Uniquely Impacted: Trauma Support for Educators of Students with Developmental Disabilities in Response to the Covid-19 Global Pandemic

by

Jordan Margaret Olson Causadias

A Dissertation Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Education

Approved October 2023 by the
Graduate Supervisory Committee:

Sarup Mathur, Chair
Kathleen Puckett
Shari Dukes

ARIZONA STATE UNIVERSITY

December 2023

ABSTRACT

There has been a sharp increase in mental health support for children in response to the COVID-19 pandemic, with a growing demand for school-based mental health services due to gaps in the US youth mental health infrastructure. This dissertation presents an action research study conducted in a Title I middle school in Arizona, exploring a school psychologist-led training program for special education teachers working with students with intellectual and developmental disabilities (IDD) who have experienced trauma. Using a mixed-methods approach, this research combined qualitative and quantitative analyses to investigate how and to what extent participating in the Road to Recovery Toolkit facilitated special education teachers' knowledge and inclusion of trauma-informed care. Qualitative data were gathered through in-depth post-training participant interviews and weekly participant reflections and quantitative analysis looked at pre- and post-training questionnaires. Findings uncovered improvements in participants' awareness and knowledge, highlighting the program's success in enhancing educators' understanding of mental health. Findings also underscored the need to address educator comfort levels and perceived barriers in providing mental health support effectively. This research contributes to the existing literature by providing a comprehensive exploration of trauma-informed care training and implementation for special education teachers working with students with IDD. It underscores the transformative potential of tailored training programs in equipping educators with the skills necessary to support students with IDD who have experienced trauma. The findings offer insights for educators, administrators, and policymakers seeking to cultivate learning environments prioritizing inclusive student mental health.

DEDICATION

For Matias.

I applied for the Special Education Leadership Cohort Doctoral program while pregnant with you and now I will finish the program without you. Losing you was a personal trauma that our family went through, and recovered from, together. I dedicate this dissertation to you.

ACKNOWLEDGEMENTS

I would like to start out by thanking my family. José, thank you for being there for me every step of my doctoral journey. I appreciate all the times you took care of Luna and Joaquin over the past four years to allow me to do my classwork and attend classes. I would not have been able to complete this program without your love and support. Te quiero mucho. Luna and Joaquin, thank you for your understanding when mom had to escape to her room to write a paper or log on to a zoom class. Being in the program has forced me to maximize my time with you two, and in many ways has helped me be a more present parent when we are together. I love you two so much– you both are my greatest treasures in life.

To the three teachers who participated in this study, the work you do changes lives. You have one of the most important, and at times difficult, jobs imaginable. The way you show up every day for your students is a testament to your character. I appreciate you three immensely and miss working with you.

Dr. Puckett and Dr. Mathur, thank you for bringing together a wonderful group of educators dedicated to making a difference for special education students in the state of Arizona. Taking part in the Special Education Leadership Cohort (SELC) has been the opportunity of a lifetime and I am so grateful for this experience. The support, encouragement, mentorship, and guidance I have received from you both go above and beyond anything I dreamed of receiving during this doctorate program. Thank you, thank you.

To the SELC cohort- thank you for your encouragement throughout this journey together. I greatly appreciate the bond we have created over the past four years. I am so

proud of you all and excited to cross the finish line together.

Lastly, as a graduate student enrolled at Arizona State University (ASU), I formally acknowledge that ASU's Tempe campus has been built on the ancestral homelands of indigenous American Indian tribes that have inhabited the land for centuries, including the Akimel O'odham (Pima) and Pee Posh (Maricopa) peoples.

TABLE OF CONTENTS

Page

LIST OF TABLES……………………………………………………………...…viii

LIST OF FIGURES…………………………………………………………….....xi

CHAPTER

1 INTRODUCTION ………………………………………………………………1

National Context…………………………………………………………………2

Local Context…………………………………………………………………...11

Problem of Practice (PoP) ………..……………………………………………17

Research Questions……………………………………………………...…18

2 THEORY AND LITERATURE REVIEW………………………………….…20

Theoretical Frameworks…………………………………………….........21

Transactionalism………………………………………………………21

Transformative Learning Theory……………………………………...24

Intersectionality………………………………………………………..28

Scholarly and Practitioner Knowledge Informing the Study…………………...30

Special Education……………………………………………………...30

Children and Trauma…………………………………………………….33

Trauma and Students IDD……………………...…………..…33

Trauma Supports for students with IDD……………….………36

Previous Cycles of Research……………………………………………..37

3 METHOD…………………………………………………………………....39

Action Research…………………………….……………………….....39

CHAPTER Page

Context of Study……………………...……….………………………….....40

The Innovation……………..……………………………………………...41

Methodology……………………………………………………..……..42

Data Collection………………………………………………………...43

IRB and Ethical Consideration…………………………………………44

Timeline…………………………………………………………..…45

Data Analysis……………………………………………………...……45

4 DATA ANALYSIS AND RESULTS ……………………………….………49

Introduction……………………………………………………….………49

Data Analysis Overview……………………………………………………..49

Participants……………………………………….……………….…………50

Quantitative Analysis………………………………………….…………..50

Research Question 1 Descriptive Statistics……………………………..…50

Research Question 2 Descriptive Statistics……………………………..…55

Qualitative Analysis ……………………………………………………59

Qualitative Data Sources………………………...……………………59

Qualitative Data Analysis Overview……………………………….…61

Research Question 1 Analysis……………………………………….…62

Complementary Findings………………………………………….………69

Research Question 2 Analysis……………………………….………………71

Complementary Findings Summary……………………………….……...77

5 DISCUSSION…………………………………………………………..80

CHAPTER Page

Introduction……………………………………………...……..…………………80

Complementarity of the Quantitative and Qualitative Data ……………….………81

Results in Relation to Existing Literature…………………………..……..…...82

Personal Lessons Learned……………………………………………………...…83

Discussion of limitations…………………………………………………………85

Implications for Practice……………..……………………………………..87

Implications of Research………………..……………………………………..88

Closing thoughts……………………………………………………………....90

REFERENCES ……………………………………………………..………………93

APPENDIX

A. THE ROAD TO RECOVERY ADAPTED SIX MODULE TRAINING

OUTLINE……………...……………………………………..…………100

B. PRE-TRAINING PARTICIPANT QUESTIONNAIRE……..………………...102

C. POST-TRAINING PARTICIPANT QUESTIONNAIRE ……….……….…107

D. THE ROAD TO RECOVERY FOLLOW-UP INTERVIEW………..……..…..111

E. PARTICIPANT SEMI-STRUCTURED INTERVIEW TRANSCRIPTS……...118

F. THE ROAD TO RECOVERY WEEKLY REFLECTIONS…………….……...147

G. ASU IRB APPROVAL/EXEMPTION LETTER……………………….………149

LIST OF TABLES

Table Page

1. Research Questions, Data Collection Instruments, and Method of Data Analysis…....45

2. Descriptive Statistics for the Road to Recovery Training Participant Pre- and Post-Questionnaire ……………………………………..……......……………….……..52

3. Descriptive Statistics for the Road to Recovery Training Participant Pre- and Post-Questionnaire ……….….…………………………………………………...……..56

4. Emergent Themes and Research Questions ……………………………………..…61

LIST OF FIGURES

Figure Page

1. Mezirow's (2000) Four Types of Transformational Learning ……………………….….26

2. Intersectionality in Trauma Support for Youth with IDD in the School Setting…..….30

3. Training Timeline…….….………………………………………………………….45

4. Concept Map of Teachers' Transformational Learning Leading to Trauma Informed Care……………………………………………………………………………...89

CHAPTER 1

"Kids are resilient, but they need support."

- Dr. Warren NG,
American Academy of Child and Adolescent Psychiatry
President

Introduction

America's school-age children have experienced unprecedented challenges due to the COVID-19 global pandemic. Hardships over the last three years varied greatly due to existing disparities that existed long before the pandemic (The United States Department of Education Office of Civil Rights, 2021). All children may have experienced some level of fear and anxiety regarding the pandemic. However, minoritized individuals, economically disadvantaged individuals, and individuals with disabilities were more likely to become ill, or experience the illness or death of loved ones, experience school shutdowns, and were at a higher risk for potential abuse in the home setting during school shutdowns (Vestal, 2021). In looking at this intersection, minoritized students with developmental disabilities in Title I (high poverty) school districts were more likely to have experienced trauma during this time. Schools have been called to provide a continuum of support to meet the mental health needs of students. However, school-based professionals, such as school psychologists and special education teachers, lack the necessary tools to support students with developmental disabilities that have experienced trauma (Office of the Surgeon General, 2021).

The following chapter begins with the COVID-19 pandemic's impact on student mental health, a discussion on mental health supports in and outside the school setting, leading to a review on disproportionality in the access to mental health services and

impact of COVID-19 on specific populations and how this intersection impacts students with developmental disabilities and their school-based supports at a national level. Following the national review, I will discuss the local impact of the pandemic on education in Arizona and within the Title I school district where I was employed from July 2018- June 2023. It is also important to note that data presented in this review continues to be collected and analyzed due to the ongoing nature of the COVID-19 global pandemic.

National Context

COVID-19 Global Pandemic

On January 30, 2020, the World Health Organization classified the COVID-19 pandemic as a "Public Health Emergency of International Concern" (Rothan & Byrareddy, 2020). Since that time, over 620 million people have contracted the virus globally, resulting in over 6.55 million deaths (WHO, 2022). In the United States, over 96.4 million cumulative cases have been reported with over 1.06 million deaths. To mitigate communal spread of the virus, governments, including the United States, instituted social distancing measures, enacted localized stay-at-home orders and/or lockdowns, implemented travel restrictions, and placed industry and transit limitations in the Spring of 2020. Starting in March 2020, schools across the country shifted to a virtual learning format, with almost 93% of parents with school-age children reporting that their child participated in some form of distance learning from home (Mcelrath, 2021). At the time this is being written, schools across the country continue to go back and forth between in-person and virtual learning due to the rise in COVID-19 variants such as Omicron (Camera, 2022). Mitigation measures have led to significant disruption to day-

to-day life for children and families due to shifts to remote learning, therapy and medical care (Van Lancker & Parolin, 2020).

COVID-19 Impact on Student Mental Health

During the Winter 2022, childhood mental illness and demand for psychological services were at an all-time high (Abramson, 2022). Mental health-related emergency visits for children ages 5 to 11 increased 24%, and 31% for adolescents aged 12-17 from pre-pandemic data taken in 2019. A 2022 poll found that close to half of the 1,000 surveyed parents reported that their child was experiencing new or deteriorating mental health conditions since the start of the pandemic (Clark & Freed, 2021). During the Fall of 2021, the US Office of the Surgeon General, with the American Academy of Child & Adolescent Psychiatry, the American Academy of Pediatrics, and the Children's Hospital Association declared a national emergency in child and adolescent mental health (Canady, 2021; Office of the Surgeon General, 2021). The steep incline in reported social-emotional, behavioral, and mental health concerns began being referred to as a “hidden pandemic”. The COVID-19 pandemic led to an increase in adolescent trauma-related anxieties ranging from everyday stress regarding the virus, change in routine, loss of a family member, to being the victim or witness to in-home abuse (Absher et al., 2021).

Youth Mental Health Support

The increase in reported childhood stress and mental illness due to the pandemic has exacerbated the national shortage of youth mental health providers. The American Psychology Association reported that in 2019 only 4,000 out of over 100,000 US clinical psychologists specialize in children and adolescence (Abramson, 2022). The lack of

personnel contributes to the fact that only 20% of children with a diagnosed mental disorder receive treatment (Martini et al., 2012).

To bridge this provider gap and further assist in supporting children's mental health needs, the Office of the US Surgeon General made an explicit recommendation for additional children and adolescent mental health support to come from the school setting (Office of the Surgeon General, 2021). To support this call, the Biden administration distributed $85 million in funding for child and adolescent mental health awareness, training, and treatment in the fall of 2021. This was in addition to money provided by the American Rescue Plan Act, which included $170 billion dollars that schools could use to fund additional mental health supports such as school psychologists, counselors, and social workers (Simmons-Duffin & Chatterjee, 2021).

Mental Health Support in Schools

School Psychologists

Within the school setting, school psychologists play an integral role in directly supporting students in need of additional mental health support. School Psychologists apply expertise in mental health, learning, and behavior, to help children and youth succeed academically, socially, behaviorally, and emotionally (NASP, 2020). School psychologists collaborate with general and special education teachers, school administrators, families and other professionals to create healthy and safe learning environments for all students. School psychologists largely follow the National Association of School Psychology's (NASP) Practice Domains, which outlines how school psychological services can be integrated into the educational setting to best meet the needs of students, families, and the school community (NASP, 2020).

Currently, NASP recommends a ratio of one school psychologist to no more than 1,000 students. Additionally, if comprehensive and preventive services are being provided, NASP recommends a ratio of one school psychologist to no more than 500 to 700. Current data suggests that most school districts across the country are not meeting these standards, with just eight percent of districts meeting a one to 500 ratio (NASP, 2017; Prothero & Riser-Kositsky, 2022). Pre-pandemic estimates indicate that the current student to school psychologist ratio in the United States is one to 1,381 due to an overall shortage of practicing school psychologists (Walcott & Hyson, 2018). A shortage is defined as the inability to staff vacancies at current wages with individuals qualified to teach in the fields needed (Garcia & Weiss, 2019). Recent data indicates that a shortage in school psychologists along with funding concerns contributed to the fact that almost 40% of the nation's school districts, educating over 5.4 million students, did not employ a school psychologist for the first full year of the COVID-19 pandemic (Prothero & Riser-Kositsky, 2022). Despite an immediate need for school psychologists, researchers predict the shortage of school psychologists will continue through 2025 (Castillo et al., 2014; Curtis et al., 2004; Walcott & Hyson, 2018).

Due to the national shortage of school psychologists and increased need for mental health support within the school setting, teachers are being asked to address the social emotional needs of their students. School psychologists can support their educator colleagues, as they are uniquely qualified members of school and educational teams that can support teachers' ability to implement classroom-based social emotional learning through consultation (NASP, 2019). Given the high level of need, short supply of mental

health support in and outside of schools, school psychologists can work with teachers in implementing and promoting social-emotional educational practices in the classroom.

Special Education Teachers

Special education teachers working in the United States are the primary individuals that support children with disabilities within school campuses (Reynolds, 1978). Special education teachers work with students who may possess a large spectrum of learning, mental, emotional, and physical disabilities (Special Education Teachers: Occupational Outlook Handbook, 2020). Therefore, considering COVID-19's impact on student mental health, special education teachers are now on the front lines of dealing with the mental health of their students with disabilities.

Disproportionality

Access to Mental Health

Schools play a role in students' access to mental health support. However, they play a critical role in allowing disadvantaged and minoritized youth to access mental health services (Ali et al., 2019). Youth with public insurance, from low-income households, and from racial/ethnic minoritized groups were more likely to access services in an educational setting only. Additionally, children and adolescents of color have a harder time accessing mental health support and services than their White peers (Reinert et al., 2021). For example, according to the US Department of Health and Human Services, children and adolescents of color with depression were less likely than their White peers to receive specialty mental health care treatment (U.S. Department of Health and Human Services, 2019). According to the Center for Behavioral Health Statistics and Quality, specialty mental health treatment is defined as an overnight stay in a

hospital, time spent in a residential or outpatient treatment facility, or treatment from a mental health clinic, private therapist, or in-home therapist (U.S. Department of Health and Human Services, 2019).

Additionally, Black, Native American, and multiracial youth were more likely to receive non-specialty mental health care (Ali et. al., 2019). Ali et al. (2019) defines non-specialty mental health care as services a student receives from a school social worker, school psychologist, or school counselor; a special school or specialized program within a general comprehensive school campus designed for students with emotional or behavioral problems; care from a pediatrician or family practice doctor; services received while at juvenile detention center, jail, or prison; or services in a foster care or therapeutic foster care setting. In 2019, 18.1% of youth reported receiving some sort of non-specialty mental health service, with a majority having received mental health services in school (15.4%) (Ali et al., 2019). In looking at students with depression, Black youth were the most likely to receive mental health services in the school (37%), close behind were Native American or Alaska Native youth (35%), and multiracial youth (34%) (Ali et al., 2019).

COVID-19 Impact to Specific Populations

Similar to the disproportionate access to mental health support, COVID-19 had a disproportionate impact on specific populations. Social determinants of health, which are the circumstances regarding the places where individuals inhabit, work, learn, worship, and play, influence a range of potential health risks and outcomes, such as an infection, severe illness, and death from the pandemic (U.S. Department of Health and Human Services, 2022). As a result, long standing inequalities in US individuals' social

determinants of health were catalyzed, leading to an increased risk of exposure, illness, hospitalization, and death in addition to increased economic, work, and educational impacts (Centers for Disease Control and Prevention, 2020).

When looking at COVID-19's disproportionate impact by race and ethnicity, the National Center for Health Statistics (2021) report that Hispanic or Latino, non-Hispanic Black, and individuals who identify with more than one race were more likely to test positive for COVID-19, compared to non-Hispanic White or Asian people. Moreover, the United State reported a disproportionate number of deaths caused by COVID-19 among racial and ethnic minority groups, such as Hispanic or Latino, non-Hispanic Black, and non-Hispanic Alaskan Natives and American Indian people (Khanijahani et al., 2021; National Center for Health Statistics, 2021).

When looking at the pandemic's disproportionate impact by socioeconomic status, a recent review of 52 peer-reviewed studies indicated that individuals from low socioeconomic status households are more vulnerable to COVID-19 (Khanijahani et.al, 2021). The study found that factors such as poverty or low household income, low education attainment, and housing conditions such as living in overcrowded households were all risk factors for a confirmed diagnosis, hospitalization, and death due to COVID-19 (Khanijahani et al., 2021).

Regarding the disproportionate impact of disability status, a recent report from the US National Council on Disability (2021) documents a negative impact on individuals with disabilities in a multitude of areas ranging from access to health care to education. Specifically, individuals with disabilities were greatly impacted due to an increased risk of poor health outcomes from contracting the virus, a reduced access to education, health

care and rehabilitation services, and adverse social impacts because of the mitigation of the COVID-19 spread (Shakespeare et al., 2021).

Developmental Disability Population

Pre-pandemic data indicate that there are over 6.7 million school age children in the United States' public school system who receive special education services under the Individuals with Disabilities Education Act (IDEA) (US Department of Education, 2021). Students who receive special education support and services account for roughly 14 percent of the overall student population, ages three to 21 (41st Annual Report to Congress, 2019). IDEA recognizes thirteen different disability categories, and each student who receives special education services must have a documented need for support under at least one of these categories.

The term developmental disability has many different definitions found within legal, medical, and educational practice. For the purpose of this paper the term "developmental disability" is defined as, "a severe, chronic disability of an individual that: (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the individual attains age 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following areas of major life activity: (I) self-care; (II) receptive and expressive language; (III) learning; (IV) mobility; (V) self-direction;(VI) capacity for independent living; (VII) economic self-sufficiency; and (v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated" (United States Developmental Disabilities

Assistance and Bill of Rights Act of 2000). This definition encompasses individuals with intellectual and developmental disabilities, including IDEA special educational categories of autism, intellectual disabilities, multiple disabilities, and developmental delays. The US Department of Education (2021) indicates that of the 6.7 million school age students eligible for special education, 1.6 million students have a developmental disability. To break it down further, 11.4 percent of students who qualified for special education qualified under the autism eligibility, 6.1 percent qualified under the intellectual disabilities' eligibility category, and 3.8 percent qualified under the category of developmental delay and 1.8 percent qualified under the category of multiple disabilities (US Department of Education, 2021).

COVID-19's Intersectional Impact on School Age Children with Developmental Disabilities

Pre-pandemic data show that the prevalence of developmental disabilities is greater in individuals living in poverty, and that individuals from minority racial groups are more likely to experience poverty compared to White individuals due to historical societal inequalities (Reeves et al., 2016; U.S. Department of Education, 2016). As stated earlier, individuals from racial and ethnic minority groups, individuals with disabilities, and individuals from low socio-economic households were disproportionately impacted by the COVID-19 global pandemic (Centers for Disease Control and Prevention, 2020; Khanijahani et al., 2021; National Center for Health Statistics, 2021; U.S. Department of Health and Human Services, 2022).This intersection of race, socioeconomic status, and disability indicates that children with developmental disabilities were more likely to have experienced a negative impact by the COVID-19 pandemic.

Even before COVID-19, the literature documented how children with developmental disabilities were at-risk for trauma. Children with intellectual and developmental disabilities have significantly higher rates of serious injury, emotional neglect, and maltreatment compared to non-disabled peers (Sedlak et al., 2010; Sullivan, 2009; Turner et al., 2011). Children with intellectual disabilities were four times more likely to be victims of a crime and two times more likely to experience physical and sexual abuse compared to children without disabilities (Crosse et al., 1993; Sobsey et al., 1995). Children with developmental disabilities were three times more likely to come from homes with domestic violence (Sullivan, 2006).

Considering the increased need of mental health support for children in response to the COVID-19 pandemic, the increased need for school-based mental health support due to gaps in the US youth mental health infrastructure, the negative and disproportionate impact of COVID-19 on children with developmental disabilities, and the increase of risk of maltreatment and trauma experienced by children with developmental disabilities, children with developmental disabilities are at increased risk for needing school-based mental health support.

Local Context

COVID-19 Impact on Education in Arizona

To measure COVID-19's impact on schools, the Arizona Department of Education collected information presented in an Impact Report demonstrating a significant and broad impact to Math and English achievement for all grade levels. The report shows how historically disenfranchised and minoritized youth suffered the greatest losses. For example, students learning English as a second language, students living in

poverty, and minoritized groups, specifically Hispanic and Latino students, demonstrated a disproportionate impact than White, English-speaking peers, when comparing 2019 and 2021 state level test scores (Arizona State Department of Education, 2021). According to the past Arizona School's Superintendent, Kathy Hoffman,

> "The data reflected in the State Board of Education's COVID Impact Report doesn't just tell us about academic impact, it reflects a lack of access to mental health care, limited access to digital infrastructure and technology, parent or caregiver job loss, poor access to high-qualities groceries and healthy food options, and the fact that many of families live in communities where economic growth and opportunity are too far out of reach" (Dana, 2022).

State of Youth Mental Health in Arizona

While there are not enough mental health providers to support our nation's youth, the situation is even more dire in Arizona. According to Mental Health America, Arizona is ranked 49th, second to last, on a recent national youth mental health ranking, which looks at prevalence of youth mental illness and lower rates of access to care (Reinert et al., 2021). In 2022, Arizona also reported higher rates than the national average for youth substance abuse (4.83%, accounting for 27,000 Arizona youth), youth coping with severe major depression (11.9% accounting for 64,000 Arizona youth), and youth experiencing a major depressive episode (17.41%, accounting for 98,000 Arizona youth), and mental health workforce availability (1:780) . In fact, in Arizona the prevalence of untreated youth with depression ranks 48 out of 51, with over 70%, or 67 thousand youth, not receiving the mental health services (Reinert et al., 2021). Only 16.10% of youth in 2022

reporting severe depression in Arizona were able to accessn consistent mental health support (Reinert et al., 2021).

Youth with Developmental Disabilities in AZ

Of the over 1.2 million students enrolled in Pre-K-12 schools in the state of Arizona, 170 thousand students qualify for special education (Arizona State Department of Education, 2021). Of the students that qualify for special education in Arizona, 23% of students (39,426 children) qualify in areas of eligibility that fall under the legal definition of developmental disability. Diving in deeper, 10% of Arizona students who qualify for special education do so under the Autism eligibility (15,059), 9.8% qualify as a student with a Developmental Delay (14,656), just under 4% qualify as having a Mild Intellectual Disability (5,728), 1.2% qualify as having a Moderate Intellectual Disability (1824), and .24% qualify as having a Severe Intellectual Disability (358), and less that 1% qualify as having Multiple Disabilities (1414) or Multiple Disabilities with Severe Sensory Impairment (719) (Arizona State Department of Education, 2021).

District Overview

I currently am the school psychologist chair for a mid-size, semi-urban, Title-I Elementary school District located in the southwest United States that serves students from preschool through the 8th grade. There are 20 schools in this school district, which consist of 14 elementary schools, starting in Preschool or Kindergarten through grade five, four middle schools, grades six through eight, a K-8 school, and a K-8 traditional school. The school district currently has 16 school full time (five days per week) psychologists, two psychologists that work two days a week, one psychologist that works four days a week, and 2 full time psychologist-interns. Regarding Special Education

employment, the district currently employs 105 special education teachers, with 52 teachers working in programs that support students with developmental disabilities. In addition to my role as school psychologist chair, I also cover the largest middle school in the district five days a week. At this middle school, there are 10 special education teachers, with 4 special education teachers working in 4 cross-categorical specialized classrooms that support students with developmental disabilities ranging from Autism to Intellectual Disability.

In looking at district demographic data, 50% of the district's students report to be of Hispanic ethnicity. Regarding race, 22% are White, 14% are Black, 6% are Native American, 5% identify as two or more races, 2% as Asian or Pacific Islander, and 1% as Native Hawaiian or Other Pacific Islander. Regarding socio-economic status, 64% of students in the district identify as coming from low-income families.

In looking at data from the 2021-22 academic school year, there are roughly 12 thousand students enrolled in grades Pre-K through the 8th grade. Currently there are 1,925 students who qualify for special education services, or roughly 15% of the overall student population. Of the students who qualify for special education, 26% of students (519 children) qualify in areas of eligibility that fall under the legal definition of developmental disability. Diving in deeper, 9% of students who qualify for special education do so under the Autism eligibility (177), 13.8% qualify as a student with a Developmental Delay (265), just under 2% qualify as having a Mild Intellectual Disability, less than 1% qualify as having a Moderate Intellectual Disability (15), a Severe Intellectual Disability (3), Multiple Disabilities (10) or Multiple Disabilities with Severe Sensory Impairment (8). In the middle school where I am assigned, 20% (30

children) of the total number of students that are eligible for special education services qualify in areas of eligibility that fall under the legal definition of developmental disability, with 9 students qualifying with an autism eligibility, 11 who qualify as having a mild intellectual disability, 5 who qualify under moderate intellectual disability, 4 who qualify as a student with multiple disabilities, and 1 student with multiple disabilities with severe sensory impairment.

District's Response to Student Mental Health

To support teacher and school-based mental health providers working with students during the COVID-19 pandemic, the district compiled links to articles and resources regarding Grief, Loss, and Crisis Response on the District's Social and Emotional Wellness Resources webpage. Additionally, social emotional curriculum like Second Step (Committee for learning, 2011) was universally implemented district wide. To determine which additional students needed more social-emotional support, a social-emotional learning screener district-wide was administered to all students K-8. The district used the Devereux Student Strengths Assessment (DESSA; LeBuffe et al., 2009, 2014), a research backed screener that allows educators to better and more quickly meet these needs through a Multi-tiered System of Support by helping identify where Tier 1, 2, and 3 Social Emotional Learning (SEL) supports are most needed. The screener also links to lessons found in the Second Step SEL curriculum.

I performed a content analysis to help answer the following questions: What are the main themes presented in the Grief, Loss, and Crisis Response Resources section from Tempe Elementary School District's Social and Emotional Wellness Resources website? And Who is the primary target for the Grief, Loss, and Crisis Response

Resources section from Tempe Elementary School District's Social and Emotional Wellness Resources website? To complete this analysis, I followed Schreier's (2014) guidance and completed a qualitative content analysis in eight steps, which include 1. Deciding on a research question, 2. Selecting material, 3. Building a coding frame, 4. Segmentation, 5. Trial coding, 6. Evaluating and modifying the coding frame, 7. Main analysis, and 8. Presenting and interpreting the findings.

I created a code frame and through segmentation and trial coding completed one revision to my code. The code's main category involved supporting students through grief, loss, and crisis response. The final code subcategories included informational support, developmental age, action, and protective factors. Through coding, I was able to better identify and answer the research questions guiding the analysis.

One consistent theme that emerged through the coding process was the need for informational support to the adults supporting the child experiencing grief/loss/trauma. The online resources had a robust section on introducing what grief and loss is and how adolescence expresses grief and loss; some included a neurobiological explanation. Only two resources included explicit differentiation based on developmental age, with one handout discussing developmental disability as an impact of where/how a child would developmentally experience grief and loss. Around half of the articles included a section regarding protective factors, which often involved discussions on peer, school, and community support. The articles were written for a target audience of individuals in caring roles with children, such as teacher or other educator, mental health provider, such as counselor or psychologist, or parent. All the articles included an action section

regarding advice, activities, types of support for adolescence, but none provided specific suggestions or curriculum designed for individuals with developmental disabilities.

Problem of Practice

Schools have increased implementation of evidenced-based mental health support and trauma-informed educational practices in response to increased rates of students' mental health support needed because of the COVID-19 global pandemic. However, districts, including this one, have not accounted for differentiation in mental health services, leaving school psychologists and special education teachers without the necessary knowledge and tools to support their students with developmental disabilities. Students with developmental disabilities attending a Title-I school in Arizona are at an increased risk for multiple traumatic experiences and complex trauma from the COVID-19 global pandemic, when considering their intersectional identities. Therefore, it is of extreme importance that educators working with students with developmental disabilities receive training in trauma-responsive educational practices.

Intervention

"The Road to Recovery Toolkit", was created to support children with intellectual and developmental disabilities who have experienced trauma (Ko et al., 2015). Road to Recovery was developed by the National Center for Child Traumatic Stress (NCCTS) and the NCTSN Trauma & Intellectual and Developmental Disability (IDD) Expert Panel, which is a national selection of individuals with expertise in trauma and IDD. Special education teachers at a Title-I middle school took part in 9 hours of professional development training to increase educators' basic knowledge of working with children with IDD who have experienced traumatic experiences, and target ways

this knowledge could be used to support student's safety, well-being, and recovery through trauma-informed practices.

Purpose of Study

The purpose of this study is to better understand the impact of a professional development opportunity regarding trauma-informed best practices in working with individuals with developmental disabilities for special education teachers working in a Title-I middle school.

Research Questions

This study asked the following questions:

1. How and to what extent does participating in the The Road to Recovery Toolkit facilitate the knowledge of trauma-informed care for special education teachers?

2. How and to what extent does participating in the The Road to Recovery Toolkit facilitate the inclusion of trauma-informed strategies into ongoing daily practice for special education teachers?

Summary

This chapter introduced a problem of practice involving the need for mental health support for students with developmental disabilities in the K-8 setting as a result of the COVID-19 global pandemic. COVID-19's greatly impacted student mental health and revealed the lack of mental health support needed to address the current level of need at both a national and state level. The disproportionate impact of the pandemic, lack of access to mental health supports for specific populations including historically minoritized individuals, individuals from low-income families, and individuals with

disabilities directly impacted the students enrolled at the school Title-I middle school in Arizona where I work as a school psychologist.

Moving forward, in Chapter 2, I present a review of scholarly and practitioner knowledge in addition to theoretical frameworks informing the study. In Chapter 3, I present the context of the study, the qualitative and quantitative data collection methods, and data-collection timeline. In Chapter 4, I present the results of the research, breaking the results down by question and by method of analysis. Lastly, I conclude with a discussion of the findings and areas for future research in Chapter 5.

THEORY AND LITERATURE REVIEW

> *"Why is it that when your IQ is over 75 you have a "mental health condition" that needs assessment and treatment, but if your IQ is low you have "behaviors" that need managing?"*
>
> *-Colleen Horton, M.P.Aff*

Introduction

Through the support of their school psychology colleagues, special education teachers can support the mental health of youth with developmental disabilities. For special education teachers to provide mental health and trauma-informed support in the classroom, they need training that increases their knowledge and skills in the area of trauma-focused mental health support. The professional development training for this study, The Road to Recovery, was developed by the National Center for Child Traumatic Stress (NCCTS) and an expert panel of individuals with expertise in trauma and Intellectual and developmental disabilities (IDD) overseen by Dr. Susan Ko, PhD from the UCLA/Duke National Center for Child Traumatic Stress. The training, which for this study will be led by a school psychologist, covers best practices and techniques that can be used to help reduce stress faced by youth with IDD who have also experienced trauma. This chapter reviews and synthesizes related literature to special education teachers and school psychologists' collaboration on mental health supports in schools, schooling and special education support for students with IDD, and to The Road to Recovery professional development training.

This review begins with the theoretical frameworks that inform this study, their origin, the research that informs their use, and how the theory connects to the study. The

theoretical perspective of Transactionalism is explored to help conceptualize the working relationship between school psychologists and special education teachers, and the educators involved in this intervention. Secondly, the Transformative Learning Theory is discussed as it provides a framework for the adult learning process that will take place through the professional development intervention for special education teachers. Lastly, Intersectionality offers a way to conceptualize and highlight the importance and purpose of this study's inquiry and work with historically disengaged school-aged youth and the educators who support them in the school setting. The chapter will close with a review of previous research cycles that informed this study.

Theoretical Frameworks

Transactionalism

Theory Overview

Transactionalism is a theoretical approach to behavioral inquiry. Dewey and Bently introduced the modern framework for transactionalism in their book "Knowing and the Known" (Dewey & Bently, 1949). Even before Dewey and Bently's landmark book, the ideals of transactionalism can trace its philosophical roots back to famous philosophers and historians such as Descartes, Galileo, Polybius, and Plato (Phillips, 1966). At its core, transactionalism outlines the ways in which two separate individuals can act and respond to one another, which according to Dewey can occur at a self-actional, interactional, and transactional level (Dewey & Bently, 1949). Self-action refers to individuals engaging and initiating behavior under their own authority. Interaction occurs when an individual is paired with another individual in a relationship defined as a causal interconnection. A transaction occurs when multiple individuals engage in an

interdependent and mutually determined relationship (Dewey & Bentley, 1949). Additionally, through the transactionalism framework, behavior is viewed as a joint process between the environment and the individual (Dewey & Bentley, 1949).

Related research, studies, practitioner perspectives to Transactionalism

Scholars within the school psychology community have often used transactionalism to describe the relationship between school psychologists and special education teachers (Buktenica, 1980). In using the transactionalism framework, the relationship between school psychology and special education often occurs within the self-actional level. Within the school setting, this looks like both professions working on self-directed projects and carrying-out functions usually in exclusion from each other. At times, school psychologists and special education teachers' relationship reaches the interactional level, often seen as a cause-and-effect interaction to the actions of one another. Special education teachers and school psychologists often struggle to function at a transactional level, which would involve mutual problem solving and a defined interdependent response to goals and objectives within their work (Buktenica, 1980).

School psychologists and special education teachers' current work partnership is largely defined by the history of the school psychology profession. For example, scholar and pillar to modern-day school psychology, Jim Ysseldyke once stated that, "School psychology, as a profession, needs to exert itself to determine its own destiny, rather than being told what to do and how to do it" (Ysseldyke, 1978, p. 378). Other scholars such as Hayes and Clair (1978) discuss how poor communication between psychologists and teachers often occurs due to psychologists setting their own set of priorities, as opposed to those of others within the school setting (Hayes & Clair, 1978). Some research notes

how psychologists and special education teachers' relationship reaches the interactional level of relation, as there is an acknowledgement of the other's presence and understanding of the necessity of each other's roles (Lambert, 1974; Rich & Bardon, 1964). However, little research indicates the existence of a true transactional relationship, which would include joint planning, mutually defined tasks and goals, collaboration, problem resolution, and an open platform for role inquiry (Buktenica, 1980). When a transactional approach is achieved between the two professions, colleagues will not only be able to work in mutual agreement but will form a partnership defined by an exchange of knowledge and mutual benefice (Buktenica, 1980.)

In order to achieve a mutually beneficial, transactional model of interaction, both special education teachers and school psychologists would need to demonstrate a desire to expand their current roles. This already has occurred within the school psychology community as scholars note that school psychologists have been arguing since the 1980's Spring Hill Symposium on the Future of School Psychology for increased involvement in non-assessment activities, such as collaboration, consultation and systems-level change (Coleman & Hendricker, 2020). Additionally, the new National Association of School Psychologist's Model for Comprehensive and Integrated School Psychological Service (NASP, 2020) continues to build on the years of advocacy for school psychologists to take on expanded roles within the school community (Ysseldyke et al., 2009).

How Transactionalism Connects to This Intervention

The role of a school psychologist is interconnected to the role of a special education teacher because school psychologists deliver support and perform assessments for students who experience academic, behavioral, and functional difficulties associated

with their disabilities (IRIS Center, 2011). Utilizing theory enables one to have a greater understanding of the nature and outcomes of the relationship between school psychologists and special education teachers. Since school psychologists also take on leadership roles within their special education department, by utilizing the theoretical perspective of transactionalism, one can better conceptualize the dynamic working relationship between school psychologists and special education teachers.

The intervention used in this study is one way school psychologists can take on an expanded role within the school community. For this study, the school psychologist led a training course for special education teachers on supporting children with IDD who have experienced trauma. For optimal learning to occur, special education teachers involved in the training would need to form a partnership with the school psychologist, defined by an exchange of knowledge and an extension of their traditional role as teachers vs psychologists. Through this joint collaborative effort, school psychologists and special education teachers could achieve a mutually beneficial transactional relationship.

Transformative Learning Theory

Overview

Transformative Learning (TL) theory is "an orientation which holds that the way learners interpret and reinterpret their sense experience is central to making meaning and hence learning" (Mezirow, 1994, p. 222). According to k Mezirow TL views learners as individuals who incorporate new information with their past experiences and understandings, which then allows them to shift their worldview through critical reflection (Mezirow, 1997). Therefore, learning has the power to transform the individual's life and the life of others.

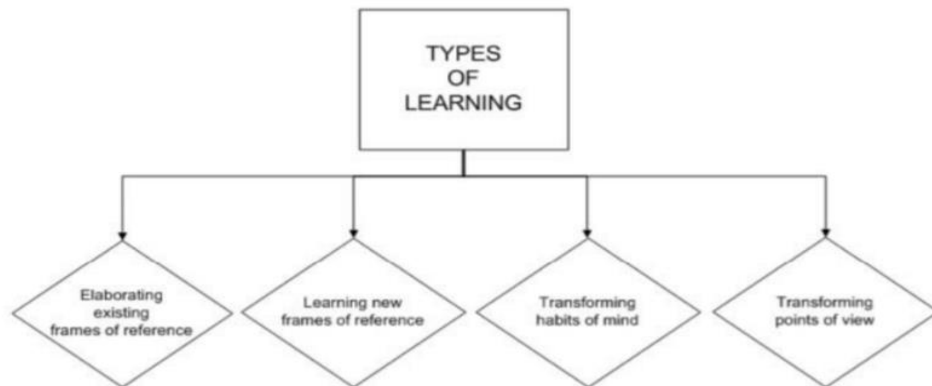
TL theory historically has been used in the area of adult learning. Mezirow crafted this theory after studying the factors related to the success, or lack thereof, of adult women's re-entry to community college during the 1970's. Through his work, he theorized that adult students connected their past assumptions, beliefs, and experiences, also referred to as frame of reference, to new information they learn and that through critical reflection one could transform their understanding and greater worldview (Mezirow, 1997). According to TL, the individual's frame of reference consists of two elements, point of view and habits of mind. Mezirow (1997) described habits of mind as being affected and shaped by previously held assumptions built on one's cultural, educational and political socialization. One's point of view then originates from the habits of mind (Mezirow, 1997). With this in mind, a central aim of TL is to change the learners' frame of reference (Mezirow, 1997). For it is then only when individuals engage in critical reflection and examination of their predetermined assumptions and beliefs that they become more inclusive and open to change (Choy, 2010). Specifically, adult learning asks the individual to re-examine previously held beliefs and allow critical reflection to lead towards a transformation towards a new belief or understanding of the world and a greater willingness to be reflective and change (Choy, 2010).

In TL theory, Mezirow (1991) breaks adult learning down into two categories, communicative and instrumental learning. Communicative learning occurs through individuals communicating their thoughts, feelings, and perceptions. Communicative learning allows learners to become more critical and responsive thinkers, whereas instrumental learning occurs through examination of cause-and-effect relationships and through a problem-solving process. Merizow (1991) proposed four ways of learning

which can occur by learning new meaning schemes, refining or elaborating our meaning schemes, transforming meaning schemes, and transforming meaning perspectives (See Figure 1). Mezirow's (1978) original work consisted of a ten-phase framework for transformative learning. The ten phases included: (a) a disorienting dilemma; (b) self-examination of assumptions; (c) critical reflection on assumptions; (d) recognition of dissatisfaction; (e) exploration of alternatives; (f) plan for action; (g) acquisition of new knowledge; (h) experimentation with roles; (i) competence building; and (j) reintegration of new perspectives into one's life (Mezirow, 1991).

Figure 1

Mezirow's (2000) Four Types of Learning in Transformative Learning



Note. This diagrammatic representation shows four types of learning reflected in an iteration of Mazirow's revision of TL from "Putting transformative learning theory into practice," by M. Christie et al., 2015, *Australian Journal of Adult Learning, 55*, 9-30.

Related Research and Practitioner Perspectives to Transformative Learning Theory.

TL continues to be one of the most discussed and researched theories in the field of adult education (Taylor, 2007). The use of TL has branched out to other fields of education, from nurse professional development to remote learning pedagogy (Davis et al, 2020; Palmer, 2014). However, the field does not come without criticism (Taylor, 2007). Since 1978, Mezirow's TL has gone through numerous revisions from the initial theory. As a result, there is no universally agreed upon definition of transformative learning. One adult learning scholar, Tisdell (2012), claimed that the term is used "so loosely" (p. 22) in research and publications that the theory lacks a uniform meaning. Additionally, some critics argue that the initial 10-phase pathway can be complicated as Mezirow (1978) believed that phases could occur in random order and that not all phases were required for transformative learning to occur. A recent criticism by Michelson (2019), considering the increased political polarization of US politics, argues that TL fails "to account fully for how deeply embedded people's way of being in the world actually is" (p. 145). Michelson's (2019) critique states that a potential flaw of TL is that it is often intended to promote predetermined transformations, as it "frames the sociocultural and historical nature of the self largely as a constraint from which one must be liberated" (p. 146). While change is inherent to TL, other scholars argue that the focus of a specific change is a central feature in Mezirow's theory (Hoggan & Kloubert, 2020). Despite the criticism, Mezirow's TL theory has endured now for over four decades, has a peer-reviewed journal, *Journal of Transformative Education*, devoted to the theory, and has had several international conferences devoted to various aspects of the theory (Kitchenham, 2008).

How Transformative Learning Theory Connects to This Study

TL theory ties in well to this action research study, as action research can be seen as a way to improve or transform one's practice or individuals/participants (Herr & Anderson, 2014). Additionally, the intervention involves professional development for adult learners, in the case of this study, special education teachers. The training allowed teachers to learn new information on supporting children with IDD who have experienced trauma. In framing their learning process using a TL framework, the training is modeled around knowledge acquisition, critical reflection on professional practice, and action. Because critical reflection is central to TL, the training incorporated weekly check-ins, where the teachers reflected on how the information they learned in the weekly training informed or connected to their daily practice. Lastly, teachers were asked to create an action plan at the end of each module.

Intersectionality

Overview

Intersectionality can be defined as a critical theory that forms a mindset and provides language for studying the interconnections between and mutual dependence of social categories and systems (Atewologun, 2018). In its original form, intersectionality was put forth by legal scholar Kimberlé Crenshaw as a way to conceptualize the intersection of one axis of oppression with another (Crenshaw, 1989). Crenshaw's original focus was on the intersection between gender and race, as both the US civil rights and separate US Feminist movement ignored the unique experiences of Black women (hooks, 1984). Specifically, Crenshaw argued that the idea of women as a

homogenous category was flawed, as the types of oppression experienced by white middle class women varied from the forms of oppressions faced by women of color.

Related research, studies, practitioner perspectives to Intersectionality

Collins (1998, 2000, 2005) is associated with the popularization of the term *intersectionality* in greater research and society, as she specifically highlighted the intersectionality of race, gender, and class. Taking it a step further and applying it to the field of special education, Garcia and Ortiz (2013) argue for the inclusion of intersectionality in special education research because, "the analysis of complex problems and processes requires examination of more than one category of difference" (p.34). However, it has only been within the last five years that Disability Studies and special education scholars have included disability in its analysis of educational inequality, as historically they have looked at markers of race, gender, sex, and other markers of difference. (Artiles, 2013; Ferri, 2010; Hernández-Saca, 2018).

How Intersectionality Connects to the Intervention

Intersectionality provides a framework to showcase how students with IDD in this semi-urban Title I school are at an increased risk for trauma, especially during the COVID-19 global pandemic. Intersectionality can be used to explore educators' unequal access to trauma support for students with IDD. Only through viewing this problem of practice through an intersectional lens does one fully realize and assess the level of need to adequately support the social emotional health of students with IDD. The image below is an abstracted visual map showcasing the multiple intersections that impact access to trauma support for youth with IDD.

Figure 2

Intersectionality in Trauma support for youth with IDD in the school setting

Note. The above image showcases the multiple intersections that impact access to trauma support for individuals with developmental disabilities. Copyright 2022 by Jordan Causadias.

Scholarly and Practitioner Knowledge Informing the Study

Education for Student with Intellectual and Developmental Disabilities

Overview of Special Education

Special educational services in U.S. schools arose out of legal necessity due to court cases demanding federal legislation and funding for school psychological and special education services (e.g., Brown vs. Board of Education, 1954; Diana vs. State of California, 1979; and PARC vs. Commonwealth of Pennsylvania). Additional calls to action, such as a 1968 presidential address to the Council for Exceptional Children (CEC), provided guidance for the ways in which special education teachers and school

psychologists should collaboratively work together to advance outcomes for handicapped children in general comprehensive public schools (Reynolds, 1978).

Currently, special education in the United States is defined as, “specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including— Instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and Instruction in physical education” (IDEA, 2007). According to the Individuals with Disabilities Education Act (IDEA, 2007), a “child with a disability” means a child evaluated… as having an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services." In order to qualify for a disability, special education teachers and school psychologists often work together on multidisciplinary evaluation teams to determine if students are eligible for special education support and services as a child with a disability.

Special Education for Students with IDD

Youth with IDD, as defined in Chapter 1, often require more specifically designed instruction and a heavier modified curriculum to meet their educational needs. As a result, this population of students often are serviced in programs with less access to general education peers. The field of special education has transitioned away from a self-contained model to a more inclusive cross categorical model where students are grouped

according to their instructional needs rather than their disability labels (Haager & Klingner, 2005).

Cross-Categorical Programs

At the middle school campus where the study took place, there are three special education teachers leading three specialized cross-categorical programs for students who qualify for special education. Two teachers lead two classrooms for students, who function three or more grade levels below their peers in intellectual ability and adaptive behaviors that adversely affect a child's performance in a general classroom setting. Instruction in this program is significantly modified based on the needs identified in the student's IEP. The purpose of the program, which is called PALS on this campus, is to provide targeted and specific academic instruction to foster and promote students to function as independently as possible throughout their school years and transition to adult life. One additional teacher leads a classroom for students who function significantly below same age peers in intellectual ability and adaptive behaviors, which can adversely affect a child's performance in a classroom setting or a social (community/campus) environment. Academic skills and performance are in the functional domain for these students, enlisting a broad range of beginning skills in every aspect of their life. Their needs require direct instruction in more than one major life activity such as mobility, communication, self-care, and learning self-sufficiency. The purpose of the program, which they call PUPALS, is to provide appropriate practical instruction utilizing various personalized tactics that enable the students to function as independently as possible at school, home and work settings. Students in both the PALS and PUPALS program can participate with their non-disabled peers when not receiving

special education services. As a result of the program model the district utilizes, the three cross-categorical special education teachers on this campus have close interaction with their students throughout the day and are the student’s main point of contact at the school.

Trauma

Judith Herman’s writings on trauma led to the creation of Contemporary Trauma Theory (CTT). CTT provides a theory for understanding the biopsychosocial impact of trauma on children and adults (Herman, 1992). According to Herman (1992), psychological trauma is an affliction of the powerless. (p.33). In CTT, trauma renders an individual helpless due to the overwhelming nature of an event. CTT views survivors not as psychologically and physically injured individuals, but rather as individuals needing healing and help (Bloom & Farragher, 2011; Salovey & Sluyter, 1997; Van der Kolk, 2014; Williams, 2006).

Trauma and Students with IDD

Intellectual and developmental disabilities and traumatic experiences both disrupt human development by impacting the pace of acquiring key developmental tasks (Ko et al. 2015). For individuals with IDD, trauma can further slowdown a delayed developmental trajectory. Not all traumatic stress responses in children will be similar, as child traumatic stress reactions will vary depending on the type of disability and the child's developmental stage. When a child, with or without IDD, experiences a trauma, they must allocate resources to their survival that are normally directed towards growth and development. For this reason, the longer a child experiences a traumatic event, the greater impact of achieving timely developmental growth.

In children with IDD, it is critical to take into consideration the child's developmental age, in addition to their chronological age. For example, looking at a child's adaptive skills and contextualizing behaviors at the aligning developmental level can clarify how trauma may have impacted the developmental tasks they are working on acquiring.

Traumatic Stress Response in Adolescents with IDD

Child traumatic stress occurs when children and adolescents personally experience or witness a real or perceived threat to emotional or physical well-being (Fairbank et al., 2007). Not every child who experiences trauma will develop symptoms of childhood traumatic stress. The way stress from the traumatic event manifests varies by adolescent and largely depends on the child's developmental level and chronological age as symptoms are tied to the individual's stage in development (Ko et al., 2015). For adolescent, or middle school-aged individuals, developmental tasks that are acquired at this stage of life involve one's ability to manage anxieties, aggression, and fears, the ability to sustain attention for learning, greater impulse control, and developing a physical response to danger. Trauma's impact on adolescents includes unwanted or intrusive thoughts and images, a preoccupation with aspects or a replay of the traumatic event, the development of specific new fears linked to traumatic events, and difficulty with sleep or concentration. It is also important to differentiate everyday stress from traumatic stress. Traumatic stress occurs when an adolescent's stress reaction interferes with their ability to function and interact with others. Often adolescents who suffer from traumatic stress experience these symptoms when reminded by the traumatic event.

Adolescents with IDD who have experienced a traumatic event may demonstrate their trauma experiences in ways different than their neuro-typical peers. An adolescent student with IDD who has experienced trauma may have reduced receptive and expressive language skills, which in turn make it hard to communicate about any intrusive images or thoughts associated with the past trauma (Ko et al., 2015). Adolescents with IDD who have experienced trauma may also vacillate between withdrawal-like and tantrum-like behavior, much like a younger child, may lose developmental gains that were previously achieved years ago (e.g., toilet training), may demonstrate extreme difficulties with learning that requires focused attention, (e.g. timed assessments, comprehension), may experience difficulty sleeping or have nightmares, and may have increased difficulty with their peer relationships (e.g. forming attachments, being vulnerable to teasing, bullying, self-isolation from peers). These challenges will be in addition to the increased attention and level of care due to their IDD.

Role of Protective Factors and Trauma Informed Care for Children with IDD

Protective factors impact the trajectory of healthy development and fall at the individual, family, community, and overall cultural level (Benzies & Mychasiuk, 2009). Individual protective factors include one's cognitive ability, self-efficacy, internal locus of control, temperament, and social skills. Family protective factors include family cohesion, secure attachment, and social support (e.g., extended family support). Community protective factors include positive school experiences, community resources, supportive peers, and formal support (e.g., Local Government Agencies). Cultural protective factors include a strong sense of cultural identity, spirituality, connection to cultural community, cultural talents and skills.

It is important for providers working with individuals with IDD to enhance family well-being and resilience (Ko et al., 2015). Families play a critical role in enhancing children's well-being and protecting them from harm. Trauma-informed education and services to parents, educators, and caregivers can enhance a child's overall protective factors in the areas of self-esteem and self-efficacy, adaptive coping skills, and can assist in developing the family's strong social support network and supportive school and community environment.

Trauma Support for students with IDD

Road to Recovery Training

The Road to Recovery, was developed as a 6-module training developed by the National Center for Child Traumatic Stress (NCCTS) and an expert panel of individuals with expertise in trauma and IDD. There are ten essential messages in the training which include 1. Know that there's hope; recovery from traumatic experiences is possible; 2. Recognize that a child with IDD may have a traumatic experience, which can have profound effects; 3. Recognize a child's developmental level and how IDD and traumatic experiences are affecting his/her functioning; 4. Utilize a developmental lens when making meaning of a child's traumatic experiences and responses; 5. Recognize that in the aftermath of trauma, understanding traumatic stress responses is the first step in helping a child regain their sense of safety, value, and quality of life; 6. Utilize an IDD- and Trauma-informed child-center approach to support both the child and the family; 7. Help parents/caregivers and other professionals in the child's life, strengthen protective factors; 8. Partner with agencies and systems to ensure earlier and more sustained access to services; 9. ensure that trauma-informed child-centered services, treatments and

systems drive the recovery plan; 10. Practice ongoing self-care in order to increase effectiveness in delivering high quality support, services and treatment (Ko et al., 2015, p.9).

The Road to Recovery (Road to Recovery) Model adopts a Contemporary Trauma Theory (CTT) view of trauma, specifically in that it posits that youth with IDD who have experienced trauma can heal with the help of adults trained in trauma informed strategies and supports (Herman, 1992). The two essential messages highlighted in the Road to Recovery training centers on the idea that a child with IDD may have experienced trauma, which can have profound effects (Ko et al., 2015). However, providers need to know that there is hope, for recovery from traumatic experiences is possible.

Previous Cycles of Research Informing Current Study

Previous cycles of research, cycle 0 and 1, were indirectly related to the current problem of practice. Cycle 0 research centered on how psychologists can support special education teachers through the multidisciplinary evaluation team process. Through this iteration of research, I was able to determine that the special education teachers I worked with felt supported by the psychologist on their campus and that stress regarding their position and role within the MET process came from aspects out of the psychologist's role, such as admin and district policies. In cycle 1 interviews with special education teachers, the pandemic's toll on student mental health, specifically within the specialized programs for students with developmental disabilities, came up as a primary concern. This finding led me to the final iteration of this current study.

Summary

The current chapter reviewed the current literature as it relates to the identified problem of practice. I introduced the theoretical frameworks that inform this study by reviewing the theory's origin, research that informs their use, and connection to the study. Transactionalism posits the groundwork for better understanding the dynamic relationship between school psychologists and their special education colleagues; the two professions engaged in the current study. TL theory provides a framework for understanding the learning process teachers will go through while attending the weekly PDs, centering on the cyclical process of knowledge acquisition, critical reflection on professional practice, and action. Lastly, intersectionality provides a framework to showcase the study's problem of practice regarding students from racially and ethnically diverse backgrounds, with IDD, in Title I schools having an increased risk for trauma, especially during the COVID-19 global pandemic. Intersectionality also can be used to view educators' unequal access to trauma support for students with IDD.

I then reviewed topics central to the innovation including special education teachers and school psychologists' collaboration on mental health supports in schools, and schooling and special education support for students with IDD. Next, I introduced The Road to Recovery professional development training used in the study. Lastly, I reviewed the previous research cycles that informed this current study.

METHOD

Introduction

Action research allows practitioners to become researchers and address, and continually reassess, problems of practice. This study aims to explore the lived experience of, and intervention on trauma informed practices for, special education teachers supporting students with developmental disabilities that have experienced trauma due to the COVID-19 global pandemic. This study uses the theoretical perspectives of Transactionalism, Transformative Learning (TL) Theory, and Intersectionality and has been informed by previous iterations of research on a similar subject matter and specific content analysis. Chapter 3 describes how Action Research has been used to address this problem of practice, the context of this research, the research innovation, and the methods that were used for the data collection and analysis.

Action Research

Action Research is the overarching stance towards this research process and participant interaction. Lewin (1946, 1948), seen as the father of action research in the social sciences, theorized that knowledge should be created by engaging in the problem-solving process to generate real-life situations through a three-step process: planning, action and evaluation. And at its core, action research can be seen as a way to improve or transform one's practice or individuals/participants (Herr & Anderson, 2014). Action research fits in well with the research purpose and methodology because I engaged in real life research to address a problem of practice as a researcher-practitioner working to improve my local context through an iterative research process.

Additionally, action research can be viewed as a challenge to traditional notions of change where outside experts are used to solve local problems. With action research, echoing methods used in participatory action research (PAR), the researcher-practitioner incorporates scholarly research with the knowledge of locals to uncover problems and create innovative solutions (Freire, 1972). Action research in the educational setting has roots in the work of Dewey (1916), Freire (1972), and Fals Borda (1987), due to their emphasis for students to actively participate in their learning process, especially when in collaboration with the community to address social issues and create meaningful change. Action research, with ties to critical theory, also falls in line with the critical theories of TL and Intersectionality I used to inform this study.

Context of Study

Setting

This study took place at a middle school serving grades 6-8 located in a mid-size, semi-urban, Title-I Elementary school District located in the southwest United States. This school district serves students from preschool through the 8th grade. As stated in Chapter 1, the school district currently has 16 school full time (five days per week) psychologists, two psychologists that work two days a week, one psychologist that works four days a week, 2 full time psychologist-interns. Regarding special education employment, the district currently employs 105 special education teachers. There were 2 school psychologists each working three days a week and 9 special education teachers working at the middle school where the study took place.

Participants

Three special education teachers participated in the study. Each of the teachers lead cross-categorical specialized programs designed for students who function 3 or more grade levels below their peers in intellectual ability and adaptive behaviors that adversely affects a child's performance in a general classroom setting. A majority of the students in these programs have an IDD.

Role of the Researcher

For the study, I took on the role of participant/observer researcher. This is because I conducted the study at the school I work at as a school psychologist. As the researcher, I collected pre- and post-intervention survey data, which will be anonymous so that the colleagues participating in the study can answer truthfully without fear or judgment. As the researcher I conducted in-personal interviews for each of the teacher participants. I acted in the role of participant in the study by leading the intervention for the teachers.

The Innovation

Description

The Road to Recovery, was developed as a 6-module training developed by the National Center for Child Traumatic Stress (NCCTS) and an expert panel of individuals with expertise in trauma and IDD, and contains ten essential messages, which were reviewed previously. The Road to Recovery training was originally designed to take place over the course of 2 days and to be presented to a larger audience of service providers (e.g., community, respite, educational professionals) who work with students with IDD. The training was broken up by module and each of the six modules were presented over a 6-week period. The final module ended up needing two weeks to fully

cover, so the training took place over a 7-week period. The sessions occurred once a week during the teacher' shared collaboration period, taking a maximum of 1.5 hours per week.

Methodology

This study utilizes a mixed methods research design to best address the research questions. By collecting both qualitative and quantitative data, I am able to better integrate the data to reveal complementarity findings. Additionally, a mixed methods approach to answering the two research questions allows for a more in-depth look at how an intervention on trauma informed support for students with IDD will affect teachers' ongoing daily practice and their overall knowledge of trauma informed strategies for students with IDD in the school setting.

Connection of Method to Theoretical Framework

As previously discussed, Intersectionality theory has typically focused on race, gender, and class to better understand how such combinations of individual traits can be highly connected to one another. As a result, teachers were selected to receive The Road to Recovery Toolkit training based on the intersectional traits of their students, as reviewed in Chapter 1 and 2. As stated in Chapter 2, the guiding theory of transactionalism helps conceptualize how the roles and responsibilities of school psychologists and special education teachers can work together. Additionally, Transformative Learning Theory helped inform the adult learning process and the importance of critical reflection and action planning that occurred throughout the professional development intervention for special education teachers.

Data Collection

I recruited participants through the workplace, as I conducted the research at the school that I work at as a school psychologist. I was successful in recruiting all three of the special education teachers that work with students with IDD on the school campus.

Quantitative Data Collection

I used three sections of the "The Mental Health Literacy and Capacity Survey for Educators" (MHLCSE) regarding teachers' perceptions of their awareness, knowledge, and comfort concerning mental health in their classrooms (Fortier et al., 2017). This survey was created by the Research and Assessment Services of a school board in Southwestern Ontario, Canada in 2010 and since that time has been used and validated in numerous research studies, including dissertations (Fortier et al., 2017; Mansfield et al., 2021; Tourigny-Conroy, 2020). I chose the three sections of the MHLCSE Survey, which use a 5-point Likert scale, because they have been previously assessed using Cronbach's alpha and were shown to have an acceptable measure of internal consistency – awareness (.892), knowledge (.853), and comfort (.879) (Holtz, 2017). For pre-intervention data, I had participants complete the MHLCSE survey in an online format using google forms (See Appendix B). Following the 6-module intervention, I had teachers complete a post-intervention survey (see Appendix C) using the same survey. The post questionnaire also had questions regarding the training which came directly from the Road to Recovery Toolkit in regard to participants assessing the training and the facilitator.

Qualitative Data Collection

I collected semi-structured interviews (see Appendix D) with each of the three teachers separately to obtain complementary findings to the qualitative data, following the completion of the 6-module training. Each of these interviews were completed virtually, over zoom, and took between 20 to 30 minutes. Additionally, at the end of each module, there was an action item section that guided teachers to reflect on what they have learned and how it can be applied to individuals that they work with. I asked permission to copy the action items selected by the teachers. I also attempted to collect weekly personal reflection data from the teachers on how the week's module impacted their ongoing daily practice in working with students with IDD. The teacher-initiated reflections were due the day before the new module began and were logged digitally by answering a short-form question through a google-form.

IRB and Ethical Consideration

In order to make sure action research follows standard ethical standards, I needed to have adequate training on human subjects' research and responsible conduct for research. I also needed to obtain IRB approval from ASU and obtain approval through the school district where I conducted the small-group interviews and ran the intervention, see Appendix G. For the survey data, since only adults were participating, I needed to create an informed consent form that described the nature of this study and what was required of participants. To get the teachers to participate in the study, I informed participants that by taking part in this study they will be receiving training opportunities to expand their scope or practice. I also provided them with a $50 dollar amazon or target gift card and money for lunches for each of the training modules provided in gift card

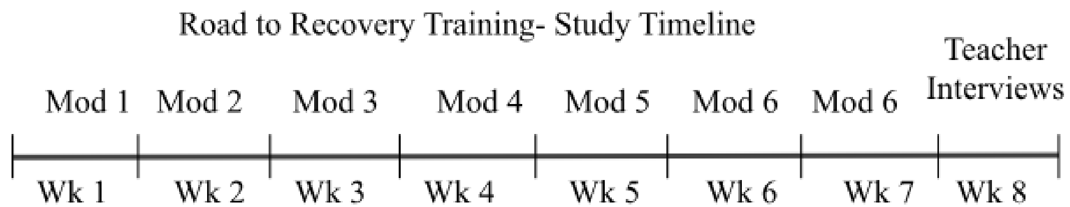
form. Funding for the lunches and training materials was awarded from a mini grant through the Arizona Association of School Psychologists.

Timeline

I began the 6-module training, with pre- and post- intervention questionnaires occurring during week 1 and week 7. Teacher interviews occurred during week 8.

Figure 3

Training Timeline



Note. A visual timeline breaking down data collection over an 8-week period. See Appendix A for detailed session breakdown.

Data Analysis

Table 1

Research Questions, Data Collection Instruments, and Method of Data Analysis

Research Questions (RQ)	Data Collection Instrument	Method of Data Analysis
Q1. How and to what extent does participating in The Road to Recovery Toolkit facilitate the knowledge of trauma-informed care for special education teachers?	Pre/Post-Intervention Survey Action Items Weekly Reflection Interviews	Mean Comparison Document analysis Document analysis Transcript analysis Thematic coding

Q2. How and to what extent does participating in The Road to Recovery Toolkit facilitate the inclusion of trauma-informed strategies into ongoing daily practice for special education teachers?	Pre/Post-Intervention Survey Action Items Weekly Reflection Interviews	Mean Comparison Document analysis Document analysis Transcript analysis Thematic coding

Method of Analysis

I analyzed both qualitative and quantitative data to answer the research questions.

Qualitative Data Analysis

I analyzed qualitative data by utilizing a thematic analysis approach (Braun & Clark, 2006). I used thematic analysis on the transcripts I collected via semi-structured interviews, for the action items completed by teachers in the modules, and for the teachers' weekly reflections. I used Braun & Clarke's (2006) 6-step framework for the thematic analysis of the three contents. The six steps are as follows: Step 1: Become familiar with the data, Step 2: Generate initial codes, Step 3: Search for themes, Step 4: Review themes, Step 5: Define themes, and Step 6: Write-up.

For Step1, I became familiar with the data through reading and re-reading the interview transcripts, teacher action plans and teacher weekly reflections. To complete this task, I uploaded the text of the interviews, action plans, and weekly reflections to the qualitative data analytic software Hyperresearch. From here, I took notes and wrote down initial notes or ideas on the data. For Step 2, I generated initial codes to help organize, or break down, the data in a systematic way to derive meaning (Maguire & Delahunt, 2017). For this study, I segmented data that was relevant or captured something interesting about the research questions.

In Step 3, I searched for themes by examining the codes and determining how the initial codes can fit within an overarching theme. In Steps 4 and 5, I reviewed themes that I initially drafted. According to Braun and Clark (2006, p.10), "a theme captures something important about the data in relation to the research question", therefore it will be important for the themes to tie back to the research questions and selected theory informing my study. The creation of themes allowed me to create meaning within the data set. Finally, I defined themes within the data. Throughout this process, I employed a semantic, theoretical approach to the thematic analysis. In regard to my theoretical approach, I coded for the specific research questions. For the semantic approach, I looked at explicit themes that are identified within the surface meaning presented in the data, as opposed to looking for context beyond what was said by the research participants (Braun and Clark, 2006). When I solidified the main themes, I completed Step 6 by looking for sub-themes and then connecting them through a data-write up and in the creation of a thematic map to visualize the data.

Quantitative Data Analysis

Analyzing quantitative data was a deductive process, as I used descriptive statistics, to analyze pre-post surveys. Using SPSS data analysis software, I compared mean scores for the three categories (knowledge of, comfort with, and barriers to providing trauma informed strategies), as well as individual items.

In order to answer the research questions, variables from data collected via the pre and post survey needed quantitative analysis. Three new variables, knowledge, comfort, and barriers were created based off the mean score for each of these sections within the

survey. This allowed for the creation of a variable corresponding to the average of each factor so that pre- and post-test responses could be compared.

Summary

The overall aim of this research was to understand how participating in The Road to Recovery Toolkit facilitated the knowledge and inclusion of trauma-informed care into ongoing daily practice for special education teachers who worked with students with IDD. To understand this aim, data collection and method of analysis included: (a) a pre- and post- Intervention Survey to measure the knowledge of, comfort with, and barriers to providing trauma informed strategies for students with intellectual and developmental disabilities in the school setting (b) The Road to Recovery training developed by the National Center for Child Traumatic Stress (NCCTS) (c) the one-on-one semi-structured interviews to better understand participants' action plans created during the 6-module training, (d) teacher weekly reflections on how the week's module impacted their ongoing daily practice in working with students with IDD, and (e) qualitative and quantitative analyses of the data collected. The results and future iterations of research are presented in Chapters 4 and 5.

DATA ANALYSIS AND RESULTS

Introduction

This study examined the impact of The Road to Recovery (Road to Recovery) Toolkit, a training for individuals working with children with IDD who have experienced trauma. Specifically, it examined how the training impacted the knowledge and the inclusion of trauma-informed strategies in special education teacher's ongoing daily practice. The mixed- methods action research study utilized quantitative pre- and post-questionnaires and qualitative follow-up interviews and written reflections of ongoing daily practice throughout the Road to Recovery Training. In this chapter, the qualitative and quantitative analysis and results are organized around the following two research questions.

Data Analysis Overview

Research Question 1. How and to what extent does participating in The Road to Recovery Toolkit facilitate the knowledge of trauma-informed care for special education teachers?

Research Question 2. How and to what extent does participating in The Road to Recovery Toolkit facilitate the inclusion of trauma-informed strategies into ongoing daily practice for special education teachers?

Data Analysis Overview

To address the first and second research questions, I utilized the software program IBM Statistical Package for the Social Science (IBM SPSS) to calculate the descriptive statistics for survey items and constructs on the pre- and post–training questionnaire. I address each research question with the qualitative research findings

from the analysis of the participant follow-up interview transcripts and participant reflections, which allows for complementary findings to the quantitative results.

Participants

Data collected from the pre- and post-training questionnaires indicated that all teachers (*n*=3) who completed the pre-questionnaire completed the post-questionnaire (100% completion). Of the three teacher participants, all were female. Regarding race, two participants were white, one participant identified as “some other race”. Regarding ethnicity, one participant identified as Hispanic or Latino. Of the three teachers who participated, all had a graduate degree (master’s degree, specialist, etc.), with one teacher having 1-4 years of teaching experience, one teacher having 5-9 years of teaching experience, and one teacher having 15-19 years of teaching experience. All participants reported that they had worked with students with IDD for the same amount of time they had been teaching. All participants reported that they currently teach students with Intellectual Disabilities, Autism, and Multiple Disabilities with Severe Sensory Impairment (i.e., Deaf, Blind). Two teachers also reported teaching students with an Other Health Impairment (i.e., ADHD). All participants reported teaching students in the 6th, 7th, and 8th grade. Two participants reported having a class size of 1-10 students and one participant reported having a class size of 10-15 students.

Quantitative Analysis

Descriptive Statistics for Research Question 1: How and to what extent does participating in The Road to Recovery Toolkit facilitate the knowledge of trauma-informed care for special education teachers?

A pre- and post-training questionnaire addressed the first research question. The questionnaire used a 5-point Likert scale, with the scale items for awareness being 5 = Very Aware, 4= Aware, 3= Somewhat Aware, 2= Not Aware, and 1= Not at All Aware, and the scale for items on knowledge being 5 = Very Knowledgeable, 4 = Knowledgeable, 3 = Somewhat Knowledgeable, 2 = Not Knowledgeable, and 1= Not at All Knowledgeable. I used Google Forms to collect pre- and post-questionnaire responses. Once all the responses were collected, I downloaded and cleaned the data using Microsoft Excel. Once the data was cleaned, I uploaded the data onto the SPSS. Using SPSS, I ran an analysis for descriptive data (means and standard deviations) for each item on the questionnaire. I also created new variables and ran descriptive statistics for each construct (see Table 2). I chose to only use descriptive statistics due to the small sample size, as descriptive statistics allows me to summarize information on variables in a sample. (Fincher & Robins, 2019). Table 2 displays the means and standard deviations for the pre- and post- training questionnaire items found within the constructs of awareness and knowledge of student mental health.

Table 2

Descriptive Statistics for The Road to Recovery Training Participant Pre- and Post-Questionnaire

	Pre-Score		Post-Score	
	M	*SD*	*M*	*SD*
Construct and Items				
Awareness of…				
1. The range of mental health issues that children and youth experience during the school years.	3.67	.577	4.0	1.00
2. The risk factors and causes of student mental health issues.	3.67	.577	4.0	1.00
3. The types of treatments available to help students with mental health issues (e.g., counseling).	3.0	1.00	3.67	.577
4. The local community services for treating students with mental health issues (e.g., do you know who to call?).	2.67	.577	3.0	.00
5. The steps necessary to access local community services for mental health issues.	2.33	.577	3.67	.577
Mean Average	3.07	.231	3.67	.416
Knowledge of…				
1. About the signs and symptoms of student mental health issues.	3.33	.577	4.33	.577
2. About appropriate actions to take to support student mental health at school.	3.33	.577	4.00	.000
3. About legislation related to mental health issues (confidentiality, consent to treatment, etc.).	2.33	1.155	3.33	.577
4. About school system services and resources for helping students with mental health issues	3.00	.000	3.33	.577
Mean Average	3.00	.000	3.75	.250

Within the awareness construct, participants' awareness of the range of mental health issues showed a slight increase in the difference between the pre-scores (M = 3.67, SD = 0.577) and the post-scores (M = 4.0, SD = 1.0). Similarly, there was a small increase in the participants' awareness of risk factors and causes, with mean scores remaining consistent from pre-training (M = 3.67, SD = 0.577) to post-training scores (M = 4.0, SD = 1.00). However, participants' awareness of types of treatments available exhibited improvement after the training, as reflected by higher post-scores (M = 3.67, SD = 0.577) when compared to their pre-scores (M = 3.0, SD = 1.00). Participants' reported levels of awareness on the local community services for treating students with mental health issues saw a modest increase, with mean scores rising from a pre-training mean of 2.67 (SD = 0.577) to post-training mean of 3.0 (SD = 0.00). Additionally, participants' awareness of the steps necessary to access local community services for mental health issues greatly improved, with higher post-training scores (M = 3.67, SD = 0.577) compared to pre-training scores (M = 2.33, SD = 0.577).

Participants' overall awareness of mental health issues, as measured by the mean of all items in the awareness construct, increased following the training, as indicated by higher post-training scores (M = 3.67, SD = 0.416) compared to pre- training scores (M = 3.07, SD = 0.231). The questionnaire utilized a 5-point Likert scale to measure participants' knowledge levels, with responses ranging from 1 (Not at All Aware) to 5 (Very Aware). Post training scores show that participants report being aware of the range of mental health issues that children and youth experience during the school year and aware of the risk factors and causes of student mental health issues. Additionally, after the training, teachers reported being more than somewhat aware of the types of

treatments available to help students with mental health issues (e.g., counseling), and somewhat aware of the steps necessary to access local community services for mental health issues. Lastly, participants reported post-training that they were somewhat aware of the local community services for treating students with mental health issues (e.g., do you know who to call?). These findings suggest that The Road to Recovery Training had a positive impact on participants' overall awareness of mental health issues, with participants reporting growth of awareness on each survey item within the awareness construct.

Within the knowledge construct, participants increased their knowledge about the signs and symptoms of student mental health issues, as evidenced by a higher mean score on the post-training questionnaire ($M = 4.3$, $SD = 0.577$) compared to the pre-training score ($M = 3.33$, $SD = 0.577$). Similarly, participants reported more knowledge regarding appropriate actions to take to support student mental health at school following the training. Participants' pre-training mean score of 3.33 increased ($SD = 0.577$) to a post-training mean of 4.0 ($SD = 0.00$), indicating a higher level of knowledge after the training. Participant knowledge about legislation related to mental health issues also saw an improvement, with participants reporting a higher mean score on the post-training questionnaire ($M = 3.33$, $SD = 0.577$) compared to the pre-training score ($M = 2.33$, $SD = 1.155$). Additionally, participants' knowledge about school system services and resources for helping students with mental health issues increased from pre-training ($M = 3.0$, $SD = 0.00$) to post-training ($M = 3.33$, $SD = 0.577$), as indicated by a higher mean score in the post-training questionnaire.

Overall participants' knowledge on student mental health issues increased following the training. The post-training mean score (*M* = 3.75, *SD* = 0.250) was higher than the pre-training mean score (*M* = 3.0, *SD* = 0.00). Post training scores show participants report being more knowledgeable about the signs and symptoms of student mental health issues, knowledgeable about appropriate actions to take to support student mental health at school, and more than somewhat knowledgeable about legislation related to mental health issues (confidentiality, consent to treatment, etc.) and school system services and resource for helping students with mental health issues. These findings suggest that The Road to Recovery Training had a positive impact on participants' knowledge about student mental health issues, with participants reporting growth of knowledge on each survey item.

Descriptive Statistics for Research Question 2: How and to what extent does participating in The Road to Recovery Toolkit facilitate the inclusion of trauma-informed strategies into ongoing daily practice for special education teachers?

I utilized the same quantitative data collection procedures as previously described and administered a pre- and post-training questionnaire to address the second research question. The questionnaire used a 5-point Likert scale, with the scale items for Comfort being 5 = Very Comfortable, 4= Comfortable, 3= Somewhat Comfortable, 2= Not Comfortable, and 1= Not at All Comfortable. Items regarding barriers to providing mental health at school had the scale items of 5 = Strongly Agree, 4 = Agree, 3 = Neither Agree/Disagree, 2= Disagree, 1= Strongly disagree. I used Google Forms to collect pre- and post-questionnaire responses. Once all of the responses were collected, I downloaded and cleaned the data using Microsoft Excel. Once the data was cleaned, I uploaded the

data onto the software program IBM Statistical Package for the Social Science (IBM SPSS). Using the SPSS software, I ran an analysis for descriptive data (means and standard deviations) for each item on the questionnaire. I also created a new variable for comfort and ran descriptive statistics for the construct (see Table 3). No construct was created for the questions regarding barriers to providing mental health at school, as there were additional questions added on to the survey. Again, I chose to only use descriptive statistics due to the small sample size of the study, as descriptive statistics allows me to summarize information on variables in a sample (Fincher & Robins, 2019).

Table 3

Descriptive Statistics for The Road to Recovery Training Participant Pre- and Post-Questionnaire

	Pre-Score		Post-Score	
Construct and Items	*M*	*SD*	*M*	*SD*
Comfort with…				
1. Talking with students about mental	4.33	.577	4.33	.577
health.	3.67	1.155	3.67	.577
2. Talking with parents about their child's mental health	4.33	1.155	4.33	.577
3. Providing support to students with mental health issues	3.00	1.732	3.67	.577
4. Accessing school and system services for students with mental health issues	3.83	1.01	4.0	.250
Mean Average				

Barrier to providing mental health support for students at my school…				
1. Lack of information about locally available support for mental health issues	3.33	.577	4.33	.577
2. Lack of national policy for mental health in schools	4.33	1.155	4.67	.577
3. Low priority afforded to mental health within the school	4.0	1.00	4.33	.577
4. Negative attitudes towards mental health amongst staff in my school	3.67	.577	3.00	.000
5. Lack of capacity within my school (e.g. time, availability, training)	3.33	.577	4.00	.000
6. Recruitment and retention difficulties with specialist staff in my school	4.00	1.00	4.33	.577

Table 3 displays the means and standard deviations for the pre- and post- training questionnaire items found within the constructs of comfort with student mental health and a subset of questions regarding perceived barriers to providing mental health support for students at school. Within the comfort construct, participants reported high levels of comfort in talking with students about mental health, indicated by the same mean score and standard deviation in both the pre-training (M = 4.33, SD = 0.577) and post-training (M = 4.33, SD = 0.577) scores. Participants reported to have moderate levels of comfort in talking with parents about their child's mental health. Again, the mean scores remained the same from pre-training (M = 3.67, SD = 1.155) to post-training (M = 3.67, SD = 0.577). Participants also expressed high levels of comfort in providing support to students with mental health issues, which can be seen in the consistent mean scores on both the pre-training (M = 4.33, SD = 1.155) and post-training (M = 4.33, SD = 0.577) scores. Regarding participants' level of comfort in accessing school and system services for students with mental health issues, participants reported on average moderate levels of

comfort, with an increase in the pre-training mean score of 3.0 (*SD* = 1.732) to post-training mean score of 3.67 (*SD* = 0.577).

Overall, participants' level of comfort showed an improvement following the training. The post-training mean score (*M* = 4.0, *SD* = 0.250) was higher than the pre-training mean score (*M* = 3.83, *SD* = 1.01), indicating an increased level of overall comfort in addressing mental health issues. Post training scores show participants report being more than comfortable talking with students about mental health and providing support to students with mental health issues. Post training scores also show that participants report being more than somewhat comfortable in talking with parents about their child's mental health and with accessing school and system services for students with mental health issues. These findings suggest that The Road to Recovery Training positively influenced participants' comfort levels in talking with students' parents about their child's mental health, as well as accessing school and system services for students with mental health issues.

Regarding barriers to providing mental health support for students, participants identified a lack of information about locally available support for mental health issues as a large barrier, with a higher mean score on the post-training questionnaire (*M* = 4.33, *SD* = 0.577) compared to the pre-training score (*M* = 3.33, *SD* = 0.577). Similarly, participants reported a lack of national policy for mental health in schools as the highest rated barrier. The mean score for this item increased from pre-training (*M* = 4.33, *SD* = 1.155) to post-training (*M* = 4.67, *SD* = 0.577), indicating a higher level of perceived barrier after the training. Participants also reported that low priority afforded to mental health in the school was a barrier, as evidenced by the participants' slight increase in

mean score of 4.0 (*SD* = 1.00) on the pre-training questionnaire and 4.33 (*SD* = 0.577) on the post-training questionnaire. Regarding negative attitudes towards mental health amongst staff in the school, participants reported a decrease in perceived barrier after the training. Participants' mean score decreased from pre-training (*M* = 3.67, *SD* = 0.577) to post-training (*M* = 3.0, S*D* = 0.00). Additionally, participants identified a lack of capacity within the school (e.g., time, availability, training) as a barrier, with a higher mean score on the post-training questionnaire (*M* = 4.0, *SD* = 0.00) compared to the pre-training questionnaire (*M* = 3.33, *SD* = 0.577). Lastly, participants perceived recruitment and retention difficulties with specialist staff in the school as a barrier. The post-training mean score (*M* = 4.33, *SD* = 0.577) was slightly higher than the pre-training mean score (*M* = 4.0, *SD* = 1.0), indicating an increased perception of this barrier after the training. These findings suggest that the training impacted participants' perceptions of barriers to providing mental health support for students in the schools.

Qualitative Analysis

I used participant interviews transcripts and a document analysis of weekly reflections and participant action plans for thematic analysis to help answer the two research questions. Below is an overview of the action plans, weekly reflections, and interviews. Following this review, the qualitative data will be presented and organized by the research question.

Qualitative Data Sources

Action Plan

Participants were asked to complete an Action Plan at the end of The Road to Recovery training. To complete an action plan, participants were asked to think about

ways they could apply what they learned to improve their own practice by using trauma-informed and trauma sensitive strategies with their students and their families. All three participants were able to complete this task and each generated three concrete actions they planned to complete on their own following the training.

Weekly Reflections

Participants were asked to complete weekly reflections on how each module impacted their ongoing daily practice in working with students with IDD. Teachers completed this task by filling out a google form with their reflections at the end of each week. Reminder emails with the link to complete the form were sent out each week to the participants. All three participants completed reflections on the first two modules, one participant completed a reflection on the third module, two participants completed a reflection on the fourth module, one participant completed a reflection on the fifth module, and no participants completed a reflection on the sixth module.

Interviews

I invited all three participants to participate in a post-training follow-up interview (see Appendix D). All three participants volunteered and were able to participate. The semi-structured interviews were approximately 30 minutes and were recorded through Zoom. There was an error in the zoom transcription feature, therefore I transcribed the interviews myself. I transcribed the interviews fully and then went through each interview again to check transcription to ensure accuracy. I used a thematic analysis of the transcript to assist in the understanding of the two research questions.

Qualitative Data Analysis Overview

The first step in the qualitative analysis was to familiarize myself with the interview transcriptions, and action plan and weekly reflection documents. Next, I generated 21 initial codes. From here, I searched for themes within the codes and took time to review and generate potential themes. I was able to define seven themes, four to address research questions one and four that addressed research question two, one theme was addressed in both questions. The seven themes and theme related components can be found below in Table 4, corresponding to the research question they address.

Table 4

Emergent Themes and Research Questions

Research Question	Theme and Theme Related Components
RQ1. How and to what extent does participating in The Road to Recovery Toolkit facilitate the knowledge of trauma-informed care for special education teachers?	Theme 1: Knowledge Acquisition- Codes related to the scope and level of pre-training knowledge, timing of specific information learned, and knowledge that participants gained through the training.
	Theme 2: Awareness and Recognition of Trauma- Codes related to teachers' overall understanding of trauma, their recognition of trauma's impact on students with IDD, and their personal awareness of the core principles of trauma-informed care.
	Theme 3: Integration of Trauma-Informed Care- Codes related to the teachers' ability to apply trauma-informed concepts and strategies in their student interactions, classroom management practices, and instructional approaches.
	Theme 4: Self Reflection and Personal Growth- Codes related to teachers' self-reflection on their own beliefs, personal biases, and how their participation in the training impacted their personal growth.

RQ2. How and to what extent does participating in The Road to Recovery Toolkit facilitate the inclusion of trauma-informed strategies into ongoing daily practice for special education teachers?	*Theme 3: Integration of Trauma-Informed Care-* *Codes related to the teachers' ability to apply trauma-informed concepts and strategies in their student interactions, classroom management practices, and instructional approaches.* Theme 5: Collaboration and Communication- Codes related to teachers' communication and collaboration around trauma-informed practices with school-based staff. Theme 6: Overcoming Challenges- Codes related to the challenges faced by teachers in applying trauma-informed strategies, such as managing time constraints, creating boundaries, or adapting strategies to meet the needs of diverse students. Theme 7: Transformation of Practice- Codes related to the transformative learning experiences of teachers, including changes in one's beliefs, attitudes, and approaches to teaching as a result of participating in the training.

Qualitative Analysis for Research Question 1: How and to what extent does participating in The Road to Recovery Toolkit facilitate the knowledge of trauma-informed care for special education teachers?

Theme 1: Knowledge Acquisition

The theme of knowledge acquisition had the theme related components of the scope and level of pre-training knowledge, timing of specific information learned, and knowledge gained through the training. Participants reported that their pre-training knowledge on working with students with IDD who have experienced trauma came through actual experience vs. specific training. Participant 3, an early-career teacher, reported that, "you got all this education about things that you need to be doing in the classroom but they actually don't necessarily prepare you to actually face different

situations", when talking about her pre-training experience on therapeutic skills that can be used with students with IDD in the classroom. Participant 1, a veteran teacher, stated, “I've just had to figure it out myself” when discussing her experience in working with students who have experienced trauma. Participant 2 reported that “finding those resources is always hard” to support her students who have experienced trauma because, “a lot of people don't know how to work with our population of kids.”

Next, knowledge acquired through the training served multiple purposes and varied by number of years the individual had worked in education. The knowledge served as reassurance for Participant 1 who reported in her follow-up interview that, “although it wasn't something where I got like these new, great strategies that I can implement into my classroom, it was reassuring to know what I'm doing is the right thing and that I'm taking steps and making decisions that are having a positive impact on my classroom.” Participant 2 reported in her module 4 reflection that “I believe a lot of the information up to this point was information I was already aware of and organically doing.” However, an early career teacher reported that she wanted a deeper understanding and follow up of specific information presented when she mentioned, “how do we build upon those resources?” Similarly, participant 2 reported that it would be helpful in future training to have the modules broken down “into even smaller pieces because the modules are a little heavy.”

Participants also felt the timing of the training impacted their ability to reflect during the week on the knowledge they had acquired. For example, when reflecting on future recommendations for the training Participant 1 stated, “I think it's a timing thing. And if it's something that's happening prior to, you know, like the school year, I think that

that's more beneficial." Participant 1 goes on to say, "I think the timing of the training…was difficult. Because it's very hard for me personally to like to be actively present in what's happening in the training and then like be thinking of that once the training is done as the rest of the week goes on because there's so many things that are happening." Similarly, participant 2 reported that "once the training is over I don't really find myself thinking about the topics discussed" due to competing priorities occurring in the third quarter of school.

Theme 2: Awareness and Recognition of Trauma

The second theme, awareness and recognition of trauma had the theme related components of teachers' overall understanding of trauma, their recognition of trauma's impact on students with IDD, and their personal awareness of the core principles of trauma-informed care. Regarding teachers' overall understanding of trauma, teachers reported being able to look at behaviors through a trauma-informed lens. Participant 2 reported that "Immediately after the training I found myself talking to others about the importance of considering the "whole child"... I was sharing with co-workers that there are several factors that need to be acknowledged rather than jumping to conclusions when dealing with problematic issues." Participant 1 reported that the training "allowed me to revisit frameworks for supporting children with IDD who have experienced trauma and be able to make connections on the work that I do with my students" and that it solidified the core principle that "the kids who have IDD and have experienced something traumatic, it has like a very specific kind of effect on them" which means she considers personal triggers and how she operates her overall class.

Teachers reported viewing trauma's impact on students with IDD personally after the death of a teacher on campus during the training. Two teachers reported going back to the training manual and the language used in the training when talking to their students with IDD about the death of the teacher. Participant 1 reported that experiencing a traumatic event firsthand "reiterated for me, like how important it is for us to have some sort of training for everyone on how to really work with kids, like my kids, when dealing with something as traumatic as the death of a teacher." Participant 3 reported that after learning of the teacher death that she, "went like automatically in the crisis mode and then I start reviewing all the things that we talked through the whole training and I'm like wait, let me just stop for a second take a deep breath and like just analyze from another point of view. And then when the day came, and I needed to like actually share the information it was much, much easier."

Regarding personal awareness of the core principles of trauma-informed care, all the participants reported a greater understanding of their role as a protective factor in buffering the effects of trauma for students with IDD. In the weekly reflections, Participant 2 stated that she has "to remember that they need a caregiving system, the protective factors, and like we just have to keep in mind their backgrounds and just work from there." Participant 1 discussed how the protective factor of her relationship with the student and their families is important, and the importance she places on having families know "that I'm coming from a place of wanting to support and encourage."

Theme 3: Integration of Trauma-Informed Care

The third theme, integration of trauma-informed care, had the theme related components of teachers' ability to apply trauma-informed concepts and strategies in their

student interactions, classroom management practices, and instructional approaches. Regarding student interactions related to trauma-informed care, participants reported finding themselves approaching dysregulated students differently than they had before the training. Participant 1 stated in her interview, “I've caught myself, you know, working with some of my more problematic, harder to love kids differently after this training. Where it's like okay, like yes, their behavior is frustrating and disruptive, but it's not necessarily just a disruptive behavior. So kind of like allowing myself a chance to kind of take a beat before I react with emotion with a frustrating student.” Participant 2 reported in her interview that,

> “I mean I'm pretty calm person– but just like remembering that you know sometimes we get upset, we're human, but just remembering to stay calm and in situations because those kids do have, you know, those backgrounds and it's just even if they're screaming, yelling, I have to remember that they need a caregiving system, the protective factors, and like we just have to keep in mind their backgrounds and just work from there.”

In the follow-up interviews all the participants reported utilizing the classroom management practice of creating a safe space for their students. Participant 1 discussed the importance of having her students understand that when they are in her classroom that “they are in a safe environment”. Participant 3 talked about the importance she now puts on making her “classroom and this school… a safe environment” and the message “I want to be your safe spot” for her students. Participant 2 talked about her job as a teacher in creating a “safe environment that the kids are, you know, can feel happy to be in and

feel comfortable in." Participant 2 reported that it was easy for her to work on increasing happiness and creating a safe space for her students.

All participants reported being able to incorporate new or ongoing trauma-informed instructional approaches in their classrooms following the training. During her interview, Participant 3 stated, "I feel that I have taken something from each lesson and have either already incorporated it or have started incorporating it." In the follow-up interview, Participant 2 expressed the benefits of training conducted during the school day, saying, "It was beneficial because we were in the moment, and I could immediately implement strategies on the same day if necessary, considering how unpredictable our days can be." She followed that comment by later stating, "We just wear so many hats, so it is easier to do on the ground stuff that we doing with our kids everyday."

Theme 4: Self Reflection and Personal Growth

The fourth theme, self-reflection and personal growth, had the theme related components of teachers' self-reflection on their own beliefs, personal biases, and how their participation in the training impacted their personal reflections and growth. Participants opened up regarding their own beliefs and biases of feeling alone on campus, based on their experiences in working in specialized programs for students who have IDD. Regarding personal biases, Participant 1 stated, "I think working in self-contained is a scary thing for people who are not working in self-contained." Similarly, Participant 2 reported that getting assistance when working with her students is "hard because a lot of people don't know how to work with our population of kids." Participant 3 went on to say that "there's so many things happening in the schools right now that sadly you know the priority right now may not be the self-contained students", and that she felt that one

of her biggest challenges was the “disinterest from others to like actually want to learn or actually understand” how to support students with IDD. Participant 2 also discussed how she has “two amazing colleagues and I also, you know, the psychologist here in the school and you know they're always available when it's needed. Outside those three persons here at school, and the assistant principal, I cannot say that I in a way feel supported.”

Regarding personal beliefs on their roles as educators, Participant 2 reported that the training connected her back to her reason for teaching. In the interview she reported, “When you get in the middle of the school year towards the end of school you're like, I just want to be done, I just want to be done. You know or you're like a negative space but I think it helped me to get out of that negative space and be like you know I love my job and I know why I chose this job because I'm here for these kids.” Participant 3 also discussed in her follow-up interview how she has “always expressed an interest in teaching this population”.

Lastly, participants discussed how the training impacted their personal reflection and growth. All participants discussed the importance of, and challenging nature of, self-care. Participant 1 was able to recognize that she needs to take care of her needs so that she can take care of the needs of others and highlighted an experience post-training where she needed to, “reset myself so that I can be better.” Participant 3 reported that “self-care and that kind of stuff…. usually it's the last thing that we're worrying about.” Both participants 1 and 3 reported that module 6 on self-care was the most challenging module to practice. Participant 2 also discussed the impact of module 6 and stated, “I like the self-care strategies for teachers, I think those are always important.”

Complementary Findings

By integrating the qualitative and quantitative data, comprised of participant post-training semi-structured interviews, weekly reflections, action items, and pre-post mean comparisons of the questionnaire, it is evident that the Road to Recovery Toolkit training had a positive impact on special education teachers' knowledge of trauma-informed care.

The qualitative analysis uncovered the theme of "Knowledge Acquisition", which highlighted participants' pre-training knowledge and the knowledge gained through the Road to Recovery Toolkit training. The quantitative data collected measuring participants "Awareness" and "Knowledge" regarding student mental health complements this theme by providing a quantitative measure of participants' awareness and knowledge levels before and after the training. The descriptive statistics showcased a post-training increase in mean scores for most items related to awareness and knowledge compared to pre-training levels. This suggests that participating in the Road to Recovery Toolkit increased participants' awareness and knowledge of trauma-informed care. Another finding was that the impact of the training was influenced by the teachers' level of experience, as indicated by interviews and the pre/post-questionnaire. The participant who was an early career educator reported learning more from the training compared to the veteran teacher, who felt that the training largely validated her current teaching practices.

In the qualitative analysis, the theme of "Awareness and Recognition of Trauma" focused on teachers' overall understanding of trauma, recognition of its impact on students with IDD, and their awareness of trauma-informed care principles. This theme aligns with the quantitative data collected on participants “awareness” and “knowledge” of trauma informed care. The increase in mean scores for items related to awareness of

mental health issues, risk factors, treatments, and local community services indicates that the training contributed to enhancing teachers' awareness and recognition of trauma-related issues, which was showcased in this theme.

The theme of "Integration of Trauma-Informed Care" explored how teachers utilized trauma-informed concepts and strategies in their interactions with students, classroom management practices, and instructional approaches. This theme corresponds to the quantitative data on knowledge items, such as appropriate actions to support student mental health and knowledge about school system services and resources. The increase in mean scores for these items following the training suggests that the Road to Recovery helped teachers integrate trauma-informed care into their practices. Additionally, perceived support from colleagues and competing time and priorities emerged as potential barriers to implementing trauma-informed care, as highlighted by participant feedback in both the post-questionnaire item regarding lack of capacity within the school and through participant interviews.

Lastly, the theme of "Self-Reflection and Personal Growth" explored teachers' self-reflection on their beliefs, biases, and personal growth resulting from the training. The qualitative findings indicate that the training had an impact on participants' personal growth and reflection, which complements the quantitative data by providing a deeper understanding of how the training influenced teachers' perceptions and levels of self-awareness.

Qualitative Analysis for Research Question 2. How and to what extent does participating in the Road to Recovery Toolkit facilitate the inclusion of trauma-informed strategies into ongoing daily practice for special education teachers?

Theme 5: Collaboration and Communication

The fifth theme, collaboration and communication, had components of teachers' communication and collaboration, or lack thereof, on trauma-informed practices with school-based staff. Overall, teachers' perceptions of their ability to communicate and collaborate with others varied based on their roles within the school setting.

To start, all the teachers acknowledged that the training provided a safe space for open communication with other specialized program teachers working with students with IDD. Participant 2 reflected on the training, stating, "it was a nice fun safe space with you and our other coworkers," emphasizing the positive and supportive environment that fostered effective communication. Participant 3 discussed the training's impact on her ability to connect with others who have shared similar experiences. She expressed gratitude for being able "to be in a room with people who have experienced the same things", as it allowed her to share her struggles and unique perspective with those who truly understand.

Participant 1 appreciated that the training was conducted with individuals who had similar experiences, creating a sense of vulnerability. She explained that she felt discussing essential message 10, which covered the topic of self-care, required a safe space. She further added, "I think that if I was in a training with colleagues that I work with here on campus, but I don't actually interact with, I would not have shared anything because I would not have felt in a safe space. So, I think I liked that it was done in a

space where I felt like I could be vulnerable, and I could be safe and share my ideas." Participant 3 also highlighted the separation between specialized program teachers and special education teachers on campus, acknowledging that even though they are colleagues teaching special education, resource-level teachers “cannot relate on the same experience” lived by specialized program teachers.

Regarding collaboration with other school staff, Participant 3 described herself and her team as “problem solvers” who prefer to handle situations independently, without burdening others. She mentioned in her interview that whenever “there's a situation we will handle it”. She also shared that during the pandemic, when she began teaching, it was implied that she would be largely responsible for handling classroom matters by herself.

Participant 1 expressed frustration with the lack of guidance and support in terms of supervision, stating that there is no clear direction and nobody taking the lead when it comes to working with specialized program staff and students. She mentioned that whenever she seeks support during crises or issues on campus, the assistance provided, while well-intentioned, does not offer genuine and meaningful support and that she has to “figure it out myself”.

Both participants emphasized the need for inclusion and support within the school community. Participant 1 highlighted the shared experiences among staff members and the potential for mutual assistance, yet they often feel excluded. Participant 3 echoed this sentiment, emphasizing that “we are also part of the school, like we go through the same stuff, and we can help each other, but we're not included”, which is a barrier to school-wide collaborative efforts.

The theme of collaboration and communication highlights the importance of safe spaces for open dialogue among teachers, especially when participating in a training on sensitive topics, like trauma informed care. The participants' insights highlight the challenges they face in fostering effective collaboration and communication practices school wide. Specifically, their words highlight the need for greater support, guidance, and inclusive practices within the school setting.

Theme 6: Overcoming Challenges

The sixth theme, overcoming challenges, incorporated codes related to the challenges faced by teachers in applying trauma-informed strategies, such as managing time constraints, creating boundaries, and adapting strategies to meet the needs of diverse students. One of the challenges faced by teachers in applying trauma-informed strategies was managing competing time and priorities. All three participants acknowledged that this barrier impacted their ability to implement the action items they had selected for their practice during the training. Participant 2 emphasized that competing time and priorities were the biggest obstacles, stating, "It's always going to be competing time or priorities, for sure because, again, yeah, we have to get curriculum done and testing and you know, all these other things." She further explained that the numerous tasks that needed to be accomplished pushed important initiatives like the newly learned trauma-informed strategies and tools further back on her to-do list. Participant 3 shared a similar sentiment, expressing that the multitude of events and responsibilities within the school prevented her from completing one of her action items, remarking, "I think that there's so many things happening in the schools right now." Participant 1 echoed her colleagues, expressing the feeling that there was “I always feel like there's so much that needs to

happen", ultimately attributing competing priorities as the reason for her inability to implement her action items.

Connecting with culturally and linguistically diverse parents emerged as another barrier discussed by Participant 3. During her interview, she noted the challenge of connecting parents who did not speak English with outside resources. She expressed frustration, stating that external service providers often "don't take under consideration the kids who are bilingual or like the parents do not understand". Participant 3 found that her ability to speak both Spanish and English was advantageous in building relationships with Spanish-speaking parents. She shared that she has been told by various parents during her time as a teacher that "I've never been able to talk to their teacher because we do not speak the same language, so I feel like that is an advantage, the fact that I actually am able to talk to them all the time."

The concept of boundaries was also discussed by the participants. Participant 3 recognized that crossing boundaries was not within her job description, but her deep connection and passion for her students often led her to want to help them beyond her role. She acknowledged, "I know that I'm crossing a boundary because that's not my job." She went on to say, "I feel so connected and so passionate about my kids that it breaks my heart not being able to actually help, if I have the means, then I can help get them there." Similarly, Participant 1 expressed the difficulty of implementing boundaries in her day-to-day life, emphasizing the importance of giving her all for the students' well-being and safety. She acknowledged, "I have to be here to give everything of myself for my students so they can be okay and safe. And if I'm not, then that won't happen. So that's very hard to try to implement that into my day-to-day life."

Theme 7: Transformation of Practice

The seventh theme, transformation of practice, explores the transformative learning experiences of teachers as a result of their participation in the training. The codes within this theme reflect the challenges faced by teachers in terms of their beliefs, attitudes, and approaches to teaching.

The training challenged participants' beliefs, as reported by Participant 1. She found the module on self-care particularly difficult, stating, "Self-care is probably the hardest one because it just goes against everything that I naturally am doing." Participant 1 believed that being “a good special education teacher is that you are so ready and willing to kind of like adapt on the drop of a hat to meet the needs of your students.” The idea of putting herself first and acknowledging her own needs was challenging due to an underlying sense of guilt and the fear that her absence would negatively impact her students and the overall classroom environment. She reported that pre-training she was “not choosing self-care at all”, but that since the training she has tried to “make a more conscious effort of considering that as much as I can”. Participant 3 echoed Participant 1's sentiment regarding self-care, recognizing its importance but also perceiving it as potentially creating “more work and more stress”. However, she did acknowledge the necessity and importance of self-care despite these challenges.

Participants also mentioned an essential message of the training, which emphasized that recovery from trauma is possible. Participant 3 expressed her belief that this message would have “a positive impact on all aspects of my relationship with my students and their families,” affecting all aspects of her interaction with them.

In terms of attitudes towards teaching, Participant 2 shared that the training helped her "get out of that negative space" and reconnect with why she chose this profession. Participant 3 described herself as "a problem solver", highlighting her proactive approach to teaching. Participant 1 stated that her attitude towards teaching focused on creating a "quality, compassionate, caring, environment in your room, where kids feel that they are heard and that they are safe", a lesson that resonated with the training.

Regarding approaches to teaching, Participant 1 emphasized the importance of being a "support system" for her students. She mentioned that the training helped refresh her mindset and make this role more present in her teaching. Participant 3 believed that the training could facilitate conversations and be a "bridge back between special education and general education." Participant 2 shared the same sentiment and expressed the need for administration and instructional assistants to receive the training, highlighting the benefits of trauma-informed practices for all students. Participant 1 discussed how the Road to Recovery training could assist teachers with identifying key elements to incorporate in their classrooms to foster a greater sense of community. This, in turn, would result in "more support for trauma informed teaching." Overall, the transformative learning experiences reported by the participants illustrate the impact of the training on their beliefs, attitudes, and approaches to teaching, which in turn provides insights into the overall impact the training had on the inclusion of trauma-informed strategies into ongoing daily practice for special education teachers.

Complementary Findings

Integration of Trauma-Informed Strategies

The qualitative analysis uncovered numerous descriptions of participants' experiences, including their newly acquired knowledge, and excitement for implementing trauma-informed practices. The quantitative data complemented these findings by providing numerical evidence of the impact of the training, evident by the teachers' self-reported levels of comfort and knowledge with student mental health increased post training on the questionnaire.

Collaboration and Communication

Participants highlighted the importance of collaboration and communication among school staff, parents, and external agencies in supporting student mental health. They mentioned feelings of isolation and the need for more support when necessary. The qualitative analysis also revealed barriers and the need for greater inclusivity and understanding from non-specialized program special education teachers. The quantitative data partially supports this theme. While the questionnaire did not directly assess collaboration and communication skills, the increased mean score on knowledge about school system services and system services for students with mental health issues suggests that participants gained awareness of available support networks. The higher mean scores in barriers regarding low priority afforded to mental health within schools and lack of capacity within school further supports what was uncovered in the qualitative analysis.

Challenges and Barriers

Participants discussed various challenges and barriers they experience at their schools. These challenges included time constraints, struggles with creating boundaries, negative attitudes towards mental health, and struggles with adapting strategies to meet the needs of diverse students. Like the previous theme, the quantitative data did not directly address these specific challenges and barriers. However, the higher post-mean scores in perceived barriers related to lack of information about support and low priority afforded to mental health within the school align with the reported challenges expressed in the interviews.

Transformation of Practice

All participants shared how the training influenced their mindset, beliefs about self-care, and attitudes towards teaching. The qualitative data uncovered validates the quantitative findings by reflecting participants' increased awareness and overall understanding of mental health issues, in addition to their eagerness to incorporate trauma-informed care strategies into their teaching practice. It also highlights the importance of teamwork in creating safe and supportive spaces for students, aligning with the quantitative findings related to comfort levels in talking to students, parents, and accessing support services.

Summary

This chapter described the qualitative and quantitative data analysis and findings related to The Road to Recovery Toolkit's impact on the overall knowledge of trauma-informed care and the inclusion of trauma-informed strategies into ongoing daily practice for special education teachers. The study employed a complementary approach,

integrating qualitative and quantitative analyses, to provide a comprehensive understanding of the participants' experiences and outcomes. Overall, findings underscore the effectiveness the Road to Recovery program had on participants' understanding of mental health issues, including the effects of trauma on students with IDD, and the necessary steps to support students with IDD who have experienced trauma. The findings also indicate that further attention and support for teachers may be needed in overcoming perceived barriers in providing mental health support to students. A discussion of the study's complementary findings and application to future iterations of research will be presented in Chapter 5.

DISCUSSION

Introduction

As a school psychologist, I have the privilege of working every day with both special education teachers and their students. Through these daily interactions in our Title-1 Middle School, amid the COVID-19 global pandemic, I uncovered the problem of practice I wished to address through an action research dissertation. When considering the increased need for mental health support for children in response to the COVID-19 pandemic, the growing demand for school-based mental health services due to gaps in the US youth mental health infrastructure, and the negative and disproportionate impact of COVID-19 on children with intellectual and developmental disabilities (IDD), as well as the increased risk of maltreatment and trauma experienced by children with developmental disabilities, it became clear that students with IDD had been uniquely impacted during the pandemic and would be more likely to need school-based mental health support.

Through previous action research cycles, I discovered the district's lack of trauma-informed instructional practices for special education teachers working with students with IDD. Therefore, this mixed methods action research study aimed to investigate the impact of a professional development opportunity on trauma-informed best practices for special education teachers working with individuals with IDD. The purpose of this study was to better understand how participating in the 6-module "The Road to Recovery" (Road to Recovery) training influenced special education teachers' knowledge of trauma-informed care and the integration of trauma-informed strategies into their daily practices. With this in mind, I created two research questions to guide this

study's investigation regarding how and to what extent participating in the Road to Recovery Toolkit facilitated special education teachers' knowledge and inclusion of trauma-informed care. The following discussion further explores the complementarity findings of the quantitative and qualitative data and relates those findings to the existing literature. I then will discuss personal lessons learned and limitations of the study. Lastly, I will discuss the study's implications for educational practice and future research.

Quantitative and Qualitative Data

As discussed in the previous chapter, through the integration of qualitative and quantitative data the study was able to capture a holistic view of the educators' transformation of practice. One can conclude that the Road to Recovery Toolkit training had a positive impact on special education teachers' knowledge of trauma-informed care and inclusion of trauma-informed strategies into their ongoing daily practice. While knowledge acquired through the training served multiple purposes, all mean scores increased from pre- to post-questionnaire in the areas of awareness, knowledge and comfort with student mental health. The complementary findings suggest that participating in the Road to Recovery Toolkit facilitated the knowledge of trauma-informed care for special education teachers, leading to increased awareness, improved recognition of trauma's impact, and the integration of trauma-informed practices in their interactions with students and instructional practices. Additionally, the training fostered participants' self-reflection and personal growth.

Moreover, the qualitative themes of integration of trauma-informed strategies, collaboration and communication, challenges and barriers, and transformation of practice can be partially supported by the quantitative findings. Participants' increased awareness,

knowledge, and comfort levels in addressing student mental health demonstrated through the quantitative data align with the reported integration of trauma-informed care found in the qualitative data. For example, participants reported finding themselves approaching dysregulated students differently than they had before the training. All participants reported utilizing the classroom management practice of creating a safe space for their students. Participants also highlighted challenges they face in fostering effective collaboration practices school wide and the need for greater support, guidance, and inclusive practices within their school setting. Lastly, the quantitative data provides some evidence of improved communication. This matches the participants' experience, with the teachers acknowledging that the training provided a safe space for open communication with other specialized program teachers working with students with IDD.

Results in Relation to Existing Literature

The results of this study contribute to the existing literature on the prevalence of student trauma and need for trauma-informed care in schools, enhanced support for students with IDD, as well as the increased role of school psychologists on school campuses. At the racially and ethnically diverse Title-I Middle School where this study took place, participant interviews detailed numerous accounts of the special education teachers' experiences in working with students who had experienced trauma. Intersectionality (Crenshaw, 1989) can be used as a lens in which teachers can look at the existing research on how individuals from racial and ethnic minority groups, individuals with disabilities, and individuals from low socio-economic households were disproportionately impacted by the COVID-19 global pandemic (Centers for Disease Control and Prevention, 2020; Khanijahani et al., 2021; National Center for Health

Statistics, 2021; U.S. Department of Health and Human Services, 2022) and at a higher likelihood for trauma (Sedlak et al., 2010; Sullivan, 2009; Turner et al., 2011). Utilizing intersectionality can help teachers call attention the intersectional needs of their students. Additionally, the district's lack of differentiation in trauma-informed care for students and teachers' disclosures during their interviews on having prior training on trauma-informed strategies for students with IDD highlight the need for tailored programs specifically designed for youth with IDD who have experienced trauma.

As previously discussed in Chapter 2, School Psychologists have been advocating for increased involvement in non-assessment activities, such as collaboration, consultation and systems-level change (Coleman & Hendricker, 2020). School psychologists leading professional development opportunities is one way to expand their role on a school campus. The results from this study show growth in special education teachers' awareness, knowledge, and comfort levels in addressing student mental health following the school psychologist-led Road to Recovery training. This finding highlights the importance around advocacy for expanded roles for school psychologists on school campuses.

Personal Lessons Learned

Action research is "real life research" that is used to generate knowledge and create improvements to transform one's workplace (Herr & Anderson, 2014). As a participant-researcher, I created innovative solutions for a problem of practice through a three-step process: planning, action and evaluation. The final act in this process is critical reflection. After reflecting on the current study, several personal lessons come to light.

In terms of initial planning, I learned that it can be difficult to complete research within the K-12 educational setting. Not only did I need Internal Review Board (IRB) approval from my affiliated university, but I also needed IRB approval through the district. My request to complete research was initially denied because the district did not have a Director of Research currently on staff. As a result, they were unable to review and approve my request to conduct research within the district. As I had been an employee of the district for over four years, I incorrectly assumed that being an employee of the district would make it easy for my request to conduct research be approved. I also learned that perseverance, requests to meet directly with the superintendent, explicitly detailing how the research I wanted to conduct would benefit the district, and tying this research to the district's strategic goals and overarching mission and values helped me gain approval.

In terms of action, I learned that when educational research takes place matters for how it is received by staff. In follow-up interviews, I learned that the teacher participants found it difficult at times to take the lessons they learned in the module and apply it to their ongoing daily practice. They explained how the time in the school year when the study took place, the beginning of 3rd quarter, was a very busy time for them due to state testing preparation and alternative assessments with their students. Teachers reported that they would have liked to have this training at the beginning of the school year so that they could have prepared materials discussed in the training for use with the students before they returned to school.

Finding time for professional development outside of the pre-scheduled district mandated training was difficult due to the teacher's busy schedule. The Road to Recovery

Training was originally created to be a two-day training, covering 6-modules. I knew that I would not be able to get coverage for our teachers due to limited substitute coverage, and the teachers' resistance to missing days of school with their students. With input from the teachers, I was able to break down the 6-module training over seven weeks, with the last module taking two weeks to cover, and meet with teachers during their preparation time once a week to present them with the weekly module. Additionally, the variability in my schedule as a school psychologist proved challenging, as I often must respond to student crises on campus. I learned that it was very helpful to make the school's site administrator aware of the weekly training with teachers. Making other people on campus aware of the training and explaining to them the importance of having this time protected allowed for us to complete the weekly Road to Recovery training within the projected time frame.

Regarding evaluation, I learned the importance of including diverse voices in research, even if it takes more work from the researcher. For example, one of the teachers I interviewed speaks English as a second language and has an accent when speaking English. I learned that utilizing technology to transcribe her interview was not going to produce an accurate transcript, as it was not transcribing the correct words she was saying during her interview because of her accent. I therefore needed to transcribe her interview personally, which took more time than the other two interviews that only required minimal changes to the initial transcription that was generated post-interview. The teacher who speaks English as a second language was an essential part of this study and provided great insight on how she navigates two languages and cultures, and how this experience brings her closer to families and students who have had similar experiences.

Discussion of Limitations

No study is without limitations. Throughout the course of this action research dissertation, I uncovered several limitations. Methodologically, this study was limited in size. Due to the nature of the school setting and limitations placed on who I could work with within the district, I was only able to work with three teachers. Having a sample size of three did not allow me to have sufficient statistical power to detect meaningful effects within the data. As a result, I did not run any analysis for effect size and focused on mean differences. Because I was not able to determine an effect, I do not have a reliable answer to if the intervention would be impactful if scaled to a larger audience of educators. Additionally, all participants self-identified as female, two identifying as Caucasian. A larger, more diverse sample would allow for more generalizable findings.

Secondly, my role as a participant-researcher may have introduced a potential bias to the data interpretation and analysis. It may have introduced social desirability effects on the participants' self-report measures, such as in the questionnaires and interviews. I say this because the participants were all individuals whom I had worked with previously. To remedy this in future studies, researchers could break away from the participant-researcher role and work with staff from schools or districts other than their own.

Another potential limitation was the short-term nature of the study. The study employed a pre-post questionnaire model, with interviews taking place no more than two weeks post the final module. As a result, the current study had no way of capturing any potential long-term effects that the Road to Recovery's training had on special education teacher's knowledge and practices. Utilizing a longitudinal design in future research would provide more insight into the sustainability of the training's impact on teachers'

overtime. One way of doing this would be to hold off on the follow up interview until 4-6 weeks after the training, or complete multiple follow-up interviews over the course of an academic year.

Implications for Practice

I learned through the literature review that there was limited training created specifically regarding trauma-informed practices for children with intellectual and developmental disabilities. It was therefore not a surprise that I learned through this study that the teacher participants never received specific training in this area prior to the Road to Recovery training. Findings from this study suggest that the Road to Recovery Toolkit had positive effects on special education teachers' knowledge of, comfort with, and attitudes regarding trauma informed care. Incorporating the Road to Recovery training program for other special education staff could provide an avenue to better equip teachers to support students with IDD who have experienced trauma. Moreover, providing Road to Recovery training to administrators, counselors, and instructional assistants, may foster a more therapeutic school climate for students with IDD. This would be an excellent area for future research.

This study's exploration of the challenges the teachers faced when implementing trauma-informed strategies into their ongoing daily practice highlights the need for ongoing school staff was critical in implementing trauma-informed practices, but that breakdowns occurred beyond the specialized program setting. School psychologists can play an integral role in acting as liaisons between teachers, administrators, and other support staff. School psychologists can also offer guidance and resources to assist teachers' ability to address challenges in responding appropriately to student trauma.

However, to do this a school psychologist must be knowledgeable in trauma informed practices for students with IDD. This underscores the professional development and support in this area. Findings suggest that both communication and collaboration among need for school psychologists to have comprehensive training in trauma at the graduate training level or through professional development opportunities.

Implications for Research

The implications of this research based on these findings are substantial and have important implications for the fields of special education and school psychology. The study's outcomes on enhanced teacher knowledge, integration of trauma-informed strategies, and transformational experiences highlight the benefits of the Road to Recovery training and will be reviewed further. Additionally, findings on barriers and the reported challenges faced by special education teachers working with students with IDD will be discussed below.

A big takeaway from this study can be found in the pre- and post-questionnaire mean score growth regarding teacher participants' knowledge and awareness of trauma-informed care and related mental health issues. This suggests that a targeted training like Road to Recovery is effective in enhancing teachers' understanding of trauma. Moreover, this finding suggests that specialized training can equip special education teachers with the knowledge and awareness necessary to recognize and respond to the unique needs of students with IDD who have experienced trauma.

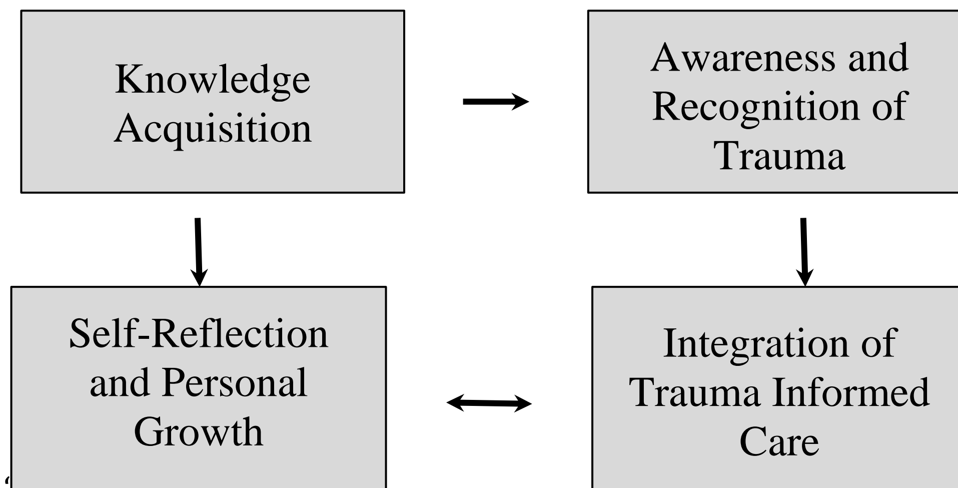
Secondly, the qualitative analysis indicates that the training supported teacher participants integration of trauma-informed strategies into their classroom for students with IDD. This suggests that teachers not only were able to acquire knowledge from the

training but felt moved to apply strategies learned in the classroom. This finding is important because it directly impacts the level and quality of support provided to students with IDD who have experienced trauma. School psychologists can continue to work with teachers post training to promote consistent and effective implementation of strategies learned throughout the Road to Recovery training.

Third, the study's findings reveal that participants underwent a transformative learning experience throughout the Road to Recovery Training. Participants not only acquired surface level knowledge but also engaged in self-awareness and recognition of trauma which led to changes in their beliefs and attitudes regarding teaching and trauma support. A visual of this process can be seen in Figure 4. Pre- to post- questionnaires mean growth on teacher's reported awareness, knowledge, and comfort levels in addressing student mental health and interviews further showcased how teachers engaged in more trauma informed care in their ongoing daily practice.

Figure 4.

Concept Map of Teachers' Transformational Learning Leading to Trauma Informed Care



Note. The above concept map showcases some of the main themes uncovered in the qualitative analysis in relation to the transformational learning process that occurred during the Road to Recovery training.

A final implication of this research centers on the challenges that special education staff encounter when trying to support students with IDD who have experienced trauma. The theme of overcoming challenges reveals that teachers encountered significant challenges when attempting to implement trauma informed strategies. Challenges discussed by teacher participants included competing time and priorities, creating boundaries, and adapting strategies to meet the needs of diverse students. Barriers to implementation took place at all levels, from personal to systemic. This underscores the need for additional support for teachers tasked with supporting students with IDD. Teachers reported that school psychologists are individuals on the campus who play a vital role in providing guidance to address barriers. Expanding on this finding, school psychologists can work with teachers to make sure they have the resources and strategies in place to successfully implement trauma-informed strategies into their ongoing daily practice.

Closing Thoughts

On January 25th, 2023, Arizona's newly elected superintendent of public instruction announced that only presentations addressing "core academic issues such as teaching reading, science, and math" would be allowed at the Arizona Department of Education's Educator and School Excellence conference. As a result, presenters covering topics on trauma-informed tools to support students, and diversity and equity skills for school leaders were removed from the agenda. The week of January 25, 2023, also

happened to be the first scheduled Road to Recovery training module with teachers. Although news of the superintendent’s actions was disheartening, it only fueled my desire to train the special education teachers I was working with and complete the study to better understand The Road to Recovery's impact on teachers' knowledge of, and inclusive practices regarding, trauma-informed care for students with intellectual and developmental disabilities.

In his book "Pedagogy of the Oppressed," Paulo Freire (2000, p.39) states,

> The more radical the person is, the more fully he or she enters into reality so that, knowing it better, he or she can transform it. This individual is not afraid to confront, to listen, to see the world unveiled. This person is not afraid to meet the people or to enter into a dialogue with them. This person does not consider himself or herself the proprietor of history or of all people, or the liberator of the oppressed; but he or she does commit himself or herself, within history, to fight at their side.

I believe that training in trauma-informed practices is essential for teachers working in a post-pandemic world, even if similar topics have been deemed non-core academic issues by the Arizona Department of Education (ADE). Through this study, I uncovered that the Road to Recovery toolkit enhances teachers' understanding and integration of trauma-informed practices. Like the Freire quote above, I have confronted a problem of practice through action research, listened to the valuable insights of educators working with historically disenfranchised youth, and will fight at their side to contribute towards the betterment of special education teachers and their students' lives. I believe that sharing the testimonies revealed in this study, coupled with personal

experience in working with youth with IDD who have encountered trauma, is an important aspect to this action research study. While achieving this through ADE conferences may pose a challenge, I look forward to presenting the findings at national conferences and state professional organizations such as the Arizona Association of School Psychologists or the Arizona Council for Exceptional Children. Additionally, I plan to collaborate with local school districts willing to learn about this study and The Road to Recovery's central message: that recovery from trauma is possible for all individuals.

REFERENCES

Absher, L., Maze, J., & Brymer, M. (2021). The Traumatic Impact of COVID-19 on Children and Families: Current Perspectives from the NCTSN. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

Arizona State Department of Education (2021). Using Data to Support Success for Arizona Students pursuant to Executive Order 2021-03. Retrieved February 28, 2022.

Arizona Department of Education (2021). Special Education Child Count Data 2019–2020. Phoenix, AZ; Exceptional Student Services.

Ali, M. M., West, K., Teich, J. L., Lynch, S., Mutter, R., & Dubenitz, J. (2019). Utilization of Mental Health Services in Educational Setting by Adolescents in the United States. *The Journal of school health*, *89*(5), 393–401

Artiles, A. J. (2013). Untangling the racialization of disabilities: An intersectionality critique across disability models. *DuBois Review*, *10,* 329–347.

Atewologun, D. (2022). Intersectionality Theory and Practice. *Oxford Research Encyclopedia of Business and Managemen*t. Retrieved 29 Mar. 2022, from

https://oxfordre.com/business/view/10.1093/acrefore/9780190224851.001.0001/acrefore-9780190224851-e-48.

Bennis, W. (2007). The challenges of leadership in the modern world: Introduction to the special issue. *American Psychologist*, *62*(1), 2–5.

Benzies, K., & Mychasiuk, R. (2009). Fostering family resiliency: A review of the key protective factors. *Child & Family Social Work*, *14*(1), 103-114.

Bergan, J. R., & Tombari, M. L. (1976). Consultant skill and efficiency and the implementation and outcomes of consultation. *Journal of school psychology*, *14*(1), 3-14.

Billingsley, B. S. (2004). Special education teacher retention and attrition: A critical analysis of the research literature. *The Journal of Special Education, 38*(1), 39-55.

Brown vs, Board of Education, 347US483, 493; 74 S Ct. 686; 98 L.Ed. 873 (1954).

Camera, L. (2022, January 22). *Closures, pivots to Virtual Mount as omicron overwhelms* ... US News and World Report. Retrieved February 5, 2022, from https://www.usnews.com/news/education-news/articles/2022-01-10/closures-pivots-to-virtual-mount-as-omicron-overwhelms-schools

Canady, V. A. (2021). Physicians declare national emergency in children's MH. *Mental Health Weekly*, *31*(41), 7-8.

Centers for Disease Control and Prevention. (2020, December 10). Covid-19 racial and ethnic disparities. Centers for Disease Control and Prevention. Retrieved March 8, 2022, from https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html

Christie, M., Carey, M., Robertson, A., & Grainger, P. (2015). Putting transformative learning theory into practice. *Australian Journal of Adult Learning*, *55,* 9-30.

Clark, S., & Freed, G. (2021). *How the Pandemic Has Impacted Teen Mental Health* (2nd ed., Vol. 38).

Committee for Children (2011). *Second Step Learning Program*. Seattle, WA: Committee for Children.

Crosse, S. B., Kaye, E., & Ratnofsky, A. C. (1993). A Report on the Maltreatment of Children with Disabilities Washington. *DC: National Centre on Child Abuse and Neglect, Administration for Children and Families, US Department of Health and Human Services*.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *u. Chi. Legal f.*,139.

Collins, Patricia Hill (1998). *Fighting Words: Black Women and the Search for Justice.* Minneapolis, MN: University of Minnesota Press.

Collins, Patricia Hill (2000). Black Feminist Thought. London: Routledge.

Collins, Patricia Hill (2005). *Black Sexual Politics: African-Americans, Gender, and New Racism*. New York, NY: Routledge.

Davis, S., & O'Brien, A. M. (2020). Let's Talk About Racism: Strategies for Building Structural Competency in Nursing. *Journal of the Association of American Medical Colleges, 95.*

Diana vs. State Board of Education, No. C-70-37 RFP (N.D. Cal. 1970).

Erchul, W., Raven, B., & Ray, A. (2001). School psychologists' perceptions of social power bases in teacher consultation. *Journal of Educational and Psychological Consultation*, *12*(1), 1–23. https://doi.org/10.1207/s1532768xjepc1201_01

Fairbank, J. A., Putnam, F. W., & Harris, W. W. (2007). The prevalence and impact of child traumatic stress.

Ferri, B. A., & Connor, D. J. (2010). “I was the special ed. girl”: Urban working-class young women of colour. *Gender and Education*, *22*, 105–121.

Fincher, S., & Robins, A. (Eds.). (2019). *The Cambridge Handbook of Computing Education Research*. Cambridge University Press.

Fortier, A., Lalonde, G., Venesoen, P., Legwegoh, A. F., & Short, K. H. (2017). Educator mental health literacy to scale: from theory to practice. *Advances in school mental health promotion*, *10*(1), 65-84.

Freire, P. (2000). *Pedagogy of the oppressed.* 30th anniversary ed. New York, Continuum.

Garcia, S.B., & Ortiz, A. A. (2013). Intersectionality as a framework for transformative research in special education. *Multiple Voices for Ethnically Diverse Exceptional Learners*, *13*(2), 32-47.

Goldberg, S. B. (2021). Education in a pandemic: the disparate impacts of COVID-19 on America’s students. USA: Department of Education.

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Herman, J. L. (1992). *Trauma and recovery.* Basic Books/Hachette Book Group.

Hernández-Saca, D. I., Gutmann Kahn, L., & Cannon, M. A. (2018). Intersectionality dis/ability research: How dis/ability research in education engages intersectionality to uncover the multidimensional construction of dis/abled experiences. *Review of Research in Education*, *42*(1), 286-311.

Hoggan, C., & Kloubert, T. (2020). Transformative learning in theory and practice. *Adult Education Quarterly*, *70*(3), 295–307.

Holtz, K. F. (2017). *The mental health literacy of high school teachers* (Doctoral dissertation, Teachers College, Columbia University).

hooks, B. (1984). *Feminist Theory: From Margin to Center.* 2nd. Cambridge, Massachusetts: South End Press.

Individuals with Disabilities Education Act, Part B, Subpart A §300.39 (2007).

Individuals with Disabilities Education Act, Part B §300.8 (2007).

Kelchtermans, G. (2006). Teacher collaboration and collegiality as workplace conditions: A review. *Zeitschrift für Pädagogik, 52* (2), 220-237.

Kitchenham, A. (2008). The Evolution of John Mezirow's Transformative Learning Theory. *Journal of Transformative Education*, *6*(2), 104–123.

Kidman, R., Margolis, R., Smith-Greenaway, E., & Verdery, A. M. (2021). Estimates and projections of COVID-19 and parental death in the US. *JAMA pediatrics*, *175*(7), 745-746.

Khanijahani, A., Iezadi, S., Gholipour, K., Azami-Aghdash, S., & Naghibi, D. (2021). A systematic review of racial/ethnic and socioeconomic disparities in COVID-19. *International journal for equity in health*, *20*(1), 1-30.

Ko, S.J., Pynoos, R.S., Griffin, D., Vanderbilt, D., & NCTSN Trauma and IDD Expert Panel (2015). The road to recovery: Supporting children with intellectual and developmental disabilities who have experienced trauma. Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress.

Lambert, N. M. (1974). A school-based consultation model. *Professional Psychology*, *5*(3), 267.

LeBuffe, P. A., Shapiro, V. B., & Naglieri, J. A. (2009, 2014). The Devereux Student Strengths Assessment (DESSA). Charlotte, NC: Apperson.

Martini, R., Hilt, R., Marx, L., Chenven, M., Naylor, M., Sarvet, B., & Ptakowski, K. K. (2012). Best principles for integration of child psychiatry into the pediatric health home. *Washington, DC: American Academy of Child & Adolescent Psychiatry.*

Mansfield, R., Humphrey, N., & Patalay, P. (2021). Educators perceived mental health literacy and capacity to support students' mental health: associations with school-level characteristics and provision in England. Health *promotion international*, *36*(6), 1621-1632.

Mcelrath, K. (2021, December 21). *Nearly 93% of households with school-age children report some form of distance learning during COVID-19*. Census.gov. Retrieved February 5,2022, from https://www.census.gov/library/stories/2020/08/schooling-during-the-covid-19-pandemic.html.

Michelson, E. (2019). The ethical knower: Rethinking our pedagogy in the age of Trump. *Adult Education Quarterly*, *69*(2), 142–156.

National Association of School Psychologists. (2020). *2020 Domains of Practice*. Retrieved August 30, 2020, from https://www.nasponline.org/standards-and-certification/nasp-2020-professional-standards-adopted/nasp-2020-domains-of-practice

National Association of School Psychologists. (2010). *Model for comprehensive and integrated school psychological services.* Bethesda, MD: Author.

National Center for Health Statistics. (2021, October 8). *Covid-19 data from the National Center for Health Statistics*. Centers for Disease Control and Prevention. Retrieved March 8, 2022, from https://www.cdc.gov/nchs/covid19/index.htm

Nerstrom, N. (2014). An Emerging Model for Transformative Learning, Adult Education Research Conference.

Office of the Surgeon General. (2021). Protecting Youth Mental Health: The US Surgeon General's Advisory [Internet].

Palmer, G. A., & Bowman, L. (2014). The Application of Transformative Learning Theory to Online Teaching/ Adult Education Research Conference.

Pennsylvania Association for Retarded Citizens vs, The Commonwealth of Pennsylvania, 343 F. Supp. 279 (E.D. Pa.1972).

Prothero, A., & Riser-Kositsky, M. (2022, March 3). *School counselors and psychologists remain scarce even as needs rise*. Education Week. Retrieved March 8, 2022, from https://www.edweek.org/leadership/school-counselors-and-psychologists-remain-scarce-even-as-needs-rise/2022/03

Public Law 106-402, 114 Stat. 1677 (42 USC 15001, 10/30/2000)

Reck, C. (2019, November 12). School psychologists help students cope in and out of the classroom. https://www.kold.com/2019/11/13/school-psychologists-helps-students-cope-

Reeves, R., Rodrigue, E., & Kneebone, E. (2016). *Five evils: Multidimensional poverty and race in America*. Retrieved from https://www.brookings.edu/wp-content/uploads/2016/06/ReevesKneeboneRodrigue_MultidimensionalPoverty_FullPaper.pdf

Reiter, S., Bryen, D. N., & Shachar, I. (2007). Adolescents with intellectual disabilities as victims of abuse. *Journal of Intellectual Disabilities*, *11*(4), 371-387.

Reynolds, M.C. *Introduction in Futures of Education for Exceptional Students: Emerging Structures.* Minneapolis: Council for Exceptional Children, 1978.

Rich, J., & Bardon, J. I. (1964). The Teacher and the School Psychologist. *The Elementary School Journal*, *64*(6), 318-323.

Reinert, M, Fritze, D. & Nguyen, T. (2021). "The State of Mental Health in America 2022" Mental Health America, Alexandria VA.

Robson, K. L., Anisef, P., Brown, R. S., & Parekh, G. (2014). The intersectionality of postsecondary pathways: The case of high school students with special education

needs. *Canadian Review of Sociology/Revue canadienne de sociologie*, *51*(3), 193-215.

Rothan, H. A., & Byrareddy, S. N. (2020). The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. *Journal of autoimmunity*, *109*, 102433.

Sedlak, A. J., Mettenburg, J., Basena, M., Peta, I., McPherson, K., & Greene, A. (2010). Fourth national incidence study of child abuse and neglect (NIS-4). *Washington, DC: US Department of Health and Human Services*, *9*, 2010.

Shakespeare, T., Ndagire, F., & Seketi, Q. E. (2021). Triple jeopardy: disabled people and the COVID-19 pandemic. *The Lancet, 397*(10282), 1331-1333.

Sobsey, D., Wells, D., Lucardie, R., & Mansell, S. (1995). Violence and disability: An annotated bibliography. *Baltimore: Brookes*.

Special Education Teachers: Occupational Outlook Handbook. (2020, April 10). Retrieved August 30, 2020, from https://www.bls.gov/ooh/education-training-and-library/special-education-teachers.htm

Sullivan, P. M. (2006). Children with Disabilities Exposed to Violence: Legal and Public Policy Issues.

Sullivan, P. M. (2009). Violence exposure among children with disabilities. *Clinical child and family psychology review*, 12(2), 196-216.

Tourigny-Conroy, M. (2020). *Mental Health Literacy and Self-Efficacy of Pre-Service Teachers in Ontario* (Doctoral dissertation, University of Windsor (Canada)).

Turner, H. A., Vanderminden, J., Finkelhor, D., Hamby, S., & Shattuck, A. (2011). Disability and victimization in a national sample of children and youth. *Child maltreatment*, *16*(4), 275-286.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality. (2018-2019). National Survey on Drug Use and Health 2018-2019. Retrieved from https://rdas.samhsa.gov/36.

U.S Department of Education. (2019). *41st Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act.* Retrieved from https://www2.ed.gov/about/reports/annual/osep/2019/parts-b-c/41st-arc-for-idea.pdf

U.S. Department of Education. Significant Disproportionality, 2016, 2. From: https://sites.ed.gov/idea/files/significant-disproportionality-qa-03-08-17-1.pdf

Who Are School Psychologists. (2019). Retrieved August 30, 2020, from https://www.nasponline.org/about-school-psychology/who-are-school-psychologists

World Health Organization (2020). *WHO COVID-19 Dashboard*, 2020. Retrieved February 3, 2022, from: https://covid19.who.int/

Van Lancker, W., & Parolin, Z. (2020). COVID-19, school closures, and child poverty: a social crisis in the making. *The Lancet Public Health*, *5*(5), e243-e244.

Vangrieken, K., Dochy, F., Raes, E., & Kyndt, E. (2015). Teacher collaboration: A systematic review. *Educational research review, 15*, 17-40.

Vestal, C. (2021, November 9). *Covid Harmed Kids' mental health-and schools are feeling it. COVID Harmed Kids' Mental Health-And Schools Are Feeling It* | The Pew Charitable Trusts. Retrieved February 5, 2022, from https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2021/11/08/covid-harmed-kids-mental-health-and-schools-are-feeling-it

APPENDIX A

THE ROAD TO RECOVERY ADAPTED SIX MODULE TRAINING OUTLINE

Week 1	Module 1: Setting the Stage ▪ Setting the Stage *[Slides 1-30]* ▪ Activity (Introductions/Icebreaker, Slide 5): 5 minutes ▪ Discussion (Ask Yourself, Slide 27): 5 minutes ▪ Activity (Making the Connection, Slide 28): 5 minutes ▪ Action Planning (Essential Messages 1 & 2, Slide 30): 7 min
Week 2	Module 2: Development, IDD & Trauma ▪ Development, IDD & Trauma [*Slides 31-50*] ▪ Activity (Case Vignettes: Development, Slide 50): 10 min ▪Development, IDD & Trauma [*Slides 51-55*] ▪ Activity (Living with IDD, Slide 52): 7 minutes ▪ Action Planning (Essential Messages 3 & 4, Slide 55): 7 min
Week 3	Module 3: Traumatic Stress Responses in Children with IDD ▪ Traumatic Stress Response in Children w/IDD[*Slides 56-82*] ▪ Activity (Case Vignettes: Responses, Slide 79): 20 min ▪ Action Planning (Essential Message 5, Slide 81): 5 min
Week 4	Module 4: Child & Family Well-Being & Resilience ▪ Child & Family Well-Being & Resilience *[Slides 1-23]* ▪ Discussion (Ask & Answer Questions, Slide 11): 5 min ▪ Activity (Local Resources, Slide 23): 15 min ▪ Child & Family Well-Being & Resilience *[Slides 24-28]* ▪ Action Planning (Essential Messages 6 & 7, Slide 28): 5 min
Week 5	Module 5: IDD- & Trauma-Informed Services & Treatment ▪ IDD- & Trauma-Informed Services & Treatment [*PaSlides 29-60*] ▪ Activity (Fish Bowl, Slide 48): 30 min ▪ Activity (Case Vignettes: Accessing Services, Slide 58): 20 min ▪ Action Planning (Essential Messages 8 & 9, Slide 60): 5 min
Week 6	Module 6: Provider Self-Care ▪ Provider Self-Care [*Slides 61-88*] ▪ Activity (Stress Warning Signs, Slide 68): 5 min ▪ Activity (Self-Care Options, Slide 70): 3 min ▪ Activity (Breathing Exercise, Slide 72): 2 min ▪ Activity (Balancing Your Self-Care, Slide 73): 5 min ▪ Action Planning (Essential Message 10 & Personal Trauma Informed Action Plan, (Slide 85): 15 min

APPENDIX B

PRE-TRAINING PARTICIPANT QUESTIONNAIRE

1. To which gender identity do you most identify?

a. Male
b. Female
c. Transgender Male
d. Transgender Female
e. Gender non-conforming
f. Prefer not to disclose

2. Which of the following best describes you? SELECT ALL SQUARES THAT APPLY

a. Asian
b. Black or African American
c. Native American or Alaska Native
d. Native Hawaiian or other Pacific Islander
e. White
f. Some Other Race
g. Two or More Races

3. Which of the following best describes your ethnicity?

a. Hispanic or Latino
b. Not Hispanic or Latino

4. What is your highest level of education?

a. Bachelor's degree
b. Master's degree
c. Doctorate degree

5. How many years have you been employed as a special education teacher?

a. Less than 4 years
b. 5-9 years
c. 10-14 years
d. 15-19 years
e. 20-24 years
f. 25-29 years
g. 30 or more years

6. How many years have you worked with students with developmental

disabilities? a. Less than 4 years

b. 5-9 years
c. 10-14 years
d. 15-19 years

e. 20-24 years
f. 25-29 years
g. 30 or more years

7. For the 2022-23 academic year, I taught:

a. Kindergarten
b. 1st-grade
c. 2nd-grade
d. 3rd-grade
e. 4th-grade
f. 5h-grade
g. 6th-grade
h. 7th-grade
i. 8th-grade
j. Grade levels K-5th
k. Grade levels 6th-8th
l. All Grade Levels

8. The number of students in my classroom for the 2022-23 academic year:

a. 1-10
b. 11-15
c. 16-21
d. 22-25+

9. The following special populations were represented in my classroom this past year (Select all that are appropriate):

a. Autism Spectrum Disorder
b. Intellectual Disability
c. Multiple Disabilities/Multiple Disabilities with Severe Sensory Impairment d. Other Health Impairment
e. Orthopedic Impairment
f. Other Developmental Disability

	Please select your level of agreement for each of the statement sections below:					
I have knowledge of…		Very Little Knowle-dge of… 1	2	3	4	Very Knowle-dgeable of… 5
1.	The risk factors and causes of student mental health issues.					
2.	How to identify mental health needs among pupils and recognize specific mental health difficulties					
3.	The types of interventions available to help students with mental health difficulties					
4.	About the signs and symptoms of student mental health issues.					
5.	appropriate actions to take to support student mental health at school.					
6.	The types of treatments available to help students with mental health issues					
7.	The steps necessary to access local community services for mental health issues.					
8.	legislation related to mental health issues (confidentiality, consent to treatment, etc.).					

I feel comfortable…		Very Little Comfort 1	2	3	4	Very Comfort able… 5
10.	Talking with my students about mental health					
11.	Talking with parents about their child's mental health					
12.	Providing support to my students with mental health issues					
13.	Accessing school and system services for students with mental health issues					

The following is a barrier to providing mental health support for students at my school…		Not at all a barrier 1	2	3	4	A great barrier 5
14.	Lack of information about locally available support for mental health issues					
15.	Lack of national policy for mental health in schools					
16.	Low priority afforded to mental health within the school					
17.	Negative attitudes towards mental health amongst staff in my school					
18.	Lack of capacity within my school (e.g. time, availability, training)					
19.	Recruitment and retention difficulties with specialist staff in my school					

APPENDIX C

POST-TRAINING PARTICIPANT QUESTIONNAIRE

Please select your level of agreement for each of the statement sections below:						
I have knowledge of…		Very Little Knowle-dge of… 1	2	3	4	Very Knowle-dgeable of… 5
1.	The risk factors and causes of student mental health issues.					
2.	How to identify mental health needs among pupils and recognize specific mental health difficulties					
3.	The types of interventions available to help students with mental health difficulties					
4.	About the signs and symptoms of student mental health issues.					
5.	appropriate actions to take to support student mental health at school.					
6.	The types of treatments available to help students with mental health issues					
7.	The steps necessary to access local community services for mental health issues.					
8.	legislation related to mental health issues (confidentiality, consent to treatment, etc.).					

I feel comfortable…		Very Little Comfort 1	2	3	4	Very Comfort able… 5
10.	Talking with my students about mental health					
11.	Talking with parents about their child's mental health					
12.	Providing support to my students with mental health issues					
13.	Accessing school and system services for students with mental health issues					

The following is a barrier to providing mental health support for students at my school…		Not at all a barrier 1	2	3	4	A great barrier 5
14.	Lack of information about locally available support for mental health issues					
15.	Lack of national policy for mental health in schools					
16.	Low priority afforded to mental health within the school					
17.	Negative attitudes towards mental health amongst staff in my school					
18.	Lack of capacity within my school (e.g. time, availability, training)					
19.	Recruitment and retention difficulties with specialist staff in my school					

Assess Your Facilitator…		Strongly disagree 1	2	3	4	Strongly Agree 5
20.	Facilitator has knowledge in the content area.					
21.	Facilitator was effective and helpful					
Assess your overall satisfaction with the training…		Strongly disagree 1	2	3	4	Strongly Agree 5
22.	Training was appropriate for intended audience					
23.	I am satisfied with the level of practical knowledge and skills presented at this training					
24.	Visual aids, handouts, and oral presentations clarified content.					
25.	Applicable subject matter to work.					

APPENDIX D

THE ROAD TO RECOVER FOLLOW-UP INTERVIEW

I. Introduction:

"Hello. My name is *Jordan Causadias*. I'm conducting a follow-up evaluation with everyone who attended the training, *The Road to Recovery: Supporting Children with IDD Who Have Experienced Trauma* at Connolly Middle School on *during ___ (Training dates)__* to better understand your thoughts and perceptions of the training, how the training impacted your ongoing daily practice and overall knowledge of trauma-informed practices with individuals with IDD. As part of the course, you completed a Personal Trauma-Informed Practice Action Plan and I'd like to talk to you about how the implementation of the plan went as well. This will take about 25 minutes."

Do I have your permission to record our conversation? Please let me know if you would like the recording stopped at any time.

The following script, questions, and prompts will be used during the semi-structured interview. As appropriate, additional queries such as "can you elaborate on that" or "please tell me more" will be used as needed.

II. Review actions planned:

"If you'll remember, as part of *The Road to Recovery* training you were asked to complete an Action Plan. The facilitator asked you to think about ways you could apply what you learned to improve your own practice by using trauma-informed and trauma sensitive strategies with children and families served by your agency, and to write down a few concrete actions you planned to take to do this. For each of your planned actions, I'd like to ask you about what you were able to do, what kind of impact you think your actions had, and what factors helped or hindered you.

"I would like to review what you wrote in your plan with you. It's probably been a while since you attended *The Road to Recovery* training, and you may have forgotten what you wrote. I have a copy of your Action Plan and can review it with you. Would you like me to do that?" *(Have the original plan handy to remind the person, if necessary, of what they wanted to address.)*

1. Do you remember your Action Plan?

☐Remembers/has Action Plan ☐ Does not remember/did not do Action Plan

Then, ask the former participant the following questions, and complete this form as you do so:

"I'd like to begin with your first strategy from your original Action Plan."

2. It appears that the first strategy on your Action Plan was (write in strategy here):
____
____

a. For this first strategy, would you say that you (write an "X" in the applicable box): ☐ Were able to implement the strategy as planned

☐ Partially implemented the strategy

☐ Implemented a different but related strategy

☐ Were not able to implement the strategy at all *(if not at all, skip to question "b" below)*

If any of first three boxes were checked, ask:
i. Could you describe for me what you did? (try to get specifics/examples)
____

____

ii. What effect(s) do you think your strategy had (e.g., on practice/clients, agency, community, etc.)?

iii. Were there any factors that helped you implement your strategy? If so, what were they? ☐ Support from supervisor

☐ Support from colleagues/peers

☐ Other: Please describe further:
____
____
____

b. What, if any, barriers exist that hindered you in implementing this strategy? If so, what were they?

☐ Lack of support from supervisor

☐ Lack of support from colleagues/peers

☐ Time/competing priorities

☐ Other: ______________________________________

Please describe further:

____
____
____

3. The second strategy on your Action Plan was (write in strategy here):

____

____

a. For this second strategy, would you say that you (write an "X" in the applicable box):

☐ Were able to implement the strategy as planned

☐ Partially implemented the strategy

☐ Implemented a different but related strategy

☐ Were not able to implement the strategy at all *(if not at all, skip to question "b" below)*

If any of first three boxes were checked, ask:

i. Could you describe for me what you did? (try to get specifics/examples)

____

____

ii. What effect(s) do you think your strategy had (e.g., on practice/clients, agency, community, etc.)?

iii. Were there any factors that helped you implement your strategy? If so, what were they?

☐ Support from supervisor

☐ Support from colleagues/peers

☐ Other: ______________________________________

Please describe further:

____

____

b. What, if any, barriers exist that hindered you in implementing this strategy? If so, what were they?

☐ Lack of support from supervisor

☐ Lack of support from colleagues/peers

☐ Time/competing priorities

☐ Other: ______________________________________

Please describe further:

4. The third strategy on your Action Plan was (write in strategy here):

____

____

a. For this third strategy, would you say that you (write an "X" in the applicable box): ☐ Were able to implement the strategy as planned

☐ Partially implemented the strategy

☐ Implemented a different but related strategy

☐ Were not able to implement the strategy at all *(if not at all, skip to question "b" below)*

If any of first three boxes were checked, ask:
i. Could you describe for me what you did? (try to get specifics/examples)

____

____

ii. What effect(s) do you think your strategy had (e.g., on practice/clients, agency, community, etc.)?

iii. Were there any factors that helped you implement your strategy? If so, what were they? ☐ Support from supervisor

☐ Support from colleagues/peers

☐ Other: ____________________________

Please describe further:
____

____

____

b. What, if any, barriers exist that hindered you in implementing this strategy? If so, what were they?

☐ Lack of support from supervisor

☐ Lack of support from colleagues/peers

☐ Time/competing priorities

☐ Other: ____________________________

Please describe further:

____

____

5. Which of the strategies do you feel were the easiest to implement in everyday practice? Please state reasons:

6. Which of the strategies do you feel were the most difficult to implement in everyday practice? Please state reasons:

7. What, if any, changes did you make in your practice that were a result of what you learned about Trauma, but were not part of your initial Action Plan? If so, please provide examples:

8. What, if any, recommendations might you have about facilitating the inclusion of trauma informed/trauma-sensitive strategies into ongoing daily practice?

9. Do you have any comments about the Action Plan process or this follow-up?

10. What did you like most about training?

11. What did you like least about the training?

12. Do you have any other comments you would like to share with me today?

(13. Ask follow up questions depending on responses of participants.)

APPENDIX E

PARTICIPANT SEMI-STRUCTURED INTERVIEW TRANSCRIPTS

Participant 1 Semi-Structured Interview Transcript

Below, you will find transcripts from the second semi-structured interview between the researcher and Participant 1.

Researcher: Hello, my name is Jordan Causadias and I'm conducting a follow-up evaluation with everyone who attended the road to recovery supporting children with IDD who have experienced trauma training at Connolly Middle School, over the past few months during the third quarter of the 2022-2023 school year. My goal is to better understand your thoughts and perceptions of the training and how the training impacted your ongoing daily practice. As part of the course you completed a personal trauma-informed action plan and I'd like to talk about how you have been or plan to implement the plan over the next few minutes. And then just some follow-up questions on the training. So if you'll remember as part of the road to recovery training you were asked to complete the action plan. The facilitator asked you to think about ways you could apply what you learned to improve your own practice by using trauma informed and Trauma sensitive strategies with Children and Families you serve. And write down a few concrete actions you plan to do. For each of your planned actions, I'm just going to talk about each of those; what you have been able to do, what you plan to do, and how you think the impact of your actions have or will have and what factors will help or hinder you. I would like to review what you wrote in the plan with you. It's probably been a little bit since you thought about that, because of break, so I have a copy of your original action plan and can review it with you. Is that okay ?

Participant 1: Sure

Researcher: Okay do you remember the action plan that you created?

Participant 1: I do, yes

Researcher: So I'd like to begin with your first strategy on your action plan, which was I will choose three tips for engaging in self care from the self-care options handout and practice that on a daily basis. So for this, have you been able to implement this strategy as planned, have you partially implemented the strategy, have you implemented it but differently, do you plan to do it in the future but have not yet been able to, or are you not going to implement the strategy at all.

Participant 1: I have not yet been able to, you cut out a little bit so I am not entirely sure what the choices were, but I have not currently been able to. The idea of daily basis is a bit of a lofty goal for me to start from like a negative you know, I'm not choosing self-

care at all, so jumping to everyday is a little bit of a high goal. But I am trying to make a more conscious effort of considering that as much as I can.

Researcher: So perhaps I could put, “implemented a different but related strategy”, because it seems like that one was a bit lofty.

Participant 1: Yeah it's definitely tempting, you know I mean I did take a day off yesterday which I think would be considered self-care.

Researcher: yes!

Participant 1: I was sick, but you know I've come here sick before, so yes I am implementing it but just in a more appropriate way for me

Researcher: Okay great. What effects do you think the strategy has had on your community? Just for example maybe even thinking about taking a day off when you're sick, like how would that have maybe benefited your community?

Participant 1: I think it benefits my community in the sense that it enables me an opportunity to reset myself so that I can be better. Because you know, when I am teaching and I'm sick, I'm really not doing a great job teaching. So my students aren't really getting anything out of it. I think it's also great modeling for my kids about, you know, like, listening to your body and when you're not feeling well that you should stay home and rest and recover. So it's a good learning opportunity for my students as well and it gives other people like my coworkers the opportunity to demonstrate their abilities and their willingness to support when I otherwise don't really give them as many opportunities to do so.

Researcher: Are there any factors that help you implement the strategy, such as support from your colleagues, support from a supervisor, or maybe some other ideas that you have?

Participant 1: Yeah, I mean I've had some, I've had some encouraging pressure from Administration to take time off. And I think honest, truly, it was because of the severity of how crummy I felt that was really the driving decision. And the fact that I was able to get a substitute. So in the evening I was conflicted because I had taken the day off and I already planned on potentially coming in If I had not gotten a substitute but the fact that I got a substitute help me solidify, like okay I'm just going to stay home. Because then I knew that somebody would be in my room covering.

Researcher: So larger than just the day off ,but just in terms of self-care, what barriers exist that hinder you from implementing the strategy? Lack of support from supervisor, lack of support from colleagues, maybe time and competing priorities, or anything else that you can think of?

Participant 1: I think it's time and competing priorities. I always feel like there's so much that needs to happen and taking a day off doesn't really help. And then there's also just the sense of not, not feeling like I have enough support from colleagues. I think I think I do have support from colleagues but it's not the level of support that I really need in order to feel like I can safely and successfully take a day off or to do something like that because there's always things that happen that would not have happened if I was here. So it kind of always sends me the message that it's not a good idea for me to take off. So I think the too many things that I need to get done and then just not the level of support that I need from my colleagues.

Researcher: The second strategy on your action plan was articulating recovery from trauma is possible. For this second strategy would you say you have been able to implement this strategy, have partially implemented the strategy, implemented a different but related strategy, plan to do it in the future but not yet able, or we're not able to implement strategy at all.

Participant 1: I would say I plan to implement in the future but have not been able to. This is kind of, in my brain, I interpret this strategy as like a, when it comes up kind of thing. So it's not really something where, like on a Tuesday, I'm going to reach out to a family and talk to them about that recovery is possible. It is going to be one of those things that happens when we're having those MET meetings or transition meetings or we're talking and a parent calls about an issue and then kind of within that conversation I can incorporate this strategy of you know making sure that they're aware that there are resources and there are ways to kind of work through it and just kind of keeping it on the back burner and then as needed implement it when it is possible and appropriate.

Researcher: What effects do you think this strategy will have on the student, on our school community ?

Participant 1: I think it's, I mean it's going, to definitely benefit the student and will help benefit the family as well. You know like letting them know that there are ways to kind of reach out and get assistance that can be a positive, have a positive impact on the student and the family. I think it's also going to help strengthen the relationship between myself and the families, knowing that I'm coming from a place of wanting to support and encourage versus just kind of calling to say the students doing this wrong or what have

you. So it's just going to just have a positive impact on all aspects of my relationship with my students and their families.

Researcher: Great and then with the factors that help you implement this strategy, do you feel like you have support from your supervisor, or support from your colleagues or any sort of other support?

Participant 1: I think the most support I would have would be from you, from the psychologist at my campus. I don't really feel like, I feel like any sort of crisis or anything that's happening within my program, when it comes to supervisors, the go-to is just to kind of to reflect back to me, be like, well how do you want me to support you? You know like there's never really any guidance, no one takes the reign, it's more like oh yeah, I'm here for you. So I think I would need to like talk out any ideas or get some information it would be probably from someone like you or a psych.

Researcher: And you kind of discussed this with what you just said, but any additional barriers that exist in hindering your ability to implement the strategy?

Participant 1: Yeah, I mean I think working in self-contained is a scary thing for people who are not working in self-contained. So any sort of issue or crisis whenever I go to get support, although it's well intention, there is not any actual like legitimate support that's given unless it's initiated by me. Like I think I need this to happen, Okay then this is what will happen. Versus, hey, I'm going to take over and I'm going to do this. So like, I'm always driving this ship, so there's not somebody else who, at least in my experience, who has been able to. Whether it's a skill set or desire or whatever, who has been willing to step in and provide you know assistance and guidance on things like this. I've just had to figure it out myself.

Researcher: Thank you for that. The third strategy on your action plan was to identify clinics that provide treatment. Were you able to implement the strategy, partially Implement, implement a different but related plan, plan to do it in the future, or not able to?

Participant 1: This is another plan to do in the future. I mean the only information I have is what we talked about throughout our training. But based on the timing of the school year, there's so many other like pressing timeline time sensitive things that are happening that I have not devoted any time to actually identify like, you know, more support systems and clinics. I do intend and hope to have like a resource list that I can provide with families at the beginning of the school year based on information that I like gather

throughout like this summer and once like the craziness of this current you know the next two months happens. So I plan to implement it, I just have not done so yet

Researcher: And then what barriers do you see potentially hindering you from implementing the strategy? You kind of touched on that, right?

Participant 1: Yeah I mean the biggest barrier is just the other responsibilities that I have...

Researcher: So time and competing priorities?

Participant 1: Yeah I see this strategy as a beneficial strategy for families. But I also see it as just a lot of extra work for me, which I don't personally have an issue with because that's just kind of what I just have accepted as my life as a special education teacher. But there are times when I can't, I cannot take on an extra responsibility. I have to focus on the other ones that are priorities and that's currently the situation. So I can't you know put energy into something else at this moment in time.

Researcher: Which of the strategies or lessons we learned, and it can be ones you didn't even choose here for your top three, but just throughout the lessons, we're easiest to implement in your everyday practice?

Participant 1: Let me see here, let me go back through my… I think the early on ones which were basically just kind of like identifying you know like the child first. So I don't remember exactly the range of numbers, but I think that was like,I don't know, maybe one through three possibly one through four? Just like identifying the kids, you know, the idea that the kids who have IDD and have experienced something traumatic, it has like a very specific kind of effect on them. And that being able to kind of provide opportunities for them to kind of work through that, you know we're talking about like having a safe space for kids and having you know like being considerate of like the effect that like some things are going to be handled differently by kids with IDD compared to the kid that doesn't have IDD. So those are all things that I was already kind of doing in my classroom. Just kind of like how I operate my classroom, of like being considerate of the child and like what are triggers for them, what are not triggers for them, how to deliver important information, so all of those are things that I was already currently doing. Just how I ran the classroom. So those are probably the easiest.

Researcher: Right, and we we talked about this individually kind of before and after the trainings, but for you in particular, the feelings may be of, I know the material we're

covering this is somewhat of a review but at the same time it's validating. Can you kind of talk more about that?

Participant 1: Yeah I mean it's definitely, I don't want to be that like classic, you know, veteran teacher who is like I know all of this information, you know? But, I do. I mean this is all, you know none of this was new information for me, it was all stuff that I have, that I'm aware of, that I know. I know like the self-care I know should be happening, I just don't do it. But it is validating to see, you know, graphics and to hear things that are, you know, like there are people outside of my bubble that are aware that this is the kind of stuff that I'm experiencing. It's validating to know that that I am doing my job well, in the idea that I'm creating a safe environment for my kids. And I'm doing these things that these kids need, that no one really told me about, that I just kind of had to figure out on my own. So that's like very validating to know that I'm doing something that's supporting my kids versus hurting them. So yeah, although it wasn't something where I got like these new, great strategies that I can implement into my classroom, it was reassuring to know that I'm, what I'm doing is is the right thing and that I'm taking steps and making decisions that are having a positive impact on my classroom.

Researcher: Which of the strategies do you feel were the most difficult to implement in everyday practice?

Participant 1: The Number 10, the self care one is probably the hardest one because that is, it just goes against everything that I naturally am doing. I think part of being, in my belief, in part of being a good special education teachers is that you are so ready and willing to kind of like adapt on the drop of a hat to meet the needs of your students. Like you know, right now I'm on my prep, but very quickly I could get an alert that a student's having a meltdown and I would have to stop what I'm doing and go deal with that. That's just part of the job. So idea of trying to actively put myself first, and think about what I need, is very difficult for me because there's a sense of underlying guilt that I'm not there for my classroom which then my students are going to suffer which is I know logically, it's not healthy, but it's also just kind of this weird cycle that I'm in of I have to be here to give everything of myself for my students so they can be okay and safe. And if I'm not, then that won't happen. So that's very hard to try to implement that into my day-to-day life.

Researcher: Thank you for sharing that. What, if any changes, did you make in your practice that were a result of what you learned about trauma but were not a part of your initial action plan? If so, provide examples. And maybe you could, I don't know if you maybe approached anything differently with the recent events of things that occurred in

the school with the passing of a teacher, if that impacted you at all based on any of the stuff that we learned?

Participant 1: For sure. I mean I think it all kind of, like these conversations, like brought all of these ideas up to the forefront versus it kind of being this like second you know autopilot kind of thing. So that was very helpful. I think it also, I've caught myself, you know, working with some of my more problematic, harder to love kids differently after this training. Where it's like okay, like yes, their behavior is frustrating and disruptive, but it's not necessarily just a disruptive behavior. So kind of like allowing myself a chance to kind of take a beat before I react with emotion with a frustrating student. So I noticed that. And then with the passing of our one of our teachers here, really just kind of creating a space in my room where my students felt safe to express themselves and safe to ask questions. And then also just knowing that that they are in a safe environment where they're protected so having to kind of step in and like translate when the when the people were sharing the information reiterating the information just kind of being that support system for the kids. So definitely, I think just having the the training helped to refresh all of that, so that was kind of more present in my mind when I was interacting with kids and just kind of consoling them and providing them opportunities to kind of express themselves however they needed to.

Researcher: And if this wasn't you, that is okay, I know we had talked about like for example one student needing multiple reminders that the teacher had passed away. A young eighth grader with Down Syndrome, can you talk about that a little bit and how the training impacted your understanding of what she was going through and your response to her?

Participant 1: Yeah, I mean I think it definitely made it clear to me that like the original delivery was not appropriate for her. Because she was completely disengaged from the conversation that was you know shared with the whole class about giving the information that he had passed away and so when she came back to her seat she noticed his picture and said you know what happened and I had to you know I had to tell her in a different way. And then you know she had to, she kept you know like bringing it up, and then bringing up other things. And so you know we had to talk about verbage of like, which we've shared in the training, about you know like yes that happened and it was scary but it's over now and it isn't happening again. And you know kind of like giving, validating her fear which is something I remember talking about about, you know? How kids with IDD, that sometimes it's like the timeline is hard for them but it feels very real for them in that moment. So validating that fear but reminding them of the time and place and that it's not currently happening to them. So you know kind of like having to have that conversation over and over with her again. And then also I had to be aware of like who it

was triggering. So when she would repeat, you know, Mr Mahoney is dead, or you know the teacher has died, having to like look for other students who were also struggling emotionally but maybe not the same level. And intervening with those students as well to kind of make sure that they would not then be triggered into crying and just being, you know, upset. So just kind of having to juggle that, of just you know, processing things. And I think it's concerning to me that perhaps because she is a lower, has a lower cognitive processing ability, that I don't know how much of it she fully comprehends. I think a lot of it is out of mind for her, which worries me that we did not do our job properly in like informing her of what had happened. But it's kind of like reiterates, it reiterated for me, like how important it is for us to have some sort of training for everyone on how to really work with kids, like my kids, when dealing with something as traumatic as the death of a teacher, or anything really. But that none of us are really, truly equipped to handle that in an appropriate way.

Researcher: Right, right. What if any recommendations might you have about facilitating the inclusion of trauma-informed or trauma sensitive strategies into your ongoing daily practice? So that's, that's kind of a big question, so if you want me to break it down further I definitely can.

Participant 1: Yeah, I would love for you to break it down further.

Researcher: Okay, so do you have any recommendations that might be beneficial for you or other people on how they can better facilitate like trauma-informed practices into their daily practice? Or things that like you've experienced? Or maybe, did the reflections like help having to reflect on that week? Was that beneficial? Or like how did you kind of remind yourself or incorporate these things that worked for you, that might work for others?

Participant 1: You know it was very hard to like, I think, the timing of the training and the timing of the school year, it was difficult. Because it's very hard for me personally to like be actively present in what's happening in the training and then like be thinking of that once the training is done as the rest of the week goes on because there's so many things that are happening. So I don't really feel like I did a great job of like actively and consciously implementing the aspects of the training outside of what I was already doing. So I think that's part of why it was not as harmful, I guess, for me because I was already doing a lot of the same things. I was already creating a safe space, I was already like you know holding you know space for kids to express themselves, I was modeling those kind of things. But I did not find myself like actively, like oh I'm going to really try to implement essential message number whatever it was this week, like that wasn't it for me. So I think for me, my recommendation would be, I think what's important is that we have

an opportunity for teachers to get some sort of a training before they're in the middle of the year. Or you know like before the middle of like they're in the thick of it. And really emphasize on the importance of building that sense of community and culture in your classroom. Because I think if you have that, a lot of those things are just going to be naturally happening. Those strategies that we talked about in the training, would already be happening if you truly have this like quality, compassionate, caring, environment in your room, where kids feel that they are heard and that they are safe. And I think that we can talk about statistics and we can talk about you know what trauma looks like and people zone out. But if we really spend time, and I don't really know what that would look like, on developing quality communities in our classrooms, I think that that will then directly have a positive impact on kids of all functioning levels with trauma, without trauma. If we and if every classroom on campus is is a safe space for kids. And I think that is the most important thing. That I think is the biggest takeaway from the training. It’s is based on like well I'm doing these things, like that's okay this makes sense, I'm already doing this, so yeah I'm already doing that. So like if we can have teachers get that opportunity to like identify the key things that they need to be incorporating in their classroom to create that sense of community, I think we'll have that more support for trauma informed teaching.

Researcher: Thank you, those are really great recommendations and insight on the training that can be really helpful. And then do you have any recommendations or comments about the action plan process?

Participant 1: I think the action plan process is good in theory. I think the idea of coming up with like goals that you have for yourself is always great. But again, I think it's a timing thing. And if it's something that's happening prior to, you know, like the school year, I think that that's more beneficial. But I think that it's also something that's very common with professional developments, where you know teachers go like oh how are you going to use this in your classroom and you write something down and then you just completely forget about it. So it's like, it doesn't have a lot of weight to it unless it's broken down into pieces, so having more like benchmarks to the action plan, you know? Like things, so okay, maybe at this point I want to have accomplished this, I want to have a list of at least five agencies. Or you know, where you can kind of hold yourself accountable more? Something where you can break it down, versus this very vague, broad, action plan where it's very easy for teachers, I think really anybody, to just be like oh yeah and then that's it.

Researcher: Do you think it would be beneficial to have, kind of going off what you're saying, maybe like an action planning follow-up meeting where we do some of this? Like one of the things you said you wanted to have like a list for your parents but that one of

the barriers you're feeling is that you know time is hard, you feel like you have to do it by yourself. So either having those things pre-made for you to then just have less work for you and just give to you guys? Like here's a list of in your community these providers. As opposed to in the session, it was like you should look for the providers in your community. You know what I mean?

Participant 1: For sure, I mean if there's things that were already created and having those available that's great. Or even having a thing where it's like, you know, a meeting of the minds where it's like I know of this organization and oh hey I know of that, you know? Like giving us time to look at our action goals and like figure out how we can support one another. Because I think it's great to help take work off of someone's plate. But if that means that you're adding work to someone else's plate, for some people it's like great whatever, but for me personally like the idea that someone else had to create that list for me makes me feel bad. So like I wouldn't want someone else to have to make a list for me because I've got too much on my plate, you know? I'd rather just I'll do it myself versus having to impose on somebody else. But I think yeah, I think having follow-up meetings where you talk about how can we support each other with this action plan would be beneficial for sure.

Researcher: What did you like most about this training?

Participant 1: I liked that it was with similar people, who have similar experiences to me. So I like that it was people who all taught similar stuff to me, versus a bunch of random, I teach 6th grade English or I'm a counselor. So I liked that because I feel like you could bounce off ideas. I think it's also helpful because it becomes vulnerable, it's a vulnerable thing, especially when you get to essential message 10. I think it's crucial in order for it to be meaningful that it is with a team of people that you are already working with. Because I think that if I was in a training with colleagues that I work with here on campus but I don't actually interact with I would not have shared anything because I would not have felt in a safe space. So, I think I liked that it was done in a space where I felt like I could be vulnerable and I could be safe and share my ideas. So I think that's crucial for it being meaningful, that it's done with people that you are already currently working with.

Researcher: Thank you for sharing that. What did you like least about the training?

Participant 1: What I like to least about the training is a lot of it felt redundant for me. So I felt like there wasn't new information that I was getting, which is kind of common with a lot of trainings for special education. Just because there aren't a lot of training for special education. So I just felt very, it just felt like all redundant information. And then it's also the idea of like yeah, I know I need to do self-care but I don't want to. So it really

kind of felt like this is great information for people who do not have any experience. So like the social worker should have this training and the counselors, the administrators, and the general education teachers. People who are not actively working with this population. This would be a great training for them.

Researcher: And then do you have any other comments you would like to share with me today?

Participant 1: I don't think so. No, I mean I appreciate all of the work of putting something like this together and I think it's great information and I think it has the potential to be very impactful. I appreciate you thinking about our little bubble of a community.

Researcher: Yes, well thank you so much for taking part in this training and dedicating time weekly to this in your very busy schedule. I acknowledge that you have one of the hardest jobs in the world, I believe, and being able to take a little piece of time every week away from that to focus on this was wonderful and I really appreciate being able to work with you the last few months here. So thank you so much.

Participant 2 Semi-Structured Interview Transcript

Below, you will find transcripts from the second semi-structured interview between the researcher and Participant 2.

Researcher: So I'm going to start today I just introducing myself I am completing a follow-up evaluation with everyone who attended the training the road to recovery supporting children with IDD who have experience trauma at Connolly Middle School that we completed during the end of January February and beginning of March of 2023 to better understand your thoughts and perceptions of the training and how the training impacted your ongoing daily practice as a teacher. As part of the course you completed a personal trauma informed practice action plan and I would like to talk to you about some of the goals you set throughout the course. This will take about 15 minutes. I'd like to review the plan with you, it's probably been awhile since you looked at that, so I have a copy of that and I'd like to review it with you, is it okay if I do that?

Participant 2: Yes

Researcher: Ok, do you remember the action plan?

Participant 2: somewhat yes

Researcher: So I would like to begin with the first strategy that you chose. Over the next three months I will identify at least one alternative way of communicating teaching therapeutic skills and for this first strategy have you been able to implement the strategy, have you implemented it as planned, have you partially implemented it, have you implemented a different but related strategy, or do you plan to do it in the future, or have you just not been able to do it at all?

Participant 2: I have not planned it out yet, but I would say partially done it just when situations arise. And I'm able to kind of you know, pull kids aside and do a little one-on-one work with them.

Researcher: Can you describe for me about that or a situation where that happened?

Participant 2: Sure, so we had a situation at buses yesterday where an IA was telling a student to get off of like a little platform or a little bench and she wasn't listening and then another IA jumped in and said you can't you know pick and choose who you want to listen to and the student kept getting progressively more upset and then started cursing and getting louder and so I had to intervene and I took the student aside and we went for a walk and we just discussed alternative ways to express ourselves and what we could have done differently in that situation.

Researcher: yeah so what do you think this strategy has had on your school community, your classroom, your work?

Participant 2: I think it helps to, like, calm myself as well as the student. So like if I'm staying calm the student is going to get calmer instead of if I you know get loud then it's nothing's going to resolve itself. And I think it just creates a really safe environment that the kids are, you know, can feel happy to be in and feel comfortable in.

Researcher: Were there any factors that helped you implement the strategy such as support from a supervisor, support from colleagues, or any other support you can think of?

Participant 2: The lovely training that you did with us. And then yeah definitely support from my two other special education teachers that I work with

Researcher: Okay what if any barriers existed that hindered you from maybe implementing this strategy further or just things you might think would be a barrier in the future?

Participant 2: Just you know having to do all of the on top of all the things I already have to do so like you know getting the curriculum and we're going to start State Testing soon there's just a lot of things that we have to get done so then unfortunately things like awesome things like this get kind of pushed to the back of the list. So yeah that is a big barrier.

Researcher: So kind of falling under like the competing priorities or lack of time right is that kind of what you're saying?

Participant 2: Yes

Researcher: Thank you. The second strategy on your action plan was to increase happiness with your… within… I don't know what you were thinking of… within yourself? within your students? Can you talk about that more?

Participant 2: Yeah it was to identify three children with IDD with whom I can work to increase happiness through activities that provide engagement and meaning I will ask again about the activities each time that we meet.

Researcher: So have you been able to implement it, partially implemented but a related implement, doing a different related strategy, have not been able to implement it yet but plan to in the future or just aren't going to do it?

Participant 2: I feel like I've done it a little bit partially, just yeah through different activities. So instead of doing you know rotations in here so instead of doing our you know normal rotations I found like some cool Disney Pixar short comprehension questions so we watch you know some Disney shorts and then we answered questions and they really enjoyed that so just trying to kind of mix it up and not doing I guess the same thing or just something that they enjoy more than like reading you know reading a passage.

Researcher: Oh that's great. What effect has that had on your classroom community or just your practice as a teacher?

Participant 2: For my practice as a teacher, trying just trying to keep it different or trying to you know just trying to keep everything fresh and rotating so we're not kind of

stagnant and then just trying to yeah keep the kids engaged really cuz they're middle schoolers and it can be difficult at times.

Researcher: Are there any factors that helped support this strategy such as support from a supervisor, colleagues, or something else you can think of?

Participant 2: No, just Teachers Pay Teachers, and teacher peers.

Researcher: What if any barriers exist that hindered your ability to implement this strategy, it could be not able to implement it fully, such as lack of support from supervisors, lack of support from colleagues, competing time or priorities?

Participant 2: Yeah I definitely it's always I think going to be competing time or priorities, for sure, because again yeah we have to get curriculum done and testing and you know all these other things.

Researcher: Yes and then your last strategy that you said you wanted to work on in the future was trauma-informed assessments and that was the essential message 8 partnering with the agencies and systems to ensure earlier and more sustained access. Could you talk to me about that, were you able to implement it partially, implemented it but a different related strategy, or you planned to but have just not done it yet, or you just are not going to do it at all.

Participant 2: I plan to but I have not done it yet.

Researcher: Can you tell me some of the barriers that hindered your ability to implement the strategy? I know that it has been recent.

Participant 2: Yeah, it could be time constraints and then just not really knowing where to start. So like I mean I know Google is a powerful tool but it'd be nice to like have a network where I could find you know, three local clinics, or providers, that provide trauma-informed assessments for kids, so I just don't know where to start.

Researcher: Okay, which of the strategies or lessons that we learned from you know all the modules do you feel were the easiest to implement in your everyday practice and can you kind of tell me some of those reasons?

Participant 2: I feel like implementing or increasing like happiness for kids or providing like those protective factors are easy cuz we just already do it everyday in our jobs. We

just wear so many hats, so it is easier to do on the ground stuff that we are doing with our kids everyday.

Researcher: Yeah, are there any other lessons or strategies you want to talk about? If not, that is ok.

Participant 2: I like the self care strategies for teachers, I think those are always important. And then I think, oh yeah, then there was a trauma screening tool one, I think that one's really important especially when we get transfer-ins. Like we got a handful of transfer-ins this year and it was definitely really critical for these kiddos to know like yeah, what they're backgrounds were and how we could best support them because they yeah had a lot of trauma coming in to the school.

Researcher: Yeah definitely, Which of the strategies do you feel were the most difficult to implement in everyday practice?

Participant 2: I think finding those resources is always hard and then the advocacy piece, because we can advocate but like if we're trying to have you know Administration come in and it's just hard because a lot of people don't know how to work with our population of kids.

Researcher: Yeah, definitely. What if any changes did you make in your practice that were a result of what you learned about trauma but were maybe not a part of your initial action plan? And those can be everyday things that you can maybe have incorporated now or just anything you can think of.

Participant 2: Yeah I think just like the trauma reminders and then the just remembering to– I mean I'm pretty calm person– but just like remembering that you know sometimes we get upset, we're human, but just remembering to stay calm and in situations because those kids do have, you know, those backgrounds and it's just even if they're screaming, yelling, I have to remember that they need a caregiving system, the protective factors, and like we just have to keep in mind their backgrounds and just work from there.

Researcher: Definitely and kind of I think that relates to some of the stuff we talked about with the strategies right so– that it says parenting strategies– but it was more just in terms of like being a reflective, gentle parenting things, and the co-regulation piece of just what you said, you have to be calm in order to calm another person down.

What if any recommendations might you have about facilitating the inclusion of trauma-informed or trauma sensitive strategies into ongoing daily practice? And if you need me to kind of break this question down a bit more, I realize it's a bit cumbersome

Participant 2: Yeah, can you say it one more time?

Researcher: So do you have recommendations for how you would be able to include trauma informed strategies into their ongoing practice based on what you've learned as a teacher just kind of given your role and things that you've kind of thought along the way?

Participant 2: yeah I don't necessarily, yeah I mean well just like exposing people to it. I mean I don't know if we would be able to facilitate it, but just expose… having our own administration and our IAs have this training would be super helpful. And maybe like breaking it down into even smaller pieces because the modules are a little heavy, you know, and then just being able to slowly like break it down and then maybe implement it like Implement one strategy just throughout the week or you know throughout a couple weeks, yeah and having people exposed to it, just because everyone an use this.

Researcher: Yeah, no definitely, I like that idea a lot and just the inclusion of more people getting this information and maybe having it broken down more, that's really, that's really interesting.
Do you have any comments about the action plan process or this follow up do you feel like it was useful for you?

Participant 2: Yeah I think the actual plan was useful. And I think just like check-ins would be helpful just so then I can continue to build upon it and not you know put it to the side.

Researcher: oh yeah I like that idea Yeah that's interesting that's good it's always nice to have a check-in because it kind of keeps in the back of your mind like oh okay I need to continue working on this cuz I'll have to check in with someone about it.

What did you like most about the training?

Participant 2: I just liked all the different resources and the exposure. It's just helpful when we're actually dealing with this stuff to have important you know resources, and a knowledgeable person you know helping us along with it and it was a nice fun safe space with you and our other coworkers that we had.

Researcher: Well I'm glad that it was a safe place for you to be able to come, and you know learn hopefully, and connect.

What did you like least about the training?

Participant 2: I feel like some of the messages were like, oh yeah you can just do this. But it's not you know it's not that black and white or it's not that easy. Or there were resources, but it's like okay, then how do we, you know, how do we build upon those resources or how do we get those resources?

Researcher: Yes, so can you kind of talk more about that. What would you like to see because this is a great question that will I think allow change to happen within maybe how this is implemented in the future or different ways this can be implemented for teachers. So can you talk more about that piece, just the resources and what you would have maybe like to have?

Participant 2: Yeah I know there was a mention of a website or two and we didn't create our logins yet, and there was a checklist but that we haven't had gotten that yet, so there was just like a couple things… There was like a trauma symptom checklist…

Researcher: Yeah so I think what you are saying is that with a lot of the resources on the website, there wasn't a specific time within the training to create your login, to explore the website, so creating a space for you to do that within the modules or as an extra module. Would that be beneficial, you think?

Participant 2: Yes, that would be beneficial I think.

Researcher: Anything else you can think of? Can you talk about at all how it was impactful or not impactful, how you experienced it being done during the school day. Was it beneficial? Was it difficult? Can you talk more about that and your experience?

Participant 2: Yeah, I think it was beneficial, just because then we are in the moment and I can literally implement some strategies like that day if I needed to, because our days are so unpredictable. Yeah the information was good, it was just a lot sometimes. Breaking it down further would be awesome.

Researcher: Breaking it down more, great.

Do you have any other comments you would like to share with me today? Or other information or stories about how the training has impacted your practice or the ways you respond to students lately?

Participant 2: I think it has helped me because you know when you get in the middle of the school year towards the end of school you're like, I just want to be done,I just want to be done. You know or you're like a negative space but I think it helped me to get out of that negative space and be like you know I love my job and I know why I chose this job because I'm here for these kids. And so just yeah remembering those kind of engagement strategies and like the protective factors and recognizing that we just have to yeah like help them meet all their needs cuz they're not going to get it in other places unfortunately.

Researcher: Great. Well thank you so much for your time today and thank you thank you so much for letting me take a part of your week for the last few months. You have a very, very wonderful and demanding job and I appreciate being able to take up some of that time and space in your busy schedule. Please feel free to reach out to me if you have any questions in the future. Thank you Kelli.

Participant 3 Semi-Structured Interview Transcript

Below, you will find transcripts from the second semi-structured interview between the researcher and Participant 3.

Researcher: So I'm going to start today I just introducing myself I am completing a follow-up evaluation with everyone who attended the training the road to recovery supporting children with IDD who have experience trauma at Connolly Middle School that we completed during the end of January February and beginning of March of 2023 to better understand your thoughts and perceptions of the training and how the training impacted your ongoing daily practice as a teacher. As part of the course you completed a personal trauma informed practice action plan and I would like to talk to you about some of the goals you set throughout the course. This will take about 15 minutes. I'd like to review the plan with you, it's probably been awhile since you looked at that, so I have a copy of that and I'd like to review it with you, is it okay if I do that?

Participant 3: Yes

Researcher: Great okay so to begin, can you tell me your first strategy that you wrote on that final action plan?

Participant 3: Yes, so one of them was that I will be able to identify at least different alternative strategies and therapeutic skills that I can use with my students in the classroom. I've been actually looking into it since a lot of my students come from ELL families or only speak, or incline more to speaking Spanish than English, so I've been looking into like different strategies and different ways to assess them in their language and and in English and also at the same time being able to give them a little bit more of extra help or extra skills that they can develop so that way they can express their needs or wants so they can be more successful when they're having like a difficult situations here in the classroom. So that's the one that focusing more on.

Researcher: Great so it sounds like you have been able to implement that as you wanted .

Participant 3: Yes, I also have the ability to talk to my mom who is a psychologist and she works with this population from where I am from, Puerto Rico, so she has been a good resource about what they're doing and like what are the things I can do, she has a lot of training on trauma and how to use like different strategies and she has been a really good resource.

Researcher: That's amazing, how do you think that you know focusing on some strategies have been effective for your community or not even effective but what is the effect that it's had on your classroom community , on you as a teacher?

Participant 3: Well, well it has been challenging, I'm not going to lie. It's always going to depend on how perceptive the kids are to what your presenting to them. Also it's going to depend on how they feel about sometimes taking them away from maybe like a routine kind of stuff so that way we can like deal with a situation and then incorporate that in whatever we're doing in the classroom so it, it will also you know it will depend on a lot of their mood. But thank God they're being really receptive of like me changing things around and they're really used to it at this point, so that's good. You know there are days when they are on it and it is amazing and they know what to do and what is expected of them. And then there's some other days, like you know this past week, that they're like struggling a little bit more and be like being a little bit more defiant with like routine stuff. But I think that in general, the fact that I have created like a really good home culture here in the classroom has helped them be more relaxed and just go with the flow.

Researcher: That's great. Were there any factors that helped you implement the strategy. I know you've already talked about you know your mom being a psychologist and having worked with trauma sensitive strategies with her clients and stuff is there anything else that you thought of maybe like support from a supervisor or from colleagues or anything else you can think of?

Participant 3: Well I do have two amazing colleagues and I also, you know, the psychologist here in the school and you know they're always available when it's needed. Outside those three persons here at school, and the assistant principal, I cannot say that I in a way feel supported. Like for example, we have a coach here for us, and I cannot say that I feel supported. But I cannot also say that I am not, I started teaching during the pandemic, so during that time it was implied that a lot of the stuff here in the classroom was be by myself, so that was the situation, scinereo we were living through. I like to consider myself a problem solver, so if I can solve it and I don't need to like ask for that extra stuff, like help, I will do it. It needs to be to the extreme that I really tried a lot of things that I cannot figure out that and that's when you know like I maybe go to our student support coach and ask for other help.

Researcher: Yeah well thank you for sharing that and your experience. I think it's important to, you know, recognize those challenges that you know you are facing and continue to face. What were factors that maybe were barriers that hindered you from implementing the strategy? You kind of touched on that as well, such as lack of support from a superior, lack of support from colleagues, time or competing priorities.

Participant 3: I also can say that, you know like this is my 3rd year teaching, so a lot of like you go to college and you got all this education about things that you need to be doing in the classroom but they actually they don't necessarily prepare you to actually face different situations and I can say that from experience, from like actual experience and like knowing from my group of people who graduated with my masters, I'm the only one teaching self-contained. I have always expressed an interest in teaching this population so even though we're colleagues and we're all teaching special education like we cannot relate on the same experience. So a lot of the things that happen in here, no one told me how to handle it, how it was going to happen and what I needed to do. So I have had to figure it out from the beginning. For example, liek writing an IEP, I have written an IEP in college but it's it's totally different, so I remember my first IEP like it's like okay you need to write this IEP and it was like okay, I've never written an IEP before, like I have seen a model, but not actually got on a program and like typing it and like all that kind of stuff. Like I have all the data, I had everything, but I had never actually sat down and written one. I had to figure it out, like my first it didn't go bad but you know, like it it would have been nice to have like a training on it and then this last summer there was a training on it and it was good but I'm going to be going on my third year like all this stuff I already know like I figure it out, like it would have been nice to get it like that summer before starting. But I started during COVID so it is more than understandable, like maybe it would have been better right at the beginning instead of like me, like halfway there.

Researcher: yeah having more support at the beginning as opposed to now that you've already had to do this and kind of find it out by yourself. What was your second strategy in your action plan?

Participant 3: I will identify at least three life goals, and in their own words, that children with IDD will have had with traumatic experience. So a lot of the things, and this was for me was like a more personal one, with the population that I work, considering that all of them have speech impairment or are nonverbal, it's really hard for people to actually acknowledge or validate their trauma or what they're experiencing and feeling. So it has been really, it's really like a touchy thing for me, because like they are more vulnerable because they're not able to actually communicate what happened or how they're feeling so if something happens to them they they can maybe express it or like talk about it, but that doesn't mean that we will have people like who will actually understand or want to work with this population. So I had an experience last year, I was pretty sure that this kid was being, maybe not sexually abused, but I had that hint that something was going on, and when DCS was called I said this is a child, she has a speech impairment, she's really friendly but sometimes she doesn't feel comfortable sharing information so I would like to be there so that way I can be like that bridge between you guys and her. They told me no. And for me, I am actually telling you that this child has a disability that she's not able to communicate effectively and I'm actually being a volunteer so that we can actually get the information out of her and then you guys tell me no. And then they interview her, and then they called me and told me, you know what, we cannot use her statement because we can’t understand her and I'm like are you serious? What on Earth, I start crying, it's like are you serious? Like I told you that this was going to happen and like this is a child that needs help so you're telling me that because you cannot understand what she's saying you're not going to help. They didn't say yes, but they didn't said no either. So I took it seriously, and I got really mad and I raised a complaint.

Researcher: Good, I think that's great that you are advocating.

Participant 3: I told them, I work with nonverbal kids, and you know it's really frustrating that as a teacher, I'm always telling them like we always need to be doing the right thing, we cannot get in trouble because when we do then it's like a whole chaos and then no one wants to help us. So it was really frustrating. So now that I have verbals in the class this year, because last year I did not, I'm always trying to tell them like we need to express our feelings. You know, I know that sometimes we get frustrated and we want to hit, or we want to do different things but we need to use our words because sadly I know what you guys are trying to say when you guys are getting all frustrated but people outside these four walls, they do not know. So they have been able to, you know like maybe like

75% of the time, they are able to do it, but you know I think it's it's been years since no one had let them be their own voice, so it's a long process. So my only hope is that by the time that they get a high school you know whoever is their teacher they they continue with that that same practice,so I'm hoping.

Researcher: Yeah no definitely. What effect do you think that this goal will have on your community? You kind of touched on that already with just, in terms of helping you almost advocate for them, can you think of any other ways?

Participant 3: I just want them to be independent, like sadly you know this is a population that will always need someone to be with them. And sometimes it's also really hard for the families to understand that and to actually grasp that whole concept. Or if they do, you know they worry about, oh my God when I'm not here why are they going to do? So at the end, and that's what I tell my parents at the beginning of the year and every time that we talk it's like yes, you know academics are important and then that we are focusing on the classroom but at the end of the day for me the fact that they are able to express themselves, they're able to advocate for their safety, advocate for needs, if they can do that at the end of the year I do not care if they know the alphabet. I do not care if they know how to add or subtract at the end of the day, it's about their safety and them to be able to be independent and be able to function in society as best as they can.

Researcher: Yes, I think that is great. What factors helped you implement this strategy?

Participant 3: I usually always start by making this classroom and this school like I said safe environment and knowing that everybody here in school you know is someone that will be able to help. I always try to let them interact with a few teachers, you know the idea is that they interact with everybody but the reality is that not everybody is eager to interact with our students, so get them situated with everybody. Like know where the principal office is, where the nurses' office is, the library, maybe specific teachers that I know, that if they see them they will actually act if something bad is happening, and like always you know assuring them like you know we're always safe at school whatever happens in here you know at the end of the day my job is to keep you safe. And sometimes you know we go through situations but like at the end you know, like I want to be your safe spot. That's always been like a big thing and then usually it takes them like, if they haven't been with me in years before, it takes them like three to four months to get actually acclimated and like feel completely safe and that's when they start sharing stuff. I always tell their parents at the beginning it's like, hey you know this is what I usually do, just want to let you know that everything that they share to me I will share back with you unless it's something you know way too heavy and then I will have to like go through the process, but usually parents feel pretty comfortable and they start sharing

you know like he or she was sexually abused or we were in a car accident. So usually I try to do the same thing with parents, so that way they don't feel as I'm an agent attacking them, because with my population I have like immigrant parents who are here illegally, so it's you know like, I don't want to add stress to their life as well so I always like, I'm not here to like get you persecuted or anything, it's just like I'm trying to keep your child safe and therefore if he or she is safe, you guys will be safe. So having that relationship with them has also also being really beneficial. On top of the fact that I also speak Spanish, and a lot of parents have told me like my kid has been going to school since kindergarten and I've never been able to talk to their teacher because we do not speak the same language, so I feel like that is an advantage the fact that I actually am able to talk to them all the time.

Researcher: Yeah definitely a factor that helps you. Do you feel like there were any that have hindered this strategy that you have not discussed?

Participant 3: Yes, it was really interesting, She was not like interested at all and then it was really hard, it was really hard because you could tell that there was stuff going on but they were like no I'm sorry but no. And you know like we cannot, I cannot force them to you know talk, or whatever. I did send like resources that I found and I always told them that you know whatever you guys need I'm always here you know if you only want to just call me and we can talk about something else we can always do that too. She never did but you know I'm hoping that that child is good right now.

Researcher: Did you have a third action plan/strategy?

Participant 3: Yes, I picked, I will identify three local organizations to provide intensive case management or case services. So I think that from all three of them, that is the one that I am lacking. I am working this population, and I have only been living here in Arizona for 5 years, so I don't know a lot of places. It's also helpful, the fact that one of my co-workers, she has a lot of contract and she knows a lot of places. So you know, usually when I'm trying to look for something I usually go ask her and I usually start that way. And like most of the places are great but for my population who are immigrants sometimes going to an office and they see like the stereotypical you know American person they usually do not feel so accept or included or on the same page so maybe trying to find something that is more approachable for them, culturally, that will make transitions better for them. And maybe we can get the kids the help that they need because even though they get all the services here, you know they could be having those services outside school, and it will be a lot better for most of them if they actually get their services.

Researcher: Yeah so it sounds like you were not able to implement the strategy but want to do it in the future?

Participant 3: Yes, yes I'm working on it.

Researcher: What affects you think this could have on the community if you had a list like that?

Participant 3: I think that, like so my idea right now it's like once I am able to identify and make those connections, I want to actually add that list to the beginning when we have parent meet the teacher so that way parents already have access to that information and they they know that you know we we have those contacts. And obviously you know that will be available the entire school year, and always you know it doesn't matter– I know that we need to set boundaries as teachers– but sometimes you know, it's a Sunday and they are asking for help, and you know, I do it! You know right now we are in the process of trying to get one of my students an ipad so that way she can effectively communicate in both English and Spanish, it has been a really long process and most of the complaints from Mom has been like I don't understand what they're telling me I don't understand what they're saying, like they're giving me papers and I don't get them. And then I call and they tell me it's like no you do not you cannot help it needs to be mom. And if I knew someone or someone who knows someone than the process could be easier and I could like help explain the situation and I know that there are hundreds of kids here that need this, but sometimes you know they don't take under consideration the kids who are bilingual or like the parents do not understand also considering that a lot of my/our parents do not have any schooling so you know they don't get it, so it will be helpful sometimes you know if they let–and I know that I'm crossing a boundary because that's not my job– but like I feel so connected and so passionate about my kids that it breaks my heart not being able to like actually help, if I have the means, then I can help get them there.

Researcher: So maybe having a list would be not only beneficial for you and them. They would have support and then you could maybe take a step back and not have to be doing that. Okay that's great. What barriers, we kind of talked about the barriers to implementing the strategy, you not being here in Arizona for a while, would lack of support from a supervisor, colleagues, or competing time and priorities be seen as a barrier for getting that list created?

Participant 3: Yeah. I think that beyond the colleagues and not being here I think that there's so many things happening in the schools right now that sadly you know the priority right now may not be the self-contained students. Because like I told you in the

beginning, you know me and my team, we are problem solvers. So we try to not bug anybody, like if there's a situation we will handle it we will not have to have anyone outside from outside to help us. It's a good thing but it's also a bad thing because then when something really bad happens they're like okay I'm here to help what do you want me to do, and we're like if I'm calling you it is because I don't know what to do. I think that that's one of our biggest problems and also the disinterest from others to like actually want to learn or actually understand that this is also important like, we are also part of the school, like we go through the same stuff and we can help each other, but we're not included you know so there's no way. Because sadly you know, I'm in my classroom the entire day. I don't see the students outside my classroom, I dont even know them, so that's a thing. But at the same time you know like that seclusion also helps sometimes with our kids because they do get overwhelmed so it's it's like really like a really weird Pro/con list. I think it will depend on the population that you have for a specific time, in a specific year and maybe then it could be completely different the next year, so it's really not an even balance.

Researcher: What strategies or lessons do you feel were the easiest to implement in your everyday practice that we learn during the training?

Participant 3: That's a really interesting question because I feel that I have taken things from each lesson and I either I have been incorporating it or I started incorporating. I think that the last lesson when we're talking about you know, advocating for ourselves and and getting all that help and you know sometimes letting go and you know self-care and that kind of stuff, sometimes sometimes no, though usually it's the last thing that we're worrying about. One of my colleagues she took off on Tuesday because she was not feeling well and my other colleague she is taking off in April or something and I was telling her that like it's really funny that you know you have gotten sick the other one has got it sick, I haven't gotten sick and sometimes I feel left out! And she's like what? And it's not like I want to get sick, but sometimes they're with you guys and I'm like they were asking her to take a few days off and she took Tuesday. She only took Tuesday but she said I haven't been the only one and then I was telling my fiance the same thing and he's like well maybe you should take a day and I'm like it will create more work and more stress. And I know that it's needed and I know it's important but at the same time , it's like, for example, this week has been really hard with the kids and I'm like imagine if I took a day and they are like this and they did the things they did this week. And it will be too much and then I will be stressing the entire time for the poor person and then I will be apologizing, and like I haven't been sick, I haven't had any major things, so like if I don't have any major things then I'm here.

Researcher: So the lesson that was the one that was personal about you, not the kids, was the one that was the hardest.

Participant 3: yeah, yeah.

Researcher: What if any changes did you make in practice that were a result of what you learned about trauma that were maybe not part of your initial action plan? It kind of sounds like you answered that when you said you've been incorporating things throughout the weeks that you've been learning.

Participant 3: Yes so I can give you a few more specific examples. So a few weeks ago one of our colleagues passed away and this was the first time that you know that I had to deliver such big news for students so I was like I don't know how we're going to, you know, how they're going to react because some of them have lost relatives or you know family,friends and stuff. And I'm like how is this going to be? So it was a little bit stressful for me and so I started looking at all this research and all these strategies. I bought a book on how to talk you know when we lost someone and and then I remember that I had a story book about an invisible string about how even though you don't see someone next to you that doesn't mean that the connection it's broken, it's just that you cannot see them but we have this invisible string that we can send our love. It was really interesting how well the kids took it was really interesting. I was not prepared for how well they took it. And we still talked about it for a whole week but they took it so well. I was not ready for that, so that caught me really off guard. I was expecting you know like the constant asking and like the crying and everything. It was more conversations with the parents than with the kids.

Researcher: Okay. So that was interesting yeah do you feel like any of the changes or lessons that you learned helped you kind of prepare to overcome that death of a colleague and the reactions with your students?

Participant 3: Yes. because when it started happening I went like automatically in the crisis mode and then I start reviewing all the things that we talked through the whole training and I'm like wait, let me just stop for a second take a deep breath and like just analyze from another point of view. And then when the day came and I needed to like actually share the information it was much much easier. And I think that because I was calm the kids perceived that calmness. And I think that that's why it was just such a smooth kind of like transition on talking about loss.

Researcher: Yeah, well and that goes to one of the strategies you know we talked about with that yes being you have to be calm to help your kids be calm. So that's great. Do you

have any recommendations you have about including trauma-informed strategies into ongoing daily practice for other people?

Participant 3: I really think that this training was really really really good. I think that everybody, including gen ed teachers should take it, even if you let's just say that you don't have any kids in your classroom that do not experience trauma, it does give you really good strategies on how to like maybe handle other situations that may lead to trauma. This will be like a really good training for like the beginning of the school year, before the kids get here and you know that you can open conversations and actually can maybe bring the bridge back between special education and general location.

Researcher: That is a great insight. Do you have any comments about this follow-up or your action plan? Do you have any additional questions?

Participant 3: No, I am good.

Researcher: Quickly, what did you like most about the training if there's anything you haven't talked about yet.

Participant 3: I think how open we were to talking about our experiences and be able to hear it out because sometimes you know with the population that we work in we just you know we are like a sponge that we you know we collect all this things and we just like keep getting bigger and bigger and we just stay like that and then something little happen and we snap and being able to be in a room with people who have experienced the same things as you and like like oh I didn't see it with that perspective, and you know it's it's like another kind of training without you realizing it

Researcher: That's great and then is there anything that you liked least about the training or things you'd maybe change about it for the future?

Participant 3: Oh no, I think it was great, yes I like the materials, I think it was great.

Researcher: Do you have any other questions or comments you would like to share with me today?

Participant 3: No, I am good.

Researcher: Well thank you Yara, for meeting with me today and thank you so much for letting me be a part of your very busy schedule over the past few months. It was a

wonderful opportunity to get to work and learn with you guys so thank you so much and have a great day

APPENDIX F

THE ROAD TO RECOVERY WEEKLY REFLECTIONS

Week Module	Participant	How has what you learned in the past module reflected in your ongoing daily practice this week?
Module 1	Participant 1	It has allowed me to revisit frameworks for supporting children with IDD who have experienced trauma and be able to make connections on the work that I do with my students.
Module 1	Participant 3	It helped reflect on some of the approaches I have made in the past when working with students who have experienced trauma.
Module 1	Participant 2	Immediately after the training I found myself talking to others about the importance of considering the "whole child" when talking about issues. I was sharing with co-workers that there are several factors that need to be acknowledged rather than jumping to conclusions when dealing with problematic issues.
Module 2	Participant 1	Being able to give skills to advocate for themselves and provide parents resources that will help their child in life
Module 2	Participant 2	It reminded me of the importance of finding support for families and empathy for the challenges that they are facing.
Module 2	Participant 3	Impact different disabilities have in kids who have experience trauma; and how parents cope with the different situations.
Module 3	Participant 1	Being able to identify and respond to factors that will help my students recover or cope with the effects of trauma
Module 4	Participant 1	Incorporating activities that my students find meaningful and promoting a safe environment for them.
Module 4	Participant 2	While in the training I am able to really reflect but once the training is over I don't really find myself thinking about the topics discussed. I believe a lot of the information up to this point was information I was already aware of and organically doing.
Module 5	Participant 1	Trauma informed services cover a broad range of supports and it is important to use continuous reflections and assessments to help individuals with IDD

APPENDIX G

ASU IRB APPROVAL/EXEMPTION LETTER

EXEMPTION GRANTED

Sarup Mathur
MLFTC: Educational Leadership and Innovation, Division of
480/965-6893
SARUP.MATHUR@asu.edu

Dear Sarup Mathur:

On 1/17/2023 the ASU IRB reviewed the following protocol:

Type of Review:	Initial Study
Title:	Uniquely Impacted: An intersectional analysis on, and intervention for, middle school special education teachers access to trauma support for students with developmental disabilities
Investigator:	Sarup Mathur
IRB ID:	STUDY00016585
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	• ASU IRB MODIFICATIONS REQUIRED TO SECURE APPROVAL LETTER_Revised Protocol_Causadias.pdf, Category: Other; • Causadias_TD3 District Approval.pdf, Category: Off-site authorizations (school permission, other IRB approvals, Tribal permission etc); • J.Causadias IRB Social Behavioral Protocol 12.29.22.docx.pdf, Category: IRB Protocol; • J.Causadias Recruitment Consent Letter for CMS.docx (2).pdf, Category: Consent Form; • Permission from Principal.Causadias IRB.pdf, Category: Off-site authorizations (school permission, other IRB approvals, Tribal permission etc); • Post_RTR Questionnaire.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Pre_RTR Questionnaire.pdf, Category: Measures

	(Survey questions/Interview questions /interview guides/focus group questions); • Road to Recovery_FacilitatorGuide.pdf, Category: Technical materials/diagrams; • RoadtoRecovery_Modules 1-3_ SlideDeck.pdf, Category: Technical materials/diagrams; • RoadtoRecovery_Modules 3-6_ SlideDeck.pdf, Category: Technical materials/diagrams; • RtR Six Week Agenda.pdf, Category: Technical materials/diagrams; • Transfer of Learning Follow-up Participant Interview Final.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Weekly Reflection Google Form Snapshot, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);

The IRB determined that the protocol is considered exempt pursuant to Federal Regulations 45CFR46 (2)(ii) Tests, surveys, interviews, or observation (low risk) on 12/29/2022.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

If any changes are made to the study, the IRB must be notified at research.integrity@asu.edu to determine if additional reviews/approvals are required. Changes may include but not limited to revisions to data collection, survey and/or interview questions, and vulnerable populations, etc.

Sincerely,

IRB Administrator

cc: Jordan Causadias
Jordan Causadias
Sarup Mathur