and an explanation of the extent the child will not participate with non-disabled peers in regular education classes (U.S. Department of Education, 2022).

3. **STS**: An acronym used throughout the dissertation that means secondary traumatic stress.

4. **Secondary level:** As this relates to teachers within this study, secondary level refers to grades seven through twelve.

5. **Professional Development:** The term professional development means activities that are an integral part of school educational strategies for providing educators (including teachers, principals, other school leaders, specialized instructional support personnel, and paraprofessionals) with the knowledge and skills necessary to enable students to succeed in a well-rounded education and to meet standards. Ideally, this development is sustained, intensive, collaborative, job-embedded, and student-focused (Learning Forward, 2022).

6. **National Child Traumatic Stress Network (NCTSN)**: The National Child Traumatic Stress Network (NCTSN) was created by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. The NCTSN includes both online resources, funded centers, and affiliate centers in 43 states and the District of Columbia (NCTSN, 2022).

2.0 Review of Literature

Each day secondary educators face demands helping teenage students meet learning objectives, prepare for the world ahead, and often navigate traumatic experiences (Dubois & Mistretta, 2019). Borntrager et al. (2012) compared the stress levels of teachers to those of practicing and licensed social workers. Alisic (2012) found that many teachers admit that traumatic stress and exposure are the most challenging part of teaching. Individuals navigating this residual stress are impacted cognitively, emotionally, behaviorally, and spiritually (Figley, 1995a). Rankin (2021) argues that secondary traumatic stress adversely influences educators, but also notes that there is still much to understand about this process. While exploring current literature and considering different research approaches, one finds that secondary traumatic stress, generally defined by Figley (1995a) as "the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 7), is detrimental to overall teacher wellness.

2.1 Secondary Traumatic Stress

Trauma is "defined as an experience that threatens life or physical integrity and that overwhelms an individual's capacity to cope" (National Child Traumatic Stress Network, 2012). One does not have to experience trauma directly to be impacted by it. Figley (1995a) defined secondary traumatic stress as "the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 7). Scanlon (2013) similarly

connects post-traumatic stress to witnessing or experiencing trauma. That direct connection makes sense. However, few realize the lasting impact of listening and caring for others as they experience these moments, especially for those in caregiving professions (Scanlon, 2013). "When a person experiences traumatic stress as a result of learning about someone else's trauma, they are facing secondary traumatic stress" (Scanlon, 2013, p. 3).

Simply stated, those who work with the traumatized may, in turn, become traumatized themselves as a result of their Caring. Individuals develop secondary traumatic stress as a result of multiple, compounding factors. Ludick and Figley illustrate how this type of stress exists as a core element in the Compassion Fatigue Resilience Model (2016) and compassion fatigue development process.
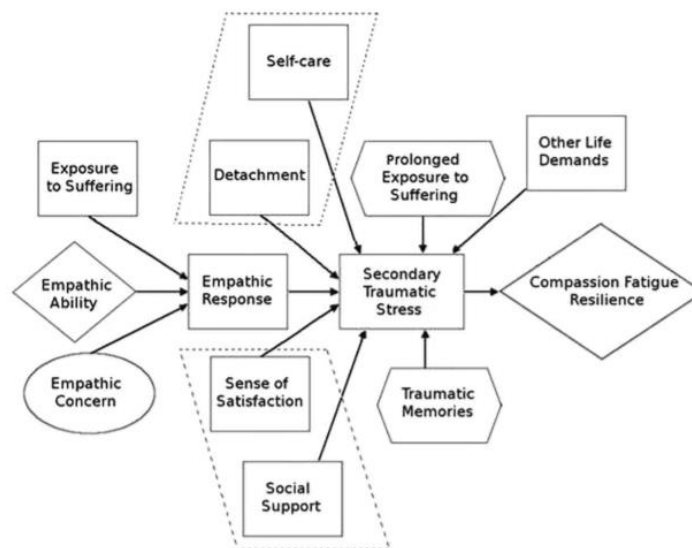
Figure 1. Compassion Fatigue Resilience Model (Ludick & Figley, 2016)

Figley and Ludick (2017) establish that the concept of secondary traumatic stress emerged from systems theory. Figley first referred to secondary trauma as secondary victimization and, years later, developed the terms "secondary traumatic stress" and "compassion fatigue" (Figley & Ludick, 2017). Figley has since tweaked and refined his theories and advocates for not getting

narrowly focused on one element but rather keeping a view of the entire phenomenon as a process (Figley & Ludick, 2017). In his work with Ludick, Figley (2017) expands that when one is working with or even studying those that suffer, secondary traumatic stress, although multi-faceted and complicated, is often inevitable. It refers to one of several negative outcomes from indirect trauma exposure, attributable to the process of vicarious traumatization (Boscarino et al., 2006).

2.1.1 Secondary Traumatic Stress in Teachers

Berger et. al (2016) confirmed that "teachers share in many cases the trauma of the children they take care of" (p. 237). That experiencing of sharing in trauma and wanting to help is an indirect but very real trauma (Figley, 1995b). Figley (1995b) defined secondary traumatic stress as both the emotions and behaviors that occur as a result of knowing another person experienced trauma. He further explained it as stress resulting from the nagging desire and need to want to help a suffering or devastated person (Figley, 1995b). This stress is compounded when that traumatized person is a child. With the exception that the traumatic exposure is indirect, secondary traumatic stress is nearly identical to posttraumatic stress including symptoms associated with posttraumatic stress disorder (PTSD), such as intrusive imagery, avoidance, hyperarousal, distressing emotions, cognitive changes, and functional impairment has also introduced compassion fatigue as a more ''user-friendly'' term to describe the phenomena of secondary traumatic stress (Bride, Radey, & Figley, 2007, p. 155).

Branson (2021) found that teachers can experience secondary traumatic stress due to the emotional attachment created during long hours with students at school and sharing in students' family and life events, especially those involving trauma. Teachers are reminded of student hardships repeatedly and the toll is significant (Branson, 2021). This unique experience of "shared

trauma" places an extreme burden on educators (Berger et al., 2016). Another complex dynamic is that while teachers report high levels of secondary traumatic stress, they also share they have met job expectations well and display average levels of work satisfaction (Borntrager, et al., 2012). Passionate about teaching and caring about children, "many teachers and school personnel [just] enter their careers feeling unprepared to handle these types of occupational stressors" (Branson, 2021, p. 2). Similarly, Berger et. al (2016) determines the complexity of teachers listening to student stories and assisting with loss and trauma not only directly causes responses of physical, cognitive, and emotional nature, but also can create residual stress. "STS is elevated when the worker generates the necessary empathic response to do their job of helping to understand and help the traumatized" (Figley & Ludick, 2016, p. 113).

Showalter (2010) found that most professionals start with the core value that helping is satisfying, natural, and a high priority. Caring may not be the issue for front-line responders, stress and fatigue seem wrapped in the rapid organizational changes, increased [student] population, legal paperwork demands, and the requests to accomplish the same tasks with no increase in time or support (Showalter, 2010). "A reduced professional commitment and a desire to level the profession, the stress impairs health, leads to a deterioration in the quality of educational services and eventually leads to unpredictable staffing patterns" (Wisniewski & Gargiulo, 1997, p. 340). Elliott reflects that students often feel safe and share more than typically perceived acceptable with teachers and the resulting, complicated and emotional position created is one familiar to many special educators (2018). As more students suffer from trauma, compassion fatigue and the appropriate response is an increasing concern for nearly half of all teachers, principals and district administrators studied (Elliot, 2018). Ludick and Figley (2017) add that when professionals

experience stressful situations in a prolonged and intensive way within daily interactions, levels of secondary traumatic stress detected can be even more elevated and endure for an extended period.

2.1.2 Data on Teacher Secondary Traumatic Stress

Koenig et al. found that "58% percent of teachers reported feeling stressed 'all the time' and 'a few times a week,' compared with only 36% of the general working public" (2018, p. 260). Koenig et al.'s survey reaching 800 educators, uncovered that over 85 percent felt that their ability to perform professionally was diminished by a negative work-life imbalance (2018). The significant stressors noted include insufficient time to meet the demands of writing and monitoring IEPs (individualized education plans), supporting students, grading, planning, and managing increasing caseload numbers (Koenig et al., 2018). Gonzalez noted that IEPs are comprehensive and can be over 60 pages and must include data, progress monitoring, goals, and accommodations designed to help students (Gonzalez, 2020). The pressure is immense. Teachers often just "keep going" forcing themselves to push down the exhaustion and frustration and only finding temporary solace in exchanges with understanding colleagues (Showalter, 2010). The increasing demands of public high schools to include state assessments and career education standards can create competing and detrimental implementation. The most prominent, unintended consequence of these demands is stress. That stress can lead to fatigue. If not disrupted, this path creates a cycle of attrition. "Learning Policy Institute Report [2019] has found that special education teachers are leaving at higher rates than their general education peers. In just the past decade alone, the number of special educators dropped by over 17% across the nation" (Gonzalez, 2020).

2.1.3 Existing Models of Secondary Traumatic Stress Intervention

Multiple methods of approach to secondary traumatic stress can be found in the literature. While no evidence of a consistent approach to secondary traumatic stress exists state-wide, there are published efforts to address STS.

As a broader intervention to assist caregivers impacted by trauma, many places or practices have implemented an approach called Trauma-Informed Care (Christian Brant et. al, 2020). Some of the most prominent of these places utilizing Trauma-Informed Care (TIC) and documenting effectiveness of the approach are school and criminal justice institutions (Christian-Brandt et al., 2020). Most often a school or institution shifts to TIC in response to increases in student misbehavior or mental health concerns consistently linked to "traumatic stressors" (Christian-Brandt et al., 2020, p. 4). Clinical psychologist, Christian-Brandt et al. (2020), identify that TIC programs include teacher training, coaching, and clinical intervention and are most effectively supported by full-time behavioral specialists to assist students. Teacher development within TIC is focused self-care, trauma impact on young brains, and adolescent trauma (Christian-Brandt et al., 2020, p. 4).

Gelkopf and Berger (2009) brought focus to the school-based Erase-Stress program implemented in Southern Israel. The Erase-Stress (ES) intervention is a series of sessions delivered in school homerooms and focused on strategies of resilience (Gelkopf & Berger, 2009) for all in the school community. Unique and increasingly important in countries where terrorism occurs more readily, mitigating effects of trauma in students and teachers in schools is critical intervention (Gelkopf & Berger, 2009). While the methods of ES are designed to decrease the likelihood of future and more devastating impact of childhood traumatic experiences, Gelkopf & Berger's (2009) study of the ES methods included teacher training sessions. The ES program

trains teachers to identify resilient behaviors and also secondary trauma and compassion fatigue, encouraging use of self-care practices in response (Rony et al., 2016). Understanding and recognizing behaviors are key to the success. Teachers reported that not only did the Erase-Stress sessions build resiliency and skill training but also reduced students' posttraumatic stress responses in school, alleviating teacher burden and secondary stress (Gelkopf & Berger, 2009). Also used successfully with students and teachers in New Zealand following a devastating earthquake, Erase-Stress strategies "significantly reduced their posttraumatic distress and secondary traumatization symptoms" (Berger et al., 2016, p. 1).

2.2 Conclusion and Implications for Program Evaluation

In summary, the connection between students' experiences of trauma and their close relationship with teachers can create severe educator impact including secondary traumatic stress. Models exist to mitigate the effects of childhood and teen trauma, but none are used in large scale implementation with consistency. Without intervention, student trauma is harming teachers and their future trajectory in education. Educator understanding of this impact, especially as case managers working closely with students facing challenges, is a key to addressing high levels secondary traumatic stress in teachers.

3.0 Theory of Improvement and Implementation

3.1 Theory of Improvement and Aim

The primary goal of this program evaluation is to increase teacher understanding of secondary traumatic stress, including the signs, risk factors, and prevention strategies. Special education teachers are critical caregivers and often balance the demands of individual student needs, including mental and physical challenges, educational obstacles, and state-regulated educational requirements. The goal of changing the entire system of public education or even decreasing demands on teachers in a practical timeframe may be unrealistic, but the aim of increasing knowledge of secondary traumatic stress is achievable. Increasing teacher understanding of secondary traumatic stress will benefit educators directly through an increase in awareness of this common phenomenon occurring in most schools (Rankin, 2020).

3.2 Participants

The focus group for participating in this program evaluation will be special education teachers in grades 7 through 12. These teachers will be introduced to this development opportunity and offered time in exchange for completing the requirements independently. In this place of practice, there are 8 secondary level special education teachers on the campus and all will be included in the introduction to the opportunity. It will be presented as an optional but beneficial development opportunity, requiring independent completion. The group includes males and

females and ages range from 28 through 46. Some teachers included are just beginning careers in education while others are in the latter portion of their professional teaching experience. This group is racially homogenous, but professional experiences are diverse and the length of time serving the students of the school district range widely. Special education teachers often work with their students for multiple years and not only support students but interact with their families in various ways over that time period. Special educators serve as case managers, so the intimate connection to a student's life, academic and social progress, and family details, especially when traumatic events occur, is increased. While the National Child Traumatic Stress Network supports this training (2012) for all teachers, the focus on secondary special educators is due to the intensity and duration of their student relationships.

3.3 Research Questions

The primary aim is to increase understanding of secondary traumatic stress in special education teachers. Additionally, the teachers involved will evaluate the NCTSN programming. In the final survey, these same teachers will measure the benefit and level of helpfulness of each element of the intervention. While focused on the following research questions, this program evaluation will provide a measure and validation of teacher understanding and a quantitative measure of the quality of the intervention tools used.

The program evaluation is based on the following research questions:

1. To what extent can teachers define secondary traumatic stress?

2. To what extent are participants able to identify signs of secondary traumatic stress?

3. To what extent are participants able to identify risk factors of secondary traumatic stress?

4. To what extent are participants able to understand strategies for preventing secondary traumatic stress?

3.4 Timeline of Research Activities

Table 1. Timeline of Research Activities

Timeframe	Activity
April 6, 2022	Participants complete NCTSN Webinar registration
April 6, 2022 - April 13, 2022	1. Participants complete NCTSN Training Webinar: *Secondary Traumatic Stress for Educators* 2. Participants complete NCTSN Evaluation and print results 3. Participants complete NCTSN Post-Test and print results 4. Participants print NCTSN Certificate of Completion
April 6, 2022 - April 13, 2022	Participants complete Qualtrics Survey

3.5 Methods and Measures

The goal of the following methods is to measure teacher knowledge of secondary traumatic stress and teacher's ability to identify secondary traumatic stress signs, primary risk factors, and prevention strategies. Utilizing reliable resources through the National Child Traumatic Stress Network and final survey created in University of Pittsburgh Survey Tool, Qualtrics XM, will assist in the reliability of data collected and ensure evaluation findings are evidence-based.

3.5.1 Intervention

3.5.1.1 Before the Intervention

Prior to engaging in the webinar and evaluation tools, teachers were introduced to the National Child Traumatic Stress Network (NCTSN) website. Teachers gathered for their monthly department meeting and were introduced this professional development opportunity with a description (Appendix A) and chance to ask questions. Teachers were given detailed instructions and received an explanation about the time they would receive in exchange for the completion of the requirements. Those who chose to participate were guided to create a NCTSN login and locate the website features that were needed to complete the assigned steps. These features include the search bar and webinar listings. Teachers were guided to review the clear instructional guide (Appendix B) that outlines how to access the NCTSN website, where to create a login, and how to view the webinar, *Secondary Traumatic Stress for Educators,* developed in 2012. The teacher instruction sheet contains the steps required before, during, and after the intervention. The intervention was completed individually, so this introduction is an important session to ensure all participants understand the expectations. If teachers choose to participate in the intervention, they will remain in the meeting and create an account. If they opt-out of the development opportunity, they will choose to leave the meeting and not create an account. The administrator script (Appendix A) will be used to ensure the information is presented appropriately and teachers are aware of the purpose, rationale, and direct connection of this doctoral program evaluation work.

Before the intervention, special education teachers completed:
- Report to the introduction session (department meeting)
- Listen to the introduction explanation (Appendix A)

- Review the Teacher Instruction guide (Appendix B)

- Decide on participation

- If participating, create a NCTSN Login

- If participating, access the NCTSN website

- Utilize the introduction session to ask preliminary questions

3.5.1.2 During the Intervention

Teachers will watch the entire NCTSN webinar, *Secondary Traumatic Stress for Educators*. The webinar highlights the risk factors and development of secondary traumatic stress in a relatable way and serves as the core element of the intervention for teachers. This NCTSN webinar is 90 minutes in viewing length. Teachers will be guided to view the 90-minute webinar in the manner that makes sense for them, either in one sitting or in multiple, smaller segments using the "pause" and "stop" features in NCTSN website. They will be instructed to use the upcoming scheduled 2 hour delay day that is dedicated to teacher professional development. During a scheduled district delay, students arrive at 10:00am, giving teachers the first 2 hours of the working day for development or professional needs. Administration will not be delivering a structured development session to special education teachers, to allow for this group of educators to complete a majority of the intervention tasks. If not completed, teachers will complete the tasks assigned within 1 week at their personal pace.

Throughout the webinar and completion of the connected NCTSN tools, including evaluation and post-test, teachers will be instructed to email any clarifying questions while viewing and move at own, personal pace taking breaks as needed.

The intervention expectations will be presented to the teacher group at a campus-level special education department meeting. This includes an introduction to the National Child Traumatic Stress Network (NCTSN) Website and facilitating the free account creation for each teacher, so the webinar and evaluation materials are accessible. If teachers choose to participate in the intervention, they will remain in the meeting and create an account. If they opt-out of the development opportunity, they will choose to leave the meeting and not create an account. The administrator script (Appendix A) will be used to ensure the information is presented appropriately and teachers are aware of the purpose, rationale, and direct connection of this doctoral program evaluation work. Refer to Appendix B to see the detailed instructions that teachers will receive to navigate and complete the elements of the intervention. The webinar, *Secondary Traumatic Stress for Educators,* was developed by the National Child Traumatic Stress Network (NCTSN) in 2012 and is accessible on their website. The webinar is 90 minutes in length and outlines the definition, signs, risk factors, and strategies to prevent secondary traumatic stress. The National Child Traumatic Stress Network, established in 2000, is a network of personnel and partners committed to developing resources and moving research into practice with the primary focus of improving children's lives through access to services and increasing care standards (NCTSN, 2022). The National Child Traumatic Stress Network is a nationwide website portal that provides educational sessions, support resources, works to engage families and children impacted by significant trauma (NCTSN, 2022). "The NCTSN is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress" (NCTSN, 2022). The NCTSN *Secondary Traumatic Stress for Educators* webinar focuses on the risk factors for secondary traumatic stress in a relevant manner with reference to schools and relatable educator situations.

During the intervention, special education teachers will:

- Email questions

- Follow the Teacher Instruction guide (Appendix B)

- Watch the entire 90 minute webinar, *Secondary Traumatic Stress for Educators*

- Take breaks as needed through the webinar program

- Take notes to facilitate learning

3.5.2 Measures

3.5.2.1 After the Intervention

When teachers reach the end of the 90 minutes of webinar instruction, the next steps presented in sequence on the NCTSN website include an evaluation and a post-test. Both the evaluation tool and post-test take approximately 5-10 minutes to complete within the NCTSN online portal. The Teacher Instructions (Appendix A) include clear steps and screenshots that will assist teacher finding next steps and decrease frustration that can occur when navigating independently. Special educators will print out the review results of the evaluation and then the post-test when completed. These results will provide some of the critical data to ensure program evaluation is successful. The NCTSN post-test provides 5 attempts for teachers. The results from the evaluation and post-test can be easily accessed through a teacher's professional NCTSN account at any time. Special education teachers are asked to print the summary of each of these quantitative tools, the evaluation and the post-test. The certificate of completion is the final step in the NCTSN webinar portal and if a teacher completes the post-test successfully by reaching 80% correct, they can print a certificate of completion. This certificate evidence will ensure that each teacher has completed the webinar intervention prior to taking the final survey.

The final step in the methods intervention is a digital survey (Appendix C) that requires approximately 15 minutes to complete and is submitted electronically. This survey is emailed to teachers as a link prior to the end of the 2-hour delay development session. Teachers will open the link and answer the 15 questions. The results are collected and visible instantly through the Qualtrics XM Survey Software App (University of Pittsburgh, 2022). The survey was created within and administered through the University of Pittsburgh Qualtrics software and teachers will remain anonymous. The survey indicates an understanding of secondary traumatic stress and elicits feedback on the quality of each element of the intervention. The survey also draws input about whether teachers have been exposed to development on secondary traumatic stress in their teaching careers. The final question (Appendix C, Question 14) asks teachers to rate the helpfulness of each major element in this program evaluation. Data collected were analyzed using descriptive statistics.

After the professional development, special education teachers will:

- Follow the Teacher Instruction guide (Appendix B)
- Email questions at any time
- Open and complete the NCTSN webinar evaluation (3 questions)
- Print the "review results" from evaluation
- Open and complete the NCTSN post-test (16 questions)
- Print the "review results" from post-test
- Print Certificate of Completion

Special education teacher participants will turn in the following:

- Printed NCTSN Evaluation Results
- Printed NCTSN Post-Test Answer Review

- Printed Certificate of Completion (NCTS)

Table 2. Research Question Applications

Research Questions	Related Survey, Evaluation, and Post-Test Question(s)	Data Analysis Method
To what extent are participants able to define secondary traumatic stress?	NCTSN Evaluation question 1a NCTSN Post-Test question 3-4	Descriptive Statistics
To what extent are participants able to identify signs of secondary traumatic stress?	NCTSN Evaluation questions 1c NCTSN Post-Test questions 5-6	Descriptive Statistics
To what extent are participants able to identify risk factors of secondary traumatic stress?	NCTSN Evaluation question 1b NCTSN Post-Test question	Descriptive Statistics
To what extent are participants able to understand strategies for preventing secondary traumatic stress?	NCTSN Evaluation question 1d NCTSN Post-Test questions	Descriptive Statistics

3.5.3 Data Collection

The measures that will be evaluated for understanding in teacher participants: knowledge of secondary traumatic stress, knowledge of the risk factors for STS, and knowledge of common prevention measures presented in the NCTSN webinar. All participants will submit webinar evaluation data, post-test responses, and survey responses collected in Qualtrics software. Response rate will be captured in each assessment and participants' self-reported knowledge level will be documented. Analyses will be completed to determine if associations exist between post-test and survey responses. Descriptive statistics will be utilized to illustrate level of understanding by participants through the range of questions. Questions will be identified that have problematic

or absent responses and a determination will be made about conditions that may have led to the lack of data. Teacher experience with previous exposure to STS will assist in determining pre-intervention knowledge, or lack thereof. The level of teacher understanding reported will determine effectiveness of webinar intervention strategy. The final question in the Qualtrics survey will also assist in identifying quality and level of helpfulness within each element of the intervention.

4.0 Results

4.1 Findings

This program evaluation is focused on increasing teacher knowledge of secondary traumatic stress. In order to evaluate the success of this aim, the researcher analyzed the data by applying it to each research question. Most of the participant responses directly addressed these questions, which focus on participant understanding. Other responses provided reflective feedback that can be used to improve the intervention format and delivery. The evidence that teacher participants are able to define and understand secondary traumatic stress and its risks, signs, and preventative strategies confirms the overall success in reaching the program evaluation goal.

This program evaluation is centered on the following research questions:

1. To what extent can participants define secondary traumatic stress?
2. To what extent are participants able to identify signs of secondary traumatic stress?
3. To what extent are participants able to identify risk factors of secondary traumatic stress?
4. To what extent are participants able to understand strategies for preventing secondary traumatic stress?

Each participant completed three tasks: an evaluation, post-test, and survey. On the NCTSN website, participants were prompted to complete the evaluation and post-test after finishing the webinar. Participants printed their results and submitted them to the researcher. Participants then completed the survey using a Qualtrics XM (University of Pittsburgh, 2022) link.

The data collected were submitted and available to the researcher immediately upon completion of each task.

4.2 Participants and Setting

The participants included eight special education teachers in grades 7 through 12. Participants opted in to participate and completed all three (100 percent) of the data collection tasks within the two weeks allotted. The group included one male and seven females with ages ranging from 28 through 46. This group is racially homogenous, all white, but with diverse previous professional experiences, including work at charter, private, and urban settings. Some participants are just beginning careers in education while others are in the latter portion of their professional teaching experience. In the high school setting, teachers "loop" for four years with their assigned students, while there is a grade-level approach to case management in the middle school setting. These special educators serve as case managers who teach students in small "pull-out" educational settings, but also "push in" to support students in regular education classroom environments as co-teachers each day.

As previously noted, these teachers have multi-year relationships with students and families throughout their journey on the secondary school campus. While these teachers guide students in academic planning and accommodation development, they also become aware of student experiences that range from success in graduation to any previous trauma and setbacks. For this reason, the researcher chose secondary special education teachers as the focus of this program evaluation.

Data analysis centered on the four research questions. An overview of all responses is provided in Appendices D, E, and F to include response rates and the percentages of responses. The data are separated and organized based on its source. All responses were collected

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anonymously. Any identifying information of participants was eliminated from these results. For the open-ended responses, each participant was assigned a letter in order to keep responses confidential. The letters were assigned in the order in which the responses were received (i.e. Participant A - Participant H).

4.2.1 Research Question 1: To What Extent Can Participants Define Secondary Traumatic Stress?

The NCTSN Evaluation data show that eight (100 percent) of the participants agreed, two (25 percent) strongly agreed, and six (75 percent) agreed that at the conclusion of the webinar they were able to identify three signs of STS in educators.

Table 3. Excerpt from NCTSN Evaluation Responses (Appendix D, Table 13)

NCTSN Evaluation (2022) Question. "At the conclusion of the webinar, the participants will be able to."	Total Responses (Number, Percentage of Responses)	1 = Strongly Disagree (Number, Percentage of Responses)	2 = Disagree (Number, Percentage of Responses)	3 = Undecided (Number, Percentage of Responses)	4 = Agree (Number, Percentage of Responses)	5 = Strongly Agree (Number, Percentage of Responses)
1c. Identify 3 signs of STS in educators.	8, 100%	0, 0%	0, 0%	0, 0%	6, 75%	2, 25%

In the post-test results (Appendix E), all eight (100 percent) participants correctly identified secondary traumatic stress after the webinar intervention. Of the eight participants, three (37.5 percent) of them utilized the opportunity to retake the post-test to increase their total score. On all participant attempts, Question 10 was correct. All eight (100 percent) participants correctly

identified the definition of secondary traumatic stress. Seven (75 percent) out of the eight participants also identified correctly a complementary term, compassion stress. This 100 percent correct response to defining STS is significant.

Table 4. Excerpt from NCTSN Post-Test Responses (Appendix E, Table 16)

NCTSN Post-Test Questions (2022) Note: Questions are paraphrased to highlight topic. For complete questions and answer choices, see Appendix E.	Total Responses (Number, Percentage of Responses)	Correct (Number, Percentage)	Incorrect (Number, Percentage)
Question 10. Figley's definition of secondary traumatic stress.	8, 100%	8, 100%	0, 0%
Question 2. Definition of compassion stress.	8, 100%	7, 87.5%	1, 12.5%

Seven teachers, or 87.5 percent of participants, were not aware of secondary traumatic stress prior to the NCTSN webinar, *Secondary Traumatic Stress for Educators*. These seven participants answered that they were not aware of STS and had not participated in any development about STS prior to the webinar.

Table 5. Excerpt from Survey responses (Appendix F, Table 17)

Question 2. Prior to today, were you aware of the term secondary traumatic stress?	8, 100%	Multiple Choice	Definitely not - 3, 37.5% Probably not - 4, 50% Might or might not - 0 Probably yes - 0 Definitely yes - 1, 12.5%
Question 3. Prior to today, have you participated in specific professional development about secondary traumatic stress during your time as an educator?	8, 100%	Multiple Choice	Yes - 1, 12.5% No - 7, 87.5% I am not certain - 0

4.2.2 Research Question 2: Can Participants Identify Signs of Secondary Traumatic Stress?

Participants were able to identify the signs of secondary traumatic stress, as noted in the evaluation (Appendix D) and post-test (Appendix E) results. Six of the participant teachers, 75 percent of group, agreed that participants would be able to identify signs of STS in educators at the conclusion of the webinar, while two, 25 percent of the group, strongly agreed with the same statement (NCTSN, 2022).

Table 6. Excerpt from NCTSN Evaluation Responses (Appendix D, Table 13)

NCTSN Evaluation (2022) Question. All start with "At the conclusion of the webinar, the participants will be able to:"	Total Responses (Number, Percentage of Responses)	1 = Strongly Disagree (Number, Percentage of Responses)	2 = Disagree (Number, Percentage of Responses)	3 = Undecided (Number, Percentage of Responses)	4 = Agree (Number, Percentage of Responses)	5 = Strongly Agree (Number, Percentage of Responses)
1c. Identify 3 signs of STS in educators.	8, 100%	0, 0%	0, 0%	0, 0%	6, 75%	2, 25%

Additionally, the NCTSN post-test results show that all eight (100 percent) participants correctly identified that avoidant behavior is a sign of STS. Additionally, and indirectly related to this research question, all participants correctly determined that STS can be an indicator of school effectiveness. While not a direct clarification of this research question, this result demonstrates that participants correctly understand that STS is tied to overall teacher and school performance, therefore an important factor when identifying signs of STS in a school system.

Table 7. Excerpt from NCTSN Post-Test responses (Appendix E, Table 16)

NCTSN Post-Test (2022) Questions Note: Questions are paraphrased to highlight topic. For complete questions and answer choices, see Appendix E.	Total Responses (Number, Percentage of Responses)	Correct (Number, Percentage)	Incorrect (Number, Percentage)
Question 11. True/False: Secondary traumatic stress can be indicator of school effectiveness.	8, 100%	8, 100%	0, 0%
Question 12. True/False: Avoidant behavior can be symptomatic of STS.	8, 100%	8, 100%	0, 0%

4.2.3 Research Question 3: Can Participants Identify Risk Factors of Secondary Traumatic Stress?

Results for the research question came from all of the data collection sources, including open-ended responses. Beyond knowledge of STS risk factors, participants provided feedback indicating that this training would be valuable to all teachers in order to share these risk factors with a wider audience. Participant G (Appendix E, Table 16) noted, "I thought that the risk factors were important to talk about why teachers are at risk. I appreciated the information about risk factors and using a real example like Hurricane Katrina." Data in this area were more comprehensive than it was for preceding research questions, as questions about risk factors triggered some participants to think beyond their own experience to consider a broader range of teachers impacted by STS. (See Table 8 below for post-test answers signifying knowledge of the risk factors for STS.) Seven of the eight participants, 87.5 percent, agreed that participants can not only understand that there are risk factors but describe three of them at the conclusion of the

webinar. The remaining participant, 12.5 percent of the group, strongly agreed with the same statement in the NCTSN evaluation response. Another finding related to STS risk factors is the participant responses about trauma anniversaries. On the NCTSN Post-Test (Appendix E), 100 percent of the eight participants responded that unrealistic expectations increase vulnerability for STS. These same eight participants noted that administrators are also at risk for STS. This is significant as not just teachers but all school personnel exposed to student trauma are susceptible to STS.

Table 8. Excerpt from Evaluation Results (Appendix D)

NCTSN Evaluation Question. All start with "At the conclusion of the webinar, the participants will be able to:" (2022)	Total Responses (Number, Percentage of Responses)	1 = Strongly Disagree (Number, Percentage of Responses)	2 = Disagree (Number, Percentage of Responses)	3 = Undecided (Number, Percentage of Responses)	4 = Agree (Number, Percentage of Responses)	5 = Strongly Agree (Number, Percentage of Responses)
1b. Describe 3 risk factors of STS in educators.	8 (100%)	0 (0%)	0 (0%)	0 (0%)	7 (87.5%)	1 (12.5%)

Table 9. Excerpt from Post-Test Results (Appendix E)

NCTSN Post-Test Questions (NCTSN, 2022) Note: Questions are paraphrased to highlight topic. For complete questions and answer choices , see Appendix E.	Total Responses (Number, Percentage of Responses)	Correct (Number, Percentage)	Incorrect (Number, Percentage)
Question 9. Anniversaries can be trauma reminders for teachers and students.	8 (100%)	8 (100%)	0 (0%)
Question 13. True/False: Peer support in schools can reduce STS.	8 (100%)	8 (100%)	0 (0%)
Question 14. True/False: Risk of school administrators for STS.	8 (100%)	7 (87.5%)	1 (12.5%)
Question 15. True/False: Unrealistic expectations increase vulnerability for STS.	8 (100%)	8 (100%)	0 (0%)

An additional finding derived from post-test responses (Table 9 above) notes that peer support can reduce STS. From this result, which all of the participants answered correctly, the conclusion can be made that the lack of peer support for teachers can be a risk factor for STS.

4.2.4 Research Question 4: Can Participants Understand Preventive Strategies of Secondary Traumatic Stress?

Evaluation results indicate that most of the participants (87.5 percent) feel confident in their ability to define three preventative techniques for STS in educators, with one participant undecided. Four of the eight participants agreed that they would be able to identify risk factors

following webinar completion, while three of the eight strongly agreed. The data indicate that all

eight of the participants responded correctly to the post-test question about behaviors required for

personal prevention (see Table 11). In the open-ended portion of the evaluation, Participant C

noted that "the prevention and self-care were the best parts [of the webinar]. If teachers practice

self-care with coping strategies, then teachers may not exhibit anger or irritable towards students."

Table 10. Excerpt from Evaluation Results (Appendix D)

NCTSN Evaluation Question. All start with "At the conclusion of the webinar, the participants will be able to:" (2022)	Total Responses (Number, Percentage of Responses)	1 = Strongly Disagree (Number, Percentage of Responses)	2 = Disagree (Number, Percentage of Responses)	3 = Undecided (Number, Percentage of Responses)	4 = Agree (Number, Percentage of Responses)	5 = Strongly Agree (Number, Percentage of Responses)
1d. Define 3 preventive techniques for STS in educators.	8 (100%)	0 (0%)	0 (0%)	1 (12.5%)	4 (50%)	3 (37.5%)

Table 11. Excerpt from Post-Test Results (Appendix E)

NCTSN Post-Test Questions (NCTSN, 2022) Note: Questions are paraphrased to highlight topic. For complete questions and answer choices, see Appendix E.	Total Responses (Number, Percentage of Responses)	Correct (Number, Percentage)	Incorrect (Number, Percentage)
Question 16. Behaviors that are involved in personal prevention of STS.	8 (100%)	8 (100%)	0 (0%)

The quantitative data collected from participants served to address all four research questions. A majority of participants were able to define STS, identify risk factors and signs, and name strategies to prevent STS.

Open-ended responses were collected and further supported this program evaluation. These responses showed that the webinar intervention was successful. As noted in Table 18 (Appendix F), participants also offered comments on the format of the webinar.

Table 12. Survey Results, Open-Ended Responses (Qualtrics, University of Pittsburgh, 2022)

Participant Identifier (assigned in sequence based on receipt of responses)	Question 5: Do you have suggestions for this training in the future?
Participant A	Improve the video quality. Instead of using Hurricane Katrina, one about COVID would be important for teachers. It is good that it was learning support teachers but all could use it.
Participant B	In-person session or more interactive. Webinars are good for some people but I have trouble paying attention. The slides helped. If this was professional development at school it would be better.
Participant C	It was good information just a tough format listening for that long. An in-person training would be better for teachers.
Participant D	Would be better with whole faculty. I think it is good for us, but also for all teachers. The video is old and needs updated. The second half was more relevant than the first half. Thank you!
Participant E	More interactive and improve the technology. Difficult to pay attention to voices that seemed recorded. Helpful, just could be better if technology was better.
Participant F	None at this time.

Table 12 continued

Participant G	It was hard to engage with a presentation in which you are listening to a recording of a man speaking on the phone. I need to see the presenter engaging with their material.
Participant H	I would recommend in-person training, establish a chart with your own personal STS symptoms, and then implementing a care plan.

As the reader can see, most of the suggestions related to the *format* of the webinar, suggesting that more interaction would improve the format and noting that there were some places in the presentation where the video froze.

4.3 Summary

Overall results established strong teacher knowledge of secondary traumatic stress and its related components. All eight participants successfully completed the intervention tasks in the time allotted. Each participant displayed an understanding of STS and the risk factors, signs, and prevention of STS, although the degree of their confidence in the answers varied. This successful new learning is significant because prior to this intervention 87.5 percent (seven) of participants had little or no knowledge about STS.

5.0 Discussion and Recommendations

It is critically important to "[craft] interventions to prevent or ameliorate the adverse effects of indirect exposure to traumatic stressors" (Sprang et al., 2018, p.1). Training secondary special education teachers on secondary traumatic stress is both effective and necessary. This chapter includes a discussion of the key findings and recommendations for future use of this teacher intervention.

5.1 Webinar Intervention Effectiveness

The most significant overall finding is that while seven of eight teachers, 87.5% of participants, were unfamiliar with STS prior to the intervention, all 8 teachers (100%) could identify STS, its risk factors, and its signs after the webinar, *Secondary Traumatic Stress for Educators*. Additionally, all eight participants, 100% of teachers, responded that the training was helpful. For example:

- "The relevance is really applicable now with COVID-19. Very different trauma, but the relevance of secondary traumatic stress and care of children and teachers [is] still critical. The skills and understanding transfer" (Participant B, Survey, 2022).

- Not only was it helpful, but teachers recommended the training for all of their colleagues. "It is good that it was learning support teachers but all could use [the training]" (NCTSN Evaluation, Participant A, 2022).

5.2 Recommendations

This section outlines suggestions reflected in the data for future training on STS. Recommendations include changes in format, widening the audience, and an emphasis on self-care.

5.2.1 Improve Format of Intervention

While all but one participant (87.5 percent) reported in favor of the intervention training being offered to all teachers, the challenge noted by some was the outdated format and style of the presentation. Teachers recommend the program to others but suggest an improved, more dynamic format. For example:

- "A more interactive approach will be better for teachers" (Participant G).
- "The information is great, but the recording and frozen slides are not the most effective tool to reach people" (Participant H).
- "I think if the technology were more updated and the presenters were live, it would be more effective" (Participant F).

While the impact was relevant, the webinar format was problematic. The low-quality slides and lack of live interaction will continue to be a barrier of reaching full potential for wider implementation. Due to Covid-19 instructional response in school from 2020-2022 teachers have been required to utilize technology in new and different, more advanced ways. This shift has created a higher expectation for digital media. The NCTSN webinar was produced some years ago. While outdated, it is evident that the information still resonated with participants.

5.2.2 Offer STS Training to All School Personnel

Teacher training similar to this intervention needs to reach a wider school audience. Increasing the scope and targets of the development to all teachers and school personnel would be beneficial, as all are involved directly with students. "Interventions yield most successful outcomes when adopting a whole-school approach and even minimal training offered on the many facets of trauma, [all] school employees can become more aware and trauma-informed often developing more positive attitudes towards students that have been impacted by trauma" (MacLochlainn, 2022, p. 23). For example, Participant D shared that it "would be better with whole faculty. I think it is good for us, but also for all teachers.

5.2.3 Prioritize Self-Care

Through participant responses, self-care emerged as a valued component of this intervention. For example:

- "If teachers practice self-care with coping strategies than teachers may not exhibit anger or irritable towards students" (Participant C).
- "If teachers would practice more self-care then we might stay in the profession longer" (Participant B).
- "Recommend in-person training, establish a chart with your own personal STS symptoms, and then implementing a care plan" (Participant H) as the most effective approach.

Self-care is "one's right to be safe and feel fulfilled, but also have the ability to help others while not losing or changing parts of your identity or self, taking daily responsibility for what is in your control, and being positive in the face of challenges" (NCTSN, 2022).. Figley and Ludick reinforce that self-care "refers to conscious efforts to monitor the impact of the trauma work on those helping the traumatized" (2017, p. 10). School leaders could discuss professional self-care with teachers and establish a shared building-wide vision for promoting employee well-being. In addition to STS training, leaders could prioritize and normalize self-care within the school culture.

5.3 Integrate STS Training Into New Teacher Induction

Seven of eight teachers, 87.5 percent of total participants, were not aware of secondary traumatic stress prior to this intervention. This situation must change to support teachers and reduce burnout. To reach new teachers most effectively, school leaders could offer STS training as a part of new teacher induction. As this program evaluation identified, webinar intervention is effective for a wide range of experience levels, but to create a sustainable and improved culture of awareness, training should begin when teachers first reach the classroom.

5.4 Conclusion

The STS program was successful. Every teacher gained an understanding of STS. Along with defining secondary traumatic stress, teacher participants successfully identified risk factors and signs of STS in accordance with the webinar information from NCTSN. Most importantly,

all teachers reported that the intervention was helpful.   All teachers deserve training to be better

equipped to help students while remaining healthy themselves. The special education teachers in

this study proved training does not have to be elaborate or expensive to be effective.

Appendix A Administrator Script

(The high school principal will utilize the following script at the special education department meeting the week prior to the webinar intervention session with teachers. A principal does not require a script in a typical professional development session or meeting, but this step will ensure the intention is clear and preparatory information is verbalized and shared with integrity. Teachers will have an opportunity to ask questions about the process and determine their involvement.)

"Good morning, special education department. It is my pleasure to keep working beside you through these challenging times. Next Wednesday, during our professional development time, I have created access to a learning opportunity. The learning opportunity is a webinar and program evaluation tools developed and published by the National Child Traumatic Stress Network. To be transparent, the opportunity is directly tied to my doctoral study on increasing teacher understanding of secondary traumatic stress. The more we know about the impact of our teaching and caring for students, the better we can help each other maintain our wellness. If you choose to participate, your time and participation are greatly appreciated. Participation will require watching a webinar, completing the embedded evaluation and post-test, and then taking a digital survey. The survey is anonymous and in no way are you evaluated nor is personal information collected for use. Teachers, you may exchange the total of 120 minutes required to complete the webinar and activity for discretionary time over 10 working days in Spring 2022. Your participation will help you and other teachers gain knowledge of secondary traumatic stress. This phenomenon is important to know and understand in our stressful and rewarding work. Your input is an important part of this program evaluation. While I think this opportunity is valuable, you should feel the

option to participate or not without consequence. If you choose to participate, please stay for a few minutes to create an account login with the National Child Traumatic Stress Network. If you choose not to participate or just cannot offer the time required, you are free to leave the meeting at this time.   Thank you for your time and consideration.

Appendix B Teacher Instructions

Secondary Traumatic Stress Professional Development Teacher Instructions

Materials needed:
- ●Laptop
- ●Headphones or earbuds (optional; may be needed if working in quiet location)
- ●Paper or online tool to take notes
- ●Wifi access

BEFORE the intervention:

1. Log In to National Child Traumatic Stress Network (NCTSN):
- ●Website: https://learn.nctsn.org/
- ●Click "Register" and create a new account
- ●Ensure you save your login credentials, so that you can utilize the site in the future
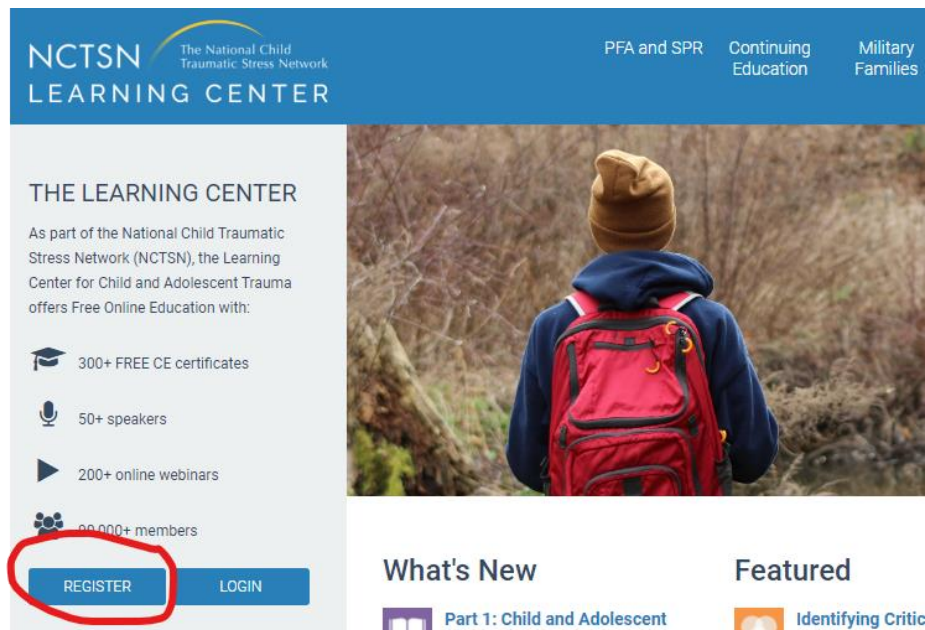
2. Use the Search box in upper right corner and enter "secondary traumatic stress for educators"
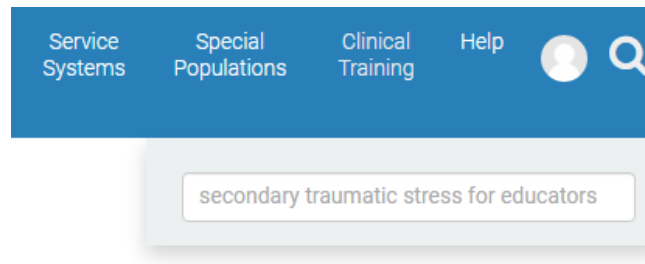
3. Click on the Webinar: Secondary Traumatic Stress for Educators

4. Download attached slides

DURING the intervention:

5. Watch the webinar presentation
- ●Take breaks as needed
- ●4 segments:
    - ○Research Study
    - ○Hurricane Katrina Aftermath (29 minute mark)
    - ○Secondary Traumatic Stress (57 minute mark)
    - ○Self Care (119 minute mark)
- ●Take notes
- ●Utilize slides to follow along if helpful

AFTER the intervention:

6. Complete the Evaluation Tool
 ●At the conclusion of the webinar, complete the NCTSN Evaluation - 3 questions that include rating scales.
 ●Focus on the information gained through the webinar
 ●Evaluation will look like the clip below
 ●Once the evaluation is completed, click "Review."
 ●Print the "Your Responses" screen of your evaluation submission (see below for example)

7. Click the blue-button labeled "Next" at the bottom of the screen to move to the final portion, the Post-Test.

8. Complete the Post-Test
 ●Focus on the information gained through the webinar
 ●Be confident in yourself and do your best
 ●Use slides as a reference
 ●You may use 5 attempts as needed (follow directions provided)
 ●After each attempt, click "Submit all and finish"

●In order to receive the required certificate, use the attempts to achieve an 80% score
●Once satisfied with a minimum of an 80%, click "Review Responses"
●Print your post-test "Your Responses" pages (see below for example)

Post-Test

Summary of attempt

Question	Status
1	Answer saved
2	Answer saved
3	Answer saved
4	Answer saved
5	Answer saved
6	Answer saved
7	Answer saved
8	Answer saved
9	Answer saved
10	Answer saved
11	Answer saved
12	Answer saved
13	Answer saved
14	Answer saved
15	Answer saved
16	Answer saved

Return to attempt

Submit all and finish

9. Print out your results

10. Click "Next" (see example above)

11. Click "Get Your Certificate" and Print it.

Turn a copy of your certificate into the high school office.

Thank you!

Appendix C Post-Intervention Survey

Qualtrics XM, University of Pittsburgh

University of Pittsburgh

Introduction.

Q1 Thank you for your participation in this program evaluation. Your contribution will help measure teacher understanding of secondary traumatic stress.

Your name and identifying information will NOT be collected through this survey. The data will be analyzed as it is collected anonymously through the Qualtrics Survey tool provided by the University of Pittsburgh.

Note: Throughout the survey, secondary traumatic stress will be referred to as STS.

Q2 Prior to today, were you aware of the term, secondary traumatic stress?

- Definitely not
- Probably not
- Might or might not
- Probably yes
- Definitely yes

Q3 Prior to today, have you participated in specific professional development about secondary traumatic stress during your time as an educator?

- Yes
- No
- I am not certain

Q4

How beneficial was the NCTSN webinar training: Secondary Traumatic Stress for Educators?
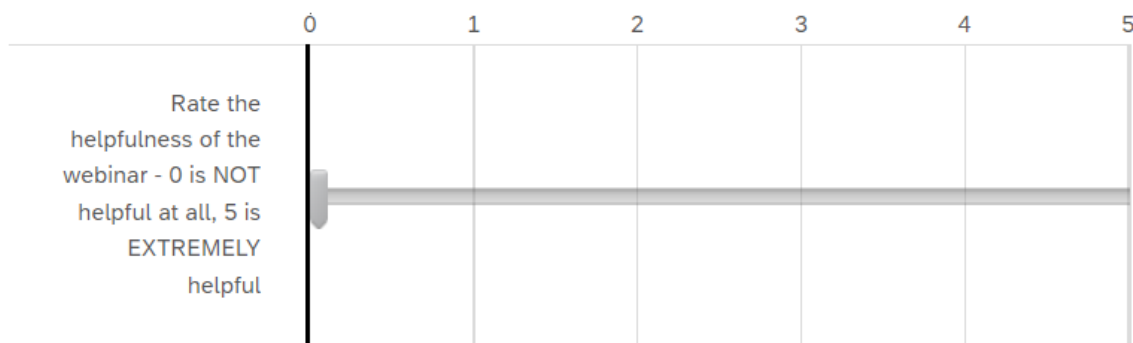
Q5

Do you have any suggestion to improve this training in the future?

Appendix D NCTSN Webinar Evaluation Results

Table 13. NCTSN Evaluation Results, Likert

NCTSN Evaluation Question. All start with "At the conclusion of the webinar, the participants will be able to:" (2022)	Total Responses (Number, Percentage of Responses)	1 = Strongly Disagree (Number, Percentage of Responses)	2 = Disagree (Number, Percentage of Responses)	3 = Undecided (Number, Percentage of Responses)	4 = Agree (Number, Percentage of Responses)	5 = Strongly Agree (Number, Percentage of Responses)
1a. Learn why taking care of our educators is critical.	8 (100%)	0 (0%)	0 (0%)	0 (0%)	5 (62.5%)	3 (37.5%)
1b. Describe 3 risk factors of STS in educators.	8 (100%)	0 (0%)	0 (0%)	0 (0%)	7 (87.5%)	1 (12.5%)
1c. Identify 3 signs of STS in educators.	8 (100%)	0 (0%)	0 (0%)	0 (0%)	6 (75%)	2 (25%)
1d. Define 3 preventive techniques for STS in educators.	8 (100%)	0 (0%)	0 (0%)	1 (12.5%)	4 (50%)	3 (37.5%)
1e. Identify 3 positive self-care coping strategies for educators.	8 (100%)	0 (0%)	0 (0%)	2 (25%)	4 (50%)	2 (25%)
2a. Speaker knowledgeable in content areas.	8 (100%)	0 (0%)	0 (0%)	1 (12.5%)	3 (37.5%)	4 (50%)
2b. Content consistent with objectives.	8 (100%)	0 (0%)	0 (0%)	0 (0%)	1 (12.5%)	7 (87.5%)

Table 13 continued

2c. Speaker clarified content in response to questions.	8 (100%)	0 (0%)	0 (0%)	3 (37.5%)	5 (62.5%)	0 (0%)
2d. Teaching aids/audio visuals ensued effectively.	8 (100%)	0 (0%)	3 (37.5%)	1 (12.5%)	4 (50%)	0 (0%)
2e. Teaching style/methods appropriate for subject matter.	8 (100%)	0 (0%)	4 (50%)	0 (0%)	4 (50%)	0 (0%)
2f. Information can be applied to practice.	8 (100%)	0 (0%)	0 (0%)	0 (0%)	4 (50%)	4 (50%)
2g. Information could contribute to achieving professional goals.	8 (100%)	0 (0%)	0 (0%)	0 (0%)	8 (100%)	0 (0%)

Table 14. NCTSN Evaluation Results, Open-Ended

Participant Identifier (assigned in sequence based on receipt of responses)	**Question 3a: Please comment on your satisfaction with accessing the presentation (NCTSN, 2022)**	**Question 3b: Please comment on your answers to any of the questions above (NCTSN, 2022)**	**Question 3c: Please comment any other feedback you would like to provide regarding the speaker series (NCTSN, 2022)**
Participant A	Easy to access.	Overall, good information. Thought it pinpointed that yeah it is a thing. I am much more in tune with learning content if hands-on and I had to develop a plan for recognizing my symptoms of STS.	*No response.*

Table 14 continued **Participant B**	Satisfied.	The self-care is always important, I think we just hear the same thing over and over. If teachers would practice more self-care then we might stay in the profession longer.	The relevance is really applicable now with COVID-19. Very different trauma, but the relevance of secondary traumatic stress and care of children and teachers [is] still critical. The skills and understanding transfer.
Participant C	Difficult to find webinar, just used the search feature.	The prevention and self-care were the best parts. If teachers practice self-care with coping strategies than teachers may not exhibit anger or irritable towards students.	*None.*
Participant D	Easy to access it using the directions.	For question 2 about style and methods, I thought all of the information was very good, however, it was difficult to stay engaged. I need to see a presenter, I need the audio to be very clear. I felt like listening to a recording of someone speaking over the phone was disengaging.	The only concern was the style of presenting. I would never present this format to students. But the information was good.
Participant E	It is was easy to find with teacher instructions. I did get confused finding the right one. There are a lot about secondary traumatic stress.	It was just outdated format. We have all gotten so much better with technology with COVID, I think we have trouble paying attention when it is not updated.	Nothing specific. I wouldn't recommend to other teachers in this format.
Participant F	*No response.*	Nothing specific, similar to other webinars I have seen. You can take good from it.	*None.*
Participant G	*No response.*	I thought that the risk factors were important to talk about and why teachers are at risk. I appreciated the information about risk factors and using a real example like Hurricane Katrina. I think if the technology were more updated and the presenters were live, it would be more effective.	*None. I have only seen 1 webinar from the series.*

Table 14 continued

Participant H	The website is easy to use. I found the webinar using the search bar.	The only comment is about the format. A more interactive approach will be better for teachers. The information is great, but the recording and frozen slides are not the most effective tool to reach people. I think our standards have gone up since COVID made us improve overnight. Now we all expect more.	*No response.*

Table 15. NCTSN Evaluation Results, Multiple Choice

NCTSN Evaluation Question 4 (2022)	Total Responses (Number, Percentage)	Yes (Number, percentage of participants)	No (Number, percentage of participants)
I would recommend this program to others.	8 (100%)	6 (75%)	2 (25%)

Appendix E NCTSN Webinar Post-Test Results

Table 16. NCTSN Post-Test Responses, Multiple Choice and True/False

NCTSN Post-Test Questions (NCTSN, 2022) Note: Questions are paraphrased to highlight topic. For complete questions and answer choices, see Appendix E.	Total Responses (Number, Percentage of Responses)	Correct (Number, Percentage)	Incorrect (Number, Percentage)
Question 1. Certification of participant to watch webinar in entirety and personally complete corresponding material and post-test.	8 (100%)	8 (100%)	0 (0%)
Question 2. Definition of compassion stress.	8 (100%)	7 (87.5%)	1 (12.5%)
Question 3. Biggest challenge of self-care.	8 (100%)	7 (87.5%)	1 (12.5%)
Question 4. One model of self-care.	8 (100%)	5 (62.5%)	3 (37.5%)
Question 5. Identify what self-care involves.	8 (100%)	8 (100%)	0 (0%)
Question 6. Identify what self-care activities may include.	8 (100%)	7 (87.5%)	1 (12.5%)
Question 7. Identify school district's essential personnel after the Superintendent and Assistant Superintendent.	8 (100%)	7 (87.5%)	1 (12.5%)
Question 8. Choosing community partnerships as a critical part of mental health response in aftermath of disaster.	8 (100%)	8 (100%)	0 (0%)
Question 9. Anniversaries can be trauma reminders for teachers and students.	8 (100%)	8 (100%)	0 (0%)
Question 10. Figley's definition of secondary traumatic stress.	8 (100%)	8 (100%)	0 (0%)
Question 11. True/False: Secondary traumatic stress can be indicator of school effectiveness.	8 (100%)	8 (100%)	0 (0%)
Question 12. True/False: Avoidant behavior can be symptomatic of STS.	8 (100%)	8 (100%)	0 (0%)

Table 16 continued

Question 13. True/False: Peer support in schools can reduce STS.	8 (100%)	8 (100%)	0 (0%)
Question 14. True/False: Risk of school administrators for STS.	8 (100%)	7 (87.5%)	1 (12.5%)
Question 15. True/False: Unrealistic expectations increase vulnerability for STS.	8 (100%)	8 (100%)	0 (0%)
Question 16. Behaviors that are involved in personal prevention of STS.	8 (100%)	8 (100%)	0 (0%)

Appendix F Survey Results

Table 17. Survey Results, Multiple Choice and Likert Scale

Survey Questions (Qualtrics XM, University of Pittsburgh, 2022)	Total Responses (Number, Percentage of Responses)	Question Type	Responses Number (Percentage)
Question 1. Contribution Statement and confidentiality assurance.	N/A	No responses collected	
Question 2. Prior to today, were you aware of the term, secondary traumatic stress?	8 (100%)	Multiple Choice	Definitely not - 3 (37.5%) Probably not - 4 (50%) Might or might not - 0 (0%) Probably yes - 0 (0%) Definitely yes - 1 (12.5%)
Question 3. Prior to today, have you participated in specific professional development about secondary traumatic stress during your time as an educator?	8 (100%)	Multiple Choice	Yes - 1 (12.5%) No - 7 (87.5%) I am not certain - 0 (0%)
Question 4. How beneficial was the training: Secondary Traumatic Stress for Educators?	8 (100%)	Likert Scale; 0 - NOT helpful at all, 5 - Extremely Helpful	0 (Not Helpful): 0 (0%) 1: 0 (0%) 2: 0 (0%) 3: (Somewhat Helpful) - 3 (37.5%) 4: (Helpful) - 4 (50%) 5: (Extremely Helpful) - 1 (12.5%)
Question 5. Do you have any suggestion for this training in the future?	8 (100%)	Open-Ended	Suggestions provided by teachers; full answer below in 4.1.4.1

Table 18. Survey Results, Open-Ended Responses (Qualtrics, University of Pittsburgh, 2022)

Participant Identifier (assigned in sequence based on receipt of responses)	Question 5: Do you have suggestions for this training in the future?
Participant A	Improve the video quality. Instead of using Hurricane Katrina, one about COVID would be important for teachers. It is good that it was learning support teachers but all could use it.
Participant B	In-person session or more interactive. Webinars are good for some people but I have trouble paying attention. The slides helped. If this was professional development at school it would be better.
Participant C	It was good information just a tough format listening for that long. An in-person training would be better for teachers.
Participant D	Would be better with whole faculty. I think it is good for us, but also for all teachers. The video is old and needs updated. The second half was more relevant than the first half. Thank you!
Participant E	More interactive and improve the technology. Difficult to pay attention to voices that seemed recorded. Helpful, just could be better if technology was better.
Participant F	None at this time.
Participant G	It was hard to engage with a presentation in which you are listening to a recording of a man speaking on the phone. I need to see the presenter engaging with their material.
Participant H	I would recommend in-person training, establish a chart with your own personal STS symptoms, and then implementing a care plan.

Bibliography

Atkinson, J. (1996). Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatised. *British Journal of Psychiatry*, *169*(4), 528–528. https://doi.org/10.1192/s0007125000026179

Berger, R., Abu-Raiya, H., & Benatov, J. (2016). Reducing primary and secondary traumatic stress symptoms among educators by training them to deliver a resiliency program (ERASE-Stress) following the Christchurch earthquake in New Zealand. *American Journal of Orthopsychiatry, 86*(2), 236-251. https://doi.org/10.1037/ort0000153

Borntrager, C., Caringi, J. C., van den Pol, Richard, Crosby, L., O'Connell, K., Trautman, A., & McDonald, M. (2012) Secondary traumatic stress in school personnel. *Advances in School Mental Health Promotion*, 5(1), 38-50. https://doi.org/10.1080/1754730x.2012.664862

Boscarino, J. A., Figley, C. R., & Adams, R. E. (2004). Compassion fatigue following the September 11 terrorist attacks: A study of secondary trauma among New York City social workers. *International Journal of Emergency Mental Health*, *6*(2), 57-66.

Branson, A. (2021). *The experience of secondary traumatic stress in teachers* (Order No. 28647540). [Doctoral dissertation, University of Colorado-Denver]. ProQuest Dissertations Publishing.

Bride, B. E., Radey, M., & Figley, C. R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal 35*(3), 155-163.

Brown, E. L., Horner, C. G., Kerr, M. M., & Scanlon, C. L. (2014). United States teachers' emotional labor and professional identities. *KEDI Journal of Educational Policy*, *11*(2), 205-225.

Burnett, H. J. (2015). The compassion fatigue and resilience connection: A survey of resilience, compassion fatigue, burnout, and compassion satisfaction among trauma responders. *International Journal of Emergency Mental Health and Human Resilience*, *17*(1), 318-326. https://www.omicsonline.org/open-access/the-compassion-fatigue-and-resilience-connection-a-survey-of-resilience-compassion-fatigue-burnout-and-compassion-satisfaction-among-trauma-responders-1522-4821-17-165.pdf

Christian-Brandt, A. S., Santacrose, D. E., & Barnett, M. L. (2020). In the trauma-informed care trenches: Teacher compassion satisfaction, secondary traumatic stress, burnout, and intent to leave education within underserved elementary schools. *Child Abuse & Neglect 110*, 104437. https://doi.org/10.1016/j.chiabu.2020.104437

Davis, K. C., & Palladino, J. M. (2011). *Compassion fatigue among secondary special education teachers: A case study about job stress and burnout.* ERIC. https://eric.ed.gov/?id=ED522807

Donahoo, L. M. S., Siegrist, B., & Garrett-Wright, D. (2017). Addressing compassion fatigue and stress of special education teachers and professional staff using mindfulness and prayer. *The Journal of School Nursing*, *34(6),* 442-448. https://doi.org/10.1177/1059840517725789

Dubois, A.L., & Mistretta, M.A. (2019). *Overcoming burnout and compassion fatigue in schools: A guide for counselors, administrators, and educators*. Routledge.

Elliott, K., Elliott, J., Spears, S. (2018). Teaching on empty. *Principal, 98*(2), 28-29.

Emery, D. W., & Vandenberg, B. (2010). Special education teacher burnout and ACT. *International Journal of Special Education*, *25*(3), 119-131.

Figley, C. R. (1995a). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 3-28). The Sidran Press.

Figley, C. R. (1995b). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1-20). Brunner/Mazel.

Figley, C. R., & Ludick, M. (2017). Secondary traumatization and compassion fatigue. In S. N. Gold (Ed.), *APA handbook of trauma psychology: Foundations in knowledge* (pp. 573–593). American Psychological Association. https://doi.org/10.1037/0000019-029

Gelkopf, M., & Berger., R. (2009). A school-based, teacher-mediated prevention program (ERASE-Stress) for reducing terror-related traumatic reactions in Israeli youth: A quasi-randomized controlled trial. *Journal of Child Psychology and Psychiatry 50*(8), 962-971. https://doi.org/10.1111/j.1469-7610.2008.02021.x

Gonzalez, B. (2020, January 13). *Where are all the special educators?* Medium. https://medium.com/age-of-awareness/where-are-all-the-special-educators-aaa9281c48b5

Hall, N., Hall, P., & Hoover, J. H. (1997). Leaving rural special education position: It's a matter of roots, Gail Bornfield. *Rural Special Education Quarterly*, *16*(1), 34-37. https://doi.org/10.1177/875687059701600105

Kaff, M. S. (2004). Multitasking is multi taxing: Why special educators are leaving the field. *Preventing School Failure*, *48*(2), 10. https://eric.ed.gov/?id=EJ744570

Kahill, S. (1998). Symptoms of professional burnout: A review of the empirical evidence. Canadian Psychology, 29(3), 284-297. https://doi.org/10.1037/h0079772

Koenig, A., Rodger, S., Specht, J. (2018). Educator burnout and compassion fatigue: A pilot study. *Canadian Journal of School Psychology*, 33(4), 259-278. https://doi.org/10.1177/0829573516685017

Lawson, H. A., Caringi, J. C., Gottfried, R., Bride, B. E., & Hydon, S. P. (2019). Educators' secondary traumatic stress, children's trauma, and the need for trauma literacy. *Harvard Educational Review, 89*(3), 421-447, 517-519. https://doi.org/10.17763/1943-5045-89.3.421

Learning Forward: The Professional Learning Association (n.d.) *Professional development.* https://learningforward.org/.

Ludick, Marne & Figley, C. R. (2016). Toward a mechanism for secondary trauma induction and reduction: Reimagining a theory of secondary traumatic stress. Traumatology, 23(1), 112-123. https://doi.org/10.1037/trm0000096

MacLochlainn, J., Kirby, K., McFadden, P., & Mallett, J. (2022). An evaluation of whole-school trauma-informed training intervention among post-primary school personnel: A mixed methods study**.** *Journal of Child & Adolescent Trauma, 0*(00). https://doi.org/10.1007/s40653-021-00432-3

National Child Traumatic Stress Network. (2012). Webinar: *Secondary traumatic stress…What is it?* Retrieved December 14, 2021, from www.nctsn.org/secondary-traumatic-stress.

National Child Traumatic Stress Network. (n.d.) *Who we are.* Retrieved April 16, 2022 from https://www.nctsn.org/.

Radey, M., & Figley, C. R. (2007). The social psychology of compassion. *Clinical Social Work Journal*, *35*(3), 207-214. https://doi.org/10.1007/s10615-007-0087-3

Rankin, B. A. (2020). First person: Secondary traumatic stress: One teacher's experience. *Phi Delta Kappan 102*(4), 58-59. https://doi.org/10.1177/0031721720978071

Rankin, B. (2021). An overview of research on secondary traumatic stress in K-12 teaching: What we know and what we still need to learn. *The Educational Forum 0*(0), 1-13. https://doi.org/10.1080/00131725.2020.1860172

Romano J., Trotta R, Rich VL. (2013). Combating compassion fatigue: An exemplar of an approach to nursing renewal. *Nursing Administration Quarterly, 37*(4), 333-336. https://doi.org/10.1097/naq.0b013e3182a2f9ff

Scanlon, C. L. (2013). Caring for caregivers: Personal, supervisory, and organizational approaches to addressing compassion fatigue. *Refocus: The Residential Childcare Project Newsletter, 18*, 1-3.

Schepers, O. (2017). *A teacher at risk: Giving voice to teacher secondary traumatic stress* [Unpublished doctoral dissertation]. University of Colorado-Boulder. https://scholar.colorado.edu/concern/graduate_thesis_or_dissertations/3x816m761

Showalter, S. E. (2010). Compassion fatigue: What is it? Why does it matter? Recognizing the symptoms, acknowledging the impact, developing the tools to prevent compassion fatigue, and strengthen the professional already suffering from the effects. *American Journal of Hospice and Palliative Medicine*, *27*(4), 239-242. https://doi.org/10.1177/1049909109354096

Sprang G., Ford J., Kerig P., & Bride, B. (2018). Defining secondary traumatic stress and developing targeted assessments and interventions: Lessons learned from research and leading experts. *Truamatology*, *25*(2), 72-81. https://doi.org/10.1037/trm0000180

U.S. Department of Education Individuals with Disabilities Act (2017). *Section 300.39 Special Education.* https://sites.ed.gov/idea/regs/b/a/300.39

Webb, S. (2014). *An action research study pertaining to compassion fatigue and hospice clinical staff worker*s (UMI No. 3619947) [Doctoral dissertation]. Proquest Publishing.

Wisniewski, L., & Gargiulo, R. M. (1997). Occupational stress and burnout among special educators: A review of the literature. *The Journal of Special Education*, *31*(3), 325–346. https://doi.org/10.1177/002246699703100303

Wright, S. (2013). The differences between stress, burnout and compassion fatigue. *Nursing Standard*, *28*(5), 34-35. https://doi.org/10.7748/ns2013.10.28.5.34.s46