Supporting Every Child: Integrating Trauma-Informed Practices into the

Elementary Setting

by

Amy S. Wanchisn

Bachelor of Science, Pennsylvania State University, 2001

Master of Education, Holy Family University, 2007

Submitted to the Graduate Faculty of the

School of Education in partial fulfillment

of the requirements for the degree of

Doctor of Education

University of Pittsburgh

2023

UNIVERSITY OF PITTSBURGH

SCHOOL OF EDUCATION

This dissertation was presented

by

Amy S. Wanchisn

It was defended on

April 11, 2023

and approved by

Dr. Diane L. Kirk, Emeritus Assistant Professor, Department of Teaching, Learning,

and Leading

Dr. Mary Margaret Kerr, Professor, Department of Health and Human Development

Dissertation Director: Dr. Keith Trahan, Visiting Assistant Professor, Department of Educational

Foundations, Organization, and Policy

Supporting Every Child: Integrating Trauma-Informed Practices into the

Elementary Setting

Amy S. Wanchisn, EdD

University of Pittsburgh, 2023

Trauma is not a new term or concept, however, the integration of trauma-informed practices within the school setting has been a recent focus for many districts across the nation. School systems no longer focus solely on academics. Schools are charged with developing the academic, behavioral, and social-emotional competencies of students to help them reach their potential and set them up for future success. The COVID-19 pandemic intensified the focus on trauma as many Americans faced various types of trauma throughout the pandemic. With school systems returning to pre-pandemic instructional modes, the need to provide a trauma-sensitive approach for students is more apparent than ever before.

Trauma may be defined as a one-time event but trauma actually comes in many forms including those that are chronic or even generational. Understanding what trauma is and how it impacts an individual and those around them can support those impacted and assist in developing resilience, recovery, and post-traumatic growth. To better support students, schools are looking to integrate trauma-sensitive practices within the classroom and school setting.

This study involved the voluntary participation of the elementary staff members within the district. Through the professional development offerings, participants were provided a professional development series from the Trauma-Sensitive Schools training package designed by the National Center on Safe Supportive Learning Environments which is funded by the United Stated Department of Education and is in partnership with the American Institutes for Research. The

iv

professional development focused on understanding trauma in a broad and inclusive way, learning how the brain and body respond to stress and trauma, recognizing the effects of trauma on students, staff, and schools; and applying knowledge of trauma to daily work through discussion and activities.

The study evaluated an intervention to determine its effectiveness in increasing participant knowledge, impacting instructional practices and increasing student support within the classroom setting. The study's recommendations were designed to guide future implementation of the intervention at the district, local and state level.

Table of Contents

List of Tables

List of Figures

Preface

This dissertation is dedicated to my loving parents, Roger and Dianna Kilgore, who encouraged me from a very young age to chase my dreams, never give up and always have the courage to reach higher. Having you by my side gave me the support and confidence needed to know that I could achieve anything I put my mind to.

To my husband, Steve, for taking our beautiful daughters on day adventures during Saturday class sessions and your understanding and forgiveness for the countless nights of the laptop screen light and the noise of typing when I could no longer sleep because a deadline was approaching.

To my two beautiful daughters, Emma and Isabelle. You are my strength, my courage, and my inspiration. You were both so understanding of my work for the past three years and supportive of my endeavors. I hope this experience not only teaches you to always strive for improvement but encourages you to chase your dreams and that anything you desire to become can be achieved.

To my sister, Jennifer. I am forever grateful for our ongoing support. You were always ready and willing to help me balance the many commitments I had throughout my journey and provided me with the needed comic relief during my most challenging moments.

Finally, I would like to thank my committee members, Dr. Diane Kirk, Dr. Keith Trahan, and Dr. Mary Margaret Kerr and my editor, Dr. Susan Dawkins, for their ongoing support, guidance, and expertise. The success of my work and study is attributed to your insight, knowledge, and recommendations.

1.0 Introduction to the Problem of Practice

1.1 Broader Problem Area

Trauma is neither a new term nor a new concept for educators. However, Pennsylvania school systems are now searching for support to meet recent mandates for implementing trauma-informed education. Guarino and Chagnon (2018) defined trauma as "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects" (section 2.2). Traumatic events range from one-time incidents to experiences that are chronic and even generational (Guarino & Chagnon, 2018). The impact trauma has on student performance in schools includes disruptive behaviors, declining grades, higher dropout rates, and increased absenteeism (McInerney & McKlindon, 2014). Often students who have experienced trauma are viewed as "behavior concerns," and school personnel focus on behavior modification instead of the reason behind the behavior. When students do not respond to research-based positive behavior approaches in the classroom, staff view the behaviors as intentionally defiant and then implement punitive measures. This reaction can further exacerbate the issue by potentially re-traumatizing the student, and the cycle not only continues but worsens for the student (The National Child Traumatic Stress Network Schools Committee, 2017).

Prior to the COVID-19 pandemic, research showed that trauma exposure is common – before the age of 17, approximately two-thirds of youth are exposed to some form of traumatic event (Perfect et al., 2016). According to The National Child Traumatic Stress Network Schools Committee (2008), one out of every four children attending school has been exposed to a traumatic

event that can affect learning and/or behavior. Trauma can impair learning, impact school performance, and create physical and emotional distress in children (The National Child Traumatic Stress Network Schools Committee, 2008). A study by Finkelhor, Turner, Shattuck and Hamby (2015) used data from The National Survey of Children's Exposure to Violence (NatSCEV) that included 4,000 participants ages 0-17 and found that students aged 6-9 experience the highest rate of physical assault violence in the 0-17 age range at 48%.

The COVID-19 pandemic has influenced trauma-informed research. Many experiences related to the pandemic can be defined as traumatic. Pappa et al. (2020) identified concerns regarding the pandemic, including social and physical distancing, confinement, and changing public health information as traumatic for individuals. While some children may benefit from staying at home, many children are faced with a greater risk of experiencing multiple traumas such as physical or emotional neglect, social isolation, and physical abuse as well as financial uncertainty (Cénat et al., 2020). Knowing that the global pandemic has the potential to increase the prevalence of trauma in students, it is imperative that school systems collaborate with mental health professionals to meet the changing needs of our population.

1.2 Organizational System

The school in this study is located in a suburban town in northwestern Pennsylvania and has a population of 16,230. The district is a kindergarten through twelfth (K-12) grade system in which the student enrollment has remained consistent over the past decade, with an average of 2,100 students. The demographics of the student population have changed over the course of the last five years with a 15% increase in students qualifying for free or reduced lunch, resulting in

45% of students currently qualifying for this support. The district's student population has a limited amount of racial and ethnic diversity, with 20% non-white ethnicity reported. The teachers in the district average 17 years of experience in education, with 70% of the staff having taught at this district for their entire careers.

The annual district professional development plan for staff focuses on the district's goals and needs. The administrative team develops the plan, with the Director of Curriculum and Instruction leading the plan development and building administrators having some input in the final decisions. The professional development plan over the past 10 years has focused on effective instructional strategies, formative assessments, increased rigor in questioning strategies, Responsive Classroom, and School-Wide Positive Behavioral Interventions and Supports (SWPBIS). While this plan includes both academic and social/emotional goals, it has not addressed the prevalence and impact of trauma on students.

The focus of my problem of practice is specific to the elementary school in the school district. This school includes students in kindergarten through third grade and has an enrollment of 600 students. The school has implemented SWPBIS for the past seven years and has a building-level team that reviews monthly behavior data to drive instructional practices that best support the students. In these monthly behavior data meetings, staff have identified ongoing student behaviors as willful and defiant instead of as skills-deficient. Staff have also shared knowledge of individual student traumas and looked for outside supports to help the student but without reflecting on classroom practices that could also support the child. There is a general belief from staff that their role in educating students is specific to academics and that student misbehavior is not related to instructional approach, but, rather, to student choice. The lack of understanding of trauma-

informed practices, along with the current mindset of the teachers' role in teaching academics and behaviors, are barriers to the change needed to better support all students.

The shared values of the school and district are articulated in the district's mission statement and specifically address academic goals. These values are reflected in classrooms and include standards-aligned lessons, integration of multiple learning modalities, differentiation of instruction to appropriately challenge all students, and a focus on student choice throughout the learning process. A missing element to these shared values is social-emotional competencies. The Collaborative for Academic, Social and Emotional Learning (2020) defines social-emotional learning as follows:

> the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions. (p.1)

The absence of social-emotional learning in the documented values for the district can be viewed as a pedagogical disconnection between the social-emotional needs of students and the impact those needs can have on student learning outcomes. According to Osher et al. (2021), combining social-emotional learning with trauma-informed practices can result in a holistic approach to meeting student needs and "promote resilience-related skill-building and provide opportunities in which these skills can be applied and reinforced" (p.4).

Through the passage of Act 18 (2019), the state of Pennsylvania has addressed the prevalence of trauma in students' lives and the impact it can have on their overall development. This legislation requires all school districts to include professional development focused on trauma-informed practices in the school setting. The district in this study recently reviewed the

school board policy associated with this mandate and developed initial professional development plans and implementation timelines. This mandate has strengthened forces for change and created the opportunity needed to focus on staff professional development related to trauma-informed practice. For the past 15 years, the district has implemented the Student Assistance Program (SAP) in each building. The SAP is designed to identify issues including drugs, alcohol, and mental health concerns that can be barriers to student success. Each building partners with the County Behavior Health liaison to review individual student needs and connect them to community supports. The SAP focuses on supporting students and families by connecting them to services specific to behavior supports, therapy, and in-home supports. These supports focus on developing resiliency for students, building capacity within families, and fostering social-emotional growth. While students referred to SAP are not exclusively those who have experienced trauma, many are referred due to risk factors that are aligned with trauma. The SAP process supports change related to integrating trauma-informed practices in the instructional setting.

When analyzing instructional practices through an equity lens, the Response to Instruction and Intervention (RTII) approach provides a tiered system of support for students demonstrating academic challenges with classroom teachers assessing student progress and adjusting their approach to meet the specific learning needs of students. Inequities develop when students demonstrate behaviors that are not aligned to school expectations and, instead of assessing behavioral needs and adjusting the approach as staff do in relation to academics, staff remove students demonstrating ongoing behavioral concerns from the classroom and send them to the office for disciplinary action. The school adopted School-Wide Positive Behavioral Interventions and Supports (SWPBIS) seven years ago and consistently implements common expectations, teaches behavior expectations, and positively reinforces behavior expectations.

However, the school does not have a robust repertoire of tiered behavior supports, nor does the staff have the pedagogical understanding of effective behavior intervention strategies for ongoing behavior concerns. During team meetings, teachers have shared their belief that if students do not demonstrate appropriate behaviors, they should not be permitted to be in the classroom. When staff are asked why they believe the misbehavior is occurring, they often respond with a focus on what the child is doing and the impact the behavior has on the classroom, as opposed to why the child is behaving in a particular manner and what can be adjusted in the classroom to better support them. The lack of understanding about trauma and its impact on learning, if left unaddressed, can lead to increased staff concerns and decreased instructional time and academic achievement.

Professional development is the primary means through which a district demonstrates its values, with emphasis on programming and pedagogical practices that are important to the growth of the district's community. Professional development time is valuable for engaging staff in effective instructional practices and aligning perspectives to the district's mission and vision. The time is often limited due to teacher contracts, like the number of days required to work beyond the 180 days required for students to attend school, and trainings that are mandated by the state. The topics that are not specific to state mandates are viewed by staff as the district's focus for the year. With the district's professional development plan focused on academic instruction, the message to the staff is one that does not support the whole child, social-emotional needs and behavioral strategies, and the relationship between social-emotional and academic well-being.

Trauma impacts an entire community. When students experience trauma, the individuals involved span the child's home, community, and school. The primary individuals impacted by students experiencing trauma include the student, the family, and school personnel. Secondary to those stakeholders are community agencies, as they are the vehicles that support the individuals. Each of these stakeholders has significant interest but may have little power in addressing this problem of practice. School district administrators and the school Board of Directors are the primary decision makers for school districts in approving the purchase of curricular resources, creating instructional frameworks, and reinforcing the district mission and vision through professional development practices. This decision-making authority provides them the most power in addressing this problem of practice, but their level of interest or understanding may not be as great as other stakeholders since they are not in the classrooms interacting with students daily.

1.3.1 Students

The Substance Abuse and Mental Health Services Administration (SAMHSA) (2020) reported that more than two-thirds of children experience at least one traumatic event by the age of sixteen. Potentially traumatic events include community violence, school violence, witnessing domestic abuse, neglect, physical or sexual abuse, natural disasters, terrorism, or the sudden or violent loss of a loved one. Students traumatized by exposure to violence are not only at increased risk for displaying emotional dysregulation, disruptive behaviors, declining grade point averages, and more negative remarks in their cumulative records than other students, but also may display ongoing disruptive behaviors resulting in many schools responding with punitive measures and

potentially risking the re-traumatization of the child (The National Child Traumatic Stress Network Schools Committee, 2017). Elementary school students have little power in the problem of practice given that they may not understand the trauma they have experienced or be able to communicate their experiences to adults. They are also too young to navigate a system to obtain supports and services. They are reliant on adults to assist in developing the necessary social and emotional competencies to build resiliency.

1.3.2 Families

The families in the school range in socioeconomic status, with 47% of students in the elementary setting receiving free or reduced lunches. Ninety-five percent of parents participate in school communication with the classroom teacher and attend annual back-to-school events. When concerns arise in the school setting, families attend RTII meetings (either in person or via telephone conference) to discuss the concerns and participate in developing a plan to better meet the student needs. In the past 11 years, there have been fewer than 20 cases in which families have disclosed to staff or administration that traumatic events have occurred to either the student or the family. Knowing the statistics of trauma frequency in students, it is evident that families are not always willing to share those details with the school. This can be due to lack of trust with the school, a feeling of embarrassment on the part of the family, or lack of understanding of the lasting impact trauma can have on students in the school setting. While these users may have a significant interest in this problem of practice, they have little power in making the necessary changes within a school setting to create the impact needed to further develop the instructional pedagogy of staff in the inclusion of trauma-sensitive practices. Their power is limited to elevating the understanding and awareness of trauma as a cause of lower student social and academic outcomes.

1.3.3 School Personnel

Teachers are a significant stakeholder in this problem of practice. The teachers in this study average 17 years of experience in education, with 70% of staff having taught at this school for their entire career. The professional development plan for staff over the past 10 years has focused on effective instructional strategies, formative assessments, increased rigor in questioning strategies, Responsive Classroom, and School-Wide Positive Behavioral Interventions and Supports (SWPBIS). Throughout the empathy interviews conducted for this study, the teaching staff expressed their observations that student behavior needs have changed over the past five years and include increased impulsivity, less self-regulation, refusal to comply with adult direction, lack of coping skills, and an increase in anger outbursts including physical aggression towards others. When asked why these identified needs continue to exist, staff shared that the emotional needs of the students exceed their capacity to meet those needs, the academic demands are too much, and students need a smaller setting with individualized supports. When asked what is required to better meet the needs of the students, teachers responded that they need more behavioral health supports and more academic support programming. Teachers may have high interest in this problem of practice, but the power to influence the instructional pedagogy of the school is limited as they may have the impact within their individual classroom settings, but not across the entire school building.

The classroom teachers have the greatest amount of contact with students and are the first to observe, interact, and intervene when problems arise. The school in this study also employs instructional coaches and a guidance counselor, who assist classroom teachers throughout the school year and are additional stakeholders within this problem of practice. Instructional coaches lead professional development initiatives, co-teach with staff, and facilitate Tier 2 and Tier 3

interventions. The guidance counselor leads the Elementary Student Assistance Program (ESAP), works with groups of students on social-emotional competencies, and supports families in obtaining services in the school and community. When speaking with these members of the school, their responses to how student behavior needs have changed over the past five years echoed many of the details the classroom teachers shared but also included decreased social competencies, less developed executive functioning skills, emotional dysregulation, and an increase in complex emotional needs. When asked why they believe these needs continue to exist, they stated that teachers are not trained or equipped to meet the emotional needs in the classroom and that their actions can unknowingly trigger behavioral reactions in students. They focused on the lack of professional development and understanding on the teachers' part and less on the need for additional services that the classroom teachers identified. The instructional support staff and counselor have a strong interest in this problem of practice and may have greater power than classroom teachers, as these members are often part of professional development planning for the district. However, the final decisions for professional development plans lie in the hands of the administrative staff.

1.3.4 Community Agencies

The community agencies involved in supporting students experiencing trauma are those focused on mental health and behavioral health. The community in this study has a county behavioral health commission that works directly with the school to connect families to services and supports. There is a decreasing amount of mental health services in the area and a lack of behavioral health technicians to provide one-on-one supports for students, which leads to agencies turning families away due to lack of personnel. The changing needs in student behaviors include

more trauma experienced by students and no supports in place to assist families, along with an increased number of emotional needs in younger students. Additionally, the service referral process has changed, resulting in families disclosing to school staff that they feel unsure of how to navigate the process. While the community agencies are there to assist families, the lack of available services and complex referral processes can be barriers for students to receive the services needed to build resiliency.

1.3.5 School District Administrators

School district administrators are charged with leading staff in best supporting students to meet the mission and vision of the district. Each district administrator is assigned to lead specific buildings and programs in the district. The administrative team has remained the same over the past 11 years with no change in personnel. The focus of the administrative team has been on academic success for students. The discussion of trauma did not surface until the legislation passed in 2019.

While trauma-informed practices are recommended to be embedded in each classroom, they have not been included in the professional development plan for curriculum and instruction. The lack of knowledge and understanding of trauma and its prevalence within the school community have left students ill-supported. Given the recent legislation, district administration has begun seeking support from outside agencies to increase their understanding of pedagogical practices related to trauma. Through this support, the administrative team is looking to provide continued professional development opportunities for staff in trauma-informed practices to develop a trauma-sensitive school setting for all students.

1.3.6 School Board of Directors

The community members elect school board directors to lead the district. The current board of directors works collaboratively with the administrative team in making decisions for the district regarding curriculum, instruction, policy, finances, programming, and personnel. Each member serves on a board committee to discuss specific aspects of the school district to lead it forward.

Each board member brings their individual perspectives, backgrounds, beliefs, and interests to the table when discussing school issues. The district administration team provides monthly updates to the school board directors regarding current events, accomplishments, concerns, and action plans. The recent legislation in Pennsylvania recognized the influence of school board members and included them in the required annual training on trauma. The training includes a minimum of one hour of training on trauma-informed approaches for newly elected and reelected board members. This training provides an overview of the prevalence of trauma and the need to have appropriate supports within the school setting to best meet the students' needs. This legislation has been a driving force for change for many districts, including the one in this study.

1.4 Statement of the Problem of Practice

The school in this study has successfully implemented School Wide Positive Behavioral Interventions and Supports (SWPBIS) for the past seven years. The building behavior data showed a positive impact as student behaviors were lessening in severity and frequency, which resulted in increased instructional time; however, the past four years of behavior data show that approximately 10% of students continue to exhibit disruptive behaviors that align with behaviors of children who

have experienced trauma. Without the proper professional development, schools run the risk of misinterpreting student behaviors, implementing incorrect interventions, and possibly creating an environment that leads to further traumatization for the child (Guarino & Chagnon, 2018).

Despite the number of students that have experienced trauma, educators in the elementary school being studied have not received the necessary professional development to understand the pedagogy and implement the trauma-informed practices needed to support the behavioral issues associated with childhood trauma. Therefore, the focus of this study is to collaborate with key stakeholders and develop an effective intervention that supports students who have or are currently experiencing trauma. Key factors to this intervention include an increase in awareness to the frequency of trauma in students, a deeper understanding of trauma-informed pedagogy, and the implementation of effective practices into the classroom.

While building a trauma-sensitive school involves all stakeholders to create meaningful change, a steppingstone to begin that change is increasing staff knowledge and understanding of the prevalence of trauma and its impact on student performance in order to foster adjustments to instructional strategies. Traumatized students often display disruptive behaviors that can be viewed as challenging to a teacher, and some teachers may take the behavior personally. Strengthening teachers' understanding of how trauma can impact students in the classroom and implementing strategies to address behaviors can create a mindset change for the classroom teacher, resulting in a safer, more supportive classroom environment for all (Miller, 2018).

2.0 Review of Supporting Knowledge

To further understand this problem of practice, a review of supporting knowledge was conducted to identify the prevalence and impact trauma has on students and suggestions on how schools need to respond to this growing need demonstrated by students. Through this review, a trauma-informed approach was defined, and the benefits and drawbacks of screening tools, interventions, and frameworks were explored. Knowing that professional development is the vehicle for change in teaching strategies, supports, and pedagogy, this review also explores professional development practices as a key element for the implications in this study.

2.1 Prevalence and Impact of Trauma on Elementary Students

The Substance Abuse and Mental Health Services Administration (SAMHSA) (2020) reported that more than two-thirds of children experience at least one traumatic event by the age of sixteen. Potentially traumatic events include community violence, school violence, witnessing domestic abuse, neglect, physical or sexual abuse, natural disasters, terrorism, and/or sudden or violent loss of a loved one. According to SAMHSA (2020), "The national average of child abuse and neglect victims in 2015 was 683,000, or 9.2 victims per 1,000 children" (p. 1). Children from all races and socioeconomic statuses are affected by trauma. A study conducted by Porche et al. (2016) focused on nearly 66,000 school-aged youth who took part in the National Child Study of Children's Health. The authors found that 53.4 % of youth in the study experienced adverse family

events. For those children who reported experiencing any adverse family events, the average number of experiences was 2.1 adversities.

Some groups of children are at a higher risk for experiencing trauma or experiencing a higher frequency of trauma. These groups include families that have experienced substance abuse, economic stress, students with intellectual or developmental disabilities, homeless youth, and military families (The National Child Traumatic Stress Network Schools Committee, n.d.). One way to identify those students at risk for negative outcomes of trauma is through the exploration of risk factors and protective factors of adverse childhood experiences (ACEs).

The National Child Traumatic Stress Network Schools Committee (2017) reported the impact of adverse childhood experiences (ACEs) on academic outcomes and found that communities with higher ACE scores had higher rates of suspension and absenteeism as well as higher high school dropout rates. This report shows the lasting impact trauma has beyond the individual and its impact on the lives of peers, staff, and school communities. Students traumatized by exposure to violence are at increased risk for displaying emotional dysregulation, disruptive behaviors, declined grade point averages, and more negative remarks in their cumulative records than other students. Students who experience trauma may display ongoing disruptive behaviors, resulting in many schools responding with punitive measures and potentially risking the re-traumatization of the child (The National Child Traumatic Stress Network Schools Committee, 2017).

McInerney and McKlindon (2014) found similar results regarding the impact trauma has on student performance, both academically and behaviorally, in school. Their study found that trauma in students can affect their ability to focus and process learning. Students who experienced trauma can also develop sensory processing difficulties. This negative impact on social-emotional

and intellectual development can lead to high absenteeism and grade retention. While the impact of trauma can lead to numerous neurological and educational effects, the impact of multiple traumas can lead to a higher number of mental health diagnoses, leading, in turn, to lower school engagement and higher rates of identification to special education (Porche et al., 2016)

The impact trauma has on schools is too great for schools to rely solely on outside services to support students experiencing trauma; instead, schools must look to build capacity within their systems for trauma-informed education. Since 2017, the number of states encouraging or mandating trauma-informed training for public school systems has increased from nine to 30 (Child Trends, 2021). SAMHSA noted that with the increase in school districts requiring trauma-informed training, interventions and services have also increased (SAMHSA, 2014). The demand from state Departments of Education and trauma-informed interventions and services is a result of positive outcomes observed through the use of school-based trauma-specific practices (Rolfsnes & Idsoe, 2011).

2.2 Trauma Informed Approach

School systems were not designed with trauma-sensitive practices in mind. Traditional teacher preparation programs have not included specific training on trauma-informed practices, and schools are searching for the appropriate framework to meet new mandates and current student needs. Recent research has defined core components of an effective approach for schools to consider and incorporate into their educational frameworks. Guarino and Chagnon (2018) defined a trauma-sensitive school as follows:

one in which all aspects of the educational environment – from workforce training to engagement with students and families to procedures and policies – are grounded in an understanding of trauma and its impact and are designed to promote resilience for all. (slide 3.2).

SAMHSA's (2014) concept of a trauma-informed approach is grounded in a set of four assumptions, often referred to as the 4 Rs:

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**. (p.9)

Guarino and Chagnon's (2018) work with The National Center for Safe and Supportive Learning Environment embedded SAMHSA's trauma-informed approach within their definition of a trauma-sensitive school and identified the importance of adopting a universal approach to addressing trauma through creating protective factors that buffer the effects of trauma as well as model and teach the critical skills to build resilience for students. The awareness and understanding that is created in a trauma-sensitive school allows for a safe and supportive learning environment.

School systems looking to incorporate a trauma-sensitive approach can learn from other agencies that have focused on this work for several years to understand their approach and see the benefits they have experienced through incorporating a trauma-informed framework. In their study, McInerney and McKlindon (2014) reported the positive impact trauma-informed practices have made at the organizational level. A few of the positive outcomes include a supportive environment, staff retention, increased staff and client safety, and client engagement. While their

study looked at multiple organizations that support individuals who experience trauma, the two organizations that align closely to public school systems are in-patient psychiatric facilities and the child welfare system. Both systems work alongside public schools for children who exhibit behaviors that require additional supports outside of the school setting. McInerney and McKlindon (2014) reported that in-patient psychiatric facilities saw a 67% reduction in the use of restraints and seclusion after staff were trained in trauma-informed care. They also reported that child welfare supervisors who attended a two-day training on trauma-informed care felt more knowledgeable and were able to better support their staffs in trauma-informed assessments (McInerney & McKlindon, 2014).

2.3 Screening Tools, Interventions, and Frameworks

Learning the benefits of trauma-informed care from other agencies and identifying the content to be incorporated in creating a trauma-sensitive school is only the beginning of the process. The implementation of the content is a critical element that defines success for a new program or framework, but implementation is often overlooked by policymakers and can lead to failed initiatives due to competing needs and mandates placed on school systems. Over the past decade, research on school-based trauma prevention and intervention has been conducted with the hope of properly identifying students who have experienced trauma and increasing access to effective trauma-based supports. Gonzalez et al. (2016) reported on the importance of school-based screening for trauma exposure and the positive impact these screenings can have on students' mental health. Some schools use a teacher-referral model for screening, and, while this method can be effective, it does not necessarily address those students do not outwardly exhibit

emotional or behavioral concerns. Gonzalez et al. (2016) argued that the data from their school-based study further support the need for schools to adopt a screening tool to better identify students who would benefit from trauma-informed care and support, leading to positive mental health development and academic success.

While there are various screening tools and intervention programs to choose from, the current research suggests a school-wide screener as the most effective approach to ensure all students are considered when looking to provide trauma-informed practices. Contrary to those findings, the National Center for Mental Health and Juvenile Justice (2016) shared that while there has been promising development of school-based trauma screening tools, some caution against it. For example, Cole, Eisner, Gregory, and Ristuccia (2013) state:

> A common reaction to the whole-staff presentation is the notion that trauma sensitivity requires screening and identifying all children who have had traumatic experiences. In fact, this is not recommended and could be quite harmful. In addition to stigmatizing some children, this approach also reinforces the idea that trauma sensitivity is solely about applying interventions to particular children instead of creating a safe whole-school environment for all children. (p. 54).

At present, few studies clearly articulate best practices for school-based screening procedures and methods for identifying trauma-exposed youth (pp.6-7). Additionally, research-based interventions are only as good as the implementation plans schools adopt and the priority they place on providing supports with consistency. Integrating trauma-informed practices within a multi-tiered support system could provide the necessary framework for effective implementation in schools.

19

Chafoulease et al. (2016) studied an established framework in a multi-tiered support system (MTSS) and suggested how trauma-informed practices could be integrated within this current framework. MTSS is a broad, comprehensive framework that takes a whole-child approach to supporting student needs. MTSS encompasses academic supports (RTII), social and wellness supports (SAP), and behavioral supports (SWPBIS). The multi-tiered support system discussed in their study was the School Wide Positive Behavioral Interventions and Supports (SWPBIS) framework. SWPBIS focuses on effective implementation centered on identified outcomes, effective practices, data-informed decision making, and systems. The work by Chafoulease et al. (2016) found the following:

> An effective overall systems approach for SWPBIS is defined by three basic features that include common language, common experience, and common vision (Technical Assistance Center on Positive Behavioral Interventions and Supports, 2010). To actualize these features for a trauma-informed approach requires substantial efforts given the multiple systems and stakeholders outside of the school context, yet all must interact toward facilitating clear messages for policy and practice. (p. 152)

While this approach benefits schools through the utilization of a current framework embedded in their systems, it requires action planning from school, community, and family partners to include ongoing self-assessment at each stage of implementation to support sustainable programming (Chafouleas et al., 2016).

School systems need to integrate a screening tool that addresses trauma and mental health needs for all students. Integrating trauma-informed practices in the classroom context will provide the ongoing support for students that will further their social-emotional and academic development. For trauma-informed practices to take place with fidelity in the classroom setting, a

framework for identification, implementation, and ongoing support must be established. Finding a framework that currently exists with proven results is ideal as school systems are faced with many competing priorities each year. The multi-tiered framework that school systems currently use for academic and behavior supports has potential to be the springboard for integration of trauma-informed practices. To integrate trauma-informed practices within this framework, the professional development plan needs to provide teachers with an understanding of trauma, the impact trauma has on students, and effective practices that can be implemented in the classroom to best meet student needs.

2.4 Professional Development Practices

Every school system creates an annual professional development plan that incorporates a variety of initiatives to focus on throughout the course of each academic year. The purpose behind professional development is to provide staff the opportunity to learn new skills and strategies that will make them more effective in the classroom. Pennsylvania school systems are now mandated to incorporate trauma-informed education as part of their professional development plan. Mandates do not always lead to effective implementation; therefore, school systems need to learn from experts in the field to best navigate this mandate to provide the most effective approach for their districts. The National Center for Safe and Supportive Learning Environments (Guarino & Chagnon, 2018) created a free self-paced online training module for school systems to utilize when providing professional development on trauma-informed education. This training is based on the research by Guarino and Chagnon (2018) and identifies key elements when building staff capacity for trauma-informed practices, including the need for all school staff to develop an understanding

of trauma, its impact on student performance and behavior, and staff engagement in ongoing learning of trauma-informed practices. According to Guarino and Chagnon (2018), trauma-informed practices include "classroom strategies, crisis intervention and prevention, use of a strengths-based approach, and strategies for building relationships with students and families" (slide 4.3). By training all school personnel in trauma-informed practices, a common understanding and consistent response across all school settings, both academic and nonacademic, is achieved (Guarino & Chagnon, 2018).

While Guarino and Chagnon's (2018) work with the National Center for Safe and Supportive Learning Environments provides a self-paced online learning module to support professional development in trauma-informed practices, other professional development frameworks have been developed. Anderson et al. (2015) examined a professional development approach that utilizes a school-university model to survey staff needs, provides training in trauma-informed practices, and includes a follow-up survey to determine the effectiveness of the professional development, as well as recommendations for next steps. Throughout this study, classroom staff showed that they understood trauma-informed approaches but did not fully understand how an adult's interaction with students could contribute to students' stress. Classroom staff continued to feel the need for stern, aggressive tones and words in order to discipline students. One of the highest reported benefits of the training was the stress-reducing breathing techniques taught to classroom staff. These techniques were used by staff and students after the training and viewed as beneficial for classroom routines. The study concluded with the need for continued work in the school-university partnership to provide ongoing training for staff in a school-based trauma-informed approach (Anderson et al., 2015).

Not every school system may have the capacity to partner with a college or university to provide professional development for trauma-informed practices. McIntyre et al. (2019) evaluated a two-day foundational professional development (FDP) that focused on developing essential knowledge of trauma-informed practices while motivating staff to integrate these approaches into the classroom. Through the training, it was found that teachers' interpretation of the newly presented materials was aligned to their school systems' norms. McIntyre et al. (2019) found "Initial pretraining planning with school stakeholders that elaborates how trauma-informed approaches align with the current mission and systems governing a school, and facilitates school-wide understanding of that alignment, is recommended to maximize the benefits of FPD training" (p.100).

School systems are not the experts in trauma-informed care; however, partnerships with experts in the field can provide the content for professional development as well as a framework for ongoing supports. Perry and Daniels (2016) reviewed the process of incorporating professional development through the coordination of direct service providers facilitating professional development, care coordination, and clinical services. Partnering with outside service providers who bring with them a wealth of knowledge and background regarding trauma-informed practices assisted the school leadership team and teachers in understanding the impact of trauma, acknowledging the signs of trauma, and integrating this knowledge into the framework of their existing practices. While this study focused on the initial year of implementation, Perry and Daniels (2016) suggested that further evaluation of medium and long-term goals is needed in order to determine the effectiveness of the transformation within the school system.

Many of the professional development models reviewed incorporated outside agency partnerships and a reliance on experts in the field to lead the training and include school district

leadership in their professional development practices. The self-paced online training package developed by Guarino and Chagnon (2018) through The National Center for Safe and Supportive Learning Environments is a free federally funded resource for schools. While this training resource provides schools with professional development curricula, schools may need a framework to identify and support trauma-informed approaches. The school-university model found that while teaching staff attended the training, they did not fully comprehend the impact adults' actions have on students who have experienced trauma. Ongoing training was suggested for school staff to further their understanding and approaches to support students who have experienced trauma. McIntyre et al. (2019) found the need for school-system leadership to provide context for trauma-informed training for it to be most effective for teaching staff, while Perry and Daniels (2016) focused on the integration of outside service providers to coordinate a variety of services: professional development, care coordination, and clinical services. This partnership with outside agencies allowed for school leadership and classroom teachers to learn the impact of trauma and how to effectively integrate research-based approaches within their current systems framework. Utilizing outside agencies to facilitate professional development allows for experts in the field to support school staff in implementing effective practices. While this partnership can be effective for schools who do not have district resources to foster the professional development, it can require higher costs and greater staff buy-in than in-house training facilitated by district leaders.

2.5 Conclusion and Implications for the Inquiry Site

While we know the implementation of trauma-informed practices is beneficial to support students exposed to trauma, the identification of those students may present new challenges as the

reaction to trauma exposure varies by child (The National Child Traumatic Stress Network Schools Committee, 2008). Schools must navigate how to properly identify students for trauma-exposure. Universal screeners are used for academic supports, but they may not be needed for trauma-informed supports if schools develop a comprehensive trauma-sensitive approach. Scholars agree on the integration of trauma-informed practices within the school setting, yet the best method for the professional development and implementation is not yet clear for specific school systems. Building a trauma-sensitive school requires a systems change approach. Staff, administration, parents, and community members need to become knowledgeable of trauma-informed practices, develop trauma-informed school policies and procedures, and build a school community culture that is centered around trauma sensitivity. This level of commitment takes time to develop, and schools that do not have a strong understanding of trauma-informed practices need to identify their needs and provide education to their staff as the first step in the process.

The literature has yet to provide practitioners and other stakeholders with many studies of how to effectively train school personnel and integrate trauma-informed practices as the first step toward building a trauma-sensitive elementary school. Therefore, this study will address how to provide professional development on trauma-informed education in a small elementary school setting, how that professional development impacts teachers' effectiveness in implementing trauma-informed practices, and teachers' perception of student behavior concerns within the classroom. New initiatives and training for staff can often face barriers when striving to implement the identified instructional practices with fidelity. These barriers will also be examined in order to develop a professional development plan for school staff that accounts for these concerns and provides a comprehensive approach to developing a trauma-sensitive school. Creating a safe, supportive learning environment is a common goal for all school systems. With the high frequency

of trauma experienced by school-aged children, it is vital for all school personnel to understand trauma and its impact on students in the school setting to create an environment where all students feel safe and supported.

Research in childhood trauma is not new. Trauma in students has been studied for decades, yet trauma-informed practices are not known or implemented consistently across school systems. Trauma is experienced across all races, genders, and socioeconomic statuses. The impact trauma has on students is seen regularly in schools, yet many educators do not realize these indicators as signs of trauma. The inability to identify the signs of trauma in students can lead to school staff misinterpreting behaviors, implementing ineffective behavior modification strategies, misdiagnosing students, and even punishing students for these behaviors, potentially further traumatizing the student. Many classroom teachers do not have formal training in trauma or trauma-informed practices, and victims of trauma do not often share their stories easily. The gap in classrooms lies in the education and knowledge of trauma and how to incorporate trauma-informed practices to better support students. Schools have a unique opportunity to support students as they are a mandated part of every student's life. If schools can equip themselves with trauma-informed interventions and prevention strategies, students will have more opportunities for increased social and emotional support.

3.0 Theory of Improvement and Implementation Plan

3.1 Theory of Improvement and Aim

This study is rooted in improvement science. Hinnant-Crawford (2020) defined improvement science as "a methodological framework that is undergirded by foundational principles that guides scholar-practitioners to define problems, understand how the system produces the problems, identify changes to rectify the problems, test the efficacy of those changes, and spread those changes" (p.1). Scholar-practitioners have the unique ability to influence change in their place of practice through the improvement science approach. This approach helps to cross the "theory to practice divide" (Perry et al., 2020).

The improvement the researcher is seeking to develop is a stronger support system for students at the school who have experienced trauma. The aim for this study is to increase teachers' support for students in the classroom. An evaluation of current instructional practices is an area that will have a direct impact on student success. The instructional practices that are implemented are a result of the individual teachers' knowledge. To create consistent implementation of research-based practices, formal and ongoing professional development is needed (see Appendix A).

According to Guarino and Chagnon (2018), trauma-informed practices include "classroom strategies, crisis intervention and prevention, use of a strengths-based approach, and strategies for building relationships with students and families" (slide 4.3). By training all school personnel in trauma-informed practices, a common understanding and consistent response across all school settings, both academic and nonacademic, is achieved (Guarino & Chagnon, 2018).

Educating staff on effective trauma-informed practices will allow them to better understand the factors behind student behaviors and implement appropriate supports to eliminate the escalation of behaviors that result in decreased instructional time.

3.1.1 Inquiry Questions

Research has consistently found that effective professional development plans include content focus, active learning, collaboration, models, and modeling, coaching and expert support, reflection and feedback, and sustained duration (Darling-Hammond et al., 2017). The professional development plan in this study would include a collaborative framework for implementation, including multiple training sessions and individual support for classroom implementation of trauma-informed practices. The guiding questions for this inquiry are:

- Did the professional development change teachers' perception and knowledge of the impact of trauma on student behavior and learning?
- To what degree did teachers implement trauma-informed practices?
- Did student classroom support increase after the professional development?
- What suggestions do participants have for implementing the professional development district-wide?

3.1.2 Participants

The participants in the intervention included the school's classroom teachers, special education teachers, special area teachers (art and library teachers), speech and language teachers, instructional coaches, instructional paraprofessionals, special education paraprofessionals, a

school psychologist, and the building principal. Each of the four grade levels in the elementary school (kindergarten through third grade) has a representative on the schoolwide behavior committee along with two instructional coaches, one guidance counselor, and two special education teachers resulting in a nine-member committee. These committee members were among the participants in the intervention. While the hope is for the professional development plan to be conducted in the future with all staff within the district, a narrower scope was needed to implement the change idea.

3.2 Intervention

To begin the study, professional development focused on trauma-informed practices was provided to support instructional practices with the elementary teaching staff. The professional development focused on increasing teacher knowledge of trauma-informed practices that could be implemented in their classrooms and took place over four professional development sessions. Table 1 provides the intervention timeline for the study. The content presented in the professional development included the Trauma-Sensitive Schools training material (Guarino & Chagnon, 2018).

The Trauma-Sensitive Schools training package was designed by the National Center on Safe Supportive Learning Environments which is funded by the United Stated Department of Education and was developed in partnership with the American Institutes for Research. The National Center on Safe Supportive Learning Environments offers information and trainings to states, school districts, and communities focused on improving school climate (The National Center on Safe and Supportive Learning Environments, 2022). The materials are created and made

available at no cost to foster the continued growth and support for schools and communities. The training package has three training modules: Module 1: Understanding Trauma and Its Impact, Module 2: Building a Trauma-Sensitive School, and Module 3: Leading Trauma-Sensitive Schools. The training package selected for this study is the first module, Understanding Trauma and Its Impact. The rationale for the selection of this training focused on the amount of previous training formally provided to staff prior to this study. Given the limited amount of training provided thus far, it was necessary to build a strong understanding of trauma for staff before moving forward with additional training sessions.

The first professional development session focused on defining trauma and those affected by trauma. The purpose of this session was to provide participants with the knowledge of the various types of potentially traumatic experiences for students and the rates of childhood trauma. Participants used the information presented in the training and applied it in a group activity requiring participants to identify different types of traumas experienced by students in our school.

The focus of the second professional development session was on the stress response system. The purpose of this session was to provide the participants with knowledge of the physiological impact of stress, the body's response to stress that becomes traumatic, and children's common responses to trauma. Participants concluded this session with an activity focused on sequencing how the body responds to stress as it applies to a classroom example.

The third professional development session provided participants with information regarding the impact of exposure to trauma. The purpose of this session was to provide participants with an understanding of environmental and individual factors that influence a child's response to trauma, the effects of chronic trauma on brain development, and the role adults can play in reducing

the effects of stress on children. Participants concluded the session by participating in a group activity that asked them to view student behavior descriptors through a trauma-informed lens.

The final professional development session discussed the impact trauma has on schools. The purpose of this final training session was to provide participants an understanding of how trauma impacts students, parents, and school staff and how schools can develop a universal response to trauma. Participants applied their new learning to a school scenario and identified staff perspectives, student perspectives, and trauma-informed staff perspectives in the scenario. Through this activity, participants saw the difference a trauma-informed approach can provide a student in need in the context of the classroom setting. Each professional development session was conducted in person with thirty participants attending each session along with an online option for any staff member who was not able to attend a session within the series of the four sessions. Two staff members utilized the online asynchronous professional development sessions.

The second phase of the intervention continued to focus on the driver of improving instructional practices through small-group support for classroom implementation. The staff participating in the study had an opportunity to focus on implementing their learning through weekly lunch-and-learn sessions to further their understanding of trauma-informed practices and support implementation in the classroom setting. Over the course of the four-week small-group lunch-and-learn sessions, each of the seven principles of trauma-sensitive schools was discussed and participants reflected on how those principles were present within the context of their classrooms as well as the school building. Each small-group discussion focused on two of the seven core trauma-sensitive principles defined by the Trauma-Sensitive Schools training. The seven principles included staff a) who understand trauma and its impact; b) believe that healing happens in relationships; c) ensure emotional and physical safety for all; d) view students

holistically; e) support choice, control, and empowerment for students, staff, and families; f) strive for cultural competence; and g) use a collaborative approach (The National Center on Safe and Supportive Learning Environments, 2022). The structure of the professional development included a discussion of how each principle related to the classroom and school setting. Participants identified how each principle was currently addressed within their classroom setting as well as within the whole school and then participants shared suggestions on how to strengthen each principle within the school setting. Each week the groups were able to connect current practices with each of the trauma-sensitive principles discussed, and through our collaborative conversations, many suggestions were provided as to how to strengthen each principle within the classroom and school. Participants reflected weekly on elements that were selected from the Trauma-Sensitive School Checklist developed by Lesley University (2012). Participants identified the level of implementation for each trauma-sensitive element that was in place within their classroom setting.

The professional development was designed to increase teacher knowledge of trauma-informed practices, and this increase in knowledge has the potential to increase the use of trauma-informed practices in the classroom setting. With the inclusion of trauma-informed practices in the classroom, teachers increase student support, which could lead to a more positive impact on the school climate and overall student achievement.

Table 1. Intervention Timeline

Intervention Activity	Topic	Date	Participants	Total Number of Participants
Large-Group Professional Development Session 1	Defining trauma	November 2022	Elementary teachers, support staff, and administration	30 in-person; 2 participants joined asynchronously
Large-Group Professional Development Session 2	How the stress response system works	November 2022	Elementary teachers, support staff, and administration	30 in-person; 2 participants joined asynchronously
Large-Group Professional Development Session 3	The impact of exposure to trauma	December 2022	Elementary teachers, support staff, and administration	30 in-person; 2 participants joined asynchronously
Large-Group Professional Development Session 4	Applying trauma concepts in the classroom setting	December 2022	Elementary teachers, support staff, and administration	30 in-person; 2 participants joined asynchronously
Small-Group Lunch-and-Learn Session 1	Principle 1: Understanding trauma and its impact Principle 2: Believe that healing happens in relationships	January 2022	Elementary teachers, support staff	17 participants
Small-Group Lunch-and-Learn Session 2	Principle 3: Ensure emotional safety Principle 4: View students holistically	January 2022	Elementary teachers, support staff	15 participants
Small-Group Lunch-and-Learn Session 3	Principle 5: Support choice, control, and empowerment for students, staff, and families Principle 6: Strive for cultural competence	January 2022	Elementary teachers, support staff	18 participants
Small-Group Lunch-and-Learn Session 4	Principle 7: Use a collaborative approach	February 2022	Elementary teachers, support staff	19 participants

3.3 Data Gathering and Analysis Description

3.3.1 Methods/Data Collection

A mixed-methods approach was used to collect data for the change idea. The qualitative data came from focus groups with teaching staff and field notes from the small-group lunch-and-learn sessions. The quantitative data came from pre/post knowledge surveys, weekly feedback surveys from the large-group professional development sessions, and weekly teacher self-reflection surveys from the small-group lunch-and-learn sessions. While student achievement and behavioral data did not necessarily demonstrate change within this intervention cycle, it provided a data point that will be analyzed in future implementation cycles.

Focus groups were conducted with ten participants before and after the implementation of the change idea. The participants of the focus group included a selection of classroom teachers that are representative of each of the four grade levels in the elementary school, along with three support staff members. Given the context of each participant's role in the school setting, this grouping of participants allowed for all staff to feel comfortable participating and sharing honest feedback within the focus group sessions. The purpose of the focus groups was to gain participants' perspectives and understanding of trauma, student behaviors associated with trauma, and how schools can be better equipped to be more responsive to students who are experiencing or have experienced trauma.

During the large-group professional development sessions, quantitative data was collected through weekly feedback surveys from participants to gain information regarding the effectiveness of the training, the applicability of the content, and suggestions for improvement. This feedback

was used to determine the necessary changes to the professional development model to increase effectiveness in future trainings.

Throughout the second phase of the implementation timeframe, field note data was collected from the four weekly small-group lunch-and-learn sessions with classroom teachers to identify challenges for classroom implementation and the effective instructional practices implemented from the professional development sessions, including the frequency of implementation of the identified practices. Participants also completed a weekly self-reflection checklist of trauma-informed practices to collect data on the degree of implementation of trauma-informed practices.

Table 2 provides an overview of alignment between the inquiry questions and the data collection process.

Table 2. Alignment of Inquiry Questions and Data Collection Process

Inquiry Question	Data Collection Process
1. Teacher Perceptions	• Participant focus group pre-intervention and post-intervention (debriefing session) to identify effective elements of professional development • Participant pre and post knowledge survey of trauma-informed practices
2. Implementation of Best Practices	• Weekly field notes from lunch-and-learn sessions with classroom teachers and support staff identifying effective trauma-informed practices implemented and challenges for classroom implementation • Participant focus groups to identify knowledge and implementation of trauma-informed best practices • Participant pre-self-reflection checklist of trauma-informed practices during small-group lunch-and-learn sessions
3. Student Supports within Classroom	• Participant pre and post self-reflection checklist of trauma-informed practices during small-group lunch-and-learn sessions • Participant focus groups to identify changes in instructional approaches and strategies
3. Suggestions for Improvement	• Weekly professional development feedback survey from all participants regarding the professional development content and format

3.3.2 Analysis Description

The data analysis process for the qualitative data included transcription of the teacher focus groups using Zoom transcription and hybrid coding of the transcription. Hybrid coding is used to analyze data through inductive and deductive reasoning (Swain, 2018). For the hybrid coding, the researcher began an analysis with a set of a priori codes (deductive) and then added new codes (inductive) as the data was reviewed. The a priori codes centered on key concepts and terminology as they relate to trauma to develop a theme of how the staff understands trauma and its impact on students. The additional codes developed from the inductive coding of the focus group transcript to identify additional themes from the participants specific to the behavior concerns they observed in their classrooms, their perceptions of why those behaviors exist, the strategies used to address those concerns, and how the school can better support students and teachers as it relates to trauma.

The quantitative data analysis included the use of Qualtrics for the weekly teacher feedback survey specific to the professional development sessions. The information gathered included Likert scale responses to questions on the effectiveness of the professional development session as it related to increasing teacher knowledge and the applicability of content for use in participants' classrooms. Qualitative data analysis of open-ended questions was used to gather information as it related to suggestions and improvement for future professional development sessions and was coded to identify themes for future implementation suggestions.

The notes gathered from the weekly individual support sessions provided another source of qualitative data. Analysis included the use of inductive coding to identify themes related to challenges with the implementation of trauma-informed strategies and effective instructional practices from the professional development session.

The participant self-reflection checklist included a list of trauma-informed strategies that could be integrated into a teacher's instructional approach. The frequency of each strategy was documented pre- and post-intervention. Microsoft Excel was used to document and analyze the participation self-reflection data to identify which strategies the participants used and the frequency of each strategy.

The final debriefing session (focus group) provided additional qualitative data as participants' responses to the discussion questions were recorded and analyzed using a hybrid coding system like the focus group prior to the start of the intervention. This similar coding approach allowed for a comparison of information before and after the professional development implementation to identify changes in teachers' knowledge and perceptions as they relate to trauma, student behaviors associated with trauma, and how schools can be better equipped to be more responsive to students who are experiencing or have experienced trauma.

4.0 Results

4.1 Study Results

The focus of this study was to evaluate the participants' understanding of trauma and the current instructional practices that provide support for students in the classroom. Through the use of the Trauma-Sensitive Schools Training Package (The National Center on Safe and Supportive Learning Environments, 2022), the participants explored the definition of trauma, the impact trauma has on individuals and the school community, and how trauma-sensitive instructional practices can further support students in the classroom setting. Data was collected for both parts of the professional development model as both included the same participants.

Through the analysis, the researcher observed changes in staff perception of student behavior and understanding of the prevalence and impact of trauma and how that change led to the use of trauma-informed practices in the classroom. These changes were observed by the researcher through discussion and reflection of instructional practices by participants throughout the study. As the change idea created an improvement, results aligned to the aim statement and increased classroom support for students experiencing trauma. The outcome measure may not show a significant change in the first two parts of the intervention cycle; however, with continued implementation of the change idea, it has potential to build capacity among the teaching staff to positively impact the entire building and district in the future. The results of the study are discussed according to the following inquiry questions:

1. Did the professional development change teachers' perception and knowledge of the impact of trauma on student behavior and learning?

38

2. To what degree did teachers implement trauma-informed practices?

3. Did student classroom support increase after the professional development?

4. What suggestions do participants have about implementing the professional development district-wide?

4.2 Inquiry Question 1

Did the Professional Development Change Teachers' Perception and Knowledge of the Impact of Trauma on Student Behavior and Learning?

This question was intended to evaluate participants' knowledge and understanding of trauma on student behavior and learning. 32 participants attended the four-week professional development series. 30 participants attended in person, and 2 participants joined via the recorded video series. In order to measure the change in teacher knowledge from attending the professional development, participants completed the Trauma-Sensitive Schools training pre and post survey (Appendix F), which focused on their knowledge and understanding of trauma, its prevalence, and the impact it has on individuals and the school community. The response rate for the pre-knowledge survey was 97% (n=31) and the post-knowledge survey was 94% (n=30).

For all 10 questions, there was an overall increase in knowledge from the participants. The largest increases in knowledge occurred in the following areas: knowledge of the prevalence of trauma in children increased by 44% (n=13), the definition of trauma demonstrated an increase of 34.5% (n=10), knowledge of factors that impact a child's response to trauma increased by 19.4% (n=5) and the definition of complex trauma and traumatic experiences showed an increase of 17.9% (n=5). Figure 1 outlines the results of the professional development knowledge survey.
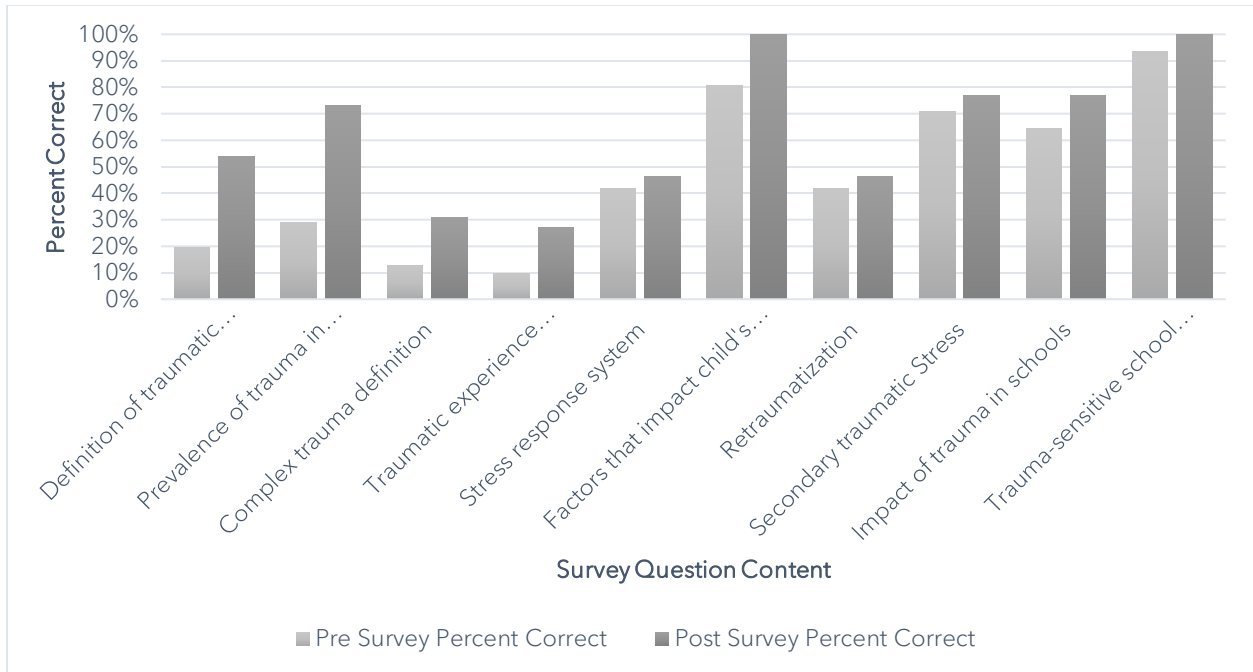
Figure 1. Pre and Post Knowledge Survey

In addition to the pre and post knowledge survey, a sampling of participants (n=10) also took part in a focus group before and after the professional development series. Of the seven focus group questions, two were aligned to the first inquiry question:

1. How would you describe our students' behaviors within the building?

2. Do you think student behaviors have changed over the past five years? If so, what factors do you feel have contributed to the changes you have observed in students' behavior?

Participants described the current behaviors observed in their classrooms and the elementary building as defiant, physically aggressive, and "different" or varied types of behaviors. One participant shared that there has been "an increase in physical aggression from last year and an increase in impulsive behaviors." Participants also commented that while there has been a variety of behaviors observed, the impulsiveness of students has been observed more frequently in the current classroom as compared to previous years. Participants who teach younger grades

shared that "emotional responses" have been observed this year, with students having tantrums that include kicking and screaming.

The second question asked participants whether they had seen a change in behaviors over the past five years and, if so, to identify the factors they believe have contributed to the change. Every participant agreed that there has been a change in observed behaviors over the past five years, with one of the ten participants having three years of teaching experience. The descriptions of how the behaviors have changed included students displaying less impulse control and an increase in physical aggression, students interrupting more frequently, and students demonstrating less patience. One participant shared, "Separation anxiety is at an all-time high. I have never seen it like this in the past 14 years." Participants also shared that they have observed less empathy and compassion shared by students as well as an overall lack of understanding of how to sit and learn and perform in school.

The factors participants shared that led to the observed behavior changes could be categorized into two areas: national trends and challenges and local challenges observed within the community. Participants shared that one of the national trends associated with behavior changes was the increased use and dependence on technology. One participant shared, "These kids are on phones and iPads a lot, and the level of content monitoring may not always be in place." Another participant connected the use of technology with the decrease in students' patience, noting that "Students want whatever they want now because, in our lives, technology provides us immediate responses. If we need to know something, we look it up on our phones; if we need something ordered, it comes the next day." Technology has created an expected immediacy whenever a problem or question arises.

Another national challenge participants associated with students' behavior changes was the COVID-19 pandemic. Students entering school did not have the same prekindergarten experiences as previous students due to the mandated closures of preschools during the pandemic and then the slow partial reopening of schools over the past two years. Focus group participants shared a belief that this lack of experience prior to kindergarten has resulted in an increase in behaviors associated with separation anxiety, lack of understanding of how to perform in school, and lack of patience and how to work with others within a larger group as well as an impact on their academic foundation skills that previously had been established for the majority of entering kindergarten students.

The local challenges participants observed in the community focused on addiction and changing family dynamics. One participant shared, "We have an opioid crisis in which we are on track to have double the amount of overdoses this year than last year already." Focus group participants shared that this crisis is resulting in family dynamic changes for students, with some of their parents entering treatment facilities to overcome addictions, some being incarcerated, and, tragically, in some cases, death, leaving the children with various family members to raise them. One participant shared:

> Just a few years ago, our grade level had three parents die from overdoses within one school year. That may not seem like a high number for some, but for our small school, that was significant. We don't see that happen every year, thankfully, but unfortunately, we have more families that have faced the challenges of addiction.

Regardless of the specific reason, the makeup of families has changed. The "traditional" family with both parents in the home is now the minority for our students, and, while some split their time

between two homes, others do not have their biological mother or father in their lives. One participant shared:

This is the first year in a really long time that I haven't had 100% of my parents on classroom communication, and when I reached out to the family after multiple times, I was told that they had so much going on right now in their life that they just couldn't deal with one more thing to do.

Participants shared they need to keep in mind this changing home dynamic, as it can impact the support a child receives outside of school.

During the post-intervention focus group, participants were asked the same question from the pre-focus group, "How would you describe student behaviors within the building?" to measure any change in perspective after participating in the professional development. Participants shared that they still observe similar behaviors as they did in the fall during the pre-intervention focus group discussion, but the participants' responses focused more on the reasons behind the behaviors and how they now see the behaviors through a "trauma lens" in their responses:

I feel like since we've started bringing that trauma piece to the forefront of our minds, I have like a mental checklist. When I see a child's behavior now, I first wonder what kind of trauma could be happening for this child. Is there trauma happening at home or somewhere else? I am trying to keep that in the forefront of my mind and looking through that lens to help the child.

The second question in the post-intervention focus group asked participants to once again identify the factors they believe have contributed to student behavior changes in order to measure any change in perspective after participating in the professional development. Participants' responses to this question shifted from outside factors they could not always control to changes

43

they have implemented in the classroom to better support students, given their new knowledge of trauma-informed practices. One participant shared:

> I noticed one of my students was just a little bit off; I'll say just different behavior than what I saw from this child at the beginning of the school year. Instead of maybe giving a consequence or giving a lot more verbal reminders, I actually contacted the family and tried to be more proactive. I had a parent meeting and learned a little bit about their home life and something that had changed lately. So now I am more empathetic towards this child because of some of the new behaviors that I've seen. Prior to us attending the trauma professional development and discussing the importance of connecting with families, I probably wouldn't have reached out the way I did.

The shift in participant responses to this question is evidence of growth in understanding of trauma-sensitive practices.

4.3 Inquiry Question 2

To What Degree Did Teachers Implement Trauma-Informed Practices?

This inquiry question focused on evaluating the implementation of trauma-informed instructional practices in the classroom setting. Three types of data points were used to answer this question. The first data point came from the pre-intervention focus group, in which participants shared the current supports in place in their classrooms and the school to support students who have experienced trauma. Throughout the discussion, four support structures were identified to be in place and aligned to trauma-informed practices: Responsive Classroom, SWPBIS, the social-

emotional curriculum, and the district's social worker involvement in helping students and families.

Participants shared that they have utilized Responsive Classroom to build classroom communities of learners and to foster positive relationships between peers as well as between the students and classroom teacher. Responsive Classroom is "an evidence-based approach to teaching and discipline that focuses on engaging academics, positive community, effective management, and developmental awareness" (Responsive Classroom, 2023). One participant shared:

> My goal as an educator is that every student feels safe, loved, and important in my classroom, and I will make sure that they feel that way repeatedly throughout the day and just creating that culture for learning so that they feel safe within our classroom socially, emotionally, and academically.

In addition to Responsive Classroom, participants also described the importance of role modeling, teaching, and positively reinforcing expectations as defined by the School-Wide Positive Behavioral Interventions and Supports framework. While the framework for Tier 1 supports allows for all expectations to be clearly defined, taught, and positively reinforced, participants focused their discussion on how Tier 2 supports could benefit students who have experienced trauma. One participant shared:

> We have check in/check out and check and connect. If those supports aren't proving beneficial, we kind of go up the ladder. We look at schedule changes; matching available supports, like behavior aide support at key times; and allowing student choice in alternative learning locations during more over stimulated areas.

A third support identified by participants was the social-emotional curriculum, Character Strong, that was adopted for the 2022-2023 school year. Participants shared how effective the

weekly lessons had been to this point in the school year and how aligned the lessons are to the principles of the Responsive Classroom Approach as well as the School-Wide Positive Behavioral Interventions and Supports framework. One participant shared, "Each week I say I love this lesson and each one kind of ties together with our Responsive Classroom training." Another participant explained:

> I think one really important point is when you think about our district and the leaders that we have here and their willingness to solve a problem. If there was something that wasn't reached by Responsive Classroom or by the social emotional curriculum, there is a genuine and strong leadership that's willing to say we've got a problem, we've got to find a solution, and I think that's what's unique about our district as well.

The final support identified by participants that is currently in place and aligned to trauma-informed practices is the newly hired school district social worker. Act 44 of 2018 is an amendment to the Pennsylvania Public School Code that focuses on school safety and security. This amendment established the School Safety and Security Committee and recently provided school districts with additional funding through school safety grants. One participant noted that the social worker has "been running small groups and doing individual counseling with students." This counseling support is in addition to school-based counseling that some students receive based on medical diagnoses and prescribed services from outside providers. One participant explained, "School-based counseling allows for individual counseling to be received during the school day which is beneficial for those families who do not have reliable transportation for this support to take place outside of school." Even with the four support structures discussed above, participants shared that they still do not feel equipped to best support students who have experienced trauma due to their lack of understanding and training on trauma-informed practices. One participant

shared, "I feel that training us on trauma will help us to understand student behavior better and maybe respond differently to a situation that will lead to a more supportive outcome for the student."

The second data source used to measure the degree participants implemented trauma-informed practices was the pre-self-reflection survey collected from the small-group lunch-and-learn discussion during part two of this study. An average of 17 participants from the initial professional development took part in weekly small-group grade-level discussions during their lunch periods. Three student teachers also joined the small-group discussions. Over the course of the lunch-and-learn professional development series, each of the seven principles of trauma-sensitive schools was discussed and participants reflected on how those principles were currently followed in their classrooms as well as throughout the school building. Each week the participants reflected on elements that were selected from the Trauma-Sensitive School Checklist developed by Lesley University (2012). Participants identified the level of implementation for each trauma-sensitive element in place in their classroom. Table 3 provides the survey data from the first lunch-and-learn session.

Table 3. Teacher Self-Reflection on Trauma-Sensitive Instructional Practices - Week 1 of Lunch and Learn

Professional Development Session

Trauma-Sensitive Element:	Element is **partially** in place	Element is **mostly** in place	Element is **fully** in place
Expectations are communicated in clear concise, and positive ways, and goals for achievement of students affected by traumatic experiences are consistent with the rest of the class.	-	60%	40%
Students' strengths and interests are encouraged and incorporated.	-	33%	67%
Activities are structured in predictable and emotionally safe ways.	7%	40%	53%
Opportunities exist for students to learn and practice regulation of emotions and modulation of behaviors.	33%	53%	14%
Classrooms employ positive supports for behavior	-	40%	60%
Information is presented and learning is assessed using multiple modes.	-	47%	53%
Opportunities exist for learning how to interact effectively with others.	-	67%	33%
Opportunities exist for learning how to plan and follow through on assignments.	27%	53%	20%

Each of the eight instructional practices were identified as at least "partially in place" after the first four-week professional development series.

The third data source to measure the degree of implementation for trauma-informed practices came from field notes on the weekly small-group discussion that occurred over the lunch-and-learn sessions. Each week the groups were able to connect current practices with each of the trauma-sensitive principles discussed, and, through our collaborative conversations, many suggestions were provided as to how to strengthen each principle within the classroom and school.

The suggestions shared by participants were categorized into three themes: suggestions to support students, suggestions to support staff, and suggestions to support families. The suggested

supports for students focused on improving classroom supports through adjusting instructional practices, enhancing the classroom environment, strengthening the behavior support framework, and focusing on more inclusive practices. Participants shared the success of a "calming corner" in one colleague's classroom and noted that such an area could be created in other spaces as well. Another participant shared the success of allowing student choice in selection of project-based learning and suggested having that choice available in more academic areas. Participants also voiced a need for a tiered system of support specific to social emotional learning. One participant argued, "With the adoption of the K-12 social emotional curriculum this year, the district is now poised to build upon the universal implementation of the curriculum." The need to strengthen the focus of inclusive practices was voiced by all participants. Acknowledging, learning, and celebrating students' cultures was identified as a way to allow all students to feel welcomed and accepted within the school setting.

The suggested supports for staff centered around improving communication, defining school protocols, and changing student perceptions of supports. Across all four weeks of the lunch-and-learn discussions, participants identified a need to increase communication among staff and students to better understand and support students. Participants shared the need to have scheduled meetings to discuss student needs at least annually to assist in the transition of services from one year to the next. One participant shared how beneficial it was when she sat with a building administrator and discussed each of her students prior to the start of the year. She stated, "The information I gained from the conversation allowed me to successfully initiate conversations with families and ensure the appropriate levels of support were in place for each student." Participants also shared the need to further define school protocols as they relate to the occurrence of tragic events within the district. While protocols are in place, they are not as well known or defined in

the elementary setting. Inclusive of these protocols is a need to provide staff time to process their emotions during tragic events as well as ongoing support in reducing compassion fatigue. The final subtheme identified was the need to change the current perception of guidance counselor support from negative and reactive to positive and proactive. One participant shared that students at the high school have viewed the guidance counselor as a person that supports students who "have problems," and some students do not want to be associated with that negative perception even though they could benefit from the support. Another participant shared the idea of having "guidance" as a special area class in which all classrooms have time with the counselor each week. This suggestion was shared based on current practices at a neighboring school district.

The suggested supports for parents all centered around strengthening the partnership between home and school. Participants argued that one way to strengthen this partnership is through improving communication. While the school provides daily communication to families, it may not be the most effective at times. Participants identified the need to schedule annual conferences with each family during the first quarter of the school year to get to know the family and discuss the student's individual learning goals each year. Participants also shared that while we have parent meetings to discuss concerns, we could improve our communication and provide parents more choice when developing an action plan to best meet their child's needs. Reaching out to families on various platforms was also shared by participants as a suggestion since we know that not all families will respond to one communication platform in the same way. The communication platforms discussed included app-based communication, email, phone calls, and written notes home. Throughout the small-group lunch-and-learn sessions, participants identified numerous ways to improve their implementation of each of the seven principles outlined in the

Trauma-Sensitive Schools training (The National Center on Safe and Supportive Learning Environments, 2022).

4.4 Inquiry Question 3

Did Student Classroom Support Increase After the Professional Development?

This inquiry question was designed to measure the amount of change in instructional practice and student support that took place throughout the intervention. Two data sources were used to collect participants' responses throughout the study. The first data source came from the pre and post self-reflection checklists that participants completed during part two of the study. The second data source came from focus group findings that took place at the beginning and end of the study. In general, findings show that classroom supports increased slightly over the course of the study. With more time and additional professional development, it would be predicted that student classroom support would continue to increase.

During the second part of the study, participants completed a self-reflection checklist specific to elements aligned to a trauma-sensitive school at the beginning of each professional development session. The checklist elements (Appendix D) were selected from the Trauma-Sensitive checklist developed by Lesley University (2012). Participants reflected on the degree of implementation for each identified trauma-sensitive element.

At the beginning of the lunch-and-learn small-group professional development series, the two elements identified as the most frequently implemented were "students' strengths and interests are encouraged and incorporated" and "classrooms employ positive supports for behavior." By the end of the lunch-and-learn small-group professional development series, the two elements

identified as the most frequently implemented were "classrooms employ positive supports for behavior" and "activities are structured in predictable and emotionally safe ways."
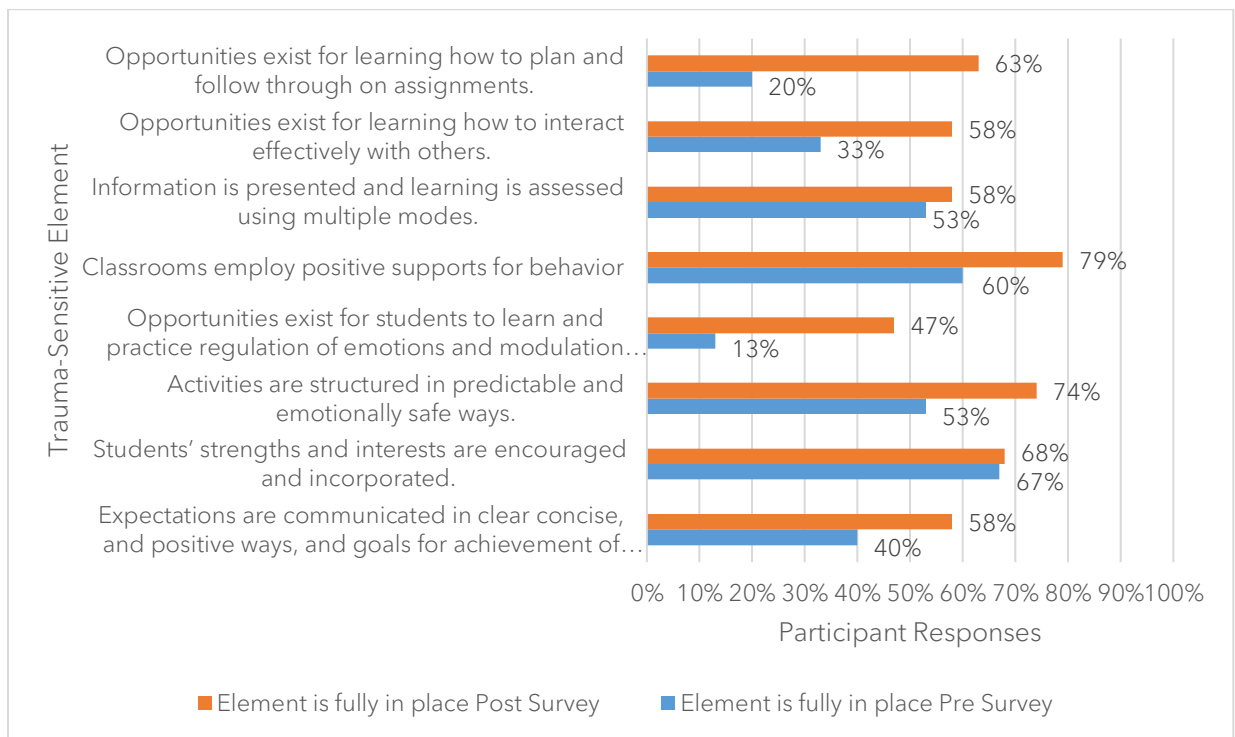
Figure 2. Teacher Self-Reflection Checklist of Trauma-Informed Practices Pre and Post Survey

The two trauma-sensitive elements that saw the greatest increase in implementation over the lunch-and-learn small-group professional development were "opportunities exist for students to learn and practice regulation of emotions and modulation of behaviors" and "opportunities exist for learning how to plan and follow through on assignments" (Figure 2).

There were 51 responses for elements that were fully in place in the pre self-reflection survey. In the post self-reflection survey, there were a total of 96 responses for elements that were fully in place, demonstrating an overall increase of 20% in fully implemented trauma-sensitive instructional practices reported by participants during part two of the study.

A second data set for this inquiry question came from the post-intervention focus group. Participants identified the changes in their instructional approaches and strategies that stemmed

from their learning during the large-group professional development and small-group lunch-and-learn sessions. Some participants shared that they have now developed a "mental checklist" that brings trauma to the forefront of their mind when addressing student behaviors. Participants also shared they "now allow more time for students to process their emotions instead of rushing the process to complete the academic task at hand." Another change that was shared by multiple participants was a proactive approach when handling student behaviors. One participant shared:

> A student in my classroom recently experienced trauma and since that was known, I worked with the social worker and she is now meeting with the student each week. We haven't observed any major behaviors yet, but by being proactive in the support, we hope that things won't become out of control for the student.

This proactive approach also included other participants contacting families and setting up time to discuss changes observed in student behavior and offering support if appropriate. Participants shared that these parent meetings led to them learning more about the student's life outside of school and helped provide more context for the observed change in behavior within the classroom.

Participants also shared that their recent learning about trauma and its impact on students led to them providing more time for students to process emotions and feelings in designated areas of the classroom when behaviors begin to occur instead of immediately trying to engage in conversation and refocus the student on the academic task at hand. One participant shared she "has begun viewing behaviors as communication, allowing time to process for both the teacher and student instead of providing an immediate reaction." This change has helped her to better understand student behavior and what students need in the moment and allowed time for those needs instead of pushing through with academic expectations. Most participants shared an example

of an individual student in their classroom and how their changed approach has allowed them to better support the students emotionally and lessen the escalation cycle when behaviors begin to be observed.

4.5 Inquiry Question 4

What Suggestions Do Participants Have About Implementing the Professional Development District-Wide?

This inquiry question was designed to identify the effective components of the professional development provided to the participants and gain feedback to improve the implementation of the professional development in future intervention cycles as well as for future district-level implementation. After each of the first four professional development sessions, participants completed an online survey asking them to rate the content, relevance, amount of new information gained, quality of the presentation, and suggestions for improvement. One hundred percent of participants stated that the content in each of the four training sessions met or exceeded their expectations. The two sessions rated the highest regarding expectations for training content were the first session focused on defining trauma and those affected by it and the fourth session focused on the impact trauma has on schools (Figure 3).
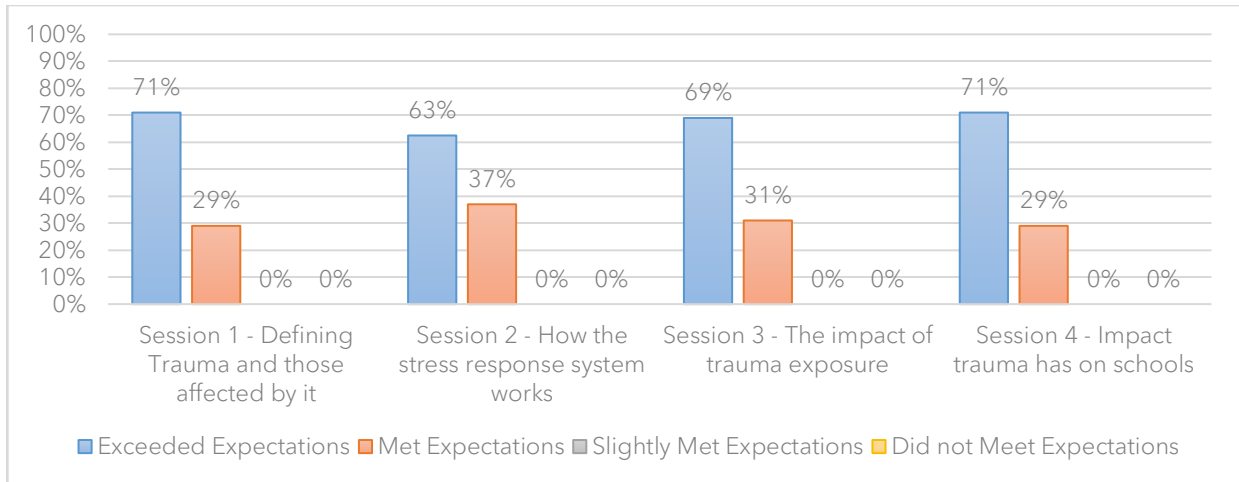
Figure 3. Did the Training Content Meet Your Expectations?

When participants were asked to rate the relevance of the training to their individual needs, 100% of participants found relevance in each of the four sessions. The two sessions that participants rated as having the highest relevance levels were the second professional development session focused on how the stress response system works and the final professional development session focused on the impact trauma has on schools (Figure 4).
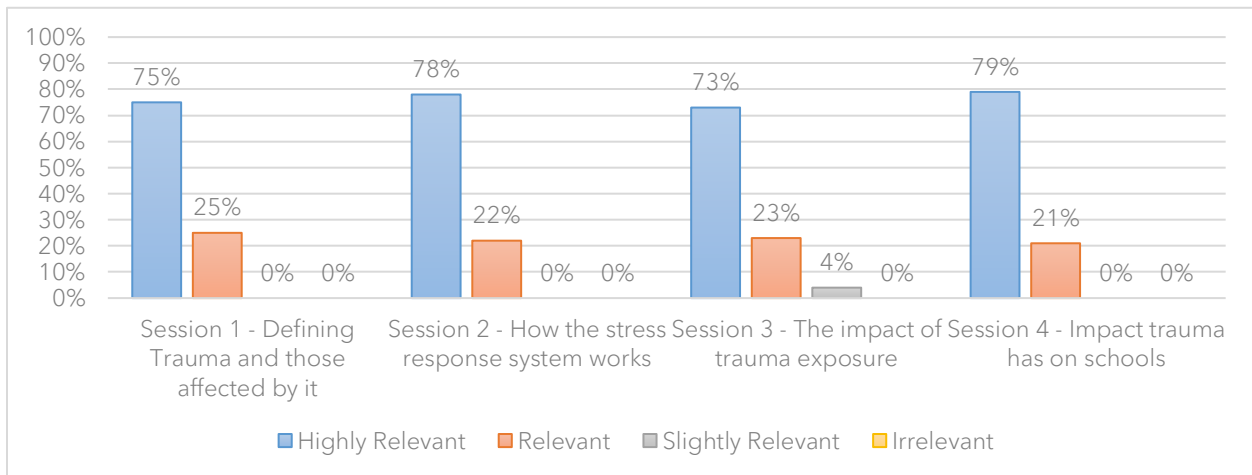
Figure 4. Was the Training Relevant to Your Needs?

Prior to this professional development, all staff in the district received a brief training on trauma in May 2022. The purpose of that training was to provide a brief overview of trauma and bring awareness to all staff. The goal of this study was to go deeper into understanding trauma and

55

its impact on students, families, and schools. Over 90% of participants shared that the information learned at each of the four sessions was at a moderate to substantial level of learning. The fourth session, focused on the impact trauma has on schools, had the most substantial learning reported of the professional development series (Figure 5).
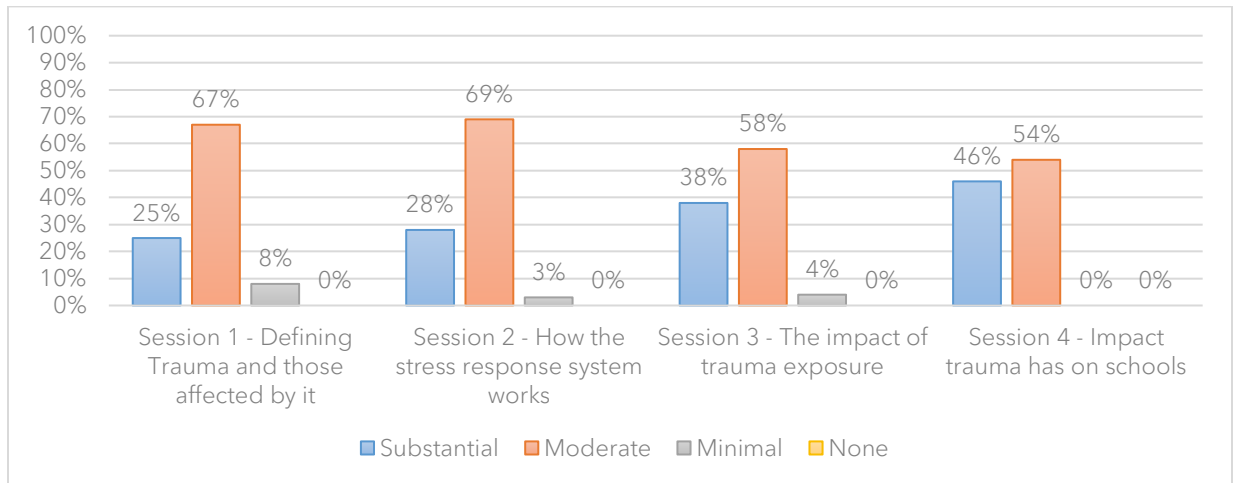
Figure 5. How Much Information Presented in the training Was New to You?

Each of the four training sessions took place before the school day started. This time is often filled with meetings between grade-level teams or with parents. Participants in this study volunteered to use this time to focus on learning about trauma-informed practices. When asked how satisfied they were with the training, 100% of participants said they were satisfied or highly satisfied. Eighty-five percent or more of participants stated that they were "highly satisfied" with each session (Figure 6).
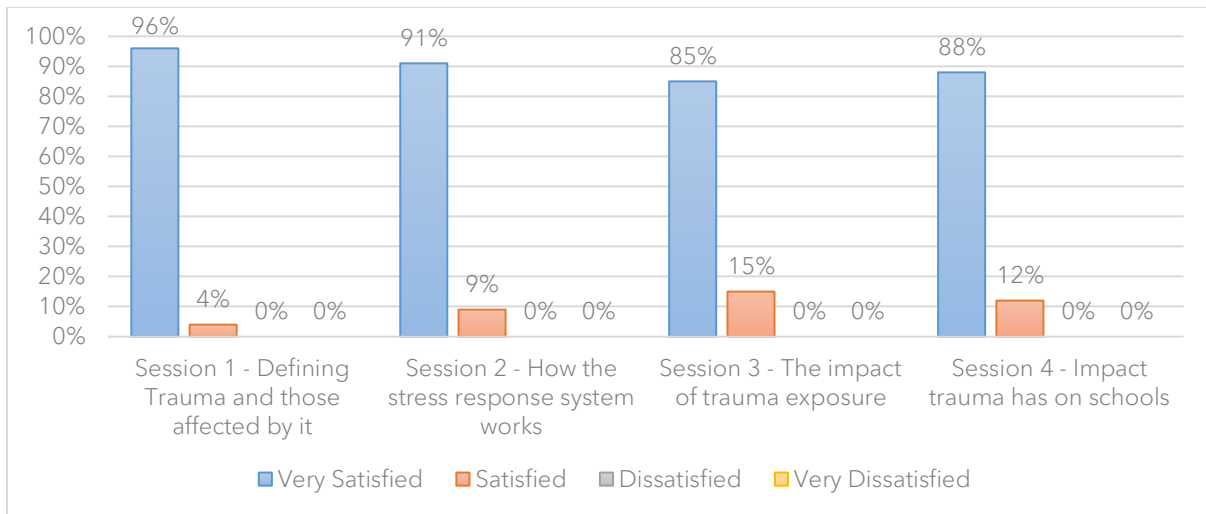
Figure 6. How Satisfied Are You With the Quality of the Training?

During the post-intervention focus group, participants provided feedback on the professional development sessions and suggestions for district-wide implementation of the Trauma-Sensitive Schools training package. Participants all agreed that the content of each session was relevant to their positions and helpful in supporting students. One participant said, "I really enjoyed the session when we talked about what we hear and see every day and how it can impact us as teachers." Another participant shared, "Having an understanding of trauma has allowed us to talk more about it and discuss how we can help build resiliency with our students." Overall, participants felt that the professional development brought trauma to the forefront of conversations and increased awareness to the prevalence and impact it has on students. Specifically, two areas were identified as most engaging for the participants in the focus group: the impact trauma has on the brain and the impact trauma has on schools.

The suggestions for district-wide implementation of the professional development series centered on increasing dialogue among colleagues and continued learning opportunities for staff to further develop their understanding and skill set. One participant explained, "Allowing us to talk for a minute throughout the professional development session is helpful. I know it's quick, but

it still allows that processing time for us." Participants also emphasized the need for cross-grade level conversations before the start of the year to discuss effective strategies for individual students. One participant stated:

> It takes like a month or two until you figure out what strategies work and which ones don't. It'd be so helpful to know, this worked for me with this student. So at least you have some tricks up your sleeves.

All participants shared the need for ongoing conversation and learning as it relates to trauma. Some specific future training topics identified by participants include more research-based strategies to implement in the classroom and strategies on how to foster a supportive conversation when parents disclose details of trauma.

5.0 Discussion and Implications

5.1 Discussion

This study evaluated the participants' understanding of trauma and the implementation of trauma-informed practices that provide support for students within the classroom. Using the Trauma-Sensitive Schools Training Package, the participants explored and evaluated the content of the training and the value it had on increasing teacher knowledge and student supports. The results and implications for practice directly relate to the study's inquiry questions:

1. Did the professional development change teachers' perception and knowledge of the impact of trauma on student behavior and learning?

2. To what degree did teachers implement trauma-informed practices?

3. Did student classroom support increase after the professional development?

4. What suggestions do participants have about implementing the professional development district-wide?

5.2 Inquiry Question 1:

Did the Professional Development Change Teachers' Perception and Knowledge of the Impact of Trauma on Student Behavior and Learning?

5.2.1 Interpretation of Results

The study revealed that all participants demonstrated an increase in knowledge of the impact of trauma on student behavior and learning. The results of the Trauma-Sensitive Schools training material knowledge survey (Appendix E) showed the average correct response rate increased from 46% to 63% during the first part of this study. This survey measured participants' knowledge and understanding of trauma, its prevalence, and the impact trauma has on individuals and the school community. More growth in knowledge may have been achieved if more time had been provided in the professional development sessions for participants to discuss the content with colleagues and for information to be processed. Another variable that could have impacted measured growth in knowledge and understanding was the timeline in which all four sessions were facilitated. The professional development sessions took place over the course of five weeks. Some of the survey questions were specific to the information presented in the first two sessions, which may have impacted the participants' responses given the length of time between the pre and post knowledge survey.

The change in teachers' perception of the impact of trauma on student behavior and learning was measured through the pre and post intervention focus group transcripts. The specific questions that pertained to teachers' perception of the impact of trauma on student behavior and learning included "How would you describe our students' behaviors within the building?" and "Do you think student behaviors have changed over the past five years? If so, what factors do you feel

have contributed to the changes you have observed in students' behavior?" The participant responses during the pre-intervention focus group included descriptions of behavior concerns and factors that were outside of the school and out of the participants' control. When asked the same question during the post-intervention focus group, the participants stated that the student behaviors could be described the same way, but participant reactions to the behaviors had changed to better support the students. One participant shared that prior to the training, she:

> viewed a student's behavior as intentionally defiant, but after attending the training [she] realized that this student needs a greater amount of time to process his emotions on some days and I now allow him that time in the back of the room.

One hundred percent of the focus group participants shared that they viewed student behaviors differently than prior to the professional development. This data supports the perception change this study was designed to impact. This finding is consistent with Guarino and Chagnon's (2018) study, in which they found that by training all school personnel in trauma-informed practices, a common understanding and consistent response is achieved. This finding also aligns with Souers and Hall (2016), who found that many educators are trained to respond to behaviors at face value, but, if educators analyzed the behaviors to understand the motive behind the behavior, lasting change could occur.

5.3 Inquiry Question 2:

To What Degree Did Teachers Implement Trauma-Informed Practices?

5.3.1 Interpretation of Results

Findings suggest that prior to the professional development sessions, participants already had implemented instructional practices that align to trauma-informed practices to some degree, yet not all realized that those practices have been shown to support students who have experienced trauma. Evidence of this finding includes participant responses during the pre-intervention focus group, such as they did not feel "properly equipped to meet the needs of students who have experienced trauma" and the pre-self-reflection survey results in which 100% of participants stated that they had each trauma-sensitive practice at least partially in place as identified by the Trauma-Sensitive School Checklist (Lesley University, 2012).

The instructional practices that participants had in place prior to the professional development included Responsive Classroom, the district's social-emotional curriculum, and School-Wide Positive Behavioral Interventions and Supports. Responsive Classroom practices foster structuring activities in predictable ways (Responsive Classroom, 2023). Responsive Classroom and the social-emotional curriculum implemented in the district both focus on providing opportunities for students to learn how to interact with others. The School-Wide Positive Behavioral Interventions and Supports framework centers on providing clear and concise expectations and employing positive behavior supports throughout the entire school setting. Each of these practices aligns with the trauma-informed practices identified by the Trauma-Sensitive School Checklist (Lesley University, 2012). Even with these classroom supports in place, participants described student behaviors during the pre-intervention focus group as "physically

aggressive and impulsive" as well as "seeing a lot of tantrums" from students, evidence that participants were viewing behaviors at face value and not looking to understand the motive behind the observed behavior.

After the professional development series, participants shared during the post-intervention focus group the following change in trauma-informed practices:

Prior to the professional development, opportunities existed for learning how to plan and follow through on assignments, yet the expectation was the same for all students. After the professional development, [our] new interpretation of behavior is a communication of need; allowing time in class to process emotions for students demonstrating that need and personalizing the timeline of when students are ready to learn and demonstrate their understanding of the content.

Opportunities for students to learn and practice regulation of emotions and modulation of behaviors existed prior to the study during whole group learning but it wasn't until after the professional development that [we] see the need to personalize that learning and allow it to happen at a greater frequency for individual students.

The second data source for this inquiry question, a weekly self-reflection survey, related to part two of this study in which participants attended small-group lunch-and-learn sessions to reflect on trauma-informed approaches and identified the degree in which they had implemented those elements in their classrooms. At the beginning of part two of this study, 100% of the participants identified having all eight trauma-sensitive elements at least partially in place, with the majority of the elements identified as "mostly in place." Many of the trauma-sensitive elements identified by the Trauma-Sensitive School Checklist (Lesley University, 2012) are also considered effective instructional practices; however, most participants shared they did not realize those practices were

also considered trauma-sensitive elements. The intentionality and increased frequency of the use of trauma-informed practices on a more individual level was shared by participants once their understanding of trauma and its impact was better understood. The universal practices that had been embedded through Responsive Classroom, the district's SEL curriculum, and SWPBIS are effective in addressing the whole group; however, staff identified the need to personalize these approaches to meet the needs of the individual student through their learning in the professional development series. One participant shared:

> As I learned more about trauma and understood its impact on students, I started to demonstrate greater empathy towards my students who have demonstrated challenging behaviors and provided a more personalized approach to teaching, learning and becoming more flexible with my expectations.

Souers and Hall (2018) found that a teacher's mindset has a direct correlation to how we view and respond to student behavior, and the set of relationships between one group of variables (like words, behaviors, etc.) and the meanings which are attached to them contribute to the ongoing problems that exist in our education system.

In addition to identifying how trauma-informed principles were currently implemented in the school and classroom setting each week, participants also offered suggestions on how the trauma-informed principles could be strengthened in the current setting. Each week, participants identified potential changes in current practice that could better support students within their respective classrooms but also in the larger context of the school and district setting. Suggestions included "more choice in the classroom when it comes to learning platforms and environment" as well as "expanding focus beyond academics and allowing the time needed to properly support the emotional needs when observed in the classroom." In their book, *Fostering Resilient Learners*,

Souers and Hall (2016) argued, "Our reactions to student behaviors affect our relationships with those students. The more cognizant of our thoughts, emotions, and triggers, the better prepared we'll be to understand our tendencies and patterns of actions" (p.36). The reflective dialogue that took place during the lunch-and-learn sessions provided further evidence of participants understanding the content taught within the professional development series and applying it to their individual settings.

5.4 Inquiry Question 3:

Did Student Classroom Support Increase After the Professional Development?

5.4.1 Interpretation of Results

Part two of this study analyzed the degree of implementation of trauma-informed practices within the classroom setting through a weekly participant self-reflection survey. The study revealed that participants increased the degree to which they implemented trauma-informed practices to fully in place by 20% over the course of four weeks. The area that saw the most significant increase in practice was providing opportunities in the classroom for students to learn, practice, and implement classroom norms/expectations. Participants shared that while expectations were taught and practiced as a whole class at the start of the school year, they identified the need for some students to have additional time to continue learning and practicing those expectations based on their individual needs. One participant shared that her mindset prior to the professional development was that "all students should be held accountable to classroom expectations once they are taught at the start of the school year." However, throughout the professional development

series, she realized that some of her students needed more opportunities to practice and learn the expectations than some of their peers, and she increased their opportunities to do so in the classroom.

Throughout the small-group discussions each week, participants provided insight into how each principle of trauma-sensitive practices was currently embedded in their classrooms and school but also how each practice could be strengthened. The trauma-sensitive practices that fostered the greatest discussion included striving for cultural competency; using a collaborative approach; viewing students holistically; and supporting choice, control, and empowerment for students, teachers, and families. The suggestions included changes to increase communication between staff to better support students; be more intentional about learning, understanding, and celebrating cultures within the school, and planning instruction to allow for more student choice within their learning paths. Participants shared how the reflective dialogue that was fostered during the lunch-and-learn sessions assisted in adjusting instructional practices to increase student supports in their classroom settings through individualizing expectations and instruction for students and developing specific action plans for those students demonstrating a higher level of need.

The participants in the post-intervention focus group also reflected on their instructional practices that support students, and three themes emerged through their responses. The first theme focused on allowing students more time in the classroom to process emotions. Participants shared that, previously, they would expect students to work through their emotions quickly so they could get back to the academic task at hand. Participants shared that they now allow for the students to take as much time as needed to process their emotions since they now know that emotional needs must be met for the student's mind to be open to learning. One participant shared that she now has

a quiet space in the classroom dedicated for students needing this time, while another participant shared that their student has support from the social worker and guidance counselor to assist in the emotional moments of the day.

The second theme in participant responses was their approach to student behavior. After participating in the large-group and small-group professional development series, all participants noted that they approached student behaviors differently. Specifically, they realized that student behaviors are a form of communication for expressing a need for support. The final theme that came out of the focus group regarding changes in student supports in the classroom was being more proactive in understanding student needs prior to behaviors becoming more severe. The proactive strategies shared by participants included engaging families through individual phone calls and meetings.

5.5 Inquiry Question 4:

What Suggestions Do Participants Have About Implementing the Professional

Development District-Wide?

5.5.1 Interpretation of Results

All participants found the professional development relevant and useful in increasing their understanding of trauma, its prevalence in students' lives, and how it impacts schools. Participants expressed that it would be beneficial to replicate the professional development series in each of the district school buildings. One suggestion for future implementation of the professional development in the large-group setting was allowing more time to "turn and talk" with colleagues.

The participant suggested that this processing time with a colleague would be beneficial when being presented with the information covered in the large-group professional development. An asynchronous online option for the professional development in part one of the study was provided for all staff. Only 6% (n=2) of participants selected this option. When asked the reason for selecting the in-person over the asynchronous online option, the overwhelming response from participants was that they feel they learn better when they are able to discuss content with other participants during a training. The participants who selected the asynchronous option stated the reason for their selection was due to their desire to learn the content of the training in spite of scheduling conflicts with the professional development dates.

Many participants in the focus group stated the need to "keep the conversation going" as well. A desire to continue their learning of trauma-sensitive instructional practices was shared, with specific suggestions for future topics. These topics included learning more trauma-sensitive strategies for the classroom, learning inclusive language to better support students, and learning more about how to foster supportive communication with families that have experienced trauma. Participants also shared suggestions for changes to current school and district practices that align to trauma-sensitive approaches, including partnering with local agencies to work with classrooms in learning more about trauma, the effects of drugs and alcohol, and how to keep oneself safe, as well as incorporating the role of the guidance counselor in more classroom discussions focused on developing coping skills and social skills. The suggestions shared provide evidence that the participants are engaged in making changes to current practice and are ready to move from understanding trauma and its impact to building a trauma-sensitive school.

5.6 Implications for Practice at Inquiry Site

The impact of trauma has been gaining attention over the past decade and, with the recent COVID-19 pandemic, even more emphasis has been placed on schools not only to focus on the academic growth of students, but also to support the social, emotional, and mental health needs of students. In the past five years, the state of Pennsylvania has passed multiple legislative measures to ensure that all school districts focus on educating staff and providing additional resources for students focused on trauma-informed practices, social emotional learning, and mental health.

The current state mandate for all school districts in Pennsylvania (PA Act 18 of 2019) requires an annual training focused on trauma-informed approaches for the school setting. When schools are mandated to provide specific trainings, there are often resources provided to schools by the Pennsylvania Department of Education to assist in meeting those requirements. As with any initiative or required training, the outcome or impact the training has on daily instructional practice and school procedures often depends on the amount of time and attention the district places on that initiative and the relevance of the training to the participants.

The participants in the study all identified the topic of trauma-informed practices to be relevant to their daily work and found meaning in learning more about how to best support students. The annual mandated training could provide a model in which information is delivered to the participants. However, if there is a commitment for positive change to take place, then the training needs to incorporate conditions for learning to allow participants to engage, collaborate, and reflect on how to refine current practices.

The Trauma-Sensitive Schools training package used in this study was designed by the National Center on Safe Supportive Learning Environments and funded by the United States Department of Education in partnership with the American Institutes for Research and provides

three training modules for school systems: Understanding Trauma and Its Impact, Building Trauma-Sensitive Schools, and Leading Trauma-Sensitive Schools (The National Center on Safe and Supportive Learning Environments, 2022). To fully develop a trauma-sensitive school district, ongoing professional development focused on trauma-sensitive schools will need to be embedded in school-level and district-level plans. The Pennsylvania guidelines for a model trauma-informed plan include staff training that:

> addresses the recognition of the signs of trauma in students, best practices for schools and classrooms regarding trauma-informed approaches, including utilization of Multi-Tiered Systems of Support, recognition of the signs of the impact of secondary trauma on school employees and appropriate resources for school employees who are experiencing secondary trauma. (Pennsylvania Commission on Crime and Delinquency School Safety and Security Committee, 2019, p.36).

The Trauma-Sensitive Schools training package fully aligns with the Pennsylvania Commission on Crime and Delinquency (PCCD) expectations for a model trauma-informed school plan.

The participants in this study were exclusive to the elementary school. The next step for the school district would be to provide the first training from the Trauma-Sensitive Schools training package to the staff who did not attend the training in the elementary setting, as well as staff in the middle and high school setting. The whole group professional development model was effective in providing the information to participants; however, it would need to be conducted over a period of time that allows for staff to collaborate with one another and reflect on current and future practices to best support students. This could be accomplished during teacher training days with the necessary time allotted to allow for collaboration and reflection.

70

Each school in the district has developed the School-Wide Positive Behavioral Interventions and Supports framework. This framework is a natural pathway to incorporate trauma-informed approaches to policies, procedures, and everyday practices in the school and district setting. The core team for the School-Wide Positive Behavioral Interventions and Supports framework could also be the lead team to continue the work in building trauma-sensitive schools in each building. The purpose of the team would be to identify current needs within the classroom setting and help facilitate ongoing training sessions for staff. Each building would also have representation on the district team to communicate building and district plans to all stakeholders and improve their understanding of trauma-sensitive practices. The district team would also review and modify current policies and procedures to ensure they align to the core principles of trauma-sensitive schools. The work of these teams would continue to evolve as student needs change.

The recommendations for the inquiry site would take place over multiple years in order to increase effectiveness and sustainability within the framework, system, and instructional practice. Year one would focus on envisioning the necessary change to develop a trauma-sensitive school. All school staff would participate in the first Trauma-Sensitive Schools training focused on understanding trauma and its impact during scheduled in-service days. Additionally, each building would develop their building-level team and meet monthly to develop a plan for adopting trauma-sensitive approaches across all six domains of a trauma-sensitive school as identified by the Trauma-Sensitive Schools training package.

Year two of implementation would focus on aligning current practices to trauma-sensitive practices. All staff would participate in the Trauma-Sensitive Schools training package focused on building trauma-sensitive schools. Each building-level team would focus on incorporating trauma-sensitive approaches to the School-Wide Positive Behavioral Interventions and Supports

framework. Select members of each building-level team would join to create a district-level team to focus on reviewing and modifying current policies and procedures. By the end of year two, the district-level team would communicate the policy and procedure changes to the community through school board presentations, the district's website, and community newsletters.

Year three would focus on sustaining the change efforts put forth in years one and two. All district staff would implement the revised School-Wide Positive Behavioral Interventions and Supports framework with the incorporated trauma-sensitive approaches. This framework would also be publicized on the district website and through building-level communication to all families. The building-level and district-level teams would continue to meet and monitor the implementation of trauma-sensitive approaches and student needs to plan for the ongoing professional development of all staff. Table 4 provides an implementation timeline for each component discussed above in order to develop a comprehensive trauma-sensitive school framework.

Table 4. Implementation Timeline

Implementation at Inquiry Site			
Year 1			
	Recommendations	**Timeline**	**Resources Needed**
ENVISION	Provide the Trauma-Sensitive Schools training focused on understanding trauma and its impact to all staff who did not participate in the study	August 2023 – November 2023	Time on in-service days in August and October Trauma-Sensitive Schools training presentation and handouts
	Develop building-level teams to continue the discussion and analysis of trauma-informed approaches in policy, procedure, and practice	August 2023 - June 2024	Grade-level or department representation on each building-level team.
	Facilitate monthly meetings with the building-level teams to develop a plan for adopting trauma-sensitive approaches across all six domains of a trauma-sensitive school	August 2023- June 2024	Substitute coverage for building-level team members to meet monthly for half day meetings.

Table 4 continued

Year 2			
	Recommendations	**Timeline**	**Resources Needed**
ALIGN	Provide the Trauma-Sensitive Schools training package professional development focused on building trauma-sensitive schools to all K-12 staff	August 2024 - June 2025	Time on in-service days in August, October, and February
	Building-level teams begin to incorporate trauma-sensitive approaches within the School-Wide Positive Behavior Support framework	August 2024 – June 2025	Substitute coverage for building-level team members to meet quarterly for half day meetings
	Building-level teams will select members for the district-level team to review and modify policies and procedures as they relate to trauma-sensitive approaches.	September 2024 - March 2025	Substitute coverage for district-level team members to meet monthly for half day meetings.
	District-level team will communicate policy and procedure changes to community	March 2025 – June 2025	Board meeting presentation in Spring 2025

Year 3			
	Recommendations	**Timeline**	**Resources Needed**
SUSTAIN	Provide all staff with the revised School-Wide Positive Behavior Support framework with the incorporated trauma-sensitive approaches	August 2025 – November 2025	Time on in-service day in August (district-level plan discussion) Time during building-level staff meetings in October and November (building-level plan discussion)
	Publicize the revised School-Wide Positive Behavior Support framework with the incorporated trauma-sensitive approaches on the district website	November 2025	Technology administrator will upload the district framework and each building-level framework to the district website
	Building- and district-level teams will continue to monitor implementation of trauma-sensitive approaches and student needs	August 2025- August 2026	Substitute coverage for building- and district-level team members to meet quarterly for half-day meetings

5.7 Implications for Practice at the State and Federal Levels

The state of Pennsylvania has demonstrated a commitment to bringing a greater awareness to trauma-informed approaches through PA Act 18 of 2019. This legislation focused on increasing school safety and providing mandatory annual trauma-informed training to all school personnel, a mandatory training to all elected school directors within the first year of their elected term, and the revision of the Pennsylvania School Leadership Standards to include information on trauma-informed approaches.

The state of Pennsylvania has committed funds to support schools that adopt a model trauma-informed approach through the School Safety and Security Grant Program. Schools must identify a designee to oversee the implementation of the plan, coordinate services based on identified needs, ensure trauma-informed services, and address secondary trauma, utilize evidence-based approaches for trainings, programs, and policies, and select professional development and trainings (Pennsylvania Commission on Crime and Delinquency School Safety and Security Committee, 2019). This financial support is beneficial to school districts who are staffed with leadership that is able to commit the time and resources needed to meet the criteria of the grant program. Many smaller school districts, often in more rural areas of the state, do not always have the staff allocated to develop the plans that are required for grant funding. In these districts, school leaders often take on multiple roles within the system due to financial constraints. For these districts, additional support would be beneficial in aiding the development of their plan for them to be eligible to apply for additional funding.

Pennsylvania's Intermediate Units are educational service agencies that were created by the General Assembly passage of Act 102 of 1970 legislation. The purpose of the intermediate units is to provide cost-effective management-efficient programs to Pennsylvania school districts

(Pennsylvania Association of Intermediate Units, 2022). Often, Intermediate Units provide low-cost or no-cost training to school district personnel that are aligned to statewide initiatives. The Intermediate Units could support school districts who are not able to develop a model trauma-informed approach on their own. Each of the 29 Intermediate Units provide a variety of supports for their local school districts. Ensuring ongoing training opportunities for school districts would allow for more equitable opportunities for all districts to reach the expectations set forth by the state of Pennsylvania and compete for the grant funding made available through Act 102.

In addition to school districts providing trainings, programs, and policies as they relate to a trauma-informed approach, the coordination of services goes beyond the school, student, and family. It encompasses county-based services, public health entities, and community-based organizations. Chafoulease et al. (2016) found that while the School-Wide Positive Behavioral Interventions and Supports framework can be beneficial in integrating trauma-informed practices within schools due to the utilization of a current framework embedded in their systems, it also requires substantial efforts and action planning from school, community, and family partners to support sustainable programming. Larger school districts, or those geographically close to larger cities, often have a wealth of agencies, services, and providers with whom school districts can develop partnerships and strengthen the coordination of services for individuals who have experienced or are experiencing trauma. Smaller, more rural school districts do not always have same numbers of community agencies to support families outside of the school setting. While some families can travel to supports outside the community, other families face the barrier of unreliable or unavailable transportation to reach these agencies outside of the community area. Support for building capacity with county agencies would allow for more services to be available to families within a distance that would allow for them to receive those services.

Just as a "one size fits all" approach does not work for educating students, it also does not work when mandating programs or trainings. Collaboration between state lawmakers and school leaders would be beneficial in developing a system of support that allows for all school districts to successfully implement change. While there are effective structures in place for most systems, there are also gaps in resources. Reallocation of funding and resources is not an easy endeavor, but it is one that needs to be pursued. A focus on building capacity in rural and small suburban areas is needed not only to support students in the school setting but also the community as a whole.

A suggestion for change to better support the trauma-informed approach and create a more equitable landscape for all school districts would be to allot grant monies to districts who are partnering with Intermediate Units or local agencies to develop their trauma-informed models. The current grant structure provides funding for districts to address school mental health, safety, and security inclusive of 30 different elements. To focus efforts specifically on developing and implementing trauma-informed models, allocating grant funds to school districts specific to this effort would not only demonstrate a commitment from the Pennsylvania Department of Education but would also provide the necessary funding for districts to create a trauma-informed approach with the required state elements as well as the recommended elements that we know will help to foster change in the school setting.

As with any new initiative, sustainability for all schools to provide a model trauma-informed approach is a concern. The implementation plan outlined for the inquiry site requires the school district to commit school administrators' time to focus and prepare training for staff, professional development time on in-service days, and substitute coverage for regular monthly meetings during the school year for the first two years of implementation. The current grant

opportunities allow for some funding to be provided to school districts who can meet the criteria set for developing a trauma-informed model. The commitment to continue providing funding to school districts who are meeting the criteria of a trauma-informed model will allow for ongoing training and support for all stakeholders to build internal capacity to sustain their work. State lawmakers have the ability to keep trauma-informed practices at the forefront of school safety initiatives through future legislation, funding sources, and partnerships in providing research-based training for all school personnel and to expand the training to community partners and agencies.

5.8 Conclusion

Schools face many challenges each year, and the COVID-19 pandemic has raised some challenges to an alarming level, including academic learning loss, an increase in mental health needs, and exposure to trauma or trauma-like events. School districts have the unique opportunity to provide support for students as school attendance is mandated; however, many school systems are not equipped to support the needs that they currently face. To best meet these changing student needs, school districts need to expand their mission beyond academic achievement, with an equal emphasis on social/emotional learning, academic growth, and mental health support. Partnerships with local community agencies, programs, and state Intermediate Units will support school districts to rise to this most recent challenge and achieve the mission of educating the whole child.

Embedding trauma-sensitive approaches increases equity in schools, allowing equal access to education by better supporting students in the classroom. While not all students have experienced trauma, a trauma-sensitive approach centers on effective instructional practices for all

students. The commitment by school leaders to provide a trauma-sensitive approach will provide staff with the necessary knowledge and training to better support students, align policies to strengthen procedures and programs, and develop partnerships with community agencies to build capacity and strengthen support for all students and families.

Appendix A Driver Diagram

Aim In order to achieve this Aim…	Primary Driver We need to ensure…	Secondary Driver Which requires…	Change Ideas Ideas to ensure this happens…
By June 2023, the elementary staff will increase classroom support for students who are experiencing trauma through implementing effective interventions.	Daily instructional practices	Teachers' perceptions of trauma effects on children	Focus professional development on trauma-informed approaches for the 2022/2023 school year.
		Teachers' knowledge of trauma-informed practices	
	School Supports and Interventions	Implementation of trauma-informed practices in the classroom	
		Develop additional Tier 2 and Tier 3 SWPBIS supports	Collaborate with the IU to train our SWIS team of teachers on Tier 2 and Tier 3 SWPBIS supports
	Community mental and behavioral health supports	Build partnerships with local mental and behavioral health agencies	Work with our county behavioral health liaison to develop a behavioral health council to foster a partnership between school and agency
	Family Engagement	Educate families on the prevalence of trauma and the impact it has on students' academic performance	Provide family engagement evenings focused on the prevalence of trauma and effective trauma-informed approaches in home and at school

Appendix B Focus Group Protocols and Questions

My focus group included special education teachers, classroom teachers from each grade level in the building, support staff, and the building principal. These individuals range in years of experience within the elementary building and indicated their interest in participating in the focus group through a survey sent to all staff. The focus group members brought various perspectives to the discussion given their different roles, allowing a comprehensive analysis to the participant responses.

*Protocol Script***:**

Welcome and thank you for joining me today. The topic of our discussion today is the impact of trauma and trauma-informed practices in the elementary grades. The results will be used to guide further research in identifying the needs of our student population. You were selected for this focus group given your current roles within the school district. Each of you work with students and staff members across all grades within our building and have a building-level perspective of our current student strengths and needs, both academically and socially/emotionally/behaviorally. The guidelines for today's discussion are as follows:

- There are no right or wrong answers.

- I will be recording our discussion to ensure I include all details from our discussion today so please speak one at a time.

- You do not need to agree with one another's responses, but I do ask that you listen respectfully to one another's opinions.

- Everything you say here will remain confidential and anonymous.

- Given the content of the conversations that will take place, please be prepared that various emotions may be felt from individuals within the group.

Finally, my role will be to guide the discussion, so please engage and talk with one another as we discuss the following questions.

Pre-Intervention Questions:

Question 1 (round robin): Share with us one reason you chose to work at this school district.

Question 2: How would you describe our students' behaviors within the building?

Question 3: Do you think student behaviors have changed over the past five years? If so, what factors do you feel have contributed to the changes you have observed in students' behavior?

Question 4: Tell me about the positive behavior supports that you use within your classroom?

Question 5: What supports within the school are available to students who have experienced trauma?

Question 6: How can the school district help us, help students deal with trauma?

Question 7: To close, is there anything else about the school and the impact of trauma that you would like to talk about?

Post-Intervention (Debriefing) Questions:

Question 1: Reflecting on the information shared over the course of our professional development, how would you describe our students' behaviors within the building?

Question 2: Given the recent changes in behaviors over the past five years that were previously identified, what factors do you feel have contributed to the changes you have observed in students' behavior?

Question 3: Share how your current positive behavior supports used within your classroom have benefitted your students.

Question 4: What supports within the school are available to students who have experienced trauma?

Question 5: What should our district investigate to better support students demonstrating behaviors that are aligned to those who have experienced trauma?

Question 6: What information from the professional development sessions did you find most helpful?

Question 7: What suggestions do participants have about implementing the professional development district-wide?

Question 8: What instructional strategies/approaches did you change or implement based on the professional development sessions?

Question 9: To close, is there anything else about the school and the impact of trauma that you would like to talk about?

The participants in this study completed the following questionnaire. These participants included classroom teachers in the elementary school, special education teachers, special area teachers (e.g., art and library teachers), speech and language teachers, instructional coaches, instructional paraprofessionals, special education paraprofessionals, a school psychologist, and the building administrator. The perspectives of the individuals in this study allowed for insight from the classroom teachers at each grade level but also from staff members who work with multiple grade levels of students and staff.

Survey Instrument

Weekly Teacher Feedback Questions

Did the training content of the professional development session meet your expectations?

Did not meet expectations	Slightly met expectations	Met expectations	Exceeded expectations
○	○	○	○

Was the training relevant to your needs?

Irrelevant	Slightly relevant	Relevant	Highly Relevant
○	○	○	○

How much information presented in this professional development session was new to you?

None	Minimal	Moderate	Substantial
○	○	○	○

How satisfied are you with the quality of the training?

Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
○	○	○	○

Do you have any suggestions to improve this professional development session?

[   ]

Survey Link

Appendix D Teacher Self-Reflection Checklist of Trauma-Informed Practices

	Element is not at all in place	Element is partially in place	Element is mostly in place	Element is fully in place
Expectations are communicated in clear concise, and positive ways, and goals for achievement of students affected by traumatic experiences are consistent with the rest of the class.				
Students' strengths and interests are encouraged and incorporated.				
Activities are structured in predictable and emotionally safe ways.				
Opportunities exist for students to learn and practice regulation of emotions and modulation of behaviors.				
Classrooms employ positive supports for behavior				
Information is presented and learning is assessed using multiple modes.				
Opportunities exist for learning how to interact effectively with others.				
Opportunities exist for learning how to plan and follow through on assignments.				

Survey checklist elements were selected from the Trauma-Sensitive School Checklist, Lesley University (2012). https://edpreplab.org/sites/default/files/2021-10/trauma-sensitive-school-checklist.pdf

Appendix E Pre- and Post-Training Knowledge Survey

1. An experience becomes "traumatic" when it

    a. Involves a specific type of abuse

    b. Overwhelms our ability to cope with the situation

    c. Activates the stress response

    d. Both A and B

2. Research indicates that the percentage of children and youth exposed to violence in the

    past year is

    a. 20–30%

    b. 40–50%

    c. 60–70%

    d. 80–90%

3. Complex trauma refers to

    a. Multiple experiences of trauma starting early in life and the long-term effects of these

    experiences

    b. Traumatic events that are complicated and difficult to understand or address

    c. The cumulative impact of trauma across generations

    d. Both A and C

    e. All of the above

4. A traumatic experience

    a. Is not something most children or youth bounce back from

    b. Often leads to long-term emotional issues

c. All of the above

d. None of the above

5. Once the stress response system is activated, a person is less capable of

    a. Reacting

    b. Planning and reasoning

    c. Both A and B

    d. Neither A nor B

6. Factors that impact a child's response to a potentially traumatic event include

    a. Parent history of trauma

    b. Level of social support

    c. Culture

    d. Biological factors

    e. Both A and B

    f. All of the above

7. To "re-traumatize" someone means to

    a. Ask them about their experiences

    b. Recreate situations that leave people feeling helpless, unsafe, and out of control

    c. Both A and B

    d. Neither A nor B

8. Secondary traumatic stress refers to

    a. Distress related to feelings about your own traumatic experiences

    b. Distress related to hearing about someone else's trauma

    c. All of the above

9. Working with students and families exposed to trauma

        a. Can be traumatic for educators

        b. Always affects providers' work performance

        c. Is not something schools should address directly

        d. Both A and B

10. Creating a trauma-sensitive school means

        a. Supporting individual students exposed to trauma

        b. Training student services staff on trauma-related interventions

        c. Ensuring that all school staff is educated about trauma and is able to respond

        accordingly

        d. All of the above

        e. Both A and B

Bibliography

Anderson, E. M., Blitz, L. V., & Saastamoinen, M. (2015). Exploring a school-university model for professional development with classroom staff: Teaching trauma-informed approaches. *School Community Journal*, *25*(2), 113-134.

Cénat J. M., Dalexis R. D., Kokou-Kpolou C. K., Mukunzi J. N., & Rousseau C. (2020). Social inequalities and collateral damages of the COVID-19 pandemic: When basic needs challenge mental health care. *International. Journal of. Public Health, 65*(6), 717-718. https://doi.org/10.1007/s00038-020-01426-y

Chafouleas, S. M., Johnson, A. H., Overstreet, S., & Santos, N. M. (2016). Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health*, *8*(1), 144-162. https://doi.org/10.1007/s12310-015-9166-8

Child Trends. (2021, February 25). *Number of states with policies on trauma-informed care training in schools has tripled since 2017*. https://www.childtrends.org/news-release/number-of-states-with-policies-on-trauma-informed-care-training-in-schools-has-tripled-since-2017

Collaborative for Academic, Social and Emotional Learning. (2020, October 1). *CASEL'S SEL framework*. https://casel.org/casel-sel-framework-11-2020/

Darling-Hammond, L., Hyler, M. E., Gardner, M., & Espinoza, D. (2017, May). *Effective teacher professional development*. Learning Policy Institute. https://learningpolicyinstitute.org/sites/default/files/product-files/Effective_Teacher_Professional_Development_BRIEF.pdf

Duffy, M., & Comly, R. (2019). Trauma-informed schools in Pennsylvania: Aligning expansion with high-quality implementation. A PACER policy brief. *Research for Action*. https://files.eric.ed.gov/fulltext/ED603773.pdf

Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of childhood exposure to violence, crime, and abuse: Results from the national survey of children's exposure to violence. *JAMA Pediatrics, 169*(8), 746-754. https://doi.org/10.1001/jamapediatrics.2015.0676

Gonzalez, A., Monzon, N., Solis, D., Jaycox, L., & Langley, A. K. (2016). Trauma exposure in elementary school children: Description of screening procedures, level of exposure, and posttraumatic stress symptoms. *School Mental Health*, *8*(1), 77-88. https://doi.org/10.1007/s12310-015-9167-7

Guarino, K., & Chagnon, E. (2018). *Trauma-sensitive schools training package*. National Center on Safe and Supportive Learning Environments. https://safesupportivelearning.ed.gov/trauma-sensitive-schools-training-package

Hinnant-Crawford, B. N. (2020). *Improvement science in education: A primer*. Myers Education Press.

McInerney, M., & McKlindon, A. (2014). *Unlocking the door to learning: Trauma-informed classrooms & transformational schools*. Education Law Center. https://www.elc-pa.org/resource/unlocking-the-door-to-learning-trauma-informed-classrooms-and-transformational-schools/

McIntyre, E. M., Baker, C. N., & Overstreet, S. (2019). Evaluating foundational professional development training for trauma-informed approaches in schools. *Psychological Services, 16*(1), 95-102. https://doi.org/10.1037/ser0000312

Miller, C. (2018). *How trauma affects kids in school.* Child Mind Institute. https://childmind.org/article/how-trauma-affects-kids-school/

National Center for Mental Health and Juvenile Justice. (2016, September). *Guidance for trauma screening in schools*. http://essa-dept-soe.cloudapps.unc.edu/story_content/external_files/Guidance%20for%20Trauma%20Screening%20in%20Schools-1.pdf

The National Center for Safe Supportive Learning Environments. (2022). *About*. Retrieved October 30, 2022, from https://safesupportivelearning.ed.gov/about.

The National Child Traumatic Stress Network Schools Committee. (2008, October). *Child trauma toolkit for educators*. https://www.nctsn.org/sites/default/files/resources//child_trauma_toolkit_educators.pdf

The National Child Traumatic Stress Network Schools Committee. (2017). *Creating, supporting, and sustaining trauma-informed schools: A system framework*. https://www.nctsn.org/resources/creating-supporting-and-sustaining-trauma-informed-schools-system-framework

The National Child Traumatic Stress Network. (n.d.). *Populations at risk*. Retrieved June 5, 2021, from https://www.nctsn.org/what-is-child-trauma/populations-at-risk.

Osher, D., Guarino, K., Jones, W., & Schanfield, M. (2021). *Trauma-sensitive schools and social and emotional learning: An integration.* Edna Bennett Pierce Prevention Research Center, The Pennsylvania State University.

Pappa S., Ntella V., Giannakas T., Giannakoulis V. G., Papoutsi E., & Katsaounou P. (2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain, Behavior, and Immunity, 88*, 901-907. https://doi.org/10.2139/ssrn.3594632

Pennsylvania Association of Intermediate Units. (2022). *Intermediate unit facts*. Retrieved February 26, 2022, from https://www.paiu.org/IU-FACTS

Pennsylvania Commission on Crime and Delinquency School Safety and Security Committee (2019). Model trauma-informed approach plan: Guidelines for school entities. https://www.pccd.pa.gov/schoolsafety/Documents/Model%20Trauma-Informed%20Approach%20Plan%20-%20Guidelines%20for%20School%20Entities.pdf

Perfect, M., Turley, M., Carlson, J. S., Yohannan, J., & Gilles, M. S. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of research from 1990 to 2015. *School Mental Health, 8*, 7-43. https://doi.org/10.1007/s12310-016-9175-2

Perry, D. L., & Daniels, M. L. (2016). Implementing trauma-informed practices in the school setting: A pilot study. *School Mental Health*, *8*(1), 177-188. https://doi.org/10.1007/s12310-016-9182-3

Perry, J. A., Zambo, D., & Crow, R. (2020). *The improvement science dissertation in practice: A guide for faculty, committee members, and their students*. Myers Education Press.

Porche, M. V., Costello, D. M., & Rosen-Reynoso, M. (2016). Adverse family experiences, child mental health, and educational outcomes for a national sample of students. *School Mental Health, 8*(1), 44-60. https://doi.org/10.1007/s12310-016-9174-3

Responsive Classroom. (2023) *About Responsive Classroom*. Retrieved February 28, 2023, from https://www.responsiveclassroom.org/about/

Rolfsnes, E. S., & Idsoe, T. (2011). School-based intervention programs for PTSD symptoms: A review and meta-analysis. *Journal of Traumatic Stress*, *24*(2), 155-165. https://doi.org/10.1002/jts.20622

Souers, K., & Hall, P. (2016). *Fostering resilient learners: Strategies for creating a trauma-sensitive classroom*. ASCD.

Souers, K. V. M., & Hall, P. (2018). *Relationship, responsibility, and regulation: Trauma-invested practices for fostering resilient learners*. ASCD.

Substance Abuse and Mental Health Services Administration. (2014) SAMHSA's Concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Substance Abuse and Mental Health Services Administration. Retrieved from https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/samhsa_trauma_concept_paper.pdf

Substance Abuse and Mental Health Services Administration. (2020, April 29). *Understanding child trauma.* https://www.samhsa.gov/child-trauma/understanding-child-trauma

Sugai, G., & Horner, R. H. (2006). A promising approach for expanding and sustaining. school-wide positive behavior support. *School Psychology Review, 35*(2), 245-259. https://doi.org/10.1080/02796015.2006.12087989

Sulkowski, M. L., & Michael, K. (2014). Meeting the mental health needs of homeless students in schools: A Multi-Tiered System of Support framework. *Children and Youth Services Review, 44*, 145-151. https://doi.org/10.1016/j.childyouth.2014.06.014

Swain, J. (2018). *A hybrid approach to thematic analysis in qualitative research: Using a practical example*. SAGE Publications.