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EXPLORING ACCESSIBLE & RESPONSIVE TRAUMA-INFORMED SCHOOLS:
A REGENERATIVE APPROACH TO STUDENT & EDUCATOR SUPPORT

Kennidy Stood

A Capstone Paper submitted in partial fulfillment of the requirements for a Master of Sustainable Development at SIT Graduate Institute in Brattleboro, Vermont, USA.

13 May 2021

Advisor: Joseph Lanning, PhD

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LIST OF ABBREVIATIONS

SEL – Social-Emotional Learning

TIC – Trauma-Informed Care

ABSTRACT

Young people are particularly vulnerable to the negative impacts of stress and trauma. This research explores educator perspectives of school-based trauma-informed care programs in order to understand how programs can become more accessible and culturally responsive. While there are several widely used guidelines for school-based trauma-informed care programs that seek to mitigate trauma and its effects in the classroom, there is not a universally accepted standard. As such, programs vary across settings. This study employed a mixed-methods strategy to survey and interview educators and care providers regarding factors that may limit or enhance the availability of, access to, and appropriateness of trauma-informed care in schools. Interest in trauma-informed practices, quality and quantity of training received, availability of resources, responsiveness of interventions to feedback, and support from school leadership were among the aspects of trauma-informed care implementation that were explored. Results suggest that perceptions of program implementation vary depending on the particular roles of participants in their schools, as well as whether trauma-informed care initiatives are motivated mostly by individual faculty or by school or district leadership. Conclusions included the importance of positive relationships among program stakeholders and the need to dedicate sufficient time for program design and implementation.

Introduction

Traumatic experiences negatively impact wellbeing and success across all ages and demographics, but young people are particularly vulnerable (Felitti et al., 1998). Because the social and emotional effects of trauma have been shown to impact student health, behavior, and academic performance, educational institutions are increasingly seeking to integrate trauma-informed care (TIC) into administrative and pedagogical approaches (Berger, 2019). A trauma-informed approach assumes all people may have been exposed to trauma either directly or indirectly at some point in their lives, and that this trauma intersects with and exacerbates health and social disparities. As a result, care – including, in the case of schools, education – is delivered in a way that intends to promote healing and reduce the risk of re-traumatization, particularly for historically marginalized populations (Wolf et. al, 2014). Presently, while there are several widely used guidelines for TIC program implementation (Elliot et al., 2005; Fallot and Harris, 2006; Harris and Fallot, 2001; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014b) there is not a universally accepted standard for a school to be considered trauma-informed. As a result, implementation varies greatly from school to school and region to region (Chafouleas et al., 2016). This study examines the implementation of TIC in various school settings in order to better understand how they can more effectively support faculty and students while accounting for individual school contexts and settings.

Specifically, this research explores how various aspects of TIC program implementation can be leveraged to answer the following questions:

1. How can TIC programs become more accessible and culturally responsive in K-12 schools?

2. What factors enhance or limit availability of, access to, and appropriateness of school-based TIC programs?

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as, “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (SAMHSA, 2019, para. 1). More broadly, trauma refers to “the inability of an individual or community to respond in a healthy way... to acute or chronic stress,” and that it “occurs when the stress compromises the health and welfare of a victim and his/her community” (Wolpow et al., 2009, p. 2). SAMHSA has defined trauma-informed organizations as follows:

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (SAMHSA, 2014b, p. 10)

Within this definition, implementation of trauma-informed programs varies significantly. For example, a school may consider itself trauma-informed because staff are trained to refer students to a counselor rather than immediately seeking disciplinary action for disruptive behavior. Others may adopt interventions such as restorative justice circles or meditation and mindfulness practices.

This research focuses on *trauma-informed* as a lens rather than a specific intervention or set of interventions and includes perspectives from educators and TIC providers in real-world conditions. *Access*, as it is used in this study, is an adaptation from Penchansky’s and Thomas’s

(1981) definition: “a concept representing the degree of ‘fit’ between clients and the system” (p. 128). In this case, the “clients” refer to school faculty and students and the “system” refers to the school as a whole. In other words, do TIC programs successfully serve the people they are intended to? *Culturally responsive* refers to being sensitive to and respectful of cultural and social identities (Ladson-Billing, 2009) and addressing program implementation through an anti-racist approach. It also emphasizes deep listening and willingness to accept and incorporate faculty input into TIC program implementation.

The approach of this research aligns with the research recommendations of Durlak (2015), who states that poorly implemented programs, regardless of the strength of their theoretical underpinnings, have little or no significant impact on participants. Previous arguments have been made by Greene et al. (2001) in support of evaluation of interventions based on their real-world effectiveness rather than hypothetical efficacy in ideal conditions. Subsequent research by McCallops et al. (2019) highlights the need for further research on social-emotional interventions (to which TIC is closely related) that build on community strengths and respond to cultural nuance.

In addition to contributing practical recommendations for accessible and responsive TIC implementation, this project also links TIC with the fields of sustainable development and regenerative design. The author asserts that TIC has an integral role to play in sustainable and regenerative development, and that, conversely, regenerative design can greatly improve the success and sustainability of trauma-informed program implementation. Reflecting principles of regenerative design such as relationality and shifting from mechanistic to living systems thinking (Du Plessis, 2012; Regensis Group, 2016), the research aims to both shed light on TIC

implementation as well as spark further dialogue among regenerative development practitioners and trauma-informed educators and care providers.

Literature Review

As researchers throughout the last century and beyond have strived to better define and understand wellness, interest in mental health and the effects of trauma has grown. While sustainable development and trauma are often approached as separate fields, there is much overlap between the two. School-based TIC interventions support the United Nations' Sustainable Development Goals of ensuring health and promoting wellbeing, ensuring inclusive and equitable education, and promoting peaceful and inclusive societies (UNDP, n.d.). This connection is especially evident when development is approached through a lens of regeneration.

The growth of TIC in schools as it relates to the Sustainable Development Goals and regeneration can be best understood by first examining historical frameworks for explaining wellness, trauma, and the systemic interconnections between them. Regeneration is characterized by whole-systems thinking, or the recognition that natural, human, and social systems are intricately connected (Reed, 2007). Rather than focusing on mitigating damage, regeneration emphasizes positive co-creation within systems. Similar to community-based and trauma-informed approaches to wellness, building resilience and engaging in participatory dialogue and action are cornerstones of a regenerative approach to sustainability (Robinson and Cole, 2015).

Evolving Wellness Frameworks

Precursors to trauma-informed practices include general frameworks for understanding wellness. In 1948, the World Health Organization (WHO) defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 2020, p. 1). Wellness, thereby, is a multidimensional concept that

has merited the development of various frameworks to understand and address it holistically and completely (Oliver et al., 2018).

While there have been countless models developed for understanding and measuring wellness, Oliver et al. (2018) suggest that three have been most influential in steering and expanding research. The first is the high-level wellness model by developed Dunn (1959), which combines individual and environmental (i.e. physical, biological, and socioeconomic) constraints to determine an individual's overall level of wellbeing. Next, in the 1970s, Hettler wrote of wellness as encompassing six dimensions (emotional, occupational, physical, social, intellectual, spiritual) and as being “an active process through which people become more aware of, and make choices toward, a more successful existence” (Hettler, 1976). Finally, Oliver includes Witmer's and Sweeney's (1992) model encompassing wellness as it relates to five areas of life: spirituality, self-direction, work and leisure, friendship, and love.

One model that seeks to understand health and wellness by incorporating environmental considerations is the ecological perspective on health as developed by McLeroy et al. (1988). This model acknowledges five key determinants for behavior: intrapersonal factors, interpersonal factors, institutional factors, community factors, and public policy. By thoroughly examining literature related to health promotion and intervention at each of the five levels, McLeroy et al. conclude that all five layers are intricately connected and that all must be kept in mind when targeting a health intervention. In this way, health and wellness are both individual and communal matters. Tse and Ng (2014) highlight this as well with their study of individualistic and collectivist approaches to mental health care and recovery. They conclude that, rather than a fully individualistic or a fully collectivist approach, mental health interventions should be

culturally responsive and family-friendly. In practice, this involves care providers prioritizing listening to and adequately communicating with service users and their families, as appropriate.

Despite the fact that frameworks for understanding wellness are by and large becoming increasingly multifaceted, Atkinson et al. (2020) found that there are still major gaps left out of most models. Specifically, they note the underrepresentation of aspects of equality and equity, sustainability, and culture. The authors attribute these gaps to community wellbeing being “premised on the autonomous, individual subject rather than attending to relationality” (Atkinson et al., 2020, p. 1915). Relationality is particularly when discussing models for implementing school and community-based wellness programs, including those seeking to incorporate trauma-informed practices.

From General Wellness to a Trauma-Informed Lens

As conversations around wellness continue to evolve to include the influences of varying personal and systemic factors, parallel discussions are exploring the impact of childhood trauma on students’ health and wellbeing. Early dialogue around trauma began in the United States following veterans’ residual experiences after returning from the Civil War, but it was not until 1980 that posttraumatic stress disorder was officially named by the American Psychiatric Association (Benedek and Ursano, 2009; SAMHSA, 2014a). In 1998, Felitti et al.’s monumental study on Adverse Childhood Experiences (ACEs) documented the effects of early experiences of trauma on wellness outcomes later in life. The findings have hugely informed the adoption of school-based trauma-informed practices throughout the last two decades. Rationale behind trauma-informed practices is also supported by Maslow’s (1943) “hierarchy of needs,” i.e., physiological needs, safety, love, esteem, and self-actualization. If students’ most basic

physiological and safety needs are not met, then higher-level endeavors such as success in academia and relationships become much more difficult.

TIC seeks to mitigate the effects of trauma, as well as prevent re-traumatization (Berger 2019; Wolf et al., 2014). Harris and Fallot (2001) recommend comprehensive, institutional adaptation of trauma-informed systems of care. They suggest requirements for trauma-informed systems, including leadership support, universal screening, training, and policy change. Because trauma ultimately impacts one's perception and ability to cope with situations, it can affect all areas of life, as well as interactions with other people and the community. To be trauma-informed is to presume all people in an organization may have, at some point, experienced either first-hand or secondary trauma (emotional stress resulting from hearing about another person's first-hand trauma) (Elliott et al., 2005). Fallot and Harris (2006) identify five domains, or guiding principles, which a trauma-informed approach must address: safety, trustworthiness, choice, collaboration, and empowerment. Hales et al. (2017) conclude that development of any of these five is likely to enhance the other four, and thus any one may be prioritized during the implementation of TIC programs.

Adaptation of trauma-informed approaches to education has grown in parallel to adaptation of social-emotional learning (SEL) approaches. The Collaborative for Academic, Social, and Emotional Learning (CASEL) defines SEL as the process by which people “acquire and apply the knowledge, skills and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions” (CASEL, 2020, para. 1). Despite the close connection between TIC and SEL, a review by Berg et al. (2017) of 136

frameworks for evaluating SEL showed that just over six percent of the frameworks acknowledged students' experiences of trauma.

Trauma-Informed Care as a Systems-Based Approach

A trauma-informed approach may offer support at an individual as well as systemic level. Synthesizing Falot's and Harris's (2006) and Elliot et al.'s (2005) recommendations for TIC, SAMHSA (2014a) outlines six principles as foundational to a trauma-informed approach: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues (p. 11).

Bronfenbrenner's theory of the Ecology of Human Development, i.e. that human behaviors are influenced by the relationships among multiple overlapping systems within which that person exists, is helpful for examining the interconnectedness of factors influencing the success and impact of school and community programs (Bronfenbrenner, 1977, 1979; Leonard, 2011). Leonard (2011) suggested using Bronfenbrenner's theory to marry systems-level thinking to individuals and relationships, concluding that cultural reform strategies may show "advantages for student development over curricular and structural reforms" (p. 1007). The author's findings point to the important role culture plays in successful school programs seeking to integrate themselves with existing community resources.

Minority students are at disproportionately higher risk of experiencing trauma (Crosby et al., 2018; Dutil, 2019; Jenkins et al., 2014; McIntosh, 2019). As such, TIC is not only an issue of individual and community health but also of social justice. McIntosh (2019) points out that Black and Latinx students are disproportionately vulnerable to educational disparities, as well as more likely to endure traumatic experiences from an early age. Because of these disparities, McIntosh argues, it is necessary to adopt a social-justice framework that also incorporates trauma-informed

practices. Trauma-informed practices, McIntosh asserts, are vital for addressing the aftermath of the traumatic experiences of both students and educators. These practices are most effective as part of an overall social policy rather than as stand-alone interventions. Speaking to the intersectionality of the issues faced by historically marginalized students, McIntosh writes, “The incorporation of a trauma-informed approach is essential and must be linked with cultural competence, diversity and inclusion and educational justice as pillars of a Social Justice Framework” (McIntosh, 2019, p. 7). Crosby et al. (2018) further substantiate this connection between social justice and trauma, stating that care models adhering to social justice principles support educators’ awareness of students’ trauma and promote recognition of how social systems including the school contribute to their continued disempowerment. Such TIC models provide educators with tools to reflect on and change their methods of interacting with students so that they do not perpetuate this disempowerment or re-traumatization.

While some schools implement trauma-informed interventions as stand-alone initiatives, Berger (2019) notes that trauma-sensitive programs are likely to be more sustainable when they are integrated within existing evidence-based frameworks. Some such frameworks may include community schools, full-service schools, and/or wraparound approaches. Community schools, or full-service schools, are characterized by partnerships between a school and other community support services, e.g., wellness clinics. Bartlett and Freeze (2018) note that with a wraparound approach, these services are highly coordinated with one another and the school is able to play an increased role in supporting students and families. Through their extensive literature review and case studies at three community schools in Manitoba, Canada, the authors found that an integrated, community-based wraparound approach led to more accessibility to and less stigma associated with mental health care than stand-alone interventions in settings specifically

designated to mental health. These findings suggest that TIC is best practiced through a social-justice lens and in the context of existing structures to support intersectional wellness.

Because a trauma-informed lens is a paradigm from which to approach care, education, etc., rather than a prescriptive, universally accepted formula, manifestations of TIC vary across contexts. This study explores educator experiences of TIC implementation in various school settings throughout the United States and some international locations. Following the inspiration of previous researchers and frameworks that have sought to understand the overlapping individual, institutional, and environmental influences on wellness and trauma, this study explores whether or not certain aspects of TIC program implementation may be leveraged to improve accessibility and responsiveness to students and educators regardless of setting.

Research Design and Methodology

Overview

This research employed a mixed-methods strategy to explore the implementation of school-based TIC programs. The rationale behind this two-pronged approach to data collection was to address both breadth and depth of TIC program implementation. Quantitative surveys allowed participant responses and study sites to be directly compared to one another, even though circumstances varied across contexts. Qualitative semi-structured interviews allowed me to capture a deeper level of detail and nuance of participants' lived experiences with TIC.

Surveys were designed using a five-point Likert scale approach as originally developed by Likert (1932). Use of the Likert scale enabled participant perceptions of different aspects of TIC programs to be compared to one another using the same one-through-five ranking system. Participants were asked to answer questions relating to five aspects of their experiences implementing, supporting, and using trauma-informed services in their schools: interest in TIC,

quality and quantity of training received, availability of resources, responsiveness of interventions to feedback, and support from school leadership. The survey was designed such that all levels of experience and familiarity with TIC were accepted. An optional space was left following the multiple-choice portion of the survey for participants to add their own additional comments. See Appendix A for the complete survey.

Semi-structured interviews offered key informants the chance to share more details of their experiences supporting trauma-informed schools. These interviews also turned out to be well-suited for participants who did not work in one specific school, but who worked with organizations that train and support educators seeking to incorporate trauma-informed practices. Seven guiding questions, including ten additional sub-questions (listed in Appendix B) were used to elaborate on the five aspects of TIC implementation addressed by surveys. Answers to initial interview questions determined the nature of subsequent questions and the overall direction of the conversations.

Sample Population

Program participants were recruited from five groups: teachers, school mental health providers, non-classroom support staff, administrators, and school district or state-level support personnel. The author completed initial sampling using a combination of convenience and snowball methods with participants from her existing professional network. Due to limitations in access resulting from the COVID-19 pandemic, however, sampling methods were later expanded to include targeted recruiting. Because of the pandemic, it was not possible to connect in person with school sites, and thus all communication took place virtually. Volunteers were recruited through TIC and SEL affinity groups on social media, as well as through The National Child Traumatic Stress Network's network members database.

Initially, the project was to focus on participants solely in four US cities: Los Angeles, Seattle, Chicago, and New York City. With the expansion to targeted sampling methods came the expansion of geographic locations of participants. Since surveys and interviews were administered and conducted virtually, volunteers ended up coming from an array of US and international locations. The breakdown of participants and school characteristics is outlined in Table C1 and Table C2 in Appendix C. The study was not limited by the type of schools being represented by participants, i.e. whether they are publicly or privately funded. Additionally, while the majority of participants worked in traditional day schools, at least three were from schools that served as residential facilities or worked specifically with unique behavioral needs. While some participants directly shared demographic data, such as total number of students and whether their school is public or private, data for remaining schools was found using information from online databases such as Niche.com or district-specific sites.

Data Collection Methods

Surveys were distributed electronically using Google Forms. Participants were invited either through shared posts on social media or directly through personal email. Participation was voluntary and participants were given a summary of the research question and project goals, as well as advised of the estimated time that would be required to complete the survey, i.e. up to thirty minutes. Because survey administration was done virtually and asynchronously, participants could complete the survey any time throughout the forty-day period during which the link was active. Though personal data was kept confidential, participants were asked to share their name and the name of their school for demographic purposes as well as to prevent duplicate responses from being counted. Participants were not compensated for their participation.

Following completion of the survey, participants had the option to provide their email address or phone number to arrange a one-on-one interview via Zoom or phone call. Certain key informants, e.g. those to whom the survey did not necessarily apply because their primary role does not involve work in one specific school, were invited to participate in an interview without first completing the survey. Interviews were structured to take no more than fifty minutes, though certain respondents requested to speak for less time or more time.

Data Analysis

Data was coded using inductive reasoning to determine connections among the five aspects of TIC implementation addressed (i.e., interest in TIC, quality and quantity of training received, availability of resources, responsiveness of interventions to feedback, and support from school leadership). While those five aspects formed the initial basis of questions asked to key informants during interviews, open coding (Glaser and Strauss, 1967) was used to describe and categorize additional elements that emerged from participant responses throughout the course of the study. It became clear, for example, that two additional underlying dimensions were at play: whether participants' experiences with TIC were shaped more by individual or institutional factors. After initial coding of data, relationships among different categories were mapped out to determine emerging qualities and directional frameworks in light of research questions.

Researcher Positionality

The author's experiences supporting and delivering trauma-informed wellness programs in schools in Los Angeles shaped her initial interest in this project and guided the focus toward faculty and staff experiences of program implementation and support. While some participants were recruited through existing personal and professional connections, a combination of qualitative and quantitative data collection was used to reduce potential bias. The author's

directional framework is rooted in regenerative design and leadership paradigms (Escobar, 2018; Hardman, 2011; Laloux, 2014; Regenesi Group, 2015).

Ethical Considerations

Participation in this research was completely voluntary. Consent from volunteers to participate followed full transparency of the intent of the study and potential uses of findings. Primary ethical considerations stemmed mainly from considerations for participants' privacy. Because the study related directly to their place of employment, any discussion of leadership or policy decisions may have had the potential to reflect negatively on participants. To encourage full honesty and engagement from participants, as well as to protect them from any potential negative backlash from employers or peers, names of individuals and organizations, and all identifying information was kept anonymous. The author gave participants full discretion whether or not to participate, as well as the option not to answer any survey or interview questions. Interviews were only recorded with prior consent from participants. To protect participant's personal information, data was stored securely on the author's personal hard drive and participant names were changed in Excel spreadsheets.

Because participants in this study, particularly mental health workers, have worked closely with students and adults who have experienced trauma, there was a possibility that they may have experienced secondary trauma (Whitfield & Kanter, 2014). Therefore, there was a chance that discussing the topic of trauma may inadvertently trigger a stressful or traumatic response within these participants. In addition to informed, voluntary participation, the author took extra measures to mitigate this risk with participants during one-on-one virtual interviews. In accordance with the findings of Porges (2011), the author used a soft tone when speaking with participants on the phone and on Zoom, and took care to smile and make eye contact in order to

invite connection on Zoom calls. All interviews were conducted in a quiet space, free of any distracting or potentially distressing noises. Had a participant expressed any feelings of distress following their one-on-one interview, the author was prepared to refer them to supportive resources available in their area.

Findings and Discussion

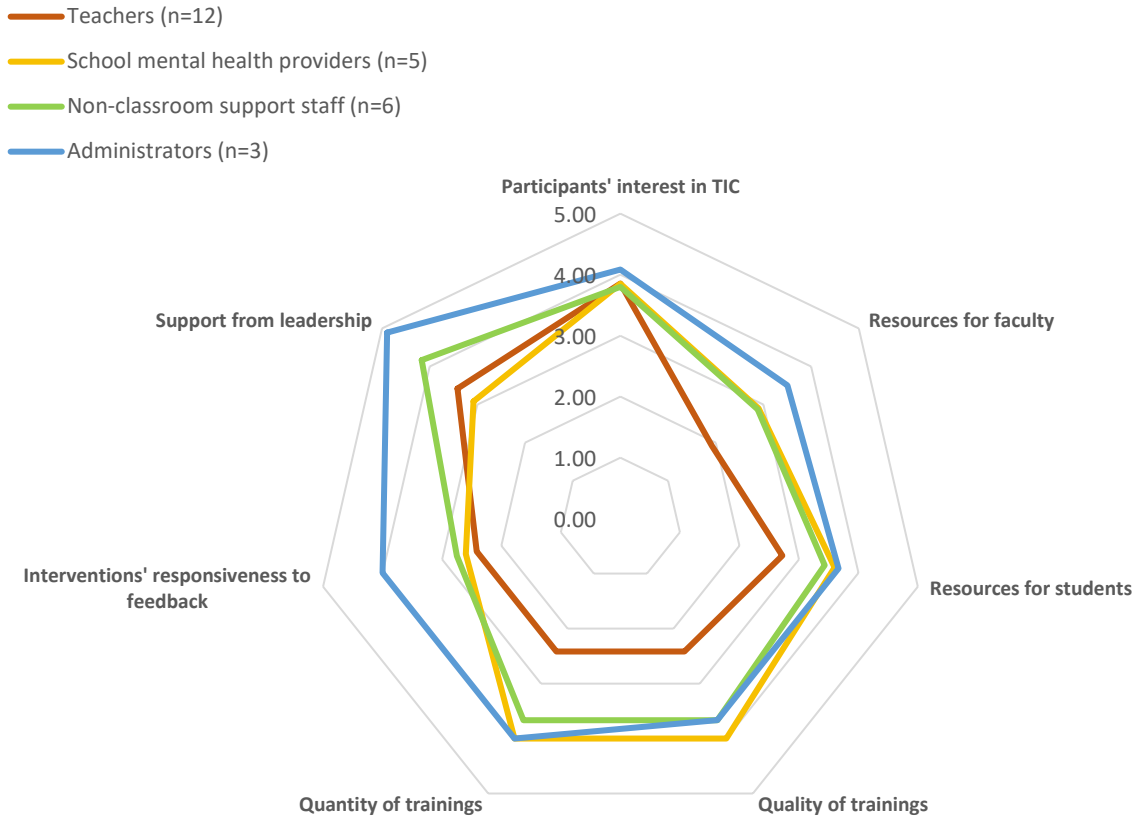
Differing Perspectives: Teachers and School Leadership

In general, the perceptions of TIC program implementation differed depending on the role of participants in their school. Figure 1 shows participant ratings of each aspect of implementation according to survey responses. Because the state and district staff surveyed work in multiple schools or outside of the school setting, only teachers, school mental health providers, non-classroom support staff, and administrators are included in this portion of the analysis.

While the sample size was relatively small for administrators (n=3) and teachers (n=12), these findings suggest that perception of TIC programs differs depending on who is evaluating them. While overall interest in TIC was comparable among the four groups surveyed, aspects such as resources for faculty, quality and quantity of trainings received, responsiveness to feedback, and support from leadership varied significantly depending on whether teachers or school administration were rating them. Responses from school mental health workers and non-classroom support staff varied as well, but the differences were most apparent between school leadership and teachers, who averaged 3.97 and 2.74 points across all categories, respectively.

Figure 1

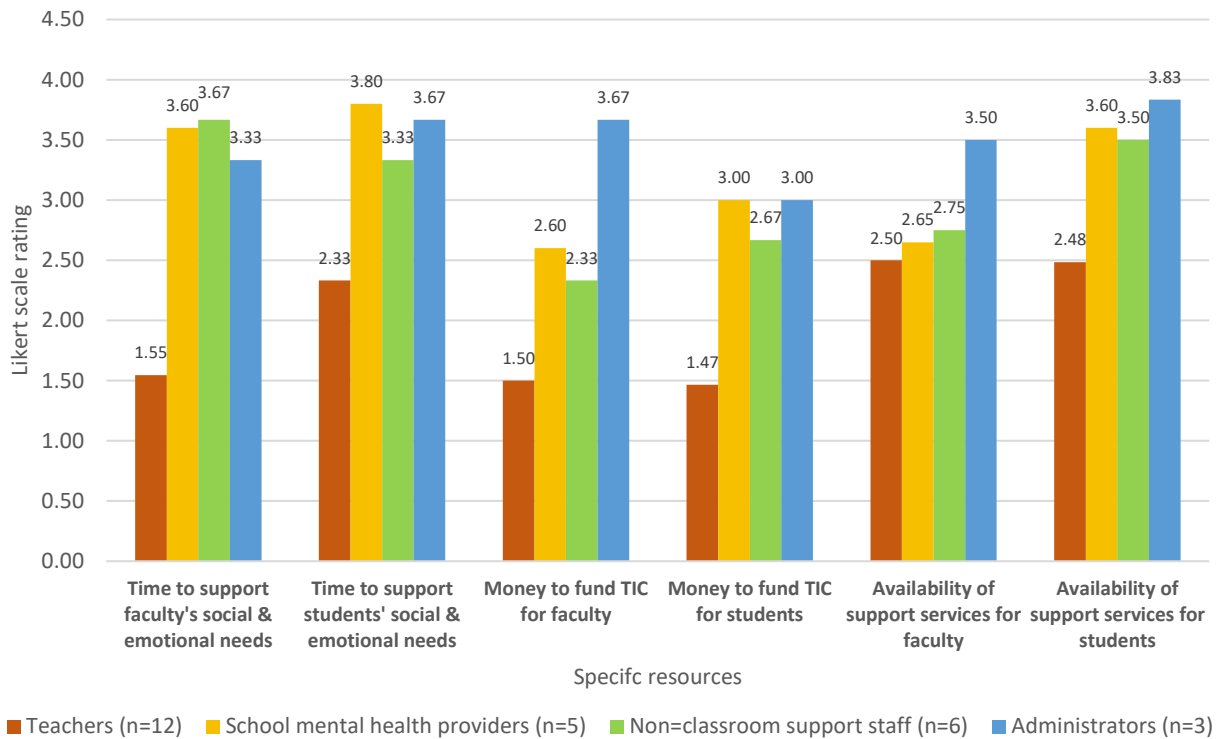
Participant Perceptions of Aspects of TIC in Their Schools



The trend for teachers' overall ratings of the aspects of TIC to be lower than administrators' overall ratings was mirrored by the two groups' perceptions of the availability of specific resources within their schools. This is demonstrated in Figure 2, which breaks down the broad aspect of "resources" for students and faculty into three specific categories: time, money, and support services. Administrators' perceptions were consistently more positive than teachers' across all categories.

Figure 2

Participant Perceptions of Specific TIC Resources in Their Schools



It is worth noting that the teachers surveyed were from different schools than the administrators surveyed, so the findings do not reflect direct comparisons. Administrators were mostly from smaller, specialized private schools, while teachers were in public schools of various sizes. (Refer to Table C1 in Appendix C for detailed survey population.) However, given that the daily responsibilities of teachers differ from that of administrators, with teachers often spending more face-to-face time with students and having to juggle classroom management in addition to the changing demands of academics, behavior, etc., it is worth exploring these differences more closely. One hypothesis to test further would be whether those most directly affected by the implications of an aspect being tested (e.g. a teacher evaluating resources for faculty) tend to rate them lower than those who make decisions regarding that aspect but are not

as directly affected by it. Moreover, if students were to be included, a similar comparison could be made among teacher and student responses. Ideally, this study can be repeated in one specific school or set of schools and expanded to include more participants from the same setting.

Foundations for Rendering Theory to Practice

A major aim of this study was to differentiate between TIC in theory and TIC in practice. Findings from surveys and key informant interviews suggested that while circumstances vary greatly across school settings, there may be elements that are consistently necessary to effectively translate TIC from theoretical concept to practical application. Two such elements that emerged from the findings of participant interviews and surveys were the development of positive relationships among TIC program stakeholders and the dedication of sufficient time for program design and implementation.

Relationships

Every one of the ten key informants interviewed mentioned the importance of relationships for successful TIC implementation. This is congruent with the findings of Fallot and Harris (2006), who write that “Trauma affects the way people approach potentially helpful relationships” (p. 3). In the case of TIC in schools, this can be applied to students’ or faculty’s willingness to adopt a trauma-informed lens or to utilize trauma-informed support services. Further, Harris and Fallot identify safety, trustworthiness, and collaboration as three of the five domains addressed by TIC. All three of these domains are intimately connected to the quality of relationships.

While factors such as budget and the availability of TIC services and trainings play a role in a school’s ability to effectively implement whole-school TIC initiatives, a number of key informants spoke of relationships as being just as vital, if not more vital, to determining success.

(Here, effective and successful initiatives may be defined to mean those which positively impact the most faculty members and students and which are most meaningfully ingrained into school activities.) One administrator pointed out, for example, that school leaders must know which staff are good at what and that, “you have to see what your budget is capable of doing, but also maintain those key players that play a big role [in program implementation]. Budget is about people at certain times.”

Comments on the importance of positive relationships and rapport among students, faculty, and school leadership ranged from micro-level issues such as a teacher and a case manager who both highlighted the power of teachers being transparent with students about when they themselves are having a bad day, to the macro-level role of relationships as a foundation for cultural responsiveness and anti-racism. Teachers and administrators also noted the necessity of not waiting until a crisis to try and build rapport, but of constantly working to build safe spaces. Regarding academics, one teacher shared their observation that “If I provide a safe space and am working constantly on building relationships, academics are going to happen.” This demonstrates a clear distinction between TIC and more punitive approaches to education which place academics and strict rules first, rather than trying to meet students where they are.

Time

Several key informants identified insufficient time as the most significant barrier to successful TIC programs. Without sufficient time to carry out and maintain initiatives, it is difficult to establish buy-in from program implementors and program users. Consequently, theory cannot become practice. One interviewee emphasized this point when speaking about the process of tailoring Individualized Education Programs to students with unique learning needs: “Plans are useless unless people are going to do them. We try to make them as simple as possible

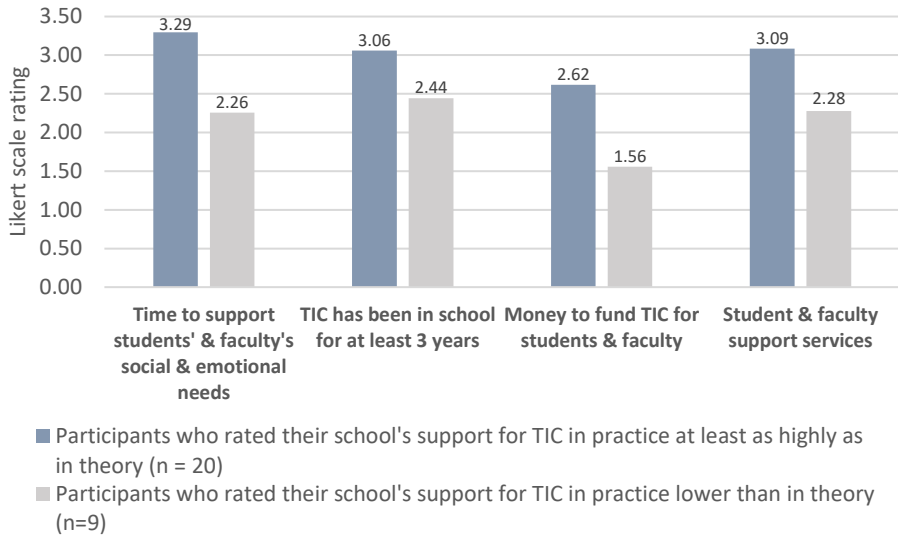
so that we have buy-in. You can have these really great ideas, but if a teacher can't implement, the plan is useless. If the parent can't do it, what's the point?"

Similar to relationships, time refers both to micro-level, day-to-day concerns such as whether or not a teacher has enough minutes in the class period to facilitate an SEL activity, as well as macro-level concerns such as how many years a TIC initiative has been in place at a school. When presented with the statement, "The leadership at my school supports TIC initiatives in *theory*, i.e., they say they think it's important," survey respondents replied with an average rating of 4.12, meaning they agreed with a slight lean toward strongly agreeing. Conversely, when presented with, "The leadership at my school supports TIC initiatives in *practice*, i.e., implementation and responding to related challenges when they arise," replies averaged a 3.73 rating, meaning they were neutral but leaned toward somewhat agree. Out of the 29 respondents, nine rated agreement with the *practice* statement lower than the *theory* statement. This result demonstrated a disconnect between theory and practice.

Figure 3 shows the groups' perspectives on theory versus practice as they correspond to four other topics: time, whether or not TIC has been a part of the school for at least three years and is considered part of the school culture, money, and the availability of support services. While these findings do not prove a causal connection between perceptions of these four topics and support for TIC in theory versus in practice, the correlation is worth exploring further.

Figure 3

Perceptions of Time, Money, and Support Services Correlated With Theory and Practice



Although time is not the only topic that appears to correlate with successful practice, it may be argued that the other topics explored cannot be fully effective if enough time is not dedicated to their realization. Illustrating this point further were two teachers in New York City, one of whom described a trauma-informed professional development training that teachers in the district were required to complete in response to systemic racism and the Black Lives Matter protests that occurred during the summer of 2020. According to this teacher, the training “was the most culturally responsive and well-prepared PD [professional development] I've ever received from the NYC DOE [New York City Department of Education]; it just was very long and most of us let the videos/trainings play out while we worked on other things since we didn't have time carved out in our schedules for it.” Adequate allocation of time is essential for effective, sustainable, and culturally responsive TIC program implementation.

Individual and Institutional Contributions to Trauma-Informed Practice

An important distinction among the various contexts within which participants practice TIC is the extent to which trauma-informed programs are driven by individual or institutional factors. Participant perspectives ranged from those who expressed that adoption of trauma-informed practices in their school was mandatory for all faculty and those who felt that they as individuals only practiced TIC due to their own initiation and efforts. Where a school falls in this spectrum appeared to directly affect educators' satisfaction with their experiences as well as the number of students who had access to TIC in the school. Naturally, when only one teacher or a handful of teachers in a school bring a trauma-informed approach to their classrooms, only those students who spend time with those teachers had access to the benefits of TIC.

Without institutional support, the burden of TIC implementation falls on the individual. One non-classroom support staff commented in their survey response that, "I have received sufficient training because I personally search out trainings and participate in my own time and with my own money." This was echoed by several key informant interviewees, including one teacher in Oklahoma who shared that the trauma-informed approaches they utilize with their students have largely been based on resources and knowledge they gained solely through personally attending psychotherapy. Speaking to the added pressure on teachers who are interested in TIC, but who do not necessarily have the backing of their school's leadership, one teacher from Texas stated that, "You have to really believe in it to continue doing it when nobody else is." This directly contrasts the experience of participants working in schools where all staff and faculty, regardless of position or role, are required or strongly encouraged to participate in trauma-informed trainings and adopt trauma-informed practices.

Bridging the Gap Between Individuals and Institutions

Several key informants spoke to the relationships between individual and institutional contributors to TIC program implementation. They emphasized that when it comes to students, it is mainly teachers and practitioners on the ground actually exercising a trauma-informed lens and utilizing trauma-informed practices. However, it is the responsibility of the school and district leadership to put in the necessary infrastructure to enable practices to become part of the school's norms. Infrastructure refers to physical spaces, such as rooms for faculty and students to practice self-care or have discussions regarding faculty and student issues, as well as social structures, such as promoting trauma-informed language, hanging posters related to TIC and SEL, or creating systems for incentivizing teachers for taking on new initiatives. Furthermore, having TIC be more ingrained in the school's culture and infrastructure allowed the burden and reward of implementation to be more evenly spread out among faculty rather than concentrated to a specific individual or group.

One TIC trainer and advisor explained the nature of the relationship between practitioners (teachers), program users (students), and decision makers (school and district leadership) as follows:

In any good trauma-informed evidence-based model, at the core of what you're helping people become skilled at is their own self-awareness and emotional competency. If you're using the relationship and your own interactions with young people to help decide what the next step is, you really have to be aware of your own issues... Part of an organizational responsibility to all employees is to make sure they have a healthy working environment with the kind of support people need to stay balanced in their job.

This perspective was reflected by other participants as well who emphasized the importance of supporting teachers' social and emotional needs so that they can better support the needs of their students. These findings connect back to relationships as well because, as was emphasized by nearly every key informant, in order to build rapport, trust, and support for TIC initiatives, faculty too must be supported through a trauma-informed lens. Ideally, rather than seeing TIC as another responsibility to overwhelm them, faculty can experience a trauma-informed approach as something that benefits not just their students but also themselves. This approach that bridges individual and institutional gaps can be supported by social-ecological approaches such as that of Bronfenbrenner (1977, 1979) and Leonard (2011), as well as regenerative design paradigms that recognize the nested influence of social and environmental factors on organizations (Regenesis Group, 2016).

Limitations

Due to time constraints, the sample size of this project is smaller than would be necessary to adequately inform a national or regional policy on school-based TIC. Participation was also spread out among many schools and locations, which made it difficult to compare individuals' experiences within the same school context. Ideally, more participation would be encouraged from a handful of schools in specific locations. With more time, more teachers could have been recruited as key informants as opposed to mainly administrators, trainers, and school mental health personnel. Follow-up interviews and surveys with participants would account for changes over time as opposed to one-off perspectives meant to relay many years or months of experience. Further, the research did not include student perspectives. As students are the primary users of trauma-informed services, their perspective would add a valuable contribution to the conversation.

Directions for Future Research and Practice

Conversations on the research design and findings discussed in this study may be used as a pilot to guide further research. Hypotheses such as whether or not faculty members' perception of TIC implementation is a factor of how much they participate in program decision-making can be tested by targeting participants in specific schools and school districts. Ideally, participants in future research would be administrators, teachers, and students from the same or comparable schools to allow for more direct comparison. Preliminary interviews with key informants may be used to determine how decisions about TIC implementation are made in a school, and to select a group of schools for comparison.

Further inquiry should be conducted to include a larger sample size that incorporates student perspectives as well. It would be beneficial to expand the survey questionnaire to include key informant inquiries, such as the methods provided by Sinko et al. (2020) for participatory evaluation of trauma-informed programs with students. Such research would require more time and personnel to build steering committees of key informants interested in expanding the research. The survey instrument used for this study may be amended to reflect the research findings, e.g., the importance of time and relationships, and whether or not individuals or institutions lead TIC initiatives.

Lastly, while the focus of the project was on the *implementation* of programs as opposed to the details of *what* particular programs were doing, more time and deeper analysis of school contexts and specific programs being implemented would allow for more thorough findings. Such research would involve spending more time upfront to get to know individual school sites and district policies in order to contextualize similarities and differences among different approaches to TIC.

Conclusions

This study defined aspects of school-based TIC program implementation and sought to understand how those aspects may be leveraged to increase cultural responsiveness and accessibility of interventions. Initially, the author proposed that interest in TIC, quality and quantity of training received, availability of resources, responsiveness of interventions to feedback, and support from school leadership were key aspects for distinguishing responsiveness and accessibility among different school programs. Results of the research led to the reframing of several aspects, as well as to the importance of the adequate allocation of time and commitment to building rapport and positive relationships among program educators and students. While further research with more specifically targeted sample populations is needed to substantiate conclusions, findings in this study suggest that program decision makers may evaluate programs differently and perhaps more optimistically than program users who are more directly impacted by the decisions. The project also explored differences among individually and institutionally-driven TIC programs, with educators suggesting that schools and institutions must put in place the necessary systems and structures to allow individual educators to more seamlessly implement and support initiatives.

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Appendices

Appendix A

Survey Instrument

YOUR NAME (optional) _____

YOUR ROLE (choose one)

- Teacher
- Counselor
- Social Worker
- Administrator
- District Staff
- Other (please specify) _____

NAME OF SCHOOL (Will be kept anonymous. If you work at more than one school and you'd like to answer differently for each school, please fill out separate surveys) _____

LOCATION OF SCHOOL (City & State) _____

Please respond to the following questions using a 1-5 scale, based on how strongly you agree with the statements in each category

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neutral
- 4 – Agree
- 5 – Strongly Agree

| | | | | | | |
|---|---|---|---|---|---|-----|
| Based on the definition of TIC provided above, I feel I work in a trauma-informed school, or a school which aims to be trauma-informed. | 1 | 2 | 3 | 4 | 5 | N/A |
| I personally feel TIC is valuable (or would be valuable, if available) to my work as an educator or administrator. | 1 | 2 | 3 | 4 | 5 | N/A |
| I am interested in applying TIC interventions to my work as an educator or administrator. | 1 | 2 | 3 | 4 | 5 | N/A |
| TIC is an integral part of my teaching pedagogy. | 1 | 2 | 3 | 4 | 5 | N/A |
| The <i>quality</i> and types of TIC trainings (i.e., variety, relevance) I have received has been sufficient in helping me to better support the needs of my students and myself. | 1 | 2 | 3 | 4 | 5 | N/A |
| The <i>quantity</i> of TIC trainings I have received has been sufficient in helping me to better support the needs of my students and myself. | 1 | 2 | 3 | 4 | 5 | N/A |
| If one of my students had an emergency, I feel confident I'd know where to refer them. | 1 | 2 | 3 | 4 | 5 | N/A |

| | | | | | | |
|--|---|---|---|---|---|-----|
| I'm confident that, once referred to support, sufficient support is available to support my students. | 1 | 2 | 3 | 4 | 5 | N/A |
| When a student is misbehaving, I try to discipline them right away so the behavior does not continue. It's not important to me why the behavior is occurring, and I treat all students the same regardless of what I know about them as an individual. * | 1 | 2 | 3 | 4 | 5 | N/A |
| I have enough <i>time</i> to support my students' social emotional needs through TIC and to participate in the necessary trainings to do so. | 1 | 2 | 3 | 4 | 5 | N/A |
| There is a sufficient <i>amount of support services</i> available in my school to which I can refer my students. | 1 | 2 | 3 | 4 | 5 | N/A |
| There is a sufficient <i>variety of support services</i> available in my school to which I can refer my students. They are appropriate for the community and families my students are part of. | 1 | 2 | 3 | 4 | 5 | N/A |
| I have sufficient <i>knowledge</i> to adequately support my students' social emotional needs, or to refer them to someone who can (i.e., I know where to find the resources my students need). | 1 | 2 | 3 | 4 | 5 | N/A |
| I feel my school has enough <i>money</i> available to fund all of the TIC initiatives I would like to see adopted for students. | 1 | 2 | 3 | 4 | 5 | N/A |
| I have enough <i>time</i> to support my own social emotional needs through TIC and to participate in the necessary trainings to do so. | 1 | 2 | 3 | 4 | 5 | N/A |
| There is a sufficient <i>amount of support services</i> available in my school to which I can turn if I personally am feeling stressed or like I need extra emotional support. | 1 | 2 | 3 | 4 | 5 | N/A |
| There is a sufficient <i>variety of support services</i> available in my school to which I can turn if I personally am feeling stressed or like I need extra emotional support. They feel appropriate to me, my beliefs, and my lifestyle. | 1 | 2 | 3 | 4 | 5 | N/A |
| I have sufficient <i>knowledge</i> to adequately support my own social emotional needs at work, or to talk to someone who can (i.e., I know where to find the resources I need). | 1 | 2 | 3 | 4 | 5 | N/A |
| I frequently feel stressed or burnt out, and I wish my school was doing more to support me. * | 1 | 2 | 3 | 4 | 5 | N/A |
| I feel my school has enough <i>money</i> available to fund all of the TIC initiatives I would like to see adopted for staff and faculty. | 1 | 2 | 3 | 4 | 5 | N/A |
| TIC programs have been around at my school for more than three years. I consider them a staple of our school culture. | 1 | 2 | 3 | 4 | 5 | N/A |
| My school has tried to introduce TIC or social emotional learning programs in the past, but they just didn't "fit" | 1 | 2 | 3 | 4 | 5 | N/A |

| | | | | | | |
|---|---|---|---|---|---|-----|
| with how I run my classroom or what my students respond to. * | | | | | | |
| I am able to give suggestions and feedback to school or district leadership and I feel my suggestions and feedback are adequately considered by school leadership when decisions are being made about if and how TIC initiatives are adopted. | 1 | 2 | 3 | 4 | 5 | N/A |
| All staff at my school are required to participate in TIC training, as opposed to just some or none at all. | 1 | 2 | 3 | 4 | 5 | N/A |
| The leadership at my school supports TIC initiatives in <i>theory</i> , i.e., they say they think it's important. | 1 | 2 | 3 | 4 | 5 | N/A |
| The leadership at my school supports TIC initiatives in <i>practice</i> , i.e., implementation and responding to related challenges when they arise. | 1 | 2 | 3 | 4 | 5 | N/A |

Anything you'd like to add about your experiences implementing/supporting TIC?

Check here ___ and provide your contact information if you are interested in sharing more of your experiences with TIC in the form of a brief phone or Zoom interview. _____

Feel free to contact me at (email address) if you have any questions, comments, concerns about this project or how your answers will be used.

* Note that statements with an asterisk next to them were evaluated by the author using a reverse scale where a lower agreement rating corresponded to a higher level of accessibility or responsiveness being indicated. This was used for data analysis only and was not made known to participants.

Appendix B

Interview Guide

1. Can you explain your role and a little bit about the school you work in?
 - a. How often do you work with students in your day-to-day role?
2. Could you please explain what TIC means to you and how you have seen it applied in your school?
 - a. What types of TIC initiatives have been used at your school?
3. Has there ever been a time when you wished you had more tools to support a student's mental and emotional health?
 - a. What did you do and why?
 - b. Could you describe the tools you wish you had available?
4. Do you feel like your own social and emotional needs are being met by the resources available at your school?
 - a. Is there anything you'd like to see more of?
 - b. Has your own health or wellbeing ever been a barrier to your being able to support students as much as you would like?
5. Thinking of the social emotional learning services your school offers or has offered to students, have those resources been appropriate for the students and responsive to their needs?
 - a. Have there been any services or programs you felt were not useful for students or responsive to their needs?
 - b. If so, did you have a say in whether or not it was used?
6. Thinking about making trauma-informed resources more available to students, have you seen changes in the social emotional needs of students since the start of the COVID-19 pandemic in March of 2020?
 - a. What role has virtual learning played in shifting the need for trauma-informed resources, the process for accessing them, and the manner in which interventions are administered?
7. If there were no obstacles in place, what kind of trauma-informed program would you like to see implemented at your school?
 - a. What are the biggest barriers you see preventing this from happening now?

Appendix C

Sample Population

Table C1

Survey Respondents and Their Schools

| Position | Number of respondents | Geographic location | Grades | Type of school | Number of students |
|---|-----------------------|--------------------------------|--|---------------------|-----------------------|
| Teachers | 12 | Belfast, Northern Ireland | Elementary school (6) | Public (10) | < 500 (4) |
| | | Kansas City, MO | Middle school (2) | Unknown (2) | 500-1000 (5) |
| | | Lake Worth, TX | High school (2) | | > 1000 |
| | | Los Angeles, CA | Combined middle & high school | | Unknown (2) |
| | | New York, NY (3) | Unknown | | |
| | | Norman, OK | | | |
| | | Orlando, FL | | | |
| | | Philippines | | | |
| | | Shrewsbury, PA | | | |
| | | Yukon, Canada | | | |
| | | School mental health providers | 5 | Los Angeles, CA (2) | Elementary school (2) |
| NE | Middle school (2) | | | Unknown | > 1000 (2) |
| Seattle, WA (2) | Unknown | | | | Unknown |
| Non-classroom support staff | 6 | Barry, Wales | Pre-K | Public (5) | < 500 (3) |
| | | Los Angeles, CA (2) | Elementary school (3) | Unknown | 500-1000 (1) |
| | | Nutter Fort, WV | Middle school (2) | | > 1000 (2) |
| | | Phoenix, AZ Seattle, WA | | | |
| Administrators | 3 | Chicago, IL | Combined elementary & middle school | Public (1) | < 500 (3) |
| | | Hanford, CA | | Private (2) | |
| | | Timonium, MD | Combined elementary, middle, & high school | | |
| School district or state-level support personnel – Work in multiple schools | 3 | Alberta, Canada | n/a | n/a | n/a |
| | | Olympia, WA | | | |
| | | Renton, WA | | | |

Table C2*Key Informants Interviewed*

| Specific position | Geographic location |
|---------------------------------------|---------------------|
| Teacher | Norman, OK |
| Teacher | Lake Worth, TX |
| Psychiatric social worker | Los Angeles, CA |
| School psychologist | Los Angeles, CA |
| Case manager | Seattle, WA |
| Assistant principal | Los Angeles, CA |
| Principal | Timonium, MD |
| Intervention specialist | Chicago, IL |
| TIC trainer, advisor, center director | Ithaca, NY |
| Clinical psychologist, TIC trainer | San Francisco, CA |