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How Authentic Professional Development and Instructional Coaching Support the Successful
Implementation of Trauma-Informed Practices

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Education in Educational Leadership

by

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Abstract

The purpose of this action research study was to examine how authentic professional development and instructional coaching can support the successful implementation of trauma-informed practices at two elementary schools, School A and School B, in Ridgedale School District (pseudonym) (RSD). RSD is a small urban school district in Oklahoma. This study sought to identify the support teachers need to implement trauma-informed practices and the barriers that may affect the implementation. This mixed methods action research study encompassed evidence from multiple qualitative and quantitative data sources within the four phases of the action research spiral (Herr & Anderson, 2014). While utilizing this interactive method of collecting information, efforts were made to improve practices through pertinent professional development, instructional coaching, and implementation of trauma-informed practices. To assist in collecting rich and meaningful data, the following qualitative and quantitative methods were used throughout the action research study: data collected from instructional coaching cycles including classroom observations and coaching conversations; structured interviews; and, discipline referral data, special education and mental health referrals, and attendance data.

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A sincere thank you goes to my home school district and campus site. Our team is one of a kind, battling every day for students. Thank you for your unwavering support. This work will help to inform the ways we can better serve teachers so that they can fully support our students. Every Heart, Every Mind, Every Day – that is our Way!

Dedication

This entire process and final product are dedicated to my family. Thank you for your love, patience, support, and encouragement when I needed each the most. You let me disappear into my work when I needed to do so and cheered me on throughout this entire process.

To my daughters, Kinley, Madison, and Savi Rae – You girls are my heart and the reason for all I do. I pray that my ceiling is your floor and that you pave a path for the next generation to be more than the past. Remember, family is everything and I love you more. May you always do everything in love, serve others, and remember you can accomplish anything. I believe in you.

To my parents, Pete and Georgia - Thank you for the way that you thoughtfully raised me and for teaching me the value of education, the importance of a strong work ethic, how to use my voice, and for always loving others.

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Chapter One: Introduction

Introduction

As Alex, Brad, (pseudonyms) and their mother, who had tears rolling down her face, sat across from my desk, I knew we needed a different type of intervention. It was only Thursday morning, yet this was the third time this week these fourth and third graders, respectively, had been in my office for disciplinary reasons. As we met, Mrs. Carter (pseudonym), their math teacher, vividly explained how their constant disruptive behavior interrupted her instruction. Additionally, their incomplete work and missing assignments resulted in current failing grades for both brothers.

As their mother sobbed, she tried to explain to Mrs. Carter and me how they were experiencing some major life changes at home. Alex's and Brad's father was being released from prison in a few days. This would be the first time their father lived in the home with the boys since Brad was four months old and Alex was 18 months old. The young men were having difficulty processing what it would look like with their dad home and what kind of changes that would mean for them. Additionally, they had been the father figure for their younger siblings all their lives and knew that would be changing with the return of their biological father to the home.

With a serious glare in her eyes, Mrs. Carter looked at the boys' mother and asked, "What does this have to do with their behavior and lack of academic progress here at school?" At that moment I realized that Mrs. Carter, one of the most effective, veteran teachers in the building, did not know how to recognize trauma in her students nor did she have the tools or strategies to support the effects of trauma on her students' learning. Additionally, as I met with Mrs. Carter privately after the boys and their mother left my office, I slowly started to realize

that she had some unaddressed trauma of her own regarding her father's murder. When she was a teenager, her father, a local police officer, was killed in the line of duty. Over the next few days, as I observed staff and their interactions with students, I realized Mrs. Carter was not an isolated case. Most of the teachers were unable to effectively address trauma's effects in their students' learning, behaviors, and presence in the instructional setting.

Although considerable research has been conducted about trauma and the impact it may have on learning and achievement in school, little research has provided educators with knowledge regarding the structures, skills, and techniques they can utilize in the classrooms to lessen the impact of trauma and, consequently, change the lives of children. The purpose of this action research study was to examine how authentic professional development and instructional coaching can support the successful implementation of trauma-informed practices at two elementary schools, School A and School B, in Ridgedale School District (pseudonym) (RSD). RSD is a small urban school district in Oklahoma. This study sought to identify the support teachers need to implement trauma-informed practices and the barriers that may affect the implementation.

This mixed methods action research study encompassed evidence from multiple qualitative and quantitative data sources within the four phases of the action research spiral (Herr & Anderson, 2014). The action research cycle offered me opportunities for continued reflection throughout the implementation process. While utilizing this interactive method of collecting information, efforts were made to improve practices through pertinent professional development, instructional coaching, and implementation of trauma-informed practices. To assist in collecting rich and meaningful data, the following qualitative and quantitative methods were used throughout the action research study:

- data collected from instructional coaching cycles including classroom observations and coaching conversations;
- structured interviews; and,
- discipline referral data, special education and mental health referrals, and attendance data.

Problem Statement

The impact of trauma can weaken a child's capacity to learn, develop relationships, and function properly in the classroom and school setting (Cole et al., 2013). Schools are significant communities for children, and teachers are the key role models within these communities. Trauma-sensitive school environments benefit all children: those whose trauma history is known, those whose trauma will never be clearly identified, and those who may be impacted by their traumatized classmates (Cole et al., 2013). For teachers and school communities to confront the impact of trauma on learning, building administrators must provide professional development and implement systems that equip teachers with the skills required to support students who have experienced trauma and, thereby, reduce the loss of instructional time. My problem of practice indicates that without these supports, countless children could be incapable of achieving their academic potential causing the goals of education reform to remain unfulfilled.

Adverse Childhood Experiences (ACE) are events that occur during years zero -17 of life that have the potential to be traumatic (Suddath, 2019). An ACE score is a count of different categories of abuse, neglect, and other traits that often define a difficult childhood (see Appendix A). When children have an ACE score of two or higher, their risk of health, social, and emotional issues is greater. Schools maintain a significant role in supporting the health and well-being of children, including those affected by traumatic experiences. The educational process can be stressful without the added challenge ACEs present for incoming students. In a trauma-

sensitive school, all facets of the educational environment (e.g., teacher and staff professional development, engagement with students and families, etc.) are established with an understanding of trauma and are intended to foster resilience for all (Guarino & Chagnon, 2018).

According to the United Health Foundation (2020), at 24.1%, Oklahoma has the highest percentage in the country of children 17 and under who have an Adverse Childhood Experiences (ACE) score of two or higher. Additionally, Oklahoma ranks high for several social problems linked to elevated ACE scores, including:

- first in female incarceration rates;
- first in the nation in incarceration rates when juvenile and jail populations are included;
- first in heart-disease mortality;
- second in male incarceration rates;
- third in divorce, with 13.1% of the state population reporting at least one marriage ending in divorce;
- fifth in cancer deaths per capita; and
- fifth in teen smoking, at an estimated 12.5%.

Within the scope of the problem of practice for this study, it is estimated that across the RSD system, 58% of students in grades pre-k through 12 have ACE scores of two or higher. At School A and School B, where the percentage is an estimated 89%, the administration consistently sees trends regarding higher numbers of disciplinary infractions, increased numbers of special education and behavioral health referrals, and low attendance rates for students and teachers. Additionally, data for these sites show elevated student retention rates, lower percentages of students reading on grade level, and student achievement data steadily below state and district averages.

The estimated 89% of the student population impacted by trauma is based on documented conversations with families, school demographic records, and referral packets for special education and behavioral health services. School counselors, behavioral health professionals, and school administrators estimate this percentage through in-house tracking of student data from the sources listed above. Additionally, these two school sites have the greatest number of disciplinary infractions, referrals for special education testing and services, and behavioral health interventions and services in the district. Through classroom walk-throughs, coaching conversations, and feedback from the teachers, school leaders observed teachers wrestle with their classroom roles due to the shift in expectations relating to teachers' responsibilities for a child's social and emotional development. Additionally, during conversations with their instructional coaches, teachers expressed that balancing the demands of one or more children who are experiencing trauma-induced stress with the needs of all students in the classroom is difficult and they often lacked assurance in how they should respond.

Research Questions

- How are trauma-informed practices implemented at two elementary schools, School A and School B, in Ridgedale School District (RSD)?
- What support do teachers need to effectively implement trauma-informed practices?
- What barriers, if any, hinder the effective implementation of trauma-informed practices?
 - What role does professional development play in removing these barriers?
 - What role does instructional coaching play in removing these barriers?
- What changes were observed in student data in the areas of discipline, attendance, retention, and referrals for special education student evaluations or mental health support throughout the implementation of trauma-informed practices?

Overview of Methodology

Setting

To protect the identity of the district, schools, teachers, and students, pseudonyms were used for the city, district, and school names. The city was referred to as Ridgedale, Oklahoma. The district was referred to as Ridgedale School District (RSD) and the two elementary schools were referred to as School A and School B. Ridgedale, Oklahoma has one school district with seven elementary schools, one middle school, one junior high school, and one high school. Within RSD, an estimated 58% of the student population in grades pre-kindergarten through 12 have an ACE score of two or higher. This study focused on two elementary schools, School A and School B, with approximately 300 students each. Both school sites had elevated numbers of students who had suffered extreme trauma, with an estimated 89% of their student populations having an ACE score of two or greater.

Sampling

Purposeful sampling, which was the method used to choose the research sample in this study, is a non-random sampling technique utilizing a specific criterion (Lavrakas, 2008). The research sample consisted of teachers who were participating in professional development and instructional coaching cycles. Attendance at the specific professional development sessions and participation in the instructional coaching cycles were additional time commitments for the teachers who were part of the study. Therefore, this limited the research sample to teachers who volunteered to participate and contribute their feedback. Additional criteria for participants were as follows:

- currently a certified staff member in School A or School B and
- currently teaching kindergarten through fifth grades in the regular education classroom.

The sample for the study included 27 teachers across two schools who were willing participants and met all the above-mentioned criteria.

Data Collection Methods

Data were collected through classroom observations and coaching conversations during the instructional coaching cycles and individual interviews. To ensure research and findings were of a high standard, peer checkpoints and debriefings were implemented. This also limited researcher bias, especially as the building principal of School B.

Instructional Coaching Cycles

The instructional coaching cycles included (1) looking for evidence of implementing new skills and (2) coaching teachers to use the strategies more effectively or to use them at all if the observation did not reveal evidence of implementation. The classroom observation tool (Appendix D) provided useful information on teaching practices and implementation of the trauma-informed practices as they were being utilized in the classroom. The observation and coaching conversation elements of the instructional coaching cycles required detailed notes for accuracy during and after each observation and coaching conversation was completed. The instructional coaching cycles were facilitated by the principals and instructional specialists at School A and School B who served as the instructional coaches for participants during the instructional coaching cycles in this study.

Interviews

Interviews served as a valuable data collection instrument during this study, as they allowed more in-depth information to be obtained than could be gathered from a survey or questionnaire. The interviews contained both close-ended and open-ended questions. Additionally, the interviews followed privacy protocols that were shared with participants. These

protocols ensured the confidentiality of participants, which was essential to respondents' willingness to answer questions openly and honestly. These protocols are addressed in detail in Chapter Three.

Student Data

Data were requested and provided by School A and School B in August 2022 and in January 2023. The requested reports included student data regarding attendance, discipline, retention, and referrals for special education evaluation or mental health support. The data requested were collected in the form of a Microsoft Excel document file, which enabled efficient analysis of the data. Precautions taken to guarantee the privacy of the student data are explained in detail in Chapter Three.

Positionality

Role of the Researcher

The role I assumed as the researcher in this mixed methods action research study was one of both an insider and outsider. I currently serve as the building principal in School B, which allowed me to work collaboratively with the participants in the schools, the building principal in School A, the instructional specialists in both schools, and district instructional staff throughout this study. I am the formal evaluator of the participants in the study from School B, which placed me in a position of authority. This positionality could have influenced participation, relationships, and implementation both positively and negatively.

As an insider, I witnessed the challenges teachers faced as they tried to engage students from trauma in learning. Additionally, as the building principal in School A, I am charged with issuing discipline consequences and approving referrals for behavioral health and special education services. Through this experience, I witnessed students referred and, after further

conversation with them and their families, realized they were processing the after-effects of trauma.

Potential ethical issues arose in consideration of teacher participation in data collection. Some teachers were reluctant to participate in the interviews, citing a lack of privacy in their responses. Concerns existed among some participants regarding responses being used by the administration in retaliation toward them or their current position. I was aware of the sensitive nature of the information gathered on the surveys and questionnaires. Therefore, I intentionally avoided collecting information that would identify students and/or participants.

Assumptions

Based on my experience and background in the education field as a teacher, instructional coach, curriculum specialist, and building-level administrator, three primary assumptions were made regarding this study. First, teachers have an underlying belief about trauma and students who experience trauma. This assumption was based on personal interactions witnessed and data gathered regarding teachers' discipline when addressing classroom disruptions. Throughout my career, I have observed teachers that have preconceived notions about students and their behavior before students entered their classroom. This judgment hindered the teachers' abilities and desires to nurture the student, identify and address the root of the problem, and implement trauma-informed practices. Teachers have an ethical responsibility to address hindrances to learning, specifically in constructing systems that address the impact of traumas students face (Gomez-Lee, 2017). As a building leader, when trauma-informed systems are not in place, teacher classroom management suffers which can lead to more discipline referrals, sometimes daily, for the same students.

Second, because elementary students are children, without adult guidance most do not have the ability to successfully process the trauma they have experienced and control the resulting behavior in the academic setting. This assumption is guided by Maslow's Hierarchy of Needs which states people are motivated to fulfill basic physiological and safety needs before moving to other, more advanced love/belonging, esteem, and self-actualization needs (Maslow, 1943; Maslow, 1962; Shaughnessy et al., 2018). Finally, traumatized students exist in every school: rural, suburban, urban, poor, or rich. School leaders and teachers must be intentional in their efforts surrounding identifying, providing support, and serving students who are traumatized (Gomez-Lee, 2017).

Key Terms

The following terms and definitions have been provided relative to the context of this study. These definitions will help the reader better understand the connection between authentic professional development, instructional coaching, and the successful implementation of trauma-informed practices in the classroom.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are traumatic events experienced before age 18 including all forms of child abuse, having a household member who is incarcerated, exposure to domestic violence, neglect, and having a parent with an untreated mental illness or substance use disorder (United Health Foundation, 2020). ACEs can disrupt brain development, causing social, emotional, and cognitive problems throughout an individual's life, which increase the likelihood of risky health behaviors, chronic health conditions, difficulty functioning at school/work, and even early death.

Instructional Coaching

Instructional coaching includes the processes and practices dedicated to improving teacher practice. These practices may include observations, regular meetings and planning sessions, and other forms of coaching (Lein, 2017). Instructional coaching offers support intended to build collective leadership and continuously enhance teacher instructional capacity and student learning (AISR, 2004).

Professional Development

Professional development is a series of opportunities in the workplace designed to provide staff with skills and information for the intention of improvement and rising capability. Professional development can deepen educators' content knowledge and skills through evidence-based research to prepare them to create safe and supportive learning environments which foster positive and lasting change in students' learning (Anderson et al., 2015).

Trauma

Trauma is the psychological, emotional response to an event/experience, multiple events, or prolonged exposure that is deeply distressing or disturbing (Suddath, 2019). These traumatic events can be any frightening, dangerous, or violent event that pose a threat to a child's life or bodily integrity or the witnessing of an event that threatens the safety of a loved one (NCTSN, 2008). Traumatic experiences can impact brain development and behavior inside and outside of the classroom (McInerney & McKlindon, 2015).

Substance Abuse and Mental Health Services Administration (SAMHSA) (2011) defines trauma as "results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-

being.” For the purpose of this study, this definition played a key part because it identifies trauma as a result of an individual event, series of events, or ongoing circumstances including institutional bias and historical or structural oppression.

Trauma-Informed Practices

Trauma-informed practices are evidence-based approaches developed to address trauma and its effects (McInerney & McKlindon, 2015). Trauma-informed practices consider how trauma impacts behavior and a student’s ability to learn. These practices can be implemented at the organizational level or individual level.

Organization of Dissertation

This study is organized into five chapters. Chapter One includes the introduction, problem statement, research questions, overview of the methodology, and definitions of the key terms and establishes the problem of practice within its context. Chapter Two situates the problem of practice within the existing literature and includes an introduction, a review of the literature, the conceptual framework, and a chapter summary. Chapter Three includes the rationale for the research paradigm, methodology, setting, and context of the problem. Data sources, methods of data collection, and methods of data analysis are described in detail, in addition to trustworthiness, limitations, and delimitations. The summary of Chapter Three affirms the overall methodological design of the study including alignment of research questions and the problem of practice within the conceptual framework. Chapter Four delivers an explanation of the samples, the data collected, and a summary of findings for each research question. Chapter Five provides an overview of the study and conveys implications of the study including suggestions for practice and recommendations for additional research.

Chapter Two: Literature Review

Introduction

The purpose of this action research study was to examine how authentic professional development and instructional coaching can support the successful implementation of trauma-informed practices at two elementary schools. This study sought to identify the supports teachers need and the barriers that may impede the implementation of trauma-informed practices. The search for literature established the scope of the issue addressing the implementation of trauma-informed practices when educators had minimal to no professional development and instructional coaching. To locate peer-reviewed articles and books related to trauma-informed practices, professional development, and instructional coaching, several databases were utilized including Google Scholar, EBSCO, ERIC, ProQuest, and the University of Arkansas library databases. Terms and key phrases included in my search were “trauma,” “trauma-informed practices,” “adverse childhood experiences (ACEs),” “trauma effects in education,” “professional development for teachers,” “trauma-based professional development,” “instructional coaching,” and “instructional coaching for teachers.”

To strengthen the study, literature was searched regarding appropriate methodology. This mixed methods action research study encompasses evidence from multiple qualitative and quantitative data sources within the four phases of the action research spiral (Herr & Anderson, 2014). Therefore, literature was pursued that provided the knowledge needed to perform a quality mixed methods action research study. The book, *The Action Research Dissertation: A Guide for Students and Faculty* written by Kathryn Herr and Gary Anderson, supplied a comprehensive roadmap through the intricacy of action research. Additional literature, such as *Studying Your Own School: An Educator's Guide to Practitioner Action Research* by Gary

Anderson, Kathryn Herr, and Ann Sigrid Nihlen, *Research Methods for Education* by Gregory Privitera and Lynn Ahlgrim-Dezell, and *Encyclopedia of Survey Research Methods* by Paul Lavrakas, served as guides surrounding the vast complexities mixed methods action research presented.

Table 1

Number of Types of Sources Reviewed

Type of Source	Number Reviewed
Peer-Reviewed Journal Articles	21
Books	18
Government/Organizational Reports	19
Dissertations	5

Review of Literature

The reviewed literature focused on understanding how trauma-informed teaching strategies are used by educators in schools, as well as teacher development and instructional coaching surrounding those strategies before and throughout implementation. This literature review summarizes the perspective of educators regarding the use of trauma-informed teaching strategies in schools. Trauma's impact on learning is well documented; however, teachers have not been adequately given the tools and development necessary to minimize this impact in their classrooms. A gap exists in the literature on how educators can take clinical knowledge and apply it to their classrooms in practical ways (Bashant, 2020). Teachers in schools across the

country are not qualified or educated as psychologists, social workers, or counselors. However, educators are repeatedly required to provide mental health services in comparable ways (Bashant, 2020).

Educator preparation programs inadequately prepare novice teachers for the challenging task of ensuring that all the scholars in their classrooms have their social and emotional needs met. To comprehend the clinical indicators of trauma is completely different from knowing how to respond in the moment when disruptive behavior derails a lesson and affects an entire classroom. Daily, novice teachers as well as veteran educators, encounter students who “require a high level of behavioral support, and for whom traditional approaches to discipline do not work” (Bashant, 2020). A teacher must know what to say, what not to say, and what to do to keep all students safe. The literature indicates that trauma-informed practices are useful in the educational setting and suggests that some educators are uncertain about their roles or how to effectively assist students with a history of trauma and adversity (Alisic et al., 2012).

Without a clear understanding of why disruptive behavior occurs and how to effectively respond, teachers can unknowingly re-traumatize students. As school leaders train teachers, they should work to prevent re-injury or re-traumatization by acknowledging trauma and its triggers- and avoiding stigmatizing and punishing students. A vicious cycle of triggering events, disruptive behavior, office referrals, and being returned to the classroom to repeat the cycle occurs, causing damage to the student’s self-esteem and self-efficacy, which is the students' beliefs and attitudes toward their capabilities to achieve academic success. On the other hand, when teachers are willing to understand, prevent, and manage behaviors resulting from trauma, the capacity for altering a student’s life path is enormous (Bashant, 2020). Traumatic experiences for students do not have to lead to a lifetime of adverse effects. “With the proper knowledge and

specific strategies, teachers have the tremendous opportunity to make a difference in the lives of their students every single day” (Bashant, 2020).

Trauma

Trauma is diverse and multi-faceted. Brunzell and Norrish (2021) define trauma as an “overwhelming experience that undermines a person’s belief that the world is good and safe.” This definition may appear broad and extensive; however, this is due to the broad nature of trauma itself. Traumatic experiences can range from simple to complex. These experiences can include, but are not limited to, experiencing poverty and instability, having parents who are incarcerated or divorced, suffering ongoing abuse, violence, or neglect, or surviving an accident or dangerous event (Brunzell & Norrish, 2021).

As stated by Van et al. (2020), there are five fundamental truths relating to trauma that are essential for every educator to acknowledge to foster students to be productive. These fundamental truths are:

1. Trauma is real.
2. Trauma is prevalent. In fact, it is likely much more common than we care to admit.
3. Trauma is toxic to the brain and can affect development and learning in a multitude of ways.
4. In our schools, we need to be prepared to support students who have experienced trauma, even if we do not know exactly who they are.
5. Children are resilient, and, in positive learning environments they can grow, learn, and succeed.

As fundamental as these truths may be for educators, ensuring that teachers and administrators are prepared to support students with effective strategies, training in those strategies, and

ongoing support while implementing these strategies is imperative. The purpose of this study was to provide guidance about what professional development and coaching are necessary for teachers to effectively implement trauma-informed strategies that literature and other resources fail to deliver. Trauma shifts how students see themselves and how they identify themselves in the world (Forbes, 2020). School personnel must be thoroughly equipped and supported to address the needs of students who are having or have had traumatic experiences. If not, there is a tendency to exclude and punish these students, making it more difficult, if not impossible, for them to be successful in school (Jennings, 2018).

Trauma can also be defined as an “experience that overwhelms one’s ability to cope, changes the wiring of the brain, and has an impact on both learning and behavior” (Bashant, 2020). For the purpose of this study, this was the definition utilized. This definition is individualized and indicates that an event that is traumatic for one individual may not be traumatic for someone else who experienced the same or very similar event (Bashant, 2020). For example, from April 1, 2020, to June 30, 2021, more than 140,000 children under the age of 18 in the United States lost a parent, custodial grandparent, or grandparent caregiver due to the COVID-19 pandemic (Forbes, 2022). This traumatic experience will affect their classroom experiences and daily lives differently. Due to variations in personality, social support, emotional well-being, and level of resilience, every individual has different strengths and resources upon which to draw. Therefore, since schools and classrooms have one or more students who have experienced trauma, and for whom trauma affects their lives, all educators must be adequately prepared through quality, ongoing professional development and coaching. It is essential that teachers view situations through the eyes of the student and consider their ability to cope.

Achieving the state of emotional regulation is a constant goal for every human. Feelings of safety, calmness, and contentment come when emotions are regulated (Bashant, 2020).

Regulation occurs when a person can experience and maintain stress within one's window of tolerance (Forbes, 2022). This is generally referred to as being calm, focused, or relaxed.

Dysregulation occurs when a person has the experience of stress outside of one's window of tolerance, generally referred to as being "stressed out" or in a state of distress (Forbes, 2022).

Students who have had traumatic experiences frequently find themselves in a state of dysregulation. The use of trauma-informed strategies can help them achieve regulation.

Adverse Childhood Experiences (ACEs)

Between 1995 and 1997, the Center for Disease Control and Prevention (CDC) initiated a large-scale study of over 22,000 people in the United States. The purpose of this study was to better understand the characteristics of people who were likely to exhibit health-risk behaviors (Bashant, 2020). Prior to this study, it was thought that health-risk behaviors such as smoking, alcohol abuse, and sexual behaviors put people at higher risk of developing disease and early death. However, scientists had not yet identified risk factors that would put certain populations at greater risk of exhibiting these health-risk behaviors. The study identified the following ten factors that were significantly correlated with health-risk behaviors: (Bashant, 2020)

1. Physical Abuse
2. Sexual Abuse
3. Emotional Abuse
4. Physical Neglect
5. Emotional Neglect
6. Mental Illness

7. Incarcerated Relative
8. Mother Treated Violently
9. Substance Use
10. Divorce.

These ten factors are now called Adverse Childhood Experiences (ACEs). ACEs are defined as events that occur between infancy and adulthood which create a lifetime of abuse, physical health issues, and mental health problems (Milson et al., 2018).

There are numerous ways ACEs can influence a student's life. The study revealed that students with three or more ACEs are five times more likely to have attendance issues in school. Additionally, they are six times more likely to have behavior problems. Academic failure was also a component presented, indicating that students with three or more ACEs are three times more likely to experience it (Felitti et al., 1998). ACEs often occur together. When a student has more than one ACE, each one of their ACEs directly influences the student's learning and/or behavior.

Trauma-Informed Teaching Strategies

Although schools across the nation are serving numerous students who have experienced or are currently experiencing trauma, a limited number of school leaders have an approach in place to develop and support teachers in the classroom as they address the impact of trauma on their students. The classroom and teacher represent a potentially significant protecting factor that can provide support to enable all students to reach their academic potential. However, this cannot be accomplished without school leaders who have the courage to lead, model, and guide staff in a paradigm shift required for implementing effective trauma-informed strategies (Gomez-Lee, 2017).

Understanding trauma-informed teaching strategies is vital before teacher development and implementation can occur. Trauma-informed practices can be defined as an organizational structure in which an individual or system realizes the impact of trauma and recognizes signs and symptoms in students, families, and staff through the integration of awareness about trauma (SAMHSA, 2011). Teachers do not have to make major changes to their instructional practices to support those affected by trauma. Slight adjustments in classroom exchanges can make a significant difference for students who have experienced trauma, especially when fostered in a stable emotional environment (Minahan, 2019). However, for trauma-informed teaching strategies to be truly effective, school leaders must be willing to embark on building-wide implementation that includes a conceptual shift at all staff, leadership, and organizational levels to successfully comprehend and attend to the learning needs of children impacted by trauma (McInerney & McKlindon, 2015).

To improve student achievement, trauma-informed strategies should emphasize helping the child experience safety in the learning environment, developing coping and problem-solving techniques, and providing opportunities for the child to express suppressed feelings (Sperber, 2016). Educators are uniquely positioned to recognize, respond to, and be impacted by the actions of trauma-affected students. This opportunity is generated from the central role educators have in children's lives and their continued assessment of children's learning abilities and relationships with peers. The goals of schools that pertain to student learning, test scores, and successful outcomes are directly impacted by children's traumatic experiences; therefore addressing students' trauma is essential for meeting those goals. Educators have the ability to change the course of children's lives while meeting their own system's goals through teaching skills to regulate their emotions and behaviors, partnering with families to strengthen children's

relationships with adults in and outside of the school, and allowing them to develop their academic potential (NCTSN, 2017).

For trauma-informed teaching strategies to be effective they must ensure that all students feel safe, welcomed, and supported. As educators, we have a shared responsibility for all students, their success, and for addressing trauma's impact on their learning. According to Milson et al. (2018), there are six attributes that are shared by evidence-based, trauma-informed strategies.

1. Develop a shared understanding
2. Create a safe environment
3. Address student needs holistically
4. Connect students to the school community
5. Embrace teamwork
6. Anticipate needs and adapt

These attributes by themselves do not ensure that staff is trained on the behavior, academic, and social impacts of trauma. When staff is trained effectively in the attributes and they are implemented with fidelity in a building, teachers are able to support students in behavior, academic, and social areas that are impacted by trauma. Students must feel safe physically, socially, emotionally, and academically. Utilizing these attributes focuses on skill building for academic and nonacademic success, strong interpersonal relationships, self-regulation of emotions and behaviors, and developing strong physical and emotional health (Milson et al., 2018).

Implementing trauma-informed strategies requires an “all-in” attitude from teachers and school leaders. School leaders must ensure teachers are educated about ACEs, their impact on

student learning, and provide opportunities for staff to focus on their own wellness. In addition, school leaders must help teachers reframe how they view students, address problem behaviors, and generate options in their classrooms that students choose when feeling overwhelmed. Well-prepared teachers create safe, supportive school environments where relationships and community building are prioritized. Students are taught how to cope with stress and how to reach regulation when triggered (NCTSN, 2017).

Professional Development

Professional development for educators and administrators must be routinely offered with the goal of the entire school community sharing in the awareness of trauma's impact on learning and building student coping, protective, and learning skills (National Child Traumatic Stress Network Schools Committee, 2017). Guarino and Chagnon (2018) provide school administrators tools and direction for implementing a school-wide method to address the impacts of trauma and fostering resilience for everyone in the learning environment. In their *Trauma Sensitive Schools Training Package*, Guarino and Chagnon (2018) equip leaders with action plans, key objectives, guiding questions, and resources needed for implementation. Without adequate training and support, teachers are unable to assist students who have experienced trauma. Furthermore, students and schools miss the opportunity to establish plans and implement effective strategies to support students' needs (Burgess & Mayes, 2007).

Formal professional development educates teachers, administrators, and support staff regarding the impact trauma has on a person's life. Additionally, it supplies them with successful strategies that can be employed in the classroom while educating the student affected by trauma (Sperber, 2016). On-going professional development for faculty and staff on trauma-informed practices is essential in maximizing implementation and change. Time and attention must be

given to supporting and assisting teachers, as they explore and address the trauma, both past and present, in their own lives.

Educators are driven to focus on academic proficiency or achievement and ignore the underlying factors that are essential for achievement to happen (Gomez-Lee, 2017). It is essential teachers be equipped with the knowledge of teaching beyond the academic standards that are required by their state departments of education (Sperber, 2016). Teachers educate scholars from diverse backgrounds who experience emotional conflicts outside the classroom that affect their behavior and performance inside the classroom. Quality targeted professional development prepares educators to respond to trauma-affected students in ways that are not punitive, but foster resilience and nurture connection (Sperber, 2016).

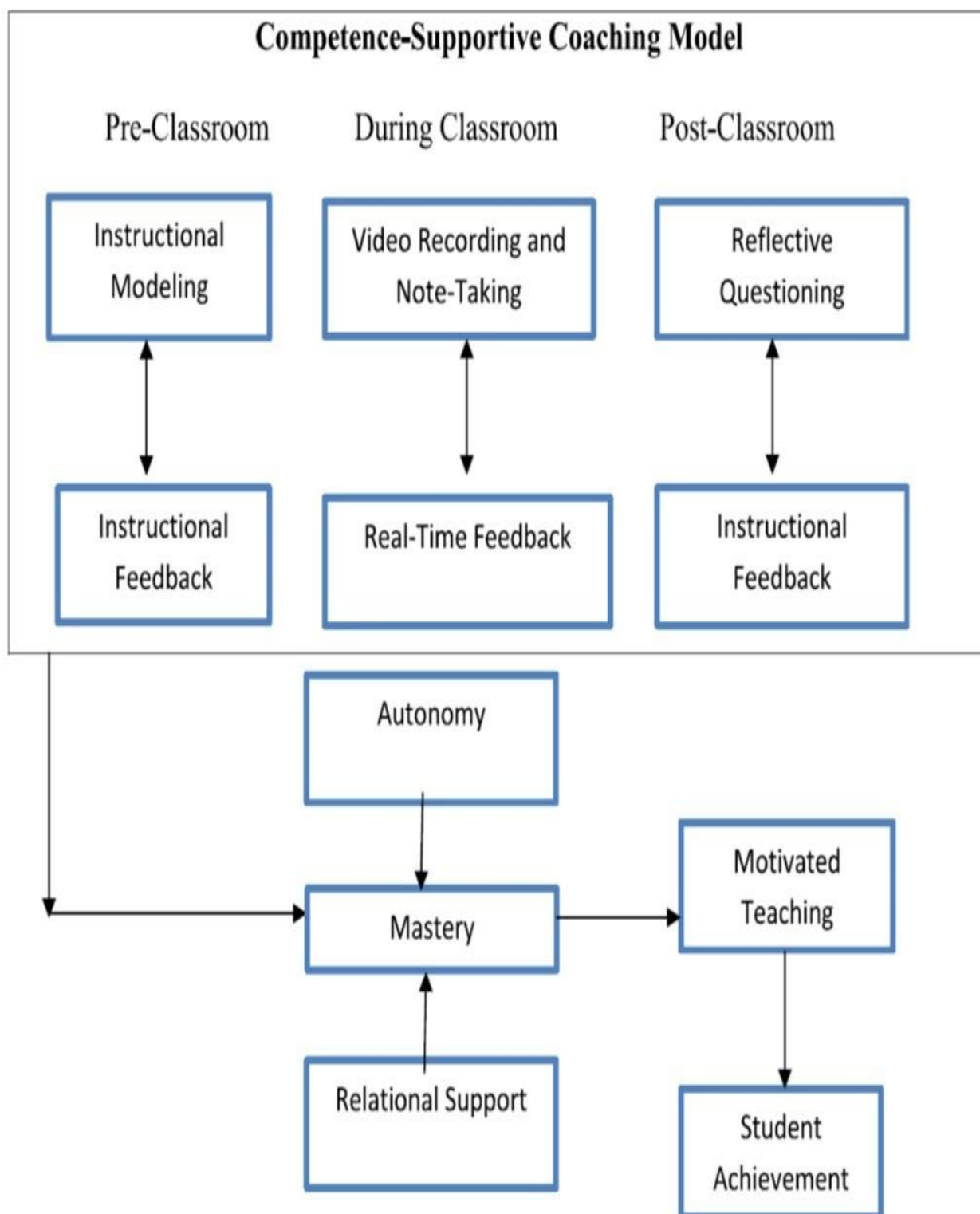
Instructional Coaching

During the instructional coaching process, teachers are assisted in the implementation of each strategy and are asked to reflect on the following: (a) any current procedures and practices that currently align with the strategy, (b) any procedures and practices that may inadvertently impede forwarding the strategy's principles, and (c) what initial, concrete steps to take, change, or enhance these procedures or practices to advance student learning (National Child Traumatic Stress Network Schools Committee, 2017). Instructional coaching involves complex relationships between teachers and coaches, teachers and students, and teachers and instructional tasks (Knight, 2009; Aguilar, 2013). Teachers require feeling a degree of competence to be effective in the classroom. Coaches assist in building competence. They base their actions on the following major factors: 1) the developmental level of the teacher, 2) the balance between technical and adaptive change, and 3) the relationship dynamics of the coach and teacher (Lein, 2017).

The consultation and coaching component of teacher development is based on actual interactions in the classroom. Educators are coached as they become empowered with resources that assist students of trauma. Effective strategies to improve these interactions promote a student's ability to function successfully across all domains in schools. Because of the importance of implementation related to the outcomes and sustainability of a series, it is critical to consider that effective teacher development and coaching cannot be implemented without the buy-in of those who are employed by the school (Capella et al., 2012).

Development and coaching models have been effective at enhancing classroom practices, including emotional climate, behavior management, and rules and routines (Capella et al., 2012). Advocates state these models thrive because, through coaching in context, they are reactive to teacher needs and strengths and provide supportive and specific feedback about practices. The adjusted Competence-Supportive Coaching Model (CSCM) focuses on pre-, during, and post-classroom teaching. This model permits more opportunities for authentic practice and feedback, and additional opportunities to build reflective practices. Additionally, this approach allows for more opportunities to build mindsets that support student learning, or adaptive changes, rather than focusing heavily on technical skill development (Lein, 2017).

Figure 1: Adjusted Competence-Supportive Coaching Model

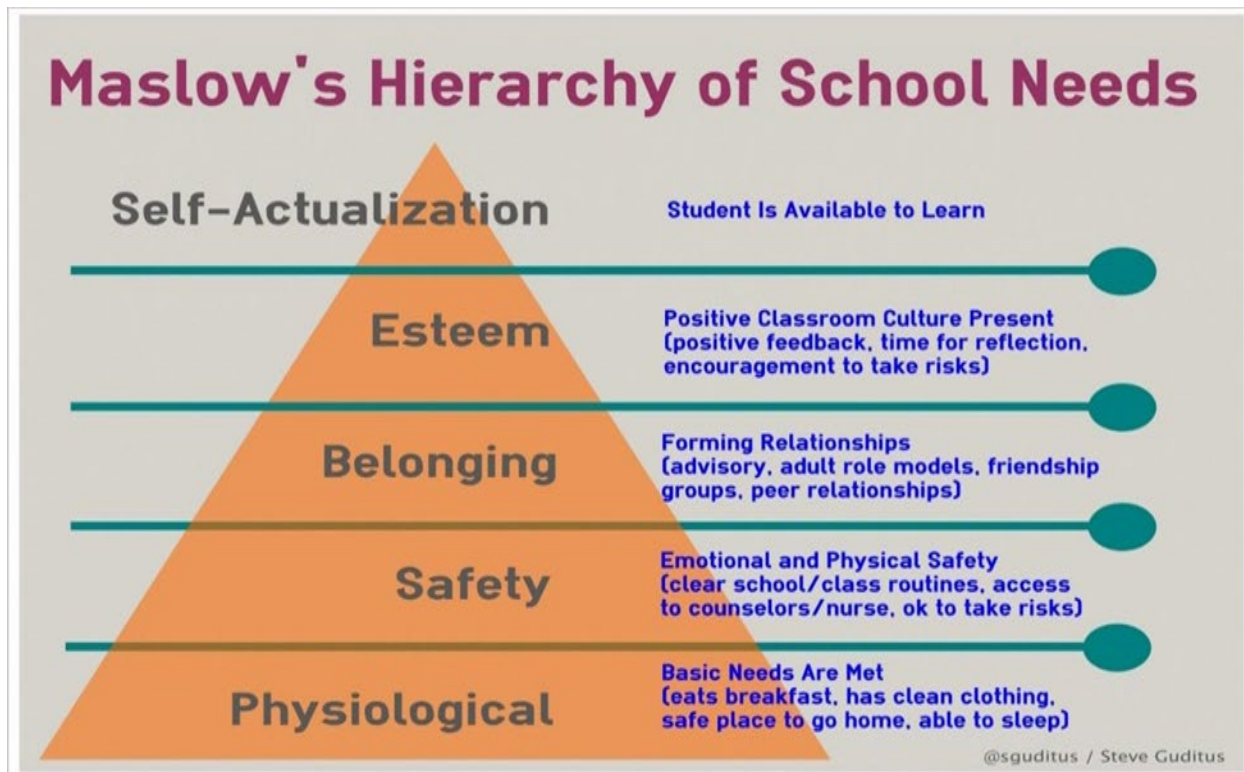


Reference: Lein, 2017

Conceptual Framework

The conceptual framework for this study centered around trauma-informed instructional practices that were grounded in Maslow's (1943) Hierarchy of Needs, which is crucial for students' and teachers' academic and emotional well-being. By recognizing that students who have experienced trauma may have unmet needs at multiple levels of the hierarchy, and by addressing those needs, a positive and safe learning environment is generated. This conceptual framework sought to create a holistic approach that addressed all levels of Maslow's (1943) Hierarchy of Needs.

Figure 2: Maslow's Hierarchy of School Needs

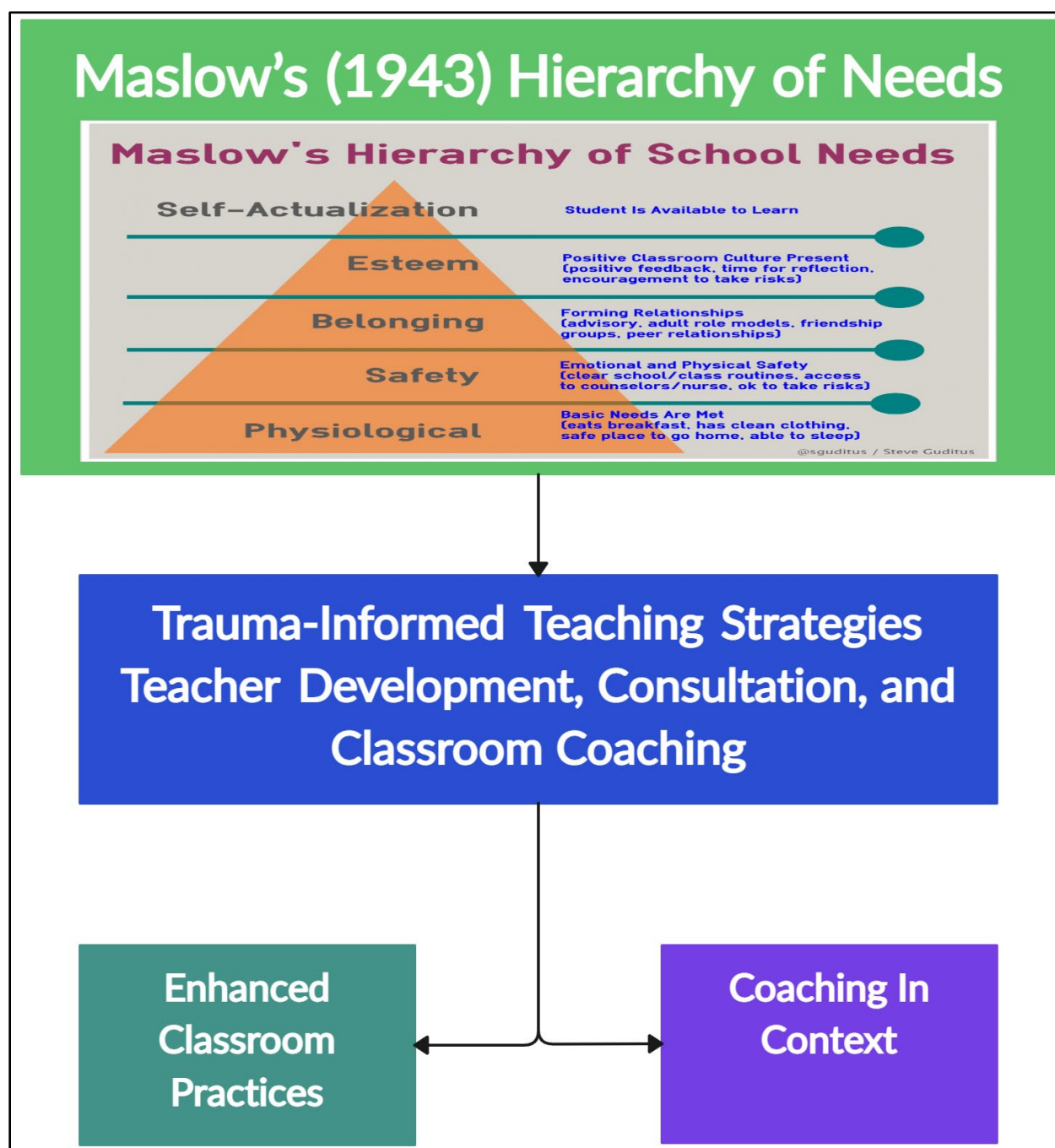


Reference: Guditus, 2013

Additionally, a teacher's own self-care and well-being was a consideration, as a trauma-informed approach can be emotionally demanding. Therefore, it was vital to provide teachers access to the support they needed to address their own needs, in order to provide the best

possible care for their students. Figure 3 is the concept map developed to illustrate the integration of Maslow's Hierarchy of School Needs (Guditus, 2013) with trauma-informed teaching strategies for this study.

Figure 3: Concept Map for Conceptual Framework



Reference: Guditus, 2013, Hoskins, 2023

Maslow's Hierarchy of Needs

“All students deserve an education, but to learn, they need to feel safe” (Van et al., 2020). The professional development plan incorporating professional development sessions around trauma-informed instructional practices and coaching in context was grounded in Maslow's (1943) Hierarchy of Needs. Maslow (1943) stated that people are motivated to achieve certain needs. When the most basic need is met, a person seeks to fulfill the next one, continuing up the spectrum. According to the revised seven-stage model (Maslow, 1962), the rank order of importance is as follows: biological and physiological needs, the need for safety, the need to feel love and to belong, the need for esteem, cognitive needs, aesthetic needs, and the need for self-actualization. It was imperative that all levels of Maslow's Hierarchy of Needs were considered to support the implementation of trauma-informed teaching strategies following formal professional development. The foundation of Maslow's hierarchy (1962) includes the needs for food, drink, oxygen, temperature regulation, rest, and activity as basic to human survival. Trauma robs children of the basic needs for survival, threatening the psychological basis for human development and learning. Students who have experienced trauma have difficulty meeting the needs established in Maslow's first four levels within his hierarchy (Sperber, 2016). Furthermore, if the first four ranks are not met, the student may be unable to gain cognitive knowledge and meaning, stifling the learning process for the student.

When students experience trauma, they sink lower on Maslow's pyramid (Maslow, 1943, Maslow, 1962). A trauma-informed approach created a receptive environment that improved the quality of instruction in the classroom setting. Merging Maslow's Hierarchy of Needs with a trauma-informed approach provided a comprehensive framework that was used to help scholars develop their capacity to achieve self-actualization (Sperber, 2016). Teachers tend to primarily

address the four deprivation needs: self-esteem, sense of belonging, safety, and physiological. As human beings, one of the most essential needs we have is the need to belong. In school, children need a sense of belonging to be productive learners, as this is one of the most important activators of a child's engagement in learning. Everything about activating a child's cognitive skills begins with activating their social connectedness. "When we feel we don't belong, our brains naturally monitor for threats, leaving fewer cognitive resources for higher-order thinking" (Forbes, 2020).

Every step an educator makes toward contributing to those fundamental needs will enhance their students' capacity for learning and achievement in the classroom. Throughout the professional development and instructional coaching, trauma-informed teaching strategies were designated and fostered with the goal of helping students achieve the self-actualization level. At this level, scholars can problem solve, productively struggle, and access creativity, which are all necessary components to see academic success in the 21st century classroom (Guditus, 2013).

Thoughtful understanding of the experiences of classroom teachers correlated to the implementation of trauma-informed instruction practices provided a stronger grasp of how trauma-informed practices can positively impact students (Murray, 2020). When teachers made a true effort to know each student and comprehend their level of knowledge and their level on Maslow's Hierarchy, it supported students as they progressed through the hierarchy. Teachers needed coaching and guidance from school leaders to navigate this process properly. However, a greater understanding of each student's basic needs enabled teachers to help them overcome obstacles, allowing each student to reach their educational potential and thrive in their learning environment

Maslow's (1943) Hierarchy of Needs was utilized to achieve the desired results through the implementation of trauma-informed teaching strategies following professional development and instructional coaching. This supported teachers as they acquired and implemented new practices, which in turn, positively impacted their classroom instruction and student learning. Furthermore, when teachers thought, recognized, understood, and executed differently in an area of student learning, student achievement was positively impacted.

Trauma-Informed Instructional Practices

Trauma-informed instructional practices and strategies are in many ways, a foundation that all additional instruction is built upon because without conditions in place to address trauma in classrooms, learning can be lost. Daily, many elementary school teachers are likely to encounter young children who have experienced trauma. As a result, the school environment must be a reflective, safe, and nurturing space where students can work with dedicated caregivers to cope with traumatic events from the past and build a better educational future (Guarino & Chagnon, 2018). To truly address the needs of students, educators must develop their skills and knowledge about trauma and best practices to generate a conducive learning environment where all students can thrive (SAMHSA, 2011). Additionally, school leaders and teachers must be clear on which research-based trauma-informed practices are being utilized in the classroom and how they are being implemented.

Chapter Summary

This literature review identified existing research on teacher development and support surrounding the implementation of trauma-informed practices. The review explored the topics of trauma, ACEs, trauma-informed practices, professional development, and instructional coaching. This chapter also included the conceptual framework used to further define the problem

surrounding teacher development and instructional coaching when implementing trauma-informed practices in the classroom environment. Additionally, the conceptual framework centered around professional development sessions focused on trauma-informed instructional practices and coaching in context being grounded in Maslow's (1943) Hierarchy of Needs, as represented in the conceptual framework concept map.

Chapter Three: Inquiry Methods

Introduction

The purpose of this action research study was to examine how authentic professional development and instructional coaching can support the successful implementation of trauma-informed practices at two elementary schools in RSD, a small urban school district in Oklahoma. This study sought to identify the support teachers need to implement trauma-informed practices, and the barriers that may affect the implementation. This mixed methods action research study encompasses evidence from multiple qualitative and quantitative data sources within the four phases of the action research spiral (Herr & Anderson, 2014).

The action research cycle offered the researcher opportunities for continued reflection throughout the implementation process. Herr & Anderson (2014) describe the action research spiral as follows:

For the action researcher, these interventions constitute a spiral of action cycles in which one undertakes:

1. to develop a plan of action to improve what is already happening;
2. to implement the plan;
3. to observe the effects of action in the context in which it occurs; and
4. to reflect on these effects as a basis for further planning subsequent action through a succession of cycles.

This cycle of activities forms an action research spiral in which each cycle increases the researchers' knowledge of the original question, puzzle, or problem, and, it is hoped, leads to its solution. (p. 5)

While utilizing this interactive method of collecting information, efforts were made to improve practices through pertinent professional development, instructional coaching, and implementation of trauma-informed practices. To assist in collecting rich and meaningful data, the following qualitative and quantitative methods were used throughout the action research study:

- data collected from instructional coaching cycles including classroom observations and coaching conversations;
- structured interviews; and,
- data related to attendance and referrals for disciplinary infractions, special education, or mental health supports.

According to the United Health Foundation (2020), at 24.1%, Oklahoma has the highest percentage in the country of children 17 and under who have an Adverse Childhood Experiences (ACE) score of two or higher. Additionally, Oklahoma ranks high for numerous social problems linked to elevated ACE scores, including:

- first in female incarceration rates;
- first in the nation in incarceration rates when juvenile and jail populations are included;
- first in heart-disease mortality;
- second in male incarceration rates;
- third in divorce, with 13.1% of the state population reporting at least one marriage ending in divorce;
- fifth in cancer deaths per capita; and
- fifth in teen smoking, at an estimated 12.5%.

When children have an ACE score of two or higher, their risk of health, social, and emotional issues is greater. Schools maintain a significant role in supporting the health and well-being of children, including those affected by traumatic experiences. The educational process can be stressful in-and-of itself without the added challenge ACEs present. In a trauma-sensitive school, all facets of the educational environment (e.g., teacher and staff professional development, engagement with students and families, etc.) are established with an understanding of trauma and are intended to foster resilience for all (Guarino & Chagnon, 2018).

Academic instruction is at the top of a teacher's priorities, but education surrounding concepts associated with well-being is obscure for teachers (Brunzell, Stokes, & Waters, 2018). However, when teachers are unaware of the impact of trauma on student learning and do not have the necessary skills and strategies to support these students, it is possible that their teaching practices could inadvertently hinder rather than help these students. A teacher who is not aware of the impact of trauma on a student's ability to concentrate and pay attention may assume that the student is not interested or motivated and may respond with criticism or punishment. Teachers who are unaware of strategies for working with students experiencing trauma could unintentionally impede a student's capacity to self-regulate and engage in learning (Brunzell et al., 2018). It is important for teachers to be aware of strategies for working with students who have experienced trauma, as these students may have difficulty with self-regulation and engagement in learning. This can further exacerbate the student's struggles and make it more difficult for them to engage in learning. A teacher who is knowledgeable about the impact of trauma on learning and has the skills and strategies to support students can create a safe and supportive learning environment that helps students succeed. This may involve using trauma-informed teaching practices, providing additional academic support, and implementing strategies

to help students develop coping skills and resilience. Imperatively, teachers must be equipped with strategies that guard against secondary trauma.

Teachers who understand the impact of trauma and stress on learning and possess effective approaches to intervene when stress interrupts a student's ability to learn have an advantage in managing the classroom (Anderson, Blitz, & Saastamoinen, 2015). Trauma-informed educators are well-equipped to manage their classrooms and support the learning and success of all students. Stress and trauma can affect a student's physical, emotional, and cognitive functioning, making it difficult for them to concentrate, learn new information, and engage with their studies. By understanding the impact of stress and trauma on learning and having effective strategies for addressing it, teachers can better support the needs of their students and create a more positive and productive learning environment. Understanding how to identify the signs of trauma and efficiently executing appropriate interventions allows teachers to build an environment that will enable all students to learn (Jones, 2019). Some signs that a student may have experienced trauma and may be struggling in school include:

- Difficulty concentrating or paying attention.
- Difficulty with memory or learning new information.
- Struggling with social interactions or relationships.
- Frequent absences or tardiness.
- Physical symptoms such as stomach aches or headaches.
- Changes in behavior or mood, such as increased irritability or aggression.

If teachers identify these signs and are familiar with strategies for supporting students who have experienced trauma, they can take steps to help students succeed in school.

Trauma-informed instructional practices encompass teaching strategies that consider the impact of trauma on students' learning and behavior. These practices recognize that students who have experienced trauma have unique learning needs, and aim to create a safe and supportive learning environment that helps students overcome the negative effects of trauma. Some key elements of trauma-informed instructional practices include:

1. Creating a sense of safety: This includes physical safety (e.g., ensuring that the classroom is free from physical threats), as well as emotional and psychological safety (e.g., providing a supportive and non-judgmental environment).
2. Building trust: Trust is an important foundation for learning, and it can be difficult for students who have experienced trauma to trust others. Teachers can build trust by being consistent, reliable, and attuned to students' needs.
3. Providing choice and control: Students who have experienced trauma may feel a lack of control in their lives. Giving students some choice and control over their learning can help them feel more empowered and motivated.
4. Promoting social and emotional learning: Teaching students skills like emotional regulation, communication, and problem-solving can help them cope with the effects of trauma and improve their academic performance.
5. Being aware of and responsive to triggers: Students who have experienced trauma may be triggered by certain stimuli, which can disrupt their learning and behavior. Teachers can be proactive in identifying and addressing triggers in the classroom.

The overall goal of trauma-informed instructional practices is to create a safe, supportive, and empowering learning environment that helps students overcome the negative effects of trauma and succeed academically.

Research Questions

- How are trauma-informed practices implemented at two elementary schools, School A and School B, in Ridgedale School District (RSD)?
- What support do teachers need to effectively implement trauma-informed practices?
- What barriers, if any, hinder the effective implementation of trauma-informed practices?
 - What role does professional development play in removing these barriers?
 - What role does instructional coaching play in removing these barriers?
- What changes were observed in student data in the areas of discipline, attendance, retention, and referrals for special education student evaluations or mental health support throughout the implementation of trauma-informed practices?

Rationale

Schools are significant communities for children, and teachers are the key role models within these communities. Therefore, it was necessary for teachers and school communities to be provided the support necessary to tackle the impact trauma has on learning. Trauma can affect a student's physical, emotional, and cognitive functioning, making it difficult for them to concentrate, learn new information, and engage with their studies. By providing teachers and school communities with the resources and support they need to address the impact of trauma ensures that all students have the opportunity to reach their full potential and succeed in school. Although considerable research has been conducted about trauma and the impact it has on learning and achievement in school, little research has presented educators with knowledge regarding the structures, skills, and techniques they can utilize in classrooms to lessen the impact of trauma and, consequently, change the lives of children.

Action research is different from traditional qualitative and quantitative research in its approach and the role of the research participants themselves. Research participants assume a major role in action research, serving as either participants in the design and methodology or in the control of the research (Herr & Anderson, 2014). Action research was selected as the approach to answering the research questions of this study due to the researcher's multiple roles as an insider, researcher, and practitioner. According to Herr & Anderson (2014), organizational and community empowerment, and personal and professional growth are some of the benefits of action research that exceeds traditional generation of knowledge. Action research was a systematic and reflective process that involved iteratively collecting and analyzing data to understand the problem or issue and take action to address it.

The action research cycle was repeated to continue improving the implementation of trauma-informed practices. It was important to involve all participants in the action research process to ensure that their perspectives and needs were considered. Implementing trauma-informed practices involved several cycles of the action research process as outlined below:

1. Identified the problem or issue: This involved gathering data on the prevalence of trauma among students and the impact that trauma had on their learning and well-being. It also involved examining current practices to identify any areas where they may be inadequate or potentially harmful to students who have experienced trauma.
2. Developed a plan of action: Based on the data collected, a plan of action was developed to address the problem or issue. This involved training staff on trauma-informed practices, developing new policies and procedures to support students who had experienced trauma, and creating a more trauma-informed school culture.

3. Implemented the plan: The plan of action was implemented, and data were collected to assess its effectiveness. This involved gathering feedback from participants, as well as collecting data on academic and behavioral outcomes.
4. Analyzed the data: The data collected during implementation were analyzed to determine whether the plan of action was effective in addressing the problem or issue. This involved examining changes in student outcomes, such as academic performance and attendance, as well as changes in staff attitudes and practices.
5. Took action: Based on the analysis of the data, changes were made to the plan of action, and new actions were taken to address any remaining problems or issues. This involved revising policies and procedures, providing additional training to staff, and making other changes to support students who have experienced trauma.

Problem Setting/Context

To protect the identity of the district, schools, teachers, and students, pseudonyms were used for the city, district, and school names. The city was referred to as Ridgedale, Oklahoma. The district was referred to as Ridgedale School District (RSD) and the two elementary schools were referred to as School A and School B. Ridgedale, Oklahoma has one school district with seven elementary schools, one middle school, one junior high school, and one high school. Within RSD, an estimated 58% of the student population in grades pre-kindergarten through 12 have an ACE score of two or higher. This study focused on two elementary schools, School A and School B, with approximately 300 students each. Both school sites had elevated numbers of students who have suffered extreme trauma, with an estimated 89% of their student populations having an ACE score of two or greater.

RSD is divided into neighborhood attendance zones requiring students to attend a particular school based on their home address. School A and School B serve the west side of the city of Ridgedale, which is home to families who make up the majority of the district's minority and socio-economically disadvantaged populations. Attendance zones for the two schools included in this study have three of the city's four public housing complexes, two halfway homes for women and children, two substance abuse residential treatment facilities, and one mental health residential treatment facility which serves adults and children. The traumatic experiences which have led to the elevated ACEs for students who attend School A and School B are varied. Detailed data for each school site are outlined below in Table 2. The percentage listed was based on students who were identified as having at least one or more ACEs. This information was gathered from enrollment documentation, conversations with school counselors, teachers, or administration, referral documents for mental health or special education services, or disciplinary action conferences.

Table 2

Cause of ACEs Disaggregated by School Site

Cause of ACE	School A	School B
Emotional Abuse	97.13%	92.84%
Physical Abuse	86.43%	87.09%
Sexual Abuse	12.89%	10.77%
Neglect	84.61%	78.11%
Separation/Divorce	92.49%	94.32%
Substance Abuse by Adult	84.08%	87.27%
Mental Health Illness	12.58%	25.48%

Incarceration of Parent/Caregiver	11.04%	13.81%
Foster Care	9.06%	10.72%

Professional Development Plans

To effectively implement trauma-informed practices, teachers in School A and School B needed adequate support. These supports included quality, formal professional development and instructional coaching cycles. Professional development in strategies which benefit both trauma-affected students and the general population was provided to teachers. Interventions improve student achievement when focused on helping the child feel safe in his/her environment, improving coping and problem-solving techniques, facilitating opportunities for the child to express suppressed feelings, and assisting students in recognizing their responsibility. Children who suffer trauma often default to an intensified reactive state which causes them to act out and be disruptive in school, producing behavior for which they are typically punished (Walton-Fisette, 2020). Educating teachers to bring a trauma-informed lens to instructional practices in the classroom offered an opportunity to promote healing for students who have experienced trauma.

By employing a formal professional development plan, incorporating coaching practices, and engaging leadership and staff concurrently in the process to shift individual practices and classroom climate, school leaders worked to establish sustainable trauma-informed practices among all stakeholders. The goal of the professional development plan was for participants to incorporate the information learned during the professional development sessions and coaching sessions into their daily instruction. Professional development is most successful if it is sustained, coherent, takes place during the school day, becomes part of the teacher's

responsibility, and focuses on student results (Wei et al., 2009). Building on the teacher's background knowledge while fostering communication and collaboration among teachers who are attempting to restructure their instructional practices were necessary supports to promote change.

To conduct this study, permission from the Superintendent and Board of Education of RSD and approval from the University of Arkansas Institutional Review Board (IRB) was first obtained. Following receipt of permission and approval, the first aspects of the study began with formal professional development sessions, which were conducted by a local counseling and mental health support agency, Honesty Corridors (pseudonym), during the summer of 2022. The first five sessions occurred during one full week in July 2022 and were followed by one full-day session each month, September 2022 through March 2023.

The focus of these sessions was on specific trauma-informed practices and how to effectively implement them in the classroom. Additionally, during the first full week of professional development, one full day's agenda was devoted to training on the Instructional Coaching Cycle Model. More detailed information regarding the Instructional Coaching Cycle Model can be found in the Data Collection Methods section of this chapter. By adopting a collaborative and strengths-based approach, teachers can create a more positive and supportive learning environment for all students. Figure 4 is the one-page reference document developed to illustrate the trauma-informed practices in which participants received professional development for this study. It is also included as Appendix G.

Figure 4: Trauma-Informed Practices Professional Development Sessions

Trauma-Informed Practices Professional Development Sessions		
Teacher/Student Connections	Trauma-Compassionate Responses	Collaborative Classrooms
<ul style="list-style-type: none"> • <u>Establish Positive Relationships to improve motivation and engagement:</u> • Build trust and rapport by showing genuine interest in students and by learning their interests and strengths. • Use positive reinforcement strategies such as verbal praise, tangible rewards, or expressing appreciation to reward effort and accomplishment. • Foster a sense of belonging by demonstrating that students are a valued part of the classroom community by including them in decisions and activities, showing respect, and understanding their unique backgrounds and experiences. • Practice active listening to enhance student feelings of being heard by giving your full attention (maintain eye contact, nod head, ask clarifying questions, restate what you heard/understood). • Enhance student comfort and connection by being authentic and approachable. • <u>Engage students using Motivational Tools:</u> • Guide students in setting goals, support and celebrate their progress. • Enhance student agency and autonomy by providing choices. • Offer varied, meaningful, high-interest activities. • Create a positive, supportive classroom culture to foster belonging. 	<ul style="list-style-type: none"> • <u>Help Students Regulate Emotions and Challenging Behavior:</u> • Provide a calming and supportive presence to encourage student sense of safety and security. • Create a predictable environment with structured routines to enhance student locus of control. • Teach mindfulness techniques, such as deep breathing or progressive muscle relaxation. • Help students identify and label their emotions to facilitate understanding and managing feelings. • Provide opportunities for sensory input, such as squeezing a stress ball or using a fidget spinner. • <u>Determine Triggers:</u> • Observe and note patterns or antecedents to challenging behavior. • Maintain a log or journal of behaviors, noting potential triggers or antecedents. • Ask students for input about cause their behavior. • Consult colleagues, counselors, therapists for insights and perspectives. • Approach conversations with empathy and without judgment, realizing behavior is likely a mechanism for coping with trauma. 	<ul style="list-style-type: none"> • <u>Create Collaborative Classrooms where students, teachers, and other staff members work together to create a positive and supportive learning environment:</u> • Use collaborative rather than punitive discipline to teach and empower students through restorative justice practices, setting clear expectations and consequences, and involving students in decision-making. • Emphasize student strengths rather than challenges to encourage feelings of being valued and to motivate engagement in learning. • Use mindful communication to create a positive, respectful classroom culture by being fully present, engaged, and actively listening to conversations. • Instill hope by highlighting students' potential for growth. • Encourage students to set goals and work towards them, and celebrate their progress along the way.

Sampling

Purposeful sampling was the method used, a type of non-probability sampling technique in which the researcher selects a sample based on a specific purpose or objective (Lavrakas, 2008). It is often used when the researcher wants to study a particular group or phenomenon in depth. There are several types of purposeful sampling, including:

1. Expert sampling: selecting individuals who are knowledgeable or experienced in a particular area or topic.
2. Quota sampling: selecting a sample that is representative of a particular population or group, based on predetermined quotas for certain characteristics (e.g. gender, age, ethnicity).
3. Snowball sampling: selecting individuals based on their connections to other individuals who are already part of the study.
4. Theoretical sampling: selecting individuals or cases that can help the researcher generate new theories or expand upon existing theories.

Purposeful sampling can be useful when the researcher has a specific research question or aim and needs to study a specific group to answer that question. However, because the sample is not selected randomly, it may not be representative of the larger population and the results of the study may not be generalizable.

For this study, expert sampling was the type of purposeful sampling utilized and consisted of teachers who participated in all of the formal professional development sessions and instructional coaching cycles, which were an additional time commitment for participants. Therefore, this limited the research sample to teachers who volunteered to participate and contribute. Additional criteria for participants were as follows:

- currently a certified staff member in School A or School B and
- currently teaching kindergarten through fifth grades in the regular education classroom.

The sample for the study included 27 teachers across two schools who were willing to participate and met all the above-mentioned criteria. Participation in this study was voluntary. At the beginning of the study's timeline, all participants were provided with information about the research, a review of informed consent, and ensured confidentiality. Each participant signed the informed consent document (Appendix B). The demographics of the participants are as follows:

Table 3

Demographics of Participants Disaggregated by School Site

Demographic	School A	School B
Gender: Female	14	10
Gender: Male	2	1
Gender: Nonbinary	0	0
Age: 22-35	10	8
Age: 36-45	4	2
Age: 46-55	1	1
Age: 56-65	1	0
Race: White	8	5
Race: Hispanic	1	1
Race: Black	6	4
Race: Native American	1	1
Race: Asian/Pacific Islander	0	0
Race: Other	0	0

Educational Level: Bachelors	13	7
Educational Level: Additional Hours Beyond Bachelor's Degree	1	1
Educational Level: Master's Degree	1	3
Educational Level: Additional Hours Beyond Master's Degree	1	0
Educational Level: Educational Specialist Degree	0	0
Educational Level: Additional Hours Beyond Educational Specialist Degree	0	0
Educational Level: Doctoral Degree	0	0

Data Collection Methods

Instructional Coaching Cycles

The Principals and Instructional Specialists at School A and School B served as the instructional coaches for participants during the instructional coaching cycles in this study. The Instructional Coaching Cycle Model (Appendix C) was grounded in three core tenets to support teacher success: specific feedback, active coaching and modeling, and immediate practice. The goal of these cycles was to model, provide practice, coaching, and feedback as teachers implement the trauma-informed strategies they learned in professional development.

The first component of the coaching cycle was specific feedback. Narrow feedback ensures teachers grow in the skills that matter most (Lein, 2017). Following the initial classroom observation of the instructional coaching cycle, the instructional coaches began by reviewing

evidence from the Classroom Observation Tool (Appendix D) to identify whether teachers were implementing trauma-informed practices. The observation tool for this research project centered on the implementation of the trauma-informed practices fostered in the professional development sessions, as well as the techniques and strategies identified in the coaching cycle goals.

Structured observations utilized a formal observation tool that assisted in narrowing the focus of the observation. Once coaches had a holistic picture of the teachers' needs, they worked to prioritize development and build the specific skills needed to improve in that area. The coach delivered targeted feedback focused on one or two aspects of a teacher's performance, ensuring focus was on specific skills that had the greatest impact on student learning. Additionally, these skills were aligned to the professional development sessions pertaining to trauma-informed practices and implementation in the classroom.

Following specific feedback, the next component of the instructional coaching cycle was active coaching and modeling. Active coaching occurred in the classroom during the lesson. With limited time to develop teachers over the course of the school year, every minute counted. During active coaching and modeling, the instructional coach circulated during lessons to offer in-time support.

The final component of the instructional coaching cycle model was immediate practice. Occurring during the coaching conversation, modeling and practice were the driving forces of the Coaching Conversation Outline (Appendix E). In the 10 to 12 minute Coaching Conversations participants engage in active practice where they uncover misunderstandings about implementation of the coach's feedback. Additionally, it solidified the feedback by putting it in action. Teachers practiced in the feedback conversation with their instructional coach until they felt confident that they were able to put the skill or strategy to use in their very next lesson.

As a practitioner-researcher, I served as an instructional coach for a group of participants and conducted instructional coaching cycles multiple times throughout the study. The classroom observation tool provided useful information about teaching practices and implementation of the trauma-informed strategies as they are being utilized in the classroom. The observation and coaching conversation elements of the instructional coaching cycles required detailed notes for accuracy during and after each observation and coaching conversation was completed.

The Instructional Coaching Cycle Model assisted me in my role as practitioner-researcher in answering all four of the study's research questions. During the classroom observation element, the instructional coach compiled data, through the tool anecdotal notes, regarding how the trauma-informed practices were implemented in School A and School B. Additionally, through the instructional coaching cycles, each participant received personalized support to assist them in implementing trauma-informed practices effectively. Furthermore, data from each component of the instructional coaching cycle assisted in identifying what role, if any, instructional coaching played in removing barriers that hinder effective implementation of trauma-informed practices.

Interviews

Interviews were a valuable evaluation instrument during this study, as they allowed more in-depth information to be obtained than could be gathered from a survey or questionnaire. The interviews included both closed and open-ended questions and followed privacy protocols that were shared with participants as part of their consent (Appendix B). These protocols ensured the confidentiality of participants, which was essential to respondents' willingness to answer questions openly and honestly.

Interviews were conducted in-person in the conference rooms of School A and School B, as Covid-19 restrictions were not in place. Any interviews that could not be conducted in-person took place via Zoom. The length of the interviews was approximately 60-75 minutes with approximately ten open-ended questions. Individual interviews were conducted at times convenient to teachers' schedules and were recorded then transcribed. Questions during the individual interviews were designed to indicate what roles, if any, professional development and instructional coaching had in removing the barriers participants associated with implementation. The questions included opportunities to identify key elements of implementing trauma-informed practices, describe the unique issues participants were facing during implementation, benefits participants were experiencing during implementation, major challenges to implementation, to describe their experiences with students impacted by trauma, to describe the role of professional development, to describe the role of instructional coaching, and to make recommendations in addressing challenges to implementation of trauma-informed practices. Specific questions can be found in Appendix F.

Individual interviews provided data for Research Questions Two and Three. During each individual interview, the participant had the opportunity to identify the support they felt they needed to effectively implement trauma-informed practices. Additionally, throughout the individual interviews, participants were encouraged to pinpoint barriers they perceived as hindrances to the effective implementation of trauma-informed practices. During the interviews and coaching conversations, the researcher sought to gain credibility by summarizing and clarifying comments to ensure that participants' responses to the questions were accurately recorded and represented.

Student Data

Data were requested and provided as Microsoft Excel files by School A and School B in August 2022 and in January 2023 and included reports of attendance, discipline, retention, and referrals for special education evaluation or mental health support. These data points addressed Research Questions One and Four regarding how trauma-informed practices are implemented at School A and School B.

Anonymity of students represented in the data received from School A and School B throughout this study was extremely important. Thorough privacy precautions were taken to guarantee the privacy of the students reflected in the data including:

1. The use of secure servers and networks to store and transmit student data prevented unauthorized access to the data.
2. Implementation of controls limited who had access to student data to only those who had a legitimate need to view the records. No one other than myself and the school leaders who provided the data had access to any individual student identifying information.
3. Use of encryption to protect student data when it was transmitted and stored.
4. Regularly updated security measures and software to protect against new threats.
5. Use of anonymized data to protect student privacy while still allowing for data analysis and research.
6. Provided training to school leaders on data privacy and security best practices.
7. Each student was assigned a student number not related to any identification system used by RSD.

Data Analysis Methods

The data analysis was guided by the four research questions. Data from the instructional coaching cycles and individual interviews was transcribed onto Microsoft Word document files and was analyzed using constant comparison. This process allowed the practitioner-researcher to start coding the data immediately, which involved identifying, categorizing, classifying, and labeling the initial patterns of data. From that, themes were identified that answered the research questions associated with this study. Additionally, data were triangulated to ensure consistency among the data by conducting multiple complete coaching cycles and interviews with all participants (Gomez-Lee, 2017).

Student data collected were examined using Excel's data analysis feature. Tests were run to identify if data were missing from the sampled population. Additional checks occurred to ensure the accuracy of the data reports. Descriptive statistics for the data sample were provided including standard deviations and means for all included variables.

Trustworthiness

According to Herr and Anderson (2015), researchers must make connections between the goals of action research and validity criteria, as the validity criteria for action research required rigor to be redefined when compared to traditional research. For the purpose of this study, the goals were relevant to the local setting of RSD, therefore aligning with the democratic (local) validity criteria (Herr & Anderson, 2014). These connections between the goals of the study and the aligned validity criteria were used throughout to guide and reflect on the process to ensure the results were applicable to the context around RSD students who have experienced trauma and have an ACE score of two or greater. A key to ensure alignment of those connections was maintaining ongoing documentation. Herr and Anderson (2014) recommend all action

researchers keep a research journal (p. 91), which allowed me to be reflective about decisions made throughout the study.

To ensure research and findings are of a high standard, a colleague was designated to serve as a “critical friend” to employ peer checkpoints and debriefings. These opportunities offered “alternative interpretations” of the data (Herr & Anderson, 2014) and guarded against the influence of researcher bias as the critical friend collaborated, asked questions, and encouraged different levels of understanding, especially as the building principal of School B. A critical friend provided the opportunity to validate the research, as well as to step back from the process to disconnect and reset when needed (Herr & Anderson, 2014).

Raw data (digital recordings and transcripts) were stored in a locked cabinet in my home office and on a password-protected computer to which only I had access. Research data will be destroyed three years after the end of this study. Personal responses will not be linked to the name of the participant or be reported in a manner that allows for their identification.

Pseudonyms were used for the district, schools, and participants. Video and/or audio recordings were used during all aspects of the research and were kept confidential, used to find themes. In an effort to be transparent to participants, all were invited to attend a participant meeting where the preliminary findings were shared. At this meeting and for any disclosure of the research and research analysis, protecting the identity of the contributors was a priority.

Limitations

This study was conducted in a small urban school district and consisted of volunteer participants who teach kindergarten through fifth grade, so findings may not be transferable or generalizable to differing sizes of school districts, grade levels, or student populations where higher ACE scores are not as prevalent. It was my responsibility to ensure there was significant

information available to permit transferability for readers when applicable (Creswell, 2014; Shenton, 2004).

This study focused exclusively on certified classroom teachers. The role of the certified classroom teacher in School A and School B had the largest span of influence with students who have experienced trauma and who were enrolled in these schools. This was due to the percentage of time during the day that was spent with the certified teaching staff in the regular classroom. Support staff made up less than eight percent of the staffing allocations of School A and School B, where certified teaching staff accounted for 89%.

Not all schools within RSD were included in the study, which included a criterion sample of only two schools. This was done to specifically address the problem within RSD. Systematically, an estimated 58% of the student population in grades pre-kindergarten through 12 at RSD have an ACE score of two or higher. At School A and School B, where the percentage is an estimated 89%, the administration consistently saw trends regarding declining student achievement, higher numbers of disciplinary infractions, increased numbers of referrals for special education and behavioral health services, and low attendance rates for students and teachers. Therefore, findings may not be fully or easily transferable to other locations whose demographic information differs largely from that used in this study or locations not experiencing the specific addressed issues.

Summary

Comprising evidence from multiple qualitative and quantitative data sources within the four phases of the action research spiral (Herr & Anderson, 2014), this mixed methods action research study examined how authentic professional development and instructional coaching supported the successful implementation of trauma-informed practices at two elementary

schools, School A and School B, in RSD. As specifically addressed in Chapter One, both school sites had elevated numbers of students who have suffered extreme trauma, with an estimated 89% of their student populations having an ACE score of two or greater. This study sought to identify the support teachers need to implement trauma-informed practices, and the barriers that may affect the implementation, in order to decrease the effects of trauma in the instructional environment on student populations having an ACE score of two or greater.

Chapter Four: Results and Findings

Introduction

The purpose of this action research study was to examine how authentic professional development and instructional coaching can support the successful implementation of trauma-informed practices at two elementary schools, School A and School B, in Ridgedale School District (pseudonym) (RSD). RSD is a small urban school district in Oklahoma. This study sought to identify the support teachers need to implement trauma-informed practices, and the barriers that may affect implementation. Chapter Four was designed to analyze the data collected from instructional coaching cycles including classroom observations and coaching conversations, structured interviews, and student data related to discipline referrals, attendance, and referrals for special education evaluation and mental health services.

This mixed methods action research study encompassed evidence from multiple qualitative and quantitative data sources within the four phases of the action research spiral. Herr & Anderson (2014) describe the action research spiral as follows:

For the action researcher, these interventions constitute a spiral of action cycles in which one undertakes:

1. to develop a plan of action to improve what is already happening;
2. to implement the plan;
3. to observe the effects of action in the context in which it occurs; and
4. to reflect on these effects as a basis for further planning subsequent action through a succession of cycles.

This cycle of activities forms an action research spiral in which each cycle increases the researchers' knowledge of the original question, puzzle, or problem, and, it is hoped, leads to its solution (p. 5).

The action research cycle offered opportunities for continued reflection throughout the implementation process. While utilizing this interactive method of collecting information, efforts were made to improve practices through pertinent professional development, instructional coaching, and implementation of trauma-informed practices. The findings in this chapter represent the analysis of both qualitative and quantitative data.

Trauma-informed practices at elementary schools create a safe and supportive environment for students who have experienced trauma. Providing training which enables teachers and staff to recognize the signs of trauma and how to respond in supportive and non-violent ways is the first step to implementing those practices. Adjusting school policies and procedures to reduce the likelihood of triggering traumatic memories or reactions in students is a component of creating a trauma-informed environment. Other strategies include implementing social and emotional learning programs, providing access to counseling and mental health services, and creating opportunities for students to feel connected and supported within the school community.

Research Questions

- How are trauma-informed practices implemented at two elementary schools, School A and School B, in Ridgedale School District (RSD)?
- What support do teachers need to effectively implement trauma-informed practices?
- What barriers, if any, hinder the effective implementation of trauma-informed practices?
 - What role does professional development play in removing these barriers?

- What role does instructional coaching play in removing these barriers?
- What changes were observed in student data in the areas of discipline, attendance, retention, and referrals for special education evaluation or mental health support throughout the implementation of trauma-informed practices?

Sample

Purposeful sampling, which was the method used to choose the research sample in this study, is a non-random sampling technique utilizing a specific criterion (Lavrakas, 2008). The research sample consisted of teachers who were participating in professional development and instructional coaching cycles. Attendance at the specific professional development sessions and participation in the instructional coaching cycles were an additional time commitment for teachers who were part of the study. Therefore, this limited the research sample to teachers who volunteered to participate and contribute. Additional criteria for participants were as follows:

- currently a certified staff member in School A or School B and
- currently teaching kindergarten through fifth grade in the regular education classroom.

The sample for the study included 27 teachers across two schools who were willing participants and met all the above-mentioned criteria.

Data Collection and Analysis

Data Collection Methods

Data were collected through classroom observations and coaching conversations during the instructional coaching cycles and individual interviews. To ensure research and findings were of a high standard, peer checkpoints and debriefings were implemented. This also limited researcher bias, especially as the building principal of School B.

Instructional Coaching Cycles

The instructional coaching cycles included (1) looking for evidence of implementing new skills learned in professional development and (2) “coaching” teachers to use the strategies more effectively or to use them at all if the observation did not reveal evidence of implementation. The classroom observation tool (Appendix D) provided useful information on teaching practices and implementation of the trauma-informed practices as they were being utilized in the classroom. The observation and coaching conversation elements of the instructional coaching cycles required detailed notes for accuracy during and after each observation and coaching conversation was completed. The instructional coaching cycles were facilitated by the principals and instructional specialists at School A and School B who served as the instructional coaches for participants during the instructional coaching cycles in this study.

Interviews

Interviews were a valuable evaluation instrument during this study, as they allowed more in-depth information to be obtained than could be gathered from a survey or questionnaire. The interviews contained both closed-ended and open-ended questions. Additionally, the interviews followed privacy protocols that were shared with participants. These protocols ensured the confidentiality of participants, which was essential to respondents’ willingness to answer questions openly and honestly. These protocols are addressed in detail in Chapter Three.

Student Data

Data were requested and provided by School A and School B in August 2022 and in January 2023. The requested reports included student data regarding attendance, discipline, retention, and referrals for special education evaluation or mental health support. The data requested were provided in the form of a Microsoft Excel document file, which allowed the

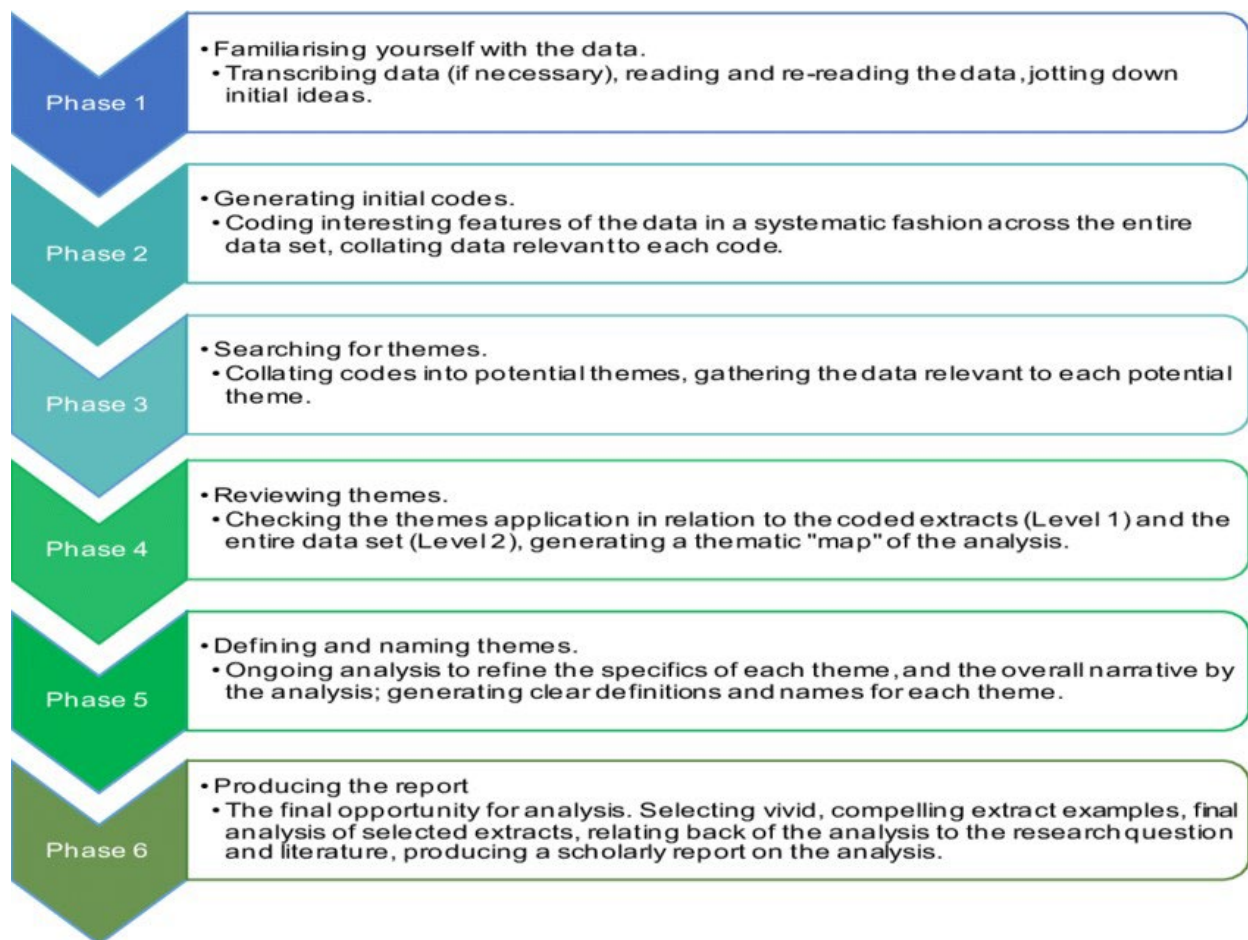
efficient analysis of data. Precautions taken to guarantee the privacy of the student data are explained in detail in Chapter Three.

Data Analysis

Thematic analysis is the process of identifying patterns or themes within qualitative data. The goal of thematic analysis is to identify important themes and patterns in the data, which were used to address the problem of practice. A strong thematic analysis interprets and makes sense of data. Braun & Clarke (2006) suggest that it is the first qualitative method that should be learned as “it provides core skills that will be useful for conducting many other kinds of analysis” (p.78).

Braun’s & Clarke’s six phase framework (see figure 5) was chosen for conducting the thematic analysis because it offers a clear and usable framework. Braun & Clarke (2006) distinguish between two levels of themes: semantic and latent. Semantic themes align “within the explicit or surface meanings of the data and the analyst is not looking for anything beyond what a participant has said or what has been written” (p.84). In contrast, the latent level looks beyond what has been said and identifies assumptions and examines underlying ideas that inform the semantic content of the data. The analysis for this study identified themes at the semantic level to generate an accurate representation of the teaching and learning within this study.

Figure 5: Braun's & Clarke's Six Phase Thematic Analysis Framework



Reference: Braun & Clark, 2006

Step 1: Become Familiar With the Data

The first step in any qualitative analysis is reading and re-reading the transcripts and notes. As the practitioner-researcher, I had to be familiar with the entire body of data before moving to the next phase of analysis. This included data such as coaching cycle notes, coaching cycle conversation transcripts, and transcripts from interviews with educators who participated in professional development sessions and instructional coaching cycles related to implementation of trauma-informed practices. At this stage, it is useful to make notes and jot down early impressions.

Step 2: Generate Initial Codes

In this phase, data are organized in meaningful and systematic ways to convert volumes of data into small chunks of meaning called codes. There are different ways to code including open coding and line-by-line coding. Based on the research questions of the study, the coding method utilized was open coding, meaning there were no pre-set codes. The codes were developed and modified as the coding process continued. Codes included descriptions of the professional development or coaching experience, specific strategies or tools learned, or reflections on the impact of the training on trauma-informed practices.

Following step 1, there were some initial ideas about the codes based on the notes from the data. Relevant to the research questions, some preliminary ideas about codes were developed as I worked through each transcript, coding every segment of text. This process was done by hand, working through hard copies of the transcripts with pens and highlighters. For studies that contain larger data sets, a qualitative data analytic software would be useful.

Step 3: Search For Themes

A theme is a pattern that captures significant or interesting qualities about the data and/or the research questions. There are no rules about what makes a theme, as themes are characterized by their significance (Braun & Clarke, 2006). There may be considerable overlap between the coding stage and identifying preliminary themes, especially when working with a smaller data set.

This phase involved grouping codes related to similar topics, such as the effectiveness of the training, challenges encountered during implementation, or changes in classroom culture or student behavior after the training. When examining the codes, some clearly fit together into a theme. Some codes were associated with more than one theme, which is acceptable at this stage

due to the preliminary and broad nature of the themes at this point. At the end of this step, the codes were organized into broader themes that correlated to a specific research question.

As an example of how I determined which theme a particular data set would be recorded under, below are excerpts from participants' interview transcripts, discussing their experiences implementing trauma-informed practices in the classroom.

- Participant 11: "I've noticed a significant difference in my students since we started implementing trauma-informed practices. I am more aware of their emotions and behaviors, and which enables them to better able regulate themselves."
- Participant 24: "I've seen a lot of changes. Students who used to be very reactive and emotional are starting to calm down and feel more safe and secure in the classroom. It's really rewarding to see them make progress."
- Participant 8: "Students who used to be disruptive and defiant are now more engaged and participatory in class activities. They seem to be more connected with their peers and teachers."
- Participant 17: "We still have some barriers to overcome. Some teachers are resistant to the changes and the new approach, and some students still need more support than we can provide within the classroom."

Utilizing Braun's & Clarke's six phase framework (2006) for thematic analysis in this example, there are multiple themes that emerge from the transcripts:

- Cognitive Change: This theme relates to changes in students' thinking, awareness, and self-regulation. Participant 11's comment about students becoming more aware of their emotions and behaviors fits into this category.

- Emotional Change: This theme relates to changes in students' emotional states, such as increased calmness, security, and trust. Participant 24's comment about students feeling more safe and secure in the classroom fits into this category.
- Behavioral Change: This theme relates to changes in students' actions and behaviors, such as increased engagement, participation, and connection. Participant 8's comment about students being more engaged and participatory in class activities fits into this category.
- Barriers: This theme relates to obstacles or challenges to implementing trauma-informed practices. Participant 17's comment about teacher resistance and lack of resources for supporting students in need fits into this category.

To determine which theme a particular excerpt would be recorded under, I looked for the main idea or topic being discussed and considered which theme(s) it related to most closely. For example, Participant 11's comment about students becoming more aware of their emotions and behaviors would be recorded under the Cognitive Change theme, while Participant 17's comment about teacher resistance and lack of resources would be recorded under the Barriers theme. It is important to note that some excerpts may fit under multiple themes, and in those cases, it is up to the analyst to determine which theme is most appropriate.

Step 4: Review Themes

During this phase, I reviewed, modified, and developed the preliminary themes that I identified in Step 3. By gathering all the data relevant to each theme, a determination was made if the preliminary themes made sense in relation to the research questions. The use of color-coding assisted in associating codes to particular themes. After reading the data associated with each theme, consideration was made regarding whether the data truly supported it. Additionally,

decisions had to be made regarding if the themes worked in the context of the entire data set.

Themes must be coherent and they should be distinct from each other. Questions to ask regarding the themes are:

- Do the themes make sense?
- Do the data support the themes?
- Am I trying to fit too much into a theme?
- If themes overlap, are they really separate themes?
- Are there themes within themes (subthemes)?
- Are there themes I missed within the data?

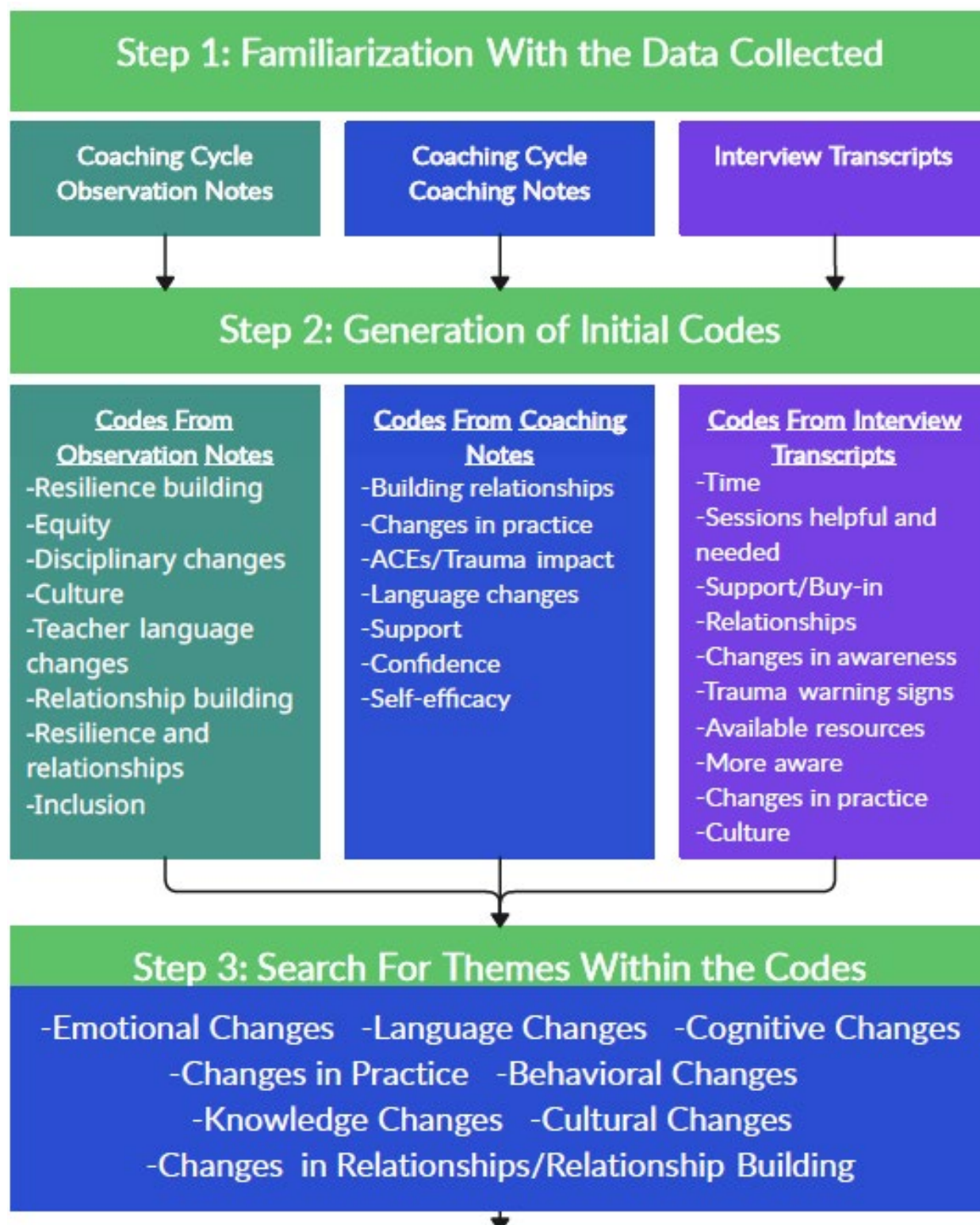
Step 5: Define Themes

This stage is the final refinement of the themes, with the aim to “identify the essence of what each theme is about” (Braun & Clark, 2006). What is the theme saying in context of the data and the overall study? How do the themes relate to each other?

Step 6: Write-Up

This stage is the endpoint of thematic analysis for the research process. This includes a written report such as a journal article and/or dissertation. This dissertation serves as Step 6’s write-up for this study.

Figure 6: Braun's & Clarke's Six Phase Thematic Analysis Framework For This Study



Step 4: Review Themes

- Do the themes make sense?
- Do the data support the themes?
- Am I trying to fit too much into a theme?
- If themes overlap, are they really separate themes?
- Are there themes within themes (subthemes)?
- Are there other themes within the data that I missed?

Step 5: Define and Name the Themes

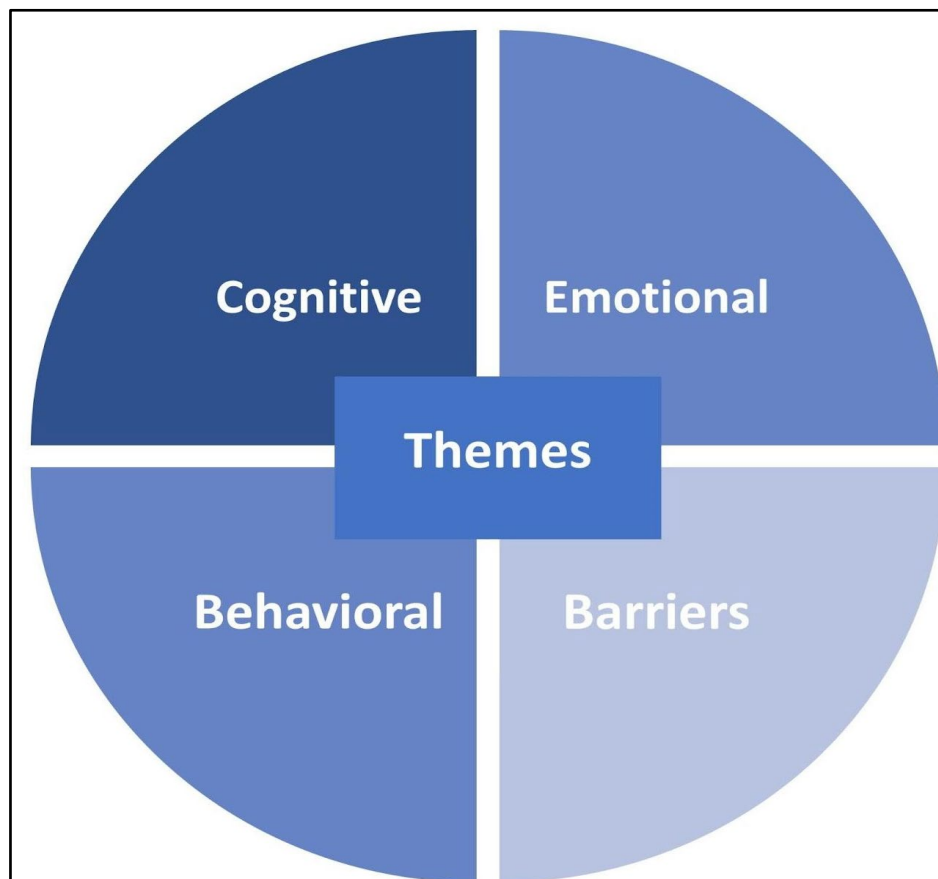
- Cognitive:** How was the knowledge of teachers in this study expanded? How did teachers process the thinking behind their practices? How did this thinking change?
- Emotional:** What were the changes in emotional context for staff and students? How was emotional learning and empathetic approach to classroom management incorporated into the implementation of trauma-informed practices?
- Behavioral:** What were effects on behaviors of students and/or teachers?
- Barriers:** What impeded teachers' implementation of trauma-informed practices?

Step 6: Presentation of the Research Findings

The findings of this research study are presented in the dissertation titled *How Authentic Professional Development and Instructional Coaching Support the Successful Implementation of Trauma-Informed Practices* by Meleah Hoskins.

Overall, Braun's and Clarke's Six Phase Thematic Analysis Framework helped me analyze my qualitative data by providing a structured approach to data analysis that ensured consistency and rigor in the research process. By identifying common themes and patterns, insights were gained into the effectiveness of different strategies and tools, as well as the challenges and successes participants encountered implementing trauma-informed practices in their classrooms. Figure 7 identifies the four themes that resulted from the thematic analysis for this study.

Figure 7: Thematic Analysis Themes For This Study



Findings

Qualitative

While educators recognize the importance of professional development and implementing trauma-informed approaches, many teachers do not feel prepared to recognize the signs of trauma in their students, use communication strategies to help them feel safe, or teach them to manage their stress and emotions. Development of trauma-informed approaches rooted in a school's culture and climate can help to mitigate the effects of traumatic experiences for students and staff.

Teachers need a variety of supports to effectively implement trauma-informed practices in their classrooms. Some possible supports include training and professional development, as well as access to resources and materials. Teachers need training on the signs and effects of trauma as well as strategies for creating safe, supportive classrooms. Additionally, educators need access to resources such as books, articles, and lesson plans that can help them incorporate trauma-informed practices into their teaching.

School leaders can play a critical role in supporting teachers as they implement trauma-informed practices, by providing resources and funding, as well as by modeling and promoting a culture of care and support within the school. Teachers benefit from collaborating with mental health professionals or other experts who can provide additional support and guidance. Furthermore, implementing trauma-informed practices can be emotionally demanding for teachers, so it is important for them to take care of their own well-being to sustain their efforts over time.

Cognitive

Data indicated that the professional development sessions and instructional coaching regarding trauma-informed practices led to cognitive changes in the participants. Teachers who received training and coaching developed a greater understanding of the impact of trauma on students' lives. Additionally, they became more aware of the signs and symptoms of trauma, as well as were better equipped to identify students who may be experiencing trauma.

Trauma-informed professional development sessions and instructional coaching assisted teachers in becoming more flexible and adaptable in their teaching strategies. Participants were more willing to adjust their teaching approach to meet the needs of individual students who have experienced trauma. Through their coaching cycles, participants became more self-aware of their own biases and assumptions about students who have experienced trauma. Likewise, they were more reflective about their teaching practices and more willing to seek additional support and resources.

The following are participant responses aligning with the cognitive theme:

- “Be more mindful of the circumstances that our students live with on a daily basis.”
(Participant 25)
- “Shifted my thinking to what happened to you instead of what is wrong with you.”
(Participant 6)
- “I have had a change in my thinking about how early trauma impacts learners.”
(Participant 12)
- “The training helped give me the vocabulary and strategies to understand and help my students with trauma. My coach helped me know how to utilize these things in my classroom.” (Participant 17)

- “Everyone needs to know this information. As teachers, we need to be properly equipped with these strategies and the support in how to use them. This is the only way we will ever be able to help all our kids and truly prepare them.” (Participant 2)

Emotional

On-going, formal professional development sessions and instructional coaching around trauma-informed practices generated emotional changes in the participants. Teachers who received training and coaching appeared more empathetic and compassionate towards their students. According to data from coaching conversations and interviews, they developed a deeper understanding of the emotional struggles some students face. This inspired them to be more patient and supportive. Instructional coaches noted that teachers who participated in trauma-informed professional development sessions and coaching were more likely to approach their students with empathy and understanding, rather than judgment or blame. These teachers were better able to recognize the role of trauma in students' behavior and academic performance.

Building positive relationships with students was a major emotional change apparent in data. Following professional development sessions and throughout instruction coaching cycles, participants were intentional about building positive relationships with their students. Additionally, teachers were more proactive in building relationships with students who have experienced trauma and were more patient and supportive in their interactions. This purposeful practice led to better academic outcomes, higher student attendance, and fewer discipline referrals.

Teachers that work with students who have experienced trauma may endure high levels of stress and burnout. Trauma-informed professional development sessions and instructional coaching cycles provided teachers with strategies to manage their own emotions and reduce their

stress levels. Participants were able to recognize the importance of self-care practices and develop a better understanding of how to manage their own emotions, prioritize their well-being, and set boundaries to prevent burnout. These practices assisted teachers in feeling more fulfilled in their role by equipping them with the tools to support their students effectively.

The following are participant responses aligning with the emotional theme:

- “I have become more compassionate with students who are going through things I may or may not be aware of.” (Participant 11)
- “I have to be more understanding of some of the situations students may be experiencing at home.” (Participant 3)
- “I now have more empathy towards some students.” (Participant 8)
- “Build relationships - it matters. My coach helped me see this so clearly.” (Participant 1)

Behavioral

Data indicated that the professional development sessions and instructional coaching regarding trauma-informed practices led to behavioral changes in the participants. Teachers shifted their teaching practices to be more inclusive and supportive of students who have experienced trauma. Coaching cycle observation data indicated that participants consistently implemented new teaching strategies, such as using trauma-sensitive language and incorporating mindfulness exercises into their classroom environments. Furthermore, teachers who participated in the professional development sessions and coaching cycles became more skilled at communicating with students who have experienced trauma. They used positive reinforcement, such as praise and rewards, to motivate students who have experienced trauma. This helped to build students' self-esteem and sense of agency. Participants learned how to create a safe and

supportive environment in the classroom, how to listen actively to students, and how to respond in a sensitive and appropriate manner.

Participants in this study recognized the importance of collaborating with other professionals to support students who have experienced trauma. Teachers who participated in the study worked more closely with school counselors, social workers, and other professionals to develop strategies that support students' academic and emotional well-being. Additionally, data show that participants fostered a greater sense of collaboration and teamwork especially during the instructional coaching cycles. Teachers trained in trauma-informed practices spent more time working together to create a supportive learning environment for all students, including those who have experienced trauma.

The following are participant responses aligning with the behavioral theme:

- “I have become conscious of my reaction time to certain situations and slowed it down. I hope this helps me to stop and consider possible ACEs that might be causing the student to act like this.” (Participant 16)
- “My mindset has shifted the way I approach and handle student behavior issues.” (Participant 9)
- “They need a safe place and I am working to become that for my students.” (Participant 24)
- “This coaching has made me aware of signs to watch for like not enough sleep and grooming.” (Participant 20)

Barriers

Barriers to the effective implementation of trauma-informed practices arose through different avenues such as limited resources, lack of understanding or buy-in, resistance to

change, limited time, and the overall complexity of trauma. Trauma is a complex issue, and addressing it effectively can be challenging. It required a multi-faceted approach and the involvement of many different people and agencies. Additionally, implementing trauma-informed practices required additional resources such as funding for training and professional development, materials, and staffing. School A and School B's implementation was funded through a community education foundation grant. However, schools that are struggling financially may not have access to the resources to support these efforts.

Some teachers did not fully understand the concept of trauma-informed practices or did not believe in their effectiveness. This made it difficult to get buy-in and support for these efforts. Change can be difficult, and some participants resisted adopting new practices or approaches, even when they saw how beneficial they were in their classrooms. Additionally, finding time to implement new practices and receive additional training and coaching was a challenge for some participants due to them having full schedules in and out of the school setting.

When asked what barriers have hindered their implementation of trauma-informed practices, participants responded with the following:

- “There is little time for teachers and support staff to really get to know their students’ needs due to the daily demands.” (Participant 5)
- “School and district wide training would be helpful but time constraints do not make it feasible.” (Participant 9)
- “Funding.....that is the biggest barrier. We never have the money to support what we are being asked to do.” (Participant 21)
- “This will only really work if we have buy-in from everyone.” (Participant 17)

- “This has to come from the top down and have buy-in from everyone in the district. As students leave our classroom and school to go to the next grade level then all of this is in vain because the next teacher, school leader, counselor, have not been through this process.” (Participant 26)

Role of Professional Development and Instructional Coaching in Removing the Barriers. Professional development and instructional coaching played a significant role in removing barriers to the effective implementation of trauma-informed practices in schools. Professional development helped teachers and school staff gain a better understanding of trauma and how it can affect students, as well as strategies for creating a safe and supportive classroom environment. This helped participants overcome a lack of understanding or buy-in, and also provided teachers with the skills and knowledge they needed to effectively implement trauma-informed practices.

Instructional coaching provided ongoing support and guidance to teachers as they worked to implement trauma-informed practices in their classrooms. Coaches worked with teachers to identify and overcome specific challenges or barriers. The intentional structure of the coaching conversations was a key aspect in conducting coaching support for the participants. Furthermore, coaches were able to provide feedback and suggestions for improvement. This assistance helped teachers feel more confident and competent in their ability to implement these practices effectively. Gradually, as the teachers gained confidence and experience in the use of the new knowledge, the teachers were able to implement the strategies in context without the support from the coach.

Overall, professional development and instructional coaching helped build the capacity of teachers to effectively implement trauma-informed practices. “The sessions and coaching over

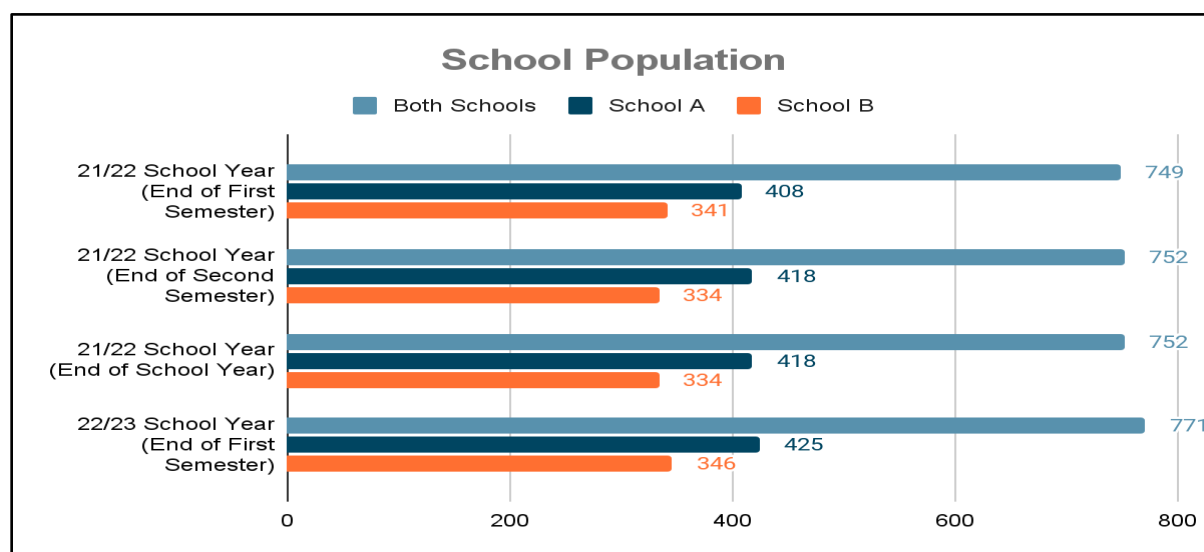
the past few months has made me more aware of the warning signs and red flags to pay attention to” (Participant 2). Additionally, these supports assisted them in providing a safe and supportive environment for their students. Participant 11 shared “I have bonded more closely with my students and am conscious of building relationships with them. The relationship building that my coach modeled with me helped me realize how important my relationship building with my students really was.”

Quantitative

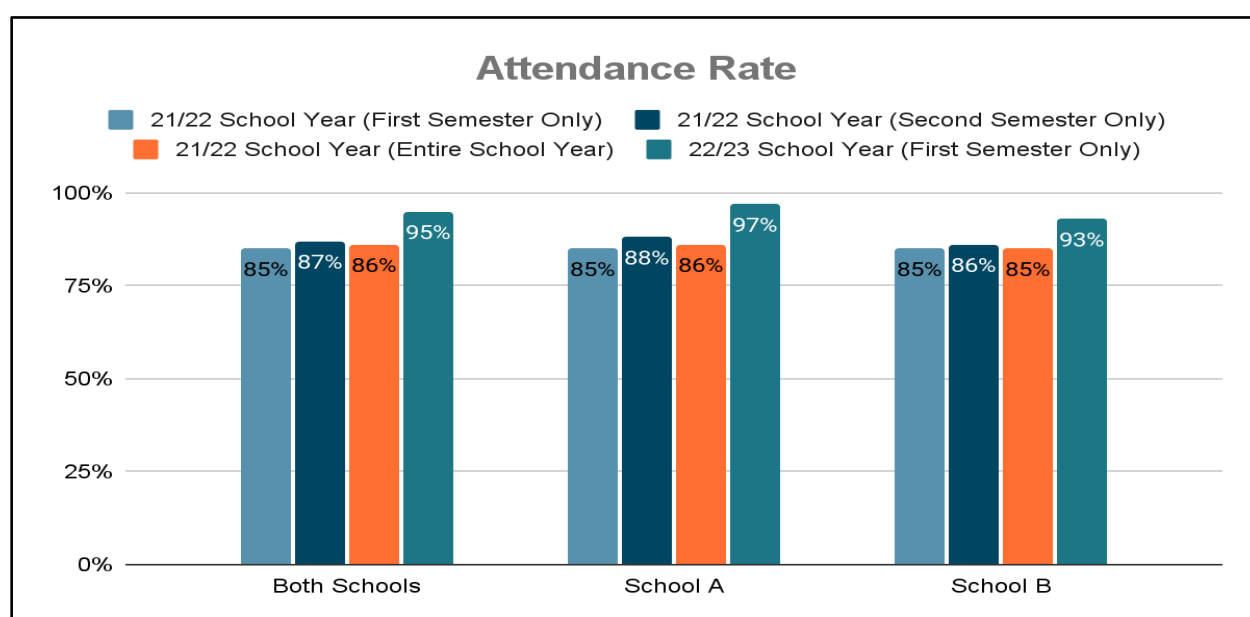
The research results in this study suggests that implementing trauma-informed practices in education has a positive effect on student data in a number of areas, including attendance, discipline, and referrals for special education evaluation or mental health support. In RSD’s School A and School B trauma-informed practices led to:

- Improved attendance due to the creation of a more welcoming and supportive school environment.
- Reduced discipline referrals due to teachers understanding the impact of trauma on student behavior and providing appropriate support and interventions.
- Reduced referrals for special education evaluation or mental health support by providing students with the support and interventions they needed.

Overall, implementing trauma-informed practices led to improved attendance and fewer referrals for disciplinary infractions, evaluations for special education services, and referrals for mental health support, which created a more inclusive and supportive learning environment for all students. School population data for School A and School B are displayed in Figure 8.

Figure 8: School Population School A and School B**Attendance**

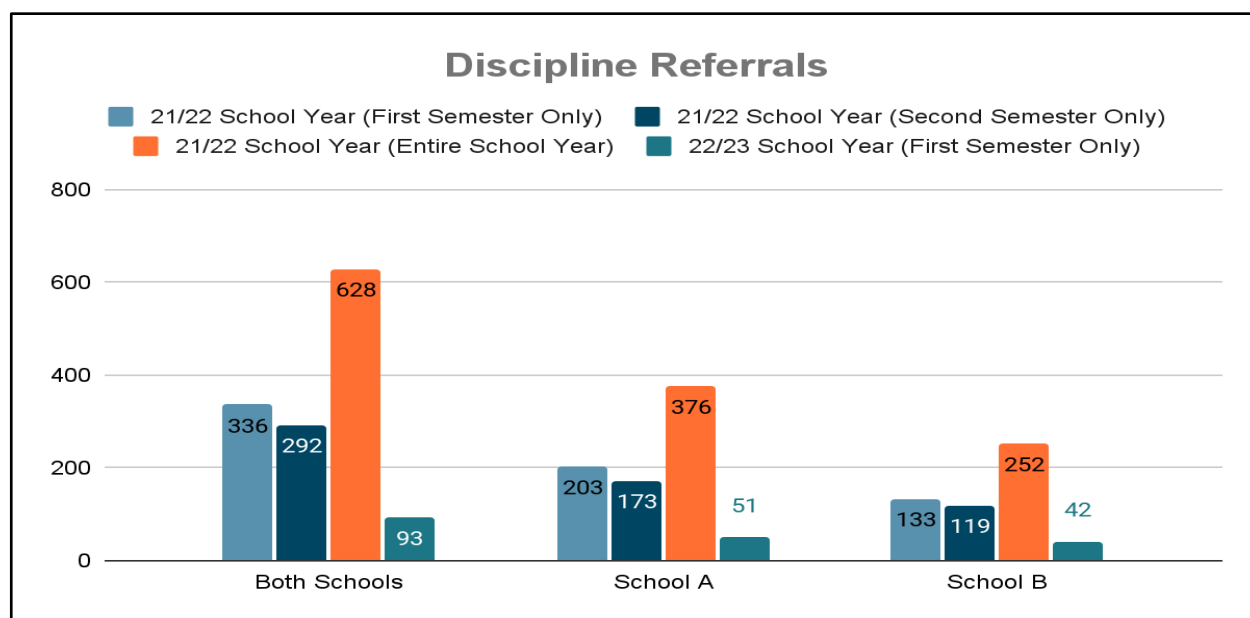
The implementation of trauma-informed practices in School A and School B led to improved attendance. The average daily attendance rate increased from 86% to 95% collectively for both schools, reflecting a 10% increase in attendance rates when comparing fall semester 2022 to fall semester 2023. These data are displayed in Figure 9. Specific information regarding trauma-informed practices and how they improved student attendance can be found in Figure 12.

Figure 9: Attendance School A and School B

Discipline

The implementation of trauma-informed practices in School A and School B led to a significant reduction in the number of discipline referrals, with referrals dropping from 336 in the fall semester of 2021 and 292 in the spring semester of 2022. There were a grand total of 628 discipline referrals in School A and School B for the 2021/2022 school year. The amount of discipline referrals collectively for both schools in the fall semester of the first year implementing trauma-informed practices was 93. This indicates a reduction of 72.32% when comparing fall semester 2022 to fall semester 2023. These data are displayed in Figure 10. Specific information regarding trauma-informed practices and how they reduced discipline referrals can be found in Figure 12.

Figure 10: Discipline Referrals School A and School B



Referrals for Special Education Evaluation or Mental Health Support

The implementation of trauma-informed practices in School A and School B led to a significant reduction in the number of referrals for special education evaluation or mental health services, with the number of referrals dropping from 18 in the fall semester of 2021 and 13 in the

spring semester of 2022. There were a grand total of 31 referrals for special education evaluation or mental health services in School A and School B for the 2021/2022 school year. The number of referrals collectively for both schools in the fall semester of the first year implementing trauma-informed practices was six. This indicates a reduction of 66.66% when comparing fall semester 2022 to fall semester 2023. These data are displayed in Figure 11. Specific information regarding trauma-informed practices and how they reduced the need for referrals for special education evaluation or mental health services can be found in Figure 12.

Figure 11: Referrals for Special Education Evaluation or Mental Health Services School A and School B

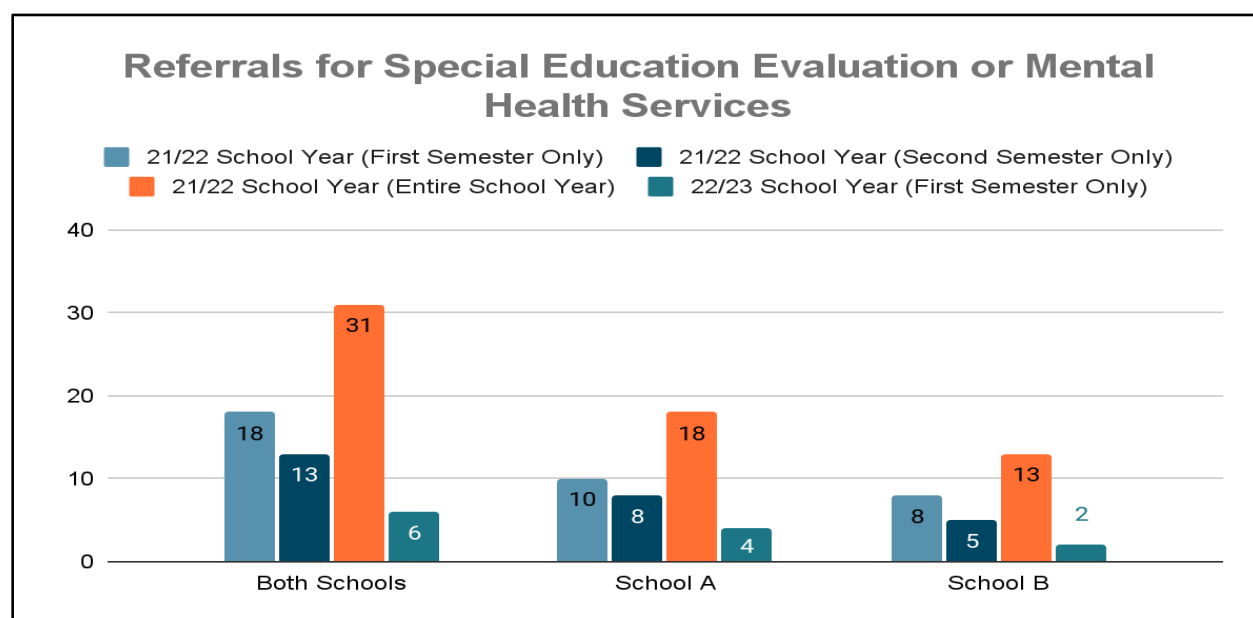


Figure 12: Specific Information Regarding Trauma-Informed Practices and Outcomes in Student Data

Outcome	Trauma-Informed Practice	Information
Improved Student Attendance	Creating a More Welcoming and Supportive School Environment	Trauma-informed practices that focused on building positive relationships and created a supportive learning environment helped students feel more connected to school and more motivated to attend.
	Providing Appropriate Support and Interventions	By understanding the impact of trauma on student behavior and providing appropriate support and interventions, teachers reduced barriers to attendance.
	Encouraging Student Engagement and Motivation	Trauma-informed practices that focused on engaging and motivating students encouraged attendance by making school a more enjoyable and meaningful experience for students.
Reduced Discipline Referrals	Understanding the Impact of Trauma on Student Behavior	By understanding that student behavior may be a result of past trauma or adversity, teachers responded with empathy and support rather than punishment.
	Providing Appropriate Support and Interventions	Trauma-informed practices that focus on providing students with the support and interventions they need prevented behavior problems from occurring in the first place.

	Encouraging Positive Behavior	Trauma-informed practices that focus on building positive relationships and creating a supportive learning environment encouraged positive behavior and reduced the need for disciplinary action.
Reduced the Need for Referrals for Special Education Evaluation or Mental Health Services	Providing Appropriate Support and Interventions	By understanding the impact of trauma on student behavior and providing appropriate support and interventions, teachers reduced the need for referrals.
	Fostering a Sense of Belonging	Trauma-informed practices that focus on building positive relationships and creating a supportive learning environment increased student connectedness to school and reduced isolation
	Encouraging Student Engagement and Motivation	Trauma-informed practices focused on engaging and motivating students and facilitated students' academic progress.
	Reducing Barriers to Learning	Addressing challenges or barriers students experienced, such as a lack of access to resources or support.

Summary

Together, trauma-informed instructional practices, focused professional development sessions, and coaching in context helped teachers create an environment that was supportive of the whole student. By understanding the needs of students and themselves, teachers ensured their trauma-informed instruction was tailored to the student population and context of the class. In addition, teachers identified specific areas where students struggled and adjusted instruction accordingly. This provided an inclusive and equitable learning environment, where students had the opportunity to reach their full potential.

The data collected in this study provided deep insight into the implementation of trauma-informed practices at School A and School B in RSD. Chapter Four explained in detail the findings from both the quantitative and qualitative data collection across both schools involved in this study. Chapter Five provides a discussion of implications for professional practice and future research.

Chapter Five: Conclusions and Implications

Introduction

As a school leader, the relationships I build with my students and staff shape my life in so many ways. The bond I have with Alex, Brad, their mother, and Mrs. Carter is no different. They inspired and influenced this problem of practice and research journey. When I introduced you to this resilient group of people, Alex and Brad were getting ready to experience a major transition in their life. Their father was being released from prison and would be living with them for the first time in nine years, when the boys were an infant and toddler.

Alex's and Brad's father lived with them for less than a year following his release from prison. While he was in the home, multiple incidents occurred that contributed to retraumatization of the brothers, including violence that led to their father now serving a life sentence. Alex, Brad, their mother, and siblings have not visited their father in prison since his most recent incarceration and as relayed to me by Brad, he did want to see or have anything to do with his dad.

When reviewing data from this study, I particularly wanted to know about Alex, Brad, and Mrs. Carter, who volunteered to be a participant in the study. As I reference their data below, it has been approximated to conceal the identification of the people included. All three individuals, whose experiences continue to drive the work I do, have been affected each in their own way by the implementation of trauma-informed practices.

Alex, the oldest brother, is now in the sixth grade. Academically, he should have failed the fifth grade during the 2021/2022 school year, but he had already been retained once during his academic career, so he was not held back again. He failed five classes at the end of the 2021-2022 school year. Due to his grades, he was required to attend summer school for remediation

but had attendance issues there, too. Presently, he is failing five core classes out of seven on his schedule. Alex is not a student enrolled at School A or School B and struggles with attendance, averaging around 70% for both the 2021/2022 and 2022/2023 school year to date.

Alex's discipline remains a concern. He had over 85 discipline referrals including major infractions by the end of the 2021-2022 school year and from August 2022 through January 2023, Alex accumulated over 40 discipline referrals including major infractions. Significant consequences he has received to date this school year include In-School Suspension (ISS), Out of School Suspension (OSS), and time at the Alternative Academy for incidents including truancy, fighting, and stealing.

Alternatively, Brad, the younger brother, is now a fifth grader. Like Alex, he should have been retained during the 2021/2022 school year, but he had already been retained once. Brad failed three classes at the end of the 2021-2022 school year, which led to mandatory summer school attendance for remediation. Similar to the 2021-2022 school year where he averaged around a 75% attendance rate, Brad had attendance issues through summer school. By the end of the 2021-2022 school year, Brad had over 70 discipline referrals including major infractions.

Brad attends School A and has Mrs. Carter as his teacher. He passed all classes with "As" and "Bs" at the end of the first semester of the 2022 school year and discipline is no longer a major concern. August 2022 through January 2023, he had less than 10 discipline referrals, including only one major infraction. According to Brad, he now enjoys coming to school, which is confirmed by his attendance data, which is now over 95% from August 2022 - January 2023.

A contributing factor to the change in Brad's attendance, discipline, and academic data was the participation of three of his teachers in this study regarding the implementation of trauma-informed practices. One of those teachers was Mrs. Carter, who teaches third through

fifth grade at School A. Mrs. Carter attended all professional development sessions and was involved in all coaching cycles. Based on her coach's observation data, at the beginning of the study in August 2022, Mrs. Carter's implementation of learned trauma-informed practices was approximately 40%. In January 2023, when the study concluded, her consistency rate had risen to over 95%. Throughout the entire process, including the final interview, Mrs. Carter made the following observations:

- “These sessions were some of the best professional development I have received in my 20+ years of teaching.”
- “How did I never know these strategies?”
- “These things seem like common sense on what you would want to do for your students. You just don't think about it because you are overwhelmed. I know for me I stayed stressed out with all I am required to do.”
- “I didn't realize I was dealing with trauma currently and past trauma I had never dealt with. Probably some secondary trauma as well from the junk teachers are having to deal with in our profession right now.”

Mrs. Carter's student data indicated major changes in several areas. During the 2021-2022 school year, prior to implementation, Mrs. Carter had over 145 students. She made over 195 discipline referrals. Additionally, during the same period, she had over 85 students with “Ds” or “Fs” as their semester grades. Following her participation in the study, as of January 2023, Mrs. Carter has over 150 students, but has written less than fifteen discipline referrals and has approximately twenty students with “Ds” or “Fs”.

Together, trauma-informed instructional practices, focused professional development sessions, and coaching in context approach helped teachers to create an environment that was

supportive of the whole student. By understanding the needs of the students and themselves teachers ensured their instruction including implemented trauma-informed practices were tailored to the specific student population and context of the class. In addition, teachers were able to identify the specific areas where students were struggling and adjusted instruction accordingly. This provided an inclusive and equitable learning environment, where each student had the opportunity to reach their full potential.

Overview of Study

The purpose of this action research study was to examine how authentic professional development and instructional coaching can support the successful implementation of trauma-informed practices at two elementary schools, School A and School B, in Ridgedale School District (pseudonym) (RSD).

Implications

RSD District-Wide Professional Development

Trauma-informed instructional practices, authentic professional development sessions, and coaching in context approach are all important components of creating a supportive environment for students who have experienced trauma. Trauma-informed instructional practices involve understanding the impact of trauma on learning and behavior and adapting teaching strategies to meet the needs of students who have experienced it. This might involve creating a safe and predictable classroom environment, building trusting relationships with students, providing opportunities for choice and control, and incorporating mindfulness and self-regulation techniques.

Authentic professional development sessions can provide teachers with the knowledge and skills needed to implement trauma-informed practices effectively. These sessions might

cover topics such as the neurobiology of trauma, the impact of trauma on learning, and specific instructional strategies that support students who have experienced trauma. Additionally, coaching in context approach involves providing ongoing support and guidance to teachers as they implement trauma-informed practices in their classrooms. This might involve modeling effective strategies, providing feedback and support, and helping teachers reflect on their practice and make adjustments as needed.

Honesty Corridors' (pseudonym) trauma-informed professional development needs to be a required training for all district level administration, school leaders, and Instructional Specialists May/June 2023 in preparation for the 2023/2024 school year. Additionally, Honesty Corridors (pseudonym) trauma-informed professional development must be a component of the required training for all RSD certified and support staff during pre-service professional development in August 2023. Together, these multifaceted approaches can help teachers create a supportive environment that addresses the whole student, including their social, emotional, and academic needs. By incorporating trauma-informed practices, teachers can help students feel safe, supported, and valued, which can improve their engagement, motivation, and overall success in school.

Reconstruction of RSD Instructional Coaching Model

District supervision for Instructional Specialists and Instructional Coaching models can play a critical role in supporting effective teaching and learning. Supervision from the district level can help ensure that Instructional Specialists and Instructional Coaches provide consistent support to teachers across the district. This can create a shared understanding of effective teaching practices and support a culture of continuous improvement.

Supervision from the district level can provide opportunities for Instructional Specialists and Instructional Coaches to collaborate with one another and with teachers. This can help to build a sense of community and shared purpose around improving teaching and learning. Additionally, this type of supervision can ensure accountability. District level supervision can ensure that Instructional Specialists and Instructional Coaches fulfill their roles and responsibilities effectively, and build trust and confidence among stakeholders and to demonstrate the district's commitment to improving teaching and learning.

Providing feedback and support is essential to any specialist or coach. Supervision from district staff can provide Instructional Specialists and Instructional Coaches with feedback and support to help them improve their practice, which can include opportunities for professional development, coaching, and mentoring. Furthermore, district level supervision can help to monitor the progress of teachers and the impact of Instructional Specialists and Instructional Coaches on student learning. This can identify areas where additional support is needed and to celebrate successes.

Overall, district supervision plays an essential role in supporting Instructional Specialists and Instructional Coaches in their work to improve teaching and learning. By providing feedback, support, and opportunities for collaboration and professional development, district supervision creates a culture of continuous improvement and supports the success of all students.

Reconstruct RSD's Instructional Coaching Model to Include Coaching Around Trauma-Informed Practices

RSD's Instructional Coaching Model needs be reconstructed to include coaching around trauma-informed practices by incorporating the following elements:

- Instructional coaches need to have a deep understanding of trauma and its impact on students, families, and staff. They should be aware of the different types of trauma and how it affects individuals in various ways. This knowledge can help coaches provide more empathetic and informed support to teachers and students.
- Coaches need to create a safe and inclusive environment for teachers and students. This includes implementing trauma-informed practices that promote physical and emotional safety, such as creating a calm and predictable classroom environment, promoting positive relationships, and developing routines and procedures that support the emotional well-being of students.
- Coaches need to build strong relationships with teachers and students. They should work collaboratively with teachers to develop effective strategies for addressing trauma-related challenges in the classroom. Coaches should also foster positive relationships with students to create a safe and supportive learning environment.
- Coaches need to promote self-care among teachers and staff. This can include providing resources and training on self-care strategies and emphasizing the importance of taking care of oneself in order to effectively support students who have experienced trauma.

Consistency of Instructional Coaching Across the District

Ensuring consistency of instructional coaching across a district is essential to ensure that all teachers receive the same high-quality support and feedback that can help them improve their instructional practices. District leaders must develop a model that outlines the coaching process, expectations, and responsibilities of coaches and teachers, which should be shared with all coaches, teachers, and administrators to ensure that everyone understands the coaching process

and what to expect. The model should consist of a common coaching framework that all coaches follow, as well as coaching cycles, data collection and analysis, goal setting, and action planning.

Comprehensive training needs to be provided for all instructional coaches to ensure they have the knowledge, skills, and tools necessary to support teachers effectively. This training should cover coaching strategies, communication skills, data analysis, and more. Also, as part of this training, clear coaching goals for all coaches should be established to ensure that everyone is working toward the same objectives. These goals should be aligned with district and school improvement plans and should be regularly reviewed to ensure progress is being made.

Coaching practices must be monitored and evaluated to ensure that coaches are adhering to the coaching model and framework. This can include classroom observations, feedback from teachers, and analysis of coaching data. This type of monitoring and evaluation will allow district level supervisors to provide ongoing support to coaches throughout the year. This support can include regular check-ins, professional development opportunities, and feedback on their coaching practices. By following these strategies, RSD can ensure that instructional coaching is consistent and effective across all schools and teachers.

Suggestions for Future Research

The well-being of students is paramount in any educational setting, and ensuring their mental and emotional health is crucial for their academic success. However, some factors can negatively impact students' learning experiences, such as trauma, special education misclassification, and aftereffects of teacher trauma. Trauma-informed practices have been developed to address the needs of students who have experienced trauma, while misclassification of special education students can lead to unintended consequences for their educational trajectory. Additionally, teacher trauma can impact their ability to effectively support their

students, and addressing this issue is essential for improving the well-being of both teachers and students. In this context, it is important to explore the implications of these areas, and how they intersect to impact the overall educational experience.

Disproportionate Representation of Students with Trauma in Special Education

Misclassification of students with traumatic experiences as being eligible for special education can be a significant problem as it leads to students being labeled as having a disability when, in fact, their struggles may stem from trauma-related issues rather than a learning or intellectual disability. This misclassification can have serious consequences for students, including a lack of access to appropriate support and services, stigma, discrimination, and decreased academic and life outcomes.

Within the scope of the problem of practice for this study, it is estimated that across the RSD system, 58% of students in grades pre-k through 12 have ACE scores of two or higher. Additionally, RSD has a district-wide special education caseload that is 21% of the total student population (state average 15%, national average 15%). It is critical that schools have a comprehensive evaluation process for students who may have trauma-related challenges. This may involve assessing not only academic abilities but also emotional, behavioral, and social functioning. It is also important for schools to involve families and other professionals in this process, including mental health providers and trauma specialists.

It is essential for schools and educators to take a trauma-informed approach to education. This involves understanding the impact of trauma on students and creating a safe and supportive learning environment that is responsive to their needs. It may also involve providing trauma-focused interventions and supports, such as counseling, therapy, and other mental health services.

There is a complex relationship between trauma and special education placement. Trauma can have a significant impact on a student's ability to learn and their behavior in the classroom, which can result in a need for special education services. Trauma can affect a student's cognitive, emotional, and social development, making it difficult for them to process and retain information, regulate their emotions, and interact appropriately with their peers and teachers. This can result in academic struggles and disruptive behavior in the classroom, which may lead to referrals for special education evaluations.

Additionally, some students with traumatic experiences may have a diagnosed disability that requires special education services. For example, a child who has experienced a traumatic brain injury may need specialized instruction to support their learning. It is important to note that not all students who experience trauma require special education services. Many can benefit from other interventions, such as counseling or therapy, that help them cope with their experiences and develop the skills they need to succeed in the classroom.

Overall, trauma can play a role in special education placement, but it's important to consider each student's unique needs and circumstances when making decisions about their educational services. Ultimately, by taking a trauma-informed approach to education and ensuring that evaluation and classification processes are comprehensive and collaborative, schools can prevent the misclassification of students with traumatic experiences as having special education-eligible disabilities that require additional support and resources to succeed.

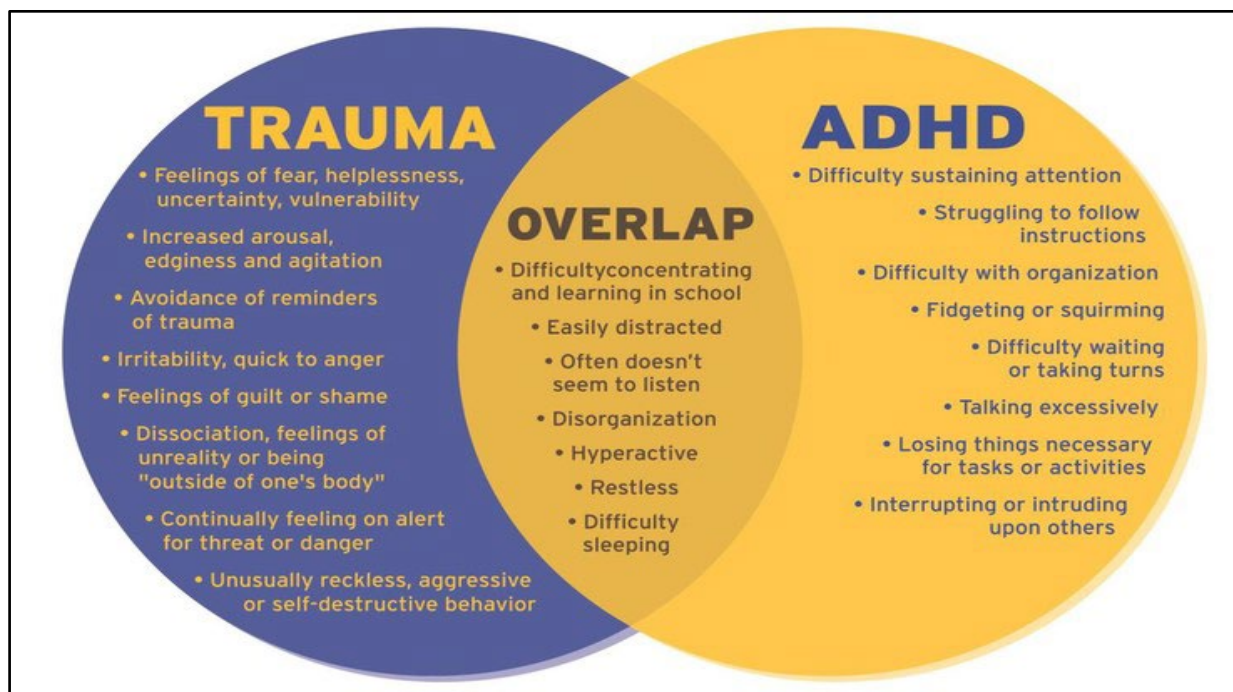
ADHD vs Trauma

Attention-Deficit/Hyperactivity Disorder (ADHD) and trauma are two distinct conditions that can affect individuals in different ways. ADHD is a neurodevelopmental disorder characterized by symptoms of inattention, hyperactivity, and impulsivity that can affect a

person's ability to function in various settings, such as school, work, and relationships. On the other hand, trauma refers to an emotional or psychological response to an event that involves actual or threatened death, serious injury, or sexual violence. Trauma can manifest in various ways, such as Post-Traumatic Stress Disorder (PTSD), anxiety, depression, and other mental health conditions.

While the symptoms of ADHD and trauma may overlap (see Figure 13), there are some key differences between the two conditions. For example, some symptoms of trauma may include hypervigilance, avoidance, and a sense of detachment from oneself and others. These symptoms may not be present in individuals with ADHD. Additionally, while trauma can cause difficulties with attention and focus, these symptoms are not the primary characteristic of trauma but rather a secondary effect of the condition. In contrast, inattention and hyperactivity are the primary symptoms of ADHD.

Figure 13: Trauma versus ADHD



Reference: The National Child Traumatic Stress Network, 2017

It is also important to note that trauma can lead to ADHD-like symptoms, and individuals who have experienced trauma may be misdiagnosed with ADHD. It is crucial for healthcare professionals to conduct a thorough evaluation to determine whether the symptoms are due to ADHD or trauma or a combination of both.

Training of School Professionals Regarding Differential Diagnosis

While school professionals may receive training in the differential diagnosis of disorders, they are not typically licensed healthcare providers and should not be expected to make formal diagnoses. Instead, their role is to identify potential issues, refer students for further evaluation if necessary, and work with families and other professionals to develop appropriate interventions and supports. Therefore, school leaders, counselors, and social workers are typically not provided with the information needed regarding the process of differential diagnosis and differentiation among symptoms of posttraumatic stress disorder, attention deficit hyperactivity disorder, conduct disorder, and the cognitive and intellectual issues that require special education services.

Trauma triggers can lead to a dissociative state, which means that the child is not fully present in the current moment, but brought back to a previous unsafe time. When a child is in a dissociative state, their behavior can be confusing to others, and the child is unable to engage with what is happening in the moment. Therefore, in this state, the child is not ready to absorb any new information. Because of these issues with attention, learning difficulties are more likely to arise for children who have experienced trauma (Perfect et al., 2016). Often the difficulties become the problem, while the student's trauma/traumatic experiences are overlooked. The most common difficulties are:

- Lower intelligence test (IQ) scores

- Impaired memory - working, visual, spatial, and verbal
- Poorer verbal ability
- Language disorders
- Poorer standardized test performance - particularly on math and reading
- Higher rates of discipline referrals
- Excessive absences
- Inability to successfully complete a grade
- Lower academic engagement in general
- Higher suspension and dropout rates

How the Trauma Teachers Have Experienced Affects Their Classroom Environment and Instruction

According to Anderson (n.d.), “many of us have our own past traumas and, no matter how big or small they are, our personal history multiplies the stress we feel when our students experience similar traumas.” Educators carry into school settings childhood traumas, as well as more recent traumas. What is that classroom environment like for a teacher who is undergoing a traumatic experience? How will that affect their students?

Teachers with traumatic experiences may find it difficult to maintain a positive classroom environment. Depending on the nature of the traumatic experience, the teacher may experience feelings of anxiety, stress, depression, or even post-traumatic stress disorder (PTSD), all of which can make it challenging to focus on teaching and interacting with students. A teacher's trauma can also impact their students in a number of ways. For example:

1. ***Reduced quality of teaching:*** A teacher who is struggling with a traumatic experience may not be able to deliver lessons as effectively as they normally would. This can lead to students feeling confused or unengaged, and they may fall behind in their studies.
2. ***Decreased motivation and engagement:*** Traumatized teachers may have difficulty engaging with students and providing a stimulating learning environment. This can lead to students feeling disinterested and disengaged.
3. ***Heightened anxiety in the classroom:*** Students sense a teacher's anxiety and become more anxious themselves. This can create a tense classroom environment that is not conducive to learning.
4. ***Increased risk of retraumatization:*** Depending on the nature of the trauma, some students may be triggered by certain topics or discussions in the classroom, and a teacher who struggles with trauma may not be able to provide the support needed to help students cope with these triggers.

It is important to note that while trauma can have a significant impact on a teacher's ability to effectively manage their classroom and deliver quality instruction, it is not a reflection of their competence or dedication as a teacher. Additionally, it is imperative for schools to provide support for teachers who have traumatic experiences, whether that be through counseling services, time off, or other resources. By supporting teachers in their time of need, schools can help mitigate the negative impact that trauma can have on both teachers and their students.

Concluding Thoughts

District and school leaders have a responsibility to address trauma in their schools. They should prioritize creating a safe and supportive school environment that is free from violence, bullying, and harassment. Leaders can do this by implementing policies and practices that

promote positive behavior and encourage students to report any incidents of violence or harassment.

District and school leaders should provide trauma-informed training to teachers and staff to help them understand the impact of trauma on students and how to respond appropriately. This training can help teachers and staff identify signs of trauma and develop strategies to support students who have experienced trauma. Additionally, district and school leaders should work to develop a trauma-sensitive curriculum that considers the needs of students who have experienced trauma. This can involve incorporating more hands-on, experiential learning activities, as well as providing opportunities for students to connect with their peers and teachers.

Furthermore, district and school leaders should ensure that students have access to mental health resources, such as counselors or social workers, who can provide support to students who have experienced trauma. They should also work to reduce the stigma surrounding mental health and encourage students to seek help when they need it. Educational leaders should work to build partnerships with community organizations, such as mental health clinics or advocacy groups, to provide additional support to students who have experienced trauma. These partnerships can help to ensure that students have access to a wide range of resources and support systems both inside and outside of school.

Finally, district and school leaders must realize the following about trauma:

- Realize the widespread impact of trauma and understand potential paths for recovery;
- Recognize the signs and symptoms of trauma in students, families, staff, and others involved with the system;
- Respond by fully integrating knowledge about trauma into policies, procedures, and practices;

- Seek to actively resist re-traumatization.

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Appendix A

Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score

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

1. Did a parent or other adult in the household often ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household often ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you ever...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you often feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you often feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents ever separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

Appendix B

Informed Consent Form for Participants Implementing Trauma-Informed Strategies

Who should I contact if I have questions?

Researcher: Meleah Hoskins

University of Arkansas Ed.D. in Educational Leadership

Phone: (504) 952-5259

Email: hoskinsm@uark.edu

Faculty Sponsor: Dr. Christy Smith

University of Arkansas Department of Curriculum and Instruction

Phone: 479-466-6167

Email: cls19@uark.edu

What is the purpose of this research?

The purpose of this action research study is to examine how authentic professional development and instructional coaching can support the successful implementation of trauma-informed practices at two elementary schools, School A and School B, in Ridgedale School District (RSD). This study will seek to identify supports teachers need and the barriers that may affect implementation of trauma-informed practices.

How long will I be in this research?

If you agree to participate in this study, you will be participating from May 2022 through May 2023.

What will happen in this research?

Participants agree to engage in all required professional development sessions and instructional coaching cycles. Coaching cycles will include classroom observations followed up by individual coaching conversations that include modeling, practicing, and goal setting. Participants will also be interviewed individually three different times. Each interview will take place in a private room for approximately 60-80 minutes. Attending the required professional development sessions and participating in the instructional coaching cycles will be an additional time commitment for the teachers who are part of the study. Criteria for participants will be as follows:

- Is currently a certified staff member in School A or School B
- Is currently teaching kindergarten through fifth grades in the regular education classroom
- Is willing to attend all professional development sessions and participate in all instructional coaching cycles required for implementation

What are the risks or discomforts involved in the research?

While participating in the coaching cycles and interviews, participants may feel levels of discomfort. This discomfort may come during the interview from answering questions related to your school of employment. Participants are not required to answer any question they do not want to answer. Additionally, discomfort may come during the coaching cycle as participants are pushed out of their comfort zones to improve their instructional practices.

Are there any benefits to participation?

It is my hope that this study will provide teachers and school leaders with essential information on how to effectively implement trauma-informed practices in their classroom instruction. There is no guarantee, however, that participants will receive any benefits from participation.

Are there any alternatives to participation?

There are no alternatives to participation.

Will my information be private?

Confidentiality will be maintained to the extent allowed by law. However, the study team members are required by Oklahoma law to report suspected child or elder abuse to the appropriate authorities. The researcher, Meleah Hoskins, will hold raw data (digital recordings and transcripts) stored in a locked cabinet in her home office and on a password-protected computer that only she has access to. Research data will be destroyed three years after the end of this study.

Personal responses will not be linked to the name of the participant or be reported in a manner that allows for your identification. The researcher will use pseudonyms for the district, schools, and participants. Video and/or audio recordings will be used during all aspects of the research. All recordings will be kept confidential and will be used for research purposes to find themes. If participants decide to participate but do not want to be audio or video recorded, then participants will not be allowed to be part of the study. The results of participation in this study may be used for publication or for scientific purposes, but the results will not include any information that could identify you.

Do I have to participate?

No one is required to participate in this research study. If anyone chooses not to participate, there is no penalty or loss of benefits to which you are otherwise entitled. Additionally, participants may choose to stop participating at any time without penalty or loss of benefits to which they are otherwise entitled. If for any reason participants decide they do not want their information to be used for the study, the data will not be included. However, once data is aggregated, it is not possible to destroy a participant's data.

Will I be told about the study results?

All participants will be invited to participate in a participant meeting where the preliminary findings will be shared.

Will it cost me anything to participate?

There is no cost to participate in this research study.

Will I be paid for my participation in the research?

Participants will not be paid to participate in this study.

What if I have questions regarding this study?

If you have any questions about the research, please feel free to ask at any time. Participants may contact Meleah Hoskins, researcher, at (504) 952-5259 or hoskinsm@uark.edu. Participants may also contact Dr. Christy Smith, professor at the University of Arkansas, at (479) 466-6167 or cls19@uark.edu. If you have any questions about your rights as a participant in this study, about research rights, to discuss problems, concerns, or suggestions, or to offer input, participants can contact the University of Arkansas Instructional Review Board.

Consent to Participate:

Your signature below indicates that you have read the information in this document and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. The researcher has provided you with a copy of this consent form with information about who to contact in the event you have questions.

Participant's Name (Please Print)

Date

Participant's Signature

Researcher's Signature

Date

Appendix C

Instructional Coaching Cycle Model

The Principals and Instructional Specialists begin by reviewing evidence from the Classroom Observation Tool to identify teacher needs and identify what skills will help the teacher get stronger in the process of implementing trauma-informed practices. Once the Principal or Instructional Specialist has a holistic picture of the teacher's needs, they will work with the teacher to prioritize development and build the specific skills needed to improve in that area. The goal is that teachers' growth will lead to demonstration of the indicators that are the most critical for their success as outlined during the professional development sessions pertaining to trauma-informed practices and implementation in the classroom setting. The coaching model is grounded in three core tenants to support teacher success: **specific feedback, active coaching and modeling, and immediate practice.**

Specific Feedback	Active Coaching and Modeling	Immediate Practice
<p>Narrow feedback ensures teachers grow on the skills that matter most. The Principal/Instructional Specialist will deliver bite-sized feedback focused on one or two aspects of a teacher's performance—specific skills that will have the biggest impact on student learning and are aligned to the professional development sessions pertaining to trauma-informed practices and implementation in the classroom setting.</p>	<p>With limited time to develop teachers over the course of the school year, every minute counts. The Principal/Instructional Specialist circulates during lessons to offer in time support.</p>	<p>Practice uncovers questions about feedback and solidifies learning. Teachers practice immediately in the feedback conversation with their Principal/Instructional Specialist until they feel confident they can put the skill or strategy to use in their very next lesson.</p>

Appendix D

Classroom Observation Tool

Teacher/Student Connections			Trauma Compassionate Responses		
Glow	Grow	Positive Relationships	Glow	Grow	Helping a Student Exhibiting Challenging Behavior Become Regulated
		<ul style="list-style-type: none"> • Demonstrate caring and kindness • Give students an opportunity to identify/label their feelings • Utilizes different strategies to build positive relationships with students • Utilizes different strategies to build positive relationships and/or improve relationships with families 			<ul style="list-style-type: none"> • Uses a calm voice • Remains regulated yourself • Supports the student in using a strategy that will help them regulate • Avoids threatening or talking about consequences • Utilizes a resiliency area in the classroom
		Motivational Tools			Determining the Triggers
		<ul style="list-style-type: none"> • Uses extrinsic rewards such as Positive Behavior Intervention and Supports (PBIS) or Classroom Dojo • Uses tools to strengthen intrinsic motivation by factoring in mastery, autonomy, and purpose 			<ul style="list-style-type: none"> • Utilizes strategies to identify student triggers • Actively preventing triggers that are preventable • Actively avoiding triggers that are avoidable • Prepares students to face triggers • Supports students to be successful when dealing with a trigger

Collaborative Classroom					
Glow	Grow	Collaborative Versus Punitive Discipline	Glow	Grow	Mindful Communication
		<ul style="list-style-type: none"> Utilizes a collaborative discussion Avoids traditional, punitive methods such as names on the board, losing, points, moving clip down, etc. Utilizes Restorative Practices 			<ul style="list-style-type: none"> Awareness of your non-verbal communication Fully present in conversations, active listening Focuses on what is important to the student Avoids preconceived notions
		Strength-Based Versus Problem-Focused			Instilling Hope
		<ul style="list-style-type: none"> Focuses first on student's strengths, gifts, talents, and passions generating ore capacity for growth Utilizes positive affirmations each morning Assists students in visualizing future Created a space for student choice 			<ul style="list-style-type: none"> Promotes resilience in students Showcases students' strengths Teaches the practice of gratitude Utilizes the Hope Theory: generates and sets goals, pathway thinking (self-efficacy and problem solving), and agency thinking (motivation and perseverance)

Appendix E

Coaching Conversation Outline

Phase in Coaching Conversation	Coaching Techniques and Guiding Prompts
Opening (2-3 minutes) <ul style="list-style-type: none"> ● Make a connection with the teacher ● Sets up the goals and structure of the conversation 	<p><i>This is your opportunity to establish rapport with your teacher, provide them with praise by narrating the positive, and set a positive tone for the overall conversation.</i></p>
Praise (1 minute) <ul style="list-style-type: none"> ● See success 	<p><i>Identify a specific area of success to praise. Connect this praise to the last action step or the teacher's current goal. Help the teacher see the positive impact of this specific action.</i></p> <ul style="list-style-type: none"> ● Praise: "Today you [insert specific teacher action]. This was great to see!" ● Reinforce: "What made that successful? What was the impact of [that positive action]?"
Direct Feedback (4-5 minutes) <ul style="list-style-type: none"> ● Set goals ● Identify what success looks like 	<p><i>Frame the conversation, stating explicitly what the feedback is and how this feedback will impact [current goal, student learning.] The teacher should have a clear understanding of the growth area you are working on, why that skill is important, and what you are going to do in the conversation to build that skill.</i></p> <ul style="list-style-type: none"> ● Focus the Conversation: "Today, I want to focus on [targeted area.]" ● Success: "What does success in [targeted area] look like? [You may connect success to the classroom observation tool and professional development sessions regarding implementation of trauma-informed practices.] What's the purpose?" ● Make It Sticky and Check for Alignment: "Your action step is [give feedback]. Does that feedback resonate with you?" ● Check Your Feedback: Check your action step for clarity– does it include the <i>what</i> (what will the teacher do?) and the <i>how</i> (how the teacher executes it?)
Model and Practice (10-12 minutes) <ul style="list-style-type: none"> ● Principal/Instructional Specialist first models the skill and then has 	<p><i>Uncover misunderstandings about how to implement the feedback and solidify the feedback by putting it in action.</i></p> <ul style="list-style-type: none"> ● Model the Feedback: Share a model, either by modeling yourself or sharing a model example that illustrates the skill the teacher needs to build.

<p>teacher practice with feedback.</p>	<ul style="list-style-type: none"> ● After modeling, ask “What made this effective? How would this impact [student learning, desired goal]? Where could you have implemented this today? How would that have changed [specific area/lesson/student learning]?” ● Plan: Identify specific parts of the lesson where the feedback will be implemented or is particularly relevant. ● Active Practice: Have the teacher stand and role play the feedback. Give immediate feedback if the practice isn’t successful. Add complexity to the practice (i.e. add in a student misbehavior or misconception) and repeat practice until it’s practiced perfectly. This is the heart of the coaching conversation and should take up the majority of the time.
<p>Follow Up (1-2 minutes)</p> <ul style="list-style-type: none"> ● Plan ahead ● Agree on action steps to continue the needed development ● Close Conversation 	<p><i>Determine next steps, including how you will leverage active coaching to support feedback implementation and when you will next observe.</i></p> <ul style="list-style-type: none"> ● Reinforce Feedback: “When I am in your classroom next time, what should I expect to see? How does this action step align to [coaching goal, classroom observation tool, professional development sessions regarding implementation of trauma-informed practices?]” ● Plan for Active Coaching: “When I’m in your classroom next time, if I don’t see you implementing this action step I will (cue card, whisper prompt, model.)” ● Set Timeline: “I will see you [give next date.]”

Total Coaching Conversation: 18 – 23 minutes

Appendix F

Interview Questions

Section I: Demographics

1. Male Female Nonbinary

2. Participant
 - Ethnicity White
 - Hispanic or Latino
 - Black or African American
 - Native American
 - Asian / Pacific Islander
 - Other _____

3. Age: 22-35
 - 36-45
 - 46-55
 - 56-65

4. Education
 - Bachelor's Degree
 - Additional Hours Beyond Bachelor's Degree
 - Master's Degree
 - Additional Hours Beyond Master's Degree
 - Educational Specialist Degree
 - Additional Hours Beyond Educational Specialist Degree
 - Doctoral Degree

Section II: Open Ended Questions

1. Describe your experiences with students impacted by trauma in the classroom.
2. What do you see as the key elements of implementing trauma-informed practices?
3. What are the unique elements you are experiencing/have experienced implementing trauma-informed practices?
4. What are the major benefits you are experiencing/have experienced implementing trauma-informed practices?
5. What are the major challenges you are experiencing/have experienced implementing trauma-informed practices?
6. What role has the professional development you have/are received/receiving played in addressing the challenges you identified above?
7. What role has the instructional coaching you have/are received/receiving played in addressing the challenges you identified above?
8. What would you recommend in addressing the challenges you identified above?
9. Is there anything that you think would be helpful to me in my study regarding implementation of trauma-informed practices in your school?

Appendix G

Trauma-Informed Practices Professional Development Sessions

Trauma-Informed Practices Professional Development Sessions		
Teacher/Student Connections	Trauma-Compassionate Responses	Collaborative Classrooms
<ul style="list-style-type: none"> • <u>Establish Positive Relationships to improve motivation and engagement:</u> <ul style="list-style-type: none"> • Build trust and rapport by showing genuine interest in students and by learning their interests and strengths. • Use positive reinforcement strategies such as verbal praise, tangible rewards, or expressing appreciation to reward effort and accomplishment. • Foster a sense of belonging by demonstrating that students are a valued part of the classroom community by including them in decisions and activities, showing respect, and understanding their unique backgrounds and experiences. • Practice active listening to enhance student feelings of being heard by giving your full attention (maintain eye contact, nod head, ask clarifying questions, restate what you heard/understood). • Enhance student comfort and connection by being authentic and approachable. • <u>Engage students using Motivational Tools:</u> <ul style="list-style-type: none"> • Guide students in setting goals, support and celebrate their progress. • Enhance student agency and autonomy by providing choices. • Offer varied, meaningful, high-interest activities. • Create a positive, supportive classroom culture to foster belonging. 	<ul style="list-style-type: none"> • <u>Help Students Regulate Emotions and Challenging Behavior:</u> <ul style="list-style-type: none"> • Provide a calming and supportive presence to encourage student sense of safety and security. • Create a predictable environment with structured routines to enhance student locus of control. • Teach mindfulness techniques, such as deep breathing or progressive muscle relaxation. • Help students identify and label their emotions to facilitate understanding and managing feelings. • Provide opportunities for sensory input, such as squeezing a stress ball or using a fidget spinner. • <u>Determine Triggers:</u> <ul style="list-style-type: none"> • Observe and note patterns or antecedents to challenging behavior. • Maintain a log or journal of behaviors, noting potential triggers or antecedents. • Ask students for input about cause their behavior. • Consult colleagues, counselors, therapists for insights and perspectives. • Approach conversations with empathy and without judgment, realizing behavior is likely a mechanism for coping with trauma. 	<ul style="list-style-type: none"> • <u>Create Collaborative Classrooms where students, teachers, and other staff members work together to create a positive and supportive learning environment:</u> <ul style="list-style-type: none"> • Use collaborative rather than punitive discipline to teach and empower students through restorative justice practices, setting clear expectations and consequences, and involving students in decision-making. • Emphasize student strengths rather than challenges to encourage feelings of being valued and to motivate engagement in learning. • Use mindful communication to create a positive, respectful classroom culture by being fully present, engaged, and actively listening to conversations. • Instill hope by highlighting students' potential for growth. • Encourage students to set goals and work towards them, and celebrate their progress along the way.

Appendix H

IRB Approval Memo



To: Meleah D. Hoskins
From: Douglas J Adams, Chair
IRB Expedited Review
Date: 07/08/2022
Action: **Expedited Approval**
Action Date: 07/08/2022
Protocol #: 2204398216
Study Title: The Effects of Authentic Professional Development and Instructional Coaching on Teachers' Implementation of Trauma Informed Practices
Expiration Date: 06/19/2023
Last Approval Date:

The above-referenced protocol has been approved following expedited review by the IRB Committee that oversees research with human subjects.

If the research involves collaboration with another institution then the research cannot commence until the Committee receives written notification of approval from the collaborating institution's IRB.

It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date.

Protocols are approved for a maximum period of one year. You may not continue any research activity beyond the expiration date without Committee approval. Please submit continuation requests early enough to allow sufficient time for review. Failure to receive approval for continuation before the expiration date will result in the automatic suspension of the approval of this protocol. Information collected following suspension is unapproved research and cannot be reported or published as research data. If you do not wish continued approval, please notify the Committee of the study closure.

Adverse Events: Any serious or unexpected adverse event must be reported to the IRB Committee within 48 hours. All other adverse events should be reported within 10 working days.

Amendments: If you wish to change any aspect of this study, such as the procedures, the consent forms, study personnel, or number of participants, please submit an amendment to the IRB. All changes must be approved by the IRB Committee before they can be initiated.

You must maintain a research file for at least 3 years after completion of the study. This file should include all correspondence with the IRB Committee, original signed consent forms, and study data.

cc: Christy Smith, Investigator