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Trauma-Informed Teaching: Professional Development for School Staff

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Abstract

Trauma is defined as a response to a negative event that includes both an emotional and physiological component. Two thirds of children experience some form of a traumatic event by the age of 16 (Cavanaugh, 2016). Many youth with disabilities, particularly emotional and behavioral, have experienced trauma and show visible signs of difficulty in the classroom (Cavanaugh, 2016). Trauma-informed schools take a strengths-based approach and focus on building safe, positive environments and relationships. Research has provided evidence that a trauma-informed approach can be instrumental in supporting positive outcomes of children exposed to trauma, but school staff feel ill-equipped to support these students (Maring & Koblinsky, 2013). Thus, professional development within this area is necessary and beneficial.

Four professional development trainings were delivered to school staff working with at-risk students to address: a) the impact of trauma on student learning, b) requirements to build positive student-faculty relationships, c) elements needed for classrooms to be characterized by feelings of safety, and d) how to support staff burnout and compassion fatigue. The Attitudes Related to Trauma Informed Care (ARTIC) and Professional Quality of Life Scale (PROQOL) were used to measure staff's attitudes about trauma-informed instruction. The current study discusses the results of these measures as well as recommendations for school teams.

Keywords: childhood trauma, trauma-informed, professional development, special education, alternative education

Background

Trauma is defined as a response to a negative event that is characterized by both an emotional and physiological component. Traumatic events may include: physical/sexual abuse, neglect, domestic violence, exposure to community/school violence, natural/manmade disasters, terrorism, suicide, and war (Cavanaugh, 2016). Trauma responses can result in disruptions to emotional regulation, social relationships, and cognitive development, as well as an ability to access previously acquired coping skills (Dvir et al., 2014).

Adverse Childhood Experiences (ACEs) occur during childhood are linked to a variety of physical and mental health problems, including: chronic health problems, early death, mental illness, substance use, social, emotional, and cognitive impairment, high risk behaviors, disability, and negative impact on education, job opportunities, and learning experiences. ACEs and trauma can undermine an individual's sense of safety and stability. Exposure to trauma and ACEs is so pervasive that it has been deemed a public health epidemic (Baker et al., 2015). The impact of exposure can be profound, and in childhood often results in behavioral challenges.

Trauma responses in school manifest as: aggression, attendance problems, depression, inattention, anxiety/withdrawal, and delayed language and/or cognitive development. Many students with disabilities, particularly emotional and behavioral, have experienced trauma and 30% of adolescents with an emotional disturbance have visible signs of PTSD (Cavanaugh, 2016). Within the population of students placed in emotional support and alternative education classrooms, trauma is more concentrated. Teachers that work with these students tend to be more punitive in response to misbehavior. It has been found that black students diagnosed with a disability are three times more likely to be suspended or expelled compared to their white counterparts (Cortiella & Horowitz, 2014). In response to these challenges and the lack of

evidence supporting traditional discipline procedures, there has been an increase in initiatives helping institutions take a trauma-informed approach to those that they work with (Baker et al., 2015).

Trauma-informed schools take a strengths-based approach and focus on building safe, positive environments and relationships. Research has provided evidence that a trauma-informed approach can be instrumental in supporting positive outcomes of children exposed to trauma, but school staff feel ill-equipped to support these students (Maring & Koblinsky, 2013). Thus, professional development within this area is necessary and beneficial.

When implementing trauma-informed professional development, it is important to identify learning goals to ensure a comprehensive understanding. Professional development in trauma-informed care (TIC) should cover the following topics: understanding trauma, recognizing the effects on students, families, staff, and communities; identifying a process for implementing trauma-sensitive approaches, and integrating TIC into daily operations (Trauma-Sensitive Schools Implementation Guide, 2021).

With this knowledge, the current study sought to: inquire about school personnel knowledge and attitudes towards TIC, assess the self-care strategies for staff working with at-risk and traumatized children, identify areas of staff needs in trauma-informed skills, identify systemic barriers of implementing TIC, and identify the impact of professional development on attitudes towards both TIC and burnout associated with supporting traumatized students.

Purpose of the Study

Students within emotional support classrooms and alternative education placements experience higher rates of ACEs and exposure to traumatic events, and the staff that work with these students are subject to experiencing higher rates of burnout, compassion fatigue, and

secondary traumatic stress as compared to general education teachers (Abraham-Cooks, 2012). Professional development in-line with PA's TIC initiative was provided to school personnel in a mid-sized, low socioeconomic school district. The purpose of this study is to better understand the effects of trauma-informed professional development on school personnel's attitudes towards TIC. The following research question guided this study: Does training on trauma-informed teaching impact school personnel's attitudes towards trauma informed care?

Participant Variables

There were 23 total participants partaking in professional development consisting of emotional support teachers, alternative education teachers, behavior interventionists, crisis interventionists, and social workers. Of the participants, 54% were male and 46% were female. 74% of participants identified themselves as White and Non-Latino and 26% of participants identified themselves as Black or African American. When asked if they had been previously trained in trauma-informed care, 35% indicated they had been previously trained, and 65% indicated they had not been. When asked if they had previously heard of ACEs, 35% indicated that they had, while 65% indicated they had not. Of those that indicated they had previously heard of ACEs, 100% indicated that they found it "Very Important" to understand ACEs and their potential impact on children in their classrooms.

Implementation

All participants were asked to complete data gathering measures and professional development trainings. Individual consent was also collected to allow for data analysis throughout and after training. The professional development team used a quasi-experimental design considering pre-post-post (progress monitoring) data. There were three data collection points: Baseline, post 1, and post 2.

At baseline in October 2021, before the start of professional development sessions, participants were asked to complete initial demographic data, the Attitudes Related to Trauma-Informed Care (ARTIC) 45-item scale, and the Professional Quality of Life Scale (ProQOL). Throughout the course of the year, participants were asked to complete a short form of the ARTIC (10-item) to aid in monitoring progress throughout sessions.

Trauma-Informed Care

The ARTIC is a psychometrically valid and reliable measure created by the Traumatic Stress Institute measuring professionals' attitudes towards TIC. The ARTIC-45 was collected at baseline and includes 45 questions that can be categorized into seven subscales, outlined in Table 1. The results also produce an overall attitude towards trauma-informed care score.

The ARTIC-10 contains 10 questions and was used to monitor progress throughout sessions. This scale produces average scores indicating attitude towards TIC. Both the ARTIC-45 and the ARTIC-10 are found to have acceptable reliability and validity scores. Internal reliabilities were calculated using Cronbach's alpha and were found to be Excellent for the ARTIC-45 (a = .93) and Very Good for the ARTIC-10 (a = .82). Test-retest validity produced positive results.

Table 1

Subscales of the ARTIC-45 (Education Version)

Subscales	Description
Underlying causes of problem behavior and symptoms	Emphasizes internal and fixed versus external and malleable
Response to problem behavior and symptoms	Emphasizes rules, consequences, and eliminating problem behaviors versus flexibility, feeling safe, and building relationships

On-the- job-behavior	Endorses control-focused behaviors versus empathy-focused behaviors
Self-efficacy at work	Endorses feeling unable to meet the demands of working with a traumatized population versus feeling able to meet the demands
Reactions to the work	Endorses underappreciating the effects of vicarious traumatization and coping by ignoring versus appreciating the effects of vicarious traumatization and coping through seeking support
Personal support of TIC	Reports concerns about implementing TIC versus being supportive of implementing TIC
System-wide support for TIC	Reports feeling supported by colleagues, supervisors, and the administration to implement TIC versus not feeling supported

Professional Quality of Life

To measure self-care and burnout, the ProQOL was completed at baseline. The ProQOL is a commonly used measure of the impacts of helping others who experience trauma. The ProQOL has scales measuring compassion satisfaction, burnout, and compassion fatigue, discussed in Table 2. It has been found that the ProQOL has acceptable reliability within each measure: Compassion Satisfaction (a = 0.87), Burnout (a = 0.72), and Secondary Traumatic Stress (a = 0.80). Research also indicates that the scales measure what they are intended to measure (Campbell and Fiske, 1959).

Table 2

Scales of the Professional Quality of Life Scale (ProQOL 5)

Scales	**Description**

Compassion Satisfaction (CS)	The pleasure you derive from being able to do your work well. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society.
Compassion Fatigue (CF)	Compassion fatigue breaks into two parts. The first part concerns things such as such as exhaustion, frustration, anger and depression typical of burnout. Secondary Traumatic Stress is a negative feeling driven by fear and work-related trauma. It is important to remember that some trauma at work can be direct (primary) trauma. Work-related trauma can be a combination of both primary and secondary trauma.
Burnout	*A subscale of compassion Fatigue* (CF). Burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment.
Secondary Traumatic Stress (STS)	*A subscale of Compassion fatigu*e (CF). STS is about work-related, secondary exposure to people who have experienced extremely or traumatically stressful events. The negative effects of STS may include fear, sleep difficulties, intrusive images, or avoiding reminders of the person's traumatic experiences. STS is related to Vicarious Trauma as it shares many similar characteristics.

Baseline Findings

Baseline ARTIC-45 data measured school professional's current attitudes towards TIC. Averages of scores can range from 1 to 7, 1 being least trauma-informed, 4 being neutral, and 7 being more trauma-informed. Overall, Social Workers indicated higher scores in all subscales and overall attitudes towards TIC than alternative education and emotional support staff. It is noteworthy that social work staff were the majority of participants previously trained in TIC. Overall, scores for alternative education staff are relatively neutral, with the highest score being in personal support for TIC, and the lowest score being in underlying causes of problem behaviors. Scores for emotional support staff are also relatively neutral, with the highest score

being in their on the job behaviors, and lowest being personal support for TIC. Table 3 provides mean scores for all subscales and the overall ARTIC-45 scores.

Table 3

ARTIC-45 Baseline Means

ARTIC Subscale	Alternative Education	Emotional Support	Social Workers
Underlying Causes	4.31	4.69	5.37
Responses	4.80	5.06	5.43
On the Job Behaviors	5.37	5.40	5.77
Self-Efficacy	5.54	5.09	6.06
Reactions	4.65	4.76	5.14
Personal Support	5.75	4.15	5.58
System Support	5.42	4.60	4.93
Overall	**5.08**	**4.86**	**5.49**

Baseline ProQOL findings measured staff feelings of burnout, compassion fatigue, and secondary traumatic stress. Scores are correlated with the following levels: 22 or less are considered “Low,” between 23 and 41 are considered “Moderate,” and 42 or more are considered “High.” All staff scores fell within the Moderate range for Compassion Satisfaction, indicating they reported moderate feelings of pleasure derived from being able to do their work well. Alternative education staff and social workers reported Low levels of Burnout, indicating low feelings of hopelessness, while emotional support staff reported Moderate levels of Burnout. Alternative education and emotional support staff reported Low levels of Secondary Traumatic Stress, while social workers reported Moderate levels.

Table 4

ProQOL Qualitative Descriptors

The Sum of STS Questions	Level
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Table 5

ProQOL Baseline Results

ProQOL Subscale	Alternative Education	Emotional Support	Social Workers
Compassion Satisfaction	41	40	40
Burnout	20	23	20
Secondary Traumatic Stress	20	17	24

Professional Development Implementation and Sequence

Session 1: The Impact of Trauma on Student Learning

The first session discussed a general overview of typical child development, disrupted child development, ACEs, and the prevalence and impact of trauma. It was indicated by staff that much of this information was not previously learned. This session also covered what trauma-informed practices are and the relevance of trauma-informed education with their specific group of students.

Session 2: Requirements to Build Positive Student-Faculty Relationships

Within the second training, implementing trauma-informed and culturally responsive classroom practices was discussed. The professional development team and school personnel discussed issues related to exclusionary practices, punishment, and discipline with traumatized and/or at-risk students.

Session 3: Elements Needed for Classrooms to be Characterized by Feelings of Safety

During the third session, culturally responsive classroom practices and trauma-informed practices were further discussed in more detail, identifying specific scenarios to implement techniques in and how to best respond to situations. Restorative practices were discussed as an alternative to exclusionary practices, identifying logical consequences as an alternative to punishment, and the process of identifying triggers and de-escalating behaviors appropriately was also practiced.

Session 4: Supporting Staff Burnout and Compassion Fatigue

Within the final session, the impact of burnout, secondary traumatic stress, and compassion fatigue was discussed. Staff indicated that they had not previously heard of these terms and were eager to learn more, indicating that with the onset of the COVID-19 pandemic, their jobs have been increasingly difficult. Self-care plans were made with staff and goals were identified for each individual. Further, modeling self-care strategies within the classroom was also discussed.

Findings

To measure the effects of professional development, progress was monitored twice throughout the year. The ARTIC-10 was used to track progress after sessions, with the first progress monitoring data collected after the third session and after the final session. A paired samples t-test was conducted to determine changes in ARTIC scores throughout the progression of trainings. Results indicated no significant differences in alternative education and social work staff at all three times of analysis. Statistically significant changes were seen in emotional support staff from Baseline to Time 2. Cohen’s d was calculated to determine effect size from baseline to the final progress monitoring session.

Table 6

Mean ARTIC Scores

Mean Scores	Alternative Education	Emotional Support	Social Workers
ARTIC-45 (Baseline)	5.08	4.86	5.49
ARTIC-10 (December 10)	5.18	5.58	5.46
ARTIC-10 (February 11)	5.09	5.92	5.44

Alternative Education

Scores for school personnel within alternative education slightly increased from baseline (M=5.08) to the first progress check (M=5.18), with a slight decrease from the first progress check to the second (M=5.09). However, the changes were non-significant (p=0.36), with moderate effect sizes (0.63).

Table 7

Paired Samples T-Test: Alternative Education

Paired Differences	Mean	Std. Deviation	t	df	Significance: One-sided p
Pair: Baseline to Time 1	-0.02	0.73	-0.106	11	0.46
Pair: Time 1 to Time 2	0.09	0.36	0.88	11	0.20
Pair: Baseline to Time 2	0.07	0.63	0.38	11	0.36

Emotional Support

Scores for school personnel within emotional support increased from baseline (M=4.86) to the first progress check (M=5.58) and the second progress check (M=5.92). Changes from baseline to Time 2 were statistically significant (p = 0.03) and there was a large effect size

(0.85). This upward trend indicates a statistically significant, positive influence on staff attitudes among emotional support personnel.

Table 8

Paired Samples T-Test: Emotional Support

Paired Differences	Mean	Std. Deviation	t	df	Significance: One-sided p
Pair: Baseline to Time 1	-0.66	0.78	1.90	4	0.07
Pair: Time 1 to Time 2	-0.34	0.58	1.32	4	0.13
Pair: Baseline to Time 2	1.00	0.85	2.63	4	0.03

Social Work

Scores for social workers slightly decreased from baseline (M=5.49) to the first progress check (M=5.46) and the second progress check (M=5.44). The changes in scores were non-significant (p=0.48) with small effect size (0.46).

Table 9

Paired Samples T-Test: Social Work

Paired Differences	Mean	Std. Deviation	t	df	Significance: One-sided p
Pair: Baseline to Time 1	0.03	0.36	-0.21	4	0.42
Pair: Time 1 to Time 2	0.02	0.33	0.14	4	0.45
Pair: Baseline to Time 2	-0.1	0.47	-0.07	4	0.48

Implications and Limitations

Results suggest that trainings on TIC may have been professionally meaningful but not statistically significant for all school personnel that participated. Results of data analysis

indicated a large effect size for emotional support staff with a statistically significant increase from Baseline to Time 2. Both alternative education and social work staff continued to rate neutral feelings towards TIC and did not show statistically significant changes over time. It is also important to consider how truthfully staff answered questionnaires regarding trauma-informed practices. Staff verbally indicated feelings of burnout and compassion fatigue, yet these results were not present on baseline surveys. There is likely a discrepancy between what staff are exhibiting and practicing within the classroom versus how they are rating themselves on measures.

This project had some limitations that may have impacted results. Time constraints and professional development presentation format may have impacted the amount of authentic professional development gains that could have been received throughout the training sessions. The virtual nature of some sessions likely impacted staff engagement and retention of information presented. Further, with allowing for four meeting sessions it was essential to cover as much information as possible, which impacted the ability to provide practice opportunities for the skills discussed. It was difficult to ensure that staff had an in depth understanding of information.

Recommendations for future practice include adding observations within the classroom to compare reported attitudes that are followed by behavioral change. Although staff self-reported relatively neutral attitudes regarding TIC and compassion satisfaction, it would be beneficial to observe the implementation of these skills as difficult behaviors arise in real-time. This would allow for a more well-rounded understanding staff skills in implementing TIC and what areas may be of difficulty to them, requiring further support. This information could be compared to

the results of self-report measures to identify the areas of discrepancy and address them as needed.

Given that TIC is not routinely taught in teacher training programs, it is understandable that staff may view this as just another fad in education. As such, it should be anticipated that consistent changes from traditional practices to TIC requires progress monitoring. It is expected that ACEs exposure during the COVID-19 isolation period will continue to present schools with new challenges.

Conclusion

Trauma and ACEs are widely pervasive and can result in a student's disruptions to emotional regulation, social relationships, cognitive development, and their ability to access previously acquired skills and coping abilities (Cavanaugh, 2016; Dvir et al., 2014). These negative experiences can undermine an individual's sense of safety and stability and require a holistic approach to treatment and education. To aid in reducing the lifelong consequences of trauma and ACEs, institutions have moved towards implementing TIC. The implementation of these practices are critical to aid in positive student outcomes, yet school staff feel unprepared to adequately implement such practices.

When providing professional development, it is necessary to consider attitudes as they are important drivers of behaviors. Thus, professional development should address current staff attitudes towards TIC to comprehensively provide meaningful information. Significant positive changes were seen in emotional support attitudes from Baseline to Time 2. Changes in alternative education and social work staff varied, although there were not significant changes in attitudes. Teacher buy-in and trust of the professional development team may have contributed to staff reporting attitudes that are discrepant from their current classroom behaviors and feelings

towards TIC. Future directions should examine teacher buy-in and include classroom observations to identify discrepancies between self-report measures and implemented classroom practices.

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