Building Resilient Learners:
How Schools Can Identify Students
Who Have Experienced Trauma

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Dedication

This journey would have never been possible without the support of my family. I dedicate this disquisition to every one of you.

To my loving husband, Cory, thank you for loving me even when I did not deserve it. You have always believed in me and wanted the very best for me and from me. You are the kind of man that women only dream of. Thank you for not only being a wonderful husband but also for being the best dad to Kendall and Karlee. I love you!

Kendall and Karlee, my babies, I am so honored to be your mom. I know that it may not always seem like it, but I am so proud of you both and wish you bright futures ahead. Thank you for understanding my need to pursue this dream of mine, even when it meant that I missed valuable family time and sporting events.

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Lastly, I want to dedicate this work to the younger generation of my family, in particular, my niece DaNecia Johnson. The sky is the limit for you. Go after your dreams with everything you have!

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Abstract

The purpose of this improvement initiative was to increase educator capacity in identifying and addressing the many needs of children who have experienced trauma at W.R. Odell Elementary School. The problem of practice examined the impact of trauma on school-aged children, and more specifically, how trauma negatively impacts their ability to learn and develop into healthy individuals. This disquisition offers an introduction to the problem of practice, history of the problem, an improvement initiative, and an evaluation process that includes formative and summative assessment. Now is the ideal time for educational systems to take up the challenge and implement trauma-informed initiatives in schools that may have benefits for academic, social, and emotional outcomes. This disquisition documented the collaboration between an elementary schools' SISP team and district Mental Health team. Facilitated professional development sessions focused on trauma awareness and social and emotional learning. This initiative consisted of two rounds of professional development and utilized improvement science to inform our intervention and accelerate improvement. As a result of this intervention, staff members increased their knowledge of trauma and are better able to support our students.

Building Resilient Learners: How Schools Can Identify and Support Students Who Have Experienced Trauma

Meet 5-year-old Katie. She is in kindergarten and loves her new school, her teachers, and her new friends. Katie is always excited to come to school. However, her teachers report that she exhibits aggressive behavior towards others, screaming, cursing, and destroying classroom materials - all apparently without provocation. Katie witnessed intimate partner violence (IVP) between her parents, and she has been the victim of physical abuse since she was born.

Juan is a quiet 7-year-old second-grader. While he is an intelligent student, his academic performance has declined even though he attends school every day. His teachers report that Juan appears to be daydreaming and not engaged in class. At recess, he avoids peer interaction and plays by himself or with younger students. Juan was sexually abused between the ages of three and five by his teenage cousin.

Elijah, a usually happy and energetic fourth grade student, has become increasingly aggressive with his teachers. His mom reported having to force him to come to school each day and that he insists on sleeping with her at night. His teachers report that Elijah becomes easily agitated, knocking things down, hitting others, and running out of the classroom. He shared that he was acting out so that he would get sent home to be with his mom. Elijah learned that his mom's breast cancer returned, and he does not want to be away from her since he is afraid that she is going to die.

Katie, Juan, and Elijah are just a few examples of the many children who have experienced early trauma. Many educators are likely to encounter young children who have experienced trauma daily (Statman-Weil, 2015). How we respond to these children will impact the trajectory of their lives. Will we have a positive response or a negative response?

Introduction

Childhood trauma is defined as as a response to an adverse external event or series of events that surpass a child's ordinary coping skills which can have a direct, immediate, and potentially overwhelming impact on the ability of a child to learn (McInerney & McKlindon, 2014). Our nation's education system has routinely ignored the impact of trauma, until recently. Many schools are not sufficiently supporting students who have experienced trauma or educators who play a crucial role in implementing trauma-informed practices in schools, which adversely affects student learning and social success.

Two out of every three children experience a traumatic event by their 16th birthday (Copeland, Keeler, Angold, & Costello, 2007). The U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2016) reports that child trauma occurs more than we may think. For instance, in 2014, the national estimate for children who experienced abuse and neglect was 702,000. Child abuse and neglect are just two of the many types of traumas encountered by our youth. Other potential traumatic events may include:

- Community or school violence
- Witnessing or experiencing intimate partner violence
- National disasters or terrorism; refugee or war experiences
- Commercial sexual exploitation
- Serious accidents or life-threatening illness
- Military family-related stressors (e.g., deployment, parental loss or injury)
- Sudden or violent loss of a loved one (Child Trauma Toolkit for Educators, 2007, p. 9).

The National Child Traumatic Stress Network reports that children and adolescents experience trauma when they are "exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope with what they have experienced," (NCTSN, 2008). It is important to note that not all experiences of trauma lead to a traumatic response or trauma-related disorder or diagnosis. However, when signs and symptoms of traumatic stress endure over time (one month or longer), disrupt daily life, impact their social and emotional health, and meet specific diagnostic criteria, children may be diagnosed as having a trauma-related disorder.

The Diagnostic and Statistical Manual of Mental Health Disorders, Fifth Edition (DSM-5) recognize two types of trauma diagnoses. Acute Post-Traumatic Stress Syndrome is a single event that lasts for a limited time. Symptoms go away after a few weeks. Post-Traumatic Stress Syndrome is chronic and involves multiple traumatic events that begin in the early months and years, when the brain is most plastic, caused by caregivers. These events often occur over an extended period of time.

In addition to these diagnoses, trauma is also categorized as large 'T' traumas such as natural disasters, war or abuse, and small 't' traumas, that would not, for the most part, lead to symptoms of PTSD (Barbash, 2017). Some examples of small 't' traumas may include the death of a loved one or a pet, a car accident, or a house fire. These events are not necessarily life-threatening but could be defined as ego-threatening, leaving individuals to feel hopeless and helpless. The most disregarded characteristic of small 't' traumas is that if accumulated, their impact could be significant to a child, causing distress and emotional dysregulation (Barbash, 2017).

The concept of *complex trauma* was first explored in 2003 by the National Child Traumatic Stress Network's Complex Trauma Task Force, a collective of professionals representing a dozen universities, hospitals, trauma centers, child and family services, social services, juvenile justices, and health programs across the United States. This term emerged from the recognition that people can experience multiple traumas throughout their lifetime, which can adversely affect their quality of life. Various public sectors study the impacts of trauma, which denotes the importance of this work.

The implications for trauma in childhood are not limited to education. Research has shown, as the number of traumatic events experienced during childhood increases, the risk for the following health problems in adulthood increases: depression, alcoholism, drug abuse, suicide attempts, heart and liver diseases, pregnancy problems, high stress, uncontrollable anger, and family, financial, and job problems (Substance Abuse and Mental Health Services Administration, 2011).

Trauma in Underserved Populations

Unfortunately, traumatic experiences are often disproportionately distributed among society's youth. Children experiencing economic hardship are especially susceptible to multiple adverse experiences (McInerney & McKlindon, 2014). Children and adolescents in urban environments experience higher rates of exposure to violence, thereby having greater likelihood of experiencing trauma. Research indicates that families living in urban poverty encounter multifaceted risks associated with the hardship of depleted resources, burdens of high stress and incivilities, and exposure to multiple traumas (Ackerman, Kogos, Youngstrom, Schoff, & Izard, 1999; Kiser & Black, 2005; Repetti, Taylor, & Seeman, 2002). Because people of color are

overrepresented in urban areas, there can be compounded suffering secondary to racist attitudes and negative social perceptions of people living in poverty (Ackerman et al., 1999).

Another marginalized group of our population that may be predisposed to higher incidents of adverse experiences is the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA) community. Bullying and victimization of LGBTQIA youth can cause adverse academic, social, and mental health outcomes (Heck, Lindquist, Machek, & Cochran, 2014). For some of the LGBTQIA population, our schools are hostile and homophobic environments. Kosciw, Greytak, Diaz, and Barkiewicz (2010) asserted at-school victimization is highly correlative to low-grade point averages, lower educational aspirations, and higher absenteeism with LGBTQIA youth.

Negative social perceptions of the LGBTQIA community, combined with heterosexism, can also be traumatic. In a 2006 report addressing trauma among LGBTQIA youth, The National Child Traumatic Stress Network indicated that these youth are at-risk for experiencing physical and emotional abuse for 'coming out' or fear of being found out. Additionally, LGBTQIA youth may also engage in risky behaviors as a way of coping with homophobia and confusion about their sexual identity. A growing body of research indicates that youth in the LGBTQIA community are at a higher risk for suicide attempts than their non-sexually minoritized peers. Thus, dealing with childhood trauma is a social justice issue that needing to be addressed for the benefit of all children and youth.

Trauma and Schools

Childhood trauma has an impact on many parts of children's lives: (a) their behavior, (b) emotions, (c) relationships, (d) beliefs about the world, (e) ability to concentrate and succeed in school, and (f) their physical and mental health (National Child Traumatic Stress Network

Schools Committee, 2008). Children's earliest social experiences help to frame their brain's neural development (Badenoch, 2008). Self-regulation occurs when children understand their own emotions and when they can anticipate the reactions of their parents and teachers when they express various emotions (Stacks & Oshio, 2009). Having secure attachments with trusted adults helps to increase children's confidence in themselves and in their ability to make good choices, as well as knowing how to communicate their needs in the face of challenges (van der Kolk, 2005). Children in trauma may also experience difficulty with social development, including forming and keeping friendships and a propensity to engage in unhealthy relationships, or isolate themselves socially (Plumb, Bush, & Kersevich, 2016).

High levels of stress, triggered by trauma, can significantly impede and alter the brain's function and development. When a child encounters a threat to their safety, real or perceived, a stress response triggers the brain which activates the fight, flight, or freeze instincts (Wright, 2014). This part of the brain is called the amygdala and is also known as our body's alarm system. The amygdala keeps us safe by alerting us to potential dangers and prepares us to react (van der Kolk, 2015). During times of stress or fear, cortisol and adrenaline levels in young children are so high that it can cause them to be in a state of hyperarousal- continually on alert. Badenoch (2008) asserts that the most developed parts of a child's brain is the area that is activated and used the most. Consequently, if a child consistently lives in a state of hyperarousal, they become more susceptible to experiencing anxiety, hypervigilance, and impulsivity. These behaviors can impede their ability to engage in pro-social norms and higher-level thinking tasks, which are needed to be successful in school (Siegel, 2012).

There is a strong likelihood that added stress caused by trauma, can compromise a child's executive functioning abilities (Terrasi and de Galarce, 2017). Without the full development of

executive functions, students will likely struggle with concentration, language acquisition and processing, decision making, and memory (Damian, Knieling, & Ioan, 2011). Children in trauma often experience disparate outcomes in impulsiveness, abstract reasoning, and developmental coordination (Damian, Knieling, & Ioan, 2011). Understanding the impact of trauma on the brain is paramount, as its effects can be mischaracterized and consequently, mistreated.

Just as trauma may impair cognitive functioning, it may also lead to difficulties with social and behavioral functioning that manifest as often-misunderstood behavioral problems in the classroom. Students may display behaviors that are impulsive, aggressive, or defiant, which can often be perceived as deliberate and willful (van der Kolk, 2005). There is a negative impact on the areas in the brain that are responsible for self-regulation and stress management. The brain becomes so sensitized to threats that child survivors of trauma are likely to perceive threats and and react, even when experiences are relatively harmless. The brain remembers trauma, which is useful as it can sense danger and potential threats.

However, the brain can also reactivate disrupted neuropathways that emit large amounts of stress hormones that can cause emotional and physical reactions, as well as impulsive and belligerent behaviors (van der Kolk, 2014). As such, these behaviors may result in harsh disciplinary practices, the involvement of the justice system, or students dropping out of school (Smithgall, Cusick, & Griffin, 2013). For youth involved in the justice system, the prevalence of youth exposed to trauma is higher than that of their same-aged peers (Wolpaw & Ford, 2004). One study found that over 90% of juvenile detainees reported having experienced at least one traumatic event (Arroyo, 2001).

Schools struggle to assess and identify trauma and the associated symptoms accurately. Consequently, students in trauma are two times more likely to be retained in school than their

peers. Also, they experience lower scores on standardized tests and are more likely to be classified and placed in special education programs (Cole, Eisner, Gregory & Ristuccia, 2013).

Some researchers believe that the similarities in the symptoms of child traumatic stress and Attention Deficit Hyperactivity Disorder (ADHD) could be mistaken for the other, causing high incidences of misdiagnosis (Szymanski, Sapanski, & Conway, 2011). Children who experience trauma may present as a child with symptoms typical of ADHD, including hyperactivity, inattention or distractibility, impulsivity, temper tantrums, irritability, aggression, and defiance (Thomas, 1995). ADHD, in contrast to trauma, is a neurological brain disorder linked to many specific brain areas. Symptoms of ADHD influence the activity of stress signaling pathways that control attention and behavior in the brain's prefrontal cortex (Siegfried, Blackshear, & NCTSN, 2016). Figure 1 illustrates symptoms that are common to traumatic stress and ADHD.

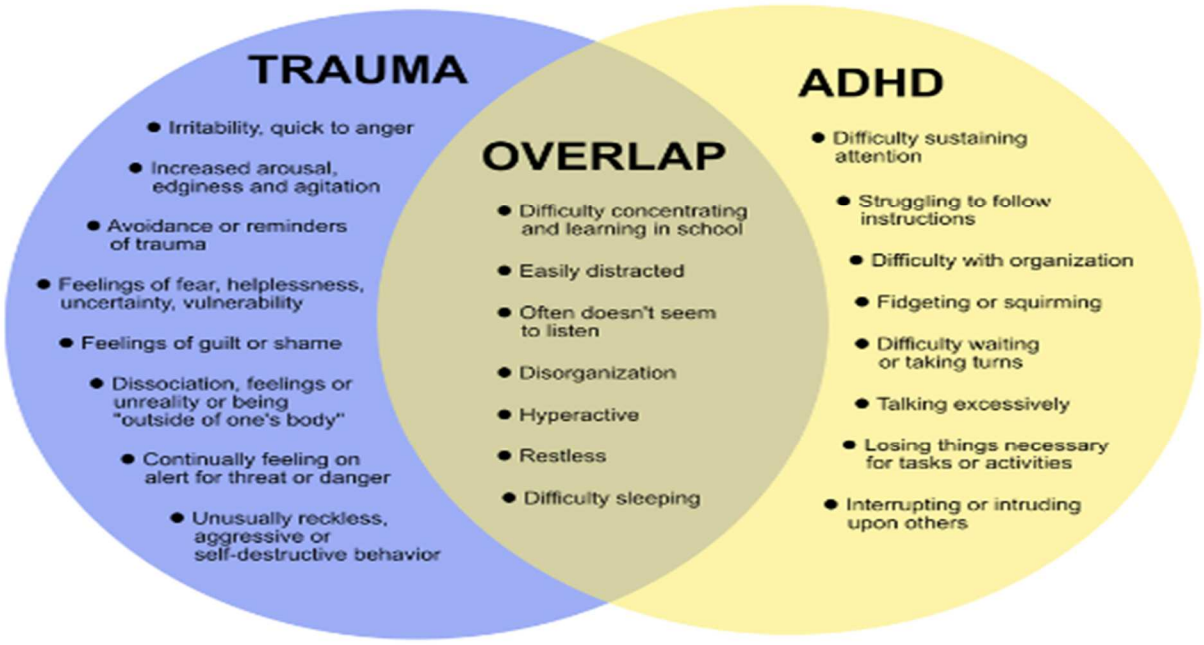

Figure 1. Trauma-Informed Positive Behavior Support, 2016

The Child Trauma Toolkit for Educators (2008) provides this list of behaviors educators may observe in elementary school students who are in trauma, or have experienced trauma:

- Anxiety, fear, and worry about the safety of self and others (clingier with teacher /parent)
- Increased distress (unusually whiny, irritable, moody)
- Distrust of others, affecting how children interact with both adults and peers
- A change in the ability to interpret and respond appropriately to social cues
- Increased somatic complaints (e.g., headaches, stomachaches, bumps and bruises)
- Changes in school performance
- Difficulty with authority, redirection, or criticism
- Over-or under-reacting to bells, physical contact, doors slamming, sudden movements, physical gestures, changes in tone and an adverse reaction to some smells
- Statements or questions about death and dying (*NCTSN*, 2008).

Children who have survived trauma may behave in ways that can easily confuse and frustrate their teachers (Koomar, 2009). Therefore, teachers should communicate regularly with their student's families to determine if there is a connection between troubling behaviors demonstrated in the classroom and possible traumatic experiences (Wright, 2014).

The ACEs Study

The foundational work in the area of trauma is the Adverse Childhood Experiences Study (Felitti et al., 1998). This decade-long study, spearheaded by Drs. Felitti and Anda was a collaborative project between the Center for Disease Control and Prevention (CDC) and the Health Maintenance Organization (HMO) Kaiser Permanente Department of Preventive Medicine in San Diego. Initially, Dr. Felitti geared his work toward learning why participants in a weight-loss program for morbidly obese adults began to drop out of the program and gain the

weight back. He discovered time and again that these participants reported being the victims of childhood sexual assault and other collective traumas. Regaining the weight was their way of dealing with their past trauma(s), a way to protect themselves and alleviate their pain (Felitti et al., 1998).

Based on the outcomes of the initial study, the CDC decided that a more comprehensive study focused on the impact that traumatic childhood experiences had on the development of risky behaviors and poor health outcomes for adults, was warranted (CDC, 1998). The ACEs project was the most extensive study of the long-term impacts of cumulative childhood trauma ever done. Over 17,000 HMO members were interviewed and answered a set of specific questions about their childhood experiences with the ten categories of ACEs listed in Figure 2 below.

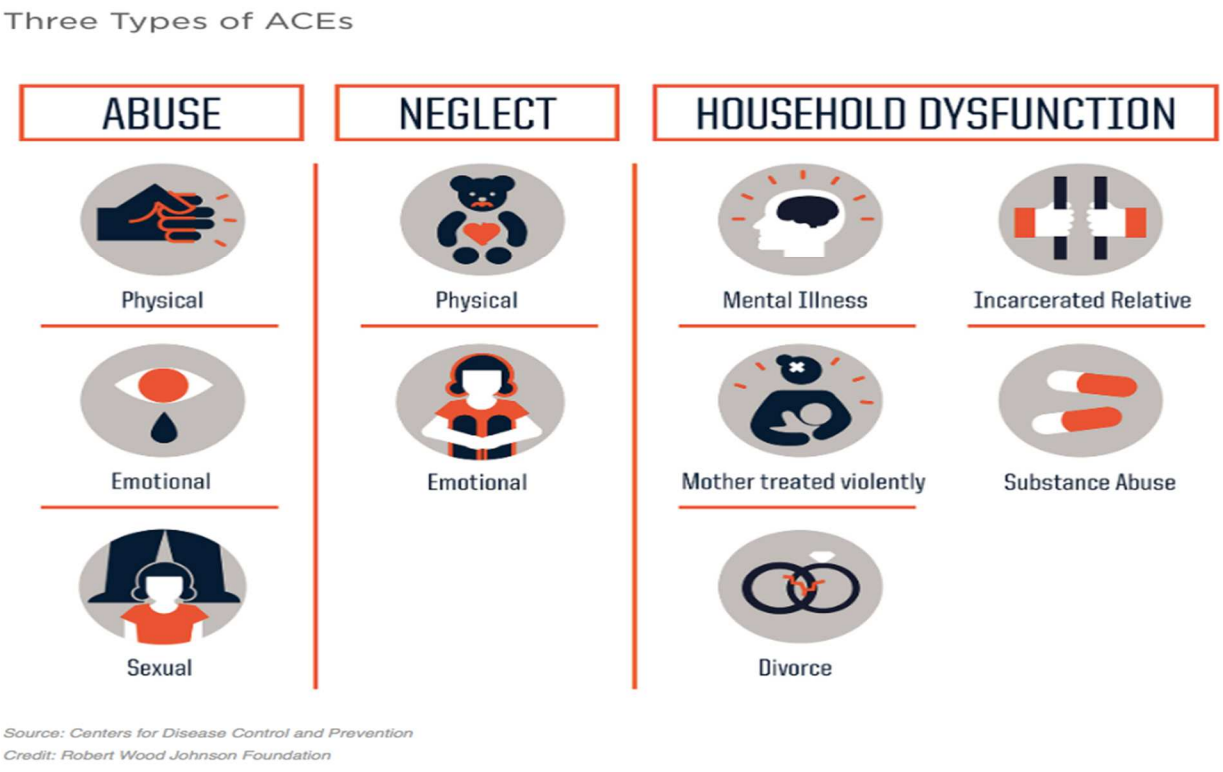

Figure 2. Three types of ACES (CDC, 1998).

One limitation to note in the study is that of their sample: The Health Maintenance Organization members that participated in this study were 77% white, middle class, working people with health insurance. Also, 72% of the participants attended college and 62% of the participants were 50 years or older (CDC, 1998). One might argue that it is less likely that these participants were exposed to street violence, extreme poverty, malnutrition, dislocation, or adverse community environments, as some of their peers living in poverty most certainly had. However, scholars confirm that ACEs are commonplace among all races, classes, and cultures, without discrimination.

Felitti's and Anda's findings are illuminating in terms of the pervasiveness of adverse childhood experiences. Almost two-thirds of adults surveyed reported at least one adverse childhood experience, with the majority of respondents reporting more than one.

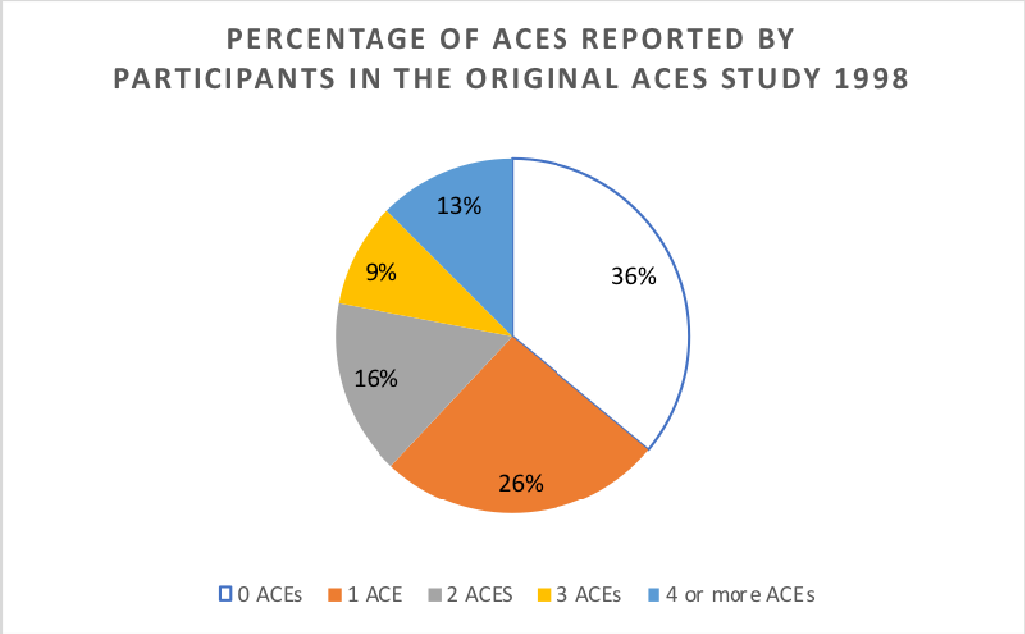

Figure 3. Participation percentages in the original ACEs study. (CDC, 1998)

The results of this study were groundbreaking. They illustrate the immense impact of ACEs on the health and social well-being, over the lifespan of participants. The ACEs Study revealed that there was overwhelming evidence that supports the idea that traumatic childhood experiences play a dominant factor in whom we become as adults. Furthermore, when unaddressed, traumatic childhood experiences can develop into challenging health, social, and emotional outcomes for adults.

Many states and countries around the world have replicated the ACE's study, and subsequently developed programs and initiatives to help prevent ACEs or to mitigate the impact of ACEs. In 2012, North Carolina implemented its own version of the ACEs Study, called the North Carolina Behavioral Risk Factor Surveillance System Survey. Assessment of the effect of adverse childhood experiences on adult health in North Carolina was the stated goal. The figure below represents a comparison of the ACEs study in North Carolina to that of the original study.

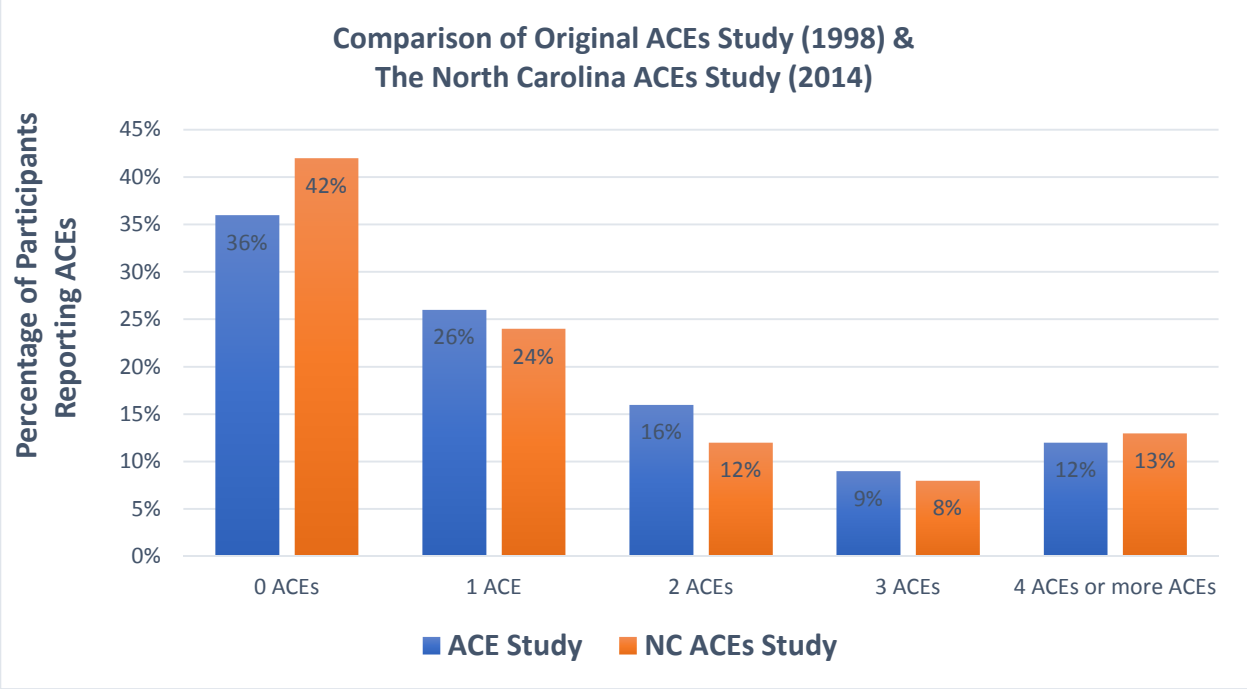

Figure 4. (CDC, 1998; Austin & Herrick, 2014)

In the North Carolina BRFSS survey, there were 11,898 participants, and of these participants, 62% were white. Approximately 52% of the participants were 50 years old or older. Fifty-one percent of North Carolina participants attended college. The most significant difference to note in this comparison survey is that a larger percentage of North Carolina participants reported having experienced no ACEs.

The results from both studies demonstrate the need to address childhood trauma, in hopes that children will have the opportunity to experience success in school and later in life. Childhood trauma, if unrecognized and unaddressed at an early age, can lead to significant adult challenges, and at times, tragedy, including death. Ultimately, trauma can psychologically and physiologically change a person. Often the stories of those wounded by childhood trauma go unheard, but the results of that trauma manifest later in life. The results are not generally positive.

The questions used in the health interviews for the ACEs study were highly personal and can be found in Appendix A. Participants willingly shared this information with the research team about their backgrounds. My first experience with the ACEs survey was disturbing. I felt a sense of intrusion into my family and private life. I imagine that the participants may have felt that way. However, without their participation, this landmark study would not have been possible

Problem of Practice

Schools struggle to adequately support students experiencing trauma, which could adversely impact student learning and social success. Children spend the majority of their day in school where adults are available to help them (National Association of School Psychologists, 2015). Schools have an essential role to play in providing stability and a safe space for children and connecting them to caring adults. Cole, Eisner, Gregory and Ristuccia (2013) asserted that if

educators had at least a foundational knowledge of the research on trauma, they would not only be able to optimally support students in trauma, but also those who may be impacted by their peer's trauma. So while faculty and staff members work hard to care for our students, most are woefully unprepared to support these students properly.

School officials and policymakers must first seek to understand the impacts of trauma, and then provide support to mitigate the negative impacts that trauma has on our students. We are at a pivotal point in the history of public education. The *Every Student Succeeds Act* (ESSA, P.L. 114-95, 2015) presents an opening for state and local policymakers to more comprehensively address safety and mental health issues, which includes trauma, on a more substantial level. This support includes providing tools, funding, and organizational infrastructure to transform student experiences and provide learning assistance for them. Because of this opening, I can now work to provide supports to my students and staff members.

My passion in becoming a trauma-informed educator and leader is personal for me. As a childhood trauma survivor, I have acknowledged that unresolved traumas continue to have an impact in my life. And while I have been fortunate to be able to move forward from my trauma, these challenges have affected all of my relationships, from childhood to adulthood. Research suggests that trauma impedes various areas of a child's life including communication, self-awareness, self-esteem, and attachment. As an elementary school teacher and administrator I began to notice similar patterns of behaviors and challenges in the children that I encountered. I later learned some students were facing their own trauma.

Throughout my research in trauma, I learned that resilience played a major role in the person that I have become. Growing up, there were many variables such as my strong family unit, and school-based teams whose support allowed me to overcome trauma-related obstacles. I

was fortunate enough to be surrounded by caring teachers and staff who took a personal interest in me. Because of the mentorship, quality time, and financial supports provided, I was able to envision a better future for myself and reach my full potential. I want to be a champion for every single student I serve, and as a leader, I become that champion by ensuring their teachers have the knowledge and resources to empower their students in overcoming adversity.

W.R. Odell Elementary School

I serve the students, teachers, and families at W.R. Odell Elementary School (WROES) in Cabarrus County, North Carolina, as their school principal. There are 821 students currently enrolled, and 69 staff members that serve the students of W.R. Odell Elementary. WROES Elementary is unique in that we only serve a 3rd through 5th-grade population of students. Of this population, 13% live below the poverty line. Figure 5 illustrates the demographics of the student body and staff.

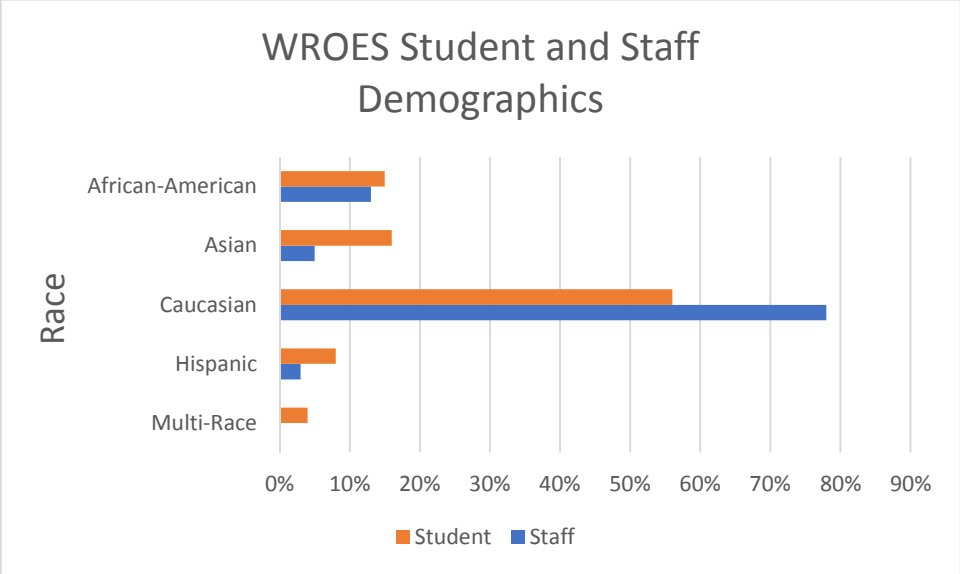

Figure 5. Student and staff ethnicity at WROES.

WROES is committed to providing high-quality education to our students. With a proud tradition of academic excellence coupled with a close-knit community feel. Staff and students are aware of our school's goal to reach and surpass 90% as our composite score for reading, math, and science achievement. A review of our growth scores from the statewide EVAAS system indicates that, as a school, we are 'Exceeding' the state's growth goals of 2.0 positive growth. While WROES typically experience high growth and proficiency on standardized assessments, we felt less confident in our efforts at meeting the emotional needs of our students.

There are numerous reasons why the needs of students in trauma go unaddressed in our school. Just as multiple factors can cause trauma, there are a variety of factors that hinder an educators' ability to respond effectively. One reason why schools may fail to respond to students in trauma adequately is merely a lack of knowledge about what trauma is and how it impacts students. Hodas (2006) shared that traumatized children and youth may seem emotionally out of control, avoid taking responsibility, and may appear disruptive or withdrawn. Similarly, children in trauma may also present as distractible, impulsive, aggressive, and defiant (Thomas, 1995). Without a basic awareness of trauma and its impact, educators are likely to view each behavior independently and possibly overlook the underlying root causes of trauma.

Denial of the pervasive impact of trauma and the role that it plays in the lives of children presents another barrier in our efforts to repair the damage that trauma causes. If educators and society, as a whole, are not careful, it becomes easy to slip into the 'blame the victim' mentality (Bloom, 2000; Herman, 1992), which causes us to treat children differently based on the situations in which they come to us in. Being a victim of trauma is not our students' fault. The very nature of children in trauma illustrates the lack of control and the helplessness that they face.

Conversely, there is also research to support that educators struggle with feeling sympathy for students while also holding them to high standards of academic and behavioral achievement. Ladson-Billings (2007) captured the role that such beliefs play in compromising our students' chances of achieving success in schools. She coined it the 'You -Poor-Dear Syndrome' and notes that teachers are so focused on sympathizing with the students that the sympathy can often turn into a set of excuses for why they cannot expect much academically from such an under-resourced population.

For most of my career I worked in high poverty Title I schools, serving under resourced populations. While there are notable differences between high needs and affluent populations, the constant variable is that students come through our doors every day, having experienced some type of trauma. Adverse childhood experiences present predominantly in low socioeconomic communities. Nevertheless, ACEs are also very much present in affluent families (Felitti et al.,1998; Bellis et al., 2014). Researchers must address and correct the misconception that family wealth precludes youngsters from experiencing threats to their psychological well-being. In addition, it cannot be assumed that a family's level of wealth indicates better parenting practices (Luthar & Latendresse, 2005).

Addressing trauma in an affluent school like WROES comes with its own challenges and preconceived notions. Children living in affluent households may also be affected by parental alcohol and substance abuse and domestic violence. Educators tend to assume that such problems only occur in poor families (Luthar & Crossman, 2013). According to Luthar and Sexton (2004) school based staff tend to minimize problems reported by wealthy children, while the same problems reported by disadvantaged children are often perceived as precursors to mental health

issues.

An additional obstacle that emerged is that affluent families are more adept at concealing physical and supervisory neglect while being psychologically or emotionally neglectful because they have the knowledge and material resources to do so (Watson, 2005). This point is key to understanding why neglect, which can also cause trauma, may go undetected in affluent families. Hence, wealthy children are more often regarded as 'not needing help', even when they clearly do (Luthar & Sexton, 2004). In this instance, concerns regarding equity and access to support and resources are raised, as wealthy children are not being afforded the support that they need. There is work to do in each school setting, regardless of the socioeconomic status of the students.

In the following section, I examine the response to childhood trauma as it manifests in our county and school district, followed by an attempt to collaboratively address this problem of practice in Cabarrus County. The improvement initiative focused on the lack of educators' capacity to identify and serve students in trauma.

Cabarrus County

Located in North Carolina's Piedmont Region, Cabarrus County is situated between mountains to the west and North and South Carolina's beautiful beaches and coastlines, to the east. Cabarrus County borders the city of Charlotte, North Carolina's most populated city. The 2018 North Carolina Department of Commerce County Profile indicates that 80.3% of Cabarrus County's population live in urban areas, with 19.3% living in rural areas.

The 2010 United States Census Bureau Report indicates that Cabarrus County is home to 178,011 residents. Population estimations, as recent as April 1, 2017, report that there has been a 16.2% increase in the population. Cabarrus County now has an estimated population of 206,872 residents (U.S. Census Bureau, 2010). Every year since 2010, Cabarrus County has experienced at least a 2.3% increase in its population.

Even as the population of the county increases, Cabarrus County remains a relatively white, middle-class suburb of the larger city of Charlotte. The racial makeup of Cabarrus County is approximately 74 % white, 19% black, 10% Hispanic, 4% Asian, 2% multiracial, and 4% indicated *other* nationality (U.S. Census Bureau Report, 2010). Eleven percent of the population is living below the poverty line, as reported in the 2010 US Census Bureau Report. Of the 206,872 residents living in Cabarrus County, 6.4% are persons under the age of 5, 25.9% are persons under the age of 18, 54.7% are persons under the age of 65, and 13% of persons over 65

years old, based on the 2010 US Census Bureau Report. Ninety-five percent of this population were born in the United States.

The citizens of Cabarrus County are reasonably well educated and well employed. Of the persons who are 25 and older in Cabarrus County, 88.9% are high school graduates, and 28.6% have earned a bachelor's degree based on the 2010 US Census Bureau Report. The unemployment rate is 4.2%. In 2016, the median household income for Cabarrus County residents was $58,970 (U.S. Census Bureau, 2010), making it one of the wealthiest counties in North Carolina.

Cabarrus County Schools

Cabarrus County is home to two separate public-school systems: Cabarrus County Schools and a smaller, more diverse, Kannapolis City Schools. For this study, I focused on the demographics for Cabarrus County Schools, which is where I live and work, and it is also where I implemented this improvement initiative.

Cabarrus County Schools serve over 33,000 students and is home to 41 schools (1 Pre-Kindergarten school, 20 elementary schools, eight middle schools, nine traditional high schools, and two alternative schools). Since the 2009-2010 school year, district enrollment has increased each year slightly. Cabarrus County School's student population is approximately 53% white, 20% black, 17% Hispanic, 4% multiracial, 5% Asian. Students identified as English as a Second Language (ESL) represent 13.1% of the student population. Forty percent of students are economically disadvantaged. As of November 2016, 13% of students have identified as Academically or Intellectually Gifted (AIG). Students with disabilities represent 13.6% of the student population based on the December 2017 headcount by the North Carolina Department of Public Instruction (North Carolina Department of Public Instruction, 2017b).

In order to effectively serve our growing Pre-Kindergarten through the twelfth-grade population, Cabarrus County Schools employs 4,000 personnel, 2,400 of whom are teachers with 116 central office and school-based administrators. Cabarrus County Schools, with the continued endorsement from the student services department, has committed to increasing mental health support by hiring additional school counselors, school psychologists, school social workers, and school nurses. The district continues to strive to meet nationally recommended ratios of students to school counselors (250:1), school psychologists (500-700:1), and school social workers (400:1) (NASP, 2013).

Specialized Instructional Support Personnel

These certified professionals: counselors, school psychologists, and school social workers, together form our Specialized Instructional Support Personnel teams (SISP). Cabarrus County Schools has committed to providing a SISP team at all 41 schools, based on the needs of our students, including members of our population who have experienced trauma. Members of our Specialized Instructional Support Personnel teams meet monthly in a Professional Learning Community (PLC) format to discuss evidence-based practices and to evaluate resources they can use in their work with children and families.

According to the National Alliance of Specialized Instructional Support Personnel (2013), SISP team members perform a wide range of activities in schools, including a broad array of prevention and intervention services that promote effective teaching and learning and promote school success. SISP also collaborates with teachers and school staff to ensure that students receive high-quality instruction responsive to their diverse academic, physical, social, emotional, and mental health needs. This coalition empowers SISP by encouraging multidisciplinary collaboration, highlighting their use of evidence-based practices, promoting

their involvement in school improvement efforts while providing school-based prevention and intervention services to reduce barriers to educational success.

SISP is legally grounded in our evolving federal laws regarding education. As defined in the No Child Left Behind Act (NCLB, 2002), pupil services personnel provide related services under the Individuals with Disabilities Education Act (IDEA, 2004). Congress incorporated the term, SISP, in several educational legislative proposals and bills. To capture all aspects of these job descriptions and provide consistency, NASISP refers to these professionals as specialized instructional support personnel. This title signifies that these professionals possess specialized skills that enhance quality instruction to help students be successful in school.

SISP may provide direct services such as education, therapy, counseling, assessment, and diagnosis for all children and youth who are experiencing problems that interfere with learning (NASISP, 2013). Additionally, purposeful connection and collaboration of school psychologists, school social workers, and school counselors are vital to supporting individual services to students, school-wide prevention efforts, and uniform/protocoled crisis response. This collaboration ultimately leads to an increased amount of mentally healthy students, who can grow to their highest potential, in safer schools.

Cabarrus County Schools' data demonstrates the importance of having SISP teams in place for the youngest and most vulnerable members of our population. In Cabarrus County, 36.9% of children live in poor or low-income homes, 19.2% of children live in households that are food insecure, and 2.9 out of every 1,000 children are in the foster care system. Cabarrus County agencies screen 42.8 out of every 1,000 children for abuse or neglect. Of these children, there were 208 documented cases of child abuse and neglect. Almost 5% of our children are without health insurance. Moreover, 264 children in our county are involved in the McKinney

Vento System, since they do not have a stable and secure home. These children show up to our schools each day, carrying all the baggage of situations of which they cannot control.

Within Cabarrus County, nine trauma-focused agencies are operating. The school system is connected to all of them as we refer our families out to these agencies that can support them more effectively than we can at the school level. The Family Educational Rights and Privacy Act (FERPA, 1974), laws sometimes prohibit schools from knowing the status of these students; however, schools remain responsible for supporting them.

Stakeholder Perception of the Problem

In addition to conversing with school stakeholders to identify the root causes of our inability to effectively meet the needs of children in trauma, I conducted a series of meetings with various groups of Cabarrus County school stakeholders. These interactions aimed to ascertain specific stakeholder's awareness of and confidence in their abilities to identify and serve students in trauma (see Appendix B). The cooperative relationships between these stakeholders would ensure a more systemic approach to working with students in trauma. In essence, I wanted to determine if other stakeholders perceived my problem of practice to be a significant problem.

In order to fully understand and support the multifaceted effects of trauma, knowledge and training from multiple mental health professionals is needed. The superintendent, district-level administrators, school counselors, social workers, psychologists, teachers, and staff members have different roles and strategies to support students. However, their common goal to improve outcomes for students dealing with trauma remains the same.

The first two meetings included groups of people who have the most substantial and immediate impact on our students: classroom teachers and SISP team members. Responses from

both groups indicated that there was a working knowledge of trauma and some possible causes. The teacher team identified possible causes of trauma, specifically in young people, that the other team did not, such as losing a pet, bullying, or a best friend moving away.

Teachers felt less prepared to identify students experiencing trauma, but expressed they could feel comfortable serving these students, with proper training. SISP team members expressed more confidence in their ability but still maintained that they would benefit from continued capacity building efforts. Both groups were aware of possible behaviors that students display that could be a by-product of trauma. Their concern was their own ability to distinguish between a real behavioral event and a trauma-induced response. Stakeholders communicated uneasiness in this area. They simply desired to respond to students' needs in an appropriate and fair manner, with confidence.

Both groups responded to the critical need to provide professional development to anyone who works with students in trauma so that students are identified and provided the resources that they need. I found it interesting that neither group talked specifically about social-emotional learning, and the ability it has in helping students become more internally aware of their responses and how to self- regulate. Perhaps, this is because educators are inclined to want to 'fix' every situation for students. Unfortunately, a student's traumatic experiences cannot be fixed. Instead, we can support our students and help them cultivate their ability to self-regulate, by implementing highly effective trauma-informed and SEL strategies.

The one-on-one sessions with stakeholders included a school principal and the Director of Student Services (DSS) for Cabarrus County Schools. Despite not having direct contact with students, these administrators work to provide training opportunities for social workers, school counselors, and school psychologists to mitigate the devastating impact of trauma, and by

extension, mental health issues of students. The DSS advocates on behalf of our mental health practitioners by lobbying to hire additional mental health practitioners. The school principal advocates on behalf of the students at her school by meeting weekly with her SISP team to identify and provide for students who are in trauma to ensure they achieve at their highest levels.

Both administrators demonstrated a more vast knowledge of trauma and the possible causes for our students, due to job-embedded training opportunities and requirements. Possible causes of trauma articulated by administrators in Cabarrus County included: homelessness, incarceration, domestic violence, drug abuse, joblessness, and more global causes of trauma such as terrorism, natural disasters, protracted poverty, and bullying. Our DSS clarified as he described causes of trauma, that to some degree, "Again, the issue here is the person's perception. Being publicly humiliated might also qualify as being traumatic for some people."

The school principal stated that her teachers desired to support students in trauma. She also shared that while her SISP team members have been equipped with training to do the work, they are often less experienced than other schools' SISP teams. High needs schools experience higher turnover rates in these positions, as they struggle with juggling the demands of the school's population.

Working with a SISP team member that is familiar with a family's history and dynamics serves to foster a sense of security and helps to develop trust between the school and home. This type of relationship increases the possibility that a family's needs will be met and that resources will be appropriately provided. However, the constant turnover rate in SISP positions in high needs schools further perpetuates a cycle of inequity and causes an interruption of services for these students and families who may be experiencing higher than normal incidences of trauma.

The DSS works with SISP teams from all forty-one schools in our districts. He stated, "I feel way better about this now than where we were three years ago. Our SISP teams have training in a variety of Trauma-Informed Program initiatives, including the PREPaRE Model, Trauma Toolkit, Support for Students Exposed to Trauma (SSET), Neurosequential Model of Therapeutics, and Grief and Loss."

When asked how the district could help mitigate the impacts of trauma, both administrators had similar responses. Cabarrus County needs to build teacher capacity by providing professional development opportunities to anyone who works with students in trauma so that they could be able to identify these students and provide valuable resources.

After conversing with a variety of stakeholders in Spring/Fall of 2019, we agreed addressing trauma in Cabarrus County Schools is a complex problem, but one that all stakeholders could support. While teachers, SISP, school, and district-level administrators articulated they need to support students who have experienced trauma, all were not as confident in their abilities to effectively do so. Classroom teachers, who are the closest to the center of work with students, reported they are unable to differentiate symptoms manifesting from possible trauma, from behavior issues and or other mental health-related concerns. Therefore, the purpose of this initiative was to build teacher capacity in identifying student survivors of trauma.

Theory of Improvement

As educators in Cabarrus County and elsewhere, we are contractually bound to meet the needs of each student and assist them on their journey to academic, social, and emotional success. The long-term goal for all educators and district leaders facing this problem is to accurately identify students who have experienced trauma and provide support to help mitigate the impact of trauma. For children living with trauma, the stress response can become their

regular manner of functioning (Wolpaw et al., 2009). Students in trauma can benefit from learning the skills needed to regulate their feelings or modulate emotions, which are a significant predictor of school and social success (Streeck-Fischer & van der Kolk, 2000; Stubenbort, Cohen, & Trybalski, 2010). Students who feel connected and have a trusting relationship with at least one adult in school are more likely to attend school regularly, give their best effort, and achieve (Hamre & Pinta, 2006).

In a review of research, I found consensus within empirical studies showed a coordinated social, emotional, and academic approach to child development in schools yielded positive results (Greenberg et al. 2003). Similarly, Robinson, Smith and Segal (2017) contended comprehensive and coordinated learning and mental health support directly contribute to a more positive school climate and increased academic achievement. Scholarly studies shows both targeted interventions that address trauma-informed practices and universal programming focused on social and emotional learning have a substantial impact on attention, emotional distress, school bonding, and pro-social norms (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011).

In order to increase our schools' ability to serve students in trauma appropriately, comprehensive and on-going professional development was provided to classroom teachers to increase their levels of awareness and understanding of trauma and their ability to respond to students in a developmentally appropriate manner. Durlak and Weissberg (2007) shared social emotional learning not only compliments trauma-informed practices, it *is* a trauma-informed practice, in and of itself.

Synthesizing stakeholder insights and scholarly literature, I developed a theory of improvement to guide this initiative. The change ideas for this study are all essential for building

trauma literacy in our teachers, providing teachers opportunities for self-reflection on their attitudes, beliefs, and dispositions about students in trauma, and how to best serve them. Once implemented, each idea brought the staff closer to the ultimate goal of helping students succeed in school, despite the traumas they experience.

My theory of improvement posits professional development surrounding trauma, trauma-informed support, and Social-Emotional Learning would build the capacity of educators to identify symptoms of trauma in students. Provided by members of our district's Specialized Instructional Support Personnel to school teachers, this new capacity would enable them to respond appropriately with research-based practices, support students' learning, social and emotional success, and well-being.

Langley et al. (2009) described the driver diagram as a tool utilized to guide the development of an improvement initiative. Also, the driver diagram captures initial theories to evaluate during Plan Do Study Act cycles (Langley et al, 2009) that can and should be updated when new theories emerge. Bennett and Provost (2015) asserted that the driver diagram represents an overall theory. The driver diagram in Figure 6 is a visual representation that highlights research-supported theories about the possible factors that will help to mitigate the impact trauma has on our students (Bryk, Gomez, Grunow, & LeMahieu, 2015).

Driver Diagram

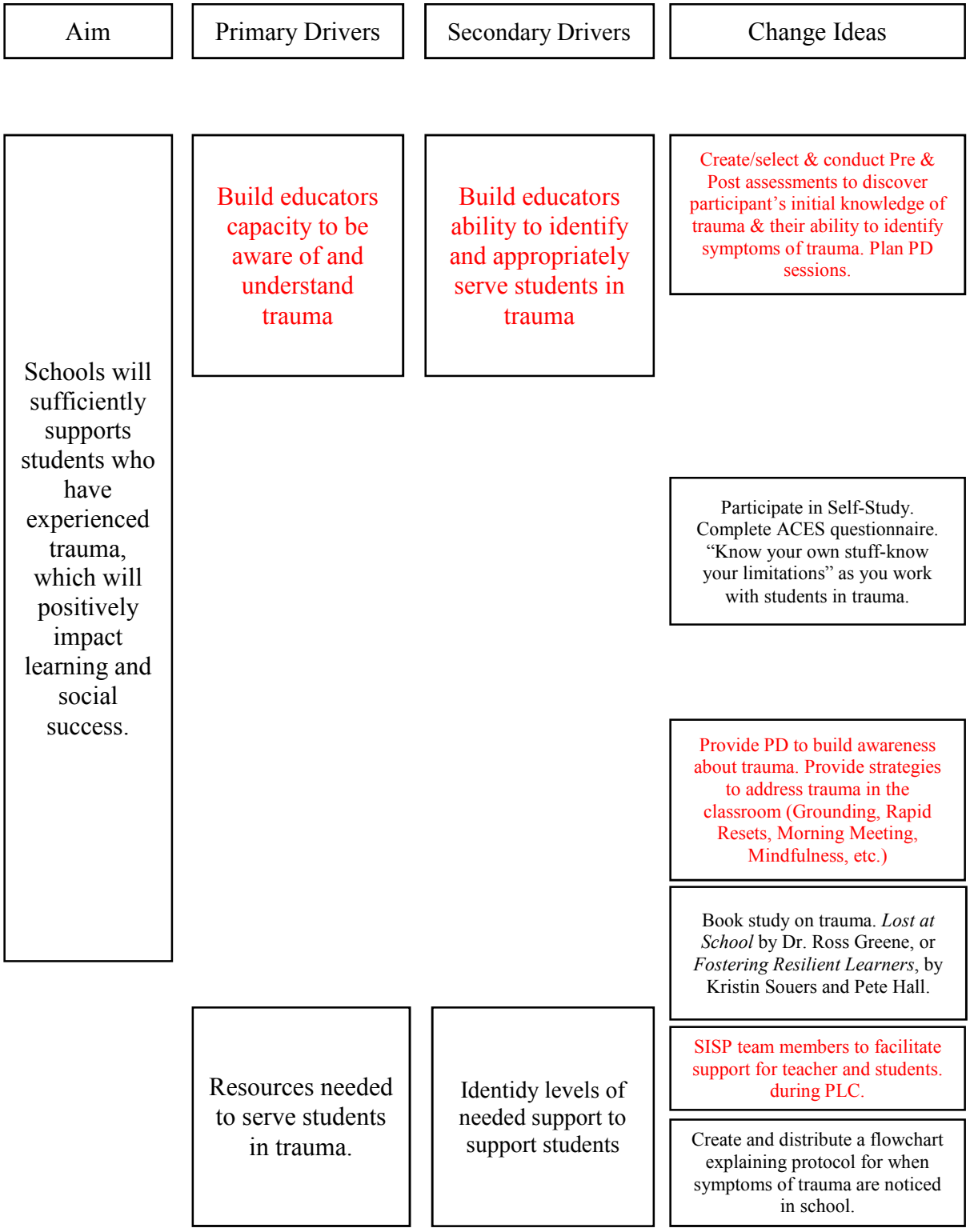

Figure 6: Driver Diagram of research-based theories and change ideas

Theories Relevant to the Disquisition

Understanding the complex nature of trauma and the impact it can have on the development of the whole child, and possibly throughout the life of the child, I explored several educational and social learning theories that inform this disquisition. Maslow's Theory of Hierarchal Needs (1948) was selected to provide an overarching framework for this initiative. Maslow's model organizes human needs into categories of a hierarchal system, which consist of five levels: physiological, safety, love and belonging, esteem, and self-actualization (see Figure 8). He believed that humans are motivated to have their basic needs met in order to move up to the next level in the hierarchy. His main goal was to understand the concept of self-actualization, where he believed humans were living at their best, happy, and self-fulfilled.

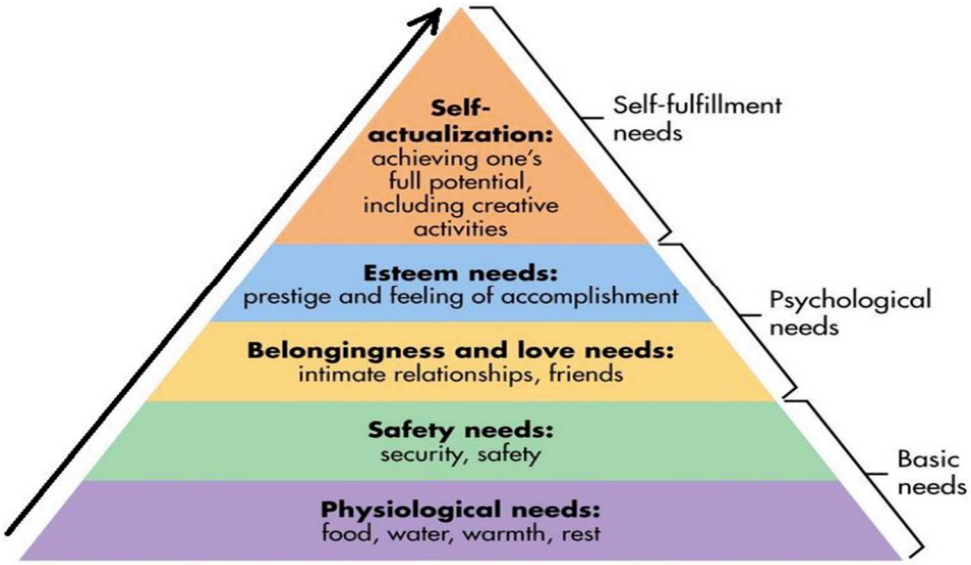

Figure 7: Maslow's Hierarchy of Needs Theory

The focus of the first level in this model demonstrates that one's physiological needs must be met, in order to access the higher levels. The core components needed for survival are having access to food, water, shelter, and sleep (Maslow, 1943). Once these fundamental needs

are met, the next level up focuses on the idea of feeling safe, such as feeling protected, having order and stability, and a sense of predictability (Maslow, 1943). Maslow then placed feelings of belongingness, family, connection, peers, and community in the next level up. In young children, in particular, this level can sometimes supersede the need for safety. For example, when children are abused or neglected, they sometimes still long to be with their abusive parents (Rutledge, 2011).

The fourth level up represents esteem needs, and have more of an individualistic focus. It demonstrates human's need to be accepted and to feel respected, sometimes through achievement or reputation status. An individual's need to gain strength, have a sense of self-mastery, and to acquire a sense of freedom in life (Maslow, 1954), can also characterize this level. Maslow characterized the top level as the ability to realize one's fullest potential, after mastering or fulfilling each of the preceding needs. This level is personal to each person, as everyone has their own goals and dreams.

As earlier defined, trauma is the perceived or actual event or overwhelming circumstances that produces intense fear or helplessness, which can have a direct, immediate, and potentially overwhelming impact on the ability of a child to learn, according to the Substance Abuse and Mental Health Services Administration, (SAMHSA, 2012). Maslow's Hierarchy of Needs (1948), supports that we must meet a child's most fundamental needs in order to for them to be able to reach their full potential. Guditus (2013), explained the application of Maslow's Hierarchy of Needs in schools (see Figure 9). He asserted to increase student achievement levels and outcomes, we may be overlooking the fact that some students' basic needs are going unmet. Like Maslow, Guditus stated in order for students to be ready to learn,

basic needs, at home and school, need to be satisfied. Schools are in a position to offer supports to help students to meet these needs, as evidenced by his model.

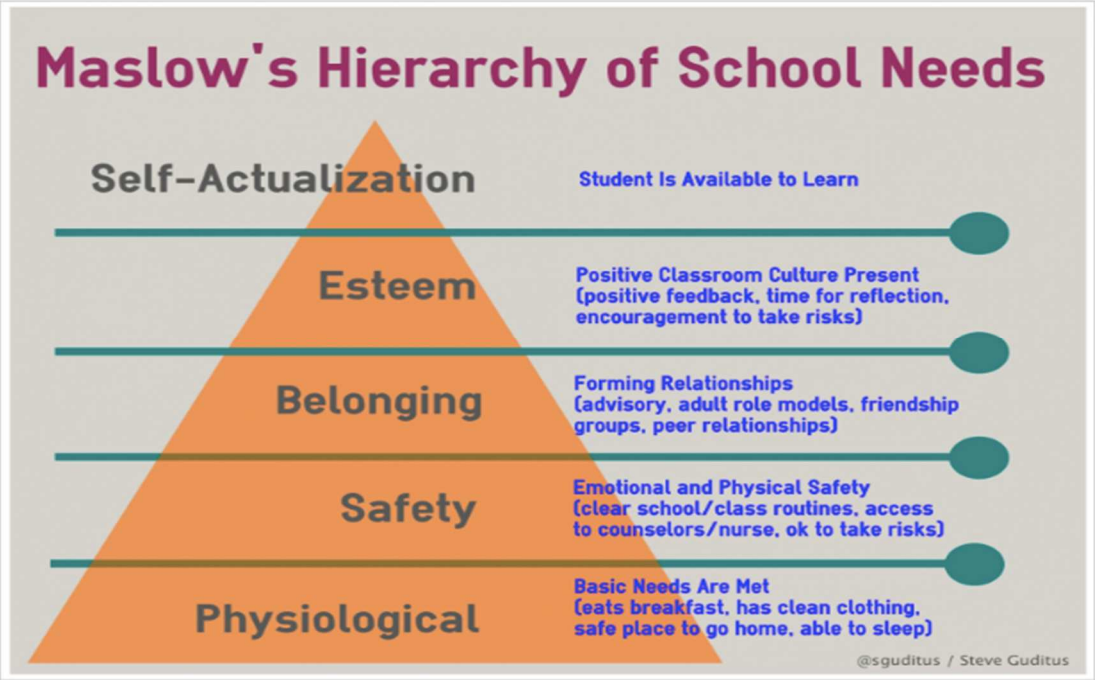

Figure 8: Maslow's Hierarchy of School Needs (Guditus, 2013)

There are many critics of Maslow's theory of needs, specifically concerning the manner in which the needs are constructed in a hierarchal way. However, I learned that it is not clear that Maslow ever intended for his framework to appear as the hierarchal visual, that we often associate with his work (Rutledge, 2011). Some say that needs cannot be hierarchal, because our needs depend on where we are in our lives. I would agree with that statement. Life is much more about having true connection and feelings of belongingness. Nevertheless, I interact with students every day, and when their most basic needs are left unmet, learning and growing are less likely to occur.

Another theory that relates to this disquisition is Albert Bandura's Social Cognitive Theory (1986). He explores the triadic reciprocal causation between the person (e.g., cognitive and affective), their behavior (e.g., coping), and the environment (e.g., social contexts and social

supports). Bandura asserted traumatic experiences can adversely impact and alter a person's foundational beliefs about themselves, the world, and others (Bandura, 1991; Benight & Bandura, 2004).

Children in trauma often see themselves as helpless to control circumstances in their lives and are often in survival mode. Most situations are perceived as traumatic and threatening, which makes it challenging to regulate negative emotions that occur. As a result, some children feel that they cannot manage stressful conditions, which undermines their self-efficacy and heightens their psychological distress (Benight & Bandura, 2004).

Social Cognitive Theory (SCT), however, illustrates a person's adaptation after trauma that integrate personal and social resources. In this case, resources refer to the strategies and coping skills used in order to move past trauma and regain balance in life. The significance of this approach to understanding human adaptation to a traumatic experience is that it highlights the importance of self-regulatory practices. School environments have the unique opportunity to provide resources and strategies to children that support their development of self- regulation. Stacks and Oshio (2009) asserted when students can master their own emotions, their ability to anticipate reactions of the adults around them, that is when self-regulation occurs.

In schools, children can observe and model positive behaviors and strategies from trusted adults and pay close attention to the consequences of their actions when doing so. Behavior in and of itself is a form of communication. As educators, we need to discern what students are communicating, react appropriately, and meet the need that is being communicated. The SCT framework highlights that one's perception of their self-efficacy and belief that they can categorize and use existing resources promotes resilience.

Improvement Initiative

Addressing childhood trauma in schools is a multifaceted process that involves various stakeholders to ensure success. I recognized that a there are many possible solutions for a problem of this magnitude. After careful consideration of the possible drivers for change, the design team applied an improvement strategy focusing on increasing the capacity of teachers to work more effectively with students in trauma. The strategy at WROES provided targeted professional development on building knowledge about trauma and trauma-informed strategies, which include aspects of social-emotional learning.

A Literature Review

Trauma-Informed Practice. Trauma-informed schools can help benefit all students by increasing positive social and academic outcomes. Blaustein (2013) asserted trauma-informed schools serve many purposes; they provide support for students to be successful. Teachers and other staff members use tools to help themselves and students to manage emotional challenges and helps adults in schools to navigate potentially challenging situations. There is an increasing need to acknowledge and address the impacts of stress, adversity, and trauma in students learning (Rossen & Hull, 2013). Creating trauma-informed schools is one way to address this need (Cole, Eisner, Gregory, & Ristuccia, 2013).

Trauma-informed schools understand that many challenging student behaviors can manifest as a developmental reaction to their experiences rather than willful disobedience (Terrasi & de Galarce, 2017). Mental health workers in schools, have the opportunity to build positive relationships, provide a safe and supportive environment, for students who have been traumatized by domestic violence, even though they cannot change the home and community experience for students (Thompson & Trice-Black, 2012). All students have access to resources

to support mental health, as such, schools are in a position to support child witnesses of domestic violence, according to Thompson & Trice-Black (2012). A paradigm shift within the school community resulted in educators asking what happened to students rather than asking what is wrong with them. Adults in trauma-informed schools understand and are sensitive to the potential impact of trauma on students' lives (Brock et al., 2016).

Being a trauma-informed school does not necessarily involve implementing a specific program, but, should be a component of a comprehensive framework for how schools identify needs, utilize resources, and provide services and supports (National Association of Elementary School Principals, 2013). As such, trauma-informed practices can be easily embedded within an overall Multi-Tier Systems of Supports (MTSS) framework, as well as best practices for positive school climate, physical and emotional safety, crisis prevention and management (e.g., PREPaRE Model; Brock et al., 2016).

Broad consensus is emerging regarding how to best support traumatized students in our schools. For example, SAMHSA (2014) and Trauma and Learning Policy Initiative's Helping Traumatized Children Learn (2016) both suggested trauma-informed care emphasizes these principles: creating and maintaining safe environments, building relationships and school connectedness, supporting and teaching emotional regulation and building knowledge of trauma to meet the ever-changing needs of students. No one considers any one of these principles listed above to be a singular response; each principle is interconnected with the others, making the whole greater than the sum of its parts (TLPI, 2016).

The research is readily available regarding the need for implementing trauma-informed practices in schools. We considered how to apply the principles of trauma-informed practice at W.R. Odell Elementary School. The design team recommended that our school adopt individual,

classroom and schoolwide strategies to support students who have experienced trauma. Below, Statman-Weil (2015, p.76) suggests specific action steps to take in an effort to create trauma-sensitive classrooms:

- **Understand that not all strategies work for all children.** Find strengths in even the most challenging students and remind and praise them when they are doing well (Wolpaw et al., 2009).
- **Create consistent routines for students**. Students feel safe when they can understand what is going on around them. (NCTSNSC, 2008).
- **Pre-teach or warn students of possible changes in their regular schedule**. Interruptions such as drills, assemblies, field trips, has the potential to trigger students-bringing about fear of the unknown (van der Kolk, 2005).
- **Grant the students some control**. Empower students to make choices in their environment and to experience ownership of their behaviors (NCTSNSC, 2008).
- **Anticipate difficulties that students may experience**. Be careful not to unintentionally trigger or reactivate a traumatic response in students (Perry & Szalavitz, 2006).
- **Teach students self-regulation strategies**. Some examples of self- regulation are deep breathing, grounding, mindfulness (Perry & Szalavitz, 2006).
- **Understand that students make sense of their experiences in different ways**. Remain calm and do not get pulled into their reactions (NCTSNSC, 2008).
- **Be sensitive and nurturing, but not overly so**. Understanding triggers, primarily resulting from physical or sexual abuse, will help educators understand the level of affection or touch each child may be comfortable. (Perry & Szalavitz, 2006).

Our design team utilized their knowledge and expertise, available research, along with the data from our initial participant surveys, and selected these strategies that were implemented during this improvement initiative.

Social and Emotional Learning. Social and Emotional Learning (SEL) is a process in which children and adults acquire and actively apply the knowledge, attitudes, and skills necessary to meet specific competencies. These competencies include understanding and managing emotions, setting and achieving positive goals, feeling and showing empathy, maintaining positive relationships, and making responsible decisions (Taylor, Oberle, Durlak, & Weissberg, 2017). Also, the framework allows for these competencies to be taught in schools, at home, and in community settings, which allows for maximum exposure.

Students spend their time in school surrounded by their peers, teachers, and other caring adults. Consequently, how educators and students process and respond to emotions influences a child's education in ways that affect their social, emotional, and cognitive development. Social and emotional learning can be powerful when grounded in evidence and theory and when adult stakeholders are actively involved in cultivating and modeling their social-emotional competencies (Brackett et al., 2009). Providing SEL programs could result in positive gains in the social, emotional, and academic preparedness of students, as well as enhancing the quality of learning environments.

Many schools and districts in the country have acknowledged the benefits of implementing SEL programs in schools. In fact, across a broad spectrum of business, public, and education sectors, there has been a renewed call for students to be able to demonstrate social and emotional competencies as they enter higher learning institutions or the workforce (Nagaoka, Farrington, Ehrlich, & Heath, 2015). In response, schools are increasingly implementing school-

wide SEL policies and curricula to foster caring relationships between teachers and students, cooperation and conflict reduction among students, a greater sense of school safety, and the development of social and emotional skills in students, teachers, and school leaders (Greenberg, et al., 2003; Zins, Weissberg, Wang, & Walberg, 2004).

Weare and Nind (2011) conducted an appraisal of 46 meta-analyses and narrative reviews of hundreds of studies. Their work suggested school-based universal social emotional promotion programs yielded a positive impact immediately following intervention, but remained unclear about the long-term effects SEL had on children. It was recommended further research be conducted in this area. Research showed 3.5 years after the last SEL intervention, students fared markedly better academically than their peers in control groups by an average of 13 percentile points, based on eight studies that measured academics (Weare & Nind, 2011; Weare, 2015).

Compared to control groups, students who participated in SEL exhibited significantly improved social and emotional skills, enhanced attitudes, behavior, and academic performance, that demonstrated an 11-percentile-point gain in achievement. School teaching staff successfully conducted SEL programs (Durlak et al., 2011). Conduct problems, emotional distress, and drug use were much lower for students with SEL exposure than those without (Taylor, Oberle, Durlak, & Weissberg, 2017). After one year of an SEL intervention, students exhibited positive gains, regardless of their race, socioeconomic background, or school location (Taylor, Oberle, Durlak, & Weissberg, 2017). Although not a solution for every student, SEL can positively impact the lives of our students. Through strategic planning of targeted professional development sessions, combined with the consistent use of trauma-informed strategies, educators will continue to enhance their practices, in an effort meet the needs of their students and help them to build resilience (Von Dohlen, Pinter, Winter, Ward and Cody, 2019).

Improvement Initiative Design Team

The improvement initiative began with the creation of the design and implementation teams. I approached a team of knowledgeable professionals to serve on this planning team. Together, this team explored the impact of trauma on students and how we could best identify and support these students at WROES. The team investigated potential causes and possible solutions to our problem of practice, concluding with the team researching, designing, and implementing a high impact improvement initiative. I, the scholar-practitioner, served as the facilitator for each of the design team meetings. Table 1 below lists the team members and their credentials.

Table 1

WROES Design and Implementation Team Members

Team Member	Location	Position Within CCS	Design Team or Implementation Team
A.R.	WROES	School Psychologist	Both
H.C.	WROES	Social Worker	Both
S.L.	WROES	School Counselor	Both
T.W.	WROES	School Counselor	Both
S.W.	WROES	Principal	Both
J.B.	District Office	Director of Student Services	Design Team
K.B.	WROES	Art Teacher	Implementation Team
T.B.	WROES	3rd Grade Teacher	Implementation Team
S.B.	WROES	4th Grade Teacher	Implementation Team
A.K.	WROES	EC Teacher	Implementation Team
C.M.	WROES	4th Grade Teacher	Implementation Team
L.R.	WROES	5th Grade Teacher	Implementation Team
M.R.	WROES	5th Grade Teacher	Implementation Team
S.W.	WROES	3rd Grade Teacher	Implementation Team

The Design Team. As members of the larger Cabarrus County School's education team, the design team members participated in district-mandated professional development. However, each team member brought their professional and personal experiences and expertise to this initiative, highlighting their work with students in trauma. Our school counselors provided the counseling vision required to assist the team. Our social worker contributed crucial knowledge about the needs of our families and had the ability to connect our design team to family and community resources that are available to assist students and families dealing with adversities and facing trauma. Our school's psychologist offered expertise and multiple pieces of training in the area of trauma and trauma-informed care and cognitive functions. While I convened the team, it is important to recognize that I alone, did not have the expertise to carry out this initative; but the expertise was present within my school building.

Serving in dual roles as the scholar (researcher)-practitioner (principal), I provided guidance and support with whole school scheduling, differentiated supports, and resources. I chose to include our district's Director of Student Services because of his expertise on the district's vision around Mental Health, SISP initiative, including trauma supports. The district level administrator was instrumental in providing the team access to opportunities to build our internal capacity by learning about trauma. The district's Director of Student Services also helped the team preview programs and strategies that could be implemented in schools to help mitigate the impact of trauma on our students.

Our collective experiences lead to the successful implementation of our school's trauma-informed learning team. Working through organizational activities and tasks allowed for the team to develop a shared understanding of both the problem and the improvement initiative. In

order to mitigate the negative impacts of trauma on students at WROES, the design team developed a fishbone diagram and a driver diagram, with the stated purpose of developing a common language directed toward the primary goal of a successful improvement initiative.

Initial Meeting and Purpose Statement. The first design team session provided an opportunity for discussion and orientation to the purpose of our initiative. Each member of the team provided input to drive the process. As separate members of the SISP team, the school psychologist, school social worker, and school counselors and Director of Student Services, had their specific functions. However, on this team, the SISP members gathered as one unit. Our school's SISP team vision statement reads: Students at WROES will thrive in a safe and nurturing school environment through the effective support of their physical health, academic achievement, and personal-social wellbeing.

Joint efforts from this team could tackle issues that have presented as byproducts of trauma, that adversely impacts student learning, such as attendance concerns, academic and social-emotional gaps, cognitive and executive functioning concerns, as well as access to family and community resources.

Presentation of the Problem. The design team's second meeting consisted of examining our problem of practice, utilizing Kaoru Ishikawa's Fishbone Diagram. The purpose of this causal analysis tool is to identify potentials causes of a specific problem (Bryk, Gomez, Grunow, & LeMahieu, 2015) and to gain a deeper understanding of the areas where the team could exert a measure of control, and which aspects were out of our sphere of control. Together, with a group of stakeholders, a causal analysis was conducted to explore why the team believed that our school was not adequately supporting students who have experienced trauma.

Tague (2005) believed the fishbone diagram could help structure discussions and brainstorming sessions and sort ideas into useful categories. The fishbone diagram featured below in Figure 9, illustrates some reported causes of our school's inability to adequately support students affected by trauma, categorized in the following ways: educator capacity to identify and address trauma, legislation and mandates, organizational structures, and people and resources. The stakeholder group concluded the 'bone' that we could most easily impact relates to educator capacity to identify and address trauma.

Fishbone Diagram

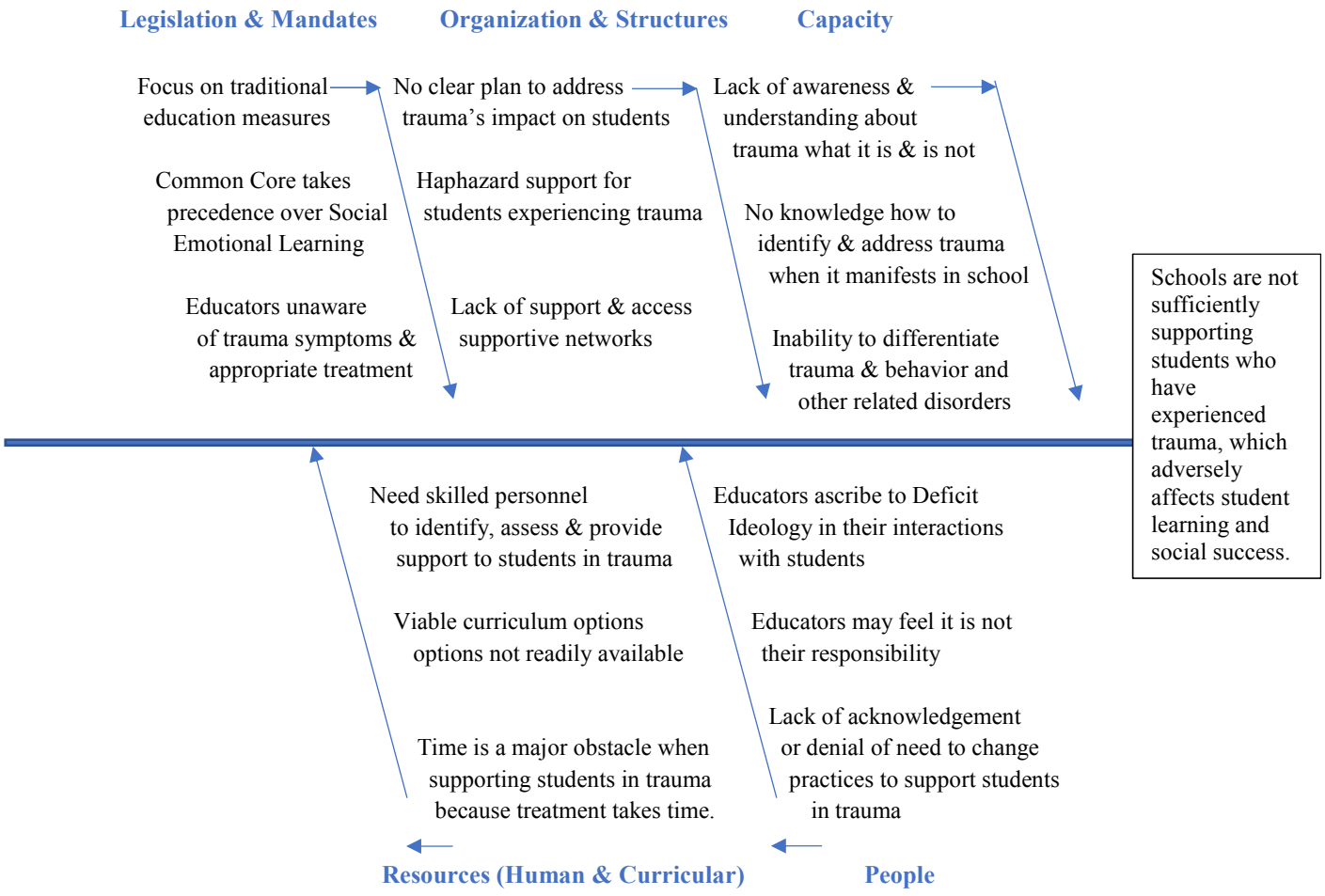

Figure 9. *A causal analysis of the problem of practice.*

Once the team reached a consensus on the specific problem to be addressed, via the fishbone diagram, we explored possible solutions. As such, the creation of our driver diagram (Figure 6) was the focus of the third design team meeting. Our primary and secondary drivers became clear during this process. For this improvement project, the design team determined that while our ultimate aim was to support students more successfully have experienced trauma, our immediate aim focused on increasing teacher capacity. Teacher capacity increased by building an understanding of trauma, resulting in an increased ability to identify and appropriately serve students in trauma. Having a shared understanding of trauma, and the impact of trauma on children leads schools to provide professional development sessions that help identify and support students in trauma. For this initiative, I focused on the drivers below. Armed with their new knowledge about trauma regarding how to respond appropriately to students experiencing trauma, teachers would be able to support these students in the classroom better.

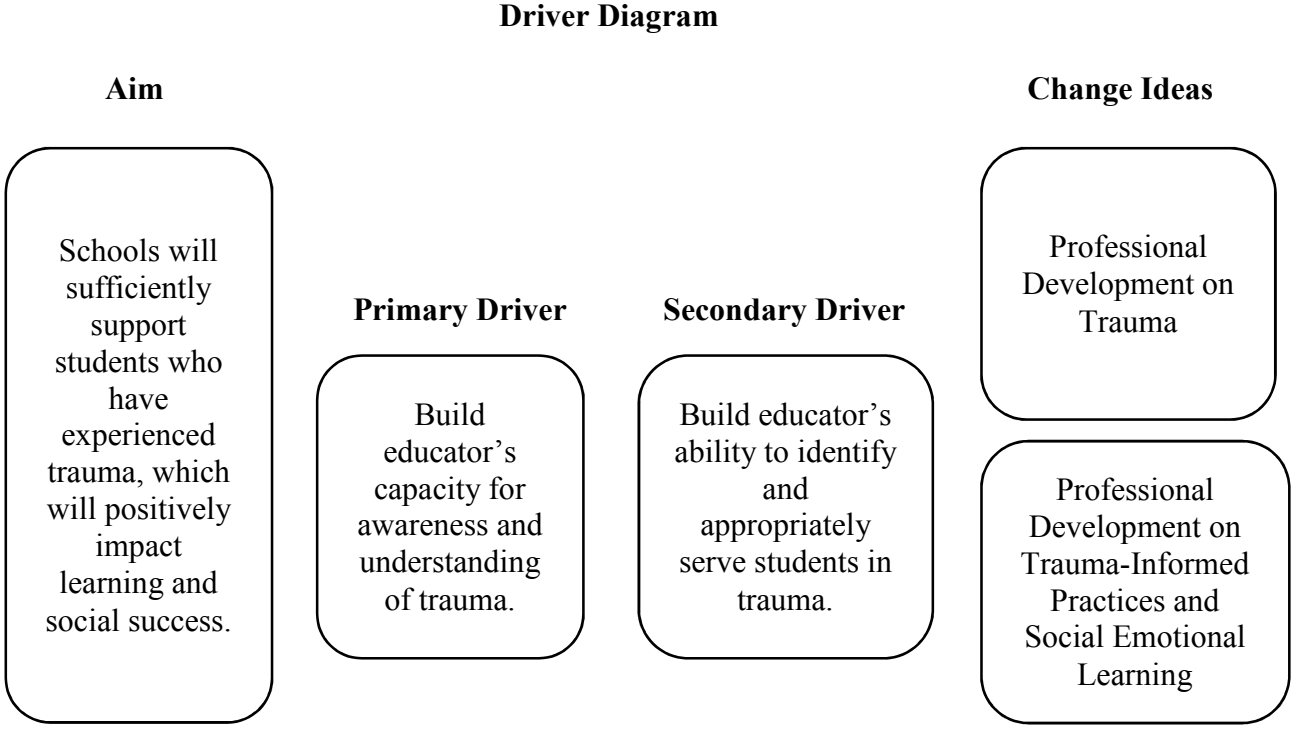

Figure 10: Abbreviated driver diagram of research-based change ideas specific to this DQ.

The final meeting in our design phase focused on planning the improvement initiative and deciding which stakeholders to include and how the initiative would be measured. Further, the design team concluded that we needed a school-based implementation team in order to have 'boots on the ground' during the initiative. When the design team finalized plans for this initiative, we were ready to recruit school staff members who would help us to implement our plan.

The purpose of the improvement initiative was two-pronged: (1) to identify, evaluate and select a research-based trauma awareness program for educators and (2) to identify, evaluate and select research-based trauma-informed and social and social-emotional strategies to implement as our tier-one social and emotional core program for our students. During the process, we explored several trauma awareness programs for teachers. Reconnect for Resiliency and Trauma Toolkit for Educators were both reviewed. Members of the design team participated in both trainings and agreed that these two programs were the frontrunners, before ultimately deciding that Reconnect for Resilience would best fit the purpose of the initiative. The purpose and goals of Reconnect for Resilience offers what educator need to know to become more trauma-informed and resiliency focused.

In 2017, The Resiliency Collaborative created this program to offer practical strategies that promote balance and wellbeing. With a heavy emphasis on brain research, Reconnect for Resilience teaches about how trauma and other adverse experiences could negatively impact the nervous system. The advantage of a program like this is that it explains complex topics in a way that participants of all ages, education levels, or backgrounds can understand. Individuals, schools, organizations and communities can benefit from learning this content.

> ‘Through demonstrations and group practice, participants are given the ‘owner’s manual’ to the body’s safety and threat management system and learn to use their natural ability to find balance. When we understand that the negative effects of high stress and trauma are normal responses of our nervous system’s design for survival, the shame and judgment we hold towards ourselves and others can be healed.’ (Resiliency Collaborative, 2017).

A series of seven Resiliency Tools were introduced in this training designed to help to reconnect with our body’s natural capacity to reset (https://resourcesforresilience.com).

In addition to providing trauma awareness training, the design team endeavored to provide research-based strategies to assist students who are experiencing trauma, and to arm students with strategies to develop their self-regulation skills. Zones of Regulation is a program that the team is familiar with, and have practical experience using the curriculum with students and had noted success. Zones of Regulation offers assistance for students helping them to gain self-regulating skills and other key features shared by the author below.

The Zones of Regulation curriculum uses a cognitive behavior approach where students learn to recognize and control their emotions based on a color coded system. This system is known as the “zones”and is represented by four different colors. The red zone represents feelings such as anger, sadness, and aggression. The yellow zone represents feelings such as confusion, surprise, and nervousness. The blue zone signifies feelings associated with sadness, sickness, and boredom, while the green zone signifies feelings such as happiness, excitement, and shows that the student is ready to learn.

Through the Zones of Regulation, students learn not only how to regulate their emotions, but also how to identify specific events that trigger certain emotions. Through this curriculum

students can more easily identify their feelings and understand how others see and react to their behaviors. By participating in The Zones of Regulation, the students problem-solving skills are strengthened by becoming equipped with a toolbox of strategies which include calming techniques, cognitive strategies and sensory supports. This curriculum is designed to be taught by anyone who works with students who struggle with self-regulation (Kuypers, 2011).

Definition of Terms

For a complete list of strategies used in the Reconnect for Resiliency PD session that will help to clarify meanings and conceptualizations, please refer to Appendix C. The definitions of strategies below appear numerous times in the methodology sections.

Resiliency tools as cited in the program:

- *Connect* helps create and increase safety in relationships with others
- *Sense-In* helps you tune-in to positive sensations (used with every other resiliency tool)
- *Rapid Resets* are strategies used to quickly reset your nervous system when it is out of balance, or help deescalate others when they are out of balance

Implementation Team. For any schoolwide initiative to be successful, leaders agree that teamwork is needed. Hattie (2015) stated, "Improving outcomes requires a team of teachers, students, parents and community members, all working in collaboration (p. 3)." The team solicited participants from our school's Positive Behavior Intervention and Support team. The PBIS team was the perfect place to recruit since these members have previously demonstrated an interest in student behaviors. This year our school embarked on a journey to better understand

behaviors and how to best support students at WROES. Our school improvement goal reflects our interest in this work, and it aligns with the work that I wanted to implement during our improvement initiative. From this group, two teachers from each grade level, one special area teacher and one instructional support teacher agreed to be a part of this implementation workgroup. Part of this team's responsibility included:

- Attend and fully participate in our initiative
- Share the work of the team with their grade level or PLC teams.
- Support the implementation efforts of the full team: trauma-informed training and social and emotional strategies.

Results of the Design Team. Our design team, in collaboration with the district SISP team, developed a capacity-building initiative to assist teachers with identifying and supporting students in trauma, while also demonstrating the importance of this professional development. The design team chose to hold two four-hour professional learning sessions for staff members into this improvement initiative, that occurred in September and October 2019, with ongoing support incorporated throughout the initiative.

Also, the design team agreed that teachers would implement trauma-informed and social-emotional strategies, serving as our school's tier-one support level for all students. Staff members learned how to implement new strategies to support students in trauma that benefitted individual students, as well as groups of students. They also learned why implementing these strategies is essential for our children. Self-regulation played a fundamental role in this professional development session.

We committed ourselves to providing information for teachers based on the emotional needs and development of positive well-being among students. The information is vital for teaching students how to be social and emotionally healthy so that they can be more successful in school and later in life. This team met monthly to discuss the implementation strategies, successes, and challenges. Teachers earned continuing education units (CEUs) for the professional development that applied to their license renewal cycles.

Improvement Initiative Implementation Timeline. As evident in the timeline below, (see Table 2), there were five major steps in this initiative: (1) convening the team leading the work, (2) designing, (3) implementing the first professional learning session on trauma and trauma-informed care, (4) designing, and (5) launching the second professional learning session on Trauma-Informed/SEL practices.

Table 2

Improvement Initiative Implementation Timeline

	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019
Design team meets for orientation and purpose						
Design team begins to design the Improvement Initiative						
Design team finalizes PD for the Improvement Initiative						

Solicit and secure teacher and staff participants & Implementation team members						
Improvement Initiative Implementation begins						
Program monitoring through monthly PLC Check-ins						
Finalize Data Collection & Program Completion						

Improvement Science

In order to measure the success of the improvement initiative, I employed improvement science (Langley et al., 2009). Improvement science is a framework for developing, testing, implementing, and spreading change that yields improvement. Bryk et al. (2015) argued utilizing improvement science would allow for educational organizations to apply a more organized manner in which to make sustainable change. The focus for many reform policies is to disrupt current educational practices, often adopted to make large scale changes, much too quickly. Bryk et al. (2015) reminded us that educational leaders would do well to understand the concept of "learning fast to implement well" (p.1).

The purpose of this improvement initiative was to increase educators' capacity to identify and support students in trauma by providing timely and specific sessions of professional development. Our design team intended to demonstrate that armed with new knowledge, that teachers would better be able to support these students, thereby increasing their opportunities for positive academic and pro-social outcomes. The improvement initiative consisted of two components: providing teacher training on trauma knowledge and providing useful strategies to

assist students, followed by three 30-day cycles, to assess implementation practices, challenges, and successes related to the initiative.

At the center of this model is iterative cycles of plan-do- study- act (PDSA) and three core questions that drive the work.

1. AIM- What are we trying to accomplish?
2. MEASURES- How will we know that change is an improvement?
3. CHANGES- What changes can we make that will result in improvement?

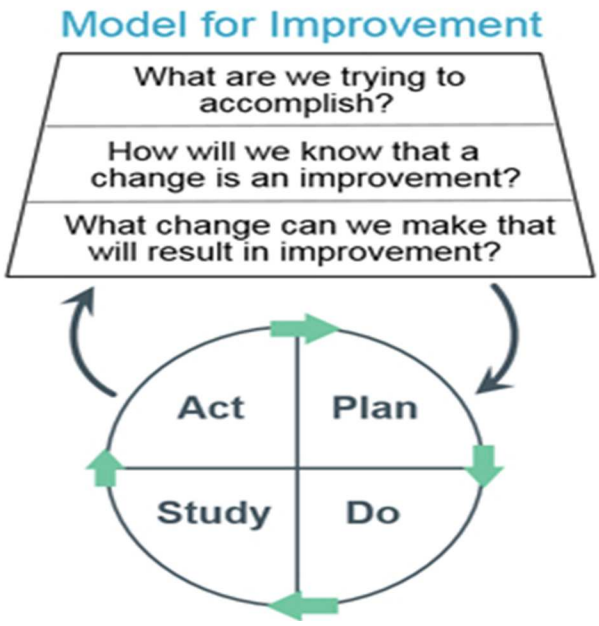

Figure 11. Model for Improvement. From *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance 2nd ed.* (p. 24), by G. J. Langley, R. D. Moen, K. M. Nolan, T. W. Nolan, C. L. Norman, and L. P. Provost, Belmont, CA: San Francisco: Jossey-Bass. Copyright 2009 by G. J. Langley, R. D. Moen, K. M. Nolan, T. W. Nolan, C. L. Norman, and L. P. Provost. Reprinted with permission.

The design team determined that it was of value to focus on these fundamental questions at each juncture to ensure that our collective efforts remained focused on the improvement initiative. Progression through each cycle provided us the opportunity to check to see if we were

doing what we said we were going to do, determine if what we were doing was working, and if not, what did we need to do to ensure change or success.

Evaluation of the Improvement Methodology.

The design team employed a mixed-methods approach in order to assess the effectiveness of our improvement initiative. Both qualitative and quantitative data were concurrently collected during each stage of the initiative. Qualitative data was collected through staff surveys during the two PDSA cycles and the use of open-ended responses on surveys. In contrast, the quantitative data collected included ratings on staff development, teacher efficacy, and self-care ratings, and overall learning.

Improvement science requires measurement of processes as well as outcomes; thus, various types of data were collected, and a variety of analytical procedures were utilized to evaluate the data collected. Processing and balancing measures were able to determine if the initiative was implemented with fidelity and monitored for unintended consequences during implementation of our capacity building initiative (Hinnant-Crawford, 2019). In contrast, outcome measure determined if the program worked after the fact (Hinnant-Crawford, 2019). The intended use of these data is to determine success and to provide guidance for the next steps (Creswell, 2012).

The capacity-building initiative was implemented throughout the 2019-2020 school year, as planned. Teachers continued to receive support in their efforts to identify students in trauma more effectively, and participants continued to meet during grade level PLC's to discuss their implementation efforts, successes, and challenges, concerning our initiative. However, for the disquisition, our mid-year data marked the end of our data collection efforts. Survey responses were collected throughout the initiative and concluded on December 31st, 2019. This data was

used as the post-intervention summative data, helping to evaluate the effectiveness of the program as a whole. The following section describes the formative and summative evaluation practices employed during this initiative.

Formative evaluation is a process used to provide ongoing information about the success of a particular initiative or intervention. For example, in education, this practice provides clear evidence of how and student might respond to a prescribed intervention, or how a school might be performing, while implementing a specific program. The major role that formative evaluation plays in any process is that of improvement. In a summary of the work of well-known scholars in this field, Nieveen and Folmer (pp. 157-158, 2013) described formative evaluation, in the context of educational design research, as a systematically performed activity aiming at quality improvement of a prototypical intervention and its accompanying design principles.

The American Society for Quality (2020) described the PDSA cycle as a model for carrying out change. Moreover, just as a circle has no end, the PDSA model for improvement should be repeated, as improvement should be continuous (ASQ, 2020). The design team at WROES implemented a capacity-building initiative using two PDSA cycles.

The First PDSA Cycle- July 0f 2019 – September of 2019

Plan

Members of the design team collaborated to create and implement a highly impactful capacity building initiative for teachers at WROES. Discussions centered around what was the most important information that teachers needed to know in order to support students who have experienced trauma more effectively. The selected improvement strategy focused on increasing the capacity of teachers to work more effectively with students in trauma by providing targeted professional development on building knowledge about trauma and trauma-informed strategies.

Also, the design team decided to provide research-based strategies that could assist students who are experiencing trauma and to arm students with strategies to develop their self -regulation skills. Content adapted from the Reconnect for Resiliency and The Zones of Regulation curriculums were used as the basis of the training initiative. The team discussed strategies to solicit staff participation for the capacity building initiative. We considered including just classroom teachers but later rejected that idea. The team wanted to cast a broader net, by including any staff member that interacted with students in a meaningful capacity. There was a good discussion around how many participants would be needed to help carry out this initiative. The team decided that a small number of participants would be more manageable. Therefore, we capped the participant number at 35.

Do.

The design team chose to incorporate two four-hour sessions for staff members into this improvement initiative. PD sessions occurred in September and October 2019, respectively, with ongoing support incorporated throughout the initiative. The Director of Student Services for CCS facilitated the first four-hour PD session at WROES. As planned, the topic of this session focused on learning about trauma and the impact that trauma can have on the lives of the children that we serve. The Reconnect for Resilience program served as the framework for the professional development. The agenda for our initial professional learning session is below in Figure 12.

Building an Awareness and Understanding of Trauma and how Trauma Impacts Our Lives

W.R. Odell Elementary School

September 27, 2019

11:30-3:30

Welcome and Purpose	Sandy Ward, Principal
Introduction of Speaker	Danielle Baker, AP
Icebreaker Activity	Who is in the Room? - Mr. J. Basilice, Speaker
Reconnect Training	Mr. Basilice Review Session Objectives Set the Agenda
1.5 hours	Topics: • Resiliency (Resilience Zones- Amped Up/Shut Down) • Co-Regulation & Self -Regulation • Brain Organization (Siegel's Hand Brain Model) • Nervous System
Break (15 minutes)	
2 hours	• Types of Trauma (Big T-little t) • Historical Trauma • ACEs Study • Resiliency Tools (Including Rapid Resets) Guided Practice
15 minutes	Questions and Wrap Up

Figure 12. PD Agenda for Trauma Awareness Session

This professional development offered participants the opportunity to learn about the body's threat safety and threat management systems, while providing strategies for individuals to learn how to regain their balance. The second session focused on the expertise of our counselor and our social worker, which featured trauma-informed and SEL strategies for students. See Figure 13 below.

Trauma -informed and SEL Strategies Learning Sessions

W.R. Odell Elementary School

October 2nd & October 9th
2:30-4:30

Welcome and Purpose	Sandy Ward, Principal
Introduction of Speaker	Danielle Baker, AP
3 Stars & Wish	Mrs. H. Corsello, Speaker
	Mrs. Corsello, CCS Social Worker Review Session Objectives Set the Agenda
10/2/2019 2 hours	Topics: • Review the 7 Reconnect Strategies (45 minutes) • Introduce Rapid Resets (30 minutes) • Provide Guided Practice • Questions and Wrap Up
10/9/2019 2 hours	• Review Morning Meeting & Morning Greeting protocols • Share Best Practices from Staff • Introduce the Google Drive with Learned Strategies • Provide Guided Practice of Individual Strategies • Questions and Wrap Up

Figure 13. PD agenda for Trauma Informed and SEL Session.

Participants responded well to frequent opportunities provided to practice using the strategies during the training session. Ninety percent of the staff attended the session. After both training sessions concluded, the participants completed PD surveys that were analyzed by the team.

Study

During this study phase, the design team discussed our initial thoughts on the PD sessions. From all accounts, the PD sessions were a success. Though not ideal, the team delivered the first session of PD on a Friday afternoon. Most attendees appeared to remain engaged, but not all. The topic of trauma is complex and far-reaching. As we continue to provide professional

learning opportunities for our staff, we will insure that they are scheduled with enough time to delve into the many aspects of trauma, and giving the participants the appropriate time to learn. The attendees asked very thoughtful questions of the presenter, such as: "How can you tell if your brain has been damaged from trauma? How is it possible that children from the same family and community experience trauma in different ways? Is it really ever possible to get over trauma? Can resilience be taught? Why didn't we learn this content in our teacher preparation programs?" Most of their questions were specifically geared towards the ACEs study and the brain research. Attendees practiced the Reconnect strategies and breathing strategies. Darling-Hammond and McLaughlin (1995) reminded us teachers need the opportunity to learn, practice, and refine new pedagogical practices. Teachers learn by doing, reading, and reflecting, through collaboration with colleagues, through intense student work and data analysis, and by sharing findings. Therefore, multiple opportunities were afforded for attendees to reflect and share their thoughts.

Process Measures and Formative Evaluation of the Improvement Initative. Practical measurement calls for measurements of processes to determine the degree of fidelity in which an initiative is implemented. Throughout this initiative, the design team assessed two elements of this study, using process (formative) measures. The data from both staff development sessions allowed the team to capture teachers' views about the sessions, their perceived value, and usefulness and allowed teachers to share how they plan to implement new learning in their classroom. Additionally, the team learned what staff members felt they needed, as the improvement initiative progressed.

The graph below details participants' numerical ratings for each of the questions on the survey assessing staff satisfaction with PD sessions (see Appendix D). While 90% of staff attended the PD sessions, only the participants who consented to participation have data included in subsequent analyses.

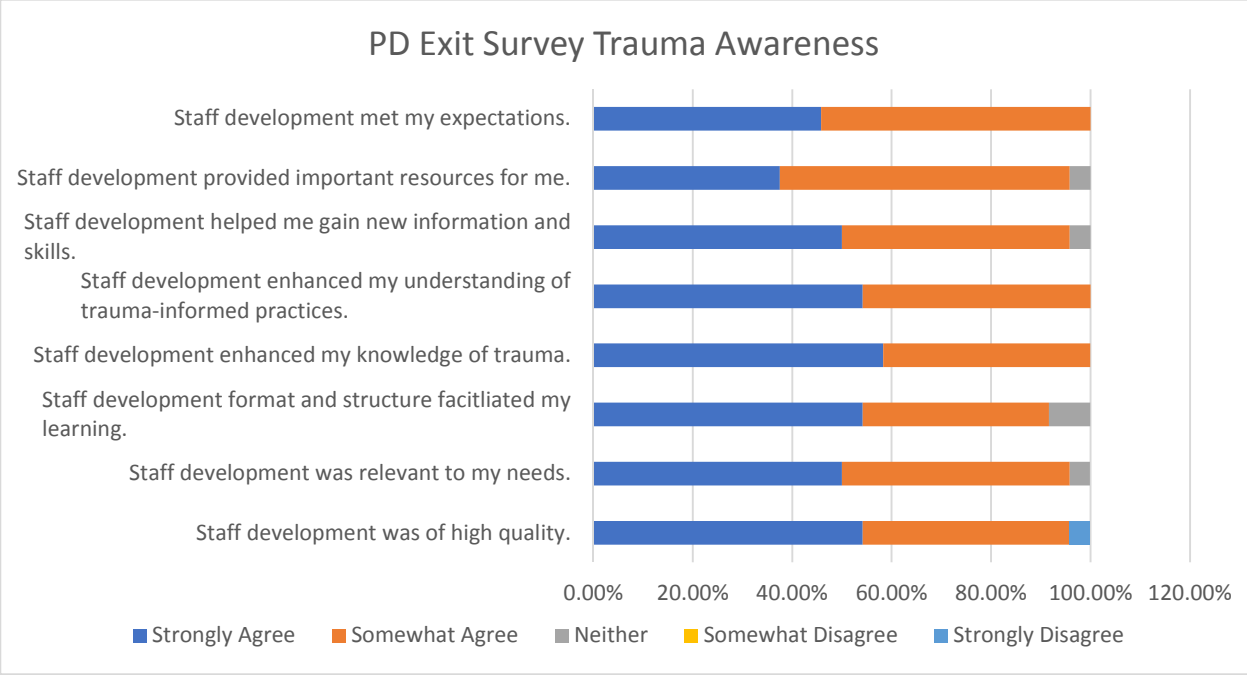

Figure 14. Participant responses to PD Exit Survey

The design team was pleased that overall, both PD sessions were highly successful, according to our analysis. Participants rated each element in a highly favorable manner. Each of the eight questions posed in the survey received a positive response rating of 90% or higher. It is evident that we met the goals of the PD sessions, as 100% of participants agreed with statememts assessing the purpose of the training, such as:

- (Question #1) Staff development met my expectations.
- (Question #4) Staff development enhanced my knowledge of trauma.

- (Question #5) Staff development enhanced my understanding of trauma-informed practices.

In addition to the items shown above in Figure 13, the design team also posed four additional open-ended questions on professional development exit surveys. The open-ended questions allowed participants to share what information was important to them, and any additional information that they wanted to disclose to the team, in their own words. The four open-ended questions are as follows:

- (Question #9) How will you use what you learned?
- (Question #10) What was the most useful part of this staff development? Why?
- (Question #11) What was the least useful part of this staff development? Why?
- (Question #12) What additional training/support do you need?

A limitation of this survey is that of participation rates. When the first PD survey was administered, there was a 94% response rate. The team later realized that the four open ended questions at the end of the survey were inaccessible to the participants. After fixing the problem and re-releasing the survey, the response rate decreased to 70.5%. The team analyzed the responses.

I used descriptive and evaluative coding to analyze the open-ended items on the survey. Evaluative coding is an inductive coding method used to determine how a respondent assigns judgment about merit, worth, or significance (Miles, Huberman, & Saldaña, 2014). I also used descriptive coding to categorize topics gleaned from the survey data and then used descriptive and evaluative coding to code the take-aways, what worked well, and suggestions for improvement (Miles et al., 2014).

The PD sessions garnered 24 responses overall. However, some respondents added multiples replies to each question. In the qualitative data; four descriptive themes emerged from the responses given to the question: *How will you use what you learned?* Below in Table 3 is the frequency in which each of these codes were revealed: (a) Reconnect for Resiliency and Zones of Regulation tools to use with students and adults, (b) providing targeted support for students that informs decision making, (c) increasing awareness of trauma and understanding student triggers, and (d) increase positive impact in school and boosting self-esteem.

Table 3

Frequency of Codes for PD Survey: Question: How will you use what you learned?

Theme	**Number of Responses (N=43)**
Implement Reconnect tools or Zones of Regulation tools	22
Provide targeted support for students; Informed decision making	10
Increase awareness of trauma; Understand students' triggers	7
Increase positive impact in class; Increase student self-esteem; Relate to student	3

Participant responses to question nine demonstrated a high interest in the many tools presented at the PD session. As previously cited, Brackett et al., Chisholm (2009) asserted social and emotional learning could be powerful when adult stakeholders are actively involved in cultivating and modeling their social-emotional competencies. Adults need to have access to tools and strategies to assist young learners when they are not regulated. I observed numerous tools successfully implemented in classrooms across the school. For example, one teacher responded, "I am more vigilant in 'reading' my students' behavior, and now I have some tools that I can use to help them reel in their emotions." Another theme revealed in the data showed

that participants increased their understanding and awareness of trauma. For example, a participant shared that she now thinks before reacting to students who are emotional or acting out of control because the behaviors may point to trauma. I noticed that teachers demonstrated more confidence when faced with challenging behaviors.

In the qualitative data; six descriptive themes emerged from the responses given to the question: *What was the most useful part of the PD sessions?* Below in Table 4 is the frequency in which each of these codes were revealed: (a) tools and the ability to practice using tools, (b) brain research, (c) learning to support students and increasing the positive impact on students, (d) ease of implementing tools, (e) learning about the impact of trauma, more specifically, ACEs, and (f) having an expert presenter.

Table 4

Frequency of Descriptive Codes for PD Survey; Question: What was the most useful part of the *PD sessions?*

Theme	**Number of Responses (48)**
Reconnect tools; Practicing Reconnect tools; Ease of implementing tools	21
Brain research; Scientific portions of the session	8
Learning to support students; Increase positive impact on students	8
Impact of ACEs; What is classified as a trauma?	7
Feelings that hinder positivity; Our kids are privilidged	3
An expert presenter in the field	1

The majority of participant responses to the question of what the most useful part of this staff development was asked in the PD exit survey centered around the theme of strategies presented at the training. The Reconnect for Resiliency training program allowed the opportunity to practice these strategies. DuFour, DuFour, Eaker, and Many (2010) said when it comes to building capacity in adults, "We learn best by doing" (p.1). The design team felt strongly that all of the training sessions should have time for practice and reflection.

Participants also expressed that learning about the brain and how trauma impacts the brain was also beneficial, as this was a large portion of the training. van der Kolk (2014) pointed out trauma hurts parts of the brain responsible for making us feel alive. One participant noted, "The brain has always been confusing to me. I like the hand brain model that we learned." Another responded, "I enjoyed the scientific background behind how the brain is wired." We know that the brain is complex and that everyone responds to trauma(s) differently. To be able to learn about how the brain works presented an opportunity to understand trauma on a different level.

In the qualitative data; six descriptive themes emerged from the responses given to the question: *What was the least useful part of the PD sessions?* Below in Table 5 is the frequency in which each of these codes were revealed: (a) it was all useful, (b) N/A or not sure what was the least useful part, (c) felt too rushed or too much information, or participants preferred to be in their classrooms, and (d) tools.

Table 5

Frequency of Descriptive Codes for PD Survey; Question: What was the least useful part of the PD sessions?

Theme	**Number of Responses (37)**
It was all useful	12
None; N/A; Not sure	9
Time; It felt rushed; Too much information; Need more time to practice;	6
Time; More time on the brain; Less time on the brain; Need more PD	5
Time; Had prior knowledge of the content; Wanted to be in my classroom	3
Tools; Did not like tools used with the whole group	2

The majority of participants responded that time presented an obstacle for them. Either there was too much information shared during the allotted time, or participants shared that the session just felt rushed. A possible cause for this response is that the session was held on a teacher workday on a Friday afternoon. The time allotted was not ideal, but overall, the team felt that it was a successful session. Also important to note is that a fair number of participants responded that all of the information presented was useful. The version of the Reconnect for Resiliency session that we used was planned specifically to meet the purposes of our initiative. The content and activities were intentionally selected to build an awareness of trauma and the impacts that trauma has on our students.

In the qualitative data; five descriptive themes emerged from the responses given to the question: *What additional training do you need?* Below in Table 6 is the frequency in which each of these codes were revealed: (a) more support with Reconnect strategies; modeling

strategies, (b) none at this time; not sure, (c) more resources; a book with strategies; posters, (d) receive updates on current research, and (e) training in Arts Integration; support with parents.

Table 6

Frequency of Descriptive Codes for PD Survey; Question:What additional training do you need?

Theme	**Number of Responses (24)**
More support with Reconnect strategies; Modeling strategies using the fishbowl strategies; How to incorporate breathing exercises	8
None at this time; Not sure	7
More resources; Maybe a book of strategies; Posters or visuals	4
More training with updates on research; Provide more relevant examples	3
Training in Arts Integration in response to trauma; Support with parents	2

The most common response to the question of what additional training or support needed was coded under the theme of more training is needed using the presented strategies. The question presented the design team with good information. While the overall view of the training was positive, there were still participants who needed extra supports. One participant asked, "Can you give us more information on the grounding technique? I like that strategy, but I am unclear how to use it." Another responded shared, "Is there a training on the utilization of arts integration that positively affects the control and release of emotions through creative activities?"

The design team had a great discussion around this topic. As a result of the question, we implemented an activity that engaged and addressed the arts and creativity. On the whole, the team learned that the PD sessions were effective met the goals of the imitative. Participants responded well. The team addressed gaps in the PD sessions.

These questions allowed participants to share what they felt was valuable, most useful, and least useful. Participants shared that learning and practicing real-time strategies during the training was useful. The data indicated that brain research was also an important topic. While many participants felt that the training was useful, one participant indicates that they did not enjoy standing against the wall for one of the strategies. Six other participants felt that either the training was too rushed, and they did not have enough time to practice the strategies or that they are unsure of how to identify trauma in students. All responses collected from the survey helped plan for the next steps in the improvement initiative.

Act

The design team met and analyzed the data collected from the staff development surveys. It appeared that the PD sessions were mostly well-received by the participants. Easy to use strategies, combined with short practice opportunities, were reportedly appreciated by the participants. The design team offered extra practice sessions during grade-level PLC time. Members of the design team led a voluntary review of the strategies for participants and other grade-level members who were not a part of the improvement initiative. This practice time appeared to be welcomed by staff members. Several responses revealed that participants did not have any additional needs after the training. While other responses showed that supplementary supports, in the form of visuals or posters, would be beneficial to their implementation efforts. See Figure 15.

Figure 15. Quick strategy reference supports for teacher use in the classroom.

The visual supports above were provided to teachers for easier access to strategies. A poster of a quick grounding activity that could be used individually or whole group was also provided. Grounding activities helps to refocus students and get them back online. Student calm down cards were provided for every classroom so that students could access these strategies whey they felt it was needed. Posters and visual aids, power points, and other supports were provided to all staff so that the whole class SEL lessons would be successful.

Lastly, a few responded that supports with parents would be helpful. Trauma, in and of itself, is a difficult topic to encounter, and speaking with parents about trauma might prove to be uncomfortable. The design team heard concerns and worked to remedy them.

The Second PDSA Cycle- October of 2019-December of 2019

Plan

Research describes successful professional development, that aids in building teacher capacity as on-going and collaborative (Darling Hammond & McLaughlin, 1995). Our inititative began with traditional forms of information delivery, and then in time practice of multiple strategies that were selected for this initiative. However, we wanted to continue to reinforce the skills learned long after the professional learning sessions held in September and October. To support previous learning we decided it was best to embed review of the strategies into our established faculty development structures and to continue to monitor their use of the trauma informed practice and social and emotional learning. The design team successfully planned the staff development portion of the improvement initiative. All attendees have new knowledge about trauma and how trauma impacts the lives of our students. In addition to learning about trauma, attendees learned tools and strategies, that when implemented, could help students regain balance and a sense of composure when they feel out of control. These strategies came in the form of trauma-informed/SEL strategies, adapted from the Reconnect for Resiliency and Zones of Regulation curriculums. The design team needed a tool in which to monitor the implementation process.

Do

The design team selected a short four question survey to monitor participants' implementation of learned strategies. This survey was completed by the participants approximately every 30 days- October, November, and December. Grade level PLC teams designated a time each month for discussions surrounding the improvement initiative. I attended one grade level PLC during each of these months to discuss their experiences with the implementation of the strategies. The conversations centered around the following questions and/or discussion starters: Share wilth me

how implementation is going in your classroom? Are you comfortable with the lessons and supports that you are receiving from the design and implementation teams? When do you implement the lessons, during an extended morning meeting time or during our off recess day? Is there enough time to finish each lesson? Are students responding to these lessons? Can you obseve any changes in your classroom due to your implementation? Discussions lasted between 20-25 minutes, depending on how much each team wished to share. After the discussion, I left the session while the participants completed the survey.

I relied heavily on the two implementation team members on each grade level to provide insight into how the implementation was going. When participants were not comfortable sharing with me during the meeting, these members would step in and share what they felt that I needed to know in order to maintain the fidelity of the initiative.

Study

The design team analyzed the PLC check-in data monthly. The design team and I conducted official and unofficial observations in all classrooms and verified the implementation of strategies. Observations, informal classroom walks and lesson plans revealed teachers at WROES successfully integrated classroom trauma-informed strategies very well into the daily routine. Each classroom teacher implemented a version of the personalized morning greetings at the door, morning meeting and the SEL curriculum selected by the design team. What is not clear is if individual strategies were not implemented because they were not needed or if participants did not feel comfortable utilizing them.

I used the monthly PLC check-ins to monitor the fidelity of our improvement initiative. Every four weeks, participants completed the same four question PLC check-in survey (see Appendix

H). The data collected indicated the strategies that were implemented or not, as well as any additional support needed. The monthly PLC check-ins had different participation rates. The overall number of responses for each question varied depending on how much each participant shared. The participants for the October cycle included twenty three classroom teachers, two non-classroom teachers (teacher assistants), and four student support staff members.

In the qualitative data; five descriptive themes emerged from the responses given to the question: *Describe your implementation of trauma-informed/SEL strategies with students.* Below in Table 7 is the frequency in which each of these codes were revealed in the October Check-in: (a) Personalized morning greetings; Morning Meetings; Community building, (b) Zones of Regulation strategies, (c) Daily schedule review; Communicate changes; Safety drills, (d) Rapid Resets, and (e) miscellaneous responses.

Table 7

Frequency of Codes for October PLC Check-In; Question: Describe your implementation of trauma-informed/SEL strategies with students.

Theme	**Number of Responses (91)**
Personalized morning greetings; Morning Meetings; Community Building	33
Zones of Regulation; Zones Check-In	27
Daily schedule review; Communicate changes; Safety Drills	15
Rapid Resets	5
Miscellaneous responses	16

The most common response focused on morning arrival practices. A large number of respondents shared that personally greeting students at the door, and or implementing morning meeting daily, are now a part of their morning processes. The next most common responses to the question of describing one's implementation of trauma-informed/SEL strategies asked in the PLC check-in survey were coded under the theme of Zones of Regulation. Participants who indicated this strategy stated that students appeared to enjoy the Zones lessons and respond positively to the lessons. One respondent shared, "Using the Zones programs helps me to identify the emotional health of my students."

Another group of respondents indicated that they review the daily schedule or routine, each to alleviate the stress that comes with a sudden change of routine for students. Statman-Weil (2015) posit that clear routines and schedules allow students to experience a measure of safety and security during the school day. The survey indicated that a variety of classroom strategies were implemented in October.

In the qualitative data; five descriptive themes emerged from the responses given to the question: *Have you had an opportunity to implement individual student strategies?* Below in Table 8 is the frequency in which each of these codes were revealed in the October Check-in: (a) N/A, not yet or kind of, (b) breathing and grounding techniques, (c) Rapid Resets, (d) individual strategies based on individual student needs, and (e) Zones of Regulation Check-ins.

Table 8

Frequency of Descriptive Codes for October PLC Check-In; Question: Have you had an opportunity to implement individual student strategies? If yes, please describe.

Theme	Number of Responses (45)
N/A; Not yet; Kind of	14
Breathing techniques; grounding techniques	11
Rapid Resets	9
Individual strategies based on student need	6
Zones of Regulation Check-In	5

Most participant responses to the question of have you had an opportunity to implement individual student strategies asked in the PLC check-in survey were coded under the theme of not yet, kind of, or N/A. The researcher wondered if there were not opportunities to implement or were participants uncomfortable implementing individual strategies. Another popular response was coded under the theme of breathing and grounding. These are simple, easy to use strategies that do not require practice. There were several grounding techniques presented at the training. One participant shared that the resourcing strategy was helpful for students.

According to Lisa Najavits (2002), *grounding*, also called centering or distracting, is a set of simple strategies that can help you detach from emotional pain (e.g., anxiety, anger, sadness, self-harm). You distract yourself by focusing on something other than the difficult emotions you are experiencing. Students in trauma benefit from grounding techniques that help them to regain their balance (Najavits, 2002).

In the qualitative data; six descriptive themes emerged from the responses given to the question: *What support do you need?* Below in Table 9 is the frequency in which each of these codes were revealed in the October Check-in: (a) N/A, not at this time, (b) miscellaneous strategies, (c) quick reminders or a reference sheet, (d) grateful for strategies (e) more practice with individual strategies, and (f) time to reflect on what was learned.

Table 9

Frequency of Descriptive Codes for October PLC Check-In; Question: What support do you need?

Theme	**Number of Responses (29)**
None at this time; N/A	13
Miscellaneous strategies	6
Quick reminders; References for strategies	3
Grateful for strategies	3
More practice with individual strategies	2
Time to reflect on what was learned	2

The most common response to the question asking what support if any, would one need was coded under the theme of N/A, or none at this time. The researcher wondered if the time of the survey administration impacted this answer. The design team released the survey at the end of October, when participants were beginning to implement the strategies. The majority possibly did not require additional support so early into the initiative. Other responses indicated a variety of small tweaks that the design team addressed. While two participants did indicate a need for more practice with the strategies, two other participants shared their appreciation for the strategies.

PLC Check-in #2

The participants for the November cycle included 24 classroom teachers, three non-classroom teachers (teacher assistants) and five members of the student support staff, for a total of 32 participants. In the qualitative data; seven descriptive themes emerged from the responses given to the question: *Describe your implementation of trauma-informed/SEL strategies with students.*

Below in Table 10 is the frequency in which each of these codes were revealed in the November Check-in: (a) weekly SEL lessons; Zones Check-In, (b) Morning Meetings or community building, Personalized morning greetings, (c) Mindfulness; Music; Awareness of emotions and (d) miscellaneous responses, (e) breathing and grounding techniques, (f) N/A; No need at this time, and (g) Rapid Resets.

Table 10

Frequency of Descriptive Codes for November PLC Check-In; Question: Describe your implementation of trauma-informed/SEL strategies with students.

Theme	**Number of Responses (93)**
Weekly SEL lessons; Zones of Regulation; Zones Check-In	27
Morning Meeting; Community Building; Personalized morning greetings	24
Mindfulness; Music; Awareness of emotions	12
Miscellaneous responses	9
Breathing techniques; Grounding techniques	8
N/A; No need at this time	7
Rapid Resets	6

Most responses to the question of describing your implementation of trauma-informed/SEL strategies asked in the PLC check-in survey were coded under the theme of weekly SEL lessons. As part of the SEL training, members of the SISP team provided pre-made lessons to teachers, including all supporting materials from the Zones of Regulation curriculum. Teachers implemented one lesson each week, and each lesson had a different student focus. Several respondents noted that students received these lessons very well. The visuals that accompanied the lessons were visible in each classroom, and students shared their zone.

Looking back to the October PLC Check- in the same strategies were recorded for question two, but just in a different order of frequency. There were more individual or different strategies implemented in November. The researcher partly attributed this to participants sharing ideas learned from each other or online.

In the qualitative data; six descriptive themes emerged from the responses given to the question: *Have you had an opportunity to implement individual student strategies.* Below in Table 11 is the frequency in which each of these codes were revealed in the November Check-in: (a) Rapid Resets, (b) have not had the opportunity to implement, not yet or N/A, (c) Breathing or deep breathing techniques, (d) Miscellaneous responses, (e) Individual strategies based on student need, and (f) Zones Check-ins.

Table 11

Frequency of Descriptive Codes for November PLC Check-In; Question: Have you had an opportunity to implement individual student strategies? If yes, please describe.

Theme	**Number of Responses (52)**
Rapid Resets	13
Have not had an opportunity to implement; Not yet; N/A	13
Breathing techniques; Deep breathing	12
Miscellaneous responses	6
Individual strategies based on individual needs	5
Zones Check-ins	3

There was an equal number of responses to the question of have you had an opportunity to implement individual student strategies asked in the PLC check-in survey that were coded under the theme of Rapid Resets and not yet, N/A, or have not had an opportunity to implement.

These responses were similar to the responses collected in the October PLC check-in. Again, the researcher could only guess as to the reasons. It could be that there was not a need to implement individual strategies. On the other hand, deep breathing was noted numerous times in the survey. These strategies were practiced during the PD session and were deemed easy to implement by most participants.

In the qualitative data; five descriptive themes emerged from the responses given to the question: *What support do you need?* Below in Table 12 is the frequency in which each of these codes were revealed in the November Check-in: (a) none at this time or N/A, (b) appreciation of the SEL curriculum (c) review of individual strategies, (d) collegial support in the form of sharing best practices with staff, and (e) Time to reflect on what was learned.

Table 12

Frequency of Descriptive Codes for November PLC Check-In; Question:What support do you need?

Theme	**Number of Responses (31)**
None at this time; N/A	17
Appreciates SEL curriculum provided by SISP team	6
Review of individual strategies	3
Collegial support; Share best practices with other staff members	3
Time to reflect on what I learned; Time to plan; Time for myself	2

As in October, the most common response to the question asking what support, if any, would one need was coded under the theme, N/A, or none at this time. Also, several participants expressed appreciation for the SEL lessons that were provided by or SISP team. There were still a few participants who expressed the need for more practice with the individual strategies, while

a few others expressed a desire to share strategies with their colleagues. The researcher also took note that the number of participants not needing support and those expressing an appreciation for the SEL lessons had increased. The researcher hoped that this indicated that implementation was going well.

PLC Check-in #3

The participants for the December cycle included 23 classroom teachers, three non-classroom teachers (teacher assistants) three members of the student support staff, for a total of 29 participants. In the qualitative data; six descriptive themes emerged from the responses given to the question: *Describe your implementation of trauma-informed/SEL strategies with students.* Below in Table 13 is the frequency in which each of these codes were revealed in the December Check-in: (a) weekly SEL lessons; Zones of Regulation strategies, (b) morning meetings, community building and personalized morning greetings (c) Mindfulness, (d) miscellaneous responses, (e) Rapid Resets, and (f) breathing and grounding techniques.

Table 13

Frequency of Descriptive Codes for December PLC Check-In; Question: Describe your implementation of trauma-informed/SEL strategies with students.

Theme	**Number of Responses (93)**
Weekly SEL lessons; Zones of Regulation; Zones Check-in	33
Morning Meeting; Community Building; Personalized morning greetings	23
Mindfulness; Awareness of emotions	11
Miscellaneous responses	11
Rapid Resets	8
Breathing techniques; Grounding techniques	7

Just as in the November cycle, most responses to the question of describing one's implementation of trauma-informed/SEL strategies asked in the PLC check-in survey were coded under the theme of weekly SEL lessons. Providing the lessons for the teachers and meeting with the implementation team members from each grade level to explain the lessons has made implementation a smooth process across the school.

Looking back to the November PLC Check- in, the same strategies were recorded for question two, but just in a different order of frequency. The design team observed that more individual or different strategies implemented in December, as mindfulness and awareness of the emotions appeared in the responses for the first time. Again, the researcher partly attributed this to participants sharing ideas learned through email and in the form of a google document that houses all the strategies in one central location for everyone.

In the qualitative data; four descriptive themes emerged from the responses given to the question: *Have you had an opportunity to implement individual student strategies?* Below in Table 14 is the frequency in which each of these codes were revealed in the November Check-in: (a) Rapid Resets, (b) breathing and grounding techniques, (c) N/A, not yet or not this month, and (d) walk and talks, drink of water, and Zones check-in.

Table 14

Frequency of Descriptive Codes for December PLC Check-In; Question: Have you had an opportunity to implement individual student strategies? If yes, please describe.

Theme	**Number of Responses (47)**
Rapid Resets	14
Breathing techniques; Grounding techniques	12
N/A; Not yet; Not this month	12

There were many responses to the question of have you had an opportunity to implement individual student strategies asked in the PLC check-in survey that was coded under the theme of Rapid Resets. One participant noted that the wall push strategy worked well for one of his students. While another participant stated, “Rapid Resets doesn’t work in my class because my behavior kids won’t look at me or listen to me when they are experiencing strong emotions.”

Deep breathing and grounding techniques were implemented frequently in December. Several versions of the deep breathing were listed: Crazy 8 breathing and Six Sides of Breathing. There are more observable behaviors in December, and the teachers implemented strategies to get the class back on track. Also, students were ready for winter break to start and struggled to remain focused.

However, this differed from the November check-in, where most common responses were coded under the theme, not yet, N/A, or have not had an opportunity to implement. Similar responses were collected in the October PLC check-in. Again, the researcher could only hypothesize as to the causes of the responses. It is possible that there was not a need to implement individual strategies.

In the qualitative data; four descriptive themes emerged from the responses given to the question: *What support do you need?* Below in Table 15 is the frequency in which each of these codes were revealed in the December Check-in: (a) none at this time or N/A, (b) miscellaneous responses, (c) would welcome new strategies, real-time strategies, and (d) students are enjoying the Zones of Regulation curriculum.

Table 15

Frequency of Descriptive Codes for December PLC Check-In; Question: What support do you need?

Theme	Number of Responses (27)
None at this time; N/A; None	16
Miscellaneous responses	5
Would welcome additional strategies; Real time strategies	4
Students are enjoying the Zones of Regulation curriculum	2

Just as in November, most responses to the question asking what support, if any, does one need, were coded under the theme of N/A, or none at this time. Two participants reported that students are enjoying the Zones of Regulation curriculum; four participants would welcome any additional strategies or real-time strategies. The researcher does not know if these participants are not successfully implementing the strategies, or maybe care for the strategies and would like to see what other strategies are available. In any case, trauma-informed/SEL strategies are being implemented across WROES. Implementation of these strategies indicates that members among the student body who have experienced trauma participate in these lessons. The researcher is hopeful that these identified students are supported appropriately.

Anecdotally, participants individually reported to the design team that they were pleased, overall, with the new tools they learned. Most indicated that when used, the strategies were successful in helping students to regain balance and get back online. Inevitably, there were situations when the strategies were not successful. In these cases, the design team was approached in order to assist with problems solving around specific challenges.

Act

From the data and feedback received, the design team offered multiple opportunities for participants to receive any support that they needed. Practice sessions were held during PLC times to help participants gain comfort in using the strategies.

Balancing Measures. Teacher Efficacy & Educator Self-Care. Measures for evaluation should include both process and balancing measures (Langley et al., 2009). Most balancing measures include capturing a participants' perception of the problem of practice or levels of comfort. Balancing measures were employed to indicate if aspects of the organization, independent of the capacity building initiative, were affected during the implementation of the improvement initiative (Bryk et al., 2015). I included two balancing measures during the implementation phase to capture unintended benefits or consequences.

As participants engaged in PD that explored their attitudes, experiences with and perceptions about trauma, and how it may impact students, balancing measures were implemented to ensure implementation of this initiative did not detract from their efficacy in teaching. For this improvement initiative, the researcher selected the 12- item Ohio State Teacher Efficacy Scale (Tschannen-Moran & Woolfolk Hoy, 2001). This tool measured a teacher's beliefs in their abilities to address challenges or difficulties in the classroom (see Appendix F).

Table 16

Difference in the mean scores from the Teacher Efficacy Survey

Domains of Efficacy	Questions	Difference in Mean from Pre to Posttest
Efficacy in Classroom Management	How much can you do to control disruptive behavior in your classroom?	0.58
	How much can you do to get children to follow classroom rules?	0.47
	How much can you do to calm a student who is disruptive or noisy?	0.70
	How well can you establish a classroom management system with each group of students?	0.43
Efficacy in Student Engagement	How much can you do to motivate students who show low interest in school work?	0.26
	How much can you do to get the students to believe they can do well in school?	0.20
	How much can you do to help students value learning?	0.43
	How much can you do to assist families in helping their children do well in school?	0.06
Efficacy in Instructional Strategies	To what extent can you craft good questions for your students?	0.45
	How much can you use a variety of assessment strategies?	0.07
	To what extent can you provide an alternative explanation or examples when students are confused?	0.17
	How well can you implement alternative strategies in your classroom?	0.30

Administering this survey pre and post-implementation provided great insight into the perceptions of our participants. Not all participants were classroom teachers. The teacher assistants expressed unease in completing the survey because they did not have their classrooms. The teacher efficacy tool is catergorized into three specifc domains, to measure levels of efficacy among teachers.

For this balancing measure, the overall average of positive responses increased between pre and post implementation (46.71 to 50.83). This average indicated that there was a slight growth in the teacher's perception that they could, indeed, exert a measure of control, of things that happened in their classroom. Notably, the greatest gain of positive response was for the level of Efficacy in Classroom Management (+2.18), followed by the level of Efficacy in Insructional Strategies (+0.99), and lastly, the level of Efficacy in Student Engagement (+0.95). I regarded the gain in classroom management as an important one, as educators participated in two PD sessions geared toward learning how to identify and interact with students appearing to be disruptive. Both sessions featured calming and grounding strategies.

Participants learned that it is quite possible that students appearing to be disruptive, may have been bumped 'offline' due to an external event, and are struggling to get their brains back 'online.' Participants learned to be cognizant of the fact that there could be an underlying issue, that they unaware of, that could cause behaviors. Behaviors are also a form of communication, and adults must take extra care to decipher what needs the behaviors are serving. Trauma could perhaps impact a student's behavior, causing them to need help in calming or soothing themselves.

Interestingly enough, the questions regarding teacher use of a variety of assessments and how to support family's in helping their children to do better in school, demonstrated the least

positive gains from pre to post-implementation. One possible reason for could be a misinterpretation of the question. Participants could have believed that the assessment strategies referred to in this question were that of trauma assessment tools, for which they were not yet familiar. The question about supporting families might have posed some concern for participants. If students were struggling due to adversity or trauma, educators might find it difficult to express their concerns to parents, in fear of backlash, or of parents feeling that schools were blaming them and their parenting for students who struggle in school. Overall, results from this survey indicate a more positive mindset in the educators who are doing this important work in schools. Although, there is work to be done to help increase student motivation and in improving teacher instructional strategies to meet the needs of students.

Table 17

Comparing Teacher Efficacy survey scores from Baseline to Posttest.

		Pre-test		Post-test			
	N	Mean	Standard Deviation	Mean	Standard Deviation	T#	P#
	12	3.9	0.25	4.2	0.26	2.1	0.004

Is there a significant difference in the mean scores from the pretest and posttest? There is an increase in positive responses on the Teacher Efficacy baseline data (M=3.9, SD=0.25) to the post intervention survey (M=4.2, SD=0.26), with a mean difference of 0.3. The p=value (0.004) indicates that there is statistical significance between the mean scores exhibited from the baseline data to the post intervention survey. This data is considered reliable.

Self-care for those who interact with students in trauma is essential (Robinson, Smith, & Segal, 2017). As such, another balancing measuring applied during this improvement was the Educator Self-Care survey (See Appendix G). It is easy to get immersed in the plight and experiences of those we serve, especially younger children. A brief self-care survey was administered mid-way through the initiative. Data collected from this survey measured the level of stress that teachers felt during their interactions with these students. These survey results were shared and discussed during a monthly check-in session.

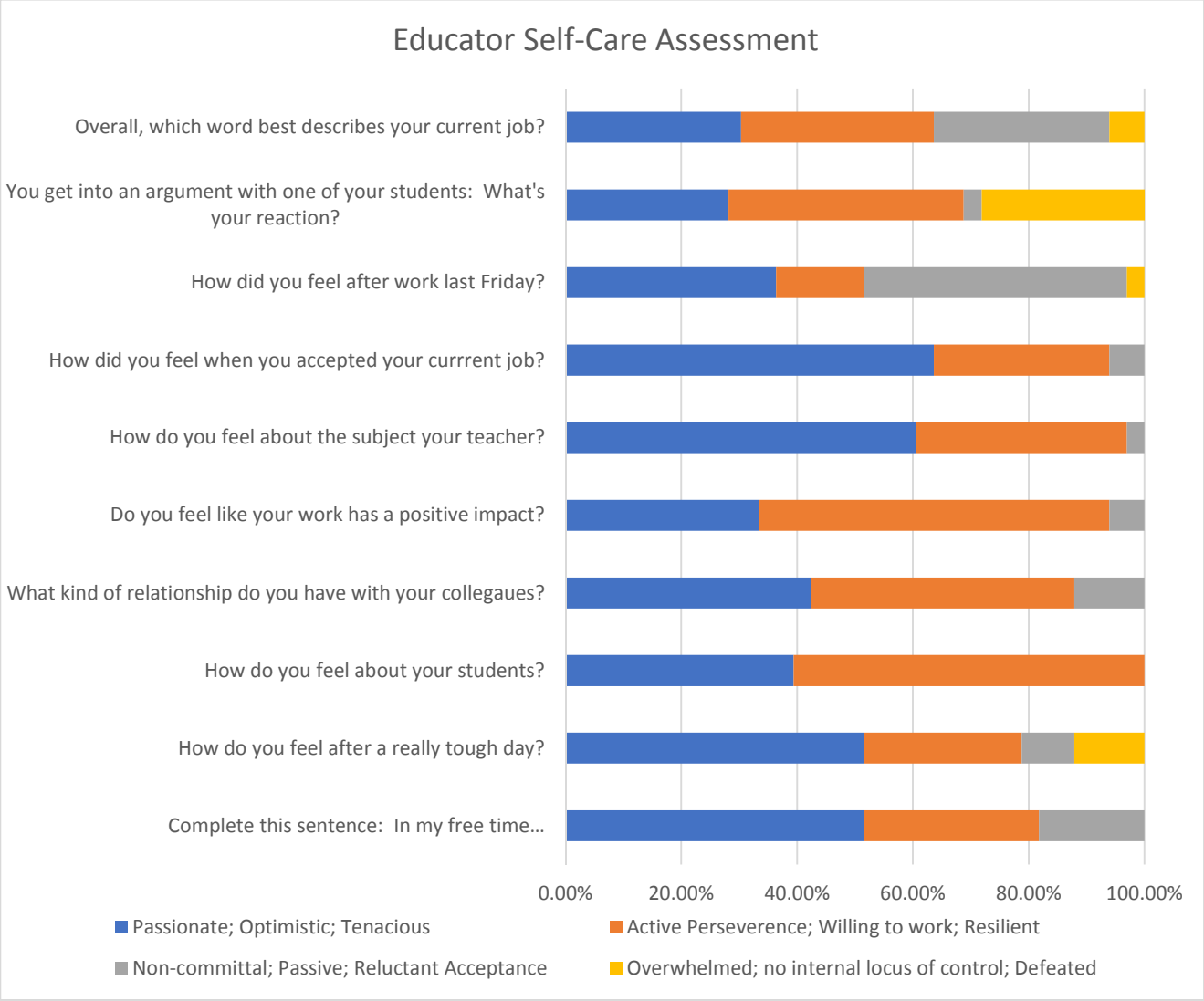

Figure 16. Participants' assessment of their self-care beliefs and practices.

The researcher noted that 100% of participants completed the ten question survey. A majority of answer choices indicated either a positive or resilient feeling regarding self-care. Because the answer choices are not uniform, I decided to categorize the responses, and apply attributes that most likely resembled the choices. The key represents these attributes. Questions that received the most positive ratings focused on feelings about their current job and the subject matter taught. The researcher demonstrated a particular interest in the responses for question six and eight, that indicated how teachers felt about the impact of their work and their feelings towards their students. The data indicated a less positive, but more resilient feeling about the impact of their work and their feelings towards their students. The actual answer choices are shared below:

6. Do you feel like your work has a positive impact?

a) Absolutely!

b) Yes, and I'm always looking for ways to make an even bigger impact.

c) I used to think it did, but I'm not sure anymore.

d) Nope.

8. How do you feel about your students (or the group you serve)?

a) I get as much from them as they get from me.

b) There aren't enough hours in the day to meet all their needs.

c) I have trouble relating to them sometimes.

d) Honestly? I don't really like them.

These questions were at the heart of the improvement initiative, as the team's aim was to improve the capacity of teachers to positively impact the lives of students who have experienced trauma. So, if teachers felt their work was impactful, then the initiative was likely to be more successful. Overall, this survey indicated that participants demonstrated a reasonable effort and positive attitude towards their own self-care.

Estimated Impact of Improvement Initiative

This section discusses the summative evaluation practices used and the results gleaned from the data that was collected. Analysis of the results helped the design team to reflect upon the process, determine whether the outcomes were achieved including the desired aim of the improvement initiative, and consider the impact of the improvement initiative. A post-intervention version of the same survey, with the inclusion of two open ended questions, was administered at the end of the staff development component. I used the results of the two surveys to establish if there was an increase in the respondents 'awareness and understanding of trauma's impact on students, as well as their own level of comfort in supporting students who have experienced trauma.

In the qualitative data; six descriptive themes emerged from the responses given to the question: *Share the most important information that you learned about students who have experienced trauma.* Below in Table 18 is the frequency in which each of these codes were revealed in the Posttest: (a) the impact and awareness of trauma; ACES, (b) tools and strategies to address trauma, (c) the impact on school performance; supporting students in school, (d) Healing from trauma is possible; connections are important and, (e) impact on the brain; online/offline brain, and (f) miscellaneous responses.

Table 18

Frequency of Descriptive Codes for Posttest; Question: Share the most important information that you learned about students who have experienced trauma.

Theme	**Number of Responses (87)**
Impact and awareness of trauma; ACEs	30
Tools and strategies to address trauma	21
Impact on school performance; Supporting students in school	12
Healing is possible; Connections are important	9
Impact on the brain: Online/offline brain	9
Miscellaneous responses	6

Participants shared many responses to the question of share the most important information learned about students in trauma. The majority of answers fell under the theme of impact of and awareness of trauma, when asked on the Posttest survey. Participants regarded this topic as most important, as they learned that ACEs do not discriminate. One participant shared, "Learning about the ACEs study was eye-opening for me. The results answered some questions that I have been wondering about for a long time." The trainer emphasized that even though we work in an affluent school community, do not forget that trauma is happening all around us. According to the data, participants indicated various points that resonated with them.

In the qualitative data; five descriptive themes emerged from the responses given to the question: *How will you use this information when interacting with students in your class?* Below in Table 19 is the frequency in which each of these codes were revealed in the Posttest: (a) Support students; get them back online and ready to learn, (b) Implement Rapid Resets, (c)

Aware of the impacts of trauma, (d) Perseverance and using the Zones of Regulation program, and (e) Being personable; building relationships with students.

Table 19

Frequency of Descriptive Codes for Posttest; Question: How will you use this information when interacting with students in your class?

Theme	**Number of Responses (77)**
Support students; Get back online and ready to learn	25
Implement Rapid Resets	23
Awareness of the impact of trauma on students	17
Perseverance; Zones of Regulations	7
Being personable; building relationships with students	5

The most common responses to the question of how will you use this information when interacting with students asked on the Posttest were coded under the theme of implementing Rapid Resets. These easy to use strategies are popular among the participant group. Supporting students when offline also garnered many responses. The responses to the open ended questions mirror the responses on the monthly PLC Check-in surveys. Gaining an understanding and awareness of trauma, in our students, combined with receiving tools and strategies, has been beneficial for the staff and the students.

The pre and post trauma awareness and understanding survey contained these three statements, to which the participant answered yes or no:

I can identify behaviors that suggest traumatic stress in children and youth.

I have a basic understanding of the impact of traumatic stress on children and youth.

I am familiar with the Adverse Childhood Study.

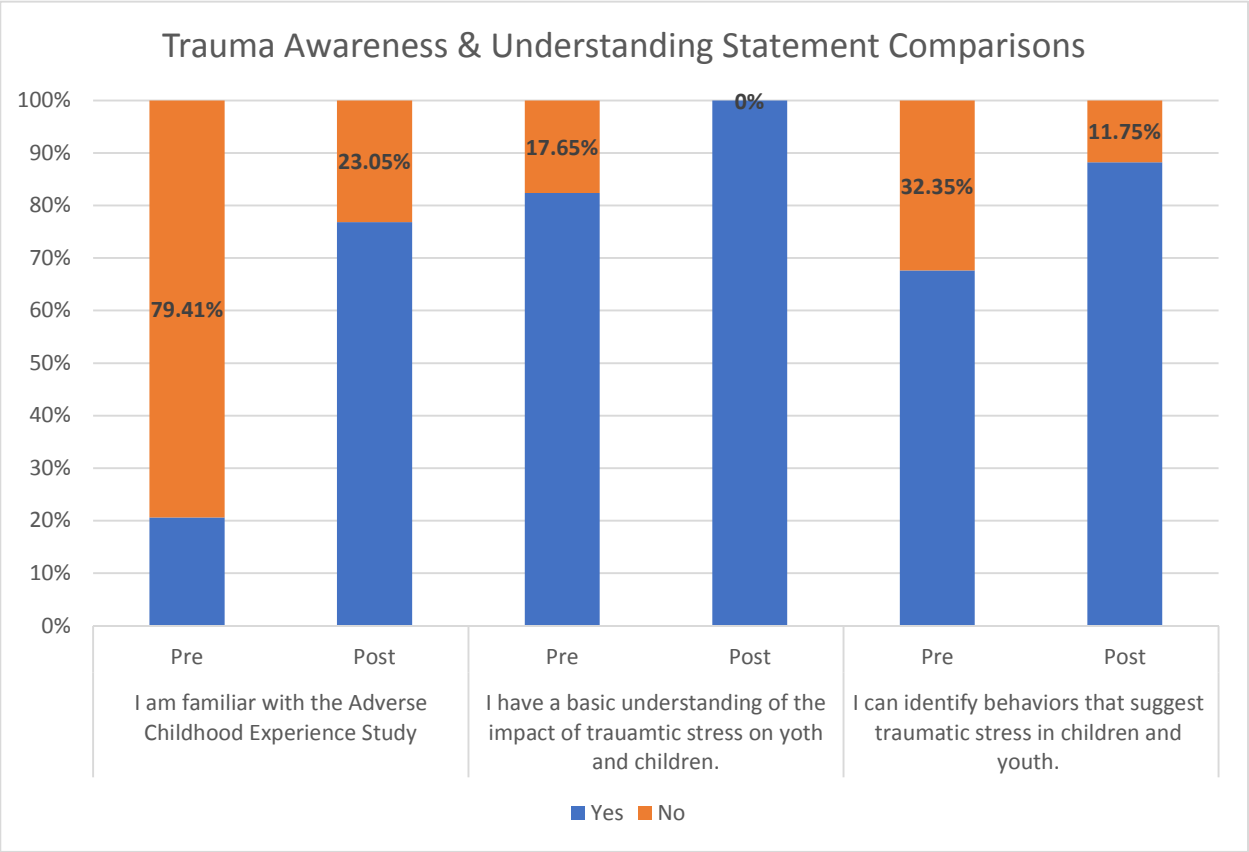

Figure 17. Participant's responses about their understanding of trauma. YES/NO Graphs

I was satisfied that participant responses increased from the pre to posttest for every Yes/No statement. These are the core beliefs that undergird our work in supporting students who have experienced trauma. If participants did not report feeling confident in these areas, then I would not believe that the initiative was successful in meeting its goals. The statements indicate that participants are prepared to support these students, or at the very least, report their concerns to the SISP or administrative teams for further guidance. In addition to these three statements

centered around understanding trauma, participants completed a twenty question pre and post assessment. The results are represented in Figures 18.

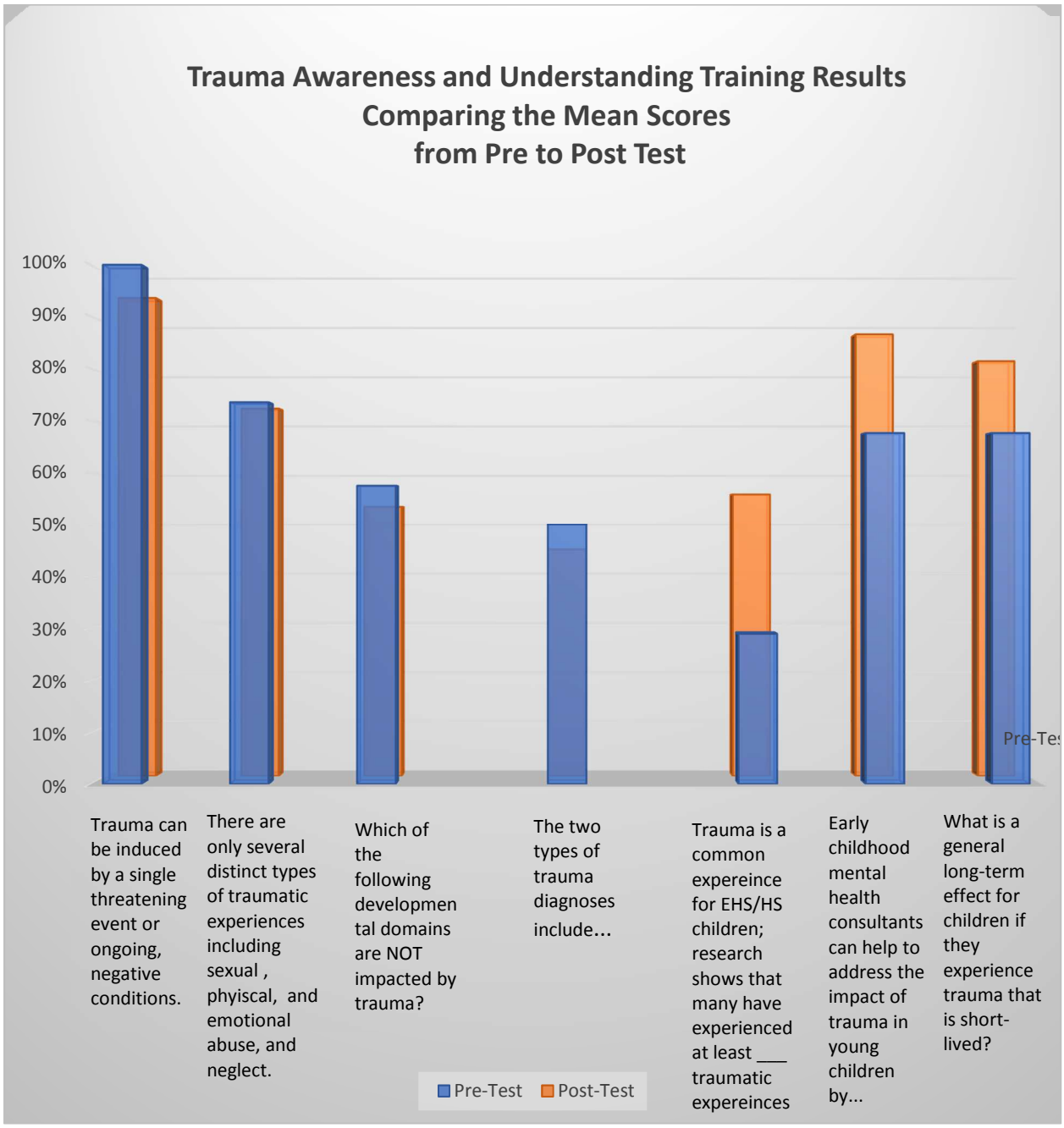

Figure 18. Results from trauma awareness training. Pre and posttest comparison of select questions.

I was surprised by the amount of fluctuation in some of the answers from pre to post test. There was a huge decrease in correct responses for questions focused on tools specific to this Reconnect for Resiliency program, and not totally related to their general knowledge about trauma. I also observed questions one, four, and seventeen, the first three questions listed, had the lowest percent correct of all the questions. These questions are pivotal to the imitative, in that they speak to the types of trauma diagnoses, the developmental impact of trauma and the traumatic events experienced by children. It is unclear what caused the decrease in percent correct for these questions.

On the other hand, over half of the questions demonstrated positive growth in the percentage correct, from pre to post test. Questions that experienced the most significant growth from pre to post test were questions that addressed the likely number of traumatic events experienced by children, how mental health consultants support students in trauma and the general long term effects of trauma that is short lived. These questions are the last three questions listed. Overall, the percent correct increased from 77.7% to 82.7%, a 5% increase, from pre to post test.

Table 20

T-test: Comparing Trauma Knowledge rates Pre and Posttest

		Pre-test		Post-test			
	N	Mean	Standard Deviation	Mean	Standard Deviation	T#	P#
	34	15.5	1.6	16.6	1.4	2.0	.003

Is there a significant difference in the mean scores from the pretest and posttest? There is an increase from the Trauma Awareness and Understanding pretest (M=15.5, SD=1.6) to their posttest (M=16.6, SD=1.4), with a mean difference of 1.1. The p=value (.003) indicates that there is statistical significance between the mean scores exhibited from pre to posttest. This data is considered reliable.

Implications

The capacity building initiative included a school-based staff development program for interested teachers and staff members at WROES. The twelve week improvement cycle lasted from the end of September to the end of December. Challenges presented during this time were time constraints because of the numerous holidays and missed school days within each cycle.

Implementation of the improvement initiative was intended to coincide with my project timeline and carry on throughout the end of the school year, and beyond. I did not anticipate that completing monthly PLC check-ins was considered repetitive for participants, as some shared that they felt they completed the same survey way too often. The responses collected appeared to closely mirror each other every month, with little variation. The survey questions asked about the strategies implemented each month. Perhaps requesting participants to share specific anecdotes, describing the success or failure in implementation of the strategies would have provided the team more insight into how the strategies worked for students.

During the data analysis phases, the team recognized that not all participants completed their surveys during the specified time frame. Even as the PLC check-in discussions occurred monthly, not all participants completed the surveys during that time. A recommendation to solve this issue is to require participants to complete the survey while the researchers are present. As

we continue with this improvement initiative, I plan to check in with the participants monthly. Only now, the check-ins will consist of brief conversations about how implementation is going and what they observe in their classrooms.

In regards to our school-based trauma-informed and SEL practices, the SISP team is continuing to provide detailed lesson plans and accompanying resources for teachers to implement. Additionally, the SISP team is gearing up to begin a new round of social skills, executive functioning, and trauma support groups, based on the second round of the Behavior Universal Screener (BUS). Teachers can access this team and share their concerns about their students to suggest supports that might benefit students academically, socially, emotionally and psychologically. Parents are also made aware of social skills groups that are happening at our school. If a teacher nominates a students for a group or individual support, we need a parent's consent in order to serve students.

As teachers gained new skills in identifying students in trauma, there was a noticeable increase in referrals made to the SISP team, regarding possible trauma related symptoms in our students. Researchers contemplating a study of this nature, should prepare for an influx of referrals. From a typical meltdown down to lethargy to verbal outbursts, every single incident was reported. It was expected that once a light was shone on the idea of trauma and how to support students in trauma, inevitably, everything situation was a byproduct of trauma. The design team and I were overwhelmed with the sheer requests for support, in the beginning of the initiative. However, we quickly came to the conclusion that it is better that staff are paying such close attention to their students, then the opposite happening, ignoring possible symptoms or attributing dysregulated behavior, as misbehavior.

The design team plans to spread this improvement throughout our school. Our next steps consist of continuing to provide support throughout the rest of this school year. The design team will begin to plan for next year's implementation of SEL skills, since all students received the same curriculum this year. Participants and other interested staff members will have the opportunity to work with the researcher to explore trauma more thoroughly through carefully designed learning opportunities, including a professional book club studying trauma, and other voluntary research activities that the researcher will share with staff members.

Overall, the improvement initiative appeared to yield an overall positive impact on both the participants and students, as demonstrated through quantitative surveys and qualitative responses. One implication of this work is that capacity has been built in teacher awareness and understanding of trauma while engaging in the improvement science process. A further implication is the observerable difference in the levels of knowledge of participants, and the focus placed on more effectively identifying and supporting students who are experiencing trauma. Students also demonstrated their new knowledge and skills. For example, when asked, students clearly identified their present Zone. In addition, when I interacted with students who appeared to be bumped 'offline', students were able to exhibit newly learned coping strategies to get themselves regulated and back 'online'. A tangible bridge between participants, the researcher and the SISP team indicates raised levels communication throughout the improvement initiative.

The initiative will not stop at the end of the school year because trauma does not stop or take a break. Trauma continues to happen all around us and we will now be more equipped to handle students and families experiencing trauma.

Lessons Learned

Addressing trauma's impact on children presented a complex problem at WROES. Our design team implemented a capacity building initiative that aimed to increase participant's awareness and understanding of trauma. The SISP team provided trauma-informed and SEL strategies for teachers to help students increase their self-regulation skills. Overall, the team believes that the initiative was successfully implemented and the goals of the initiative were met.

The design team and I learned key lessons during the implementation process.

Lesson 1. It begins and ends with leadership. Hattie (2015) believes that a student's success or failure in learning is about what *they*, as teachers or leaders, did or didn't do. Serving as the leader of the school, and the scholar-practitioner, I assume responsibility for the implementation of the improvement initiative, as well as the impact the implementation has on participants and students. I selected the success criteria for this initiative and shared it with the participants when I solicited their active participation in the improvement initiative.

In order to tackle a topic as complex as trauma, a leader must be courageous and resolved. One aspect in our study of trauma required us to unpack what constitutes a trauma. This proved challenging because of our staff's varying beliefs about trauma; beliefs differed from one person to the next. It is not our role to decide what is traumatic for a student, and what is not. For example, one participant commented, "I got 'beatings' on a regular basis, because I was just a bad kid, and I turned out just fine. It wasn't considered child abuse in my day." This comment garnered many comments and the discussion was rife, with most participants agreeing, and others who disagreed. Trauma is highly personal to each individual and everyone reacts to trauma differently. As a leader, I was compelled to keep our purpose in doing this work in the

forefront, which is to become more aware about trauma and its impacts on our students. As a result, our staff worked to look introspectively to understand that everyone has different experiences and understand that we cannot judge anyone by their unique experiences or their reactions to those experiences.

At WROES, trauma does not present in the same way as it might in a higher needs school. Thus, our staff learned about the ways that trauma could impact our students. I sought to challenge our staff's innate beliefs about students who presented with difficult behaviors, and offer alternate perspectives for behaviors. Blitz, Andersen and Saastamoinen (2016) concluded that an educator's inherit beliefs and attitudes about behavior as it relates to race, culture and learning would directly impact the successfully delivery of any curriculum, and would impact the interactions within the classroom setting, whether positive or negative. As a leader, I worked to strike a balance between understanding teacher's frustration with constant student behaviors, and, supporting my students, by offering a safe place, and an understanding and compassion for what they are experiencing. I demonstrated leadership that promoted a laser focus on our goals, while offering flexible thinking and problem solving, as we dealt with obstacles that arose during the implementation phase. I consider the observable increases in trauma awareness and efforts to supports students, highly impactful. Leadership matters!

Lesson 2. There is much to be said about the concept of teamwork. Vince Lombardi, arguably the greatest football coach of all time, shares these words regarding teamwork: "The achievements of an organization are the results of the combined effort of each individual." WROES embarked on a journey together to become more aware and understanding of trauma and how it impacts our students. I leveraged the knowledge and expertise of our core team in

order to assist with the planning and implementation of this initiative. The collective engagement of the design and implementation teams, as well as the participants, played a pivotal role in achieving our goal. Gaining staff buy in and support for this initiative was in part due to the work of each team, as they helped to coalesce our staff around this complex topic.

Hattie (2015) asserts that leaders should not act as heroes and do everything alone. The advantage to working with teams of committed people is that there is authentic engagement that allows for the leader and group to work more effectively and efficiently. For example, the design team created and facilitated the work teacher workgroup (implementation team). The work of this team was to review curriculum and strategies, to give and receive feedback, and share perspectives on what could work or not work in a classroom. In addition, participant feedback during the PDSA cycles and on open ended responses, provided valuable insight to the design team.

The value of collaborative teaming is that all perspectives are considered, and consensus is gained, regarding decisions impacting the improvement initiative. Team members are mutually responsible for evaluating if an intended intervention is achieving the desired goals. As the leader, I can conclude that teamwork made this initiative possible and successful.

Lesson 3. Trauma, by nature, is multifaceted. The capacity building initiative aimed to assist participants in their understanding of trauma. In doing so, the PD sessions were comprehensive and involved digging deep into the various types of trauma that our students face. In the process, the design team showed great care in planning for and managing the possible reactivation of prior traumatic experiences of our staff members. During the first PD session, the trainer established up front that this was a safe place for all participants, and cautioned that some

of the research and materials could be disturbing for someone who has experienced any type of trauma. The team also decided it would beneficial for adults to be aware of their individual experiences with trauma. Hence, the group explored the history and purpose of the groundbreaking ACEs study. Participants considered the survey questions, and quietly reflected on the implications ACEs has played in their lives. To conclude the session, self-care strategies were introduced to help participants better manage their mental health. This topic requires thoughtful planning and care.

Lessons for Social Justice

Social justice is a term that is widely used in society, however, the definition varies depending on which sector in society you identify with or represent. Social inequalities are interwoven into all of our social institutions. Even with hard work and the determination to succeed, there continues to be disenfranchised members of society who are living on the fringes, experiencing 'otherness' and not living up to their God-given potential. Education and schools are not immune to oppression and inequality. Too many times, underrepresented student groups feel the impact of ineffectual resources and supports they need in order to successfully participate in their educational experiences. Schools should operate on the premise that everyone should be able to fully and meaningfully engage, regardless of the experiences they bring to the school house.

During my time at Western Carolina University, social justice remained in the forefront of our education experiences. We explored leadership through a social justice lens, which required an effort to identify inequalities in our systems and structures, and use strategies to combat the continuation of oppression. In respect to the work of my improvement initiative,

emphasizing social justice and equity was paramount. The design team addressed the need to support students who have experienced trauma, by providing participants a deeper insight into trauma and how trauma impacts our students. The PD sessions addressed concepts of race, gender, sexual orientation, implicit bias, and systemic oppression, and how they relate to the traumas that our students experience. Students who encounter abuse, neglect, hunger and violence require a consideration of special attention if we expect them to succeed. These experiences often present barriers to learning for our students that we must work to mitigate.

The design team sought to provide participants with alternative tools and strategies with which to identify and support students in trauma. Instead of reacting harshly in the face of disruptive, dysregulated or disrespectful student behavior, participants can implements tools to help students to reset and get their brains back online. Traditional ways of reacting to and disciplining students only serve to heighten the reactions of students experiencing trauma. Students deserve the extra effort it takes to investigate the root cause of their demeanor and behavior.

As the social justice leader in my school, it's my obligation to provide an environment where all students can thrive. The invisible barrier that persists is the mindset that not everyone has the same capability to thrive and be successful. The concept of 'deficit thinking' is pervasive with some members of society believing that because of the many barriers that some of our members face, there is very little chance they can meet the standards we've set for them. This is a dangerous belief system that must be challenged and eradicated. All students deserve to feel acknowledged, celebrated and supported in all areas of their lives.

Trauma impacts children across races, gender, sexualities, and socio-economic statuses. Sickness comes. Loved ones die. Divorce occurs. Neglect persists. Trauma happens. Our

children will face many adversities, most of which are beyond their control, and ours. How educators respond to these children will impact the trajectory of their lives. We need to be intentional in our efforts to not retraumatize our children by responding to them in a detrimental manner. Will will be a positive or negative force in their lives?

In our work to advance justice and equity for traumatized students, we could not ignore that inequalities in our structures and institutions continues. The needs of many students have been left unmet, through no fault of their own, or that of their families. But because of the lack of preparation on the part of schools and leaders, to meet these needs. At WROES, we chose to meet the complex topic of trauma head on; we educated ourselves on how to best advocate for students who have not been supported in an equitable manner. Together, we implemented trauma-informed practices along with SEL strategies in an effort to help students to acquire self-monitoring skills, and to help build their resilience. The SEL strategies employed helped our students to 'retain ownership' of their emotions and their composure, not to coerce them to behave in ways that are deemed socially acceptable.

Our implementation was not routinized where students are lead to behave this way, or teachers were led to react in that way. Through the Zones of Regulation curriculum, students are taught that there is not one zone that is desired over the others. Everyone is different. We can be in any zone and continue to participate in learning, depending on each person's individual resilience level. Some critics of SEL argue that it simply teaches children to behave in manners that benefit the institution—or the school, more so than the student. They view this approach as another deficit response that tries to fix the child rather than fixing the institution harming the child. This scholar-practitioner disagrees. I believe during the course of this initative, faculty and staff at WROES have become more empathetic by understanding the impact of trauma and being

able to recognize it. It is my hope, that in this process, we have empowered our staff to provide supports for students in trauma, so our students can experience more positive life outcomes.

Conclusion

The impact of childhood trauma – when not recognized or treated – can be severe and can last over the lifespan. Early childhood experiences have lasting, measurable consequences later in life; therefore, fostering emotional well-being from the earliest stages of life helps build a foundation for overall health and well-being (National Prevention Council, National Prevention Strategy, 2011).

Teachers have the most significant impact on student achievement and how students perceive themselves as learners. With this power and influence over our youngest and most vulnerable members of society comes great responsibility. The aim was to help teachers to build their capacity to interact with students positively and accurately identify symptoms of trauma in students. We provided our teachers with effective research-based strategies and resources, with the intent of helping students to self-regulate and take control over their responses and reactions within their learning and social environments. Many traumatized children can and will make progress if they come in contact with at least one supportive adult (teacher, neighbor, aunt, school bus driver, grandmother) who is able and willing to help them. Even the smallest gestures can sometimes make the difference to a child whose brain is hungry for affection.

The human costs of failure to address childhood trauma are high. On encouraging society to address childhood trauma, Marian Wright Edelman said it best, “The issue is not are we going to pay—it is are we going to pay now, upfront, or are we going to pay a whole lot later on." At the end of this improvement initiative, I can now report that the teachers and staff at W.R. Odell Elementary School have increased our knowledge about trauma and are on our way

to establishing and maintaining a trauma-informed school environment. Rita Pierson reminds us that every child needs a champion, and at our school, we intend to champion all of our children on their journeys to academic and social success!

"The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love."

Bruce D. Perry

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Appendices

Appendix A

ACES Survey

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often…

swear at you, insult you, put you down, or humiliate you?

OR

Act in a way that made you afraid that you might be physically hurt?

Yes No

2. Did a parent or other adult in the household often or very often…

push, grab, slap, or throw something at you?

OR

Ever hit you so hard that you had marks or were injured?

Yes No

3. Did an adult or person at least 5 years older than you ever…

touch or fondle you or have you touch their body in a sexual way?

OR

attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No

4. Did you often or very often feel that …

no one in your family loved you or thought you were important or special?

OR

your family didn't look out for each other, feel close to each other, or support each other?

Yes No

5. Did you often or very often feel that …

you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

OR

your parents were too drunk or high to take care of you or take you to the doctor

if you needed it?

Yes No

6. Were your parents ever separated or divorced?

Yes No

7. Was your mother or stepmother:

often or very often pushed, grabbed, slapped, or had something thrown at her?

OR

sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

OR

ever repeatedly hit at least a few minutes or threatened with a gun or knife?

Yes No

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No

9. Was a household member depressed or mentally ill, or did a household member attempt suicide? Yes No

10. Did a household member go to prison?

Yes No

Appendix B

Interview and Focus Group Protocol

1. Describe the word trauma in your own words.
2. Based on your experience, and/or prior knowledge, what are some possible causes of trauma?
3. How equipped are you in identifying and serving students who are in trauma?
4. In what ways might trauma manifest itself in the classroom?
5. How can schools help to mitigate the negative impact that trauma has on student learning?

Appendix C

Resiliency tools as cited in the program:

- Connect helps create and increase safety in relationships with others
- Sense-In helps you tune-in to positive sensations (used with every other resiliency tool)
- Resource allows you to sense-in to a positive memory or strength that helps you feel better
- Re-Direct moves you towards attending to sensations in the body that are neutral or positive
- Highlight helps to sense-in to life affirming helpers
- Restore returns you to self-compassion when there is shame
- Rapid Resets are strategies used to quickly your nervous system when it is out of balance, or help deescalate others when they are out of balance

Appendix D

PD Exit Survey Trauma Awareness

Q1 The staff development was of high quality.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Q2 The staff development was relevant to my needs.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Q3 The staff development format and structured facilitated my learning.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Q4 The staff development enhanced my knowledge of trauma.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Q5 The staff development enhanced my understanding of trauma-informed/SEL practices.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Q6 The staff development helped me gain new information and skills

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Q7 The staff development provided important resources for me.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Q8 The staff development met my expectations.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Q9 How will you use what you learned?

Q10 What was the most useful part of this staff development? Why?

Q11 What was the least useful part of this staff development? Why?

Q12 What additional training/support do you need?

Appendix E

Teachers' Sense of Efficacy Scale (short form)

	Teacher Beliefs **How much can you do?**						
	Directions: This questionnaire is designed to help us gain a better understanding of things that create difficulties for teachers in their school activities. Please indicate your opinions about each of the statements below. Your answers are confidential.		Nothing	Very Little	Some Influence	Quite a Bit	A Great Deal
1.	How much can you do to control disruptive behavior in the classroom?		(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)
2.	How much can you do to motivate students who show low interest in school work?		(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)
3.	How much can you do to get students to believe they can do well in school?		(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)

4.	How much can you do to help students value learning?		(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)
5.	To what extent can you craft good questions for your students?		(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)
6.	How much can you do to get children to follow classroom rules?		(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)
7.	How much can you do to calm a student who is disruptive or noisy?		(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)
8.	How well can you establish a classroom management system with each group of students?		(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)
9.	How much can you use a variety of assessment strategies?		(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)
10.	To what extent can provide an alternative explanation or example when students are confused?		(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)
11.	How much can you assist families in helping their children do well in school?		(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)
12.	How well can you implement alternative strategies in your classroom?		(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)

Appendix F

Recognizing and Addressing Trauma

(Center for Early Childhood Mental Health Consultation)

Pre & Post Assessment

Q1 Trauma can be induced by a single threatening event or ongoing, negative conditions.

True

False

Q2 The two types of trauma diagnoses include;

Acute Post-Traumatic Stress Disorder and Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder and Anxiety Disorder

Reactive Attachment Disorder and Complex Trauma

None of the above

Q3 There are only several distinct types of traumatic experiences including sexual abuse, physical abuse, emotional abuse, and neglect.

True

False

Q4 Trauma is a common experience for EHS/HS children; research shows that many have experienced at least ____ traumatic experience(s) in their lives.

5

1

3

2

Q5 The brain is organized into 3 areas. Which of these is not one of those areas?

Emotional Brain

Offline Brain

Survival Brain

Thinking Brain

Q6 A stress response refers to a person's internal physical reactions to stress such as increased heart rate and rapid breathing.

True

False

Q7 Which of these tools can be used with every other Resiliency tool?

Connect

Sense -In

Resource

Restore

Q8 A child's ability to adopt and cope in the face of trauma are determined by:

Their developmental characteristics

The strength of attachment relationships

Their family's income

A & B Only

Q9 Trauma only affects children's emotional development.

True

False

Q10 Early childhood mental health consultants can help to address the impact of trauma in young children by;

Reporting suspected child abuse and neglect

Holding family therapy group sessions for those impacted by trauma

Finding quality community resources for families impacted by trauma (e.g.) qualified therapists, effective therapy, etc.)

A & C above

Q11 Which of the following is NOT a symptom of child trauma?

Irritability

Sleeps through the night

Attachment problems

Violent mood swings

Q12 Why might trauma affect a child's ability to learn?

Because the child may have issues thinking clearly and staying focused

No real effect has been noted

Because the child will experience brain damage from emotional trauma

Because the child will be kept out of school to go to therapy

Q13 Connect is a Resiliency tool that allows you to be in touch with:

Your mind

Your body

External events

Environmental factors

Q14 What is a general long-term effect for children if they experience trauma that is short-lived?

The child will become an abuser themselves

The child is most often scarred for life and will end up in and out of trouble

Children, being more mentally resilient than adults, will very often get past the trauma.

The child can only be completely healed with years and years of intensive talk therapy

Q15 Traumatic events often generate secondary adversities, life changes, and distressing reminders in children's daily lives.

True

False

Q16 Which of the following events may cause trauma for a student?

A car accident

Loss of a pet

Getting older

House fire

Q17 Which of the following developmental domains are NOT impacted by trauma?

Intellect

Behavior

Language

Play

Q18 Based on Siegel's Hand Brain Model, which part of the brain signals when there is threat or a perceived threat?

Emotional Brain

Offline Brain

Survival Brain

Thinking Brain

Q19 We can feel any emotion and still be in our resilience zone.

True

False

Q20 Who can best support a student in trauma?

Therapist

Parent

Teacher

All of the above

Q21 I can identify behaviors that suggest traumatic stress in children and youth.

No

Yes

Q22 I have a basic understanding of the impact of traumatic stress on children and youth.

No

Yes

Q23 I am familiar with the Adverse Childhood Experiences study.

No

Yes

(Only complete these questions during the Post-Assessment)

Q24 Please share the most important information that you learned about students in trauma.

Q25 How will you implement the strategies in your classroom?

Appendix G

Educator Self-Care Assessment (Brief)

1. Complete this sentence: In my free time…

a) I relax and enjoy myself.

b) What's "free time"?

c) I do things that mean more to me than my job.

d) I complain about work.

2. How do you feel after a really tough day?

a) "I'm glad that's over."

b) "I wish I didn't have so much work to do tonight."

c) "I wonder if this job is worth all the hassle."

d) "I can't take many more days like this."

3. How do you feel about your students (or the group you serve)?

a) I get as much from them as they get from me.

b) There aren't enough hours in the day to meet all their needs.

c) I have trouble relating to them sometimes.

d) Honestly? I don't really like them.

4. What kind of relationship do you have with your colleagues?

a) We get along really well.

b) I wish we had more time to chat and share ideas.

c) I feel like we're working at cross-purposes sometimes.

d) Why would I want any kind of relationship with those people?

5. Do you feel like your work has a positive impact?

a) Absolutely!

b) Yes, and I'm always looking for ways to make an even bigger impact.

c) I used to think it did, but I'm not sure anymore.

d) Nope.

6. How do you feel about the subject you teach (or the main focus of your job)?

a) I love it!

b) I wish I had more time to focus on it, instead of all the meetings and paperwork.

c) It's OK, I guess.

d) I've lost whatever interest I once had.

7. How did you feel when you accepted your current job?

a) Elated.

b) Challenged.

c) I can't remember.

d) Despairing.

8. How did you feel after work last Friday?

a) "What a great week!"

b) "Two more work days 'til Monday..."

c) "I hope next week will be better."

d) I couldn't stop crying.

9. You get into an argument with one of your students: What's your reaction?

a) "I'm hurt. I thought all my students loved me."

b) "That wouldn't have happened if I weren't so frazzled."

c) "That wouldn't have happened if I didn't have to enforce rules I don't even agree with."

d) "Not again."

10. Overall, which word best describes your current job?

a) Great!

b) Satisfying.

c) Exhausting.

d) Frustrating.

e) Pointless.

Appendix H

PLC Check-In

1. Which option best represents your position?
2. Have you had an opportunity to implement any of the trauma-informed strategies that you've learned? If yes, please describe.
3. How much time have you spent implementing these strategies with students?
4. What support, if any, do you need?