TRAUMA-INFORMED CLASSROOM CHECK-UP: FEASIBILITY AND SOCIAL ACCEPTABILITY WITH EFFECTS ON EDUCATOR EFFICACY, COPING, STRESS AND BURNOUT

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by

TANYA WEIGAND

Dr. Aaron M. Thompson, Dissertation Supervisor

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The undersigned, appointed by the dean of the Graduate School, have examined the dissertation entitled

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Feasibility and Social Acceptability with Effects on
Educator Efficacy, Coping, Stress and Burnout

Presented by Tanya Weigand,

A candidate for the degree of Doctor of Philosophy,

and hereby certify that, in their opinion, it is worthy of acceptance.

Aaron M. Thompson, PhD

Wendy Reinke, PhD

Andy Frey, PhD

Kelli Canada, PhD

Dedication Page

I want to acknowledge those who have supported me personally during my PhD journey. I am so thankful for your encouragement throughout the process

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Abstract

The purpose of this feasibility project is to implement and evaluate the effect of a trauma-informed modification on an evidence-based classroom intervention model to promote effective trauma-informed classroom management and coping skills with potential reduction of educator stress and burnout. Trauma is the most-common psychological health condition with adverse childhood experiences strongly correlated to increased risk for negative outcomes (i.e. mental and physical health problems, substance abuse and criminal justice involvement). Despite a wealth of knowledge regarding trauma impact on youth, a lack of research exists on the impact of trauma on educators. Educator stress, secondary trauma, and compassion fatigue are significantly high, due in part to trauma exposure leading to difficult student behaviors along with personal trauma responses, leading to educator burnout. This feasibility study utilized a pre-posttest design to assess a pilot of a trauma-informed adaptation of the Classroom Check-up. The Trauma-Informed Classroom Check-up (TI-CCU) uses an assessment-based feedback session targeting teacher behavior through intervention to improve trauma-informed knowledge, coping, self-efficacy, and basic work satisfaction promoting reduction of educator stress and burnout.

Chapter 1

Trauma and its Effects in Schools

A great deal of research has uncovered the effect of trauma on students and why to provide trauma-informed services. However, trauma on educators and how this may adversely affect their ability to provide effective trauma-informed classroom management, and ways to promote coping and self-efficacy in efforts to reduce stress, and burnout is less known. This chapter will explore trauma as a problem, examine the scope and prevalence of trauma, review what we know about teachers who experience trauma, and the potential outcomes and consequences if ignored.

Trauma is defined as a response to an event, series of events, or set of circumstances, experienced by the individual as physically or emotionally damaging or life threatening, and having lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA 2022). Trauma response is instantaneous and long-term emotional reactions to the trauma event, shaped by the availability and quality of internal and external resources available to the individual, potentially serving as protective factors promoting resiliency from trauma exposure (APA, 2022; Van der Kolk, 1996). Trauma can arise from exposure to one or more of the following identified traumatic experiences, including exposure to abuse (physical, emotional, sexual and neglect); parental/household dysfunction (domestic violence, substance abuse, mental illness, incarceration, death); involvement in child welfare system; community and school violence; bullying; poverty; racism, medical trauma, acts of terrorism, war, natural and man-made disasters (i.e. COVID-19), suicides, and other emotionally harmful experiences (Bloom 1999; Van der Kolk, 1996; Walkley and Cox, 2013; APA, 2022). Cumulative trauma experienced

through chronic childhood traumatic stress during critical childhood developmental years, often has profound consequences across multiple domains of functioning, including attachment, emotional and behavioral regulation, cognition, and learning (Spinazzola. 2005; Van der Kolk, 2005).

Trauma has major impact with research showing associations between childhood trauma and negative educational outcomes; including difficult trauma-responsive behaviors, low grades, attendance, and academic performance; plus, increased truancy, discipline, and dropout rates (Delaney-Black, 2002; Putnam 2002). These adverse proximal effects advance negative distal consequences, such as reduced likelihood of pursuing postsecondary education or training, causing long-term effect to adult employment and economic well-being (Covey et al, 2013; Mills et al., 2019).

The emotional and physical impact of trauma on educators is often severe. Whether from personal trauma and/or secondary stress, educators can exhibit stress symptoms similar to students (i.e. anxiety, depression, and chronic fatigue). Educators are experiencing soaring levels of stress, secondary trauma, and burnout but get little regular training and support (Borntrager et al., 2012; Hydon et al., 2015) leading to disengagement, reduced motivation, and work performance, increased mental health symptoms (Lawson et al., 2019); and high turnover in the profession (Skaalvik et al, 2015; You & Conley, 2015. Christian-Brandt et al., 2020).

Trauma Scope and Prevalence

Trauma is the most-common psychological health condition, with 61% of men and 51% of women reporting at least one traumatic event in their lifetime (SAMHSA, 2014) compared with prevalence rates for depression (7.2%), anxiety disorders (19.1%) and post-traumatic stress disorder (3.6%) (NAMI, 2022). These high rates of trauma significantly

impact individuals, families, and communities. In the seminal study of the life-course effects of childhood trauma, the Adverse Childhood Experiences (ACE) Study (Felitti, et al, 1998), assessed the long-term impact of early trauma, abuse, and household dysfunction on multiple adult outcomes including risk factors associated with the later prevalence and incidence of disease and addiction, qualify of life, health care utilization, and mortality. Adult participants (n = 17,000+) documented exposure to childhood abuse, (psychological, physical, sexual) and household dysfunction (substance abuse, mental illness, violent treatment of mother/stepmother, and criminal behavior) with more than 52% (*n* = 8,840) experiencing at least one ACE category and 6.2% (*n* = 1,054) reporting 4 or more ACEs. Individuals with single category exposure had a 65%– 93% probability of exposure to additional categories and 40%–74% for two or more additional exposures, with significant relationship comparisons between categories. The study strongly correlated increases in ACE exposures, to increased risk for negative outcomes (i.e. mental and physical health problems, substance abuse and criminal justice involvement) occurring immediately or with delayed onset, from 14% (individuals with no ACEs) to between 44%-86% (four or more) (Felitti, et al, 1998; Van der Kolk, 2005).

Exposure to significant and/or repeated trauma has impact on numerous domains, including behaviors, physical health, mental health, maternal health, infectious and chronic disease, and life expectancy (Felitti, et al, 1998; Anda et all, 2006, Bloom, 1999; Overstreet & Chafouleas, 2016; CDC, 2022). Many behaviors, such as violence, rigidity, anger, suicidality, hypervigilance, disassociation, and relational issues, develop as coping skills to survive severe and/or repeated trauma exposure and subsequently become maladaptive (Van der Kolk, 1996). These behaviors commonly lead to long-term thinking complications and unhealthy behaviors (i.e. drugs and alcohol, sex, eating issues, withdrawal, or violence) as a way to cope

(Bloom 1999; Van der Kolk, 1996). With thinking capabilities impaired, impulsive behaviors and long-term behavioral consequences increase as shown with high rates of trauma, mental health and substance use disorders in Juvenile and Criminal Justice systems (Felitti, et al, 1998; Dube et al, 2003; Anda et al, 2008; SAMHSA 2022). Prevalence and risk of dangerous behaviors rise as ACEs increase, including alcoholism (2.9% for 0 ACE to 16.1% for four or more ACEs), illicit drug use (6.4% to 28.4%), 50+ intercourse partners (3.0% to 6.8%), and sexually transmitted disease history (5.6% to 16.7%) (Felitti, et al, 1998).

Who is impacted?

It is possible for anyone to experience a traumatic event throughout the lifetime regardless of age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation. However, research has shown disproportionate prevalence and trauma impact in the U.S., associated to societal and economic factors. More than 50% of women will experience at least one traumatic even in their lifetime. Women, who represent 76% of teachers in U.S. public schools (NCES, 2022), are more than twice as likely to develop PTSD then men (10% for women and 4% for men) following a traumatic event (National Center for PTSD, 2022) potentially due to traditional gender roles, power imbalances, the types of traumas experienced or inadequate resources causing women to be emotionally vulnerable and dependent (NAMI, 2022).

Similar to aftermath of other tragic events and natural disasters, the COVID-19 pandemic has had disproportionately negative consequences for children/adolescents, with increased risk of maltreatment and violence exposure (Serrata & Alvarado, 2019; UNICEP, 2020a) for children with disabilities, marginalized children, and other vulnerable groups (UNICEF 2022020a, UNICEF 2020b) who are twice as likely to experience bullying,

emotional neglect, and abuse; and three times more likely to experience domestic violence in their families (NCTSN, 2016).

Longstanding social inequities (i.e.: poverty, racism, and gender-based discrimination) compound the negative and inequitable impacts of trauma (Abrams & Szefler, 2020; Yancy, 2020). Socioeconomic factors strongly impact risk and prevalence, as impoverished communities have lower levels of economic and physical security and increased violence, placing tremendous stress on families raising rates of child abuse and neglect by 5 times (CDC, 2022). Racial, ethnic, and socioeconomic disparities are particularly evident, with black non-Hispanic children accounting for the highest percentage reporting at least one ACE (61%) and the majority of children reporting ACEs (58%) from households earning less than 200% of the federal poverty level (Bethell et al., 2017). Racial trauma is the mental and emotional injury experienced from racial bias/discrimination, systematic racism and hate crimes inversely predicting mental and physical health outcomes (Pascoe and Richman, 2009; Pieterse et al., 2012; Paradies et al., 2015) and generate trauma responses (i.e. increased vigilance and suspicion, threat sensitivity, sense of shortened future, and maladaptive stress responses; Comas-Diaz, 2016) exacerbated by cumulative impact of trauma exposure (Wade et al., 2014). Racial disparities continue in educational systems with disproportionately higher suspension rates (US Dept. of Education, 2014) and achievement gaps reflecting the systemic impact of historical trauma and ongoing impact on minority communities (Lebron et al., 2015). As direct advocates for children with diverse socio-economic and racial conditions, this disproportionate impact of trauma places increased responsibility on teachers to provide trauma-informed services.

Trauma Impact on Educators

Research has provided a wealth of knowledge regarding trauma impact on youth development and effective trauma-informed evidence-based interventions, such as CBITS (Allison & Ferreira, 2017); multi-tiered systems; TF-CBT (Hansel, 2010) and Bounce Back (Santiago, 2018). What is lacking and deserves additional consideration is the effect of trauma on educator classroom management behaviors, along with impact on educator stress, compassion fatigue, burnout, and self-efficacy. While current literature addresses a wide range of career fields potential impacted by trauma (i.e. social work/counseling, health professions, criminal lawyers, and members of the clergy), there is absence of research related to impact on educators (Nikischer, 2019)

Educator Stress, Secondary Trauma, Compassion Fatigue & Burnout

Despite longstanding acknowledgment that educator wellbeing matters, safeguarding it has been subpar (Day & Gu, 2009; Farmer & Stevenson, 2017; Gray et al, 2017; Kidger et al., 2016). Educators are experiencing soaring levels of stress, secondary trauma, compassion fatigue and burnout due to the complex, wicked issues faced daily within educational systems, but get little routine training and support (Borntrager et al., 2012; Hydon et al., 2015). Named one of the most stressful occupations (Blaustein & Kinniburgh., 2010), educator stress results from the imbalance between teaching demands (i.e., problematic student behaviors, administrative demands) and teaching resources (i.e., pay, availability of subs, appreciation, and existence of instructional materials) (McCarthy et al., 2016). Educators can experience shared trauma from community issues, (i.e., community violence, COVID-19) impacting them with challenges similar to students (Cohen et. al, 2006; Taylor et al, 2012), ultimately placing them in a demanding position of balancing their students' needs and their own mental health (Sullivaan & Wong, 2011). Educator stress and trauma

exposure lead to disengagement, decline in motivation and work performance, increased mental health symptoms (Lawson et al., 2019); and high turnover from the profession (Skaalvik & Skaalivik, 2015; You & Conley, 2015. Christian-Brandt et al, 2020). Nearly 75% of educators indicated a desire to change careers, retire, or transition to another school (Caringi et al, 2015), 75% exceeded secondary traumatic stress scores, and 35% reported at least moderate depression symptoms (Borntrager, et al, 2012). Educators consistently report high levels of behavioral, psychological, and physiological symptoms from work-related stress but are reluctant to discuss concerns with employers (Education Support Partnership, 2020) even though behavioral and mental health challenges displayed by children inherently impact educator mental health (Eddy et al., 2020).

Educators working closely with a large number of trauma-exposed youth report extreme stress and vicarious secondary trauma symptoms (i.e. increased anxiety and safety concerns; intrusive negative thoughts or reminders of student's traumatic stories; fatigue and physical complaints, feelings of numbness/detachment; diminished concentration and difficulty with decision making, and feelings of professional inadequacy (Hupe, et al, 2019; Essary et al, 2020). Risk of secondary trauma appears greater among educators with previous or unresolved trauma exposure along with other factors, such as educators who are female; highly empathetic; new or inexperienced with lack of training; working with unsupportive administrations; and working in communities that have experienced collective trauma (i.e. high levels of poverty, crime, generational/historical trauma, tragic events, and natural disasters (Abraham-Cook, 2012; National Child Traumatic Stress Network, 2022). Rates of prevalence vary (Lawson et al., 2019), potentially due to personal and environmental factors, with one study finding 43% of teachers demonstrated symptoms related to secondary trauma (Koenig et al., 2017), while another study found nearly 75% reported symptoms (Borntrager

et al., 2012). Educators in high stress, underserved, high-minority schools with excessive trauma experience greater rates of secondary stress, burnout, and attrition (Ingersoll & May, 2012). Teaching educator's trauma-informed strategies to incorporate into their pedagogy can foster a greater sense of meaning at work by more effectively engaging student learning (Brunzell, et al, 2022). while also increasing their own wellbeing via personal use of trauma-informed strategies and skills. Teachers who are trauma-informed have shown decreased levels of compassion fatigue and secondary trauma stress symptoms (Christian-Brandt et al., 2020; Peterson, 2019), proving benefits to providing ongoing training to pre-service and experienced teachers related to trauma-informed practices and preventing secondary stress and compassion fatigue through self-care.

Educator ACE History/Personal Trauma

With childhood trauma so common (over 50% of adults in the ACE study reporting at least one ACE and 25% two or more), it is inevitable that in addition to experiencing high levels of secondary trauma from student experiences, some teachers have experienced personal ACEs and are dealing with the lasting effects of trauma. Educators with untreated trauma may respond with fight, flight, freeze and fawn behaviors (i.e. yelling, punitive reactions, disproportionately strong emotions, or loss of classroom control) (Cannon, 1929; Bracha, 2004; Gaba, 2020) while dealing with their own internal and external responses. A compound effect exists for trauma-exposed youth being taught by educators with unmanaged trauma-responses. Educators can be triggered by negative student behaviors and retort reactively, perpetuating student response and discipline outcomes. To avoid future consequences, the system should not only be prepared with early and regular intervention for at-risk students (Cullinan & Kauffman, 2005; Greer-Chase et al, 2002), but must also do more to consider educator experiences and increase necessary supports.

Consequences of Ongoing Trauma on Educators

There are multiple consequences in our schools and communities if we do nothing about trauma in schools resulting from long-standing wicked societal factors and complex current events. Research has strongly identified the impacts of trauma on student academic and mental health wellness. However, the impact of trauma on teachers is much less documented, but points to factors including poor classroom management and difficulties managing trauma-responsive behaviors and conflict. Trauma not only impacts student outcomes but brings about stress and secondary trauma leading to educator compassion fatigue and burnout. We must promote trauma-informed schools to support students and educators with self-care, mental health, and resiliency.

Classroom management is one of the most important dimensions of the teaching and learning process. It is believed that good classroom management helps establish an effective and conducive learning environment (Kubat & Dedeball, 2018); improves academic outcomes (Slater & Main, 2020, Reinke et al, 2011); helps effectively handle children with behavioral issues (Zulkifli et al., 2019); and reduce disruptive classroom behaviors (Affandi et al., 2020; Reinke et. al, 2011). Disruptive behavior, defined as inappropriate behavior of students in the classroom that impedes both learning and teacher's instructions (Gómez Mármol et al., 2018; Närhi et al., 2017) is commonly exhibited by students who have experienced significant trauma, along with a multitude of other reasons (i.e.: lack of preparation/low teaching quality; teachers' biased attitudes toward students; large class sizes/structure; students' attitude towards learning, and emotional and mental concerns (Khasinah, 2017; Latif et al., 2016). Working with trauma impacted students commonly means addressing more behavioral, social, and emotional needs (Honsinger & Hendricks Brown, 2019). Intervention strategies most often proposed to combat classroom discipline

issues include praising, motivating, or reinforcing students; maintaining a positive student/teacher relationship; communicating basic classroom rules, structure, and routines; and adapting student-centered learning (Rafi et al., 2020). However, a wide range of variability exists within these effective practices due to educator differences in content knowledge, instructional design abilities, and classroom and behavior management skills (Khasinah, 2017). Educators struggling with behavioral management and discipline issues are less effective and report high levels of stress, burnout symptoms and poor educational outcomes (Brouwers & Tomic, 2000).

Teaching in classrooms with frequent disruptive behaviors due to trauma responses can be difficult, as students display heightened academic issues including decreased ability to concentrate, less academic engagement, and behaviors impeding other student learning and performance (Shinn et al, 1987). Educators deal with significant trust issues from trauma impacted students leading students to challenge authority, rules, expectations, and associated punishments. This can be triggering and perceived as disrespectful to an educator, commonly resulting in authoritarian and/or heightened emotional response. Personal and secondary trauma affects teacher brains in much the same way that it effects students, with the triggered brain emitting a fear response; releasing excessive cortisol and adrenaline that can increase heart rate, blood pressure and breathing; and release a flood of emotions (Bremner, 2008) often leading to overly reactive, punitive responses. The traditional cycle of student misbehavior, followed by educator attempt to control the misbehavior, responded by student's persistence in continuing the misbehavior, leads to increased teacher frustration and ultimately increases student misbehavior (Ratcliff et al, 2010) Teachers often label students exhibiting trauma-responses as a problem rather than needing support and empathy, resulting in increased school punishment and disciplinary action (Dorado et al,

2016; Eckenrode et al, 1993). These punitive practices fail to explicitly teach socially acceptable behaviors and are less effective for students with challenging behaviors, as punishment can reinforce and increase negative behaviors (Gottfredson et al., 2000) and leads to high levels of teacher frustration, stress, and burnout (Jennings and Greenberg, 2009). We know responding appropriately to disruptive behaviors can reduce classroom interruptions, office referrals and suspension rates while also increasing students' exposure to instructional time and promoting academic achievement (Good et all, 2009).

With high prevalence rates in the U.S., trauma not only impacts students, but is likely to have been experienced personally by educators in childhood or throughout the lifetime. Secondary Trauma also impacts educators including increased stress, compassion fatigue and burnout symptoms. Understanding how educator stress, burnout, coping, and self-efficacy are interrelated can inform prevention and intervention. One study (Herman et al, 2020) explored these constructs to determine if these variables impacted student outcomes, including disruptive behaviors and academic achievement (n = 121 teachers and 1,817 K- 4th grade students) using a latent profile analysis. Findings indicated educator stress levels (r = .42; n = 152) and how well teachers were coping with job stress (r = –.46; n = 152) were significantly correlated with teacher reports of emotional exhaustion and predicted emotional exhaustion 1-year later (Eddy et al, 2017). It is noteworthy that most teachers (93%) had classes characterized by high stress levels, distinguished by variations in coping and burnout respectively impacting student outcomes. Confirming prior evidence of significant stress in the teaching profession, only 7% of teachers reported well-adjusted classes, suggesting high stress and overall low wellness are common (Eddy et al, 2017). Given high levels of stress seen, it is not surprising educators also report above average levels of physical and mental health problems and below average levels of job satisfaction

compared with other occupations (Eaton et al., 1990; Johnson et al., 2005). Educators experiencing high stress and low coping skills result in poor student outcomes including lower academic and student adaptive behaviors along with higher disruptive behaviors proving teacher stress and coping have an impact on both student and teacher well-being.

The long-term impacts of not addressing trauma in educational systems are concerning. Teacher shortages are a national epidemic, with 98% of school districts nationwide having shortages anticipated to increase (Thornton et al, 2007). More than half of teachers leave the profession voluntarily for reasons other than retirement, depriving students of experienced instructors and an enormous cost to taxpayers, with each teacher replacement estimated to cost over $20,000, and a national cost estimated at $8.5 billion annually (Podolsky et al, 2017). Trauma-Informed practices must be implemented to support emotional wellbeing of students and adults within school communities as teachers perceiving TI interventions with high effectiveness experience lower levels of STS, compassion fatigue, and burnout (Christian-Brandt et al, 2020).

Conclusion

Although research has taught us much on the effects of trauma on students and how to provide TI services, we know much less about trauma impact on educators, their ability to provide effective trauma-informed classroom management, and ways to promote coping and self-efficacy while reducing stress, compassion fatigue, and burnout. Now understanding the impact, scope, and prevalence of trauma; the effects of trauma impact on educators experiencing secondary and/or personal trauma symptoms, and the potential short and long-term outcomes if trauma if not addressed within our educational system, we must do more. The next chapter will explore current research literature and initiatives to prevent and intervene in the pervasive effects of trauma exposure in educational systems.

Chapter 2

School-Based Initiatives in Trauma Treatment and Prevention for Educators

This chapter will summarize current research literature and initiatives to prevent and intervene in the pervasive effects of trauma exposure with educators. First, ways in which schools provide conducive conditions for addressing youth trauma interventions will be discussed along with the basic structure for organizing effective interventions and supports within a tiered response model. Next, important malleable mechanisms of change that combat trauma and its deleterious effects will be examined. Third, a summary of two intervention approaches that include several of these elements will be reviewed along with what is most effective about these approaches to help inform the development of the Trauma-Informed Classroom Check-up (TI-CCU).

School Conditions Conducive for Trauma-Informed Interventions

School-based interventions are crucial for addressing complex social challenges, with multiple school conditions (i.e. routines and regularity) conducive for program implementation (SAMHSA, 2014). Schools cannot avoid the impact of social issues, with nearly 35 million children in the United States now living with emotional and psychological trauma (National Survey of Children's Health, 2012), geographically close to disaster areas and war-torn regions (Lee et al., 2017), and affected by poverty and minoritized status (i.e., race, ethnicity, and language; Allison & Ferreira, 2017; Dorado et al, 2016; Santiago et al, 2018). School systems play a vital role in protecting vulnerable and trauma exposed children with evidence suggesting school interventions significantly reduce students traumatic stress symptoms (Jaycox et al., 2010; Perfect et al., 2016), suspensions, and office referrals (Dorado et al., 2016); while improving stress management techniques (Karam et al, 2008), prosocial

behaviors, positive beliefs about the future (Berger & Gelkoph, 2009), and school functioning (Fondren et al, 2019).

Tiered Response Model: A Framework for Organizing Effective Programs

Using a tiered response model framework is critical for the successful implementation of interventions helping to integrate trauma-informed interventions into the educational environment (Cole et al., 2013; Evans et al, 2014; SAMHSA, 2014). Tiered response models, which emerged from No Child Left Behind (NCLB; 2001) and the reauthorized Individuals with Disabilities Education Act (IDEA; 2004), aim to replace ineffective, reactive, and authoritarian approaches with an assortment of scientifically-based proactive and positive prevention efforts and programs (Sugai & Horner, 2008), that support the whole child (Academic, Social and Behavioral), while minimizing reliance on indicated supports (i.e. special education) (Sugai & Horner, 2009; US Department of Education, 2002). A tiered response model implementation requires effective universal (improve outcomes for 80% of students), selective (more intensive and provided to about 15% of students) and indicated (most intensive to 5% of students) practices and programs, organized on a continuum (Sugai & Horner, 2009; Wilson & Lipsey, 2008), with feasible and effective strategies and assessment at all levels. School-wide tiered response model interventions (PBIS: *ES*=0.61 and SEL: *ES* =0.48) promote substantial improvement in student social, academic and behavioral outcomes including (disruptive behaviors (*ES* = 0.12); concentration problems (ES = 0.08); prosocial behavior (*ES* = –0.17); and emotion regulation (*ES* = –0.11) (Charlton et.al, 2021) along with reductions in educator authoritarian practices (e.g., office referrals, school suspensions) and special education referrals (Bradshaw et al, 2008; Horner et al., 2009; 2012; VanDerHeyden et al, 2007).

Essential Elements of a Trauma-Informed School

A trauma-informed school would be beneficial for students and teachers. Trauma-informed practice is rooted in social-emotional learning, school safety, and discipline within a tiered-response model. Much of the widely promoted content (i.e.: guidebooks, toolkits, and online learning modules) designed for educators promote the SAMHSA developed trauma-informed approach, using the 4 R's to define trauma-informed care, believing educational systems should (1) Realize the widespread impact of trauma and potential paths for recovery; (2) Recognize trauma signs and symptoms in others (3) Respond by fully integrating trauma knowledge into policies, procedures, and practices, and (4) seek to actively oppose Re-traumatization while examining assumptions, biases and intersection of inequality (SAMSHA 2022). Essential elements of a trauma-informed school system include increasing educator knowledge and understanding of trauma impact; improving relationships with students and families; creating a trauma-informed learning environment (i.e.: social-emotional skills and wellness); integrating emergency management and crisis response; evaluating/revising school discipline policies and practices; understanding and addressing staff secondary traumatic stress and self-care; collaborating across systems; and establishing community partnerships (National Child Traumatic Stress Network, 2022; SAMHSA, 2022). Integration of comprehensive trauma-informed school approaches have presented feasible with group-based prevention efforts and individualized student services (Dorado et. al, 2016; Perry & Daniels, 2016). Ideally, school-wide systems operating within the three-tiered model would reliably provide intended supports and outcomes, however a wide range of variability exists in classroom management skills and support displayed within classrooms impact these results (Khasinah, 2017). While the premise of a trauma- informed school approach is honorable, research has yet to clearly prove whether the promise of this framework is

actually delivering the types of systemic and programmatic changes intended, and if those changes are resulting in desired outcomes (Maynard et al, 2019). Incorporating an intervention program to effectively measure outcomes within a school-wide system of trauma-informed behavior support should increase our knowledge and future direction.

Malleable Precursors to Manage/Reduce Trauma Responses and Promote Wellness

Many precursors of trauma are not feasible targets solely for school-based interventions as they are born from more complex societal issues (i.e. poverty, racism, mental health and/or complex parental involvement) requiring multi-systemic intervention, and often beyond the scope of the public education's systems and services. However, there are malleable mechanisms of change that combat trauma and its detrimental effects, including: increased knowledge and awareness of trauma; training and coaching; improved classroom management skills (i.e. increased praise, opportunities to participate, and decreased reprimand); and skills to manage stressful classroom events, personal issues, stress, and burnout symptoms (i.e. self-care strategies and improved system support).

Increase Knowledge and Awareness

Educators are critical stakeholders in TI schools as frontline for identifying and supporting impacted students through preventative and intervention efforts (Wiest-Stevenson & Lee, 2016). Accountable for student academic, social, emotional, and behavioral development (Baweja et al., 2016; Von der Embse et al., 2019), educators are to implement routines and procedures facilitating safety and learning (Brunzell et al., 2016). However, educators find working with students exhibiting trauma responsive behaviors as challenging (Souers, 2018) and do not feel competent handling the disruptive behaviors with only 28% of educators believing they possess the knowledge and 33% the required skills necessary to meet student mental health needs (Alisic, 2012). Educators may not understand

trauma, know their roles, responsibilities and available supports, or feel comfortable delivering TI practices (Perry & Daniels, 2016), especially when considering complex contextual factors such as poverty and racism (Blitz et al, 2016; Thomas et al, 2019), fostering emotional burden and stress among educators (Alisic, 2012; Blitz et al, 2016) leading to turnover (Caringi et al, 2015). Additionally, we must acknowledge the prevalence and lasting effects of ACE histories and personal trauma impacting educator's thoughts, feelings, and behaviors (Bracha, 2004; Gaba, 2020). We must expand awareness and training to decrease educator trauma responses and the compound effects of having educators with untreated internal and external trauma-responses in classrooms.

Educator Training and Coaching

Educators frequently request additional training and support on topics, including behavior and classroom management (Rose & Gallup, 2005); recognizing and understanding mental health issues; strategies for working with externalizing behaviors, (Reinke et al, 2011) and trauma-focused training to manage student trauma behaviors along with their own responses (Alisic, 2012). Pre-service and experienced educators need ongoing training and support in trauma-informed evidence-based practices to develop knowledge, skills, attitudes, and behaviors to support mental health needs (Reinke et al., 2011). We must ensure educators utilize effective strategies linked to positive student outcomes (i.e. increased academic engagement and decreased disruptive behavior), maintain proactive classroom management (i.e.: classroom layout, teaching expectations and providing consistent consequences) (Colvin et al, 1993; Sugai et al, 2002) and positive interactions (i.e. use of behavior-specific praise or increased praise/reprimand ratio) between educators and students (Reinke et al, 2007). An educator's knowledge of trauma-informed teaching content influences teaching content and style (Grossman, 1995). Understanding trauma encourages

educator investment in receiving additional training for working with trauma-exposed students (Baweja et al., 2015; Nadeem & Ringle, 2016). Educators who understand the need and benefits for a trauma program in their school are more likely to support interventions (Nadeem and Ringle, 2016) and less reluctant for students to miss class for participation (Langley et al., 2015). Professional development training aims to increase knowledge and awareness about the impact of trauma exposure along with generating attitudes, beliefs, and behaviors conducive to system-wide adoption of trauma-informed approaches (Brown et al, 2012; Lizzio & Wilson, 2004; SAMHSA, 2022).

Trainings alone are not adequate to improve educator practices (Garet et al, 2001; Kretlow & Bartholomew, 2010), and increasingly challenging due to sensitive content relating to culture, race, and trauma. Schools implementing multifaceted, trauma-informed practices supplement educator training with other ways to improve trauma-informed initiatives, such as staff meetings to discuss practice and implantation; trauma-informed committees to identify and guide intervention and school engagement; shifts in school discipline practice; along with coaching opportunities (Oehlberg, 2009). Coaching as a classroom level teacher intervention is an effective method for improving classroom management skills by offering professional development, technical assistance, and motivational support (Denton & Hasbrouck, 2009). Coaching including multidisciplinary collaboration and self-reflection proves more effective on educator practice and student outcomes (Garet et al, 2001; Reinke et al, 2008; Curby et al, 2009). Using performance feedback consultation improves intervention implementation fidelity and generates positive change (Reinke et al, 2007) such as a reduction of special education referrals (National Research Council, 2002) while increasing teacher investment and abilities to manage difficult

trauma-response behaviors, thereby promoting a more positive classroom environment and student outcomes (Baweja et al., 2016).

Increase Classroom Management and Coping Skills

Improving educator effective classroom management strategies along with enhanced coping skills will help teachers handle students exhibiting difficult trauma-responsive behaviors in addition to the effects of personal and/or secondary trauma. Key classroom management strategies are identified to promote effective trauma-informed classrooms, including increased praise to discipline ratios, and encouraging classroom; cultivating skills to maintain positive student-teacher relationships; and applying effective trauma-informed discipline techniques. Increasing opportunities for educators to learn and apply these strategies along with enhanced support, self-care and efficacy skills will help offset the negative impact of trauma exposure for educators.

Positive Relationships

Safe, consistent, caring adults are vital for trauma resiliency (Center on the Developing Child, 2018) and necessary for improving academic and social success for all students (Goldstein & Brooks, 2007; Wentzel, 2002). However, educators have expressed challenges and frustrations working with trauma-impacted students, due to noncompliant and disruptive trauma-responsive behaviors (Souers, 2018). Regardless, to provide compassionate, validating and empowering school environments teachers must utilize skills (i.e.: strengths-based approaches to build on positive attributes of students' and their families; increased positive to negative ratio) to develop supportive student-teacher relations (Colvin & Sprick,1999; Lewis & Sugai, 1999), avoid re-traumatization, (Overstreet & Chafouleas, 2016; Brunzell et al., 2016) promote academic engagement and mitigate negative trauma effects (Durlak et al., 2011; Bethell et al, 2014). Despite challenges, supporting

educator knowledge and skills development fosters strong student-teacher relationships, can enhance enthusiasm, and reduce exhaustion promoting educator wellbeing (Cui, 2022)

Discipline

Providing educators interdisciplinary knowledge, likely not received during preservice training, is a key feature in Department of Education guidelines (Thomas et al, 2019). Learning to conceptualize trauma responses as neurobiological not deliberate acts of defiance can help educators provide needed support to students through empathetic responses and efforts to understand behavioral context (Dorado et al, 2016; Ford et al, 2006) instead of a more punitive approach. Recognizing how trauma manifests into difficult school behaviors (i.e., avoidance, disengagement, aggression, dysregulation) due to perceived safety threat is foundational for shifting the mindset of educators and administrators (Bell et al., 2013). To effectively respond to students, TI approaches require educator to feel competent providing effective classroom management skills along with enhanced coping skills to help teachers handle students exhibiting difficult trauma-responsive behaviors. This requires educator self-awareness of internal responses along with a shift from traditional, punitive classroom management practices (i.e. seclusion, harsh zero-tolerance policies) (Dorado et al, 2016; Ford et al, 2006; Wolpow et al, 2009) to existing evidence-based practices (i.e. Conscious Discipline: Rain, 2014; or Restorative Practices: Baweja et al., 2016; Brunzell et al., 2016), as trauma-informed teacher interventions are not yet established. Self-awareness and perspective shifts are particularly vital for reducing racial disparities in discipline and academic outcomes, as findings show black students are more likely to report trauma exposure (Woodbridge et. al, 2015), but disproportionately at risk for poor outcomes (Busby et al, 2013) with disparities still existing in educational access and achievement metrics (i.e., test scores, graduation rates, college entrance) (National Child Traumatic Stress Network,

2017) along with disproportionately applied zero tolerance policies resulting in the school to prison pipeline (Skriba, 2014).

Self-Care for Educators

A well-rounded TI approach should give specific attention to the well-being of educators, as they navigate the challenging role witnessing first-hand exposure to students dealing with trauma and adversity. For an educator who has experienced personal trauma, extra attention and emotional energy is often required to handle routine issues teachers experience. Educators must be aware of their own feelings, reactions, and triggers along with potential risks of secondary trauma and learn skills to maintain self-awareness and self-care practices to offset trauma symptoms and promote resiliency. However, putting the full burden on educators to maintain well-being in light of known secondary trauma effects is insufficient and leadership must redesign policies to proactively support educator wellness (SAMHSA, 2014; Thomas et al, 2019). The system must be prepared with early and regular intervention for students at-risk for emotional and behavioral trauma responses to prevent development of more serious behaviors (Cullinan & Kauffman, 2005; Greer-Chase et al., 2002) along with more consideration and support for our educators' experiences and needs.

Increase Teacher Supports

Trauma impact on educators should not be ignored**.** We must acknowledge educators are affected by trauma experiences (Caringi et al., 2015) with contagious community consequences (Motta, 2012). Educators join the profession with personal experiences and beliefs assimilated unconsciously, shaping their knowledge base, attitudes, and behaviors (Cranton & King, 2003). Work with trauma impacted students commonly means addressing more behavioral, social, and emotional needs (Honsinger & Hendricks, 2019). Educators struggling with behavioral management, classroom discipline issues, or

their own trauma responses find these trauma-responsive behaviors difficult, resulting in decreased effectiveness, poor educational outcomes and high levels of stress and burnout symptoms (Browers & Tomic, 2000). Educator wellbeing is a vital component of educational outcomes, with well-established correlation with students' academic achievement, social-emotional development, and behavioral outcomes (Briner, 2007; Mclean et al, 2015).

Although student interventions are most documented, a more comprehensive approach including students, educators and administrators is needed (Wiest-Stevenson & Lee, 2016, Walkley & Cox, 2013). Increased administrative and organizational support decreases educator burnout (Christian-Brandt et al, 2020) and improves retention (Thornton et. al, 2007). It is essential for administrators to promote TI milieus by adhering to trauma-informed disciplinary procedures along with offering educators' empathy, support, and adequate resources (i.e.: appropriate instructional materials, suitable classroom space, reasonable caseloads, access to support, time for meetings, and clerical support for paperwork) to fulfill responsibilities (Thornton et al, 2007; Sugai & Horner, 2008). Because educators are often not trained in trauma, involving multidisciplinary supports (i.e. school social workers, counselors, and psychologists) is critical for promoting prevention and resiliency (Alisic, 2012; Davanaugh, 2016; RB-Banks and Meyer, 2017). Administrators valuing evidence-based social-emotional programs and practices improves educator implementation fidelity (Benbenishty & Astor, 2005) thereby improving student outcomes (Wilson & Lipsey, 2008). With adequate support and understanding of trauma, educators and administrators will be better equipped to manage challenging trauma-response behaviors (Plumb et al., 2016). Responsiveness to educators' experiences will improve job satisfaction (Skaalvik & Skaalivik, 2015), reduce attrition (Flores 2006) and burnout (RB-Banks and Meyer, 2017) all linked to student behavioral and academic outcomes (Herman et al, 2018).

Effective Classroom Management Models

There is an absence of trauma-informed classroom management models for educators. Therefore, below describes two effective classroom intervention programs designed to improve teacher knowledge, skills, and efficacy in evidence-based classroom management. Although neither include trauma-informed factors, both interventions include measurement aspects fostering similar malleable precursors previously identified.

Class-wide positive behavior supports: CHAMPS

CHAMPS (Sprick, et al, 1998), is a classroom management consultation and coaching program designed to assist classroom teachers in developing proactive, positive, and behaviorally instructional classroom management strategies (Sprick, et al, 2009). CHAMPS, an acronym for the six dimensions of program emphasis (Conversation, Help, Activity, Movement, Participation, and Signal), is guided by the STOIC concept which defines five key guiding principles for effective classroom management (Structure classroom, Teach expectations, Observe and supervise, Interact positively, and Correct fluently). Emphasis is on helping teachers create classroom structure encouraging responsible and engaged student behaviors, learning to reduce off-task disruptive behaviors and increase on-task, learning engagement by providing clear expectations and increasing rates of positive attention (i.e. social reinforcement) for meeting expectations versus negative attention for not meeting them (Partin et al, 2009; Herman et al, 2020).

Multiple district-based CHAMPS implementation studies show results on TI elements, including reductions in classroom disruptions, office referrals, school suspensions, along with parallel increases in educator perceptions of efficacy, student behavior and motivation. A large group randomized controlled trial (Herman, et al 2020) evaluated the efficacy of the CHAMPS classroom management program on the social, behavioral, and

academic outcomes of a large, diverse sample of middle school students (n = 1,450, 6-8th grade) within their classroom (n = 102 teachers). Results of two-level hierarchical linear models (HLM) showed teachers had high satisfaction with the trainings (*m* = 4.80) and likelihood of recommending the training to others (*m*= 4.87), agreed with the behavioral change approach (*m* = 4.69), and believed in effectiveness with current (*m*= 4.33) and future (*m*= 4.38) classroom behavior problems (Herman et. al, 2020). Significant intervention effect (*b*= 12.28, *p*= .006) indicates improvements in use of proactive classroom management strategies for educators receiving the intervention with enriched positive-negative ratios of 50.1% versus 37.6% for wait-list teachers (*ES* = 0.39). Moderate effects (*ES*= 0.39 – 0.62) were reported for intervention effects on observed teacher practices, especially promising as a universal preventive intervention.

CCU: Classroom Check-up

The Classroom Check-up (CCU) (Reinke, 2006; Reinke et al., 2008, 2011) is an evidence-based class-wide consultation model created to address classroom level support needs. CCU is a web-based educator training and coaching program promoting effective teacher classroom management skills. Web-based tools and intervention modules aim to (a) target teachers' motivation to maintain practices essential for student success, (b) reduce teacher-student interactions likely to exacerbate behavioral problems, and (c) increase educator behaviors promoting student competence and success. Throughout multiple stages: (1) assessing the classroom, (2) providing the teacher feedback, (3) developing a menu of interventions, (4) collaboratively choosing the intervention, and (5) having the teacher self-monitor intervention implementation, the model uses motivational interviewing techniques (MI; Miller & Rollnick, 2002) to empower educators to embrace and sustain new or improved classroom behavior management and instructional practices (Miller & Rollnick,

2002) lessening barriers to educator implementation (Reinke et al., 2011). CCU studies show that receiving regular feedback increased teacher implementation of classroom management strategies, including increased use of praise, use of behavior specific praise, and decreased use of reprimands, ultimately contributing to decreases in classroom disruptive behavior (Reinke, 2009). Significant increase of classroom praise using CCU Self-Monitoring ranged in various classrooms (*ES* = .82- 2.73) using visual performance feedback. Behavior Specific Praise increased significantly (*ES* = .1.37- 3.83); reprimands decreased significantly (*ES* = -.23 - -1.90); and classroom disruptions decreased significantly (*ES* = -.30- -2.40) in each classroom using visual performance feedback (Reinke, 2009). These promising results parallel elements of TI classroom management skills and signify classroom-level consultation can create meaningful teacher and student behavior change.

With an absence of TI classroom management models for educators, two effective classroom intervention programs designed to improve teacher knowledge, skills and (efficacy) in evidence-based classroom management were reviewed. Although both the CHAMPS and CCU interventions show impressive results, neither program offer a TI intervention perspective. Both strong interventions did show effective classroom interventions encouraging responsible and engaged student behaviors, skills to reduce off-task disruptive behaviors and increase on-task behaviors and positive versus negative attention (i.e. social reinforcement) for meeting expectations.

Lessons learned from CCU were used to inform the development and measure of the Trauma-Informed Classroom Check-up (TI-CCU) including how to structure and measure an effective classroom intervention aiming to increase teacher implementation of classroom management strategies, (i.e.: praise, use of behavior specific praise, and decreased use of

reprimands) ultimately contributing to decreases in classroom disruptive behavior and student well-being (Reinke, 2009).

To summarize, this chapter examined current research literature and initiatives to prevent and intervene in the pervasive effects of trauma exposure in educational systems. Ways in which schools provide conducive conditions for addressing youth trauma interventions and the basic structure for organizing effective interventions and supports within a tiered response model were reviewed. Important malleable mechanisms of change that combat trauma and its damaging effects were examined. Two effective classroom interventions were reviewed that improve teacher ability to manage difficult student behaviors while promoting student success. With a notable absence of trauma-informed research of educator programs, it is necessary to create a trauma informed classroom management training program that focuses both on building teacher resiliency to address their own trauma as well as how they can better manage student behaviors and responses to their own trauma. The next chapter will describe the integration of two theories used to guide the development of TI-CCU, an integrated Trauma-Informed Classroom Check-up intervention designed to provide training and support to educators.

Chapter 3

TI-CCU: An Integrated Intervention Model for Trauma Behaviors

This chapter describes the integration of two theories used to guide the development of the TI-CCU, an integrated Trauma-Informed Classroom Check-up intervention designed to provide training and support to secondary educators. TI-CCU is guided by the integration of two well-established theories: Self-determination Theory (SDT; Deci & Ryan, 1985, 2000, 2011) and the Social Cognitive Theory (SCT; Bandura,1986). An integrated TI-CCU theory of change model to inform development of a trauma-informed teacher training and support intervention model integrating the concepts of SDT Deci & Ryan, 1985, 2000, 2002, 2006, 2011) and the Social Cognitive Theory (SCT; Bandura,1986) is explored.

Self-Determination Theory (SDT)

SDT represents an expansive framework examining personality and human motivation. This person-centered theory focuses on the intersection of internal needs and contextual influences (Deci & Ryan, 1985). This intersection promotes individual assimilation through a process in which external values, demands, or requirements are integrated and internalized.

Concepts and Definitions of SDT

SDT has identified three basic human needs to increase wellbeing and intrinsic motivation when met, including relatedness, autonomy, and competence. Relatedness describes an experience of feeling connected to other individuals and a community. It includes experiences of caring for, being cared for and being accepted by others. Relatedness occurs when individuals experience positive and mutually satisfying relationships, characterized by a sense of closeness and trust. Autonomy is an experience of acting from

one's own interest and integrated values while understanding behavior as self-expression (Deci and Ryan, 2002). To experience Autonomy, educators must develop the sense of self-agency while providing trauma-informed supports to students promoting their psychological freedom to initiate their own actions. Competence is the experience of feeling effective and confident through opportunities to express, apply, and increase individual capabilities. To achieve competence, educators must feel effective and confident in handling difficult trauma behaviors while promoting their wellness to achieve desired outcomes.

Propositions of SDT

SDT distinguishes between motivation and amotivation (i.e. lack of motivation or intention to act). Amotivation results from not valuing an activity (Deci and Ryan, 2000), not expecting it to produce desired outcome, or not feeling competent to perform it (Deci, 1985). Conversely, motivation occurs when an individual believes engaging in the behavior will result in a desired experience or outcome. Motivation is separated into two categories, intrinsic and extrinsic motivation. Intrinsic motivation includes voluntarily performing an activity because the activity itself is interesting or meaningful to the individual. Extrinsic motivation involves completing an activity to avoid consequence. Therefore, activities not perceived as interesting or beneficial to an individual may require external consequences to improve motivation. Completing activities to avoid external consequences is often perceived as controlling rather than self-directed (Deci et al., 2000). SDT suggests the value attributed to a behavior and self-regulation of a behavior must be internalized for an extrinsically motivated behavior to become more autonomous.

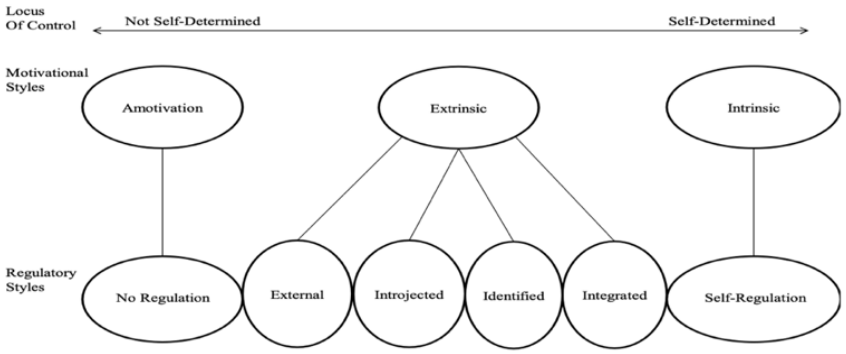
These three basic human needs represent psychological fuel essential for ongoing psychological growth, integrity, and well-being (Deci & Ryan, 2000, 2020). Promoting educators experience of autonomy, competence, and relatedness will increase desire,

motivation and engagement leading to enhanced performance and resiliency. SDT posits the degree to which any of these three psychological needs are unsupported within a social context will negatively impact wellness in that setting. Many factors can contribute to the satisfaction of these three needs, but teachers' style of student engagement is fundamental (Ryan & Deci, 2017). Teachers must support, not prevent these three basic psychological needs for students as well as themselves. Teachers are a significant component of school motivation, bringing their own personality and motivation to the classroom. Commonly, teachers' own autonomy, competence, and relatedness can be damaged by administrative control, difficult student behaviors, inflexible curriculum, rigid testing standards or lack of support. SDT research has increasingly examined the contextual factors influencing teachers' motivation, while simultaneously considering how teachers' motivation impacts their student interactions. Students benefit when teachers are empowered, confident and allowed flexibility. Supporting both students and teachers needs by creating a motivational, trauma-informed school climate has substantial advantages for educational and wellness outcomes.

Creating a motivational, trauma-informed school climate is multifaceted. Just as teachers face the challenge of motivating students, administrators and policy makers must make efforts to prevent teachers' burn-out, promote retention and to motivate teachers towards the implementation of educational reforms and curriculum changes. Social Development Theory provides a framework to guide educational policies and regularly applied trauma-informed practices. Efforts to satisfy the basic psychological needs of students and teachers promotes a school-wide motivational learning climate that encourages intrinsic or high functioning extrinsic motivation for all.

Figure 3.1

Self-determination, Motivation, and Regulatory Continuum (Deci & Ryan, 2000, p. 237)



The Social Cognitive Theory (SCT)

The SCT (Bandura,1961; 1986) posits that learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment, and behavior. SCT considers the unique way in which individuals acquire and maintain behavior, considering influence of external and internal social reinforcements impacting behaviors. The theory considers an individual's past experiences, which influences reinforcements, expectations, and expectancies, all impacting whether a person will engage in a specific behavior and the reasons why a person engages in that behavior.

Concepts and Definitions of the SCT

SCT has six constructs promoting how people regulate their behavior through control and reinforcement to achieve goal-directed behavior maintained over time including reciprocal determinism, behavioral capability, reinforcements, observational learning, expectations, and self-efficacy, all described in detail below. Reciprocal Determinism is the central concept of SCT, referring to the dynamic and reciprocal interaction of an individual with already learned experiences; the environment and external social context; and goal-oriented behavior. Behavioral Capability refers to a person's actual ability to perform a

behavior through essential knowledge and skills. To successfully perform a behavior, one must know what to do and how to do it. Reinforcements refers to internal or external responses to an individual's behavior impacting likelihood of continuing or stopping the behavior. Reinforcements can be positive or negative and both internally and externally initiated. This SCT construct links the reciprocal relationship between behavior and environment. Observational Learning asserts people can learn from observing others behavior, then reproduce those actions using behavioral modeling. Observing others successfully demonstrate a behavior increases the ability for another to also complete the behavior successfully. Additionally, individuals can learn from others' experiences and not requiring personal punishment or reinforcement. Expectations refer to the anticipated consequences of a person's behavior. People anticipate consequences of their actions before engaging in the behavior, which can influence successful completion of the behavior. Expectations derive largely from previous experience but can also focus on the subjective value placed on the outcome by the individual. Finally, self-efficacy signifies an individual's belief in their capabilities to successfully control actions or events in their lives, based on feeling they possess necessary cognitive abilities, motivation, and resources to complete the task (Wood & Bandura, 1989). Self-efficacy is influenced by individual factors including an individual's specific capabilities and by environmental barriers and facilitators. There are four main sources that create educators' self-efficacy: enactive mastery experiences, vicarious (observational) experiences, social persuasions, and physiological and psychological states (Bandura, 1997). Self-efficacy plays a central role in self-regulation process, based on beliefs the educators feels that they possess the requisite cognitive abilities, motivation, and resources to complete the task (Wood & Bandura, 1989). Self-efficacy is a key element of

Social Cognitive Theory because it can create the foundation for educator motivation, well-being, and personal accomplishment (Pajares, 1996, 2006; Schunk, 1995, 2003).

Propositions of SCT

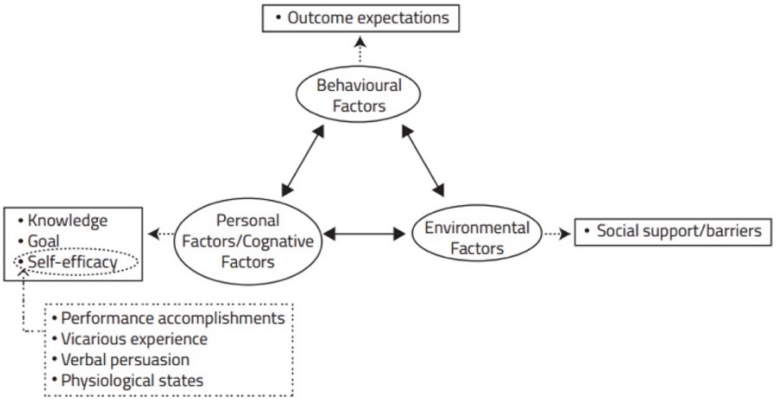
SCT posits behaviors are shaped to the degree in which these constructs are supported within a social context and will impact behavior in that setting. Promoting increased opportunity for educators to experience positive reciprocal determinism through improved behavioral proficiency; positive internal and external reinforcements; observational learning opportunities; optimistic expectations; and strong self-efficacy will increase desire, motivation and engagement leading to enhanced performance and resiliency (Bandura, 1986). Consistent opportunity for educators to improve personal and cognitive factors, gain comfort with TI skills, and receive positive recognition improves their behaviors and self-efficacy. TI-CCU aims to develop educator classroom management capability through TI knowledge and skills development along with increased positive reinforcements through coaching supports using motivational interviewing techniques to promote behavioral change. The degree to which an educator receives support on work goals and self-efficacy from co-workers, supervisors, family, and friends has been correlated (.17-.41) to work satisfaction (Babin & Boles, 1996, Baruch-Feldman et al., 2002). TI-CCU aims to increase educator self-efficacy by providing TI education and support, as it has been linked with numerous benefits to daily life, such as resilience to adversity and stress, healthy lifestyle habits, improved educator performance and job satisfaction (correlation = .38) (Judge & Bono, 2001).

Figure 3.2 highlights the central concepts of SCT (i.e. reciprocal determinism; behavioral capability; reinforcements; observational learning expectations; and self-efficacy) referring to the dynamic and reciprocal interaction of an individual with already learned experiences; the environment and external social context; and goal-oriented behavior. SCT

suggests for positive TI classroom management behaviors to be developed and maintained, efforts to improve educator capabilities through increased training and supports along with a more supportive environment promoting system- and self-care are needed.

Figure 3.2

The Social Cognitive Theory (Bandura,1986)



Integrated TI-CCU Theory of Change Model

Figure 3.3 explains the integrated TI-CCU theory of change model to inform development of a trauma-informed teacher training and support intervention model integrating concepts of Self-Determination Theory (SDT; Deci & Ryan, 1985, 2000, 2006, 2011) and the Social Cognitive Theory (SCT; Bandura,1986, 1997) to guide development and research design of the Trauma-Informed Classroom Check-up (TI-CCU). This intervention will help prepare and support educators in TI classroom-management practices promoting student and educator wellness. Considering the significant impact and prevalence of trauma, preventative services are necessary. School administrators must find ways to prioritize and support TI interventions to promote necessary change. From SDT, the model aims to

integrate training and support opportunities to develop autonomy, relational and competency supports proven to positively impact student and teacher behaviors and motivation over time. Using SCT constructs, the model aims to increased opportunity for educators to experience positive reciprocal determinism through improved behavioral capability; positive internal and external reinforcements; observational learning opportunities; optimistic expectations; and strong self-efficacy will increase desire, motivation and engagement leading to enhanced performance and resiliency (Bandura, 1977). Educator development in classroom management and TI interventions has already shown benefits to students. This study of the TI-CCU is aimed at promoting educator benefits, including increased knowledge, skills, attitudes, efficacy and supports while decreasing educator stress to improve teacher self-care, wellbeing, and retention.

Hypothesized Mechanisms Underlying the Impact of TI-CCU

SDT is a person-centered, motivational theory focusing on individual needs and contextual supports (Deci and Ryan, 2000; Eccles & Wigfield, 2002) and postulates self-motivated positive behaviors are enabled by the degree of autonomy, competency, and relational supports in any context. SCT is a theory aiming to increased opportunity for positive reciprocal determinism through improved behavioral capability; positive internal and external reinforcements; observational learning opportunities; optimistic expectations; and strong self-efficacy to increase desire, motivation and engagement leading to enhanced performance and resiliency (Bandura, 1977).

The TI-CCU model integrates SCT considerations with primary mechanisms taken from SDT: autonomy, competency, and relational supports. Combining the concepts from SDT and SCT, the model predicts increasing training, support and ongoing feedback essential for autonomy, competency, and relations will also impact the dynamic and

reciprocal interaction of an individual's personal factors with environmental factors and goal-oriented behavior ultimately promoting proximal factors (i.e. increased resources, teacher motivation, knowledge and awareness, improved classroom management skills and self-care) and distal behavioral outcomes (i.e. increased self-efficacy and coping; reduced stress, secondary trauma, and burnout; improved retention). Central concepts of the intervention mechanisms are described below and illustrated in Figure 3.3.

Autonomy Supports. Autonomy refers to a sense of self-agency (Deci and Ryan, 2002). An autonomous person acts with interest over a task versus being under threat of coercion or punishment. A behavior is autonomous if the educator engages from their own desire. The TI-CCU facilitates autonomy mechanisms by training educators in TI knowledge and skills and providing ongoing supports. This allows educators to have increased choice and efficacy in classroom management practices. TI-CCU promotes autonomy by engaging educators in personal choice and self-monitoring of training modules. Self-monitoring is an autonomy support activity with a responsive influence (Shapiro & Cole, 1994) creating behavioral change from the metacognitive process of observing one's own behavior, regardless of reliability (Nelson and Hayes, 1981).

Competency Supports. Competency is the ability to satisfy innate curiosities and effectively meet external demands (Deci and Ryan, 2002). To satiate this ambition, we select tasks at an optimal level of difficulty to avoid being overwhelmed or bored and enhance success. The TI-CCU promotes increased sense of educator competency via TI instruction, practice, and feedback. The TI-CCU includes direct instruction in TI knowledge and skills (i.e. trauma prevalence and impact, multidisciplinary research findings, discipline, and relational strategies), which are not only important to student social and academic success, but also central to cultivating an environment where educators feel prepared and supported

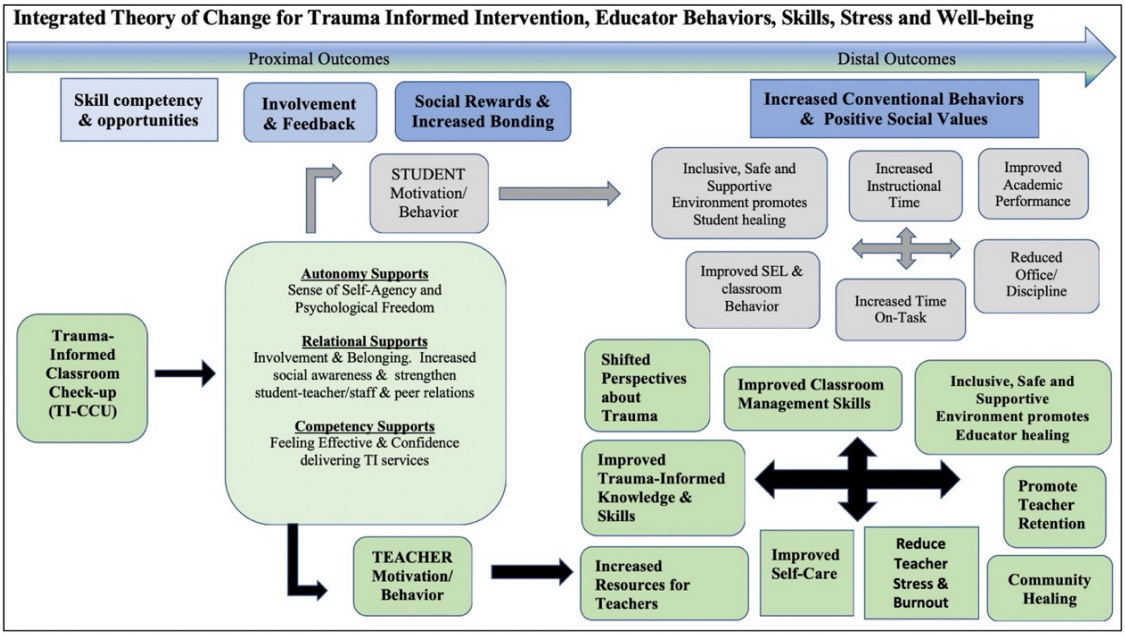
in their ability to handle the pervasive trauma students face daily. Additionally, TI-CCU emphasizes the need for system- and self-care strategies, to offset high stress associated with the teaching profession. Educators must be aware and receive ongoing support for dealing with high prevalence of trauma to offset secondary trauma and burnout.

Relational Supports. Relatedness is the need to feel connected to others (Deci and Ryan, 2002). Supportive relations allow individuals to practice new skills when encountering challenges without fear of judgement or rejection, as educator and peer rejection adversely mediate student behavior and academic outcomes (Hughes, et. al, 2001). TI-CCU promotes relational supports by providing strategies to improve student-teacher relations with challenging students using a supportive and informative feedback process central to encouraging improved performance while assisting educators to persist at difficult tasks (Mueller & Dweck, 1998). With relationships being a critical protective factor in trauma resiliency, it is vital to build prosocial relational supports to improve classroom management skills and teacher wellbeing critical for retention outcomes.

Reciprocal Determinism. By increasing autonomy, competency and positive relational supports the TI-CCU intervention aims to promote increased opportunity for reciprocal determinism. The TI-CCU promotes positive internal and external reinforcements and observational learning opportunities. Improving educator expectations about working with students displaying difficult trauma-responsive behaviors can be achieved by improving their abilities to manage behaviors while receiving adequate support. Finally, educator self-efficacy will improve as they increased awareness, develop personal capabilities, and have increased supports. Through the increase of autonomy, competency and relational supports, educators will increase desire, motivation and engagement leading to enhanced self-efficacy and coping; reduced stress, secondary trauma, and burnout; improved retention).

Figure 3.3

Integrated TI-CCU Theory of Change Model



Chapter 4

Research Method

This was a feasibility study and pilot of a Trauma-Informed Classroom Check-up (TI-CCU). The TI-CCU incorporated factors from the original evidence-based Classroom Check-up intervention to create assessment-based feedback targeting educator knowledge, skills, and attitudes toward trauma-informed practices along with improved supports, with hopes of improving coping and self-efficacy skills to foster reduced stress and burnout. In this chapter, the impact of trauma on educators was explored using the research methods included in the following sections: (1) research design, (2) participants and setting, (3) TI-CCU intervention, (4) data collection procedures, (5) measures, and (6) data analysis strategy.

Research Design

The current study primarily evaluated feasibility and acceptability using a mixed method, pre-posttest design and evaluated the extent to which the TI-CCU could be implemented with fidelity, as well as participants attitudes and perceptions of the TI-CCU intervention. Additionally, the potential impact of TI-CCU intervention was examined, including educator trauma informed knowledge, coping, self-efficacy, and educators basic work satisfaction promoting reduction of educator stress and burnout. This one group pre-posttest design study is depicted in Table 4.1.

Table 4.1

Pre-test, Post-test Design

Group	Pre-test	Treatment	Post-test
Experimental group	O_1	X	O_2

NOTE: O_1 = Pre-test. X = Exposure to the Treatment, 0_2 = Post-test

Independent variable

Participation in the TI-CCU Intervention was the independent variable in the study.

Dependent variables

Dependent variables for this investigation include teacher variables; (a) knowledge of trauma-informed practices, (b) coping and self-efficacy skills, and (c) stress and burnout levels of educators. Competence, Autonomy & Relatedness was also assessed to evaluate critical theory concepts guiding the study. Table 4.2 provides a measurement overview, including dependent variable measures used to answer each research question.

Table 4.2

TI-CCU Measurement Overview

Research Question	Hypothesis	Measurement
RQ 1: What are educator's experiences with trauma responsive behaviors in schools; managing personal and/or secondary trauma symptoms; and current supports being received.		
RQ 2: Does the TI-CCU intervention demonstrate feasibility and teachers' acceptability for addressing trauma-informed practices?		Teacher report of acceptability
RQ3: Can the TI-CCU be implemented with acceptable levels of fidelity?		Teacher/ Research Report
RQ 4: Does participation in the TI-CCU intervention increase educator knowledge about TI practices?	Increased knowledge	Teacher report of knowledge
RQ 5: Does the TI-CCU Intervention have an effect on developing coping and self-efficacy with trauma response behaviors?	Participation will increase coping & self-efficacy	Teacher report of coping & self-efficacy
RQ 6: Does the TI-CCU Intervention has an effect on reducing educator stress and burnout associated with working with trauma exposed students?	Participation will reduce stress & burnout.	Teacher report of stress & burnout

Research Questions

Multiple research questions (RQ) were posed in relation to this research study, including:

Research Question One

What are educator's experiences with trauma responsive behaviors in the classroom; managing personal and/or secondary trauma symptoms; and current supports received.

Research Question Two

Does the TI-CCU intervention demonstrate feasibility and teachers' acceptability for addressing TI practices? Indicated by acceptability ratings and focus group questions.

Research Question Three

Can the TI-CCU be implemented with acceptable levels of fidelity? Indicated by fidelity measures collected from educators and researchers throughout the study.

Research Question Four

Does participation in the TI-CCU intervention increase educator knowledge about trauma-informed practices? Indicated by comparing pre- and posttest surveys measuring knowledge, along with focus group questions. Hypothesis Four proposes the TI-CCU will increase educator knowledge of trauma-informed practices and classroom strategies.

Research Question Five

Does the TI-CCU Intervention have an effect on educator coping and self-efficacy with trauma response behaviors (i.e. student aggressive/ disruptive and off task behavior)? This was evaluated by comparing pre- and posttest surveys measuring educator coping and self-efficacy, along with focus group questions. Hypothesis Five predicts participation in the TI-CCU will have positive impact on increasing educator coping strategies and self-efficacy for dealing with trauma behaviors.

Research Question Six

Does the TI-CCU Intervention have an effect on reducing educator stress and burnout associated with working with trauma exposed students? This was evaluated comparing pre- and posttest surveys of educator stress and burnout, along with focus group questions. Hypothesis Six predicts participation in TI-CCU will have a positive impact on reducing educator stress and burnout, due to the increased coping strategies and efficacy dealing with trauma behaviors.

Participants and Setting

Study participants included 14 secondary educators (grade 6-12). A purposive sampling procedure was used in this study by strategically selecting educators to contribute depth about delivering TI services in schools. Teachers were selected for screening based on high need for behavioral and social-emotional supports within their classroom setting, potentially exacerbating secondary traumatic stress levels. The process began by requesting access to identified secondary educators from the district administrator, who worked in Specialized Educational programing. These educators were targeted, as they work with tier 3 students with high behavioral and social needs and amplified trauma exposure. Participants were included in the pilot study if the following criteria was met: (1) currently providing educational services in a high needs' classroom within the designated school district (2) consented to participate in the study; and (3) was over 18 years of age.

Eligible educators who agreed to participate gave consent prior to completing the pre-intervention Qualtrics survey. Educators were made aware that a Feedback profile would be given to them compiled from their pre-intervention survey results. Efforts to protect confidentiality of all participating educators occurred, including being assigned and identified using a secure code. Additionally, information about the educator was only available to the

researcher and committee experts, during the study. Sample recruitment, inclusion and consent procedures for this study were approved by the Institutional Review Boards of the participating school district and the University of Missouri-Columbia.

Setting

The study was conducted with multiple secondary educators (grades 6-12) in a midwestern school district. In 2020, the district reported enrollment of 18,145 students, across 36 schools, grades pk-12. Student demographics 76% White, 11% Black, 4% Hispanic, 5% Asian or Pacific Islander, 4% reported as two or more races, and less than 1% reported as Native American, Native Hawaiian or Other Pacific Islander. In 2021, 44.4% of students received free and reduced lunch with family incomes below the poverty level. The student-teacher ratio meets state average (125:1) and the student-counselor ratio is slightly above (325:1 versus 329:1). All schools included in the study were implementing a tiered response model school-wide positive behavior support program helping integrate mental health and effective discipline strategies (Sugai & Horner, 2009).

TI-CCU Intervention

The Trauma-Informed Classroom Checkup (TI-CCU) incorporates numerous factors creating an assessment-based feedback and increased coaching support, targeting teacher trauma-informed knowledge, skills, and attitudes along with educator stress and burnout levels resulting from secondary traumatic stress and/or their own trauma histories. Implementation occurred across five steps. Table 4.3 provides an overview of the components of the TI-CCU.

Table 4.3

Components of the Trauma-Informed Classroom Check-Up

Steps	Activities Included
Step 1: Pre-Intervention Educator Assessment	Pre-intervention survey to assess educator knowledge, attitudes and skills related to trauma-informed practices along with teacher wellness outcomes.
Step 2: Feedback	Coach provides individualized feedback using pre-assessment findings by emailing individualized feedback profile to participant. Feedback includes identified teacher strengths and areas for improvement, visual representation of scores, and links to TI-CCU lesson recommendations. Educator provided a TI-CCU guided action plan template to identify relevant goals and outline TI strategies implemented
Step 3: TI-CCU Strategy Menu	Coach provides access to all TI-CCU Intervention Modules, including recommended TI Intervention strategies TI Modules include lessons about Relationship Building, Discipline Strategies, and Educator Wellness
Step 4: Implement Intervention(s) & Coaching	Teacher chooses which of the TI-CCU trauma-informed interventions to implement. Coach provides ongoing support throughout the intervention with technical support and encouragement
Step 5: Post-Intervention Assessment	Post-Intervention Survey and focus group participation

Step 1 of TI-CCU included an educator assessment prior to the intervention, using a web-based TI-CCU survey. Items included on the survey were related to variables of interest, including educator demographics and trauma experiences along with stress, coping, self-efficacy, and educator burnout measures. During Step 2, participating educators were emailed an individualized feedback profile associated with their assessment responses, which included (a) descriptions of each educator outcome construct measured (i.e. trauma-informed knowledge**,** stress, coping, self-efficacy and burnout), (b) visual representations of scores for each construct (i.e. high, medium, or low), and (c) response-based recommendations with an electronic link to the TI-CCU web-based intervention materials

and resources. Educator protective factors (teacher strengths) and risk factors (areas of needed improvement) were both provided in the assessment feedback. Visual representations of findings were provided on feedback forms using red, yellow, and green indicators. Protective factors fall into green areas, factors at moderate risk of being problematic fall into the yellow areas, and significant risk factors fall into red areas on a visual bar graph (see Appendix G for a sample assessment-based Feedback Profile). Additionally, participants received a guided action plan template along with their feedback profile. Participants were given an opportunity to use the action plan template to identify relevant trauma-informed goals and outline their implementation of TI-CCU strategies. In Step 3, participants were provided exclusive access to all trauma-informed trainings and strategies including those recommended in their individual feedback profile. A sample feedback profile and guided action plan, and snapshot of the resource website can be found in Appendix H. Participants were provided exclusive access to TI-CCU trauma-informed training modules and strategies via a web-based platform (i.e., The Behavior Café; www.thebehaviorcafe.org) developed for the purpose of streamlining evidence- based resources to educators (Copeland, 2016). Participating teachers were granted access to all of TI-CCU lessons and resources available on the website, extending beyond their individual feedback profile recommendations. TI-CCU includes web-based training modules and coaching to expose educators to TI knowledge, skills, strategies and supports. TI-CCU modules include 14 trauma-informed lessons with strategies relating to Relationship Building, Discipline Approaches, and Educator Wellness to reduce stress and burnout. In Step 4, educators were provided opportunity to choose a minimum of three trauma-informed lessons with strategies to learn and implement, including those identified on their individualized feedback profile. Throughout the intervention, the coach provided ongoing

tiered support in the implementation of TI Intervention(s) with each participating educator including email communication and encouragement along with individualized technical support upon request. Finally, Step 5 allowed participating educators to complete a post-intervention assessment, using a web-based TI-CCU survey. Educators were again tested on their trauma-informed knowledge along with other survey items related to variables of interest, including educator stress, burnout, coping, self-efficacy along with process and efficacy outcomes. Competence, Autonomy & Relatedness were also assessed to evaluate critical theory concepts driving the intervention.

In addition to the above components, educators participated in focus groups to share about aspects of the TI-CCU intervention. Throughout consultation and focus group participation, questions concerning educator experiences with student trauma behaviors in the classroom; educator experiences with managing personal and/or secondary trauma symptoms, stress, coping and burnout; along with feasibility and acceptability of the intervention were explored using open-ended questions wanting to explore educators' experiences working with trauma and delivering TI services (Creswell et. al, 2007).

Data Collection Procedures

The study was to occur across three-months, not including the participant recruitment process. However, due to district IRB delays, the project occurred across 9 weeks. IRB approval was obtained by both the University of Missouri and the school district IRB board prior to the start of recruitment and data collection. The district administrator was contacted via email for project approval and asked to share an email with educators from the district wide Special Education programs. Data collection occurred across the five implementation steps. Step 1 included a pre-intervention educator assessment. When the initial, two-week pre-assessment period began, all interested educators were sent an email

with a survey link and completion instructions. At the end of the pre-assessment period, all survey responses were obtained. During Step 2, all participants were emailed an individual feedback profile, compiled using their survey responses. All feedback profiles were sent within one week of response collection. In Step 3, participants were provided exclusive access to all TI-CCU trainings and strategies including those recommended in their individualized feedback profile. Educators had two months during this step to access trainings and available coaching support. Finally, in step 5, a post-intervention survey was requested for completion from participants during a two-week post-assessment period. All participating educators were sent a survey link via email with instructions for completing the follow-up survey. After the intervention, qualitative methods were utilized. Educators who participated in the TI-CCU intervention were invited to participate in a follow-up focus group to further explore TI-CCU feasibility and educator effects. Teachers received $50 following the completion of the first survey and $50 following completion of the follow-up survey. Additionally, to encourage participants to complete the follow up assessment timely and reduce attrition, teachers were provided an additional $20 for completing the follow-up survey within the first week of the assessment. Additionally, each educator who participated in the focus group received $100 towards their classroom incentive program.

Measures

A combination of measures was utilized throughout the study through surveys and focus group protocol. All educator-reported measures were collected via a secure, web-based data entry system. Once educators expressed interest, they were sent an email to activate a survey given prior to the TI-CCU intervention and again at study conclusion. Teachers respond to the questionnaire providing consent and email for participation. See Fig. 4.4 for TI-CCU Measures Chart

Table 4.4

TI-CCU Measures Chart

Type of Measure	Construct/Variable Operationalization	Instrument	Data Collection Timeline
Feasibility/ Social Validity	Feasibility, Effectiveness, and Future Research Suggestions	TI-CCU scaled questionnaire (11)	Post
Descriptive Measures	Basic Demographic Information	Self-Report (11)	Pre
	Adverse Childhood Experiences (ACE) questionnaire	Scaled Survey Questionnaire (1)	Pre
	Trauma Experiences. Teachers experience with student trauma responsive behaviors & symptoms	Scaled Survey Questions (3)	Pre
Educator Outcomes	Teacher knowledge of TI classroom management and wellness practices.	TI Knowledge Questions (40)	Pre/Post
	Teacher Stress. Perceived Stress Scale (PSS-10)	Scaled Survey Questions (10)	Pre/Post
	Coping. The Brief COPE Inventory	Scaled Survey Questions (28)	Pre/Post
	Teacher Self-Efficacy. Teachers' Sense of Efficacy Scale (TSES)	Scaled Survey Questions (12)	Pre and Post
	Teacher Burnout. The Maslach Burnout Inventory (MBI)	Scaled Survey Questions (7)	Pre and Post
	Competence, Autonomy & Relatedness. The Basic Need Satisfaction at Work (W-BNS)	Scaled Survey Questions (21)	Pre and Post
Process Measures	TI-CCU Coaching Log to assess level of support provided	TI-CCU Coaching Log	Ongoing
	TI-CCU Guided Action Plan to assess Strategy Implementation	TI-CCU Guided Action Plan	Ongoing

Demographics and contextual influences

Prescreen measures including demographic information (i.e. grade level, years of experience, ethnicity, gender, educational training (e.g., masters, certifications) and educator trauma experiences was collected by educator report prior to TI-CCU implementation.

Trauma Experiences

Trauma experiences were measured using the Adverse Childhood Experiences (ACE) questionnaire. The questionnaire consisted of 10 questions that evaluate various aspects of childhood experience, generally considered in the categories of sexual abuse, physical abuse, and family dysfunction/neglect. The ACE's questionnaire has been deemed acceptable reliability and moderate internal consistency (α =.67; Folayan et al., 2020). Teachers were asked to provide their total personal ACE score. Additionally, three scaled survey questions were included, in which teachers were asked, 1) Have you had experiences as an adult that could be considered trauma? 2) Do you experience difficult trauma responsive behaviors from students in your classroom? and 3) Do you feel supported in your school/district with providing TI intervention?

Feasibility and Social Validity Measures

Social validity refers to the assessment of the social significance of the goals of an intervention process; the social acceptability of the intervention procedures to obtain those goals; and the evaluation of the social importance of the produced effects (Kazdin, 1980; Wolf, 1978). The TI-CCU assessed feasibility and social validity through teacher report post-intervention. Teacher acceptability and satisfaction regarding the design and implementation of the TI-CCU interventions were measured using feedback on an 11-item questionnaire, with a 4-point Likert scale, adapted from the original CCU intervention (Reinke et al.2008) and a focus group discussion protocol. Items focused on feasibility, effectiveness, barriers, and suggestions for future research. The questionnaire addressed educator opinions about their effectiveness prior to and at completion the study, the usefulness of the intervention, their preference with regard to type and frequency of feedback, and what they liked and

disliked about the study. Questions were presented on a scale and as open-ended questions. See Appendix C for survey and focus group questions.

Educator Outcomes

Numerous educator outcomes were collected prior to and following the TI-CCU Intervention including educator trauma-informed knowledge, stress, coping, self-efficacy, and burnout using an online survey comprehensive of each measure. Additionally, **c**ompetence, autonomy and relatedness will be assessed regarding basic satisfaction at work to evaluate critical theory concepts.

Trauma-Informed Knowledge

To address evidence-based TI classroom management practices, 40 questions were collected at pre- and post-intervention to assess accrued knowledge of effective TI strategies. Questions addressed key takeaways linked to 14 TI lesson associated with the intervention.

Teacher Stress

Stress is experienced through interaction between an individual and their environment when lacking resources or their health is being put at risk (Lazarus & Folkman, 1984). Teacher stress was measured using the Perceived Stress Scale (PSS-10; Cohen et al., 1983) widely used to assess stress levels in adults. It evaluates the degree to which an individual perceives life as unpredictable, uncontrollable, and taxing over the previous month. It includes 10 items, on a five-point Likert scale ranging from 0 (never) to 4 (very often). The PSS-10 has been shown to have good internal consistency (adequate test-retest reliability; and good validity (Lee, 2012; Kechter et al. 2019).

Teacher Coping

People differ in what they find stressful, how they react to a potentially stressful situation and the coping strategies they use. Coping with stress means the way in which an individual

handles distressing surroundings along with the feelings evoked by these environments, either mentally and/or behaviorally, using numerous methods (Lazarus & Folkman, 1984). The Brief COPE Inventory (Carver, 1997), a shortened version of a scale measuring common coping strategies used to handle stress will be used (Carver, 1989). It consists of 28 statements, focused on understanding the frequency with which individuals use various coping strategies in response to stressors. Participants could respond from 1 (*'I haven't been doing this at all'*) to 4 (*'I've been doing this a lot'*). Cronbach's alpha values for some domains are high, including religion (α = .82) and substance use (α = .90). Other domains indicated acceptable values, including; active coping (α = .68), planning (α = .73), positive reframing (α = .64), Acceptance (α = .57), humor (α = .73), using emotional support (α = .71), using instrumental support (α = .64), Self-distraction (α = .71), denial (α = .54, Venting (α = .50), behavioral disengagement (α = .65) and self-blame (α = .69).

Self-Efficacy

Teacher self-efficacy is conceptualized as the beliefs teachers have about their skills and abilities to create desirable outcomes for students (Ryan et al., 2015). Research indicates that teachers who believe student learning can be influenced by effective teaching despite home and peer influence and have confidence in their ability to teach should persist longer, provide greater academic focus in the classroom, and exhibit different types of feedback than teachers with lower teacher efficacy levels (Dembo & Gibson, 1985). To measure Self-Efficacy, educators answered survey questions from the Ohio State Teacher Efficacy Scale (Tschannen-Moran & Hoy, 2001) now referred to as the Teachers' Sense of Efficacy Scale (TSES). The TSES-Short form is a 12-item instrument composed of questions relating to instructional strategies, classroom management, and student engagement, measured on a 9-

point scale ranging from 1 (nothing), 3 (very little), 5 (some influence), 7 (quite a bit), and 9 (a great deal). Higher scoring on the items, indicates increased feelings from the teacher that they can exert control over the classroom. The TSES instrument has been used in multiple studies (Eddy et al., 2019; Herman et al., 2020; Herman et al., 2018; Ryan et al., 2015; Martin & Sass, 2010; Tschannen-Moran & Hoy, 2001). Reliability has been established for each subscale, including classroom management ($\alpha > 0.95$; Herman et al., 2018); student engagement ($\alpha = 0.90$; Martin and Sass, 2010); and instruction ($\alpha = 0.90$; Tschannen-Moran & Hoy, 2001). Construct validity has been determined as strong with subscale loadings for instruction ($\alpha = .85$); classroom management ($\alpha = .79$) and engagement ($\alpha = .85$) (Tschannen-Moran & Hoy, 2001). Discriminant validity has been shown with negative correlations of survey items to work disengagement and student control beliefs (Tschannen-Moran & Hoy, 2001) along with criterion validity established showing accurate measure the identified construct subscales. (Martin & Sass, 2010).

Teacher Burnout

The Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981) is a valid and reliable instrument commonly used to assess risk of burnout. To determine this risk, the MBI explores three components: exhaustion, depersonalization, and personal achievement. The MBI has shown appropriate internal consistencies, including emotional exhaustion ($\alpha = .86$); depersonalization ($\alpha = .64$); personal accomplishment ($\alpha = .76$); and general burnout ($\alpha = .67$) (Reka et. al, 2016). Emotional exhaustion has consistently been viewed as the more stable and consistent component of the MBI (Shirom, 2005; Maslach & Schaufeli, 1993), with the frequency scale highly correlated when used with teachers (Iwanicki & Schwab, 1981). Therefore, 7 questions from the Emotional Exhaustion scale were used for this study,

measured on a seven-point, anchored Likert-type scale, with 0 indicating educator perceived no such feelings during the last year and 6 indicating feelings were experienced daily.

Competence, Autonomy & Relatedness

The Basic Need Satisfaction at Work (W-BNS Scale**;** Kasser et. al, 1992). has evolved over time, addressing concepts of basic psychological needs central to the Self-Determination Theory (Deci & Ryan, 2000), including the key basic needs of competence, autonomy, and relatedness. This commonly used 21-item scale is assessed on a 7-point Likert scale addressing the need for work satisfaction (Deci et. al, 2001; Ilardi et. al, 1993; Kasser et. al, 1992). Overall, good psychometric properties reported for this scale, with overall reliability of the scale reported (a = 0.76) and alpha coefficients for competence, autonomy, and relatedness (a = 0.85, 0.82, and 0.81) respectively.

Implementation, Procedural Integrity, and Fidelity Measures

Implementation, procedural integrity, and fidelity measures were assessed in multiple ways including program forms, a guided action plan, focus group participation and teacher self-report. Several steps were taken to monitor procedural integrity and the extent to which treatment, or experimental procedures are implemented as planned. The TI-CCU coaches log was utilized to record all interactions and support provided throughout the TI-CCU intervention with each educator. See Appendix E for TI-CCU Coaching Log. Fidelity was assessed using email communication, site-visits, documentation using the TI-CCU Guided Action Plan and a focus group with educators at study completion. Educators were provided a guided action plan template to identify relevant trauma-informed goals and outline their implementation of TI-CCU Strategies.

Qualitative Measure

A Follow up focus groups were conducted with participating educators using a qualitative approach. The focus group questions explored educators' perceptions regarding the feasibility and acceptability of TI-CCU; educator experiences with trauma behaviors in the classroom; and educator experiences with supports and managing personal and/or secondary trauma symptoms. See Appendix H for Focus Group Questions/Protocol.

Data Analysis Strategy

Data analysis occurred for study Hypothesis using R and R Studio (RStudio Team, 2020). For Hypothesis two and three, an evaluation of participants reports of the TI-CCU intervention feasibility, acceptability and fidelity occurred, examining data from the 11-item TI-CCU scaled questionnaire and focus group feedback. For fidelity, a review of the website use percentages; the TI-CCU Coaching log, and study retention rates occurred. Hypotheses four, five and six examined TI-CCU outcome variables. Specifically, it examined whether participation in the TI-CCU intervention increased educator knowledge of TI practices. Pre and posttest reports of teacher knowledge were descriptively analyzed. Hypothesis Four investigated whether participation in the TI-CCU had a positive impact on coping skills and self-efficacy dealing with trauma behaviors (i.e. student aggressive/ disruptive and off task behavior). Hypothesis Five investigated whether participation in the TI-CCU intervention helped to decrease levels of stress and educator burnout. Feasibility and social validity measures along with educator outcome variables were descriptively analyzed (i.e., comparing pre- and posttest scores, sample means, standard deviations, and category distributions.

Quantitative Data Analysis

Paired-sample t-tests were run for each of the targeted educator outcome measures, demonstrating differences between the pre and post values. The formula of the paired t-test is the sum of the differences of each pair divided by the square root of n times the sum of

the differences squared minus the sum of the squared differences, divided by n-1. Statistical significance was determined by looking at the p-value, which gives the probability of observing the test results under the null hypothesis. The lower the p-value, the lower the probability of the null hypothesis being true. The possibility the null hypothesis is true, and rare results were obtained cannot be ruled out completely, therefore a cutoff value of .05 or less was used to determine statistical significance.

Effect sizes was then calculated using Cohen's d statistic for all outcomes significantly related to treatment (Cohen, 1988) to compare between programs and provide a meaningful interpretation of the program effects. Cohen's d was calculated by finding the difference in posttest mean changes for the pre- and post-test, divided by the pooled standard deviation. The pooled standard deviation was calculated by taking the square root of the squared standard deviation of the pre-test plus the squared standard deviation of the post-test scores (Cohen, 1988). For this analysis, effect sizes were determined using the following guidance with d=.02 considered small; d=.05 considered medium; and d= .08 determined as a large effect size (McLeod, 2019). Effect sizes were run with the cohen.d command from the effsize package (Torchiano, 2020). Mean and standard deviations were run from the base library packages installed in RStudio (RStudio, 2020) and normality tests were run using the "shapiro.test" command within the psych package (Revelle, 2020).

The Reliable Change Index (RCI: Jacobson & Truax, 1991) was utilized for TI-CCU study participants. The RCI allowed each individual to be tracked across conditions, time, and course of the study. The RCI demonstrated how much, and in what direction each individual changed, and whether that change is reliable and clinically significant. The formula for the RCI is the pretest score minus the posttest score, divided by the standard effort of the difference between the two test scores. An RCI of at least 1.96 was needed to rule out

the probability of measurement error as an explanation for improvement and therefore deemed as statistically reliable at the p=.05 level (Jacobson & Truax, 1991). Any participant who achieved an RCI of at least 1.96 was considered to have made clinically significant improvement. Overall ratio of TI-CCU project participants who made a clinically significant amount of change based on their RCI scores is reported in Chapter 5.

Qualitative Analysis

A Concurrent Triangulation Mixed Methods approach was used for the TI-CCU project. Collection of quantitative and qualitative data occurred simultaneously throughout the study, with equal preference given to both data sources. Integration of the data occurred in the interpretation phase. All qualitative data was transcribed and organized for each of the three focus group sections, and by participant. Themes within the data were identified using an inductive approach (Frith & Gleeson, 2004), meaning the themes identified are strongly linked to the data itself. An inductive analysis process was used to code data without trying to fit into a pre-existing coding frame, or researcher preconceptions. The data was collected specifically for the TI-CCU project.

A summative content analysis was completed (Hsieh & Shannon, 2005). This approach is beneficial for understanding use of specific words or context; to navigate large amounts of textual data; and to analyze sensitive, emotional subject matter (Babbie, 1992; Morse & Field, 1995). With the purpose of understanding contextual content, this analysis focused on discovering underlying themes and categories within focus group data.

Several steps (Hsieh & Shannon, 2005; Zhang & Wildermuth, 2023) were followed to complete this analysis. The summative data analysis started with transcription and full reading of texts. All data was entered using an Excel Workbook as a complete transcript for each participant. The data was then divided into subunits based on key terms stemming from

TI-CCU focus group protocol, comprised of three distinct sections, including educators experience with trauma behavior in the classroom; personal-secondary trauma; feasibility and acceptability plus various associated components of the TI-CCU intervention (i.e. Feedback profile; Lessons; Coaching and Support). Each subunit of data was saved in separate associated tabs within the Excel workbook. Next, the unit of analysis was defined. From this point, each participant comment/quote was read and summarized on the next column of each worksheet and within each subunit and for each tab. Particular interest in key terms and concepts were noted in this column to prepare for the subsequent steps of the process. During Step 3, summaries under the next column were read to further content analysis procedures. Efforts to translate the summary column into categories and a coding scheme occurred based on use of the defined units of analysis. This information was documented for each comment on the following column of each worksheet. Each Excel worksheet was again organized so that all matching category summaries were listed together. During step 4, the coding scheme was examined. A test run of the identified coding schemes were completed within each category. Codes were collated into potential themes, gathering all data relevant to each potential theme. It was important to ensure the units of analysis were encompassing and accurate of all participating educator comments. Various categories and themes were readjusted as well to capture adequate count of the data. Efforts to double and even triple check coding occurred to promote accurate results. A thematic map of the analysis was created for each distinct topic area. Step 5 then coded all the text. A summative content analysis was conducted separately within each of the three sections of qualitative data. Counts for each of the identified themes, instances and comments were limited to these distinct sections. For example, all the data pertaining to personal and secondary trauma was placed in a column in a separate Excel Sheet tab within the Excel Workbook. From this

point, a frequency was recorded of how many times this theme or concept was mentioned and by which participant. In step 6, coding consistency was assessed. To ensure consistency, consultation occurred throughout the analysis process with a dissertation committee faculty and expert on qualitative methods including summative content analysis and mixed methods approaches. Explaining of rationale, spot-checking of coding, plus efforts to adequately document coding procedures used throughout this project occurred to promote the ability for replication and coding consistency. In step 7 conclusions from the coded data were made. This critical step involved making sense of the categories identified, and their properties. At this stage, inferences were made to assigned meanings derived from the data. Activities in this step included exploring the properties and dimensions of categories, identifying relationships between categories, uncovering patterns, and testing categories against the full range of data (Bradley, 1993). Lastly, in step 8, methods and findings were reported. This final step allows one more opportunity for analysis. During selection of vivid and compelling extract examples, a final analysis of the selected extracts occurred to determine if there is a meaningful relation to the research questions and literature. Methods for Summative Content Analysis are reported in Chapter 4. Please refer to Chapter 5 for record of TI-CCU project findings.

Chapter 5

Results

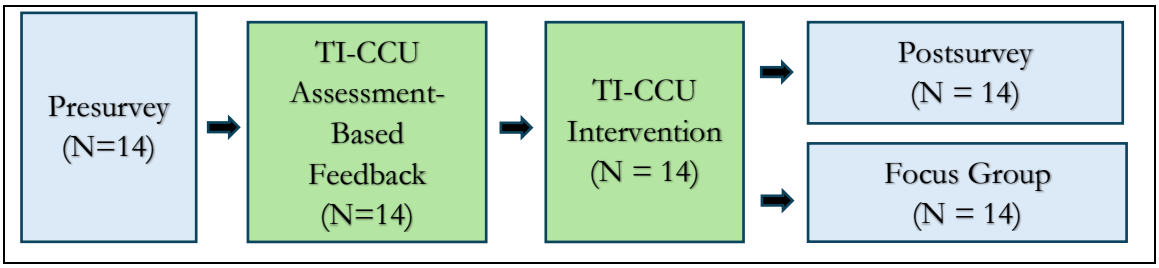
Chapter five will begin by summarizing participant demographics for the current study and will then describe analytic findings organized initially by knowledge learned regarding educators' experiences with trauma behaviors in the classroom and managing personal and secondary trauma symptoms. Then, the paper reviews each of the five study research questions, followed by a measure about study theory. Findings will be depicted in both narrative and table format in the order presented in Chapter Four of this manuscript.

Participant Demographics

Demographic data was collected for all participants in the intervention along with a presurvey; postsurvey and follow-up focus group for the Trauma-Informed Classroom Check-Up (TI-CCU) Project. A visual representation of the *Timeline and Participant Count* provided in table 5.1.

Table 5.1

TI-CCU Project Timeline and Participant Count



Demographic information was collected from TI-CCU project participants, including gender, ethnicity, age, years of experience, education/certification level, school type, geographical area of their school along with percentages of students receiving free or reduced lunch prices. The majority of participating educators were white (86%); female

(71%), between the ages of 18-40 years old (65%). Half of participants reported they completed an undergraduate training program; 7% reported a master's certification; and 41% reported other, naming certifications and other licensure completions to work in their educator role. Fifty-seven percent of educators had less than 5 years' experience; 7% worked between 11-15 years; and 21% of educators had worked more than 20 years in the teaching profession. Participating educators equally worked between urban and suburban geographical areas, with 42% working in middle school settings; 36% in high schools; and 22% indicating work within special schools serving secondary students with markedly high behavioral needs. Most educators reported the majority of students within their classroom or school qualifying for free and reduced-price school meals were above the national average. A visual representation of the *Demographic Characteristics of the Trauma-Informed Classroom Check-Up Project* is provided in table 5.2.

Table 5.2

Demographic Characteristics of the Trauma-Informed Classroom Check-Up Project

	Demographic Group	Number of Participants	Total Participants%
Gender.	Female	10	71%
	Male	4	29%
Ethnicity	Black or African American	1	7%
	Hispanic/Latino/Spanish Origin	1	7%
	White	10	86%
Age	18-30	5	36%
	31-40	4	29%
	41-50	3	21%
	51-60	2	14%
Years of Experience	1 year	3	21%
	2-5 years	5	36%
	6-10 years	2	14%
	11-20	1	7%
	20-30	3	21%

Education/ Certification Level	Undergraduate teacher	7	50%
	Master's level cert	1	7%
	Other (Certification/Licensure)	6	43%
School Type	Middle School	6	42%
	High School	5	36%
	Other (Alt. programs)	3	22%
Area	Urban	7	50%
	Suburban	7	50%
	Rural	0	0%
Free-Reduced Lunch	Below average	2	14%
	Near national average	1	7%
	Above average	10	71%
	Unknown	1	7%

Research Question One: Educator Experiences with Trauma

Research Question one explored educator experience with trauma behaviors and how trauma impacts the school community. Educators noted high occurrences of trauma with the students they serve, with 64% stating three-quarters and *29%* reporting at least half their students have experienced childhood trauma. Of participants, 93% somewhat to strongly agree they experienced difficult trauma responsive behaviors from students within the past month. Despite high levels of trauma and student behaviors, 86% of educators reported having only some childhood trauma training. A visual representation of the *Characteristics of Student Behaviors and Educator Training* provided in table 5.3.

Qualitative findings expand research knowledge regarding educator's trauma experiences. Educators shared perceptions of how common it is for students to deal with trauma at home, school and/or the community, with two sub-categories, including trauma frequency and increasing community awareness about trauma in schools. A visual representation of the *Qualitative Categories Related to Educator Experiences with Trauma Behavior in Classroom for TI-CCU* is provided in table 5.4.

Table 5.3

Characteristics of the Student Behaviors and Educator Training with the TI-CCU Project

	Demographic Group	Number of Participant (n)	Total Participants (%)
Trauma Prevalence	31-50%	1	7%
	51-75%	4	29%
	More than 76%	9	64%
Experience Trauma-Response Behaviors in Classroom	Disagree	0	0%
	Neither Agree/Disagree	1	7%
	Somewhat Agree	7	50%
	Strongly Agree	6	43%
Educator Training in Trauma	None	0	0%
	Some	12	86%
	A great deal	2	14%

Table 5.4

Qualitative Categories Related to Educator Experiences with Trauma Behavior in Classroom for TI-CCU

Categories *(# Participants {%}/ # Comments)*	Subcategories *(# Participants {%}/# Comments {%})*	Subcategories *(# Participants {%}/ # Comments {%})*
High Trauma Frequency (14{100%}/56)	Increased With COVID (3{21%}/4{7%})	
	Impacting Everyone (3{21%}/5{9%})	
	Triggers Teachers (3{21%}/4 {7%})	
	School-Based Trauma (8{57%}/10{17%})	Antagonistic Teachers (3{5%}/3{21%})
		Difficult Students Need More (2{14%}/2{4%})
		Relationships Vital (3{21%}/3{14%})
	Extra Resources (2{14%}/2{4%})	
Increasing Community Awareness (14{100%}/17)	Not Understood (5{36%}/6{35%})	
	TI/SEL Importance (3{21%}: 3{18%})	
	What Teachers Should Know (4{29%}/4{24%})	
	What Admin Should Know (2{14%}/2{12%})	

Trauma Frequency

Participating educators reported high trauma occurrence in their classrooms *(14 Teachers {100%}/56 Comments*). All participating educators, who worked in tier 3 educational programs and settings, reported nearly 100% of their students as being exposed to significant trauma. One educator shared about how quick these situations can arise, saying "Within 30 minutes of meeting me and a new student teacher, [a student] disclosed abuse…and we were involved in a hotline. The number of hotlines that we file (partially because the kids feel safe to disclose), is so high!" Several noteworthy subcategories are highlighted, including, increased prevalence with COVID-19; trauma impacting everyone; teacher triggers; school-based trauma; and providing additional resources.

Increased With COVID-19. In addition to prevalence, educators discussed the acuity of trauma that their students are experiencing in the community, especially since Covid-19 *(3 Teachers {21%}/4 Comments {7%})*. These findings support other national research, showing 69% of public schools reported an increase in students seeking mental health services at school since the start of the COVID-19 pandemic, and 76% of schools also reporting an increase in staff voicing concerns about students exhibiting symptoms such as depression, anxiety, and trauma (Karbasi et al, 2022). One educator shared their belief of trauma prevalence and acuity increasing since years past, sharing data she had learned from a local resource, claiming "With over 12 years of experiences as a teacher and administrator, I see the numbers so high right now. Families were in crisis in the early 2000's, but not like this. I feel like families are in more crisis now". Another teacher shared about the increased frequency, noting the pandemic as a significant reason, and empathizing with students' experiences, sharing students "entire school history was impacted in a way none of us have

been through or understand…Covid itself was a trauma. Kids are appearing with anxiety who ultimately spent the past year and a half with founded not just perceived fear".

Impacting Everyone. The disproportionate effects of trauma are well documented (US Dept. of Education, 2014; Abrams & Szefler, 2020; Yancy, 2020 CDC, 2022). One educator noted disproportionate effects *(1 Teacher {7%}/1 Comment {2%})* of trauma on her special education and minority students, commenting "Trauma goes hand and hand with poverty and generational trauma and SPED kids are disproportionately poor black kids". However, notably, 21% of educators highlighted the impact trauma is having on everyone within schools *(3 Teachers {21%}/5 Comments {9%}).* Fourteen percent of educators estimated trauma experiences as 'higher than expected' with regular education students *(2 Teachers {14%}; 2 Comments {4%}*) and 21% recognized trauma impact on administrators (*3 Teachers {21%}/ 5 Comments {9%}).* Awareness of trauma impact at many system levels gives sustenance for school-wide trauma-informed training and support.

Student Trauma Can Trigger Teachers. At times, student trauma responsive behaviors can trigger educators' personal trauma *(3 Teachers {21%}/4 Comments {7%}).* This is an important conceptual aspect when considering the transactional nature of student/teacher relationships and teacher experience. Some educators pivot and handle this situation with grace whereas others may be overly reactive, not aware they were triggered and/or the significance of it. One teacher shared,

> Many kids share their story, and it's like, oh wow! That is a lot. I have a student that triggers my own childhood trauma. I have told them, it's okay bud, I have similar dad issues. It's okay to be upset with his actions, but also love him. You are valid in what you are feeling. You can see how the person (i.e. dad/significant other) is not living

> up to their potential because of their own traumas and how it is impacting their behaviors....and their children.

School-Based Trauma. Of participants, 57% mentioned the concept of school trauma *(8{57%}/10{17%})*. Trauma can manifest and/or be significantly re-triggered at school, creating school-based trauma. School-based trauma can occur in many ways, including school shootings; sexual harassment; discrimination; racism; peer victimization and teacher abuse (Hyman & Snook, 1999; Duane, 2023). It is important to distinguish this source of trauma in students and families, to heal past disappointments and promote future engagement and safety. In the TI-CCU study, a veteran teacher shared about school trauma, recognizing that not all students feel safe at school anymore thereby negatively impacting their ability to engage in academic success, saying

> Many kids don't feel safe at school and are concerned of school shootings. Last night the superintendent sent parents and staff an email about school safety as follow up from the recent UNLV shooting…I don't remember being scared as a kid someone would come into my school to shoot. It wasn't a thing but is 100% real now.

Within the school environment, there are sometimes particularly antagonistic teachers who have routine issues with particular students and higher-than-average consequences/office referrals. Educators coined and emphasized this concern, noting urge to protect students from antagonistic educators *(3 comments {5%}/3 Teachers {21%})*. One teacher shared how some teachers are notorious, yet kids still get put in their classes sharing, "We work to get them out, to protect the kids. I tell teachers they are wrong, but it's not respected as we are teachers making similar money. Nothing ever changes with some teachers stuck in their ways".

Additional Supports and Resources. Often students who have experienced significant trauma benefit from additional supports and resources to navigate the school environment and expectations (*2 Teachers {14%}/2 comments {4%}).* Educators have long used their own resources to meet these student needs. This study revealed educators providing extra resources (i.e.: food, clothes, school supplies, attention) to offset the high needs of their students *(2 Teachers {14%}/2 Comments {4%}).* Co-educators highlighted their classroom resources, sharing, "We have created a clothes closet. We raided lost and found to get water bottles for the students as water is a huge thing to help kids self-regulate."

Positive relationships are vital to a TI environment and student success. Of participants, 21% noted the need for adult champions with struggling students *(3 Teachers {21%}/3 Comments {14%}*). One educator discussed how not all teachers understand this concept, but those with relational strengths know how to leverage this connection for a student's best interest, sharing, "Behavior problems can be mitigated through relationship building with students and their families. We need to pick out our toughest kids and start there. Not every kid needs that level of support, but our trauma kids do".

Increase Community Awareness

With the goal of spreading greater awareness and advocacy, educators shared about trauma at school and what the community should know about these experiences *(14 Teachers {100%}/17 Comments),* with sub-categories including educators not feeling understood; TI/SEL importance; along with what teachers and administrators need to know.

Educators Not Understood. Of participating educators, 36% contemplated "do people really understand these kinds of experiences as an educator" *(5 Teachers {36%}/6 Comments {35%}).* Educators discussed how high levels of trauma in schools unfairly impact educators, who are often blamed for negative student behaviors. A teacher shared "So much

trauma is going on in schools…teachers often get blamed they don't have a skill or are not doing something right. Sometimes teachers are doing right, but behaviors can still occur. Teachers are not always to blame". Historically, the impact of trauma on educators has not been recognized or addressed. One educator declared "Teachers experience trauma from what we witness. Nevertheless, the school board heard teachers need time after breaking up fight and laughed…even our school board doesn't understand. No one gets what it does to you mentally, emotionally, and physically".

Trauma-Informed (TI) and Social-Emotional Learning (SEL) Importance. Of educators, 21% emphasized the importance and relevance of SEL and TI services *(3 Teachers {21%}/3 Comments {18%})* to help students better understand their emotions; demonstrate empathy for others; and ultimately help students make positive, responsible decisions; create frameworks to achieve their goals, and build positive relationships with others. Without SEL and TI focus, it becomes problematic to foster student overall academic success. One participant remarked, "We get regulations from the top down about performance but lack support from the bottom to access achievement. Unless we take care of our kids, the academics will never matter. They can't access the part of their brain to learn".

What Administrators and Teachers Should Know. Knowing the importance of strong educational leadership, 14% of educators noted need for increased TI skills among administrators *(2 Teachers {14%}/2 Comments {12%})*. Administration must actively demonstrate TI strategies with students and educators, with one teacher noting, "We push teachers to be trauma-informed for the kids, but we also need administrators to be trauma-informed for the educators in addition to the students". As aimed by the TI-CCU intervention, educators noted need to increase teacher TI knowledge, including developmental differences, understanding trauma triggers, and avoiding exclusionary

punishment *(4 Teachers {29%}/4 Comments {24%}).* One educator remarked, "Anything could trigger trauma…We must be attentive to students needs and know who they are as a person to effectively serve them. Building relationships will allow learning to take place". Traditional harsh punishment is ineffective and often results in students being kicked out of class for an office referral, ultimately perpetuating the school to prison pipeline. To avoid such practice, a teacher claimed

> It's hard for teachers. A kid will cause a problem, and other students will feed into it. It's easier to get the student out of the class to calm things down. However, they don't understand the root of the behavior and now they have exiled the student from the classroom. We must ask what we inadvertently said to the student when we kicked them out.

Educator Experiences Managing Personal and/or Secondary Trauma

The TI-CCU study gained understanding of educator experiences managing personal and/or secondary trauma symptoms. Educators reported Adverse Childhood Experiences (ACE) ranging from 0 to 7 ($m = 2.57$), with 48% reporting two or less; 35% stating three to four; and 14% reporting six or more ACES. Of educators, 65% expressed having traumatic experiences as an adult (i.e. abuse, substance abuse, significant loss, or mental health concerns for themselves and/or a loved one), which impacted their thoughts, feelings, and/or behaviors while at work. A visual representation of the *Experiences with Personal and/or Secondary Trauma with the TI-CCU Project* is provided in table 5.4.

Educators described ways dealing with personal and/or secondary trauma effect thoughts and behaviors at or outside work. Several categories emerged, including secondary stress symptoms exhibited; coping techniques being used; and thoughts regarding supports

currently being received. A visual representation of the *Qualitative Themes Related to Personal and Secondary Trauma and Current Supports with TI-CCU* is provided in tables 5.5.

Table 5.4

Teacher experiences with Personal and/or Secondary Trauma with the TI-CCU Project

	Mean	Categories	Number of Participants (n)	Total Participants (%)
Childhood Traumatic Experiences (ACE's)	**2.57**	ACE Score-0	3	21%
		ACE Score-1	3	21%
		ACE Score-2	1	7%
		ACE Score-3	2	14%
		ACE Score-4	3	21%
		ACE Score-6	1	7%
		ACE Score-7	1	7%
Adult Traumatic Experiences		Strongly Disagree	2	14%
		Somewhat Disagree	2	14%
		Neither Agree/Disagree	1	7%
		Somewhat Agree	4	29%
		Strongly Agree	5	36%
Current Support		Strongly Disagree	0	0%
		Somewhat Disagree	3	21%
		Neither Agree/Disagree	3	21%
		Somewhat Agree	5	36%
		Strongly Agree	3	21%

Educators Showing Symptoms. Education is a stressful occupation with soaring levels of secondary trauma, compassion fatigue and burnout. (Blaustein & Kinniburgh., 2010; Borntrager et al., 2012; Hydon et al., 2015). Participating educators were at high risk of secondary stress, partially due to their work as special educators in tier 3 classrooms (Hupe, et al, 2019; Essary et al.). All participating educators *(14 Teachers {100%}/31 Comments)* shared about secondary traumatic stress symptoms they are currently experiencing (Osofsky et al, 2008; Figley, 1995), making statements such as "It is definitely impacting educators a lot! It can impact different people differently" and "I am experiencing major secondary

traumatic stress in my career at this time." One educator shared further about their experience witnessing student and family trauma, expressing that "Things do affect me. I have heard so many difficult and sad situations from my students. I do have some supports to talk with about this, but not too many that really understand what my job is like."

It's central to acknowledge educators regularly mentioning appreciation for attention to educator wellbeing during the TI-CCU intervention. Educators declared the need to monitor their own trauma responses and the impacts. One educator shared, "Teachers need to do a better job looking at our own trauma responses and the impact secondary trauma. I think I sometimes shove things down, so it doesn't bother me. I feel like I hear so many hard and sad stories on the regular". Educators mentioned multiple secondary stress symptoms throughout the educator focus groups. Subcategories of these symptoms include Heightened Emotions; Hypervigilance; Normalized/Minimized; Feeling Overworked; Reoccurring Thoughts About the Incident; Take out on Others; Take out on Self; Physical Symptoms; and Disconnection.

Heightened Emotions. Emotions, including guilt, anger, numbness, sadness, and helplessness are all commonly evoked with secondary stress symptoms (Pryce et al., 2007), was a dominant subcategory within this study *(5 Teachers {36%}/7 Comments {23%}).* Educators operating with heightened emotions are more likely to be triggered and reactive when facing difficult situations. One educator acknowledges ways an administrator communicates with educators to offset heightened emotions, sharing "A lot of teachers are experiencing stress and burnout, often displayed as frustration. Most teachers don't get a lot of discussion or support about the impact trauma or how they may feel after experiencing a difficult situation at school".

Table 5.5

Qualitative Themes Related to Personal and Secondary Trauma with TI-CCU

Categories *(Participants/Comments)*	Subcategories *(# Participants {%}/# Comments {%})*
Educators Perceived Trauma Symptoms (14{100%}/31)	Heightened Emotions (5{36%}/7{23%})
	Hypervigilance (2{14%}/3{10%})
	Normalized/Minimized (5{36%}/5{16%})
	Feeling Overworked (2{14%}/4{13%})
	Reoccurring Thoughts (2{14%}/3{10%})
	Take out on Others (3{21%}/4{14%})
	Take out on Self (1{7%}/2{14%})
	Physical Symptoms (1{7%}/2{14%})
	Disconnection (3{21%}/4{13%})
Educators Coping (14{100%)/33)	Compartmentalize (6{43%}/6{18%})
	Talk with Others (12{86%}/14 {42%})
	Humor (5{36%}/5 {15%})
	Setting Boundaries (4{29%}/4 {12%})
	Exercise/Yoga (4{29%}/4 {12%})

Hypervigilance. Behavioral symptoms (i.e. withdrawal, sleep disturbance, appetite change; elevated startle response and hypervigilance) are all commonly reported secondary stress symptoms (Pryce et al., 2007). Of participants, 14% reported symptoms of hypervigilance (2 Teachers {*14%*}/3 Comments {*10%*}*),* being on guard for potential problems for quick response. When being hypervigilant, educators can be more reactive to the environment, and more apt to instill compliance over connection. One participant shared how they respond to ques in the environment with hypervigilance due to past traumatic experiences, sharing "Many students (and teachers) bring trauma with them like baggage. Certain yelling or skid of shoes can trigger me to jump up as through a safety issue will occur. I have become very hypervigilant to these types of noise."

Normalized/Minimized. Of participating educators, 36% report feeling the schools normalize violence/incidents against educators without providing support *(5 Teachers {36%}/5 Comments {16%}).* This leads to feeling powerless and not adequately supported or

acknowledged as front-line witnesses to difficult trauma-responsive behaviors. One educator expressed "Part of my trauma is the students' behaviors; the parents' behaviors and the lack of support from the district and how they don't support me." Another educator participant similarly shared feelings towards high levels of repeated trauma-responsive behaviors in the classroom, sharing "I understand why teachers get frustrated. It's a lot when a student repeatedly causes problems in your classroom, but just gets sent right back in. If it feels like there is no accountability, I get frustrated. They do needs consequences". Educators talked about the lack of follow through commonplace in response to student outbursts and behaviors. Educators feel minimized and ignored. One teacher stated,

> Follow up occurs with the students, but rarely teachers…the adults are not validated. For example, one kid threatened a teacher, blocked her in the class and said he would push her down the stairs. Over one week later, he was still in the building and in her class. Nothing was done to follow up on the incident. Admin hadn't got to it because they were dealing with other things. That shows teachers we don't give a shit about you and don't care.

Feeling Overworked. Educators discussed feeling overworked not permitting for preventative efforts *(2 Teacher {14%}/4 comments {13%}).* One teacher shared, "It is hard to be proactive…because we always have to be reactive"***.*** An educator with elevated secondary stress symptoms made various comments about being overworked, stating there was "lots of documenting behaviors on multiple forms every day" and "doing numerous IEP amendments so far."

Reoccurring Thoughts About the Incident. Cognitive symptoms (i.e. lowered concentration, apathy, rigid thinking, perfectionism, and preoccupation with the trauma) are also common symptom of compassion fatigue (Pryce et al., 2007). Of educators, 14%

mentioned reoccurring thoughts about an incident *(2 Teachers {14%}/ 3 Comments {10%}),* with one educator recounting an experience on their mind a lot since happening, sharing "A student snapped and hit me. That day, I cried and didn't feel safe. Since then, I feel anxious when I come into school. We had a restorative conversation, but I still wonder when/if it will happen again". Another educator recalled an experience that still haunts them years later and effects their behaviors sharing,

> I avoid a door in our building that leads outside. Luckily there is no need to go through this door often, but when I do I have flashback memories of an event that happened 2 years ago. A student with high self-injury and suicidal ideation wore a sweatshirt to school. We had tried to be proactive and get rid of anything the student could use to harm themselves. Unfortunately, we did not catch the strings in their hoodie. One afternoon as we walked out of the door, the student suddenly started using those strings to strangle themselves. I lunged forward to pull the string away from their throat. I can still picture the student and have flashes of it, because they were already starting to turn blue. It all happened so quick.

Take It Out on Others. Of participants, 21% admitted taking their stress symptoms out on others, including students, the educators' own families, and their pets *(3 Teachers {21%}/4 Comments {14%}).* One educator admitted how they can take their frustration out on their own family and pets once getting home, sharing, "I don't have anyone to talk to all day long and I stay strong and distant to keep the student from reacting or escalating in any way. Then when I get home, I know I take it out on my family, the ones I love. I am upset, yell, mean to the animals, etc."

Take It Out on Self. As an internalizing behavior, some educators may be hard on themselves, deny self-care, and perpetuate the negative cycle of stress and burnout. One

participating educator *(1 Teacher {7%}/2 Comments {14%})* mentioned how they take stress and trauma symptoms out internally, being hard on themselves and not practicing adequate selfcare, claiming *"*This student has caused me so much trauma. I do not take care of myself like I should. I always take care of others instead of taking care of myself."

Physical Symptoms. Educators experiencing secondary traumatic stress, may display physical indicators, including increased heart rate, pain, immune system impairments, breathing difficulties and medical concern with increasing severity (Pryce et al., 2007). A participating educator *(1 Teacher {7%}/2 Comments {3%})* shared about the physical symptoms they experience, stating *"*This job has been so physical, I tore the ligament in my foot. I got punch so hard I wore a hand brace for 4 months and had to retrain on how to hold a pencil. I have experienced a lot in this job".

Disconnection. Behavioral symptoms of secondary trauma include withdrawal from social and professional activities (Pryce et al., 2007). Disconnection was noted by 21% of educators *(3 Teachers {21%}/4 Comments {13%})*. Educators shared varying levels of disconnection with 7% mentioning numbing; noting distrust of others; claiming isolation; and threatening to quit. In a system already plagued by teacher shortages, efforts to reduce disconnection are necessary.

Educators noted experiencing trauma responsive symptoms in the classroom at high levels. Educators also admitted to experiencing varying levels of adverse childhood experiences along with experiences as an adult impacting their thoughts, feelings, and behaviors. With this knowledge along with the high stress associated with the teaching profession in conjunction with the known risks of educator secondary stress, it was important to know how educators were managing these experiences. It is notable participating educators were currently experiencing symptoms associated with secondary

stress highlighted in literature, including heightened emotions; hypervigilance; feeling minimized and overworked; reoccurring thoughts about a trauma incident; taking it out on themselves or others; physical symptoms and even disconnection. This highlights the strong need for intervention to promote educator wellness and increased supports.

Coping Techniques. Participating educators shared coping techniques used to promote well-being and resiliency from high trauma prevalence *(14 Teachers {100%)/33 Comments)*. Participating educators noted several categories of coping skills used to offset personal and/or secondary stress symptoms, including compartmentalizing; talking with others; humor; setting boundaries; and exercise/yoga.

Compartmentalize. Participants used the ability to compartmentalize, or mentally separate and organize different life aspects to prevent feeling overwhelmed or cause interference *(6 Teachers {43%}/6 Comments {18%})*. Done mindfully to avoid emotional suppression, compartmentalization can be an effective stress management technique (Showers & Zeigler-Hill, 2007). One educator shared "I don't talk about work when I am at home. We are at school all day, so I want to think about other things. I compartmentalize. I put it in a box that I can open again the next morning. This is some of my self-care".

Talk with Others. Of participating educators, 86% mentioned talking with others as a way to cope with stress *(12 Teachers {86%}/14 Comments {42%})*. Identified as healthy coping (CDC, 2024; APA, 2024), educators mentioned talking with a variety of others, including teacher peers, family, roommates, administration, friends, and a professional therapist. One teacher commented on communicating with peers and administrator to cope, sharing "I talk with my peers or administrator on a regular basis. We will tell each other if things are bothering us and provide reassurance, we are doing everything we can do to help promote success and wellness for the students/families". Another educator shared about

participation in therapy to maintain well-being, sharing "I participate in counseling to help me stay healthy. It is much more mainstream and a proactive way for me take care of myself." An educator warned not everyone can help with these issues due to shock value, ultimately limiting possible support, claiming, "Information can't be shared because reactions in the general public. like 'oh my god, I can't believe that happened'. They can't offer support because they don't understand... Information is the tip of the iceberg, and they are shocked".

Humor. Of participating educators, 36% cited humor as a healthy coping technique *(5 Teachers {36%}/5 Comments {15%}).* Educators shared how humor can help in their own lives as well as with students. Educators laughed as they reminisced on the dark humor sometimes used in difficult situations. One elaborated, "We are probably jaded, finding sick humor to help us deal with these difficult things. For example, during a child restraint recently, he said, 'sorry for the butt crack' and he had us laughing. He was aware it was out, but there was nothing he could do about it at the moment. It helps us to laugh and keep things light when we can to protect ourselves". A seasoned educator also mentioned how humor can be helpful in working with their high trauma-prevalence students to lighten the mood. The educator admitted, "I like to use humor with my students too. It is good for them. The other day I had light saber matches with one of my kids. It was exactly the surprise and what he needed to put a smile on his face during a difficult time in his life".

Setting Boundaries. Setting boundaries is not always easy or well-received, however an educator putting themselves last can lead to stress, anger, and resentment (Mayo Clinic, n.d.). Of participating educators, 29% identified setting boundaries as a used coping skill *(4 Teachers {29%}/4 Comments {12%}).* Educators learned the importance of setting strong boundaries between work and school in TI-CCU lessons, and elaborated about how their boundaries have improved, saying "At 21, those early career years were different. I now have

a family and had to set better boundaries. I must be productive at work, then leave it here as I don't have time and capacity at home".

Exercise/Yoga. Another coping skill used to offset stress embraces physical care, including nutrition; regular exercise and sleep; and avoiding alcohol (CDC, 2024; APA, 2024). Of participating educators, 29% cited exercise and yoga *(4 Teachers {29%}/4 Comments {12%})*. One educator shared,

> Trauma affects me daily, but I try to compartmentalize it. I understand that if I'm upset, carrying it, or crying, I will not be effective for others. When I start to exhibit symptoms, I figure out ways to cope. My biggest ones right now are working out or yoga. I spend a ton of time doing things I love to refill my happiness tank so I can give all my love to my students.

Increasing educator coping skills alone will not fix educator stress and retention concerns. The high stress, compassion fatigue and burnout educators experience are due to systematic and community issues that must be addressed. However, equipping educators with strategies to increase coping skills will help better manage these issues in the meantime and promote improved educator wellness. Educators in this study noted using some evidence-based coping strategies that were highlighted in the TI-CCU curriculum in efforts to promote increased coping and teacher resiliency.

Current Supports. With known impact of trauma, it is necessary to acknowledge educators are affected by trauma experiences (Caringi et al., 2015) and benefit from additional supports (Christian-Brandt et al, 2020; Thornton et. al, 2007). Educators discussed current supports in their school/district, showing 21% of educators do not feel supported*; 21%* were neutral*;* and 57% agreed and feel supported by their school/district with providing

Trauma-informed intervention. A visual representation of the *Experiences with Current Supports with the TI-CCU Project* is provided in table 5.4

Educators shared thoughts on current supports they receive regarding trauma and educator wellness *(14 Teachers {100%}/38 Comments)*. Teachers reported the gamut of responses, with sub-categories including how administrative support is critical but depends, good ways to support; lacking supports; teacher and administration exhaustion along with the need for adequate resources. A visual representation of *Qualitative Themes Related to Current Supports* is provided in table 5.6.

Table 5.6

Qualitative Themes Related to Current Supports with TI-CCU

Admin Support Crucial (2{14%}/3{8%})	
Support Depends (5{36%}/5{13%})	
Ways to Support (3 {21%}/4 {12%})	
Lack of Support (9{64%}/13{34%})	Building Level Admin (3{21%}/3{8%})
	District (5{36%}/5{38%})
	Policy (1{7%}/1{3%})
Teachers & Admin Exhausted (1 {7%}/1{3%})	
Need Adequate Resources (8{57%}/12 {32%})	Training & Support (2{14%}/2{5%})
	Adequate Staff (5{36%}/7{18%})
	Training In College (3{21%}/3{8%})

Administrative Support is Crucial. It is essential for administrators to promote TI milieus by adhering to appropriate disciplinary procedures and offering educators' empathy, support, and adequate resources to fulfill responsibilities (Thornton et al, 2007; Sugai & Horner, 2008). Educators reported the importance of admin support *(2 Teachers {14%}/3 Comments {8%})* deeming it "very necessary to have a trauma informed administrator that is praising and acknowledging the teachers and what they do during the day." Many

participants stated feeling lucky with their school administration within their schools. These educators discussed the strengths that their administration and team members bring to help make the difficult trauma-responsive moments more manageable (i.e. support, assuming competence, praise, empathy, and trust). One educator shared, "We have a good strong support team, which is crucial. Not all other teachers have that (i.e. regular education). Luckily our administration supports us and assumes competence. Admin support is huge."

Support Depends. Of participating educators, 36% discussed the nuances of working with different administrators, sometimes causing barriers to asking for support *(5 Teachers {36%}/5 Comments {13%}).* Some administrators are supportive, while others can be more difficult with collaboration. One educator shared, "Without a close bond with your administrator, teachers don't feel supported or welcomed. So many teachers don't share. They don't feel safe to vent/complain." One new teacher mentioned concerns with asking for help with concern of seeming unable to do the job, sharing, "I am not sure I would reach out to administration for this support. I don't want to come off to my bosses that I cannot handle my job. I wouldn't want to be an extra burden on them". Another educator also mentioned this vulnerability with administration when discussing participation in the TI-CCU project, sharing "It is important teachers know any information received through the intervention and coaching is professional development and not used against them by administration. Teachers are always worried about that…and can feel vulnerable".

Despite the strong importance of administrative support, educators discussed barriers in pursuing. Educators explained the competitive nature of teaching claiming some administration view asking for help as a sign of weakness. This lack of administrative support can further fracture a teacher's experience. One seasoned teacher claimed,

Teaching is very competitive. My graduation keynote speaker told us to ask for help, however, there are so many times in my career admin would ask, why did you do that, turn on me or shame me for showing weakness. For example, I had a situation last year where I had to restrain a kid, but an administrator asked why I hadn't done my sweeps. They accused me of being downstairs sleeping, not knowing what I had actually been doing. It was so infuriating because that is not what happened. I felt I had to defend myself all the time. I could not lay out my vulnerabilities or they would be used against me.

Good Support. Twenty-one percent discussed ways they are thankful for administrative support and discussed the importance of having a strong support team *(3 Teachers {21%}/4 Comments)*. One educator stated, "We have a good strong support team… which is crucial. Not all teachers have that. Luckily our administration supports us and assumes competence".

Lacking Necessary Support. Oppositely, 64% of participants shared some educators lack positive administrative support *(9 Teachers {64%}/13 Comments {34%})* and lacking empathy and validation (1 Teacher {7%}/2 Comments {5%}), an educator shared "It is important admin takes any situation that happens to teachers as through it happened to them. Maybe then they would take it more seriously. They are not supportive or validating, which doubles down the trauma". Of participating educators, 36% shared stories of deficient support, or even sabotage/manipulation resulting from administrative interactions *(9 Teachers/7 Comments)*. Twenty-one percent mentioned difficult behaviors and educator wellness are being ignored *(3 Teachers {21%}/3 Comments {8%}),* with one stating, "No one asks…. are you okay?". Another similarly claimed, "We get taught in school many things to improve our lesson plans, but not much attention is given to preparing for difficult

behaviors or educator wellness and self-care". Of educators, 36% conveyed lacking support from district administration, including lack of understanding regarding trauma impact *(5 Teachers {36%}/5 Comments {38%}*). One teacher claimed, "There are absolutely no supports…this district hasn't understood we are experiencing a generational shift, needs are different from years ago. They must increase training for dealing with trauma behaviors and give more resources to struggling teachers". Lastly, one educator mentioned how current policy also hinders educators *(1 Teacher {7%}/1 Comment {3%}),* sharing the irony of academic accountability, despite the high impact of trauma on students. This teacher shared about the push from the top down to have academic success, without addressing trauma, claiming, "If we're not taking care of our kids, the academics will never matter. They won't be able to access that part of their brain to be able to learn".

Teachers & Administration Are Exhausted. A small but notable subcategory acknowledges teachers and administrators are exhausted *(1 Teacher {7%}/1 Comment {3%}).* Educators have regularly expressed these feelings, but do not feel acknowledged or validated. Similarly, administrator burnout can occur from prolonged job-related stress and must be recognized. One educator shared, "Educators are burnt out, angry and sad. Schools haven't paid much attention to that! So much goes on at the school. Also, administrators are putting out fires all day. They are pulled in every direction and also must be burned out".

Need Adequate Resources. The need for adequate resources in education is not a new concept. Participants highlighted the importance of adequate resources and suggested various types of support *(8 Teachers {57%}/12 Comments {32%}),* i.e. adequate staff and sufficient training, including pre-service training about TI services, educator wellness and support. Educators need added support staff *(5 Teachers {36%}/7 Comments {18%}),* which have been requested regularly but not yet present throughout schools. Benefits of a co-

teaching model were highlighted by 14% of teachers *(2 Teachers {14%}/3 Comments {8%}),* with one noting "As co-teachers, we support each other to give each other breaks to regulate, as needed. Most teachers don't have someone else in their room to give that support". An educator recounted being left without needed support, saying

> I had a situation where I called the office because a kid was throwing tables and chairs. This small school didn't have tons of resources. I was told that admin couldn't come help me because they were covering lunch duty. I was like...what am I supposed to do right now? No one ever came… or even followed up with me. However, at the point I am calling, I am needing help. I have already tried everything else prior to this and I need help.

Of educators, 14% expressed ongoing professional development and supports are necessary and desired *(2 Teachers {14%}/2 Comments {5%}).* One educator elaborated on ways to provide supports, stating "Spread PD throughout the entire year and provide support for longer amount of time. This gives time to soak it in and get follow-up. Training needs to coincide with counseling and admin team offering support and normalizing educator wellness". Teachers also reported a lack of TI preparation within college programs, but the strong need for such training and support *(3 Teachers {21%}/3 Comments {8%}).* One teacher shared, "We get taught in school so many things to improve our lesson plans, but not much attention is given to preparing for difficult behaviors or educator self-care and wellness." A first-year teacher claimed, "As a new teacher, I did not get training on trauma-informed or self-care in college. Our professors are great and do check in on us, but it is not included in our curriculum, and we are not explicitly taught strategies".

Research Question Two: Feasibility and Acceptability

Research Question 2 asked if the TI-CCU demonstrated feasibility and teachers' acceptability of trauma-informed practices. Multiple measures of feasibility and acceptability were explored using Quantitative and Qualitative methods. Participating educators answered post-intervention questions on aspects of feasibility and acceptability, including the importance, and reasonableness; confidence delivering TI-CCU strategies plus overall reaction to the intervention including perceived intrusiveness. TI-CCU components were discussed, including the individualized feedback profile, lessons, and consultation. A visual representation of the *Feasibility & Acceptability of the Trauma-Informed Classroom Check-Up Intervention* is provided in table 5.7.

Table 5.7

Feasibility & Acceptability of the Trauma-Informed Classroom Check-Up Intervention

	Categories	**Participants (n)**	**Participants %**
Importance of TI-CCU Goals	Somewhat Important	1	7%
	Fairly Important	1	7%
	Very important	12	86%
Effectiveness of TI-CCU	Not Effective	0	0%
	Somewhat Effective	5	36%
	Fairly Effective	5	36%
	Very Effective	4	29%
Reasonable Use of Time, Resources, and Effort	Not Reasonable	1	7%
	Somewhat Reasonable	6	43%
	Mostly Reasonable	4	29%
	Very Reasonable	3	21%
Confidence Implementing TI-CCU Strategies	No Confidence	0	0%
	Somewhat Confident	3	21%
	Fairly Confident	8	57%
	Very Confident	3	21%
General reaction to TI-CCU	Very Negative	0	0%
	Somewhat Negative	1	7%
	Fairly Positive	4	29%
	Very Positive	9	64%

Intrusiveness of TI-CCU	Very Intrusive	3	21%
	Somewhat Intrusive	6	44%
	Not Intrusive	5	36%
Importance Receiving Feedback	Not Important	0	0%
	Somewhat Important	3	21%
	Fairly Important	5	36%
	Very Important	6	43%
Individualized Feedback usefulness/appropriateness?	Somewhat	2	14%
	Fairly Useful/Appropriate	6	43%
	Very useful/Appropriate	6	43%
Consultation Helpfulness	Not Helpful	1	7%
	Fairly Helpful	8	57%
	Very Helpful	5	36%

TI-CCU Importance; Reasonableness and Confidence

Educators reported the importance of the TI-CCU intervention goals (TI training, strategies, and coaching), with 14% reporting somewhat to fairly and 86% reporting the goals of the TI-CCU intervention are very important. Educators discussed the reasonableness of intervention, with 93% reporting the time, resources and effort required to implement the TI-CCU intervention as somewhat to very reasonable. Of participating educators, 78% reported feeling somewhat to fairly; and 21% feeling very confident in their ability to effectively implement the TI-CCU strategies.

Overall Reaction to TI-CCU

Educators reported their overall reactions, with 93% of educators reported fairly to very positive reaction to the TI-CCU intervention. Educators reported varied results on intervention intrusiveness. Of participants, 21% reported the intervention was very intrusive*; 44%* said somewhat intrusive*;* and *36%* reported the intervention as not intrusive. Further exploration occurred post-intervention with two educators regarding TI-CCU intrusiveness. One educator noted higher intrusiveness due to the sensitive topic, stating "I was referring to the topic of trauma as it is a sensitive topic. I don't think the intervention was asking too much of educators". The other educator shared, "I marked more intrusive because of the

topics being discussed. I know and trust you but was initially worried what would happen to my answers about my traumas, work satisfaction and burnout. I worried about this information in the wrong hands.

Feasibility and Acceptability

Participating educators discussed feasibility and acceptability of the TI-CCU *(10 Teachers {71%}/30 Comments).* Of participants, 71% mentioned the intervention as having good feasibility and acceptability. Educators made comments such as, "I have enjoyed this and am definitely on board" and "It's very feasible when there is time to plan things in advance". One teacher shared about the acceptability of the intervention, sharing "Teachers often try, but the class may be so challenging. To have support with challenging behaviors is great! Tailoring lessons and coaching to what teachers and students need is so relevant and helpful". Several subcategories were identified regarding feasibility and acceptability, including liking autonomy; prefer PD. Twenty-one percent of educators reported liking the autonomy they experienced during the TI-CCU intervention *(3 Teachers {21%}/4 Comments {13%}) and* the ability to choose their own lessons *(3 teachers {21%}/3 Comments {75%}).* Comments such as, "I like having the choice of what I want to learn about. I know my kids and can recognize my needs". One educator noted autonomy by being able to go through the TI-CCU intervention and curriculum at their own pace *(1 teacher {7%}/1 Comment {25%})*, noting, "I like that you could do it at your own pace. You gave plenty of time to get things done, and account for how busy people are". A visual representation of the Qualitative Themes related to *Feasibility, Acceptability and Effectiveness of the TI-CCU Intervention* is provided in table 5.8.

Table 5.8

Qualitative Categories related to Feasibility, Acceptability and Effectiveness of the TI-CCU Intervention

	Categories *(# Participants {%}/# Comments)*	Subcategories *(# Participants {%}/# Comments {%})*
TI-CCU Feasibility and Acceptability (10{71%}/30 Comments)	Liked Autonomy (3{21%}/4{13%})	Choose own lesson (3{21%}/3{75%})
		Go at own pace (1{7%}/1{25%})
	Prefer PD (4{29%}/6{20%})	More interactive (1{7%}/1{17%})
		Increases Accountability (2{14%}/2{33%})
		Want more PD (3{21%}/3{50%})
	Barriers (6{43%/8{27%})	Admin/Staff buy-In (1{7%}/1{4%})
		Teacher time/Attention (6{43%}/7{88%})
	Suggestions to Improve (6{43%}/8{57%})	More coaching & follow up (3{21%}/ 3{38%)
		Improve Website (2{14%}; 2{25%})
		Methods to Increase Participation (2{14%}/ 3{38%})
TICCU Effectiveness (12{86%/ 17 Comments})	Increased Knowledge & Skills (12{86%}/14{82%})	Effective (7{50%}/10 {71%})
		Witnessed growth in educators (2 {14%}/ 2{14%})
		Future use desired as new teacher (2{14%}/ 2{14%})
	Suggestions to Improve (2 {14%}/3{18%})	Increase Buy/in with Departmental Supports (1{7%}/ 1{33%})
		Show practical video examples in the classroom (1{7%}/1{33%})
		Train on website use (1{7%}/1{33%})

Prefer Professional Development. Of participating educators, 29% noted preferring the Professional Development (PD) group trainings over the online lessons *(4 Teachers {29%}/6 Comments {38})*. One educator talked about the interactive nature of group professional development with the TI-CCU compared to the online lessons *(1 teacher {7%}/ 1 Comment {17%})*. One educator reported "I like the PD because it was more interactive and helped the concepts sink in versus reading". Fourteen percent of educators also noted group professional development training increasing accountability compared to online

lessons *(2 teachers {14%}/2 Comments {33%}),* with this educator stating, "I like the PD. I feel like the curriculum can be like the mandatory training's teachers are required to do. They run the videos, but don' really pay attention. The PD/Coaching promotes accountability". Finally, 21% of participating educators noting wanting additional sessions *(3 teachers {21%}/3 Comments {50%}).*

Feasibility Barriers. Educators discussed barriers that could hinder feasibility and acceptability of the TI-CCU intervention *(6 teachers {43%/8 Comments {50%}).* One educator shared a barrier to implementation may be a lack buy in from administration and staff *(1 Teacher {7%}/ 1 Comment {6%}).* Of participating educators, 43% noted teacher time and attention could realistically interfere with the TI-CCU implementation *(6 Teachers {43%}/7 Comments {44%}),* stating "I wish I had more time to dedicate to the materials, but I always felt pulled in other directions" and "I have been busy with IEP's as I am covering for another teacher right now. I do want more time with the lessons/curriculum. Will you keep this open so I can continue to access?"

Suggestions To Improve. Educators made suggestions to improve the feasibility and acceptability of the TI-CCU intervention *(6 Teachers {43%}/8 Comments {50%}).* Of participants, 21% suggested ways to improve coaching and follow-up with educators regarding the TI-CCU Intervention *(3 Teachers {21%}/3 Comments {38%}).* One participant suggested regular coaching within group cohorts, proposing "Continued follow-up with cohorts would be helpful. Check in every month or two to see how trainings and skills are going. This will help promote more use and buy-in". Fourteen percent suggested finding "Ways to improve the TI-CCU website function" *(2 Teachers {14%}/2 Comments {25%}).* A participant commented "the TI-CCU intervention was great. I prefer the group training and coaching versus getting onto the website and reading the materials myself. It would help to

have videos or a voice over reading the materials to me". Lastly, 14% of educators made suggestions to increase participation in the TI-CCU intervention *(2 Teachers {14%}/3 Comments {38%}),* calling it *"*good material that needs to get to people.*"* One educator suggested, "You must be smart about how to deliver this material. Use the treatment team and ECHO model to discuss the situation, then staff with coach's experience and research knowledge through a practical discussion".

TI-CCU Effectiveness

Educators reported on intervention effectiveness; with 72% stating somewhat to fairly and *29%* reporting the TI-CCU intervention as very effective. Qualitative results further clarified TI-CCU effectiveness, revealing two subcategories, including increased knowledge and skills along with suggestions to improve the intervention. A visual representation of the Qualitative Themes related to *Feasibility, Acceptability and Effectiveness of the TI-CCU Intervention* is provided in table 5.8.

Increased Knowledge & Skills. Researchers explored teacher perceptions of TI-CCU effectiveness using qualitative methods *(12 Teachers {86%}/14 Comments {82%}).* Educators were overwhelmingly positive *(12 Teachers {86%}/14 Comments {82%})*, saying the TI-CCU intervention was effective in increasing knowledge, skills and comfort maintaining a TI classroom *(7 teachers {50%}/10 Comments {71%}).* One teacher stated, **"**This was very effective. I learned a lot and was able to put some of the knowledge and strategies into practice right away after our first PD. I think these lessons would be great for other teachers, paras, administration, and pre-service teachers".

Educators expressed explicit interest in educator wellness and coping strategies. One educator stated, "Having things spelled out where you gave us different coping strategies, what level, and the descriptions underneath, was so helpful. I had never seen it separated like

that and about different types of coping, so very helpful." Educators planned to use some of the TI-CCU resources to promote future TI practices. A school social worker shared, "The curriculum gave great information and reminders. I took notes and will make posters for my office. I knew about TI, but not within the educational environment. A great bridge for my knowledge base".

The TI-CCU intervention was noted as effective with growth witnessed in participants *(3 Teachers {14%}/3 Comments {21%})*. An administrator shared "This tool could provide data-based information to teachers who may be chronic offenders at antagonizing student behaviors. I saw growth in a couple educators by learning this information. Continued coaching and follow up would be helpful". A social worker also witnessed growth in others due to participation in the TI-CCU intervention, saying "I saw first-hand how the materials helped. The educator texted me using the reptilian brain terms and knowledge. They were relieved to understand what was going on with the student in those moments." A first-year educator shared about an experience that occurred closely following a TI training session, claiming "A student was upset…working for hours to break the classroom window and demonstrating explicit fight or flight behaviors. Your training discussed the reptilian brain. It was helpful to understand what was going on and ways to help the situation".

Suggestions to Improve. Educators gave suggestions to improve the TI-CCU intervention *(2 Teachers {14%}/3 Comments {18%})*. Teachers discussed notable implementation barriers, including time barriers for educators, who already feel overworked and highly stressed by their job expectations. Educators frequently commented about lack of time and attention to focus on things other than student education and behaviors. Despite time barriers, educators still wanted to access this information, as noted by one educator sharing, "Time is an issue to teachers to access the intervention to the level we would like. I

am still going to use this curriculum once we are done with this". Educators suggested efforts to increase buy-in using departmental supports *(1 teacher {7%}/1 Comment {33%}).* sharing. "Get buy in from department chairs showing them how efforts will improve their scores/goals. They have power to hold teachers accountable and put expectations on teachers…With department chair and admin buy in, expectations would be completed". Other suggestions to improve TI-CCU effectiveness included showing practical video with classroom examples *(1 teacher {7%}/1 Comment {33%})* and providing training on the website at the beginning of the intervention *(1 teacher {7%}/1 Comment {33%})*

Individualized Feedback; Coaching/ Consultation; and Lessons. Lastly, TI-CCU components were discussed, including Individualized Feedback; Coaching/ Consultation; and Lessons. A visual representation of *Qualitative Categories Regarding TI-CCU Intervention Components* is provided in table 5.9.

TI-CCU Individualized Feedback

Educators reported on TI-CCU individualized feedback, with 57% stated somewhat to fairly important and *43%* reported it very important to receive feedback on their teaching. Eighty-six percent of educators commented on the TI-CCU Feedback Profile *(12 Teachers {86%}/23 Comments) with 64%* stating it was accurate and individualized (*9 Teachers {64%}/9 Comments {39%})* and 29% reported the TI-CCU intervention was helpful and useful (*4 Teachers {29%}/4 Comments {44%}).* One educator commented, "My feedback seemed very accurate. It told me to take care of myself as my stress was high, which is accurate". Of participants, 36% shared how much they liked the individualized recommendations and autonomy to choose which TI-CCU lessons to complete *(5 Teachers {36%}; 5 Comments {55%%}).* One educator shared, "My feedback was accurate. I liked it gave detailed feedback

and recommended lessons to help with each area. I liked it was individualized to my needs and allows me to choose lessons and supplemental materials I'm interested in".

Educators expressed TI-CCU presurvey limitations *(5 Teachers {36%}/10 Comments {43%})*, with 36% of teachers admitting the "test was really long, had lots of choices, and took lots of concentration to complete" *(5 Teachers {36%}/5 Comments {50%})*. Twenty-eight percent suggested adding a progress monitor to improve the pre-survey *(4 Teachers {28%}/4 Comments {40%})*. One participant suggested providing the presurvey in writing, claiming "I completed with students in the room, and it was hard to focus. It was long and took some time. Being able to eliminate answers would help. Give a progress monitor to know if close to the end". Another teacher also noted the "Font on Qualtrics was grey not black, so difficult to see *(1 Teacher {7%}/1 Comment {10%})*. Educators shared their thoughts about receiving a red indicator for a low score within a topic *(2 Teachers {14%}/4 Comments {17%})*. Fourteen percent of educators claimed red feedback was difficult to hear and caused feelings of hurt and shame *(2 Teachers {14%}/3 Comments {75%})*. One educator elaborated, "I was hurt I got a low score for relationship building …I am split between numerous schools and don't feel like I have adequate time for each school/student. I feel stretched too thin". Another educator suggested adding more encouragement when a teacher receives red feedback to soften the blow *(1 Teacher {7%}/1 Comment {25%})*, sharing, it "was hard to hear I was low (red) on a couple of topics. I wish that was broken to me easier…more encouraging.

Table 5.9

Qualitative Categories Regarding TI-CCU Intervention Components

	Categories *(# Participants {%}/ # Comments)*	Subcategories *(# Participants {%}/# Comments {%})*
TI-CCU Feedback Profile (12{86%}/23)	Accurate and Individualized (9{64%}/9{39%})	Useful/Helpful (4{29%}/ 4{44%})
		Like Recommendations/Autonomy (5{36%}/5{55%}).
	Improve PRE-Survey (5{36%}/10{43%})	Too Long/Many Choices (5{36%}/5 {50%})
		Progress Monitor (4{29%}/4{40%})
		Font Color (1{7%}/1 {10%})
	Red Feedback Difficult (2{14%}/4{17%})	Shame/Hurt (2{14%}/3 {75%})
		More Encouragement (1{7%}/1{25%})
TICCU Lessons (14{100%}/34)	Liked lessons 14{100%}/21{62%})	Specific Lessons Noted (8 {57%}/8{38%})
		Helpful for New & Experienced Teachers (5{36%}/5 {24%})
		Helpful to Teachers & Paras (2{14%}/2{10%})
		Preferred PD to Online Lessons (4{29%}/4{18%})
		Want Flexibility with PD (2{14%}/2{10%})
	Suggestions to Improve (13 {94%}/13{38%})	Website (6{43%}/7 {50%})
		Supp. Materials (2{14%}/2 {15%})
		Coaching (3{21%}/4 {31%})
Coaching & Support (13{93%}/21)	Coaching Helpful (8{57%}/12{57%})	Teachers need this (3 {21%}/3 {25%})
		Include Paras and Educators (1{7%}/2 {16%)
	Teachers Traditionally Lack Support (3{21%}/6{29%})	Need More Resources & Supports (2{14%}/3{50%})
		Teachers Traditionally Blamed (1{7%}/ {16%})
	Suggestions to Improve (3{21%}/4{19%})	Include Admin (1 Teacher {7%}/1 {25%})
		Incl. Teacher Mentors (2{14%}/2 {50%})
		Group/cohort (1{7%}/1{25%})

TI-CCU Web-Based Lessons

Participating educators discussed TI-CCU Lessons *(14 Teachers {100%}/34 Comments)* with 57% claiming to enjoy lessons and ultimately naming specific lessons they liked *(8 Teachers {57%}/8 Comments {38%})*. One veteran teacher remarked "I really like the lessons regarding teacher wellness. I had never seen anything like that before. It was really helpful to get this information". Another seasoned educator mentioned the lesson of trauma-related

neuroscience, sharing "Early in my career there was nothing being said in the schools about trauma. Knowing the lesson about trauma, neuroplasticity and the brain science is SO hope-giving and educators need to hear this!". Educators claimed TI-CCU lessons were helpful for both new and experienced educators *(5 teachers {36%}/5 Comments {24%}).* One educator stated, "I think the lessons are great! The topics are helpful to new teachers and a great reminder for experienced teachers". A first-year educator shared their thoughts on the discipline strategies introduced with TI-CCU, sharing "I really liked the lessons. I am a new teacher and thought the lessons provided great information. I think the discipline strategies module was tremendously helpful as we deal with a lot of behaviors. Educators also commented that the lessons would be helpful to various levels and positions within the educational system, including regular education teachers and paras *(2 Teachers {14%}/2 Comments {10%}).* One educator stated, "I think this information would be really good to share with other teachers and paras. They need this information". Similarly, another participant elaborated on the topic, sharing "I think these lessons need to get to reg ed teachers and paras too. Some teachers don't understand and consider their own accountability. These lessons would help these teachers understand what is happening".

Numerous educators noted preference for TI-CCU group professional development training and coaching sessions. The time crunch experienced by educators was commonly noted alongside this preference. Regardless, 29% of educators reported wanting more professional development training and coaching *(4 Teachers {29%}/4 Comments {18%}).* The following participant elaborated on this, declaring "I prefer in person PD versus online curriculum. If PD, we are captive audience and can devote time to learn. When reading the TI-CCU curriculum, I would get distracted and pulled into other student behaviors and crises". Lastly, 14% of educators shared a desire for more flexibility with their professional

development requirements within their districts *(2 Teachers {14%}/2 Comments {10%}).* Educators shared feeling forced into trainings that are not relevant to their work and/or repeated every year. One educator shared more on this, claiming "This training is more helpful than some of the horrible PDs we complete. They sometimes are a waste of my time. If I could have the flexibility to use these lessons as PD it would be great…and way more beneficial to student outcomes". A visual representation of the *Qualitative Categories Regarding TI-CCU Intervention Components* is provided in table 5.10.

Participating educators gave suggestions to improve the TI-CCU lessons *(13 Teach {94%}/13 Comments {38%}).* Three subcategories were identified from the data, including improving how the lessons are delivered on the website and adding more and/or improving supplemental materials. Participants noted multiple aspects of the website component used to deliver the TI-CCU lessons efficiently and effectively *(6 Teachers {43%}/ 7 Comments {50%}).* This educator suggested creating the ability for the lessons to be read aloud to educators, claiming "Having a voice over to read the materials to me may be helpful. It is hard to complete the reading/training while during school hours when things get crazy". Another educator elaborated on the online curriculum, suggesting the curriculum be broken down by each lesson instead of by overall module, to improve feasibility, sharing "I completed unit 1, then get pulled away. I would go back and not remember where I had finished. It wouldn't let me count it as complete until I had finished the whole unit". Fourteen percent also noted the supplemental materials that accompany the TI-CCU Lessons *(2 Teachers {14%}/2 Comments {15%}).* One teacher shared how to improve the videos suggested throughout the curriculum, recommending to "make sure the videos are really short and to the point. Give a quick 30-60 second video to give these tips".

Coaching and Support

Educators reported impressions of the coaching and support included with the TI-CCU intervention *(13 Teachers {93%}/21 Comments),* with subcategories including feeling the coaching was helpful; teachers traditionally lacking such support; and suggestions to improve TI-CCU coaching. A visual representation of the *TI-CCU Intervention Components* is provided in table 5.10. Over half of educators commented the TI-CCU consultation was helpful *(8 Teachers {57%}/12 Comments {57%}).* Many educators shared similar sentiments, sharing "I loved the group PD and think ongoing group coaching would be so helpful". Educators emphasized the importance of having a knowledgeable coach, commenting "The coach needs to have experience and gain trust as an expert in the arena. Having outside support is helpful if they are vetted within the district. The knowledge and experience you brought to this is helpful". Of educators, 21% commented about the high need for TI coaching and support *(3 Teachers {21%}/3 Comments {25%})*; including paras and general educators *(1 Teachers {14%}/ 2 Comments {16%}).* One educator shared, "More coaching and support is helpful. Having designated time, maybe a weekly zoom, to collaborate is helpful to feel heard by someone who actually understands the job. We could learn from and support each other". Educators reported traditionally lacking support (*3 Teachers {21%}/6 Comments {29%}*), with support needed from administration (*1 Teach {7%}/2 Comments {33%}*), and more adequate resources and supports necessary (*2 Teachers {14%}/3 Comments {50%}*). Educators gave suggestions to improve the coaching component of the TI-CCU, with 21% suggesting increased inclusion of administrators, teacher mentors, plus group or cohort coaching (3 Teachers {21%}/4 Comments {19%}).

Research Question Three: Fidelity

Research Question three asked if the TI-CCU can be implemented with acceptable fidelity levels. Both quantitative and qualitative methods were used; with fidelity measures

collected, including the percentage of steps completed in the web-based lessons and TI-CCU coaching log data. TI-CCU Retention Rates reported 0% attrition, with all participants (*N = 14*) active throughout each step of the TI-CCU research study. It is noted the intervention was shortened from a 12- to 10-week period, to meet district needs and potentially encumbering intervention fidelity. Visual representation of the *Trauma-Informed Classroom Check-Up Project* is provided in table 5.10.

Table 5.10

Fidelity related to the Trauma-Informed Classroom Check-Up Project

	Categories	Number of Participants	Percentage of Participants%
Hours of Coaching Contact	1 Hour	1	7%
	2 Hours	4	29%
	3 Hours	5	36%
	4 Hours	3	21%
	5 Hours	1	7%
Steps Completed on TI-CCU Web-based Lessons	20% or less	10	71%
	20-40 %	1	7%
	40-60%	1	7%
	60-80%	0	0%
	80-100%	2	14%
Retention Rates	Completed TI-CCU Intervention	14	100%

Web-Based Lessons Fidelity Data

Percentage of steps completed in the TI-CCU web-based course were tracked for fidelity. For fidelity, educators to complete at least 3 of the 14 lessons (*21%).* Results of the study showed 71% of educators completed 20% or less of the TI-CCU online lessons therefore not meeting fidelity expectations. Fidelity was achieved by 28%, with 7% finalizing 20-40%; *7%* finishing 40-60%; and *14%* completing 80-100% of TI-CCU web-based lessons.

TI-CCU Coaching Log Data

TI-CCU participants received professional development (PD) and coaching throughout the intervention. The number of hours completed with PD and coaching were calculated, with hours ranging from one to five. Of participants, 27% used one to two hours; 36% utilized three; 21% completed 4; and 7% participated in five hours of coaching contact. On average, educators completed nearly three hours (*m = 2.292*) of PD and coaching.

TI-CCU Fidelity and Outcomes

Fidelity for each participant was compared with Reliable Change Index (RCI) scores. It was determined educators with higher participation (i.e. extra coaching or web-based TI-CCU curriculum) were more likely to achieve clinically significant outcomes than those who only completed minimum PD training hours. A visual representation of *Comparing Fidelity and RCI Clinical Significance Determinations for TI-CCU* is provided in table 5.11.

Table 5.11

Comparing Fidelity and RCI Clinical Significance Determinations for TI-CCU

RCI Score-Knowledge	RCI Score-Coping (R)	RCI Score-Self-Efficacy	RCI Score-Stress (R)	RCI Score-Burnout (R)	Fidelity Count
-.71	1.29	9.35	-4.95	-3.6	13.13
-2.8	-8.41	-7.54	-.83	0	13
0	-9.05	7.85	-4.13	-6.79	6.91
-1.4	-9.04	-1.51	-2.48	-.80	6.35
-.71	-1.29	3.78	4.13	-3.2	5.5
2.8	-3.23	0	-7.43	.80	5.13
1.42	-12.29	-3.02	3.30	1.2	5
7.80	-5.92	-6.34	3.30	4.39	4
11.34	-.65	1.51	-1.65	-2.80	4
4.25	-5.17	-1.81	-2.48	-4.80	4
0	-4.53	1.21	-2.48	-4.80	3.71
2.13	-1.94	-6.04	.83	1.2	3
-.71	-3.23	-.91	-1.65	-.40	2
0	-3.88	.91	-4.13	1.6	1

Research Question Four: Trauma-Informed Knowledge

Research Question four asked if TI-CCU participation increased educator knowledge of TI practices. Both quantitative and qualitative methods were used to explore these topics further. Quantitative results showed educator overall trauma knowledge increased from pre- *(m=29.14, SD = 4.46)* to a post-intervention *(m = 31.43, SD =1.82)*. A paired t-test showed insignificant results *(p > .05),* with a medium effect *(d = .69)*. The RCI score indicates 36% had a clinically significant increase and 7% a clinically significant decline in trauma knowledge scores. Of the remaining scores, 50% increased and 50% declined. A visual representation of *Effects of TI-CCU on Trauma Informed Knowledge* is provided in table 5.12.

Table 5.12

Effects of TI-CCU on Trauma Informed Knowledge

	Mean (SD) t1	Mean (SD) t2	p-value	Cohen's D
Overall Trauma Knowledge	29.14 (4.46)	31.43 (1.82)	.13	0.69 (medium)
Trauma Knowledge-(Relational)	8.786 (1.36)	9.21 (.80)	0.36	0.38 (small)
Trauma Knowledge-(Discipline)	9.57 (1.69)	10.36 (1.21)	0.1107	0.52 (medium)
Trauma Knowledge-(Educator Wellness)	8.42 (2.21)	10.07 (1.02)	0.01	1.27 (large)

Educators' relational trauma knowledge increased from pre *(m=8.78, SD = 1.36)* to post-intervention *(m = 9.21, SD =.80)*. A paired t-test showed insignificant results *(p > .05),* with a small effect size *(d = .38)*. The RCI score indicates 50% of participants had a clinically significant increase and 36% showed a clinically significant decline in overall relational trauma knowledge. Educators' trauma knowledge about discipline skills increased from pre-

(*m=9.57, SD = 1.69*) to post-intervention *(m = 10.36, SD =1.21).* A paired t-test showed insignificant results *(p > .05),* with a medium effect *(d = .52).* The RCI score indicates 36% of participants had a clinically significant increase and 7% had a clinically significant decline in discipline related trauma knowledge. Of the remaining non-clinically significant scores, 7% increased; *7%* decreased; and 43% remained the same. Educators' trauma knowledge regarding educator wellness skills increased from pre- (*m=8.42, SD = 2.21*) to post-intervention (*m = 10.07, SD =1.02*). A paired t-test showed significant results (*p = .01*), with a large effect (*d = 1.27*). The RCI score indicated that 50% of participants had clinically significant increase in trauma knowledge scores about educator wellness. Of the remaining non-clinically significant scores, 14% increased*,* 7% decreased*,* and 29% remained the same.

Research Question Five: Coping and Self-Efficacy

Research Question 5 aimed to answer if the TI-CCU intervention influenced educator coping and self-efficacy skills. A visual representation of *Effects of TI-CCU on Coping and Self-Efficacy Skills* is provided in table 5.13.

Coping

Teacher coping was measured using The Brief COPE Inventory depleting three categories incorporating emotional, avoidant, and problem-focused coping skills. Educators emotional coping skills increased from pre- (*m=24.36, SD = 5.04*) to post-intervention (*m = 25.07, SD =3.81*). A paired t-test showed insignificant results (*p > .05*), with a negligible effect size (*d = .15*). Characterized by the aspects of venting, use of emotional support, humor, acceptance, self-blame, and religion, a high score indicates coping strategies aiming to regulate emotions associated with a stressful situation. Score ranges are not uniformly associated with psychological health but can be used to inform a wider formulation of a teacher's coping style. The RCI score indicated 21% of educators had clinically significant

increase and 29% had a clinically significant decline in emotional-based coping scores. Of the remaining non-significant scores, 21% increased and 21% declined.

Educators avoidant coping skills decreased significantly from pre- (*m=23.50, SD = 4.89*) to post-intervention (*m = 16.07, SD = 2.20*). A paired t-test showed significant results (*p = .000*), with a large effect size *(d = 2.01)*. Characterized by aspects of self-distraction, denial, substance use, and behavioral disengagement, a high score indicates physical or cognitive efforts to disengage from a stressor and lower scores typically indicate adaptive coping. The RCI score indicated *71%* had a clinically significant decrease in avoidant coping skill scores, with an additional 21% also decreased.

Educator problem-focused coping skills decreased from pre- (*m=22.0, SD = 4.21*) to post-intervention (m = 20.79, SD =3.14). A paired t-test showed insignificant results (p > .05), with small effect (*d = .31*). Characterized by active coping, informational support, planning, and positive reframing, a high score indicates strategies aimed to change a stressful situation and is indicative of psychological strength, grit, and positive outcomes. The RCI score indicated 21% of participants had clinically significant increase and *7%* had a clinically significant decline in problem focused coping skills. Of the remaining non-clinically significant scores, 21% increased and 36% declined.

Self-Efficacy

Participant Self-Efficacy was measured using the Teachers' Sense of Efficacy Scale (TSES), divided in 3 subscales including student engagement, instructional strategies, and classroom management, as indicated by measure protocol. In this study, educators' self-efficacy regarding student engagement decreased from pre- (*m=28.29, SD = 4.25*) to post-intervention (*m = 23.93, SD = 6.03*). A paired t-test showed significant results (*p = .03*), with a large effect size (*d = .84*). RCI score indicated 14% of participants had clinically significant

increase and 64% showed a clinically significant decline in self-efficacy score for student engagement. Of remaining non-clinically significant scores, 7% increased and 14% declined.

Educators Self-Efficacy of instructional strategies increased from pre- *(m=23.79, SD = 4.10)* to post intervention *(m = 24.21, SD = 5.78)*. A paired t-test showed insignificant results *(p > .05),* with a negligible effect *(d = .08)*. The RCI score indicated 21% of participants had clinically significant increase and *36%* had clinically significant decline in overall self-efficacy regarding instructional strategies. Of the remaining non-clinically significant scores, 36% increased.

Educators' self-efficacy regarding classroom management, increased from pre- (*m=24.86, SD = 4.18*) to post-intervention (*m = 27.14, SD = 6.09*). A paired t-test showed insignificant results (*p > .05*), with a small effect size (*d = .41*). The RCI score indicated 57% of educators had a clinically significant increase and *21%* had a clinically significant decline in overall scores about self-efficacy of classroom management. Of the remaining non-clinically significant scores, 14% increased.

Table 5.13

Effects of TI-CCU on Coping and Self-Efficacy Skills

	Mean (SD) t1	Mean (SD) t2	p-value	Cohen's D
Coping Skills (Emotional)	24.36 (5.04)	25.07 (3.81)	0.67	0.15 (negligible)
Coping Skills (Avoidant)	23.50 (4.89)	16.07 (2.20)	0.000	2.01 (large)
Coping Skills (Problem Focused)	22.00 (4.21)	20.79 (3.14)	0.13	0.31 (small)
Self-Efficacy (Stu. Engagement)	28.29 (3.96)	23.93 (6.03)	0.03	0.84 (large)
Self-Efficacy (Instr. Strategies)	23.79 (4.10)	24.21 (5.78)	0.77	0.09 (negligible)
Self-Efficacy (Class Management)	24.86 (4.18)	27.14 (6.09)	0.11	0.41 (small)

Research Question Six: Educator Stress and Burnout

Research Question 6 aimed to answer_whether the TI-CCU Intervention has effect reducing educator stress and burnout associated with working amid trauma exposed students. Educator stress decreased from pre- (*m=29.50, SD = 3.83*) to a post-intervention (*m = 27.86, SD = 5.14*). A paired t-test showed insignificant results ($p > .05$), with a small effect ($d = .35$). The RCI score indicated 50% of educators had a clinically significant decrease and *21%* had a clinically significant increase in stress scores. Of the remaining, all *21%* showed decreased stress. Educator burnout decreased from pre- (*m=29.64, SD = 7.92*) to post-intervention (*m = 26.36, SD = 7.06*). A paired t-test showed insignificant results ($p > .05$), with a small effect ($d = .43$). The RCI score indicated 43% of educators had a clinically significant decrease and *7%* a clinically significant increase in burnout scores. A visual representation of *Effects of TI-CCU on Educator Stress and Burnout* provided in table 5.14.

Table 5.14

Effects of TI-CCU on Educator Stress and Burnout at Work

	Mean (SD) t1	Mean (SD) t2	P-value	Cohen's D
Total Stress	29.50 (3.83)	27.86 (5.14)	0.15	0.35 (small)
Total Burnout	29.64 (7.92)	26.36 (7.06)	0.14	0.43 (small)

Basic Work Satisfaction

Basic satisfaction at work was measured and divided into three categories: including relatedness, competence, and autonomy. This measure linked to educator burnout and the proposed study theory. Overall satisfaction at work decreased from pre- *(m=98.86, SD = 10.93)* to post-intervention *(m = 92.86, SD = 16.45).* A paired t-test showed insignificant results *($p > .05$),* with a small effect size *($d = .40$).* The RCI score indicated *29%* of educators showed a clinically significant increase and *57%* showed a clinically significant decline in

scores regarding basic satisfaction at work. Of the remaining non-clinically significant scores, 7% increased and 7% decreased. A visual representation of *Effects of TI-CCU on Educator Basic Satisfaction at Work* is provided in table 5.15.

Table 5.15

Effects of TI-CCU on Educator Basic Satisfaction at Work

	Mean (SD) t1	Mean (SD) t2	P-value	Cohen's D
Total Basic Satisfaction	98.86 (10.93)	92.86 (16.45)	0.10	0.40 (small)
Satisfaction (Relatedness)	37.14 (6.80)	37.79 (9.71)	.000	0.07 (negligible)
Satisfaction (Competence)	29.50 (4.94)	27.36 (3.58)	0.14	0.49 (small)
Satisfaction (Autonomy)	32.21 (4.22)	27.43 (6.85)	0.02	0.82 (large)

Basic satisfaction regarding relatedness increased from pre- (*m=37.14, SD = 6.80*) to post-intervention (*m = 37.79, SD = 9.71*). A paired t-test showed significant results (*p = .000*), with a negligible effect size (*d = .07*). The RCI score indicated 36% of participants had clinically significant increase and *21%* had clinically significant decline in overall basic satisfaction at work with relatedness. Of the remaining non-clinically significant scores, 14% increased and 7% decreased.

Basic satisfaction regarding competence decreased from pre- (*m=29.50, SD = 4.94*) to post-intervention (*m = 27.36, SD = 3.58*). A paired t-test showed non-significant results (*p > .05*), with a small effect size *(d = .49*). The RCI score indicated 21% of educators had a clinically significant increase and *64%* had a clinically significant decline in basic satisfaction at work with competence. Of the remaining non-clinically significant scores, 7% increased and *7%* stayed the same.

Basic Work Satisfaction of Autonomy significantly decreased from pre- *(m=32.21, SD = 4.22)* to post-intervention *(m = 27.43, SD = 6.85)*. A paired t-test showed significant results *(p = .02),* and a large effect size *(d = .82)*. The RCI score indicated 7% of participating educator had a clinically significant increase and *64%* had a clinically significant decline in basic satisfaction at work with autonomy. Of the remaining non-clinically significant scores, 14% both increased and decreased.

Chapter five summarized participants demographics and described analytic findings. The next chapter, Chapter 6, will include discussion of these research findings and implications to social work practice, policy, and research.

Chapter 6

Discussion

The purpose of this study was to assess the effectiveness and feasibility of a newly developed intervention, *the Trauma-Informed Classroom Check-Up (TI-CCU)*, aimed at increasing educators' awareness and skills in trauma-informed (TI) practices. Specifically, the TI-CCU targeted educators trauma knowledge, coping skills, self-efficacy, stress, and burnout, using a combined approach of web-based curriculum and in-person group coaching sessions. This study is significant for two reasons, the first being the need to address such a critical area in education. Research has documented the high occurrence of trauma in students and its influence on their behavior, academic performance, and overall well-being. With a drastic increase in students reporting mental health concerns after the pandemic in 2020, plus shortages of school-based supports, there is a great need to validate and implement evidence-based TI training and supports. Educators require adequate resources to navigate the complex needs associated with trauma-responsive behaviors and maintain their own well-being. By equipping educators with skills to recognize and respond to trauma in both their students and themselves, the TI-CCU has potential to reduce the high stress and burnout experienced by teachers. This subsequently improves student learning conditions, especially for those who have experienced trauma. To recap, this study was specifically interested in learning about educator trauma experiences; determine the feasibility and acceptability of the TI-CCU intervention; along with fidelity levels needed for strong implementation. Additionally, despite the underpowered sample size, a preliminary look was given to the potential impact of the TI-CCU intervention of TI knowledge and strategies; coping skills; self-efficacy; educator stress and burnout levels.

Educator Experiences with Trauma Behaviors

The present study results indicate a high occurrence of students within tiers 2 and 3 programing who are experiencing trauma and displaying trauma responsive behaviors, as similarly noted by current literature (NCES, 2022; Anderson et al, 2022; Karbasi et al, 2022). Despite having little to some training, participating educators are dealing with behaviors regularly in their classrooms and often with inadequate resources and minimal support. Qualitative findings highlighted teacher high occurrence with trauma experiences in the classroom which underscores the existing literature emphasizing increased prevalence since COVID-19 exacerbating mental health concerns (NCES, 2022; Racine et al., 2021), economic challenges for many families (Andrade et al., 2022), and educational equity issues (Correia, 2020). This is further supported by data showing 76% of schools reporting increased staff concerns with students exhibiting symptoms such as depression, anxiety, and trauma, and 69% percent of public schools reporting increased percentages of students seeking mental health services at school since the COVID-19 onset (Cullenet al., 2020).

Trauma can impact anyone (i.e. regular and special education) not just a particular subgroup at school. However, as noted in other research (Abrams & Szefler, 2020; Yancy, 2020; CDC, 2022), disproportionate effects occur with minoritized students and those receiving special education services. Along with community and domestic trauma, several educators commented students being impacted by school trauma and made efforts to protect them from these experiences. Educators provide extra resources and supports to students in need, recognizing the impacts of trauma and need for additional resources and/or social-emotional supports in school. These teachers may find community resources to help meet student's needs, but often educators are spending money from their personal budgets to student needs. It is important we consider how bearing witness to trauma may impact educators and ultimately provide resources and supports

Participating educators shared ideas to raise community awareness about trauma in educational systems. Educators do not feel understood and believe people don't comprehend the impacts of trauma within schools. Educators indicated the community needs to understand the importance of TI and social-emotional approaches within the schools. Students' needs are not always met within their home and/or community, so focusing on the whole child and including additional provisions will promote academic success and overall well-being for students in need. Participants also highlighted topics educators and administration should know to promote healthy school environments, student well-being and academic success, including the acknowledgement of school-based trauma. The relationship between educators, students and their families are transactional (Jimenez et al, 2021; Sutherland, 2005), and an educator's actions can further trigger school-based trauma experienced by students and often their families. With the goal of not re-triggering students who have experienced trauma (SAMHSA, 2022), educators must have training and coaching, such as the TI-CCU to promote healthy classroom and school communities.

Educator Experiences with Personal and/or Secondary Trauma

The study also clarified educator experiences with personal and/or secondary trauma, with participating educators indicating a range of adverse childhood experiences. Importantly, nearly half of participating educators (49%) indicated an ACE score of 4 or higher, which previous research has linked to increased risk for negative outcomes, including mental and physical health problems, substance abuse and criminal justice involvement (Felitti, et al, 1998; Van der Kolk, 2005). Additionally, 65% of the educators indicated they somewhat or strongly agreed they had traumatic experiences as an adult that impacted their thoughts, feelings and behaviors at home and school. It is essential we recognize and support educator overall wellness, subsequently stimulating improved student academic and

social-emotional outcomes (Herman et al, 2020; Brunzell, et al, 2022) as well as a reduction of educator stress levels, burnout symptoms, and educator shortages/turnover (Brouwers & Tomic, 2000; Thornton et al, 2007; Christian-Brandt et al, 2020).

Participating educators reported experiencing secondary stress symptoms similar to those conveyed in previous research (Lawson et al., 2019; Skaalvik & Skaalivik, 2015; You & Conley, 2015; Christian-Brandt et al, 2020), including heightened emotions; feeling minimized or that their experiences regarding trauma are dismissed; hypervigilance; feeling overworked; having reoccurring thoughts about a difficult incident; taking frustration out on others or themselves; and disconnection. In a system already plagued by teacher fatigue and shortages, interventions such as the TI-CCU are necessary to reduce educator stress symptoms, improve coping skills, and increase supports in efforts of promoting educator wellness and retention.

Educators also shared about the coping techniques they use offset the effects of personal and/or secondary stress symptoms. Notably, the TI-CCU intervention promotes use of these healthy techniques. Most commonly noted, educators made efforts to compartmentalize between work and home in efforts to promote their overall wellbeing. Educators talked with others inside and outside of work to promote their wellbeing. Teachers also used humor; set boundaries and increased exercise to offset the negative effects of secondary stress and promote overall wellness. Training and coaching intervention, such as the TI-CCU can help teaching educator's trauma-informed strategies to increase their own wellbeing through decreased levels of compassion fatigue and secondary trauma stress symptoms (Christian-Brandt et al., 2020; Peterson, 2019)

Current Supports

Educators need adequate resources and supports to provide optimal education. Although administrative support is critical, educators highlighted the nuances that occur within educational systems. Educators are sometimes weary to ask for help, concerned it comes off as weakness. Similar to existing research (McCarthy et al., 2016), educators outlined a roadmap to adequate support, including increased backings for educators within the community, school building, district administration, and policy level. Complementing previous research (Lane et al., 2021; Dicke et al., 2022)., this study noted not only are teachers exhausted, but administrators are too. As suggested by participants, the TI-CCU could also be utilized with administrators to provide a different level of training and coaching support at building and district level to promote their own well-being as well as healthy trauma-informed schools. Finally, educators in the TI-CCU study highlighted the known demand for adequate resources within our educational systems, including adequate training and support staff along with more explicit training in college regarding trauma informed services and educator self-care and wellness (Rose & Gallup, 2005; Reinke et al, 2011; Alisic, 2012).

Feasibility and Acceptability of TI-CCU

We were interested in understanding educators' impressions of the TI-CCU intervention. Post-survey and focus-group data indicate seemingly positive feedback from participants regarding feasibility and acceptability of the TI-CCU intervention. Educators reported feeling that the intervention and its associated components were both important and effective, stating it was successful in improving their knowledge of TI practices. Educators noted appreciation for receiving strategies to address their own wellness needs. They valued the autonomy provided with the online lessons, noting them as self-paced and a strength of the program. The majority of educators (78%) expressed confidence in

implementing the strategies discussed post-intervention. Furthermore, the coaching, highlighted in the literature repeatedly as an effective method for enhancing classroom management skills (Denton & Hasbrouck, 2009), was positively received by educators.

While the TI-CCU intervention received high praise from educators, there were also some noted areas for improvement to enhance feasibility, including the need to address educators' time constraints and modifications to training content. Educators noted potential intrusiveness, reflecting a need to spotlight privacy and confidentiality in future TI-CCU development. Additionally, finding ways to modify online modules to accommodate educators limited work-day flexibility, as some found it challenging to access lessons as desired. Other suggestions for improvement included those related to the trauma-informed learning content (i.e., incorporating voice-over lessons, additional classroom example videos), as well as practical adjustments (i.e., progress monitoring tools, shorted and simplified pre-survey). Educators requested more support-related resources (i.e., continued coaching, administrator involvement, mentorship opportunities). Collaboration between educators, ongoing feedback, and iterative refinement of the TI -CCU are vital to ensure effectiveness and acceptability in practice. Study findings highlight the significance of incorporating educators' perspectives and feedback in the development. Most importantly, the consideration of educators' perspectives and suggestions for improvement, related to the TI-CCU, allow it to be tailored to their diverse needs and further enhance educators' capacity to support trauma-impacted students.

Fidelity of TI-CCU

Results from Research Question Three demonstrate the TI-CCU can be implemented with acceptable levels of fidelity as noted by several measures collected throughout the study. Course website data showed that 28% of educators completed the

lessons to expected fidelity or above, with two educators (14%) completing 100% of the online lessons. However, it is also important to note that 71% of educators completed less than 20% of the online lessons. These educators did participate in live training and coaching sessions but did not utilize the online platform to fidelity expectations. This is particularly curious, given teachers reported satisfaction with the content and request for continued curriculum access. One explanation for these outcomes may be the lack of time and attention educators feel they have to dedicate to additional tasks, as noted during focus group conversations in addition to possible social desirability factors. Results from coaching logs showed most participants averaged nearly three hours of direct training and coaching support. With all educators participating in every aspect of the intervention, and noting zero percent attrition, the TI-CCU intervention had strong participation promoted by administration. The various fidelity measures show the TI-CCU intervention can be delivered with acceptable levels of fidelity. Efforts to improve web-based lessons through the barriers and suggestions discovered throughout the TI-CCU intervention will improve future fidelity outcomes. Given the small number of studies with fidelity-related data in research design and reported findings (Durlak & Dupree, 2008), this study provides a unique contribution to literature and serves to operationalize fidelity-related outcomes for positive replication studies of similar vein.

Trauma-Informed Knowledge

Educator training in TI knowledge and strategies is critical as educators find working with students exhibiting trauma responsive behaviors challenging (Souers, 2018) and do not feel competent to handle disruptive behaviors, believing they lack knowledge and skills necessary for student mental health needs (Alisic, 2012). Educators may not understand trauma; know their roles, responsibilities, and available supports; or feel comfortable

delivering TI practices (Perry & Daniels, 2016). Professional development training aims to increase knowledge and awareness about trauma along with generating attitudes, beliefs, and behaviors conducive to a system-wide TI approach (Brown et al, 2012; Lizzio & Wilson, 2004; SAMHSA, 2022). Results from Research Question Four demonstrate educator TI knowledge increased within each TI-CCU module (i.e. Relationship Skills; Discipline Strategies; and Educator Wellness). It is important to note the effect size estimates associated with TI-CCU are derived from an inadequately powered study, as the main purpose of this study was to measure feasibility and acceptability. Despite an underpowered sample size, results indicate a statistically significant impact on educator trauma-knowledge of wellness, and notable effect sizes and clinically significant outcomes in relational, discipline trauma knowledge.

The current study suggests the TI-CCU is correlated with moderate effects increasing overall trauma knowledge (ES = .69), with a clinically significant increase in scores for over one third (36%) of participants. When breaking results into the three main levers of the TI-CCU intervention, results showed small increase in TI knowledge of relational skills (ES = .36); with 50% of educators achieving clinically significant increase in scores. Results showed a moderate increase of TI knowledge related to discipline strategies (ES = .52); with 36% of educators showing a clinically significant increase. Results showed a large increase (ES = 1.27) of TI knowledge regarding educator wellness; with a clinically significant increase in 50% of study participants.

Educator Coping and Self-Efficacy

Again, noting effect size estimates associated with TI-CCU are derived from an inadequately powered study mainly measuring feasibility and acceptability, results from Research Question Five show the TI-CCU intervention has varying degrees of effect on

coping and self-efficacy skills. Coping with stress reveals the complex ways an individual handles the environment or distressing situations, including behavior and emotions evoked (Lazarus & Folkman, 1984). The TI-CCU intervention had a range of effects on educators' coping and self-efficacy skills, providing insight into the current study's impact and future directions for TI-CCU refinement. The TI-CCU intervention showed a positive effect on educator coping skills for two of the three coping skills categories. Of participants, 42% had improved emotional-based coping, with 21% exhibiting a clinically significant increase. Twenty-nine percent of participants had a significant decrease in relational coping. While we anticipated the intervention having an opposite effect, the presence of high or low coping scores are not always linked consistently to psychological wellbeing, but more helpful for informing interpretation of coping styles (Carver, 1997). Intervention effects on problem-focused coping showed mixed results. Of participating educators, 21% showed increases, 7% showed a decrease in problem focused coping skills (1{7%}; ES = .31). Higher scores in this area are preferred, suggesting educator coping strategies are aimed at changing the stressful situation (i.e., problem-solving), and indicative of psychological grit and positive outcomes. (Carver, 1997). While there were mixed results in this area, it's likely added external job-related stressors impacted educators to feel as though they have little control or lack the knowledge and skills to problem solve effectively. These findings are not unlike other studies showing similar outcomes (Bandura, 1997; Cohen et al, 2021). Markedly, the TI-CCU intervention exhibited a statistically significant effect ($p = .000$) on reducing avoidant coping skills, with large effects noted for 71% of educators (ES = 2.01). These results indicate intervention components had meaningful impact on educators' efforts to disengage from perceived stressors and use adaptive coping skills (Carver, 1997). While generally, findings on educators' coping skills provides some evidence that the intervention

could potentially provide an effective means of improving educator coping, targeting educators' problem-focused coping will be important to consider in future studies, specifically, incorporating methods to better understand specific reasons associated with educators' responses to related measures.

Self-efficacy is conceptualized as the beliefs teachers have about their skills and abilities to create desirable outcomes for students (Ryan et al., 2015). The effects of the TI-CCU on educator self-efficacy varied. Follow-up data demonstrated 21% of educators displayed a clinically significant increases in self-efficacy of instructional strategies and 57% in classroom management strategies. Decreases were noted in self-efficacy for student engagement (ES = .84), with 64% of educators showing a decline in overall self-efficacy scores for student engagement and only 14% of showing a clinically significant increase. Differences in teacher reports of self-efficacy in instructional and classroom management strategies, versus student engagement, may be explained by a couple of things. First, the nature of the TI-CCU intervention involved more of a focus specifically on knowledge of trauma-informed practices, which providing educators with the necessary background information to better understand the nature of trauma-related concerns in themselves and students, as well as provide various evidence-based strategies useful to address classroom related issues. As the intervention length was relatively short and its content addressed foundational skills in trauma-informed practices, educators may have not had sufficient time to practice the learned strategies with students in their classrooms, and moreover, may not have had sufficient support to do so on their own (i.e., unutilized individual coaching/consultation), given the educators worked with students characterized as having more intensive needs. Another reason teacher efficacy in student engagement decreased, may be related to the multidimensional nature of student engagement (Ciric et al, 2016) and

educators understanding of related influential variables. Whether or not we can conclude the TI-CCU had a negative effect on educators' self-efficacy in student engagement is unknown, but given intervention outcomes, overall suggest positive experiences, this area warrants future investigation. Despite our initial hypothesis not being fully support, these findings are still promising, especially considering the TI-CCU's effects on educators' classroom management self-efficacy, as a hybrid delivery model, were consistent with findings of some in-person interventions (d = .41). Because student engagement is a common concern in schools, it is necessary to understand how TI interventions can better target this specific area in self-efficacy, so educators feel confident in their ability to provide safe, supportive, and engaging classroom environments.

Educator Stress, Burnout and Work Satisfaction

Perhaps most noteworthy are findings of TI-CCU participation having positive effects on reducing educator stress and burnout associated with working with trauma-exposed students, as measured at follow-up on associated scales. The current study suggests the TI-CCU is directly related to small positive effects on decreasing educator stress (ES = .35) and burnout (ES = .43). Half of participants showed statistically significant decreases in stress and 43% of participants had significantly reduced post-intervention burnout scores.

Educator burnout is at an all-time high. With increasing job demands and student needs, along with decreasing work and personal supports, schools nationwide struggle with keeping good teachers and filling needed positions. These findings alone, underscore the crucial need for school leaders and researchers to consider how newly proposed interventions and practices are perceived by teachers and affect their already high stress levels. To have an intervention that could potentially decrease nearly 75% of educators stress throughout the year would be incredibly impactful. Moreover, even small effects lessening

stress would likely benefit educators, as it may have a transferable effect on their well-being and positively impact students to some degree (Briner, et. al, 2007; Mclean et. al, 2015). Responsiveness to educators' experiences meaningfully improves job satisfaction (Skaalvik & Skaalivik, 2015), reduces attrition (Flores 2006) and burnout (RB-Banks and Meyer, 2017) all linked to student behavioral and academic outcomes (Herman et al, 2018). With the TI-CCU showing effect sizes consistent with other interventions targeting educator stress (d=.35; von der Embse, 2019) and burnout (d=.43; Iancu et al, 2017)), these results provide preliminary evidence the TI-CCU intervention could potentially be both a feasible and effective means of reducing educator stress and burnout.

To further gauge stress and burnout levels, educators completed ratings about their satisfaction at work. According to literature, engagement at work, specifically related to perceived levels of competence, autonomy, and relatedness, are closely linked to work-related stress and burnout in educators. When teachers feel competent in their abilities, have autonomy in decision-making and experience a sense of relatedness with their students and colleagues, they are more likely to be engaged at work and less likely to experience burnout. After participating in the TI-CCU intervention, educators' competence, autonomy, and relatedness scores appeared to worsen, rather than improve as initially expected. Specifically, 36% of educators showed significant increases, but 64% of educators showed significant decrease in competence and autonomy at follow up in their relatedness scores. Taking these outcomes into consideration alongside seemingly contradictory data from other measured study variables, this may suggest educators are facing increasing job demands and pressures negatively impacting their sense of competency and autonomy at work. Although results pertaining to the burnout scale note optimistic outcomes, it is important to discover if educators' lower levels of perceived ability to do their job and school connections, may

impact student outcomes and potentially undermine outcomes overtime. These findings may further explain the gap between reported satisfaction with the intervention content, and educators' actual completion rate with online course modules (see Fidelity).

Trauma-Informed Classroom Check-Up Strengths and Limitations

With effect sizes consistent with in-person intervention designs (d = .34-.47) and low attrition rates (0%), these results provide preliminary evidence the TI-CCU intervention can potentially provide an effective means of supporting teachers with trauma-informed knowledge and skills development along with promoting overall educator wellness.

Strengths

The *TI-CCU* Project had many strengths including adaptation using lessons learned from an evidence-based educator training and coaching intervention; valid and reliable measures utilized; high levels of feasibility and acceptability reported; selection of analysis approach; and several statistically and clinically significant intervention effects.

The Trauma-Informed Classroom Check-up (TI-CCU) was initially adapted from the Classroom Check-up (CCU) (Reinke, 2006; Reinke et al., 2008, 2011), an evidence-based consultation model successful in addressing classroom level support needs. The CCU is a web-based educator training and coaching program promoting effective classroom management skills. Lessons learned from CCU informed the development and measure of the TI-CCU, including how to structure an effective classroom intervention aiming to increase teacher implementation of classroom management strategies, (i.e. praise/behavior specific praise, and decreased reprimands) ultimately reducing disruptive behavior and improving student well-being (Reinke, 2009).

A high level of detail was given with the selected measures and only valid and reliable measures that demonstrated appropriate for project participants were selected for the pretest

and posttest measures. As such, internal reliability for the measures met or surpassed benchmark reporting for all measures utilized within the current study (Streiner, 2003). This attention to detail strengthened measurement-related effects of external validity for the current study (Davis, 2004).

The TI-CCU intervention proved to show high levels of feasibility and acceptability within the current study. Overall, educators found the goals of the TI-CCU intervention to be important, helpful, effective, and reasonable. Educators gave positive feedback regarding the TI-CCU feedback profile, lessons and coaching supports along with invaluable suggestions to help improve the TI-CCU intervention for future iterations of research. Educators completed the TI-CCU intervention with increased confidence in effectively implementing TI strategies. Due to the sensitive nature of personal trauma, and vulnerability admitting burnout and job satisfaction within the educational setting, it is of upmost importance to proceed intentionally with efforts to reassure and support participating educators in future TI-CCU intervention studies.

The selection of analysis approaches also has noted advantages in this mixed methods study. Tackling the issue of trauma within our schools from strong qualitative and quantitative methods helped bring dimension to the findings. In addition to traditional significance and effect sizes, the Reliable Change Index (RCI) was utilized to demonstrate how much, and in what direction each individual changed, and whether that change is reliable and clinically significant (Jacobson & Truax, 1991). Additionally, the study utilized a summative content analysis approach, allowing the researcher to determine quantitative counts within the qualitative findings (Hsieh & Shannon, 2005).

It has been well documented that Type II errors (failing to find statistically significant treatment effects when it actually occurred) often exist in research studies with

inadequately powered sample sizes (VanVoorhis & Morgan, 2007). Therefore, detected statistical significance within some targeted educator outcomes (i.e. trauma knowledge about educator wellness; decreases in avoidant coping skills) in the TI-CCU study were not anticipated. Despite the small sample size within the current study, effect sizes on numerous educator variables (i.e. increased knowledge of trauma concepts including relationship building and discipline strategies; self-efficacy of classroom management; stress and burnout levels) were also consistent or greater than in-person intervention designs ($d > .10$) (Cohen, 1969; Lipsey, 1998; Rosnow & Rosenthal, 2003).The RCI further supported significant findings, showing the TI-CCU intervention helpful to large proportions of participating educators demonstrating favorable short-term outcomes for project participants.

These effect sizes in addition to the high feasibility and low attrition rates (0%), provide preliminary evidence that the use of the TI-CCU intervention can provide an effective means of supporting teachers with trauma-informed knowledge and skills development along with promoting overall educator wellness. The initial findings of the current study, although limited in their ability to prove causation (Davis, 2004), do indicate a relationship between the intervention and the pre- to post-survey improvements of project participants (Davis, 2003) worth further exploration. Given the aforementioned attention to fidelity-operationalization, these findings further justify the proposition towards the replication of future similar studies.

Limitations

There were several limitations present within the research design of the current study. Due to the research design, the *TI-CCU* allowed for threats to internal and external validity including purposeful sampling strategy; lack of control group; data collection at only

two time points; lack of randomization, vulnerability to testing error; and an inadequately powered sample size.

One limitation of the study is that a purposeful (convenience) sampling strategy was used. Researchers specifically wanted to hear from educators who were providing the most intensive services with highly trauma-responsive students. Although this allowed for a rich base of feedback from experienced teachers providing intensive services, data collected may differ from the 'average' teacher and is not generalizable. It became apparent from study results that the TI-CCU intervention is not only helpful for special educators, but would also be helpful for administrators, regular administrators, paras, and pre-service educators.

The current study included only two time points. To assess the true impact associated with the TI-CCU intervention, a longitudinal design and multiple waves of data collection would add rigor to future study findings. Such a design would control for history effects, accounting for specific events which occur between the two measurements (Shaddish et al., 2006) and strengthen the understanding of whether the TI-CCU training and coaching intervention improves the long-term educator outcomes. Additionally, the lack of control group or randomization led to threats in internal validity: including selection bias or not accurately reflecting the target population; maturation through natural processes over time; and history giving threat to other events impacting treatment outcomes (Davis, 2004). It is important to note, maturation and history threats may be opposite in this study, due to increasing levels of teachers stress and burnout levels over time.

Additionally, the study was vulnerable to testing error, as many of the same questions were used at both the pre- and post-survey timepoints. Participants received an individualized feedback profile discussing results from the pre-survey, recommending various TI-CCU modules and lessons. The act of measuring the dependent variable during

the pretest and discussing it, could have potentially affected the participants responses at posttest. As this is a feasibility study, these identified threats are not anticipated to significantly hinder final outcomes.

Finally, the TI-CCU Project's underpowered sample led to possible normality violations within the distribution of results and impacted generalizability of the findings (Davis, 2004). Limited sample size prevented the ability to draw any definitive conclusions regarding program attrition rates according to demographic group. It is hopeful this study can be replicated in the future allowing data to be aggregated into the original cohort's data, to produce generalizable outcomes.

Implications for Practice, Policy, and Research

Multiple strengths were prominent regarding the TI-CCU research study, with educators noting intervention feasibility; acceptable fidelity and evidence of numerous favorable outcomes promoting TI services and educator well-being, despite an underpowered study, As noted, there were also several limitations existing within the research design of the study. With these project results articulated, the next section will review the robust and straightforward implications for future practice, policy, and research.

Practice

Elevating educator well-being within the educational setting is desperately needed. This role is well-suited for social workers, using evidence-based intervention. Promoting educator wellness using training and increased supports with the TI-CCU intervention, endorses educator recognition and well-being (Christian-Brandt et al., 2020; Peterson, 2019)) impacts student academic outcomes (Slater & Main, 2020, Reinke et al, 2011); and behaviors (Affandi et al, 2020; Reinke et al, 2011; Zulkifli et al., 2019); ultimately promoting teacher retention (Jennings & Greenberg, 2009).

It is important to conceptualize educator stress and coping as one piece to a larger puzzle. Educators overall are not struggling with stress due to ineffective coping strategies, but instead due to systematic problems. Theories of teacher stress emphasize widespread sources of stress influencing teacher outcomes including low pay, high-stakes testing, administrative demands, and limited behavioral supports (von der Embse et al, 2016). Improving educator coping may be beneficial for reducing the intensity of stress enough for teachers to get by, but until working conditions are improved, coping skills only go so far in improving teacher and student outcomes.

Policy

Future advocacy opportunities present themselves from TI-CCU study results. As previously known, educators critically need adequate resources and support to do their job effectively over time. Future commitment to raise awareness and educator provisions in policies focusing on providing TI services and supports to students and educators is declared. Educators noted desire to count TI-CCU training and coaching as part of their district PD expectations. Although much of this training was completed in-person during designated PD time, educators expressed desire to complete TI-CCU lessons as required PD time. Researchers are now better equipped with data to advocate for providing the intervention, including lessons, during designated PD opportunities.

Research

There is a noted lack of evidence-based interventions for educators that train and support for trauma-informed services in schools. This study indicates the TI-CCU exhibits robust feasibility, acceptability, and fidelity with educators. Additionally, results from the TI-CCU study point to potential educator effects on outcomes including trauma-informed knowledge; coping and self-efficacy skills; along with stress and burnout levels. Noted

suggestions to improve the TI-CCU intervention, such as improving the website component and some supplemental materials, are also noted and valued information to inform the next iteration of TI-CCU intervention research. With further research, the TI-CCU gets closer to filling this void providing a trauma-informed evidence-based intervention for educators and other adults within the educational system.

Conclusion

Students and educators are being impacted by trauma more than ever, due to issues such as community violence and COVID-19 (Cohen et. al, 2006; Taylor et al, 2012). With the high occurrence of trauma impacting our schools and communities, it is critical we act. Educator stress and trauma exposure can lead to disengagement, a decline in motivation and work performance, increased mental health symptoms (Lawson et al., 2019); and high turnover from the profession (Skaalvik & Skaalivik, 2015; You & Conley, 2015. Christian-Brandt et al, 2020). Despite soaring levels of stress, secondary trauma, and burnout due to the complex, wicked issues faced within educational systems, adequate support, training, and resources have been lacking (Blaustein & Kinniburgh., 2010; Borntrager et al., 2012; Hydon et al., 2015; McCarthy et al., 2016). However, teachers who are trauma-informed have shown decreased levels of compassion fatigue and secondary trauma stress symptoms (Christian-Brandt et al., 2020; Peterson, 2019), proving benefits to providing the TI-CCU intervention to pre-service and experienced teachers, including helping educators work with difficult trauma-responsive classroom behaviors. Moreover, the high frequency and known effects of STS make it crucial to pay particular attention to educator wellness.

Implications within the current study are evident. There is a high prevalence of trauma within our schools and educators need sufficient supports. Educators found the TI-CCU to be feasible and acceptable, with the ability to implement the intervention with

fidelity. Despite a notably underpowered study, the (TI-CCU) does have significant impact on numerous educator variables including TI knowledge (i.e. relationship building, discipline strategies, and educator wellness); coping; self-efficacy; educator stress; and burnout. The improvement of these variables is not only beneficial to overall educator wellness (Christian-Brandt et al., 2020; Peterson, 2019),) and retention (Skaalvik & Skaalivik, 2015; You & Conley, 2015. Christian-Brandt et al, 2020), but also student academic outcomes and overall success (Good et all, 2009; Slater & Main, 2020, Reinke et al, 2011). Given the detrimental and potentially long-term effects of trauma and stress on students and educators, along with the benefits of promoting educator wellness, the value of and need for a training and coaching program are clear. Continued replication studies to evaluate educator experiences with the TI-CCU intervention will help solidify it as a much-needed trauma-informed evidence-based intervention for educators.

Ultimately, despite longstanding acknowledgment that educator wellbeing matters, safeguarding it has been subpar (Day & Gu, 2009; Farmer & Stevenson, 2017; Gray et al, 2017; Kidger et al., 2016). The TI-CCU intervention is paying particular attention to the following question, stepping up and answering this call. "Who's caring for the caretakers in schools?"

Appendix G:

TI-CCU Guided Action Plan, Feedback Profile Sample, & snapshot of the resource website

TI-CCU Teacher Action Plan

The TI-CCU educates about Trauma-Informed Strategies including Relationship Building, Discipline Strategies, and Educator Wellness. Rank the order of importance and/or your comfort.

1. _____
2. _____
3. _____

Which of these Trauma-Informed Strategies (i.e. Relationship Building, Discipline Strategies, and Educator Wellness) do you do well?

_____

_____

Which Trauma-Informed Strategies (i.e. Relationship Building, Discipline Strategies, and Personal Self-Care) could you improve upon?

_____

_____

How important is it for you to improve theses area(s)?

(Least important) 1 2 3 4 5 6 7 8 9 10 (Most Important)

Why is it important?

_____

_____

What additional resources do you need to implement TI-CCU strategies successfully and consistently? Please remember you can get consultation throughout the TI-CCU study. Contact Researcher (Tanya Weigand at tww79b@umsystem.edu) for additional support and/or technical assistance to implement these trauma-informed strategies.

_____

_____

Congrats! You are all set to begin!

We know that teaching is a very challenging profession. We also know that YOU are making a difference every single day with the students in your classroom. We hope that you can use the information provided here to further strengthen what you are already doing to support your students along with making it a priority to take care of yourself! You are worth it!

Please use the following form to document your work with the TI-CCU Intervention. The first step is to mark which of the TI-CCU Lessons were recommended to you on your individualized TI-CCU Feedback Profile. Next, you can choose to utilize only the TI-CCU Lessons that were recommended to you or choose from additional lessons increase your knowledge. Use the form to document the date you complete each of the lessons you choose. Finally, you can use this form to document any thoughts you had about the lesson and/or feedback you would like to give to help improve the TI-CCU intervention for the future.

Lessons	**Recommended in Feedback Profile**	**Date Lesson Completed**	**Any thoughts/feedback about the lesson**
Relationship Building:			
Lesson 1: Promoting Safety & Trustworthiness			
Lesson 2: Relationship Building			
Lesson 3: Intentional Communication			
Lesson 4: Inclusive Collaboration			
Discipline Strategies:			
Lesson 5: Understanding Trauma & the Brain			

Lesson 6: Using Restorative Discipline Strategies			
Lesson 7: Improve Positive to Negative Ratio (8:1)			
Lesson 8: Teaching Self-Regulation Skills			
Lesson 9: What to do during a crisis			
Educator Wellness:			
Lesson 10: Awareness of Secondary Trauma Impact on Educators			
Lesson 11: Strengthening Support Systems			
Lesson 12: Strategies to Promote Personal Wellness using Dimensions of Wellness			
Lesson 13: Teaching and Normalizing Self-Regulation			
Lesson 14: Practicing our OWN Self-Regulation Strategies			

Next, stop and rate how ready you are to implement these strategies!

How ready are you to implement trauma-informed strategies?

(Not Ready) 1 2 3 4 5 6 7 8 9 10 (Very Ready)

What gives you confidence about achieving your goal?

_____

_____

_____

Finally, rate your confidence in implementing these strategies!

How confident are you that you can implement trauma-informed strategies?

(Not Confident) 1 2 3 4 5 6 7 8 9 10 (Very Confident)

What gives you confidence about achieving your goal?

_____

_____

_____

Thank you!

TI-CCU Feedback Profile

Teacher Name: SAMPLE PROFILE* **Date:** October 18, 2023

Thank you for completing the TI-CCU study survey! An individualized profile has been created for you, based on your responses, reflecting your attitudes, knowledge and comfort providing trauma-informed services in the following areas, along with your current stress levels, coping skills and overall wellness.

1. Trauma Knowledge
2. Stress
3. Burnout
4. Coping Skills
5. Self-Efficacy

For each area, you will find 1) your score, calculated using your responses to corresponding items, 2) a description based on your score range, and 3) access to TI-CCU lessons and strategies helpful to improve your trauma-informed knowledge, skills, and overall wellbeing. Areas shown in green indicate strengths, while those in yellow suggest potential concerns, and red indicate areas of needed improvement

1-Trauma-Informed Knowledge

This domain represents a teacher's level of understanding regarding trauma-informed strategies within vital domains (i.e. Relationship Building, Discipline Approaches and Educator Wellbeing) to address trauma-responsive behaviors and the effects of trauma in the classroom.

Your Score for Relationship Building Knowledge: 9 (Low Range)

- 0-9: Low Knowledge
- 10-20: Medium range
- 21-28: High range

Low: Your score fell in the **low** range for Knowledge of trauma-informed relationship building strategies. Your score in this area suggests having minimal experience with evidence-based trauma-informed interventions to understand their purpose or application. You may have not learned what "trauma-informed" is or have difficulty using them to effectively address behavior concerns. Teachers with low-range knowledge scores have found it helpful to both increase their basic understanding of trauma-informed strategies and practice implementing them in the classroom. If you are interested in learning more trauma-informed strategies, you can find them in TI-CCU Lessons 1-4. Based on your survey scores, Lessons 1, 2, and 3 are most recommended for you in this domain.

High: Your score fell in the **high** range for Knowledge of trauma-informed discipline approaches. Your score in this area suggests have experience with evidence-based trauma-informed interventions and understand their purpose or application. You have learned what "trauma-informed" is and use them to effectively address behavior concerns. Teachers with high-range knowledge scores have found it helpful to continue learning trauma-informed strategies and regularly implementing them in the classroom. If you are interested in learning more trauma-informed strategies, you can find them in TI-CCU Lessons 5-9. Based on your survey scores, Lesson 8 is most recommended for you in this domain.

Your Score for Knowledge of Educator Wellness: 10 (Medium Range)

Medium: Your score fell in the **medium** range for Knowledge of educator wellness to offset the negative effects of stress and trauma. Your score in this area suggests you may have some knowledge about stress resulting from the effects of trauma, may have some good supports and/or may have some successful self-care strategies that you currently utilize. Teachers with medium-range knowledge scores have found it helpful to both increase their basic understanding of the effects of trauma on educators, strategies to offset this stress, and practice promoting educator wellness. If you are interested in learning more trauma-informed strategies, you can find them in TI-CCU Lessons 10-14. Based on your survey scores, Lesson 10 and 12 are most recommended for you in this domain.

2. Stress

This domain represents a teacher's thoughts about their level of stress related to their job.

Your STRESS Score: 20 (Moderate Stress)

Scores ranging from 0-13 would be considered low stress. Scores ranging from 14-26 would be considered moderate stress. Scores ranging from 27-40 would be considered high perceived stress.

Medium: Your score fell in the **medium** range for Stress. This indicates you may be experiencing things at work causing you to be feeling stressed. You are not alone! Teaching is one of the most stressful occupations in the U.S. Dealing with significant classroom behavioral issues steaming from high levels of trauma exposure in students is a significant source of stress and must not be ignored. Secondary traumatic stress is the emotional pressure that results from hearing about the personal trauma experiences of another. It can result in symptoms similar to those of post-traumatic stress disorder (PTSD). Individuals affected by secondary stress may find themselves noticing reactions related to the indirect trauma exposure or even re-experiencing personal trauma. High levels of stress are affecting educator health and well-being, leading to teacher burnout, lack of engagement, job dissatisfaction, decreased performance, and significantly high turnover rates. Educators in medium range for stress tend to be at increased risk for physical and emotional well-being issues resulting from stress. You may already be using explicit strategies to promote

sufficient supports and self-care. but may benefit in learning more to promote your well-being. You can find ways to do this in TI-CCU Lessons 10-14. Based on your survey scores, Lesson 10 and 12 are most recommended for you in this domain.

3. Burnout

Burnout (or depressive anxiety syndrome): Testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, physical problems. For the MBI" exhaustion would be the key component of the syndrome". Unlike depression, the problems disappear outside work. This domain represents a teacher's thoughts about their level of burnout symptoms they are experiencing.

Your Burnout Score: 11 (Low Level Burnout)

- **Total 17 or less: Low-level burnout**
- **Total between 18 and 29: Moderate burnout**
- **Total over 30: High-level burnout----A high score may indicate burnout.**

Low: Your score fell in the low range of educator burnout. You are currently not experiencing significant burnout symptoms. Burnout emerges as a prolonged response to chronic stressors on the job, without sufficient coping skills and/or supports. This leads to emotional exhaustion, feeling ineffective, along with detached and/or cynical toward the job. Teaching is giving opportunities, ideas, knowledge, guidance, and support to students. This is difficult to do effectively if you are running on empty. Take care of your needs, balance your life for optimum health, and regularly check in on your own mental wellness. This is the best way to beat burnout. Teachers with low-range burnout scores are already using effective strategies to promote self-care and sufficient supports to ward of the wicked effects of trauma in the classroom. Explore these resources for more information in TI-CCU Lessons 10-14. Based on your survey scores, Lesson 10 and 12 are most recommended for you in this domain.

4. Coping Skills

This domain represents a teacher's thoughts about their level of understanding regarding healthy coping skills to address the stress and requirements of the teaching profession.

Your Coping Skills Score: 74 (Medium Range)

- Problem-Focused Coping: 27 (High level)

Characterized by the facets of active coping, use of informational support, planning, and positive reframing. A high score indicates coping strategies that are aimed at

changing the stressful situation. High scores are indicative of psychological strength, grit, a practical approach to problem solving and is predictive of positive outcomes.

2. Emotion-Focused Coping: 27 (High level)
Characterized by the facets of venting, use of emotional support, humor, acceptance, self-blame, and religion. A high score indicates coping strategies that are aiming to regulate emotions associated with the stressful situation. High or low scores are not uniformly associated with psychological health or ill health but can be used to inform a wider formulation of the respondent's coping styles.

3. Avoidant Coping: 20 (Medium Range)
Characterized by the facets of self-distraction, denial, substance use, and behavioral disengagement. A high score indicates physical or cognitive efforts to disengage from the stressor. Low scores are typically indicative of adaptive coping.

0-10: Low Coping Scores Indicate:
(A) Educator does not feel they have many stressors to cope with. For example, life is stress free.
(B) A lack of reflective capacity or resistance to disclose personal information.
(C) The educator does not have many coping skills. The three overarching coping styles are included in this assessment.
11-25: Medium range coping scores
26-32: High level coping scores

Medium: Your score fell in the **medium** range for Coping Skills. This indicates you may have some regular stressors and also some tactics you use to deal with stressful situation. Coping skills can help you tolerate, minimize, and deal with stressful situations in life. Managing your stress level well can help you feel better physically and psychologically, and it can impact your ability to perform your best. However, not all coping skills are equivalent. Sometimes, it is tempting to engage in strategies that will give quick relief but might create bigger problems for you down the road. Educators in mid-range for coping skills may have some established healthy coping skills to reduce emotional distress during stressful situations, but still benefit from learning more skills for self-care. You can find ways to do this in TI-CCU Lessons 1-14.

5-Self-Efficacy

This domain represents a teacher's thoughts about their ability to help students who are exhibiting trauma-responsive behaviors and successfully implement effective strategies in the classroom.

Your Score: 76 (Medium Range)

- Student Engagement: 23 (Medium Range)
- Instructional Strategies: 28 (High Range)
- Classroom Management: 25 (Medium Range)

Efficacy in Student Engagement: Items 2, 3, 4, 11 0-10: Low Efficacy 11-25: Medium range Self-efficacy 26-36: High range Self-	---------- **Average of Scores Ranges:** 0-30: Low Range Self-Efficacy 31-75: Medium Range 76-109: High Range Self-Efficacy ----------
Efficacy in Instructional Strategies: 5, 9, 10, 12 0-10: Low Efficacy 11-25: Medium range Self-efficacy 26-36: High range Self-efficacy	
Efficacy in Classroom Management: 1, 6, 7, 8 0-10: Low Efficacy 11-25: Medium range Self-efficacy 26-36: High range Self-efficacy	

Medium: Your score fell in the **medium** range for Self-Efficacy. This indicates that while you may feel successful in your ability to manage behavior at certain times, there are equally as many that have left you feeling like you had no clue what to do! Many teachers who score mid-range have strategies that they know can be effective, but when they encounter different groups of students, they find that these strategies no longer work as well. As a result, you may be experiencing inconsistency with the level of disruptive behavior in your classroom, at any given time. Many teachers in your position seem willing to try new strategies, thus benefit from resources aimed at increasing their knowledgebase of interventions and what make them effective. A teacher's score in Knowledge is often similar to their score in this area because the two operate simultaneously; as your knowledge about EBIs increase, you feel more confident using them in your classroom, which leads to increased efficacy! If you are interested in learning more trauma-informed strategies, you can find them in TI-CCU Lessons 1-14.

--Next Steps--

Now that you have received your TI-CCU Individualized Feedback Profile, the next step is deciding what you want to tackle first! The TI-CCU includes many great lessons designed to increase your awareness about the effects of trauma and necessary strategies and skills to promote student achievement AND educator wellness. You will have choice in which of these lessons you will access to continue your professional growth with trauma-informed practices, utilizing the corresponding TI-CCU Guided Action Plan.

In your responses, you indicated that you **have** experienced personal trauma, you **are** experiencing some difficult trauma responsive behaviors from students in your classroom, and you **are not** receiving as much support as you need. The TI-CCU Lessons and available coaching are created to help and support you. YOU ARE WORTH IT!

All the recommendations above and additional trauma-informed resources can be found at:

www.thebehaviorcafe.org

Course Overview

Welcome to the Trauma-Informed Classroom Check-Up, a comprehensive course designed to empower educators with the knowledge and skills needed to create a nurturing, supportive and resilient learning environment for both themselves and their students. The TI-CCU is an assessment-based training and coaching program aims to promote and support educators in providing trauma-informed services and their overall wellness.

TI-CCU Implementation Steps
Step 1: Pre-Intervention Educator Assessment Pre-Intervention Survey to assess educator knowledge, attitudes and skills related to trauma-informed practices along with teacher wellness.
Step 2: Feedback Coach provides individualized feedback using Pre-assessment findings by emailing individualized feedback profile to participant. Feedback includes identified teacher strengths and areas for improvement, visual representation of scores, and links to TI-CCU lesson recommendations. Educator provided a TI-CCU guided action plan template to identify relevant goals and outline TI strategies implemented
Step 3: TI-CCU Strategy Menu Coach provides access to all TI-CCU Intervention Modules, including recommended TI Intervention strategies. TI Modules include lessons about Relationship Building, Discipline Techniques, and Educator Wellness
Step 4: Implement Intervention(s) & Coaching Teacher chooses which of the TI-CCU trauma-informed interventions to implement. Coach provides ongoing support throughout the intervention with technical support and encouragement
Step 5: Post-Intervention Assessment Post-Intervention Survey and participation in a follow-up focus group

The TI-CCU courses are divided into three modules, each addressing key aspects of trauma-informed teaching, including Relationship Building, Discipline Strategies, and Educator Support & Wellness.

Module 1: Relationship Building

Overview: Building strong and meaningful relationships is the foundation of a successful and supportive learning environment. In this module, we will explore four essential strategies for building strong, positive relationships with your students:

- **Lesson 1: Encourage Safety and Trustworthiness:** Learn how to create a safe and trustworthy classroom atmosphere, laying the groundwork for a positive learning environment.
- **Lesson 2: Relationship Building:** Prioritize practices that establish genuine connections with students, cultivating mutual respect and understanding.
- **Lesson 3: Intentional Communication:** Develop effective communication techniques to strengthen bonds with students and create a supportive space for sharing.
- **Lesson 4: Inclusive Collaboration:** Embrace diversity and promote teamwork to foster a collaborative classroom community where all students feel valued.

Module 2: Discipline Strategies

Overview: In this section, educators will gain insights into the neurobiological effects of trauma, the Reptilian Brain and trauma responses (i.e. flight, fight, freeze or fawn). Educators will learn strategies to avoid power struggles during trauma responses and techniques to prepare the brain for success. The lessons include:

- **Lesson 5: Understanding Reptilian Brain:** Educators will explore the neurobiological effects of trauma, including the Reptilian Brain and trauma responses. Strategies to avoid ineffective power struggles and prime the brain for success will be discussed.
- **Lesson 6: Adopting Restorative Approaches:** Educators will learn about restorative discipline approaches, strategies, and skills.
- **Lesson 7: Improve Positive-to-Negative Ratio (8:1):** Educators will discover effective techniques to increase the positive to negative ratio of feedback, particularly beneficial when working with trauma-exposed students.
- **Lesson 8: Teach Self-Regulation:** Educators will acquire strategies to teach and normalize student self-regulation skills.
- **Lesson 9: Learn to Navigate a Trauma Crisis:** Educators will learn effective prevention techniques and strategies to use during various stages of a trauma-response crisis.

Module 3: Educator Support and Wellness

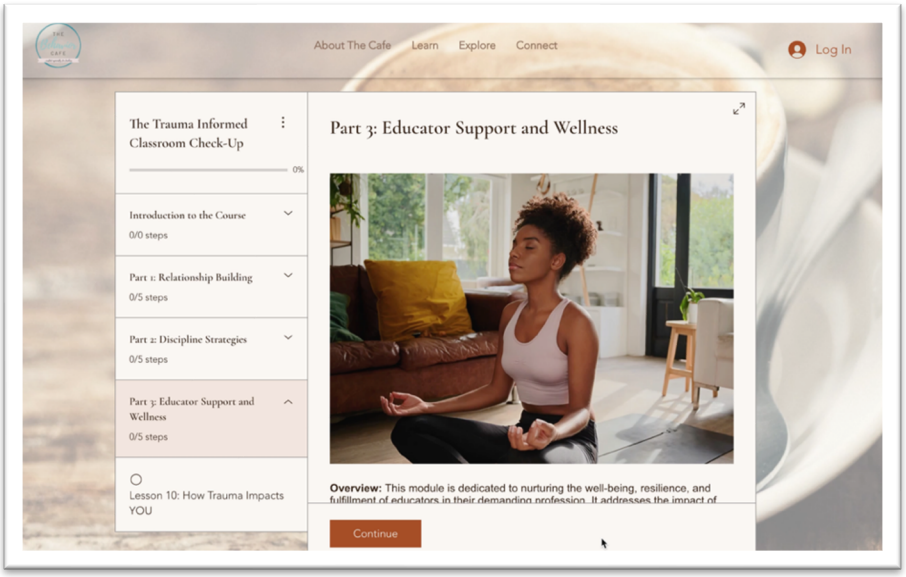
Overview: This module is dedicated to nurturing the well-being, resilience, and fulfillment of educators in their demanding profession. It addresses the impact of trauma on educators, focusing on self-care, mental health, and work-life balance. The lessons include:

- **Lesson 10: How Trauma Impacts You:** Educators will explore the impact of trauma on themselves, including secondary traumatic stress. This lesson covers common symptoms and provides tools and strategies to promote self-care and resilience.

- **Lesson 11: Strengthening Your Support Systems:** Educators will discover the benefits of strong support systems in mitigating the effects of trauma and learn strategies to build robust support networks within their schools and communities.
- **Lesson 12: Using the 8 Dimensions of Wellness:** Educators will be introduced to strategies for enhancing their well-being across the 8 Dimensions of Wellness, as outlined by SAMHSA.
- **Lesson 13: Maintaining Healthy Boundaries:** Educators will understand the importance of establishing and maintaining healthy boundaries to promote personal wellness.
- **Lesson 14: Building Your Self-Regulation Skills:** Educators will learn strategies to practice and improve their self-regulation skills, contributing to normalization and well-being.

Throughout this course, educators will actively engage with a diverse range of teaching strategies, including quizzes, reflection prompts, videos, and worksheets. These strategies have been thoughtfully incorporated to enhance understanding and promote the practical application of trauma-informed principles in daily teaching practices. Additionally, teachers will have access to a resource library containing supplementary handouts and materials, facilitating the seamless translation of trauma-informed concepts acquired in the course to their classroom.

See below for a video preview of Lesson 10 content.
https://drive.google.com/drive/u/0/folders/15VmiRZpSYv-pNuqsIM3f1mXIT1QQrz1V



Appendix H.

TI-CCU Focus Group Protocol

First, we want to thank you for your participation in this project. We would like to ask you some questions so we can learn what went well and what could be improved from educators' perspective. Your feedback will be used to improve the TI-CCU intervention in the future. We welcome your honest feedback and constructive criticism so as to help this effort reach its full potential. First, I would like to notify you this meeting will be recorded, but only for the purposes of helping me capture all of your feedback. I will not be sharing this recording with anyone. Does anyone have any issues with that? [START RECORDING]. This conversation should last approximately 60 minutes. Any questions before we get started?

The first set of questions is regarding your experiences as an educator with trauma behaviors in your classroom. We are interested in understanding how trauma exposure impacts teachers and the school community.

- What are your perceptions of how common it is for your students to deal with trauma in their lives at home, school and/or the community? On average, how many kids per class?
- With the goal of spreading greater awareness to advocate for Teachers, what would you want the public to know about Trauma behaviors in the classroom and/or school environment? Student trauma? Personal and/or secondary trauma)?
- Can anyone share a story about your experience with difficult trauma in your classroom?

The second set of questions is regarding your experiences as an educator managing your own trauma symptoms from personal trauma and/or secondary trauma along with the current support you have been receiving for dealing with trauma behaviors from students.

Personal and/or Secondary Trauma

- Are you noticing effects of trauma on yourself and/or other educators? How well do you think you and/or other educators are doing with managing personal and/or secondary trauma symptoms, stress, coping and burnout symptoms?
- Can you describe ways that dealing with personal and/or secondary trauma is impacting your thoughts and behaviors (and/or that of other teachers) in the classroom and/or outside of teaching hours?

Current Support

- What are your thoughts about the support that educators get regarding the stressors of dealing with their trauma in the classroom and educator wellness? Do you feel you currently receive sufficient support? From Administration (School or district level)? From Teaching Peers? Students? Parents? Others?

The final set of questions is about your thoughts and experiences as an educator with the TI-CCU intervention.

Assessment-based feedback profile

- What were your thoughts about the Assessment-Based feedback profile you received? Do you feel the feedback was accurate and helpful in suggesting TI-CCU Lessons?
- What suggestions do you have to help improve the feedback profile? Is there other information you would have liked to receive in this assessment?

TI-CCU Lessons

- Are the TI-CCU lessons (Relationship Building, Discipline Strategies, and Educator Wellness) appropriate for Educators dealing with trauma behaviors in the classroom/school?
- **Were there any of the lessons or strategies you found particularly helpful, or not helpful, to increase your knowledge, skills and comfort delivering trauma-informed services?**
- What additional lessons do you think should be included to teach and support educators in maintaining trauma-informed classrooms? What suggestions do you have to make the lessons more useful and/or effective?

TI-CCU Coaching & Support

- What were your thoughts about the coaching aspect of the TI-CCU? Did the Coaching sessions you participated in provide needed support and/or technical assistance?
- What suggestions do you have to help improve the TI-CCU Coaching & Support? Are there other specific supports or resources you think would be helpful for educators?

Effectiveness

- Overall, how effective was the TI-CCU intervention in increasing your knowledge, skills and comfort maintaining a Trauma-Informed classroom?
- What suggestions do you have to help improve a teacher's motivation to access TI-CCU lessons and efforts to implement suggested strategies?

Feasibility and Acceptability

- What are your thoughts about how feasible and practical the TI-CCU Intervention is for educators? Was it easy and helpful to use as an educator?
- What are your thoughts about having a web-based training to develop your trauma-informed knowledge, skills, and efficacy? Do you prefer to in-person trainings?
- What are your thoughts about getting to choose which of the web-based lessons you would complete?
- What are barriers that could get in the way of implementing TI-CCU and what are some possible solutions to these barriers?
    - Student factors? Teacher/Staff factors? Parent factors? School factors?
- What changes or suggestions would make to improve the intervention or make it more practical to use?

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Vita

Tanya Weigand was born and raised in Columbia, MO attending local public schools. Upon graduation, she attended college at the University of Missouri-Columbia and Columbia College, ultimately completing her Bachelor of Social Work degree in May 2000.

Later, living in St. Louis as a practicing social worker in the child welfare system, she completed her Master of Social Work at the University of Missouri-St. Louis. Ms. Weigand worked within the child welfare system in both case management and residential capacity. In 2011, Tanya Weigand completed became a Licensed Clinical Social Worker and opened her own private practice. In addition to administrative work in child welfare and state-wide addiction recovery services, Ms. Weigand has provided therapeutic services to children and families, individuals, and couples throughout Missouri.

Ms. Weigand worked as a Special Services Social Worker for six years providing services to students requiring tier 2 and 3 services. It was at this time her passion for trauma-informed school services flourished. It was through these experiences, Tanya Weigand decided to return to an educational pursuit of PhD completion.

Throughout the PhD journey, Tanya Weigand applied her training and experiences to develop the Trauma-Informed Classroom Check-Up to promote resiliency and wellness to students as well as teachers and administrators within the educational system. Dr. Weigand is committed to continued efforts to promote resiliency and well-being in others.