Creating a Trauma Informed School: A Study of the Implementation of a Social-Emotional
Learning Resource

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Abstract

CREATING A TRAUMA INFORMED SCHOOL: A STUDY OF THE IMPLEMENTATION
OF A SOCIAL-EMOTIONAL LEARNING RESOURCE

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Dissertation supervised by Dr. Richael Barger-Anderson, Ph.D.

The purpose of this study was to determine the impact of a social-emotional learning (SEL) resource in kindergarten through grade 4 classrooms on creating a trauma-sensitive school. One tenet of supporting a trauma-sensitive and informed school is the utilization of a social-emotional resource. The resource entitled *In Focus* authored by Thomas McSheehy MSW, LSW was implemented in general education classrooms for 45 school days. Prior to the implementation of the resource, a qualitative survey was provided to participating teachers to determine previous knowledge of trauma-informed schools and social-emotional learning. This information would be further used to support professional development needs of educators in the participating district to support students that have been impacted by traumatic events. During the 45 days, weekly professional development meetings were conducted with the study group that focused on equipping educators with the necessary skills and knowledge to provide a trauma-sensitive environment. At the conclusion of the 45 day study, an electronic qualitative survey was provided to the participants to confirm or refute the success of the selected social-emotional resource, *In Focus.*

The research questions examined during the study included:

1. Prior to this study what training or professional development did Kindergarten-Grade 4 teachers participate in related to trauma-informed schools?

2. After nine weeks of incorporating a daily social-emotional learning resource, what impact was evidenced in the classroom community?

3. After implementing a social-emotional learning resource, and attending the weekly professional development meetings, what specific skills, knowledge, and/or strategies do Kindergarten-Grade 4 teachers feel the most confident to implement in their classrooms?

4. After attending the weekly professional development meetings and evening professional development event, at what level will K-4 teachers feel prepared to deliver a social-emotional learning resource to students?

This study contributes to the research in the area of supporting students that have experienced traumatic events and the teachers that support them. Further, it outlines the needs of the participating teachers in the district relating to past and future professional development opportunities around the topic of social-emotional learning and trauma-informed and sensitive schools. An electronic survey was conducted to gather feedback on the areas of the resource that participating teachers determined to be both successful and not helpful to their classroom community. Additionally, teachers provided a comparison of social-emotional competencies that they observed in their students as compared to prior observations to the resource implementation.

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For I know the plans I have for you,' declares the Lord, 'plans to prosper you and not to harm you, plans to give you a hope and a future.'"

Jeremiah 29:11

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CHAPTER I

INTRODUCTION

Statement of the problem

The Dalai Lama has said "It is not enough to be compassionate. You must act." (Alexander, 2019, p. xv). This study focused on the need to act to address the overwhelming number of students who have experienced traumatic events, also referred to as Adverse Childhood Experiences (ACE). A traumatic event is "a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity." (The National Child Traumatic Stress Network, (n.d.), p. 1). When children have been exposed to traumatic events, a supportive school environment is critical to future success. The Substance Abuse and Mental Health Services Administration (SAMHSA; 2015) provided suggestions on how to establish trauma informed and sensitive schools. The components include: recognizing the extent of trauma and various supports that are needed to support recovery, providing training to educators that will assist with the identification of trauma, working collaboratively to integrate policies and practices that support those who have experienced trauma and acknowledging the need to avoid retraumatization (Alexander, 2019).

According to the National Child Traumatic Stress Network Schools Committee (2008), "one in four students in the United States has experienced trauma to such a degree that it has a negative impact on school success." (p. xi). Students who have experienced childhood trauma, have witnessed violent acts, or have experienced poverty can be at a disadvantage when compared to their peers who have not experienced any of these events (Berman, Chaffee & Sarmiento, 2018). "We know that the chronic stress associated with growing up in poverty, especially intergenerational, concentrated poverty, can have long-lasting consequences for

learning, behavior, and well-being" (Berman, Chaffee, & Sarmient, 2018, p. 8). This study focused on educator professional development needs in supporting and reinforcing trauma-informed practice in school settings.

The need to support students who have experienced Adverse Childhood Experiences (ACEs) with research-based practices is supported by past and current scholarship. According to a review of school health policies conducted by Child Trends, the Institute for Health Research and Policy at the University of Illinois-Chicago, and EMT Associates, Inc. over a two-year period from 2017-2019, the number of states with policy language on professional development for trauma-informed care more than tripled (Child Trends, 2021, p. 1).

This study focused on the use of a daily social-emotional learning resource designed to support all students, particularly those who have experienced trauma. The importance of supporting students to develop social and emotional intelligence is "critical to successfully navigate the challenges, relationships, and experiences they will encounter throughout their school years and later in life." (McSheehy, 2013, p. v.). Prior to the start of the study, a focus group comprised of Kindergarten through Grade 4 general education teachers, met with the researcher to complete a pre-assessment survey. During the implementation of the *In Focus* resource, weekly professional development meetings were held with all teacher participants and the researcher during Professional Learning Community (PLC) building times. During these professional development meetings, a standard format was followed including discussions relating to the previous week lessons, opportunities for sharing of professional reflections and preview of the upcoming lessons and materials needed. Following a nine-week implementation period, participating teachers completed a qualitative survey that gathered data to be analyzed that specifically targeted the needs of one schools' Kindergarten to grade 4 teachers. The research gleaned from this study will add to

research about how best to support students after experiencing traumatic events, utilizing social emotional learning. Additionally, the study will further add to the research on educator professional development on the topic of trauma-informed care.

Professional Development

Professional development requirements are enforced through the Pennsylvania Department of Education (PDE) Act 48 of 1999. According to PDE, the focus of the Act 48 Professional Education Plan Guidelines (2019), the focus of the plan is to "ensure that all Pennsylvania children received the high-quality education that they deserve" (p.1). The plan outlines the need to keep educators current with, research-based instructional practices. The law requires all educators who hold a teacher certificate to earn 180 hours of professional development over five years. Further, each district must submit a Professional Education Plan that outlines each district's plan to provide educators with relevant professional development. The guidelines expound on the need for educators to "continue their (educators) professional growth in order to increase the achievement levels of the commonwealth's students" (p. 3). The provision of professional development in the area of trauma will provide educators with necessary information to support children who have experienced traumatic events.

This study examined the impact of a social-emotional learning resource that was utilized by general education teachers with students in grades K-4 over a nine-week period. Additionally, the study included professional development on the topic of social-emotional learning and elements of a trauma-informed schools. Included during the study implementation were weekly professional development sessions that were held with the participating teachers and the researcher to gather feedback and plan for future lessons. Further, two additional professional development trauma trainings were provided during the study. The following sections discuss the purpose of the study,

research, questions that guided the study, significance of the study, delimitations, and explanations of terms that were used throughout the study.

Purpose Statement

The purpose of this study was to determine the impact of a social-emotional learning (SEL) resource in kindergarten through grade 4 classrooms on creating a trauma-sensitive school. Utilizing a qualitative approach, results gleaned from a culminating survey and the weekly professional development meetings with the focus group will be used to plan for future professional development related to establishing a trauma informed school and to confirm or refute the success of the implementation of a daily social-emotional learning resource. The professional development was focused on equipping educators with the necessary skills and knowledge to provide a trauma-sensitive school environment for all students. Participants included K-4 educators from a public school in the suburbs of Western Pennsylvania.

Research Questions

The research questions examined in the study included:

1. Prior to this study what training or professional development did Kindergarten-Grade 4 teachers participate in related to trauma-informed schools? (focus group, pre-survey)

2. After nine weeks of incorporating a daily social-emotional learning resource, what impact was evidenced in the classroom community? (post-survey)

3. After implementing a social-emotional learning resource, and attending the weekly professional development meetings, what specific skills, knowledge, and/or strategies do Kindergarten-Grade 4 teachers feel the most confident to implement in their classrooms? (post-survey)

4. After attending the weekly professional development meetings and evening professional development event, at what level will K-4 teachers feel prepared to deliver a social-emotional learning resource to students? (survey)

Significance

By providing teachers with the tools to support students, it is the hope that further long-term health problems can be avoided. Research shows that long-term health effects such as diabetes and heart disease can be more prevalent in adults that were trauma survivors or may die at an earlier age than peers that have not been exposed to traumatic events. (The National Child Traumatic Stress Network, (n.d.)) Further, The National Child Traumatic Stress Network (n.d.) posits that "Adult survivors of traumatic events may also have difficulty in establishing fulfilling relationships and maintaining employment." (p. 5). The significance of the above difficulties also can lead to more mental health needs and increased involvement with various child and protective services and the juvenile justice system (The National Child Traumatic Stress Network, (n.d.). Berman, Chaffee & Sarmiento (2018) support the need for strengthening social-emotional competences as these are "associated with wage growth, job productivity, and long-term employment" (p. 5). Further, Berman, Chaffee, and Sarmiento (2018) contend that strengthening these competencies have noted to result in a reduction in "violence, drug use, delinquent behavior, and mental health problems and provide internal support for children who experience the stress of poverty, violence, and trauma in their families or neighborhoods" (p.5). Alexander (2019) supports the significance of providing support for children "Trauma leaves the individual incapable of integrating the experiences, which in turn, creates difficulty with life function. Trauma impacts the brain, mind, and body in lasting, negative ways" (p.6). The significance of this study was to provide K-4 teachers with a social emotional learning resource that may impact all students,

especially those who have experienced adverse childhood experiences. *In Focus*, is defined as "a teaching resource filled with 10–15-minute lessons that help your students develop their social and emotional intelligence." (McSheehy, 2013, p. 2). According to the International Bureau of Education a learning resource is defined as "any resource-including print and non-print materials and online/open-access resources-which supports and enhances, directly or indirectly, learning and teaching." A resource differs from curriculum as curriculum is defined as "lessons and academic content taught in a school or in a specific course or program." (The Glossary of Education Reform, 2015, p. 1). In Pennsylvania, curriculum frameworks are provided by the Department of Education and contains four elements. The elements include Big Ideas, Concepts, Competencies, and Essential Questions (PA Department of Education, 2021). A resource is utilized to support the delivery of the identified content. The Collaborative for Academic, Social, and Emotional Learning (CASEL) is a 501 © nonprofit group that "evaluates programming, curate research, inform legislation, and partner on implementation." (CASEL, 2021, p. 1). According to the Collaborative for Academic, Social, and Emotional Learning (CASEL) "to be most impactful, states, districts, and schools should implement SEL systemically across practices and polices such as curriculum and instruction, extracurricular activities, discipline, student support services, professional learning and ongoing assessment for continuous improvement." (CASEL, 2021, p. 1). Further, all K-12 teachers in the district were provided an opportunity to attend an evening professional development opportunity presented by a leading expert in the field of supporting students who have experienced trauma, traumatic events and ACE's in April. Josh Shipp provided an evening professional development opportunity for the identified district staff, community leaders, parents and in collaboration with community groups and two local districts. The message of the speaker includes "Every kid is ONE caring adult away from being a success story." (Shipp,

2021, p. 4). As a child, Shipp was in and out of foster homes and speaks directly to the topics of how to raise, support and educate children (Shipp, 2021). Teachers that participated in the study had an opportunity to meet weekly with the researcher and other participating teachers to discuss the previous week's lessons and the plan for the upcoming week. CASEL supports the need to provide "job-embedded professional learning that builds educators capacity to promote SEL and create safe, inclusive learning environments for all students." (CASEL, 2021, p. 3). Berman, Chaffee and Sarmiento (2018) concur that schools are best equipped to play a critical role in establishing a healthy environment. The authors stress that "success depends upon consistent implementation, modeling by adults and peers, and professional development that deepens school staff's social and emotional skills" (p.5). While implementing the *In Focus* resource, the focus group of K-4 teachers participated in weekly professional development opportunities with the researcher leading the discussions that previewed and reviewed the upcoming lessons and discuss previous lessons.

Kindergarten to grade 4 teachers interact daily with students who might have experienced trauma. It is imperative that teachers have the knowledge and strategies to best assist their students who have been impacted by trauma. Often teachers are asked to handle behaviors they do not understand. A shift from the mindset of "What's wrong with you" to "What happened to you?" (Alexander, 2019, p. 82) is a way to understand student behaviors. The educators who interact the most often with students are the classroom teachers. Thus, the focus on the teachers in this study sought to solicit previous professional development knowledge and determine future needs to support teacher understanding of the topic. As supported by Alexander (2019) "trauma-sensitive schools must equip their educators with knowledge on the effects of trauma, emphasizing how trauma affects student's stress response systems and thereby their behavior at school." (p. 82).

The need to imbed daily social-emotional learning in classroom lessons is noted to have an impact on the school climate and the effectiveness of teachers (Berman, Chaffee & Sarmiento, 2018). The need to integrate all aspects of academic, emotional and social development is essential to support students to work in collaboration to attain classroom goals (Berman, Chaffee & Sarmiento, 2018). It is important to note that the need for social-emotional learning is "sometimes regarded too narrowly as a targeted intervention just for students who experienced trauma or who have behavior issues or other special needs." (Berman, Chaffee & Sarmiento, 2018, p. 7).

Delimitations

The study began on January 3, 2022 and ended on March 10, 2022. The school was comprised of a principal, assistant principal, and approximately 41 teachers. The total student population of the district in 2020-2021 was 7, 225. The teachers were from a selected elementary school in a suburb of western Pennsylvania. The school has approximately 860 students, and the number of classroom sections is dependent on the number of students in that particular grade during the 2021-22 school year. Eighteen percent of the student population was eligible for free and reduced lunch. The student population broken down by ethnicity included: 675 students who are White, 33 students who are African American, 58 students who are Asian, 38 students who are Hispanic, one student who is Pacific Islander and 51 students who are two or more races. Additionally, 41 total students were classified as English Language Learners. All students in grades Kindergarten through grade 4 in the classrooms with participating teachers were included in the study. The study focused on general education teachers from each grade level, resulting in general education teacher participants utilizing a qualitative survey that was submitted to the researcher.

Definition of Terms

ACE's: Adverse Childhood Experiences are events that are traumatic and occur before the age of eighteen. ACE's are categorized into three groups that include: abuse, household challenges and neglect (Romero, Robertson, & Warner, 2018).

CASEL: Collaborative for Academic, Social, and Emotional Learning is a non-profit, non-partisan group formed two decades ago to support the SEL movement (CASEL, 2022).

CCBD: Council for Children with Behavioral Disorders is an international group of educators that supports children at risk of behavior and emotional challenges (Division For Emotional Behavioral Health, 2022).

CDC: Centers for Disease Control is a branch of the Department of Health and Human Services with a focus on health (CDC, 2022).

DSM-5: Diagnostic and Statistical Manual of Mental Disorders Fifth Edition published by the American Psychiatric Association. This manual provides psychiatric diagnoses (APA, 2013).

fMRI: functional Magnetic Reassurance Imaging is a type of brain scan that maps activity in the brain (UC San Diego, 2022).

General Education Teacher: those that have a "primary responsibility shall be to have direct contact with learning in teaching and learning situations." (ASCAU, 2021, p. 1).

SAMHSA: Substance Abuse and Mental Health Services Administration is "an agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation." (SAMHSA, p. 1, 2022).

SBMHS: School Based Mental Health Services are mental health services that are provided in the school setting (youth.gov, 2022).

SAP: Student Assistance Program is a "systematic team process used to mobilize school resources to remove barriers to learning." (Commonwealth of Pennsylvania, p. 1, 2022).

Trauma Sensitive School: "Safe and supportive community that enables both students and adults to feel safe, build caring relationships with one another, regulate their feelings and behavior, as well as learn." (Alexander, 2019, p. 65).

SEL: Social-Emotional Learning "is the process through which all young people and adults acquire and apply the knowledge, skills and attitudes to develop health identifies, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships and make responsible and caring decisions." (CASEL, p. 2, 2022).

TF-CBT: Trauma-Focused Cognitive Behavioral Therapy

TIC: Trauma-informed care is "a framework for identifying, understanding, and caring for the impacts of trauma." (Romero, Robertson & Warner, p. 208, 2018).

TISM: Trauma-Informed School Model

SW-PBIS: School-Wide Positive Behavioral Interventions and Supports is a "multitiered framework for behavioral intervention that equips school personnel with evidence-based strategies to support student behavior." (Romero, Robertson & Warner, p. 206, 2018).

MTSS: Multi-Tiered System of Supports is a "standards aligned comprehensive school improvement framework for enhancing academic, behavioral, and social-emotional outcomes for all students." (PaTTAN, p. 1, 2018).

NCTSN: National Child Traumatic Stress Network was created in 2000 by Congress as part of the Children's Health Network. The focus of the network is to increase access and the standards of care for those that have experienced traumatic events (NCTSN, n.d.).

PTSS: Posttraumatic Stress Symptoms are "symptoms that occur earlier than 30 days after experiencing the traumatic event." (National Library of Medicine, n.d., p. 1).

YESS: Youth Education Support Services is the participating districts Student Assistance Program. The Pennsylvania Department of Education recognizes the Student Assistance Program (SAP) as a team that provides resources to eliminate barriers to student learning. (Pennsylvania Department of Education, n.d.).

Conclusion

The purpose of this study was to determine the impact of a social-emotional learning resource entitled *In Focus* in K-4 classrooms in relation to creating a trauma-sensitive school. Via a qualitative survey at the conclusion of the nine-week implementation period, the study examined the impact of implementing this resource through daily classroom meetings, weekly professional development meetings with participating teachers, led by the researcher and feedback gathered from an evening event. The qualitative survey gathered feedback from the focus group relating to previous experience and professional development relating to social-emotional learning. The survey also gathered data regarding the daily implementation of the *In Focus* resource and feedback from a professional development speaker. Chapter I has outlined the need for the study, elements of professional development that are outlined in the Pennsylvania Professional Education Plan Guidelines and the research questions that guided the study. Chapter II contains a review of relevant literature that outlines trauma and the elements needed to establish trauma-sensitive

schools. Chapter III explains the methodology of the study and includes the procedures and survey that was utilized to gather and analyze the data. Chapter IV provides a summary of the data and findings. Chapter V will conclude the study by providing a summary of the findings and recommendations.

CHAPTER II

LITERATURE REVIEW

The literature reviewed in this chapter examined topics that included the research and study of Adverse Childhood Experiences. Additionally, the study focused on the use of a daily social-emotional learning resource to support children who have experienced traumatic events, universal screening, early intervention, trauma effects, school supports, trauma-informed care, school based mental health, and self-care for educators who are working with children and youth each day. The implementation of a daily social-emotional learning resource assists to support all students, particularly those that have experienced ACEs. Schlund asserts "SEL advances educational equity and excellence through authentic school-family-community partnerships to establish learning environments and experiences that feature trusting and collaborative relationships, rigorous and meaningful curriculum and instruction, and ongoing evaluation." (Schlund, 2021, p. 19).

Trauma

In 1998, Dr. Vincent Felitti and Dr. Robert Anda presented groundbreaking research on the topic of trauma, and the lifelong effects associated with it, entitled *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study.* The study initially began in 1994 as a collaboration with the Centers for Disease Control (CDC) and Kaiser Permanente. The study included 17, 337 adults and concluded that two-thirds of those who participated in the study disclosed having experienced at least one Adverse Childhood Experiences and most reported more than one (Anda, n.d.).

This study took an in-depth look at the correlation between children's exposure to traumatic events and lifelong health consequences. This was the first study of its kind linking Adverse Childhood Experiences to the leading causes of death in adults. (Felitti and Anda, 1998).

The initial focus of the study was to answer the question: "If risk factors for disease, disability and early morality are not randomly distributed, what early life influences precede the adoption or development of them?" (Anda, n.d., p. 1). Anda identified 10 types of Adverse Childhood Experiences that are sorted into three categories: abuse, neglect, and household dysfunction. The abuse category includes emotional, physical, and sexual forms of abuse. The neglect category includes emotional and physical neglect, while household dysfunction encompasses domestic violence, substance abuse, mental illness, parental separation/divorce, and crime (Anda, n.d.). In conclusion, the study acknowledges the economic cost to society of the Adverse Childhood Experiences that contribute to risk factors leading to illness and death. In essence, the study concludes "the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences." (Pendarvis & Shook, 2017, p. 34). In February 2017, the economic cost to society, in both direct and indirect cost, was estimated at $124 billion annually (Pendarvis & Shook, 2017).

Trauma-Sensitive Schools

A study by the National Child Traumatic Stress Network asserted that one out of every four children attending school has experienced a traumatic event. In total, "Forty-six million children witness violence, crime, physical and psychological abuse every year in the United States." (ASCAU, 2021, p. 1). According to The National Child Traumatic Stress Network, the need to become trauma-sensitive should be a goal of the education system. A trauma-sensitive school is built on the foundation of providing a safe environment for both students and staff that fosters

positive, caring relationships that assist students with learning to regulate feelings and behavioral choices. (Alexander, 2019). Thus, a trauma-informed school supports the staff, students, families, and communities that are affected by trauma. In the United States, nearly 35 million children have experienced one type of trauma during their lifetime (Souers & Hall, 2016). Traumatic events can be described as physical, sexual, or psychological including abuse and neglect. Additionally, according to the NCTSN (n.d.) experiences that also may be traumatic include natural disasters, acts of terrorism, violence that includes family or community members, the death of a loved one, substance abuse, accidents and military stress that can include injuries or deployments. According to the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) trauma-and stressor-related disorders include: reactive attachment disorder, disinhibited social engagement disorder, posttraumatic stress disorder (PTSD), acute stress disorder, and adjustment disorders (2013). With the realization of these statistical numbers in classrooms across the country, one in four students has experienced a traumatic event that can have adverse effects on school success (National Child Traumatic Stress Network Schools Committee, 2008). According to Jenson (2014) "Youth exposed to traumatizing events and referred to community child mental health clinics often have multiple problems, including Posttraumatic Stress Symptoms (PTSS), depressive symptoms, other anxiety problems and externalizing problems." Trauma-sensitive schools should develop Multi-Tiered Systems of Support (MTSS). The MTSS framework is defined as "the practice of providing high-quality instruction and interventions matched to individual student needs, monitoring student progress frequently for the purpose of making decisions about changes in instruction or goals and then making data-informed decisions about changes in instruction or goals and then making data-informed educational decisions so that learning is actualized for each student." (Alexander, 2019

p. 70). Further, Du Four, Du Four, and Eaker (2016) posited that all educators should ask four essential questions when preparing to educate children:

What do we want our students to learn?

How will we determine if they have learned it?

What will we do when students haven't learned it?

How we will extend the learning of those who have already learned the concepts?

In addition to providing resources that create a trauma-sensitive school, the use of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) can be used to provide supports that will have a positive effect on children's depressive symptoms and general mental health. Mahters and Concar (2016) asserted that by 2030, depression will account for 10 percent of disability-adjusted life-years. Additionally, The Anxiety Disorders Association of America (2017) found that one in eight children experiences a form of anxiety. Further, Greenberg, Domitrovich, Weissberg, and Durlak (2017) posited that "Evidence-based social and emotional learning (SEL) programs, when implemented effectively lead to measurable and potentially long-lasting improvements in many areas of children's lives." (p. 13). The implementation of SEL programs contribute to building children's confidence, increasing school engagement, reducing conduct problems, increasing test scores and grades, and ultimately promoting positive behaviors (Greenberg, Domitrovich, Weissberg, & Durlak, 2017).

The use of social-emotional learning curricula and resources in schools assists with preventive strategies that support children who have experienced trauma and polyvictimization. Polyvictimization is defined as "a child's experience of multiple victimizations of different kinds, such as sexual abuse, physical abuse, bullying and exposure to family violence."

(Pendarvis & Shook, 2017, p. 34). The approach of providing educators with a broader spectrum of the trauma that children might experience has been found to be more helpful than fragmenting topics, such as bullying or Internet safety. By placing a focus on polyvictimization, school staff such as counselors, teachers, and others working with children are able to incorporate better preventative practices (Pendarvis & Shook, 2017).

School Counselors

The school counselor is key to developing schools that are trauma-sensitive. "With almost 70 percent of our students living in poverty, students struggling to cope with racial tensions in the community or intolerant political messages, trauma has a permanent presence in our hallways and classrooms." (Haviland, 2017, p.15). They are able to provide supports in terms of professional development to school staff by providing information regarding welcoming students at the start of the day, providing consistency and structure and how voice volume should be adjusted (Elliott & Elliott, 2011). Elliott and Elliott (2011) argued "Regardless of whether children are exposed to domestic violence through direct physical abuse or are observers only, they can be emotionally traumatized by the violence in the home." (p.29). Exposure to traumatizing events may impact children's ability to function in the school setting. Counselors are an integral part of the school community, and often the first responder when children are acting out (Elliott & Elliott, 2011). School counselors face three major challenges when advocating for children who have been observers of domestic violence.

1. Recognizing children's responses
2. Understanding parent responses
3. Assessing staff knowledge and comfort levels when addressing domestic violence

School counselors and teachers may observe emotional, behavioral, and physical indicators of children who have observed abuse. Emotional indicators may manifest in anxiety for the victim, feelings of hopeless and helplessness, guilt and shame over sharing information, and thoughts of suicide. Behavioral indicators may include low grades/school performance, truancy, and aggressiveness. Finally, physical indicators may include poor hygiene, regression, self-abuse, high-risk play, and tiredness at school (Elliott & Elliott, 2011). The school counselor is critical to the support of children at school as "Schools often function as a safe haven during the day for childhood observers of domestic violence and represent great hope for them when they disclose." (Elliott & Elliott, 2011, p. 32). It is important to note that not all children will display overt behaviors after experiencing traumatic events. According to the National Child Traumatic Stress Network (2008) "Even a child who does not exhibit serious symptoms may experience some degree of emotional distress, and for some children this distress may continue or even deepen over a long period of time." (p. 9).

Universal Screening

The use of universal screening tools to identify students experiencing behavioral and emotional issues provides an opportunity for early mental health interventions. A Universal Screening tools can help to identify students with depression, anxiety, substance abuse issues, and suicidal ideation, while providing insight on overall student well-being and student strengths (Humphrey & Wigelsworth, 2016). Some of the universal screening tools for trauma include the Child and Adolescent Needs and Strengths (CANS) Trauma Version, Childhood Trauma Questionnaire (CTQ), Pediatric Emotional Distress Scale (PEDS), and Strengths and Difficulties Questionnaire (SDQ). Prior to the use of a screening tool, informed consent must be received from the parents of the students participating in the screening (Alexander, 2019). Alexander

(2019) argued that the use of a screening tool should not be focused on identifying the students who have experienced trauma and then working to support those particular students. Rather, trauma-sensitive schools focus on all students, identified or not, and supporting them through the use of MTSS interventions (Alexander, 2019).

Opinions vary regarding the use of universal screening tools. According to Cole, Eisner, Gregory, and Ristuccia (2013) it is difficult for school staff to know if a child's difficulties are the result of traumatizing experiences. Further, the authors posit that "Nor is it appropriate or necessary to screen all children in an attempt to identify which ones have had traumatic experiences, further stigmatizing those who may already feel alienated and potentially causing more harm." (Cole, Eisner, Gregory, & Ristuacci, 2013, p. 9). Instead, schools that are trauma-sensitive can assist with students feeling that the school environment is safe, the children are connected, and the environment is engaging (Cole, Eisner, Gregory, & Ristuacci, 2013).

Mark Greenberg, Celene Domitrovich, Roger Weissberg, and Joseph Durlak (2017) argued that universal SEL programs in schools support a public health approach for three reasons. Schools are a consistent site for interventions, and SEL programs can improve overall academic competence, and decrease the likelihood of behavioral and emotional issues. In addition, "evidence-based SEL interventions in all schools-that is, universal interventions could substantially affect public health." (p. 13). Overall, teaching children social and emotional competency leads to more children being ready "for college, succeed in their careers, have positive relationships and better mental health, and become engaged citizens." (Greenberg, Domitrovich, Weissberg, & Durlak, 2017, p. 13).

Early Intervention

According to Belfer (2018), 1 out of 10 children will have a mental health need. The unmet early intervention needs of children with traumatic experiences can have societal impacts. When children do not receive intervention early, following traumatic events, a reduction in the quality of life, overall lower productivity, and higher risks of the usage of social and health care resources, can have negative influences on society (Humphrey and Wigelsworth, 2016). In 2017, Mathur, Kern, Albrecht, Poland, Rozalski, and Skiba provided recommendations from the Council for Children with Behavioral Disorders (CCBD, 2017). advocating the need for school-based mental health services. The authors supported the need for interventions to be conducted in the school setting and estimated the cost to society of youth mental illness to be approximately $247 million annually. Schoolwide practices of utilizing universal screenings, creating supportive school environments, and staff trainings are necessary components for successful School Based Mental Health Services (SBMHS). Additionally, the authors found parent collaboration and resource allocations as essential to building integrated systems, including education, mental health, juvenile justice, and other community services that serve youth.

The National Child Traumatic Stress Network (NCTSN) defines a trauma-informed system as "one where all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, staff and service providers." (NCTSN, 2020, p. 1). The NCTSN identified seven elements needed when establishing a trauma-informed system.

1. Screen routinely for trauma exposure and symptoms.
2. Implement culturally appropriate, evidence-based assessments and treatments for traumatic stress and symptoms.

3. Provide resources to children, families, and providers on trauma, its impact, and treatment options.

4. Build on strengths of children and families impacted by trauma.

5. Address parent and caregiver trauma.

6. Collaborate across child-serving systems to coordinate care.

7. Support staff by minimizing and relating secondary traumatic stress, which can lead to burnout.

Further, NCTSN (n.d., p. 1) identified 10 elements of a Trauma-Informed School System.

1. Identifying and assessing traumatic stress.

2. Addressing and treating traumatic stress.

3. Teaching trauma education and awareness.

4. Having partnerships with students and families

5. Creating a trauma-informed learning environment that includes social and emotional skills and wellness.

6. Being culturally responsive.

7. Integrating emergency management and crisis response.

8. Understanding and addressing staff self-care and secondary traumatic stress.

9. Evaluating and revising school discipline policies and practices.

10. Collaborating across systems and establishing community partnerships.

Additionally, NCTSN (2008) identified three areas that educators should be aware of when assessing students' ability to learn. These include overall school performance, responses at home and in the classroom, and physical and emotional distress. School performance indicators can range from lower grades, attendance, and reading readiness as well as increases in suspensions.

In the classroom, educators might observe the student to be withdrawn, jumpy, unable to sit still, moody, or tired. Students who are struggling with trauma may also present with changes in overall academic performance, frequent somatic complaints such as headaches and stomachaches, poor impulsive and emotional control, and a hyper reaction to noises (Wiest-Stevenson & Lee, 2016).

Trauma Effects

Children have an increased rate of traumatic events occurring between the ages of birth and five years old (Chu & Lieberman, 2010). Thus, developmental trauma, as defined by Sadin (2019), is "family violence, physical, emotional or sexual abuse, separation from a primary care giver, and poverty." (p. 4). Childhood exposure to trauma that occurs over prolonged periods of time can cause significant impairments to neurobiological development and can cause atypical development in areas of the brain. The amygdala, hippocampus, and prefrontal cortex are areas that can be affected when exposed to traumatic events in childhood. These areas of the brain are important to daily functioning as they control emotions, language development skills, memory, and cognition (Sadin, 2019). The amygdala assists with survival behaviors. The hippocampus assists with self-regulation, development of language, and memory (Sadin, 2019). Over time, the hippocampus and amygdala learn that basic needs will be met and areas in the pre-frontal cortex can wait for gratification. Areas that are parts of the pre-frontal lobe include "delayed gratification, choice, empathy, reasoning, and judgement." (Sadin, 2019). Research shows that many children and adults who experienced trauma did not have their basic needs met as infants. Therefore, brain development is impacted, a fact that has recently been supported with findings from functional magnetic resonance imaging (fMRI) (Sadin, 2019). Research on fMRI's concludes that youth and adults who have experienced trauma during childhood, often have

amygdala's that are larger and hippocampuses that are smaller compared to their peers who have not experienced traumatic events. When children are exposed to early traumatic events, these events can create hyperarousal and neurochemicals that are produced at high levels that can create fight-flight-freeze responses and can create difficulties with the connection of neurons (Levenson, 2017). When the brain is exposed to traumatic events over excessive amounts of time, there can be great deficits to the child, such as lacking the ability to regulate emotions and impulses, establish social attachments, and processing on a cognitive level (Levenson, 2017). Levenson (2017) contended that "Developmental psychopathologists propose that emotional and social adaptions to environmental conditions arise from a reciprocal intersection of thoughts and emotions; we "establish a coherence of functioning as thinking, feeling human being" through the meaning we affix to our experiences.". Sadin (2019) claimed it is important to consider this as educators when working with children and youth that "children in a 5th grade class may have the pre-frontal cortex activity of a 4-year-old." (p. 6). Perry and Daniels (2016) supported the need to focus on how trauma and chronic stressors have an impact on academics and the overall functioning of students. They asserted that "this constant activation can make them (students) less likely to attend or if they attend, makes them less likely to engage in meaningful, positive interactions among peers." (Perry and Daniels, 2016).

In addition, Todahl, Walters, Bharwdi, and Dube (2014) noted that "62% of survivors had experienced their first traumatic event during childhood, but reported rarely or never having someone to help or protect them from the abuse." (p. 106). Youth being exposed to traumatic events can be assisted best via school supports during or after these events. Supports such as universal screening tools, trained staff, and research-based curriculum and resources can all have a positive impact in the support for children of trauma. Students who have been exposed to

traumatic events can experience the following symptoms: self-isolation, aggression and attention

deficit and hyperactivity (Frydman & Mayor, 2017). Additionally, "during normative early

adolescent development, the prefrontal cortex undergoes maturational shifts in cognitive and

emotional function, including increased impulse control and affect regulation." (Frydman &

Mayor, 2017). Students who have been exposed to repeated traumatic events can have difficulty

in managing these skills. Executive functioning skills can be impaired by repeated exposure to

trauma. The fight or flight response is most likely to be the result of repeated exposure to

traumatic events. Frydman and Mayor (2017) explained "If a student does not possess strong

anxiety management skills to cope with reminders of the trauma, the student is prone to further

emotional dysregulation, lowered frustration tolerance and increased behavior problems and

depressive symptoms." (p. 240). Further, Shonk and Cicchetti (2001) found that "abused youth

were less likely to become engaged in school, were less likely to display appropriate social skills,

and demonstrated more externalizing and internalizing behaviors than nonmaltreated youth."

When trauma-informed practices are utilized in schools that include the opportunity for mental

health services, children have a better chance of fully engaging in their education. According to

Bath (2008) "Maintaining safety, supportive connections, and management of emotions are three

main objectives of trauma-informed care and are essential to creating an appropriate classroom

environment for traumatized students." (p.3).

School Supports

Teaching students' skills that support self-management, coupled with necessary professional

development for all staff, and employing trauma-sensitive school structures, are necessary to

support positive outcomes. Anderson, Blitz and Saastamoinen (2015) argued "Trauma-informed

practices include social-emotional development and problem-solving skills that classroom staff

are in an optimal position to facilitate. All school staff can support children's ability to build

resilience by teaching coping skills and helping children process their emotions and create hope

for the future." (p. 114). Bus drivers, paraprofessionals, cafeteria staff, custodians and

administrative assistants should be included in trainings that support a trauma sensitive school.

Phillippo and Stone (2013) supported the need for teachers to build strong relationships with

students affected by trauma as this relationship can be viewed as an intervention. For educators

to address this topic, knowledge of the cycle of trauma is needed as to refrain from re-

traumatizing students left in their care. The cycle of trauma includes emotional and

psychological damage, behavior problems and punishment (McInerney & McKindon, 2015).

Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA,

2015) concurs that, the need for trauma-informed care has increased. SAMHSA (2015) supports

that not only has the need for trauma-informed increased, it suggests that every part of the

organization be trained on how trauma impacts the lives of those that are participating in

services. SAMHSA (2015) identifies six principles that are needed to support a trauma-informed

approach. These six approaches include: safety, trustworthiness and transparency, peer support,

collaboration and mutuality, empowerment, voice and choice and cultural, historical and gender

issues. Wiest-Stevenson and Lee (2016) emphasized that administration, teachers, and

paraprofessionals play critical roles when developing a Trauma-Informed School Model (TISM).

It is the role of the administration to develop processes that includes detailed procedures and

policies.

School-Wide Positive Behavior Support

In addition to establishing procedures, schools may implement School-Wide Positive

Behavioral Interventions and Supports (SW-PBIS) utilizing positive behavioral strategies. These

strategies provide clear expectations for students that are modeled, practiced, and reinforced by all members of the school community. When implementing SW-PBIS, all students in Tier 1, are involved in promoting the expected academic and behavior tenets. The four components of a SW-PBIS include: outcomes, data, practices, and systems (Biliar-Lolis, Gelber, Rispoli, Bray, & Maykel, 2017). Areas both academic and nonacademic (e.g., buses, hallways, restrooms, and cafeterias) are included, and visuals are provided to support what behaviors constitute positive expectations and should be rewarded with incentives. Most of the research available regarding the use of SW-PBIS shows positive results following the implementation; however, there are also conflicting research findings. Some research has found that students who are cultural and linguistic minorities are more likely to be suspended or receive other disciplinary actions even in the presence of a School-Wide Positive Behavior program (Vincent, 2011). Engestrom and Sannino (2010) support that committees that are encompassing of students, families, and educators should be included to review PBIS school based systems to be sure that the system is culturally responsive.

An additional approach to establishing trauma sensitive environments is Trauma-informed care (TIC). According to Brown, Baker, and Wilcox (2012), TIC is different from trauma-focused therapy, because of its focus on analyzing current events or circumstances. Trauma-informed care (TIC) does not focus on specific interventions, as trauma-focused cognitive-behavioral interventions do. TIC focuses on five main tenets: safety, trust, choice, collaboration, and empowerment (Levenson, 2017). First, children must feel safe in the environment. Maslow's hierarchy of needs outlines the necessity for basic needs that begin with physical and psychological safety (Pichere & Cadiat, 2015). This need must be established for a positive outcome to occur with TIC. The ability for students to feel empowered and make choices during

treatment is important as this provides a sense of control that had not been established during previous traumatic events. The collaboration tenet is important in building a connection between the counselor and the client as a way to demonstrate a true partnership during the healing process. Much like a counselor-client relationship, the school counselor and the student must have a strong connection to support healing after a traumatic event. This need is particularly important because "many ACE (Adverse Childhood Experiences) survivors were betrayed by those who were supposed to protect and care for them, the helping relationship is fraught with potential for retraumatization when reminders of the capricious nature of past authority figures are activated." (Levenson, 2017).

Empowerment is the final tenet of TIC. According to Levenson (2017), in the empowerment phase the focus should not be on fixing the problem but should be on reinforcing strengths. Practitioners should refrain from using the phrase "What's wrong with you?" and instead ask "What happened to you?" when working with those who have experienced trauma. Thus, Levenson (2017) finds "Survivors of childhood trauma experience a profound sense of powerlessness when choice and predictability are absent from their daily existence." The use of the word "survivor" was created to detract from the helplessness associated with the word "victim." The importance of fostering self-efficacy in survivors of trauma assists with providing hope for positive outcomes in the future. The establishment of trust is critical to supporting those with traumatic histories. According to Levenson (2007) "Early trauma (especially familial abuse) often breeds a sense of wariness and a mistrust of caregivers and authority figures." This situation can impact relationships between a student and teachers, administrators, and other caretakers in the school. Administrators must provide on-going professional development to teachers and support staff who are working directly with students impacted by trauma. Open

communication with all stakeholders and the implementation of a comprehensive threat

assessment should also be a part of the TISM (Wiest-Stevenson and Lee, 2016).

Classroom Strategies

In addition to supporting PBIS, teachers can incorporate strategies in the classroom that

provide coping skills to students who have experienced trauma. These strategies can include:

breathing techniques, positive imagery, calming corners (areas in a classroom with visuals of

calming strategies, music and sensory tools), and mindfulness. The Center of Teacher

Effectiveness suggests that desk arrangement, lighting, music, colors, and scents can also

contribute to a calming environment. Daily or weekly classroom morning meetings provide

opportunities for students to build stronger relationships with peers and teachers. These

classroom meetings are needed to support student connectedness with both peers and the

classroom teacher. Classroom meetings provide time for students to share ideas and concerns

with peers as well as to focus on problem solving strategies. During the classroom meetings,

commitment to creating class-level consciousness for students and teachers is important in order

to address student mental health concerns (Walkley & Cox, 2013). Further supporting the idea

that schools are a critical environment for children who have experienced trauma, author Elena

Aguilar (2020) argues "They (schools) can be a microcosm for a more just and equitable society,

a place where adults and children learn to be together in healthy community, a place where we

learn about ourselves and others." (p. 27).

Crosby (2015) further supports the need for trauma-informed teaching practices. The

implementation of trauma-informed practices can have a significant positive impact on student

academic success and, other long-term outcomes. The results of exposure to traumatic events can

have an impact on lower student achievement as marked by student grade point averages and, a

decrease in the students' ability to complete graduation requirements. Children who have been exposed to maltreatment can present with diminished skills in relation to social interactions with peers, difficulty managing internalizing, and externalizing behaviors and can be less engaged in academic instruction (Crosby, 2015). As a result of exposure to trauma, Crosby (2015) asserted that results can appear in lower test scores, overall grades and an increased rate of school failure that can take the form of excessive suspension or expulsions. For the aforementioned reasons, school-based mental health programs and services are greatly needed.

In trauma-sensitive schools, administrators must work in collaboration with other educators to plan proactively for changes in the school environment (Cole, Eisner, Gregory, & Ristuccia, 2013). In order to create a sustained focus on trauma sensitive-school priorities, the principal is a key member of the support team. Positive changes that administrators can establish in order to create a trauma-sensitive school include hallway behavior that provides safer movement from class, teachers who are more empathetic, and refined discipline practices that support identify the reasons for student behavior instead of a purely punitive approach (Cole, Eisner, Gregory, & Ristuccia, 2013). Cole, Eisner, Gregory, and Ristuccia (2013) agreed that "The principal is needed to make sure all the actions related to trauma sensitivity are woven throughout the school and aligned with other ongoing initiatives, such as bullying prevention, dropout prevention, positive behavioral health, social-emotional learning, and others." (p. 39). As part of the principal's role in supporting the creation of a trauma-sensitive school, Cole, Eisner, Gregory, and Ristuccia emphasized the need for a "thinking partner" (2013, p.40). These partners can be fellow administrators in or outside of the district. The authors suggest that regular, scheduled meetings are part of the principal's calendar. The meetings are confidential and provide administrators with a chance to "reflect, support, feedback, problem solving, brainstorming and

planning." (Cole, Eisner, Gregory, & Ristuccia, 2013, p.40). Finally, the principal will need to identify members of the faculty who will serve on a steering committee. The steering committee, led by the principal, would "function much like a work group, closely collaborating with, and on behalf of, the entire school staff, strategizing, continually reporting back, soliciting input, and obtaining approval on the planning the group has undertaken." (Cole, Eisner, Gregory, & Ristuccia, 2013, p. 41). As a leader, the principal must be armed with the research and have received his or her own professional development on the topic of trauma-informed schools, in order to address staff reluctance to change and implementation. Finally, The Collaborative for Academic, Social, and Emotional Learning (CASEL) assert from the Social and Emotional Learning Exchange in October 2019, that a focus should be more on the adults who engage with students each day. Further, "In order to create conditions for students to effectively engage in SEL, adults themselves need to feel empowered, supported, and, valued." (CASEL, 2019, p. 1).

Adult Social-Emotional Learning

To strengthen adult SEL, CASEL identified four key activities to strengthen competence and capacity. These include strengthening central office expertise; providing high-quality professional learning for schools; deepening social, emotional, and cultural competence in adults; and building staff trust, community and collective efficacy (2010). By strengthening the expertise of the central office, it is important to promote systematic implementation and encourage that SEL is not a standalone focus, but is incorporated in all aspects of the district's mission. Through staff professional development, stakeholders are educated on what SEL is, and how SEL competence for both students and adults "supports critical long-term outcomes for students, and what strategies they can implement to achieve this goal." (CASEL, 2019, p. 1). These professional development opportunities allow staff to reflect on and improve their own

competencies that focus on social, emotional, and cultural perspectives. According to CASEL, this may include "examining their own sociocultural identities and biases, strengthening their ability to empathize and take on perspectives of those who are different than them, practicing skills to help build their relationships with students and staff, and assessing how their actions impact equitable outcomes." (CASEL, 2019, p. 1). In conclusion, the final essential component needed to support the success of a SEL program when beginning with the adults includes the need to have a staff that trusts one another and is focused on collective efficacy.

School-based teams are critical to student success when supporting students who have disabilities (Rossen & Bateman, 2020). According to Rossen and Bateman, (2020) These teams must recognize:

- "A significant number of youth experience some form of life stressor or adversity during their school years." (p. 17)
- "The impact of those adverse experiences can range significantly depending on multiple factors." (p. 17)
- "Several educations disabilities and other conditions that may make a student potentially eligible for an IEP or 504 share common symptoms or behaviors associated with trauma." (p. 17)
- "Even when students have a trauma history, many schools often have no way of knowing, as families or individuals have multiple reasons not to disclose that to the school." (p. 17)
- Currently, trauma is not a disability category under Individuals with Disabilities Education Act (IDEA), and the term "trauma" is only included in IDEA Part C in the

birth to 2-year-old category (Rossen & Bateman, 2020). Students may qualify for

services under Section 504 if they have received a diagnosis that is included under

Chapter 1 of the DSM-5, as the DSM-5 has a category entitled Trauma or Stressor-

Related Disorders (Rossen & Bateman, 2020). According to Rossen and Bateman (2020)

there are 62 strategies and accommodations that can be provided to students who have

experienced trauma. These accommodations are listed in four categories that include:

presentation during instruction, scheduling, setting, and response (Rossen & Bateman,

2020). Rossen and Bateman (2020) provide examples in each category that include:

- clear expectations

- reinforcing desired behavior

- utilizing picture cue cards

- incorporating deep breathing exercises

- front loading content

- chunking material

- displaying classroom expectations

- allowing the student to stand

- using aromatherapy in the classroom

- considering personal space when determining classroom seating arrangements,

- allowing for brain breaks

- providing warning of upcoming events

- providing a daily visual schedule

- providing alternative assignments that include student choice

- modeling desired behavior

- having a plan should symptoms increase

- establishing a behavior plan that is utilized at both school and home.

In 2015, a class-action lawsuit, P.P. v. Compton Unified Sch. Distr., 66 IDELR 121 (C.D. Calif. 2015), was filed on behalf of students and teachers at Compton Unified School District in California. The lawsuit "demanded that trauma-informed practices be incorporated throughout the school district." (Rossen & Bateman, 2020, p. 19). In the lawsuit, it was noted that the district suspended and disciplined students who had been exposed to trauma, limiting their access to district programing (Rossen & Bateman, 2020). Additionally, the lawsuit noted that students with a trauma history should be included under ADA (504), not IDEA. The reasoning for supporting students with a 504 document was that trauma "substantially impacted learning, thinking, reading, and concentrating." (Rossen & Bateman, 2020, p. 19). The motion was initially rejected and so were the motions for class certification. The District Court, Central District of California noted that the rejection was based on "exposure to traumatizing events is a disability in its own right but noted that the physical or mental effects of such trauma could amount to a substantial limitation on a major life activity for purposes of Section 504 eligibility." (Rossen & Bateman, 2020, p. 19). With this ruling, the court recognized that "adverse experiences do not alone constitute trauma, such experiences *may* lead to physical or mental impairments that could be viewed as disabilities under 504. (Rossen & Bateman, 2020, p. 19).

Conclusion:

Chapter II presented a review of literature outlining elements of creating trauma-informed, sensitive schools and further outlined the importance of social-emotional learning as a tenet for creating a trauma-informed school. The need for the study was to address the growing number of

students who are entering classrooms each day and are being identified as having Adverse

Childhood Experiences (ACEs) was also discussed in the chapter. Additionally, the chapter

included a description of the effects of trauma, the need for school based mental health, and the

relevance of the study. The focus group provided pre-implementation data via a survey. Research

questions in the chapter include K-4 general education teacher preparedness to teach children

who have experienced trauma, results after implementing a daily social-emotional learning

resource for nine-weeks and the impact on the classroom community at the conclusion of the

study. Chapter III included methodology and a description of data analysis that was conducted.

CHAPTER III

METHODOLOGY

Purpose

The study focused on the impact of a social-emotional learning resource that Kindergarten to Grade 4 teachers utilized in their general education classes. The study included the daily use of a research based social-emotional learning resource over a nine-week period, weekly professional development meetings with teachers, an opportunity to attend an evening professional development session with an expert on supporting students who have experienced trauma and presenting self-care strategies. At the conclusion of the study, data was gathered via a qualitative survey.

Traditionally, teachers receive limited, if any, training on supporting students who have experienced trauma. Alexander (2019) argued that "Raising awareness about childhood trauma, providing professional development regarding how to create trauma-informed school environments, and ensuring that professionals receive the supports necessary to carry out systemwide actions plans will result in school communities marked by a culture of acceptance and connectedness" (p. 56). The purpose of the study was to determine the impact of a SEL resource in K-4 classrooms in relation to creating a trauma-sensitive and trauma-informed school. After utilizing the resource daily in class, at morning meetings, K-4 teachers were asked to provide feedback following the implementation via a qualitative survey at the conclusion of the nine-week implementation. The survey also included questions relating to the weekly professional development meetings with the researcher and other members of the pilot study group. In addition, educators had an opportunity to attend a professional development session sponsored by this and neighboring school districts.

Significance of the study:

This study is relevant due to the tragic number of children who are and have been exposed to Adverse Childhood Experiences (ASCAU, 2021). It is necessary for teachers to receive resources via professional development on establishing a trauma-informed and sensitive school. Teachers were presented with professional development opportunities and a daily social-emotional learning resource to support students who have survived traumatic events by learning strategies that promote positive relationships, student connectedness and behavioral success. Further, a specific time was designated in each teacher's schedule to provide a structured morning meeting opportunity to assist with the fidelity of the implementation of the resource. Additionally, included in the resources were daily self-care strategies for teachers. Targeted professional development on the topic of children who have experienced trauma should be a focus to support the youngest elementary learners. Faculty self-care should be supported in the school environment.

Qualitative Method

According to Tracy (2013), "qualitative methods is an umbrella concept that covers interviews (group or one-on-one), participant observation (in person or online), and document analysis (paper or electronic)." (p. 28-29). Further, qualitative methods can be used for short or long periods of time, can be broad in scope, and can include several types of inquiry (Tracy, 2013). According to Creswell and Creswell (2018) "although the processes are similar, qualitative methods rely on text and image data, have unique steps in data analysis, and draw on diverse designs." (p. 179). Included in the qualitative method are: Naturalistic Inquiry, ethnographic methods, narrative inquiry, autoethnography, impressionist tales and Grounded Theory (Tracy, 2013). Naturalistic Inquiry takes place exclusively in the field, and ethnographic

researchers observe the participants in the field for interviews. Narrative researchers gather information utilizing other resources such as letters or interviews. Autoethnography and impressionist tales are both very personal and are described as "knowledge in the form of poems, scripts, short stories, layered accounts, and dramas." (p. 30). The final theory included in the qualitative method is grounded theory. Grounded theory was developed by Glaser and Strauss in 1967, was extended by Strauss and Corbin in both 1990 and 1998 and Charmaz in 2006 (Tracy, 2013). In grounded theory the "researcher begins instead by collecting data, engaging in open line-by-line analysis creating larger themes from these data, and linking them together in a larger story." (Tracy, 2013, p. 30).

Historically, qualitative studies have experienced both theoretical and methodological issues (Tracy, 2013). Ethnocentrism is defined as "the belief that one's own racial and ethnic values and ways of being are superior to those of other groups." (Tracy, 2013, p. 31). This term dates back to Western Europeans, for example Christopher Columbus in the fifteenth century, when he set out to take land from native people as he believed he was superior to the groups (Tracy, 2013). These concerns continue today as "an ongoing ethical concern of ethnography is the extent to which one can fairly use another society's culture, stories, artifacts, and histories for the purpose of one's own entertainment, education, or advancement." (Tracy, 2013, p. 31). Further, in the early 1990's, W.E.B. DuBois, an African American scholar, reviewed colonization and a link to racial prejudice (Tracy, 2013). In the 1990's, researchers began to study focus areas in the United States that examined poverty, war's impact on organizations, power, and politics (Tracy, 2013).

Following World War II, the Nuremberg Code was created as a result of information that had been discovered regarding experimentation by Nazi physicians on prisoners of war (Tracy,

2013). The Nuremberg Code provided principles that are now required ethical guidelines for research including "voluntary and informed consent, freedom from coercion, comprehension of the potential risks and benefits of the research, and a scientifically valid research design, which could produce results for the good of society." (Tracy, 2013, p. 32). Ethically questionable studies continued during the 1960's and 1970's including those that examined the willingness of people to deliver electric shocks to others and the Stanford Prison experiment that paid Stanford University male undergraduates to "play" guards or prisoners in the prison (Tracy, 2013). Following the unethical behaviors of Nazi physicians, colonist history, Stanford Prison experience and the use of electric shocks there was a need to create the human subject protections. These protections are to safeguard those participating in studies from unethical treatment and is the focus of institutional review boards. Following World War II, social science research began to focus increasingly on interaction and linguistics (Tracy, 2013). Today "qualitative inquiry celebrates more transparent displays of various research processes, reflexivity, and subjectivity." (Tracy, 2013, p. 33). It is important that researchers utilizing a qualitative approach to research be fluent in utilizing various tools to aggregate data but also to protect those who are participating in the study. It is important that social scientists "act as interpreters, so we can converse more effectively." (Sherman and Webb, p. 17).

Rationale

Prior to the implementation of the resource, the focus group participants completed a qualitative survey that provided data to the researcher. A qualitative survey was provided to participating K-4 teachers at the conclusion of the nine-week implementation period of a social-emotional learning resource entitled *In Focus*. With this design, the investigator was provided with data that could not be provided with a quantitative methodological design. Further, the

researcher was afforded the opportunity to "work inductively, building patterns, categories, and themes form the bottom up by organizing the data into increasingly more abstract units of information." (Creswell and Creswell, 2018, p. 181). The data gathered from both the pre and post assessments were analyzed for patterns, themes and categories at the conclusion of the study.

The selected resource was chosen after a review of four social emotional learning curricula and resources. The particular resource was chosen due to the scripted nature of the daily lessons, 15-minute structure and daily self-care and reflection resources provided for teachers. These elements were identified as necessary components for fidelity of the resource implementation and to support the focus areas of the pilot study. Additionally, prior to the implementation of the study, teacher participants met with the researcher to receive the resource, review content and develop a plan for the first implementation week. Each week participants had the opportunity to meet with the researcher and other teachers to provide reflections from the week prior lessons, discuss books and items needed for the next week lessons and discuss questions raised during the targeted lessons. These sessions provided an opportunity for professional development as part of growing professionally while utilizing a new resource.

Participants and Setting

The participants were Kindergarten to grade 4 general education teachers who volunteered to be part of this pilot study for the 2021-22 academic year. The teachers were from an elementary school in a suburb of western Pennsylvania and included 22 female teachers and three male teachers. Further, all teachers were white and years of teaching ranged from three years to 30. The school had approximately 860 students, and a total of 37 general education classrooms for the 2021-22 academic year. Eighteen percent of the school population was eligible for free and

reduced lunch. The student population broken down by ethnicity included: 675 students who are White, 33 students who are African American, 58 students who are Asian, 38 students who are Hispanic, one student who is Pacific Islander and 51 students who are two or more races. Additionally, 41 total students were classified as English Language Learners. The focus of the study was to gather qualitative results from the 27 general education teachers that implemented the daily resource in grades Kindergarten through grade 4. The study focused on classrooms from each grade level, resulting in general education teacher participants utilizing a qualitative survey that was submitted to the researcher.

Data Sources

The study obtained results via a qualitative survey at the conclusion of the nine-week implantation period that included questions such as: What self-care strategies do you use to deal with the daily stress of your job responsibilities? What observations would you share about the success or barriers of the utilization of the *In Focus* resource? Based on your previous experience, what observations have you made about your students since implementing the *In Focus* resource? The group included in the study were elementary general education teachers. These stakeholders worked directly with students and were critical to providing supports that are trauma sensitive. Prior to the dissemination of the survey, a pilot survey was sent to one professional educator to obtain feedback and discuss misconceptions that might be present prior to the official distribution of the survey. Following the pilot review, the survey was sent via an electronic survey and data was obtained in the form of a qualitative survey that was sent to the participating teachers. The survey utilized open ended questions at the conclusion of the study and can be found in an appendix included. Further, the survey inquired, with open ended questions, as to observable behaviors of students in the classroom with a comparison to prior to

the implementation, during and at the conclusion of the study. The survey included identifying

information: name, years in education, and grade level. The implementation of the study began

in January 2022 and survey results were gathered and reviewed after the nine-week

implementation of the resource.

Data Analysis

The data gathered from the survey of teachers was analyzed both independently and

collectively. The results gathered from the pre and post survey were analyzed to identify themes.

Additionally, themes were identified from the weekly professional development meetings with

the participating teachers. The qualitative data was compiled to provide a framework for future

social-emotional resources and professional development that is needed to support teachers in

establishing trauma-sensitive and informed school cultures. The data collected, utilizing an

electronic survey, Alchemer formally known as SurveyGizmo, was analyzed to identify themes

regarding social-emotional learning resources and professional development needs of the

teachers included in this study. Further, results following the implementation of a social-

emotional learning resource during the nine-week focus of the study. A pre-assessment was

analyzed to gather data on previous knowledge of the focus group participants relating to social-

emotional learning and supporting students who have experienced trauma. Results from the pre-

implementation survey and the post-implementation survey was analyzed to refute or support the

results of the weekly professional development meetings relating to the *In Focus* resource, and

the evening professional development with a trauma expert, Josh Shipp.

Site Permission

For the portion of the study that involved district staff, official authorization was requested

from the Superintendent. The district was provided with a copy of the proposed study, which

included the rationale for the study, survey questions, and the opportunity to discuss the

implications of the study for the school district with the researcher. The written documentation of

the permission was included in the official IRB submission. All additional stakeholders who

agreed to participate in the study were based on individual responses and thus did not need any

additional formal permission.

Results

At the conclusion of the study and after analysis has been completed, the results will be

shared with the administrative team at the participating district. Following the dissemination of

the information to this team, professional staff will be provided with the results. The results will

be provided to augment the needs of professional staff for establishing supportive classroom

environments with a focus on creating a trauma-sensitive district utilizing social-emotional

learning tenets. Results can also be provided to local school districts that are interested in the

topic of study. Further, the results will be shared with district administration to determine the

necessary steps to incorporate the social-emotional learning resource in all six district-wide K-6

buildings.

Limitations

Limitations to the study included a focus on one elementary school, grades K-4, in a school

district located in western Pennsylvania and surveying staff that was limited to general education

teachers. Further, one social-emotional learning resource was used and provided to identified

participants for use in the study. An additional limitation included a lack of diversity in the professional staff and the student population. Further, researcher bias is noted as a limitation as the researcher was employed in the district and was an administrator in the building where the pilot study was conducted. Finally, a possible limitation of the study included a lack of respondents to the culminating survey.

Summary

This study analyzed the current knowledge base of educators relating to the topic of students who have experienced trauma, provided weekly professional development focused on the implementation of a daily social-emotional learning resource entitled *In Focus* and further analyzed Teacher Self-Reflection utilized for teacher self-care. *In Focus* has two grade levels in the series that were used in the study, Grades K-2 and Grades 3-5. Additionally, the resource highlighted three areas that could be connected to the classroom and are highlighted by color in the Table of Contents. The areas are: Techniques for Calming the Brain and Nervous System (blue), Language Arts Connections (purple) and Theme Weeks (yellow) (*In Focus, 2013, p. xi).* The Scope and Sequence of *In Focus* includes three parts. Part 1 has a focus on Creating Safety, Security, and Connection in the Classroom, Part 2 focuses on Identifying, Controlling, and Expressing Emotions and Part 3 focuses on Focusing, Managing, and Harnessing Emotions to Enhance Learning (*In Focus, 2013, p. xii).* Each lesson provided a list of resources required and an appendix included additional resources and handouts for teacher reference. Teachers included in the study implemented the resource during the daily identified morning meeting. *In Focus* includes a Quote of The Day, Focus of the Day that included background knowledge and an Activity for the Day. Required resources are listed and Teacher Self-Reflection is included in each lesson. The lessons included build upon each other and are to be completed in order from

Week 1 to Week 36. A qualitative pre-survey was completed by the focus group of teachers and a post-survey qualitative survey was completed by the focus group at the conclusion of the nine-week implementation period. Chapter III has included information on the methodology, research, and data analysis that was used for the study. Chapter IV will present the results of the survey findings.

Chapter IV

As outlined in Chapter 1, the pilot study focused on one tenet of creating a trauma-informed school, the use of a social-emotional learning resource entitled *In Focus* authored by Thomas McSheehy, MSW, LSW. Prior to the study, a pre-survey was completed by participating teachers to gain data relating to previous professional development opportunities and previous knowledge of the topic. The study spanned 45 instructional days and included nine weeks of weekly 45-minute professional development meetings, which included general education teachers and the researcher. Additionally, a national speaker with a focus on trauma, Josh Shipp, presented an evening professional development session for all residents and professionals in the county where the study took place. At the conclusion of the implementation, a qualitative survey was sent to participants to gather culminating data.

Participants

In the participating school, 37 general education teachers were invited to participate in the study. Twenty-five general education teachers began the study and 23 remained throughout the nine-week implementation period. Further, 17 participants submitted the culminating survey. The culminating survey included one kindergarten teacher, three first grade teachers, six second grade teachers, three third grade teachers and four fourth grade teachers. The number of students who participated in the survey ranged from a class of 17 to the largest participating class of 24 students, yielding a total of 353 students represented in the study. The number of years of teaching ranged from three years to 30 years (Table 1).

Table 1

Total number of years teaching

Years	Number of participating teachers in each category
1-5	1
6-10	3
11-15	4
16-20	3
21-25	3
26-30	3

Preassessment Data

Participating teachers completed a pre-assessment that consisted of six questions prior to the pilot study implementation. Questions on the survey are included below as well as examples of statements shared by participants.

1. Have you received professional development on the topic of social-emotional learning? If so, please explain.

2. What is your current knowledge about social-emotional learning?

   In analyzing the data gleaned from the pre-assessment survey, themes emerged about the current knowledge of social-emotional learning that included: "explicitly taught skills," "Zones of Regulation," "7 Habits of Highly Effective Kids," "How to manage feelings," "Relationship skills," and "social-emotional needs must be met before academics." Six respondents stated that social-emotional learning helps students to understand and manage emotions, four participants acknowledged the need for social-emotional learning to be met prior to academic instruction, three were not specific, two

expressed that social-emotional learning is needed due to increased anxiety and trauma, two stated that social-emotional learning is important in educating the whole child, and one had no response to the question. The elements listed as current knowledge are reflective of specific areas that are part of social-emotional learning and supported that the participants that answered the question had previous knowledge of the topic.

3. Do you use self-reflection strategies to manage the daily demands of your job responsibilities? If so, please explain.

Self-reflection strategies that were noted on the survey included journaling, meditation, exercise, deep breathing, personal dialogue, reflecting during the commute, after each day, prioritizing demands and three respondents stated "not as much as I'd like.". The data for self-reflection showed a variety of strategies that participants employ to manage the daily demands of the school day.

4. Are there interpersonal skills that you would like your students to learn more about? If so, please explain.

The following interpersonal skills were noted as reoccurring themes by participants: listening, conflict resolution, teamwork, problem solving and responsibility. One respondent answered "all of them," this answer did not provide a specific interpersonal skill as a focus. In the introduction to the *In Focus* resource, supporting communication skills is referenced as a way that will assist students, as well as dealing with conflict, improving problem-solving skills, and prioritizing collaboration and teamwork (McSheehy, 2013). The data provided from this question reflected the content that teachers wanted to provide for students.

5. Are there social-emotional skills that you would like to learn more about? If so, please

explain.

Anxiety and stress management as well as self-awareness/self-confidence and self-worth had

the most responses. One participant did not complete the question. Other responses included:

managing stress, empathy, risk taking and learning more about cultural differences in emotions.

The identification of anxiety and stress management were also discussed throughout the nine-

week implementation via the weekly meeting reflections. These reflections were primarily based

on the COVID-19 pandemic and stress-related issues both in and outside of the school building.

Additionally, the district where the pilot study was conducted had experienced the death of two

secondary students by suicide two weeks prior to the informational meeting and study

implementation.

6. What goals do you have for the students in your classroom by being a part of this study?

According to the data gathered in the pre-assessment, emotional stability of students was the

top focus as a goal for participation in the study. This focus was closely followed by peer

connections/collaboration, self-confidence and self-advocacy. Additional responses included:

empathy, acceptance of differences, creating a safe space, self-awareness, problem solving,

classroom community and establishing a safe space for students. One participant did not

complete the question. This data connects with the need for the participating teachers to create a

safe space in individual classrooms that support and accept differences, ability to problem solve,

strong peer connections and self-confidence and self-advocacy skills that are lifelong skills for

success. The skills that participating educators provided and were seen as areas of weakness

were skills that were determined to be exacerbated by the COVID-19 school closures of 2019

and disrupted schooling in 2020. Cohort models (two days in school a week and live streaming

on Friday), live streaming during high peaks of COVID-19 transmission and continuous parent

support, while students were at home, are noted in the data as reasons for the need to support

students with these goals and skills.

Weekly Meeting Reflections

The implementation of the pilot study began on January 3, 2022 and concluded on March 10,

2022. Weekly professional development meetings were held to gather feedback from general

education teachers with the researcher. Dates of the weekly meetings included: December 21

(study introduction meeting), January 10, January 17, January 24, February 4, February 9,

February 16, February 21, March 3, and March 11. Throughout the 45-day implementation,

teachers provided feedback about the utilization of the *In Focus* resource. The researcher

recorded statements throughout the meetings.

Figure 1

Topics noted throughout the weeks included:

• Connection to the book *Tiger Rising* when completing the Tiger journal
• Good connection to share what teachers are afraid of
• Lesson using the spider web was engaging, all students are needed and included
• Students and teachers enjoyed learning about the brain stem
• Working together is important
• Resources were simple i.e.: puzzle pieces, yarn
• Students and teachers enjoyed using the Tiger Journal throughout the day

- Some lessons were easy to adapt for English Language Learners utilizing pictures

- Teacher self-reflections was good for students to have time to hear these stories

- Belly breathing could be used throughout the day

- Students enjoyed the role play but wished there had been a script for it

- Lessons provided an opportunity for deep, meaningful conversations

- Lessons could go longer due to student engagement

- Lessons that supported unity were some of the favorite

- Plan with students how to prepare if they should see a bullying situation

- Teachers would like to have a book list that went with each of the lessons to support a deeper connection to the lessons

- Abilities and Strengths lessons were easy for students to connect with

- Finding areas that all students can shine

- A previous resource had been used by one teacher and she found that resource to be more relatable for her students

- The lessons were easy to implement during two virtual instructional days

- Due to COVID-19 restrictions it was difficult for students to make connections to what a bully is (very limited unstructured, unmonitored by adult times)

- Liked the Random Act of Kindness

- Enjoyed the role plays

- Rejection/challenges in friendships and how to problem solve individually was a positive lesson

- Teachers recognize the need for enhanced problem-solving skills due to COVID-19 closures and limited peer interactions. Lessons provided a focus in this area

- Mindful moments were emphasized and spaces were created in classrooms to support this focus throughout the day

- Risk taking was encouraged throughout the lessons

- Connections for students with the fight or flight emotions in the body

- While parents were not a focus of this study, two parents of grade 1 students, did share with their child's teacher comments regarding the daily lesson and the positive elements noted for the lesson.

Themes that were noted throughout the weekly professional development meetings and the concluding meeting included teachers noting connections to the novel *Tiger Rising* by Kate DiCamillo that is used as a resource to support the English Language Arts Curriculum. Further, according to the data, the lessons that focused on the brain stem were enjoyed by the participating students and teachers, lessons that supported team work and unity were noted, lessons were easy to implement during virtual instructional days, and reflections regarding difficulties that students had making connections to what a bully was, as the past two years have had limited unstructured, unmonitored by adult times.

Themes that were noted throughout the meetings that were not found to be useful by the participating teachers included that the lessons could go longer due to student engagement and extended to other instructional times, the lack of a script to support the student role plays, lack of literature to support the content of the lessons, lessons were not as relatable to the students as a previous resource that was being used and lessons were more scripted with little opportunity for teacher additions. In analyzing the information presented, the participating district teachers have the autonomy to implement resources that supplement required district and state curriculum supported by a focus on essential standards. Historically, the participating district does not support the use of basal books solely to support instructional practices. In reviewing the details, this was noted as an aspect of the resource that teachers did not find beneficial. Further, teachers did not find the lessons on abilities to be helpful as the participating teachers did not find the students to be reflective on the true areas of the lesson.

At the conclusion of the 45 instructional day study, at the final meeting, the researcher gathered overall reflections from the participating teachers of the areas of the *In Focus* resource that they liked and those that they did not.

Figure 2

Elements participating teachers found beneficial included:

• Teaching about abilities and talents that each child has
• Learning about the brain was beneficial
• Liked kindness lessons
• Liked circle of control lessons
• Recognizing different emotions and how they are feeling was important to discuss
• Enjoyed the question of the day
• The lessons on stopping to think before acting were important to discuss and review throughout the day and weeks.
• Primary teachers liked the framework of *Responsive Classroom* lessons but liked the question of the day from *In Focus*, and would like to combine elements of each in the future.
• Teachers observed that students liked to share in the lessons.

Figure 3

Elements participating teachers found not beneficial included:

• Did not like the lessons on abilities as some students thought they were good at all aspects, not necessarily reflective on the true areas of the lesson
• Lessons were very scripted with little opportunity for teacher additions to the lessons
• Some parts of the brain lessons were too in-depth for the age of the students
• No additional books connected to the lessons to support the lesson focus and build deeper connections
• More lecture based

Culminating Survey

At the conclusion of the nine-week implementation, a culminating qualitative survey was distributed to all participants electronically utilizing Alchemer, formally known as SurveyGizmo. The participants were provided one week to complete the survey and submit responses to the researcher. The culminating survey included 14 open-ended questions. The survey can be found in its entirety in Appendix A.

Findings

On the survey, questions for numbers one through four included teacher name, grade level, total number of students participating in morning meeting and total number of years teaching. Participating teachers included one teacher from kindergarten, five teachers from Grade 1, six teachers from Grade 2, five teachers from Grade 3, and eight teachers from Grade 4. All eight teachers in grade 4 participated in the study. Each grade level had at least one representative in the study. In analyzing the responses for these questions, the range of students participating was 17 to 24. Participating teachers had years of service ranging from three years to 30 years. In analyzing the responses provided for question number five, 13 of the 16 respondents had previously received training on the topic of Trauma Informed Schools, at some level. Of the thirteen responses, the training held through various in-service days at the participating district accounted for nine of the responses. Table 5 provides specific responses to the question.

Figure 4

Responses to question number 5

Response ID	Response
2	I have not received much professional development in the topic of trauma informed schools, although some of our district inservices have had time dedicated to that topic, and I have participated in those sessions.
3	Act 80 training
4	I have completed on line training though the school district
5	No
6	Yes, Act 80 Professional Development
7	Yes, district provided PD by our school counselors.
8	Yes, at various professional development opportunities.
9	Yes. While in a previous position with Glade Run Lutheran services, I received a week of training on trauma informed practices. For example, at the beginning of each class, everyone participates in a community meetings to share feelings and goals.

10	Yes, we received training during an Act 80 day in January 2022. We received strategies that were preventative as well as what to do in the moment and afterwards.
11	The guidance counselors held a Trauma Informed Schools professional development over TEAMS this year.
12	Yes, during recent Inservice day
13	- Trauma and Learning PD (attend at when in the YESS position) - PD via Pitt professors
14	No
15	1.5 hour Trauma Informed Schools professional development - common trauma symptoms in students and helpful strategies for educators
17	No
18	Yes. In-service professional development presentation by school counselors.

Question number six referenced professional development that the participating teachers had received on the topic of social-emotional learning previous to the study. A few example responses to the question included:

"Second grade purchased a social emotional learning product from Teachers Pay Teachers and I had been using that."

"I went to a Governor's Institute for a few days, where CASEL was presented."

Question seven inquired as to any components of the resource that the teacher would continue to utilize in the classroom. A few sample responses included:

"The breathing exercises"

"Based on the needs of my classroom, I also have completed Week 21: Test Prep: Developing an Inspiring Attitude."

Topics that emerged for this question included: breathing exercises, kindness, journaling, coping strategies, anti-bullying lessons, continuing to conduct a morning meeting each day, and the three parts of the brain lesson.

Question eight in the survey investigated if after implementing the daily Teacher Self-Reflection questions and the Quote of the Day have these practices impacted the participants own self-care routine. If the participant answered yes, they were asked to elaborate on their response. Two example responses included:

"More mindfulness, practicing belly breathing."

"Yes, the quotes of the day were very impactful when guiding my own practice of self-care. I also became more aware of my own stress and reactions based on the self-reflection questions."

Topics that emerged for this question included: practicing mindfulness, reminded the participants to pause and reflect on the teachers own social-emotional needs, and putting their own worries in perspective.

Question nine of the survey investigated self-care strategies that are used to deal with the daily stress of job responsibilities. Example responses included:

"I practice guided meditation each day to help cope with the stress related to my job. I find that this practice helps me be more mindful and intentional throughout the day."

"If I have time, I will take a walk with my dog or read a book for enjoyment."

Topics that emerged for this question included: exercise (walking, yoga), prayer (connection with a Higher Power) and connection with family and friends.

Question 10 focused on elements of the daily lessons that the participants found the most valuable. Two examples of responses included:

"I was happy this resource provided lessons that could be completed within 20 minutes. It was easy to follow and did not require many additional materials."

"My students really enjoyed the daily quotes; They would be posted for them each morning and we would start by sharing with a partner what the quote means to them and then sharing out as a class."

Topics that emerged included: journaling, lessons on one page due to time constraints, relaxation techniques, and lessons on the brain.

Question 11 focused on elements of the daily lesson that participants noted as the least useful. Two example responses included:

"I personally felt the daily quotes were too advanced for my students. I feel social emotional lessons should be a time for discussion and reflection of issues they face daily."

"I think the daily lessons sometimes lacked connection to the students. I think using literature gives them a springboard and connection to feelings that they are having."

Topics that emerged included: a lack of identified, supporting literature such as books that have a similar topic to the daily lessons, and the structured script did not support authentic conversations. In reviewing the comments shared during weekly professional development meetings, the teacher that shared the daily quotes were too advanced for her students had a large population of students that receive English as a Second Language programming. This could have been a reason for the comment.

Question 12 focused on sharing success and barriers of the utilization of the daily resource. Example responses included:

Success: "I felt the discussions and the connections that the students made to one another were a success. My students loved the opportunities to participate in role play."

"Overall, the daily resource was helpful as a guide for lesson topics and implementation. Some of the activities needed adjusted to fit the classroom community."

Barriers: "The drawback is that sometimes the lessons took longer than 15 minutes. It was hard to wrap them up and move right into reading when so many kids still had thoughts and ideas to share."

"The scripted nature was a barrier."

Themes that emerged included: the resource (book) spans several grade levels and students would have seen the lessons previously, brain development lessons were interesting, and student engagement was difficult due to some concepts being too advanced for the grade of the students.

Further, participants noted a focus on using calming strategies as a success, limited time to complete the lesson and move to the next academic, lack of identified literature to connect to the topic, and the scripted nature of the lessons were noted as both a barrier and a success in various participant responses.

Question 13 focused on previous professional experiences and observations that were made about students since the implementation of the daily resource. Example responses included:

"I felt like I lost connection with them while I was using this resource, and since the trial period has ended and I have returned to my old resource, I am relieved to have that connection back again."

"They have branched out to play with more students and include others on the playground. They are more welcoming."

Themes that emerged included observations made by teachers that students were better able to utilize calming/coping strategies, recognize different emotions and were better able to express how they (students) are feeling after the implementation of the resource.

In conclusion, Question 14 inquired as to what skills are demonstrated most by students in the classroom while focusing on social and emotional intelligence. Two example responses included:

"I see students demonstrating empathy in the classroom the most."

"Perseverance is a big focus I stress with my students no matter how challenging things may become. I encourage them not to give up and to always believe that anything is possible through trial and error, hard work and dedication."

Themes that emerged from this question included: empathy, kindness, and perseverance.

Additional Themes

In analyzing themes gleaned from the culminating survey for questions number eight and 14, themes were noted in connection with the number of years teaching and changes in the implementation that impacted a self-care routine (Table 2). Eight total participants from 11-20 years and 21-26 years of teaching noted implementing self-care strategies during and after the study implementation. Six participants noted no changes in the implementation of self-care strategies.

Table 6

Total number of years teaching

Years	Teachers that implemented self-care strategies
1-10	2
11-20	4
21-26	4

Question number 14 asked, Utilizing the lens of social and emotional intelligence, what skills do you see demonstrated most by the students in the classroom? i.e.: empathy, perseverance, ability to control impulses. In analyzing teacher responses, the number of years in the classroom did not have an impact on the results. Sixteen out of the seventeen responses included empathy, and one response from a teacher with 11 years of service included strengths and struggles.

Conclusion

Thirty-seven general education teachers were invited to participate in the study. Twenty-five general education teachers began the study and 23 remained throughout the nine-week implementation. The 25 participants took part in the pre-assessment survey that included questions to gain insight into previous knowledge of the topics of social-emotional learning and trauma-informed Schools. Further, the pre-assessment survey focused on self-reflection strategies, interpersonal, and social-emotional skills of the students. Finally, the participants were asked to share goals as the classroom teacher that they would like for their students to learn or improve upon by participating in the study. Themes were identified and presented in this chapter for the pre-assessment survey. Eleven participants answered that they had received previous training on social-emotional learning previously and three had not received training on the topic. Participants were aware of social-emotional learning that included how to manage feelings, relationship skills and explicitly teaching SEL skills. Participants were asked to share current self-reflection strategies that included journaling, mediation, exercise, and deep breathing. Participants were asked to share interpersonal skills that they would like their students to learn more about. Listening, managing feelings, coping skills and problem solving were shared as focus areas. Additionally, participants were asked to share social-emotional skills they would like to know more about. Decision making for students, managing stress, risk taking and anxiety and stress management were common themes. The final question inquired as to goals for the students by being a part of the pilot study. Participants noted peer connections, empathy, emotional stability and creating a safe space were themes gleaned from the data.

Weekly professional development meetings were conducted throughout the nine-week implementation. The meetings were conducted with participants and the researcher with a focus

on gathering reflections related to the previous weeks lessons and discussion related to the planning for the upcoming weeks lessons. The guiding question each week was "What reflections do you have from the lessons that were conducted during the previous week?". The researcher gathered data from these meetings and provided themes were included in Chapter IV.

Summary

At the conclusion of the pilot study, an electronic survey was sent to participants. Seventeen participants completed the culminating survey that included Kindergarten through 4th grade teachers in the participating district. The largest class of students was 24 and the least number of students in a classroom was 17. The number of years of teaching ranged from 3 years to 30 years of those that completed the survey. Themes for each of the survey questions and direct quotes from participants have been included in Chapter IV. Data gathered from the pre and post survey results provided overall themes that identified skills learned by participating students during the study, reflections from teachers on social-emotional skills needed for students, results following the resource implementation and pre-survey results. These results added to existing district data examining current teacher knowledge of trauma-informed schools, social-emotional learning and the implementation of one identified resource for a nine-week, 45 school day implementation period. Chapter V will include a summary of findings, recommendations for future professional development needs for educators in the participating district, recommendations for further investigation of resources focused on social-emotional learning for students in grades K-12, and adds to the current research on the topic of social-emotional learning.

Chapter V

Introduction

Included in this chapter is a summary of the study provided in the previous chapter. Further,

conclusions gleaned from qualitative survey data via the qualitative survey data are included.

Recommendations for future studies and research are discussed, as well as suggestions and

further connections to support the utilization of a social- emotional learning resource that

supports trauma-informed schools.

Study Summary

The study focused on the utilization of a social-emotional learning resource, *In Focus.* The

focus was on supporting the overwhelming number of students who have experienced traumatic

events and recommending supports utilizing social-emotional learning. Traumatic events, or

Adverse Childhood Experiences (ACE's) include "a frightening, dangerous, or violent event that

poses a threat to a child's life or bodily integrity." (The National Child Traumatic Stress

Network, (n.d.), p. 1). One of the requirements of establishing a trauma-informed and trauma-

sensitive school is using an SEL resource, such as the one chosen for this study.

Social-Emotional Learning (SEL):

is the process through which young people and adults acquire and apply the knowledge,

skills, and attitudes to develop healthy identities, manage emotions and achieve personal and

collective goals, feel and show empathy for others, establish and maintain supportive

relationships, and make responsible and caring decisions. (Jagers, Skoog-Hoffman, Barthelus,

& Schlund, 2021, p. 3).

The purpose of this study was to determine the impact of the resource in kindergarten through grade four classrooms. Further, the weekly professional development was designed to provide educators with the skills and knowledge to provide a trauma-sensitive and supportive classroom environment for all students.

Research questions examined in the study included:

1. Prior to this study what training or professional development did Kindergarten -Grade 4 teachers participate in related to trauma informed schools?

2. After nine weeks of incorporating a daily social-emotional learning resource, what impact was evidenced in the classroom community?

3. After implementing a social and emotional learning resource, and attending the weekly professional development meetings, what specific skills, knowledge, and/or strategies did K-4 teachers feel the most confident in implementing in their classrooms?

4. After attending the weekly professional development meetings and evening professional development event, at what level will K-4 teachers feel prepared to deliver a social emotional learning resource to students?

Qualitative methodology, with surveys as the primary source of data, was used to explore the above research questions. One survey was provided to participants prior to the study implementation via a written response, and one was provided electronically at the conclusion of the nine-week study. The culminating survey was provided to participants via an electronic platform Alchemer. Participants were given one week to submit their responses for the culminating qualitative survey. Survey responses were analyzed for patterns, themes and categories.

Questions provided on the survey prior to the implementation of the study included:

1. Have you received professional development on the topic of social emotional learning?

    If so, please explain:

2. What is your current knowledge about social emotional learning?

3. Do you use self-reflection strategies to manage the daily demands of your job responsibilities?

    If so, please explain:

4. Are there interpersonal skills that you would like your students to learn more about?

    If so, please explain:

5. Are there social emotional skills that you would like to learn more about?

    If so, please explain:

6. What goals do you have for the students in your classroom by being a part of this study?

Questions on the survey at the conclusion of the study included the following:

1. Name

2. Grade Level

3. Total number of students that participated in the daily morning meeting

4. Total number of years teaching

5. Prior to the study, have you received professional development related to the topic of Trauma Informed Schools?

6. Prior to the study, what professional development have you received related to the topic of social emotional learning?

7. Are there components of the social emotional learning resource that you will continue to utilize in your classroom? If you answered yes, explain the component.

8. After implementing the daily Teacher Self-Reflection questions and the Quote of the Day, have these practices impacted your own self-care routine? If you answered yes, expand how.

9. What self-care strategies do you use to deal with the daily stress of your job responsibilities?

10. What elements of the daily lessons did you find the most valuable?

11. What elements of the daily lessons did you find the least useful?

12. What observations would you share about the success or barriers of the utilization of the daily resource?

13. Based on your previous professional experiences, what observations have you made about your students since the implementation of the daily resource?

14. Utilizing the lens of social and emotional intelligence, what skills do you see demonstrated most by the students in the classroom? i.e.: empathy, perseverance, ability to control impulses.

Findings

Twenty-three general education teachers remained in the study throughout the nine-week implementation period, and 17 participants completed and submitted the culminating survey. The total number of students represented in the survey was 353, and the number of years of teaching experiences ranged from three years to 30 years. The most participating teachers in one category

was four, whose years of teaching ranged from 11- to 15 years. Only one participant had a range of one to five years of teaching.

Participants completed a pre-study survey that included six questions. Survey data indicated that 14 respondents had current knowledge of social-emotional learning with responses that included managing emotions, the need for SEL to be met prior to academic instruction, the need for SEL due to an increase in anxiety and trauma and the importance of SEL in educating the whole child. The initial survey asked participants to share self-reflection strategies that were used to manage daily demands of the job. Responses that emerged from the survey included journaling, meditation, exercise, deep breathing, personal dialogue, reflection during the commute, after each day, and prioritizing demands. It is notable that three respondents stated "not as much as I'd like.". In analyzing the results from this question, it is noted that a variety of strategies are used to assist with managing the daily demands of a teacher's day and not all strategies are useful to all people.

When participants were asked to share what interpersonal skills they would like students to learn more about, reoccurring responses included: listening, teamwork, responsibility, conflict resolution, and problem solving. When asked if there were specific skills that the teacher would like to learn more about, topics included: anxiety and stress management, self-awareness/self-confidence, and self-worth. Additional responses included: empathy, learning more about cultural differences in emotions, managing stress, and risk taking. The final question on the survey solicited responses from the participants for goals for students during the daily morning meeting while the resource was being piloted. According to the survey data, emotional stability of students was the top goal for the teachers participating in the study, followed closely by peer collaboration and connection, self-confidence, and self-advocacy. When analyzing themes from

the survey provided prior to the implementation skills that participating teachers identified as areas of weakness were noted to have been exasperated by the COVID-19 school closure in 2019 and inconsistent schooling during the 2020-2021 and 2021-2022 school years. Cohort models (two days of in-person schooling that included half of the class and live streaming on Friday), live streaming during high peaks of COVID-19 transmission and frequent parental supports were noted in the data as reasons for the need to increase student skills in the areas of social-emotional learning.

Weekly Meeting Reflections

The study was implemented on January 3, 2022 and concluded on March 10, 2022. The final meeting of the study took place International SEL Day, March 11, 2022. During the implementation of the resource, weekly professional development meetings were conducted to gather feedback from the participating general education teachers. The researcher recorded statements from the weekly meetings. In the findings, themes were noted that included connections between the novel *Tiger Rising* and the *In Focus* resource. Further, themes revealed that lessons that focused on the brain stem were enjoyed by students and teachers. The lessons on the brain provided a visual representation of the brain stem, limbic system and prefrontal cortex. The lessons further explained what each of these areas of the brain controls, such as emotions, physical sensation and words (McSheehy, 2013). Teachers also noted the lessons in the resource supported unity and team work, and lessons included in the resource were easy to implement during virtual instructional days. One final reflection was on the past two years and how students had difficulty connecting with what a bully was. This reflection was due to limited social interactions as a result of COVID-19 restrictions. Participant critiques of the resource included the lack of a script for role plays, scripted lessons with little opportunity for teacher additions, the

lack of a connection with literature that would support the content of the lessons, and for primary students, lessons were not as relatable as previous resources that the participants had implemented in the past. Finally, participating teachers did not find the lessons on abilities to be helpful as the participating teachers found students to not be reflective on the true areas of the lesson.

Post Implementation Survey Findings

At the conclusion of the nine-week implementation, a culminating qualitative survey was distributed to all participants. Questions one through four included information relating to name, grade level, total number of students that participated in the morning meeting and total number of years teaching. Responses were analyzed for themes beginning with question five. Thirteen of the 16 respondents had previously received training on the topic of trauma-informed schools at varying levels. Of those 13 responses, nine cited trainings from various in-service days at the participating district. Question seven inquired as to any components of the resource that participating teachers would continue to utilize after the study was concluded. Participants cited the following components: breathing exercises, coping strategies, anti-bullying lessons, referencing the three parts of the brain lessons, journaling, kindness and continuing to conduct morning meeting each day. Question eight investigated if the daily Teacher Self-Reflection questions and the Quote of the Day had impacted the participants' own self-care routines. If participants answered yes, they were asked to expand on those practices. Responses included putting their own worries in perspective, pausing and reflecting on the teachers' own social-emotional needs, and practicing mindfulness. Question nine inquired as to self-care strategies that were used by the participating teachers to deal with the daily stress of job responsibilities. Strategies included exercise (walking, yoga), prayer (connection with a Higher Power), and

connection with family and friends. Question 10 inquired as to elements of the daily lessons that participating teachers found to be the most valuable. Responses included lessons being on one page due to time constraints, lessons on the brain, journaling, and relaxation techniques. Conversely, question 11 focused on elements of the daily lessons that participating teachers noted as least useful. Responses included concerns that the structured script did not support authentic conversations and a lack of student literature to support the presented topics. Question 12 focused on asking participating teachers to share successes and barriers of the utilization of the *In Focus* resource. Successes included interesting lessons on the brain development, and a focus on using calming strategies. Barriers included that the resource spans several grade levels and students would have seen the lessons previously, student engagement was difficult due to some concepts being too advanced for the grade level of the students, limited time to complete the lesson and move to the next academic, and lack of authentic literature to connect to the topic. The scripted nature of the resources was noted as both a barrier and a success in various participant responses. Question 13 focused on previous professional observations that were made about students since the implementation of the *In Focus* resource. Themes noted by participating teachers included an increase in utilizing calming/coping strategies, recognizing different emotions and being better able to express how they (students) are feeling. The final question inquired as to what skills participating teachers observed being demonstrated by most students in the classroom while focusing on social and emotional intelligence. The skills teachers noted included empathy, kindness, and perseverance.

Implications

Implications for the study include the need for continued focus on creating Trauma Informed Schools throughout the participating school district. Dr. Aaliyah A. Samuel, CASEL President

and CEO supports this focus by stating "SEL creates a foundation for safe in-person environments, caring relationships, mental wellbeing, engaging instruction, and other key components of healthy development." (Samuel, 2022, p. 2). Participating teachers identified areas of interpersonal skills that students are in need of improving and those that students improved upon, based on observations, at the conclusion of the study. After incorporating the *In Focus* resource, students were observed to have improved in the areas of utilizing calming/coping strategies, recognizing different emotions and being better able to express feelings. The findings in this study support CASEL's position on the need for continued direct instruction in social-emotional learning and the important role that teachers play: "teachers are the dominant drivers of SEL implementation, though district and administrative personnel and students' parents or families have a notable impact as well. In addition, nearly all of the educators surveyed in the 2019 survey conducted by Houghton Mifflin Harcourt (HMH) said they "strongly agree" that their students are in need of SEL." (Friedman, 2021, p. 5).

A focus during the study was on identifying areas that the participating district teachers should be utilizing various strategies to support their own self-care. It is important to focus on supporting teachers implementing self-care strategies to avoid compassion fatigue. Compassion fatigue is defined as "the physical and mental exhaustion and emotional withdrawal professionals experience when working with distressed children, adults, or families over extended periods of time." (Romero, Robertson & Warner, 2018, p. 12). The participating district should support self-care strategies to avoid compassion fatigue. Including providing staff with the opportunity to self-assess their own compassion fatigue utilizing surveys such as www.compassionfatigue.org. (Romero, Robertson, Warner, 2018). Results from this study add to the research on the topic of trauma-informed schools and social-emotional learning as a necessary tenet of this focus area.

Recommendations

The study focused on one elementary school, grades kindergarten through Grade 4, in a suburb of Pittsburgh with limited diversity in both the teaching and student ranks. One recommendation for future research includes the implementation of the *In Focus* resource at the other three elementary buildings in the district. Following the implementation, a culminating survey would be conducted and an analysis of results would be completed including a larger group of participating teachers.

Additionally, a committee of teachers could be gathered to review other SEL resources that could be used during morning meeting. This committee could include a representative from each grade level. Each grade level could implement a SEL resource that was chosen by the team of teachers. At monthly focused SEL faculty meetings, each grade level could share information regarding the resource and share reflections on student input and participation. The resource should be implemented at the beginning of the school year in order to establish a strong classroom community focused on social-emotional learning skills and strategies. Dedicated time should continue to be included in the master schedule to support time for classroom Morning Meetings. Furthermore, a focus should be placed on providing students, district wide, with skills and strategies gleaned from the CASEL SEL framework. District-wide and building-level SEL teams could be established and an administrator should be assigned to support the committee. This committee would meet monthly to focus on a certain element of the framework, identify resources to be distributed to all staff via both in person and electronic distribution, and to share with parent/guardians and community members.

This committee should also focus on engaging community stakeholders, including parents, and those efforts should be inclusive and culturally responsive (CASEL, 2022). As 53 percent of students enrolled in public school are people of color, and one in 10 are English language learners (CASEL, 2022), it is critical to provide opportunities to support all learners. A continued partnership with county stakeholders such as early childhood partners, county commissioners, faith-based groups and mental health providers should continue to provide yearly professional development for educators and families on the topics of trauma-informed practices and SEL. Finally, administrators in the participating district should place a focus on supporting the social-emotional needs of students beginning in elementary school and spanning throughout grade 12. CASEL states "To set students up for successful adulthood, we must integrate social and emotional learning throughout every moment of their educational experience." (Samuel, 2022, p. 2).

Conclusion

This study focused on one element of creating a trauma-informed school by utilizing a selected SEL resource. The findings contribute to the field of education by providing teacher feedback and reflection on trauma-informed practice and social-emotional learning as well as information on self-care strategies that teachers themselves use. The aforementioned are important as a growing number of students are experiencing mental health challenges and as teachers experience secondary traumatic stress and compassion fatigue.

Further, the study adds to the research that is needed to support evidenced-based strategies that contribute to supporting students with SEL. The President and CEO of CASEL, Dr. Aaliyah A. Samuel argued "Amid significant challenges in education-an ongoing pandemic, a growing crisis around youth mental health, persistent inequities, and divisive politics-we have unprecedented demand and new opportunities for social and emotional learning (SEL)" (CASEL, 2022, p. 1).

There is a need to provide a continuum of supports to students while in school. This study focused on one practice of establishing a designated time for a daily morning meeting that included the use of the *In Focus* resource. This research benefits administrators both in the participating district and others regarding the importance of this time to support the growing social and emotional needs of children grades Kindergarten-through 12.

While focused on this particular study, all students had the opportunity to benefit from an identified, structured resource. The implementation of this resource at the other five elementary buildings in the participating district could assist in gathering further results that would add to the research in this area. Further, it is critical to share information on the elements of SEL with parents and guardians in order to support strong partnerships. By sharing information on this study, as well as others, families are aware of the topics that are and are not included in SEL. This is an important factor in adding to the benefits of strong community and school partnerships that benefits the field of education and overall society.

With 46 percent of children in America experiencing at least one Adverse Childhood Experience (Romero, Robertson, & Warner, 2018) there should be a continued focus on supporting children who have experienced traumatic events and the educators who work the most closely with them. Furthermore, professional development focused on the creation of trauma-informed schools, social-emotional learning, and self-care strategies for educators should be included in undergraduate and graduate course work. By providing this information to undergraduate and graduate students, educators will be more prepared to provide supports to children who have experienced traumatic events. Further, providing information on self-care strategies and compassion fatigue to combat future professional difficulties should be included in the course

work. Likewise, continued supports for new and veteran educators should be a yearly requirement for district trainings throughout the country.

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Appendix A

Social Emotional Learning/Interpersonal Skills

Pre-assessment

Have you received professional development on the topic of social emotional learning?

If so, please explain:

What is your current knowledge about social emotional learning?

Do you use self-reflection strategies to manage the daily demands of your job responsibilities?

If so, please explain:

Are there interpersonal skills that you would like your students to learn more about?

If so, please explain:

Are there social emotional skills that you would like to learn more about?

If so, please explain:

What goals do you have for the students in your classroom by being a part of this study?

Appendix B

Post-Survey

Name: _____

Grade Level: _____

Number of students that participated in the morning meeting: _____

Total number of years teaching: _____

Prior to this study, have you received professional development related to the topic of Trauma Informed Schools? If you answered yes, please explain.

Prior to this study, what professional development have you received related to the topic of social emotional learning?

Are there components of the social emotional learning resource that you will continue to utilize in your classroom? If you answered yes, explain the component.

After implementing the daily Teacher Self-Refection questions and the Quote of The Day have these practices impacted your own self-care routine? If you answered yes, expand how.

What self-care strategies do you use to deal with the daily stress of your job responsibilities?

What elements of the daily lessons did you find the most valuable?

What elements of the daily lessons did you find the least useful?

What observations would you share about the success or barriers of the utilization of the daily resource?

Based on your previous professional experience, what observations have you made about your students since the implementation of the daily resource?

Utilizing the lens of social and emotional intelligence, what skills do you see demonstrated most by the students in the classroom? i.e..: empathy, perseverance, ability to control impulses

Appendix C

Informed Consent Form

Dear (Participating Teacher),

You are invited to participate in a study that examines one tenent of a Trauma Informed school, the use of social emotional learning. This research will examine the use of an identified social emotional learning resource entitled *In Focus* and provide you with the opportunity to participate in professional development with a focus on the elements of a Trauma Informed school culture throughout a nine-week implementation period (45 school days). The following information is provided so that you may make an informed decision about whether or not to participate. There are no known risks associated with this research and your participation is strictly voluntary. You are free to withdraw from this study at any time by simply contacting me. Participation or non-participation in this study will not adversely affect you in anyway.

Participation in this study will require your attendance at an initial meeting with other study participants to become familiar with the structure of the resource. You will also be asked to complete a pre-assessment qualitative survey on your current knowledge base regarding social emotional learning and Trauma Informed Schools. You will be asked to implement the resource during morning meetings for nine-weeks. During the implementation period, weekly professional development meetings will be held to plan for the upcoming week and to review the previous weeks lessons. Additionally, an evening presentation by an expert in the field of social emotional learning will be offered during the period of the study. Act 48 credit will be awarded to participants of the study at the conclusion of the nine weeks and for attendance at the evening event. At the conclusion of the study, there will be a post-qualitative survey. All anecdotal records and surveys will be secured in a locked file cabinet for at least three years in compliance with federal regulations. Any use of the findings, in either publication or presentation, will exclude identifying information.

If you are willing to participate in the study, please sign the consent form attached to this document and return it to me. At the conclusion of the study, a summary of the findings will be available to you upon request. Thank you for your consideration.

Principal Investigator: Dr. Barger-Anderson

richael.barger-ander@sru.edu

Professor

Department of Special Education

Slippery Rock University of PA

This project was approved by the Slippery Rock University Institution Review Board on December 15, 2021.

SlipperyRock
University
of Pennsylvania

APPENDIX D

Special Education Department

CONSENT TO PARTICPATE IN RESEARCH

Foundations for Establishing a Truama Informed School

Kristen D. White krd4691@sru.edu

1. **WHAT IS THIS FORM?**
   This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. I encourage you to take some time to think this over and ask questions now and at any other time. If you decide to participate, you will be asked to sign this form and you will be given a copy for your records.

2. **WHO IS ELIGIBLE TO PARTIPATE?**
   Participants must be at least 18 years old to participate and must be currently employed in a public school setting.

3. **WHAT IS THE PURPOSE OF THIS STUDY?**
   The purpose of this research study is to investigate the understanding of educators relating to the topic of students that have experienced truma and the knowledge of the elements needed to develop a Truama-Informed Approach in schools.

4. **WHERE WILL THE STUDY TAKE PLACE AND HOW LONG WILL IT LAST?**
   Paricipants in the study will be asked to answer questions utilizing a Likert scale electronically. Follow-up questions, if permitted will be audio recorded and your answers will be transcribed.

5. **WHAT WILL YOU BE ASKED TO DO?**
   If you agree to take part in this study, you will be asked to complete a survey that relates to the topic of your experiences and professional development relating to students that have Adverse Childhood Truama. Additionally, you will be asked to provide personal reflections on your knowledge of the elements needed to establish a trauma informed school climate. You may skip any question you feel uncomfortable answering.

Initials: _____

6. **WHAT ARE THE POTENTIAL BENEFITS OF BEING IN THIS STUDY?**

By participating in this study you are contributing to the research supporting students that have endured Adverse Childhood Experiences and Trauma. Additionally, you will contribute to the research needed to establish trauma informed practices in public schools.

7. **WHAT ARE THE POTENTIAL RISKS OF BEING IN THIS STUDY?**
There are no known risks associated with this research study; however, a possible inconvenicence may be the time it takes to complete the study.

8. **HOW WILL YOUR PERSONAL INFORMATION BE PROTECTED?**
The following procedures will be used to protect the confidentiality of your study records. The audio recordings and transcriptions, including any codes to your data, will be kept in a secure file cabinet upon the completion of the transcription. Research records will be labeled with a code. A master key that links names and codes will be maintained in a separate and secure location. The master key and audiotapes will be destroyed 3 years after the close of the study. All electronic files containing identifiable information will be on a password protected desktop computer in my locked office. Any computer hosting such files will also have password protection to prevent access by unauthorized users.

Initials: _____

I will be the only researcher to have access to the passwords. At the conclusion of this study, the researcher may publish the findings. Information will be presented in summary format and you will not be identified in any publications or presentations.

9. **WILL YOUR RECEIVE ANY INCENTIVE OR COMPENSATION FOR TAKING PART IN THIS STUDY?**
There is no compensation for your participation in this study.

10. **WHAT IF YOU HAVE QUESTIONS?**

Take as long as you like before you make a decision. I will be happy to answer any questions you have about this study.

11. **CAN YOU STOP BEING IN THE STUDY?**

You do not have to be in this study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide that you do not want to participate.

12. **WHAT IF YOU EXPERIENCE PROBLEMS RELATED TO BEING A RESEARCH SUBJECT?**
Slippery Rock University does not have a program for compensating subjects for injury or complications related to human subjects research, but I will assist you in getting treatment.

13. **SUBJECT STATEMENT OF VOLUNTARY CONSENT**
When signing this form, I am agreeing to voluntarily enter this study. I have had a chance to read this consent form, and it was explained to me in a language which I use and understand. I have had the

opportunity to ask questions and receive satisfactory answers. I understand that I can withdraw at any time. A copy of this signed Informed Consent Form has been given to me.

Initials: _____

_____   _____   _____
Participant Signature   Print Name   Date

By signing below I indicate that the participant has read and, to the best of my knowledge, understands the details contained in this document and has been given a copy.

_____   _____   _____
Signature of Person   Print Name   Date
Obtaining Consent