

Dialogical Narrative Analysis as a Responsive Approach to Compassion Fatigue

Reduction in Teachers

by

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ABSTRACT

The purpose of the PhotoStory Professional Development (PPD) action research study was to explore the relationship between dialogical narrative analysis and reducing compassion fatigue in teachers working in a trauma-informed behavior management program. The PPD was designed to elicit conversations related to the psychological effects of compassion fatigue which were identified in previous cycles of action research. Through the iterative process, teachers identified they needed administrative support and mitigation strategies for stress reduction related to working in a trauma-informed context. As a result, the PPD was developed to provide opportunity for disclosure, discussion, and reflection regarding experiences with compassion fatigue related to the school context. The study was grounded in a constructivist framework, and aspects of trauma theory, connection, and storytelling were explored. The literature review includes studies centered on professional development for teachers working in trauma-informed programs, and psychological effects and mitigations strategies related to compassion fatigue. The PPD study participants included six kindergarten through eighth grade educators. Participants completed a presurvey, attended three workshops over the course of four weeks, and completed a postsurvey. Each workshop provided an opportunity for participants to create and present a PhotoStory collage, participate in a Talking Circle discussion, and write journal reflections. All six participants completed a 30-minute individual mid-study interview. The results of the study indicated that providing participants with an opportunity to engage in dialogue regarding compassion fatigue reduced the negative psychological effects associated with their roles as trauma-informed educators.

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and resources to realize the gift of education.

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DEFINITION OF TERMS

Burnout: The extreme circumstance and exhaustion of a counselor whose suffering and outlook on life has turned negative as a result of the impact or overload of work (Rothschild & Rand, 2006; Stamm, 2010). Exhaustion, frustration, anger, and depression were typical symptoms of burnout (Stamm, 2010). The symptoms occur over a long period of time, and unlike compassion fatigue, burnout may require a change in occupation or job (Figley, 2002).

Collaborative Story Analysis (CSA): A term used to define an analysis method that addresses keeping stories and interviews intact and preserving the participant's voice. The term also applies to an indigenous model of team building and collaboration which builds on strengths and resources within the community, and uses the findings to develop a community-based intervention (Israel et al., 1998).

Compassion Fatigue (CF): A term applied to the negative parts of helping others who have experienced suffering (Stamm, 2010). The term also applies to counselors suffering while serving in a helping capacity that is more progressive and psychologically disruptive than either vicarious trauma or secondary trauma. (Fahy, 2007; Figley, 1995; Pearlman & Saakvitne, 1995). Symptoms mimic that of Post-Traumatic Stress Disorder (Baird & Kraken, 2006).

Compassion Satisfaction (CS): Positive feelings associated with one's ability to help (Stamm, 2010).

Secondary Traumatic Stress (STS): A secondary component of CF defined as a "negative feeling driven by fear and work-related trauma" (Stamm, 2010, p. 12). STS was previously considered synonymous with CF (Figley, 1995; Ringenbach, 2009).

Self-Care: Any activity that one does to feel good about oneself. It can be categorized into four groups which include: physical, psychological, spiritual, and support (Richards, 2010). Examples in the literature include physical activity, reliance on a support system such as peers or a supervisor, personal counseling (Mackey & Mackey, 1994), and spirituality practices (Boero et al., 2005; Schure et al., 2008).

Self-Compassion: An openness to one's own feelings of suffering, caring and kindness towards the self, being nonjudgmental towards limitations, and viewing the self as part of a larger humanity (Neff, 2003; Ringenbach, 2009; Ying, 2009).

Vicarious Trauma: The self-perception or worldview experienced by the counselor as they were exposed to traumatic material (Baird & Kracen, 2006).

Counselors experiencing vicarious trauma report disruption in self-esteem, sense of safety, and that it contributes to anxiety, depression, disconnection, and burnout (Baird & Kracen, 2006; Sprang et al., 2007).

PhotoStory (PS): A community-based research method which empowers participants and uses a flexible process that combines figures and narratives with social action and is commonly used in the field of community development, public health, and education (Wang & Burris, 1997).

Talking Circle (TC): A foundational approach to Indigenous pedagogy that encourages dialogue, respect, the co-creation of learning content, and social discourse. A respectful approach to talking with others which provides a sense of communion and interconnectedness. The social discourse created an opportunity for all voices to be heard and a learning atmosphere which became a rich source of information, identity, and

interaction (First Nations Pedagogy, 2009).

CHAPTER 1

INTRODUCTION

Dialogical Narrative Analysis as a Responsive Approach to Compassion Fatigue Reduction in Teachers

“Each day educators face mounting pressure to meet learning objectives and demonstrate student progress. Compassion fatigue can affect an individual cognitively, emotionally, behaviorally, and spiritually.” (Figley, 2002)

National Context

Teachers play an essential role in the lives of students who have experienced trauma (Collins et al., 2016; Platsidou & Agaliotis, 2017). Yet, educators rarely receive training that prepares them for working with children and youth who were the victims of neglect, abuse, poverty, and loss” (Mistretta & Dubois, 2019, p. 3) and most teachers have not been adequately trained to teach students with such emotional and behavioral difficulties (Potgieter-Groot et al., 2012). Yet, each school year, teachers across the country continue to invest their energy and skills into their careers, while experiencing the challenges of classroom management, time management, rapport building, lack of resources, parent correspondence, technological advances, large class sizes, and school culture (Eldor & Shoshani, 2016; Gray et al., 2017). As a result, teachers who teach students from trauma and who are faced with these mitigating classroom behaviors and high academic expectations experience overwhelming responsibilities and have higher rates of compassion fatigue (Girgin, 2011).

Teachers and other helping professionals who work with highly distressed individuals, such as those who have experienced trauma, were at risk of developing compassion fatigue as a result of their work (Abraham-Cook, 2014; Haider et al., 2017; Stacey et al., 2016). These factors increase the teaching challenges and increase the

possibility of the transference of secondary trauma, making teachers in trauma informed programs a critical population to study. (Antoniou et al., 2013; Blair & Raver, 2012; Elwood et al., 2011; Hiles Howard et al., 2015; Yoshikawa et al., 2012).

Compassion fatigue has been defined as the empathic strain and general exhaustion resulting from interaction with individuals in distress over an extended period (Cacciatore & Thieleman, 2014; Hemsworth et al., 2018). The components of compassion fatigue are secondary trauma and burnout (Cacciatore & Thieleman, 2014; Van Dam et al., 2011). Burnout is characterized as having an association with environmental and organizational stressors, while secondary trauma includes both psychological and emotional processes resulting from indirect trauma exposure, also known as vicarious traumatization (Hamid & Musa, 2017; Hemsworth et al., 2018; Kolthoff & Hickman, 2017). It is important to note that compassion fatigue can be an exclusive result of secondary traumatic stress without any accompanying symptoms of burnout (Haider et al., 2017; Sheppard, 2015). Opposing to compassion fatigue is compassion satisfaction, which is the sense of achievement in one's ability to help others and results from providing quality service to others (Hemsworth et al., 2018; Stacey et al., 2016).

Figure 1 illustrates the trauma exposure cycle educators in trauma-informed programs populations were exposed to which can lead to compassion fatigue. The cycle first begins with exposure to the student from trauma. Did the educator have access to resources? If yes, and those resources were properly utilized (as defined individually) the educator has empathy and compassionate care towards the student, and the educator understands the choices made were the student's responsibility, which also means the

educator is practicing compassionate detachment and working with the student in a way where the student is making his or her own choices without the educator becoming personally involved. This led to more positive interactions between the parties involved, where the educator felt more compassion satisfaction. If the educator did not have access to resources or did not utilize resources provided to them, the educator began to place blame on themselves for not being able to ‘help’ the student, which lead to the educator withdrawing from things they once enjoyed in order to give more time to the issue or issues, therefore leading to negative interactions between student and educator. Once this occurs, the educator may begin to feel compassion stress, chronic stress, and ultimately, compassion fatigue.

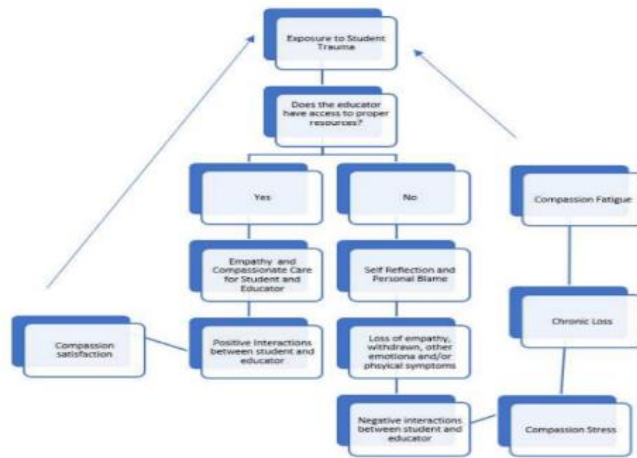


Figure 1. Trauma exposure cycle for educators.

The potency of secondary traumatization is often underestimated (Ludick & Figley, 2017). Previous research has identified numerous variables that affect compassion fatigue of professionals in helping roles (Barnett & Flores, 2016; Kim et al., 2012;

Myung-Sun, 2016) in addition to differences of responses amongst teachers (Bernhard, 2016; Brown & Roloff, 2011; Moses et al., 2016).

Education professionals who were already overburdened with an overwhelming number of job-related tasks can find themselves depleted due to their care and concern for their most vulnerable students. Previous research consistently suggests that the most important factor of a positive learning environment is the relationships that were formed inside the learning environment. This is especially important for at-risk students, as a positive student–teacher relationship can serve as a protective factor for school failure, whereas a disconnection between student and teacher can aggravate the risk (Oberle & Schonert-Reichl, 2016). These characteristics of children from trauma households increase the potential of teachers experiencing secondary trauma (Blair & Raver, 2012; Hiles Howard et al., 2015; Yoshikawa et al., 201).

As a result, educators experience the physical and emotional symptoms of burnout and compassion fatigue. To be most effective, educators must be able to care for themselves while also caring for their students. As one teacher stated:

As my students came to school grappling with some serious trauma, I had to learn how to help them cope with what they were experiencing so that some classroom learning could take place. Nothing in my teacher training program even addressed the topic of trauma, let alone how to address the complex thoughts and feelings generated as a result of creating a safe space for my students (Teacher, personal communication, 2018).

Although teachers may not readily come to mind when thinking about helping professionals, urban teachers serve, support, and teach trauma victims (Figley, 1995; Knight, 2013) and were among the helping professionals who hear the recounting of traumatic experiences. Urban schoolteachers were in a unique position to respond to trauma and therefore at risk of secondary traumatic stress (NCTSN, n.d.). This risk was

greatest among female helping professionals who were highly empathetic, isolated, carrying heavy caseloads, and were therefore underprepared to effectively support traumatized children (NCTSN, n.d.). These similarities in the work of helping professionals and educators were too great to ignore and were explored further.

Urban teachers are resilient; even while confronting the difficulties of working with students who were experiencing troubling circumstances, they remain in the profession at urban school sites because it is where they felt they belonged (Brunetti, 2006). Despite these remarkable proclivities, urban educators were and still are leaving the profession in droves (Brown & Wynn, 2009) due to compassion fatigue.

There is some evidence that one reason many teachers leave the profession shortly after starting their career is because in the contemporary philosophical and psychological environment of America's schools, they do not believe the educational goals and values that were important to them were attainable. The tragedy of current educational policy is that while intended to improve school for those students most in need, "recent reforms actually prevent teachers who want to make a difference in their students' lives from being able to address their real and present needs" (Santoro, 2011, p. 18). Teachers no longer believe they can do work that is good, or work they find valuable. The belief that teachers were no longer free to work to make a difference in a child's life may be an important factor in teacher demoralization and attrition.

Many educators who complain of burnout were probably greeted with a collective shrug from school leaders. Teacher exhaustion or stress has often been dismissed as signs of weakness and an inability to cope. With schools and districts providing little in the way of support, the burden has always been on educators to deal with whatever is

dragging them down. Although this scenario still currently plays out in too many schools, districts were becoming more aware and sympathetic to the pressures teachers face in school every day and were recognizing the adverse impact it has on the profession and students. Similarly, the recognition of the contagious nature of trauma among helping professionals resulted in the inclusion of the concept of compassion fatigue in training program curricula designed for helping professionals and warranted a call for more trauma-informed sensitive practices in these fields (Butler et al., 2017; Cole et al., 2005; Cornille & Meyers, 1999; Figley, 1995; Finzi-Dottan, 2016).

For my study, the term “compassion fatigue” was used to describe the costs endured by caring support professionals when working with victims of trauma (Elwood et al., 2011; Figley, 1995). Included in these costs is the likelihood of practitioners experiencing and reacting to trauma expressed by their clients in a similar way as their clients, as if the trauma is contagious (Figley, 1995; Knight, 2013). Costs also include general physical and emotional exhaustion and significant decreases in the ability to feel compassion and empathy for others (Turgoose & Maddox, 2017, p. 172). Empathy consists of three components: “1) the affective response to another’s emotions and actions; 2) the cognitive processing of one’s affective response as well as the other person’s perspective; and 3) the conscious decision-making to take empathic action” (Gerdes & Segal, 2009, p. 121). Use of empathy allows the practitioner to better understand the phenomena their client is experiencing, which in turn may lead to the practitioner simultaneously— if indirectly— experiencing that trauma (Harris, 1995).

Abraham-Cook (2012) did notice the similarities and conducted a study on compassion fatigue in educators. Abraham-Cook found that 91% of urban educators

scored an average raw score of 24 on the Professional Quality of Life: Compassion Satisfaction, Compassion Fatigue, Burnout, Secondary Trauma, Vicarious Traumatization and Transformation (ProQOL) scale for compassion fatigue (Abraham-Cook, 2012; Stamm, 2010). A score of 17 indicates a high risk for compassion fatigue; these urban educators scored well above that (Abraham-Cook, 2012). Furthermore, 43% of these teachers were also at high risk for burnout. In other words, urban educators were overwhelmingly likely to suffer from compassion fatigue (Abraham-Cook, 2012), a fact which underscores that compassion fatigue, as conceptualized by Stamm (2010), is a critical issue for urban educators.

School conditions which influence teacher stress levels include, but are not limited to, student behavior, workload, pay, and administrator support (Gray et al., 2017; Podolsky et al., 2016). Additionally, “heightened teacher stress may also influence school climate as it often leads to high levels of staff absenteeism, early retirement, and turnover in the profession” (Grayson & Alvarez, 2008, p. 203). The school climate can be defined as “the quality and character of the school” (Collie et al., 2012, p. 1191). Understandably, these issues can adversely affect teachers’ ability to create, experience, and perceive their school’s climate positively. It is not just students’ well-being that is improved when a school’s climate is improved. Improving school conditions and climate also impacts educators positively by decreasing teacher turnover and improving teacher effectiveness (Cohen et al., 2009; SCIRP, 2017).

Personal Context

I had the privilege of discovering how teachers were more than just educators during my early adolescence. The trauma I experienced—as a child who attended more

than 10 schools by age 13— was the impetus for this action research project. I discovered, by accident, that educators were compassionate, caring people whose mission in life was to build children up, no matter how hard they had to work, or the risks involved. As an adult, I maintained a few of those teacher/student relationships and was in awe when I became a teacher myself and learned what a risk it had been for my teachers to support me in the face of my adolescent trauma.

Today, I am an educator because of this direct influence from my childhood teachers, and I have been taking a stand for at-risk students for more than 20 years. In my current position, I guide behaviorally challenged students by meeting with them one-on-one. We work together on setting goals, building relationships with their parents/guardians, facilitating restorative conversations, and exploring obstacles that hinder their personal values, commitments, and underlying fears. I also taught small groups of students how to remember they were important, valued, and a vital part of our learning community. Essentially, the most important part of my job was guiding students' natural leadership abilities to make a positive contribution to the communities in which they belonged.

As a professional, I am a Behavior Specialist and social/emotional skills teacher at Progressive Community School (PCS), located within a small urban school district in Central Phoenix. PCS has two educational programs: Social Emotional and Academic Support (SEAS) and Changemakers. The SEAS program served students with profound social and emotional needs as identified by a psychoeducational evaluation and its goal was to provide students with the space and personalized support to build resilience and social competencies. Changemakers was a program which services students with

presented needs for intensive behavioral support, beyond that which the home campus has already provided. The social/emotional curriculum provided students with personalized support to reintegrate into the home campus successfully and safely. Each student's exit from the program was individualized: a typical length of stay in Changemakers was projected at six weeks.

I have taught in the public education system for 15 years and in private schools for six years. I believe all teachers deserve to feel fulfilled and experience success in their jobs. This includes teachers feeling a sense of satisfaction in their skill set and overall connection with students, families, and colleagues. It is this conviction that has provided the intrinsic motivation to continue to grow my professional and educational leadership skills. Action research has been a consistent template to guide my work during the tenure of my professional educational career. I welcome the opportunity to delve deeper into more efficient and thorough research methods by discovering trusted sources, accessing meaningful content, and using evidence to make a real difference in children's and teachers' lives. Seeing an imbalance between teachers feeling compassion and empathy for students and managing the general physical and emotional exhaustion they exhibit is a major problem, thus prompting the development of this study.

The importance of a caring community in the development of a child reduces the risk of harm to both the child and the community. The risk of trauma was much lower when there was a sense of community and people were able to notice when something was wrong with a child. As my educational practice naturally transformed from teacher to leader, I was transforming my own personal trauma into a passion and vision for programs to be developed that elicit inspiration and passion in order to build a strong

community of compassionate and competent educators. The highest rate of difficulties in raising children occurred when kids somehow escaped the caring hand of the community and parents take solitary action. Children became a risk if they sense the community's grasp is not for them. Adults become a risk if they do not feel their interactions and support to the children were effective. The consequence of both scenarios was often both sets of community members feeling inadequate and not feeling that they were part of the community. In my experience, these feelings lead to both emotional and mental exhaustion.

The responsibility that adults and teachers have to the children in their community can sometimes be overwhelming. However, as adults and teachers, it is often difficult to instill the character trait of responsibility in children because there are many actions encompassing the idea of responsibility and children see variations of responsibility in the adults surrounding them. I illustrated responsibility for children by sharing the idea that we were responsible to our community, and in turn our community was responsible for us. One of my favorite stories to tell children, while in the presence of their caregivers, is the importance of being held accountable for their actions. I begin by relaying the story of being a summer camp mentor and learning the surprising news that five of our campers snuck into tents, cabins, and campers and stole fellow campers' iPhones and cash. Next, I share the discomfort of sitting for four hours while every member in our community joined in a circle and was given time to share how the events made them feel. And, lastly, I share the big sigh of relief when the last iPhone and last penny had been returned to every person that had been robbed.

I find the absence of these kinds of circles in the lives of today's children to significantly impact how they hold themselves accountable to both themselves and their communities. Children who had a variety of positive adult models, to emulate, develop confidence in a way that children with very little support do not. Teachers who do not have other colleagues with whom they can share their classroom challenges with, or brainstorm behavioral interventions may feel overwhelmed or frustrated. When the teacher-student relationship is filled with tension, other trusted adults within the community can fill an essential role.

Situational Context

Today as an educator, I often reflect on perspectives about dealing with trauma, and I strive to help others who have also demonstrated struggles throughout the years due to adverse childhood experiences. My selection of the topic of trauma was spurred wholly by my role as a Behavior Intervention Specialist at an inner-city middle school. As I reviewed behavior response to intervention plans and office discipline referrals in my school, I saw a pattern that the same students— often students of color— were repeatedly referred to the office for discipline. At the same time, I witnessed the frustration among support staff, teachers, and administration from experiencing little to no success with these behavioral intervention plans. Despite the creation of individualized plans to assist the students, frequent conferences, and collaboration sessions, and use of progressive discipline, some of the frequent offenders were not making the expected progress.

One commonality among many of these students was that most have been identified as having adverse childhood experiences (ACEs) or complex trauma in their backgrounds. The ineffectiveness of the current school-wide behavior management

system, intervention plans, and individualized special education behavior assessments plans was apparent. This prompted me to be asked by the school to consider using an alternate methodology and theory related to how trauma affects the brain. It became my job to design an ‘alternative to suspension program’ that focused on social and emotional rehabilitation skills. In this role, I was tasked with teaching young people healthy social and emotional skills, many of whom were currently crying out to be seen and heard and used socially unacceptable ways. My responsibility was to manage young people’s behavior in a way that enhanced their development, learning, and self-esteem.

In this capacity, I, along with other teachers, characterized ourselves as feeling disheartened and having little compassion in our personal reservoir for ourselves and our personal families. The reasons behind our exhaustion laid in the demands of supporting our students and colleagues throughout the day. Many of the teachers were general education teachers and do not have prior training in trauma-informed strategies, special education, counseling, or psychotherapy. While many of the teachers in the school experienced the district administration as being supportive of self-care overall, 80 percent of our staff in both the SEAS and Changemakers programs felt unsupported. We were not given the additional resources and training needed for adapting to an environment which contributed to our own extreme personal overwhelm and stress daily.

The first cycle of action research revealed teachers felt inadequate and unsupported to teach students with trauma histories. The results of my first cycle left me wondering if there might be a way to understand and enhance specific skills that teachers needed to feel effective in their teaching. After hearing so many stories of PCS’s teachers struggling and considering leaving the job due to general physical and emotional

exhaustion, I conducted a second cycle of action research in fall of 2018 by interviewing teachers. I asked how teachers could effectively incorporate strategies in behavioral interventions that would address issues of a student's trauma while also reducing the negative effects of compassion fatigue. The same theme continually occurred as evidenced in one interviewee's response:

Teachers unfortunately have to address the trauma if they are going to help that student. Teachers have to be able to pick up on what is eating the student, or really see what's going on and find a way to really, for the most part, help a student feel comfortable. Teachers have to be able to get a student and see them for what they've been through and what they are bringing to the classroom. The kids have to be able to be authentic and a teacher has to be able to meet them where they are at. If teachers can see that the good in a kid outweighs the bad, that is one way a student begins to feel comfortable and then the teachers gain their trust and might be able to teach them a thing or two. (J. Young, personal communication, 2019)

The second cycle of action research highlighted two recurring questions emerged relating to trauma: What strategies do teachers use to be effective with students despite the tremendous amount of trauma-related behaviors students bring to the classroom, and what strategies can teachers use to maintain their own psychological and emotional well-being while effectively serving their students? Clearly, there was more to learn about the physical and psychological symptoms associated with the stress that teachers experienced while serving students in a trauma-informed learning environment.

PCS has adopted the *Conscious Discipline* program. A consortium of researchers from the Center on the Developing Child at Harvard University had outlined a theory of change that underscored the importance of building adult capabilities to improve child outcomes (Shonkoff, 2013). *Conscious Discipline* implied that any attempt to improve the magnitude of children's health and cognitive development during childhood was

improved by supporting the development of skills among the adults who were important figures in children's lives. The practical implications of this theory involved the design and implementation of coaching, training, practice, and active skill building initiatives to support the development of skills among parents and early education and care providers. There were four Brain State Models (Bailey, 2014) within the Conscious Discipline system: The Brain State, Seven Powers for Conscious Adults, The School Family and The Seven Skills of Discipline. The Seven Powers for Conscious Adults "promote mindful, conscious adults who use conscious awareness to change old conditioned discipline practices in order to implement effective new practices" (Bailey, 2014, p. 16). Bailey (2014) also included The School Family model which promoted a "healthy family where cooperation and willingness to learn through a sense of belonging" (p. 17) was used to build connection needed for optimal learning environments. The *Conscious Discipline* initiatives supported our school district's initiative to build healthy connections in school and family and helped adults acquire the skills needed to promote children's learning and development.

Dialogical Narrative Analysis

The *Conscious Discipline* initiatives were in alignment with the school district's initiative to build self-awareness and significant relationships that repair relationships and empower students. My response to this crucial problem was to return to stories. Dialogical Narrative Analysis (DNA) understands stories as artful representations of lives; stories reshape the past and imaginatively project the future. Stories revised people's sense of self, and they situated people in groups (Frank, 2006). When individuals were given the opportunity to include their primary discourse and culture into a learning

process, they found that their identity has value within their communities (Belenky et al., 1986). This brought the dual perspective of living in two distinct worlds together. Storytelling provided a culturally responsive strategy to navigate between the heritage languages of learners (in this study the learners were the teachers). When new learning happened, oftentimes we turned to literature from a manual or book.

In this study, I invited teachers to bring their authentic stories to our professional community in order to enable a change in their sense of self as a teacher of students from trauma, as well as unfolded new opportunities of connecting with the available resources within the school. Arthur M. Frank, author of *Letting Stories Breathe*, asserted that stories inform human life, bring people together, and heal relationships. The purpose of this project was to use action research to continue to unveil effective practices for mitigating psychological effects of compassion fatigue in teachers. It was my goal through this storytelling process that teachers gained an understanding of who they were and how they were connected with others, so they knew that they are human and not alone in the struggles accompanied with teaching students from trauma. I gained a deeper understanding of dialogical narrative analysis and systematic approaches to designing effective interventions within that philosophy. This knowledge was used professionally to refine my implementation in the classroom. The lack of both literature and research concerning dialogical narrative analysis and compassion fatigue formed the driving need for this action research. My understanding of the philosophy was experiential, and I found the methodology for teachers was unclear and disparate.

This study illuminated how a community of educators, including myself, used dialogical narrative analysis and collaborative story analysis to build connection and

reduce the psychological effects of compassion fatigue symptoms in a disciplinary alternative school. To explore how teachers begin to identify and navigate compassion fatigue, I sought to answer the following research questions:

RQ 1 How and to what degree do teachers exhibit compassion fatigue through dialogical narrative analysis?

RQ 2 How and to what degree do teachers exhibit connection through dialogical narrative analysis?

RQ 3 How and to what extent does dialogical narrative analysis reduce psychological effects of compassion fatigue?

CHAPTER 2

LITERATURE REVIEW

“I noticed an increased heart rate. I had a difficult time expressing what needed to be done. I was a lot more on edge. I just shut down at home. I had a hard time functioning with my [own] children, my spouse. Every afternoon, I go home and sleep, and on the weekend I am beginning to revert to childhood self-harming strategies.”
(Female special education teacher, 10 years’ experience)

There was a long history of research examining how human beings have handled stressful situations, especially in the helping professions (Cherniss, 1980; Figley, 1995). Symptoms of stress manifest through physical or mental means (Conrad & Kellar-Guenther, 2006). In the early literature, trauma and ensuing symptoms were found in studies of the military or medical-related fields. Definitions of work-related stress terminology was found in business-related journals. Definitions and terms for trauma and work-related stress have changed significantly as the literature related to the education profession references the mental and physical manifestations that translated into a reduced quality of life.

The previous chapter discussed the need to address compassion fatigue by using dialogical narrative analyses with teachers who teach in trauma informed schools. This chapter includes the theoretical frame and a review of existing literature that guides this proposed action research project. The first and second sections describe two overarching theoretical frameworks around which the study was developed: trauma theory (TT) and compassion fatigue (CF). In order to investigate how teachers respond to the trauma they experience, whether through their students' stories or their own interpretations of students' trauma stories, it was important to include trauma theory and compassion fatigue as a way to understand how trauma was defined, manifests itself, and

managed. The third section reviews the research literature and perspectives that inform this study, including the detrimental psychological effects of CF in teachers and studies supporting the use of dialogical narrative analysis as a beneficial tool for building connection and trust between colleagues to mitigate the impact of CF.

Theoretical Framework

Trauma Theory

Trauma theory helped guide this study because it examined the many ways in which researchers understand how trauma impacts an individual and ways to move beyond the impasses. The concept of trauma has evolved over the last two centuries and was a complicated term that has been shaped by military and medical controversies (Radstone, 2007). In Greek, trauma referred to a “wound” inflicted on humans (Caruth, 1995, p. 3), it also means to pierce or tear the skin. In the last quarter of the nineteenth century, trauma was considered a physical impairment (Erichsen, 1882; Oppenheim, 1889). Historical debates related to trauma have centered on events such as war and the Holocaust and whether to treat trauma as a physical or psychological injury (Salam, 2018). In psychoanalysis, trauma was a physical impairment that can be caused by factors that were internal such as repression and anxiety or external such as wars and natural disasters (Caruth, 1995).

Since the 1990s, the theorization of trauma has climbed steadily, and contemporary theorists and scholars expound the research from Holocaust, war, and psychology studies (Luckhurst, 2013). Primary scholars who have developed trauma theory were Shoshanna Felman and Dori Laub (1992), Judith Herman (1992), Bessel van der Kolk and Onno van der Hart (1996) and Geoffrey Hartman (1995). Felman, Dori

Laub and Herman examined trauma through a historical lens as the nature and function of memory and the act of witnessing in relationship to war and historical events. Van der Kolk and Van der Hart moved trauma from historical to the psychoanalytic and neuroscience perspective by examining mental conditions, such as Post Traumatic Stress Syndrome and physical disabilities. Bataille and Bloom explore the literary to the visual by seeing construction of traumatic events as memories that cannot be recalled yet portrayed through narratives (Hartman, 1995). These early theorists agreed that traumatic experiences create memories that were stored in the psyche and appear throughout victims' lives as visual stories, yet debate if trauma was processed and worked through (LaCapra, 2001; Leys, 2000; Rothberg, 2014).

Cathy Caruth, a leading figure in trauma theory, has published two foundational books: *Trauma: Explorations in Memory* (1995) and *Unclaimed Experience: Trauma, Narrative and History* (1996). Caruth wrote of trauma as a wound that carries “a response, sometimes delayed, to an overwhelming event or events, which takes the form of repeated, intrusive hallucinations, dreams, thoughts or behaviors stemming from the event” (1995, p. 4). In *Trauma: Explorations in Memory* (1995), Caruth edits a collection of essays dealing with traumatized individuals' various responses to their overwhelming experiences. She observes:

There is no single approach to listening to the many different traumatic experiences and histories we encounter, and ... the irreducible specificity of traumatic stories requires in its turn the varied responses—responses of knowing and of acting within psychiatry, neurobiology, sociology, and social activism....It may be only through this variety that we learn, in effect, not only to ease the suffering but to open, in the individual and the community, new possibilities for change, a change that would acknowledge the unthinkable realities to which traumatic experience bears witness (p. 3).

Trauma theory has been used to examine the humanities and intersects individuals in educational leadership who seek to develop a better understanding of how trauma compromises the cognitive ability of students so as to enable educators to work more effectively in the classroom. Educators lacking trauma symptomatology training sometimes inadvertently reinforce the behavior by their lack of response or attention (Massachusetts Advocates for Children, 2009). Providing educators with this knowledge assisted them in properly engaging a maltreated student with replacement behaviors that increased accountability and self-regulation (Prather & Golden, 2009). Understanding the symptoms or effects of trauma also granted educators the confidence they needed to provide answers and bridges that empowered students toward recovery, back to center, and in a position to receive what the educator needed to give them an engaging learning experience (Massachusetts Advocates for Children, 2009). Children may endure or witness traumatic experiences and educators need to be knowledgeable about the effects of childhood trauma.

Childhood Trauma. Childhood trauma was defined as a response to an adverse event or sequence of events in which children were unable to effectively manage their thoughts and behaviors; consequently, the child was unable to cope with day-to-day activities (McInemey et al., 2014). Throughout the literature there were various terms, including trauma, complex trauma, toxic stress, and adverse childhood experiences (ACEs) that were used interchangeably to describe children who have experienced traumatic events that had a significant impact in their educational setting (Aideuis, 2007; Blitz et al., 2016; Boel-Study, 2017; Brunzell et al., 2018; Craig, 2016; Crosby et al., 2015; Howard, 2016; McInemey et al., 2014; Perry, 2009). Complex trauma was a term

used to describe a child who has experienced repeated or chronic traumatic events (Aideuis, 2007). Toxic stress was used to describe students whose experiences that had a significant, substantial, or monumental impact on their cognitive, academic, and social-emotional growth in the school setting (Blitz et al., 2016). Another term frequently found in literature was adverse childhood experiences (ACEs) which refers to various traumatic experiences that occurred before the age of 18 and impacted a child's lifelong functions (Felitti et al., 1998). While these terms essentially varied in their definitions to some degree, they were closely related and were referred to as trauma for the remainder of this study.

Traumatic events children experience include psychological abuse, physical abuse, and sexual abuse, as well as household dysfunction such as substance abuse, maltreatment, mental illness, criminal activity, or the death of someone close. If a child experiences trauma during the first five years of their lives, it affects how the brain develops, organizes, and functions. Unfortunately, the most common trauma, which was maltreatment or neglect in the home setting, frequently went unnoticed by individuals in the school setting (Craig, 2016; Felitti et al., 1998) and affects students' academic and social success.

Childhood Trauma Affecting Classroom Learning. Trauma theory includes seven domains of impairment in children that exposed to trauma: fight response, flight response, learned helplessness, dissociation, addiction to trauma, issues with bonding, and physical disorders (Bloom,1999). Like the flight/fight response, a freeze response was also an adaptive impairment in children who have been exposed to trauma (Gallup, 1977; Schmidt et al., 2008). While some students who have experienced trauma develop

resilience and function well within the school setting, there were many who demonstrate negative educational experiences due to their traumatic experiences. Children from trauma environments had less ability to self-regulate, and may have had more behavior problems, difficulty with social-emotional functioning, and greater difficulty adjusting to school in general (Hiles-Howard et al., 2015). Such chronic stress may negatively impact the working memory, executive functioning skills, and self-regulation of youth from trauma households; these cognitive deficits further impeded the student's learning and academic performance (Blair & Raver, 2012; Hiles Howard et al., 2015).

Trauma influences the development of the brain physically, which often results in children being unable to focus in the classroom and experiencing academic problems (Craig, 2016). Basically, learning was impacted in the classroom because their brain was not available for learning and preoccupied with thoughts of survival. These students experience challenges with problem-solving skills, short-term memory, and understanding cause and effect. They struggle to remain focused and on-task resulting in difficulty in processing and retaining information. They were not able to complete assignments and do not remember previous concepts taught. When given an assessment, they may perform poorly because they were unable to recall information, stay on task, and had an extremely low frustration level (Blitz et al, 2016; National Child Traumatic Stress Network [NCTSN], 2008).

The most obvious issues in schools tended to be related to social-emotional issues, and these students demonstrated frequent social-emotional problems throughout the day, causing them to struggle in the learning environment (NCTSN, 2008). For example, students who had experienced trauma struggled to control emotions and are

more likely to have a response of fight or flight or freeze. They often demonstrated impulsive verbal and physical aggression towards others. The students reacted negatively to various triggers such as a change in routine, loud sounds, or simple requests to complete a task. If a student or adult attempted to correct the child, the child often had an intensely negative reaction because the child lacked problem solving and organizational skills which resulted in anxiety and outbursts (NCTSN, 2008).

Managing Childhood Trauma in the Classroom. Teachers are the primary source of academic and social and emotional support. However, because teachers were not prepared as certified mental health professionals, this was a difficult task for them (Brunzell et al., 2018). If teachers and support staff were not trained to understand the underlying issues behind a student's behavior, the teacher may respond in a manner which was counterproductive, resulting in increased intensity and duration of the episode at school (Howard, 2016). Since students who have experienced trauma are frequently viewed as difficult in the school setting, teachers do not want them placed in their classroom. Yet, due to the lack of outside services for trauma students, the school setting was the only opportunity for them to attempt to feel safe and supported.

Unfortunately, many students who have experienced trauma are placed in a school environment that does not provide an appropriate support system that addresses their maladaptive brain development (Howard, 2017). Typical reactions from untrained individuals are to respond angrily or feel mistreated, bullied, or victimized by the child's outburst (Craig, 2016). Crucially, when students do have behavioral issues, if they are not allowed to come back to school the next day with a fresh start, they may refuse to go to school or act out immediately when they arrive (Howard, 2016). One reason was that

children who were reprimanded in a punitive manner for their outbursts were re-traumatized by the punishment, causing the cycle to repeat. Students who had experienced trauma sometimes viewed rewards and punishments as cruel and did not respond to this kind of behavioral lens system, which was why they frequently ended up in the office and repeated the same offenses.

Consequently, the traditional behavior management systems that work well for most students typically do not work for students who have experienced trauma. In fact, these punitive measures may exacerbate the child's negative behavior (Howard, 2016). Trauma-informed pedagogical approaches were required to address the special and complex needs of trauma-affected students (Bloom, 1995; Downey, 2007; Wolpov et al., 2009). Although teachers were not therapists, they often find themselves acting as front-line trauma workers for young people who do not have access to clinical care (Brunzell et al., 2015). Perry (2006) suggested that the classroom was sometimes the most consistent and stable place in a trauma-affected student's world and must be a therapeutic milieu wherein the structured environment itself was the most consistent and effective intervention.

Trauma-Informed Curriculum. Within the last decade, several curriculums have been developed and used in trauma-informed environments. These pedagogical approaches encourage teachers and support staff to prioritize the need to support students so they feel emotionally and physically safe. Trauma-informed curriculum mentioned in the research include the following: Attachment Regulation and Competency (ARC); Fairy Tale Model; The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success (HLT); Neurosequential Model of Therapeutics (NMT); Sanctuary

Model; Trauma-Informed Positive Education (TIPE); and Trauma Systems Therapy (TST). Although there were some positive preliminary findings on these approaches, there was still not an approach that has been thoroughly researched and found to have long-term positive outcomes for the children (Blitz et al., 2016; Boel-Studt, 2017; Brunzell et al., 2016; Crosby et al., 2015). The few research studies that do exist examined one or more of the approaches mentioned above among professionals in the areas of special education and mental health versus professionals in general education (Figley, 1995; Gonshak, 2011; Pearlman & Saakvitne, 1995).

Trauma-Informed Care. Daily, teachers were confronted with students' serious mental health issues and had limited support. Teachers had no training and few resources to provide therapeutic treatments such as those used by licensed therapists. As a result, when it came to addressing students' mental health, trauma-informed care (TIC) was crossing the sectors of mental health and public education (Berliner & Kolko, 2016; Hanson & Lang, 2016). Some school-based trauma services known to be effective treatments to reduce trauma include Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Dyadic Developmental Psychotherapy (DDP), and Support for Students Exposed to Trauma (SSET) (Aideuis, 2007; Boel-Studt, 2017; McNemey et al., 2014). While teachers were incredibly effective at prevention and spotting early symptoms, they are not licensed therapists nor can they refer their pupils for the therapeutic support they need if that support does not exist within their buildings (Devon, 2016).

Limited Support Implementing Trauma-Informed Care. Becoming a trauma-informed school was a philosophical change to an environment that asks individuals to look at students through a trauma lens. When educators do not receive the support they need in teaching high-needs students, they were susceptible to compassion fatigue (Lombardo & Eyre, 2011). Consequently, the systems created to support teachers were also perpetuating the conditions of trauma for both students and their teachers: “Many traumatized children adopt behavioral coping mechanisms that can frustrate educators and evoke exasperated reprisals” (Cole et al., 2005, p. 32), evidence that student trauma enters the school system and manifests as issues educators must juggle alongside their many other professional tasks (Abraham-Cook, 2012; Hill, 2010). This struggle was what Stamm (2010) calls “compassion fatigue—or the negative aspects of one’s professional quality of life” (p. 12).

Synthesis of Theoretical Framework. Cook et al. (2005) explain that trauma theory provides a framework encompassing the traumatic event, production of physiological changes due to traumatic involvements and the continual and long-lasting effects produced by the memory of the event. Children need teachers who recognize these psychological and behavioral dysregulations as opportunities to persevere through the negative experience. Not all teachers were equipped to meet the social, emotional, and academic needs of their students who have been exposed to trauma. Regardless of whether teachers were aware of trauma exposure, or not confident in their ability to recognize trauma, they were still responsible for educating and managing these trauma-impacted students (Gamache et al., 2010).

Despite trauma-informed curriculum and care made available, educators are experiencing negative psychological effects both in the learning environment and in their personal lives. Through listening to the retelling of childhood experiences, providing emotional support, enforcing restraint systems to prevent harm to self or other students, as well as physical observations, teachers were beginning to experience negative emotions and physical ailments outside of the classroom. This exposure leads to secondary trauma which can lead to detrimental personality and behavioral patterns, and teachers may develop compassion fatigue while working in trauma-informed classrooms (Abraham-Cook, 2014; Hoffman et al., 2007; Tepper & Palladino, 2007; Walrond et al., 2018).

In addressing the negative effects teachers experience when working with students from trauma, Figley (2005) recognizes the contagious nature of trauma. Figley states, “if trauma is understood to be contagious to helping professionals because they work with trauma victims, then it is plausible that trauma could also be contagious for educators who work with traumatized students” (p. 32). The next section examines compassion fatigue as a conceptual framework which further shaped this study in seeking to identify strategies that have been used to mitigate the negative psychological effects by focusing on the use of dialogical narrative analysis as a tool for fostering connections.

Compassion Fatigue

The concept of compassion fatigue arose out of the research and observations of Charles R. Figley, PhD. Figley (1995) accurately summed up these terms: "It is the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 7). It is a condition that helping professionals risk developing when working with populations that

have endured trauma or were currently encountering trauma (Adams et al., 2006; Baird & Kracen, 2006; Fahy, 2007; Figley, 1995; Pearlman & Saakvitne, 1995; Rothschild & Rand, 2006). Discussions in the literature refer to these negative responses as indirect trauma, secondary traumatic stress (STS), secondary stress disorder (STSD), vicarious trauma (VC), or compassion fatigue (CF). These terms were used interchangeably to describe the negative impacts of CF on mental, psychological, emotional, and physical health to practitioners (Figley, 1995; Knight, 2013).

Compassion fatigue was a combination of burnout and secondary traumatic stress (STS). Figley (1995) made a distinction between burnout and STS in that burnout developed throughout a prolonged time frame and progressively became worse. The progression included repeated exposures to job strain of excessive demands along with diminished optimism and lack of achievement. Burnout caused “feelings of hopelessness and difficulties in dealing with work or in doing your job effectively,” while STS is “about work-related, secondary exposure to people who have experienced extremely or traumatically stressful events,” both of which can have negative consequences for the helping professional and teachers (Figley, 1995, p. 13).

Prevalence of Compassion Fatigue in Teachers. Sadly, a paucity of literature existed in the field of education examining compassion fatigue as it related to secondary stress (Kanter, 2007). Research done worldwide indicated that teachers’ stress was becoming endemic (Van Wyk, 1998) and had serious implications for the physical and mental health of teachers. Few studies relating to educators’ experience of compassion fatigue have been conducted in the United States; more studies have been conducted in Canada and only one study focused on educators who work in trauma-informed

programs. Ziaian-Ghafari and Derek H. Berg (2019) conducted a study with trauma-informed educators. They found that teachers associate their stress responses to burnout. Their study consisted of interviews and providing an opportunity for participants to talk about their stress as it relates to their teaching role. Their research focused on the broad and intense experiences of teachers and found that psychological distress was more profoundly situated within compassion fatigue. They found that at the root of compassion fatigue was rooted in the workload conditions of building social-emotional relationships with students. This is an example of a study that exhibits compassion fatigue and burnout emerging along parallel trajectories of psychological distress in teachers. Very few studies exist that identify teachers as experiencing compassion fatigue.

More stressful similarities than differences were found in comparison to teachers' stress internationally. Stress was the main factor contributing to job dissatisfaction, job-related illness, and early retirement in England (Van Dick et al., 2001). A study by Tang (2001) indicated inadequate self-efficacy and negative attitude of Chinese teachers contributed to burn-out and was negatively linked to their mental health. Work demands, student misbehavior and negative feedback were the main contributors to teacher stress in Sweden (Jacobsson et al., 2001). Within the last two decades, statistics indicate that teachers submit more medical insurance claims than persons in other professions, had a four-year shorter life expectancy than the national average, and often blamed stress as a reason for sick leave from school.

More recently in the United States, most research exploring compassion fatigue within K-12 education settings has been on catastrophic events such as 9/11, Hurricanes

Katrina and Harvey, and school shootings (Kanter, 2007). Kanter (2007) asserts educators carry a professional load that encompasses not only providing support for national/international tragedies, yet also stressors inherent to their group of students. This chronic and extreme stress from the social and emotional demands (in the school setting) informed our understanding of teachers' experiences. General education teachers were expected to balance the tremendous professional responsibilities of being an educator for a wide range of individual and group instructional needs in order to establish a level of emotional and social support that created a positive learning environment to include all students (Hillel Lavian, 2015). If a teacher reached the stage of compassion fatigue because they were constantly functioning in stressful situations, it "involves a subtle but progressive erosion of behavior, attitude, health, and spirit that eventually inhibits an individual's ability to function effectively at work" (Berg, 1994).

Of particular interest to this study were those educators working in high-poverty, urban and special education contexts. Students from these contexts brought an array of health issues and behaviors to the classroom (Kentucky Department of Education, 2008). The challenging behaviors from these students, such as lack of attention, academic weakness, and violence were associated with higher levels of stress, burnout, and compassion fatigue for teachers (Brunsting et al., 2014; Pepe & Addimando, 2013; Sajjad, 2011; Tiesman et al., 2014). Ethically, it was imperative to inform those working with victims of trauma, especially childhood trauma, that their job may negatively affect their mental, psychological, emotional, and physical health (Figley, 1995). To discover the factors involved in mitigating the physical, psychological, and relational effects of compassion fatigue, we considered examining the holistic effect it has on teachers.

Effects of CF in Educators. Based on a meta-analysis of the literature, Figley (1995) categorized an array of compassion fatigue reactions into three essential areas that professionals who work with trauma victims often manifest. First, indicators of psychological distress occur and include: (a) emotions such as sadness, depression, anxiety, or dread; (b) nightmares or negative images; (c) sleep difficulties; (d) headaches; (e) gastrointestinal suffering; (f) obsessive behaviors; (g) physiological symptoms of palpitations and hyperventilation; and/or (h) impairment of daily activities. Second, a cognitive shift results in professionals who experience feelings of extreme helplessness and heightened vulnerability. Third, relational disturbances—the process of distancing and detaching from family, friends, and colleagues—may also occur. Radey and Figley (2007) indicate compassion fatigue in teachers was similar to social workers who were emotionally connected to their clients, and suggest teachers take on the position of significantly caring for their students which results in exposure to their students' trauma and suffering. This study focuses on two essential areas of reactions to compassion fatigue in teachers: psychological effects and relational disturbances.

Psychological Effects. Chronic and extreme stress from occupational demands can negatively affect mental health for individuals (Desrumaux et al., 2015). In a qualitative study of educators working at trauma-informed urban schools, Hill (2011) found that the experience of working with traumatized students personally impacted the teachers. Impacts included “distressing emotions, powerlessness, intrusive imagery, and physiological arousal, somatic complaints, and constantly being on call as a teacher” (Hill, 2011, p. 72). Teachers report there was often an emotional burden of working with students who had experienced trauma; specifically, they often take school problems home

with them. One of Hill's (2011) educators described the professional and personal toll of teaching: "you take it home with you, and you don't shut it off. It is one of those things that you do not let go easily because they are people. They are kids" (p. 83).

Educators wear many hats. Empathy and compassion are critical in helping professions, and were employed frequently in teaching professions (Mathieu, 2012). One reason that compassion fatigue was considered a hazard for practitioners was because they were taught to use empathy when working with clients (Nelson-Gardell & Harris, 2003). Care, empathy, devotion, responsibility, nurture, and preservation – all critical psychological and social components of compassion – were tools that educators employ regularly (Figley, 2002). "Compassion is feeling and acting with deep empathy and sorrow for those who suffer" (Hudnall, 2002, p. 107). In a case study of veteran teachers who taught in a school where 85% of the children qualified for free and reduced lunch, teachers reported their personal struggle with the volume of trauma stories their students shared daily. Other teachers reported that "some days [their] mental energy is so depleted because I don't know how to do enough" (Alisic, 2012).

Educators with personal trauma histories who were dealing with children who were also traumatized are predisposed to greater risk for severe compassion fatigue (Figley, 2002; Meyers & Cornille, 2002). Research has found that educators with a personal history of trauma were at a greater risk for developing secondary traumatic stress, which ultimately can lead to compassion fatigue if not appropriately mitigated (Figley, 2002; Saakvitne & Pearlman, 1996). Briere and Elliot (2003) report 76% of American adults had experienced at least one traumatic event in their lifetime. Anda et al. (2006) study found that two-thirds of special education teachers worked in early

intervention (ages 3-5) programs had experienced at least two adverse childhood experiences, with several of the participants reporting more. Alisic (2012) discovered that some teachers working with a child who have experienced trauma caused them to have their own triggers of earlier personal experiences, which caused distress (Alisic, 2012). When these cumulative, or permanent, experiences with trauma were not treated, compassion fatigue occurred.

Relational Disturbance in Educators. Research asserted that the education system has created a school climate and conditions which are ripe for teachers to suffer from compassion fatigue. All the things that connect human beings to one another gradually eroded when a person was experiencing compassion fatigue (Mistretta & Dubois, 2019). Compassion fatigue takes on many appearances and can take many shapes. Mistretta & Dubois (2019) asserted it was difficult to see suffering in a person and as compassion fatigue takes hold, it was more difficult to see its daily impact.

Mitigating Effects of Compassion Fatigue

Knowledge of compassion fatigue as a professional hazard that requires mitigation could help prevent practitioners from experiencing detrimental effects (Nelson-Gardell & Harris, 2003). Several studies have demonstrated the negative effects of compassion fatigue on those in helping roles and there were comparatively fewer studies on potential protective or mitigating factors for compassion fatigue. Although teachers were attending more trauma-informed practice training and are invited to the offices of social workers and counselors to review their mental health clients' behavioral health, they were still experiencing compassion fatigue.

Although there are more recent studies relating to teachers experiencing compassion fatigue, the majority of these studies focus on special education teachers. Sharp-Donahoo et al (2018) conducted a study with special education teachers in rural Kentucky. They found that teachers did not have strategies for reducing compassion fatigue. Their study found that special education teachers' compassion fatigue could be reduced by incorporating prayer and mindfulness into their daily routine. Their research focused on providing special education teachers experiencing compassion fatigue with meditation strategies by way of professional development. After delivering the professional development, the researchers found that participants' compassion fatigue symptoms reduced from presurvey to postsurvey. For example, participants disclosed in the interviews that they had less stress at home because they were able to express their frustrations, at school, with other colleagues instead of trying to talk to their family members about their stress.

Regardless of how much knowledge teachers had about their students' trauma histories and strategies to support them, each teacher experienced varying degrees of reactions to the stories their students shared. As a result, educators must employ strong self-care routines and all compassion fatigue interventions must be considered with great care (Radey & Figley, 2007). Several of the techniques recommended in this section were well established in fields like counseling and social work, however, these strategies were also effective if implemented within the field of education.

Stress-Reduction/Self-Care Programs. Growing awareness of compassion fatigue as an occupational hazard in mental health and social work fields resulted in a call for its inclusion into trauma training curriculums, preparation programs, support

programs, and self-care strategies (Bride, 2007; Bride et al., 2007; Butler et al., 2017; Figley, 1995). Stress reduction programs which provided an improved quality of life are being delivered and offered to personnel (Butler et al., 2017; Cole et al., 2005; Cornille & Meyers, 1999; Figley, 1995; Finzi-Dottan & Bercovith Kormosh, 2018; Nelson-Gardell & Harris, 2003). These programs promoted a personal awareness for the helping professional to also gain an understanding of how working with their students from trauma also affected themselves emotionally and offered strategies for their own personal self-care (Brunzell, et al., 2018; Crosby et al, 2015).

One example of an effort to deliver a trauma-informed program included the University of California's Healthy Environments and Response to Trauma in Schools (HEARTS) program (Dorado et al., 2016). The HEARTS program demonstrated promising results for improvements in students' behaviors yet did not target the wellness of teachers as intended. Teachers reported a significant increase in understanding of trauma in their students yet there was minimal information regarding the wellness groups implemented for teachers. Another intervention to provide teachers with self-care tools to address their own trauma as well as their students was the Mind-Body Group for Teacher Stress (MBG) (Maytal et al., 2019). MBG focused on mindfulness as an effective means of helping teachers cope with job stress and burnout. Participants were provided resource packets, engaged in light mind-body activities, and discussed the effects of using the provided exercises. Researchers found the least effective part of the program was the psychoeducational component of learning about the topic of trauma-related stress. The participants found "it was helpful to share and have a little community" as the most effective part of the program (p. 32). The most effective part of the MBG program was

when the focus of the activities was on the community of teachers and the opportunity to collaborate.

Fostering School Climate Through Collaboration. School climate includes “the quality of relationships between individuals at a school, the teaching and learning that takes place, collaboration between teachers and administrative staff, and the support present in a particular school” (Collie et al., 2012, p. 1191). Pursuing the improvement of school climate was a worthy reform effort, given its ability to improve student well-being (Wang & Degol, 2016). Wang and Degol (2016) contend, that despite the sometimes less than ideal home and neighborhood life conditions students may experience outside of school, inside the school grounds “schools should be able to buffer these effects by providing students with a safe and healthy place to learn, socialize, discover, and explore” (p. 343). Further, a review of compassion fatigue theory and the role it plays in forming wellness in teachers must be explored to generate a comprehensive approach of mitigating compassion fatigue symptoms.

One specific approach that was representative of mitigating compassion fatigue symptoms in teachers through collaboration was The Sanctuary Model created by Dr. Sandra Bloom (Esaki et al., 2013). The Sanctuary Model was a whole culture approach for creating or changing an organizational culture whose context involves psychological and social traumatic experience and adversity (Bloom, 2008). Based on the concept of therapeutic communities, the model was designed to facilitate the organization cultures that counteract the wounds suffered by victims of traumatic experience and extended exposure to adversity (Esaki et al., 2013). The Sanctuary Model informed constituents about the complexity of trauma and provided a framework for change that led to

sustainable well-being for the individual and institution. In a study of high school teachers and students, the students had experienced a traumatic experience of one of their teachers being terminated. The Sanctuary Model was used as a collaborative framework for bringing participants together to discuss concerns and promote solutions (Smith et al., 2015). It is worth noting the students were from trauma backgrounds and were students of color. The model proposed several elements to ensure safety and collaboration. The fifth element, which was highlighted in the study, provided a collective opportunity and participants stated they found a “renewed energy for the important work they had hoped to do by choosing this particular organization” (Smith et al., 2015).

Researchers found teachers define support from principals for a positive school climate as trust, concern, open communication, appreciation, and interest in teachers’ work and ideas. They defined instrumental support from principals as help with work related tasks (e.g., the provision of necessary materials, space, and resources), along with adequate time for teaching and nonteaching duties. Leavers had cited a perceived lack of emotional and instrumental support and encouragement from administrators as a major reason for their exits from the profession (Boe et al., 1999; Gersten et al., 2001). Miller et al. (1999) reported a lack of collegial support was associated with special education attrition as well. Warren and Sorges (2013) suggested that when teachers felt empowered with the tools they needed to cope with stressful situations, they had fewer problems with student misbehavior. Programs that promoted teacher collaboration, such as active problem solving, encouraged teachers to work as a team to help foster student engagement, which translated into an increase in job satisfaction (Zeichner & Liston, 2010).

Findings connected to connection as a mitigating factor were found by Lane et al (2021) in a study that focused on causes of compassion fatigue in school leaders and administrators. The researchers stressed the importance of personal support as evidenced by the stories of school leaders and administrators often feeling isolated and experiencing loneliness in their position.

Summary of Compassion Fatigue. It was difficult to obtain a consistent statistical figure with regard to the true number of teachers experiencing compassion fatigue in the U.S., because compassion fatigue has most often been a focus in studies of frontline human service professionals (e.g., nurses, social workers) and not educators. Qualitative results indicated that camaraderie and client recovery were the most positive aspects of working on the team. Thus, it appears that working on a cohesive team was a protective factor for managing compassion fatigue. These findings were important to note when developing strategies and best practices for reducing compassion fatigue in teachers.

A search for literature specifically exploring collaborative practices among teachers to reduce compassion fatigue yielded few citations (Abraham-Cook, 2014; Hoffman et al., 2007; Tepper & Palladino, 2007; Walrond et al., 2018). In the research on teacher collaboration, teacher voice was often seen as closely linked with personal agency but can also be viewed as arising from participation with others in the community (Palmer, 2007). Cultivating voice within a community can take many shapes, however, in considering the element of voice in teacher professional learning, it was possible to also take the position of attentively listening to the respective teacher voices with an ear to understanding and possibility; perhaps, even to a degree of understanding the possibilities

that teachers' voices bring to the research? While there were many ways of gaining access to teachers' voices, narrative inquiry was one method of tapping into this important element of choice in teacher professional learning (Beattie et al., 2007; Bullough, 2008; Connelly & Clandinin, 1990; Day & Leitch, 2001; Shank, 2006; Webster-Wright, 2009). Therefore, more research was necessary to determine which narrative inquiry can be employed to build a level of trust which allows teachers to share their authentic experience of the effects of compassion fatigue in order to collaboratively find an intervention for their context.

Dialogical Narrative Analysis Framework

Trauma theorists have shown an interest in acts of “testimony” in literary and historical texts. Testimony refers to a survivor of a traumatic event to attempt to place him or herself on record, to give voice and meaning (and, by effect, understanding) to the traumatic event which he or she struggles to reconcile him or herself to. Testimony—the assertion and attempted reconciliation of the traumatic event—offered a way for a traumatic event to be ordered, understood, and resolved. Testimony depended upon the testifying subject having a “witness” who listened, viewed, or read the testimony; processed it; and engaged the testifying subject in some discussion or examination of the traumatic event (Frank, 2010).

This study specifically drew on dialogical and narrative epistemologies within the broad scope of a social constructionist framework. Studies of identity in community in the psychological literature increasingly employ narrative (Josselson 1995; Singer, 2004) and dialogical approaches (Bhatia 2002; Clegg & Salgado, 2011). Dialogical and narrative traditions share an interest in how social reality was constructed through

everyday interaction with others, and how social conventions and taken-for-granted meanings were constantly produced and reproduced in interactions between people (Riessman, 2008, p.106).

A Dialogical Approach. Dialogical approaches emerged mainly from the work of Mikhail Bakhtin. Inspired by his study of literary novels, Bakhtin's theories went on to infuse studies of interaction in everyday life in a multitude of disciplines (Josselson, 1995; Riessman, 2008). Bakhtin (1984) wrote that "two voices is the minimum for life, the minimum for existence" (p. 252). For Bakhtin, true knowledge came only from personal participation in the form of a dialogue with the ideas of others (Sullivan, 2012). Every word and utterance presume the existence of an 'other,' an audience, to hear and respond to it. As Shepherd (2011) explained, "'dialogism' is most commonly used to denote the quality of an instance of discourse that explicitly acknowledges that it is defined by its relationship to other instances, both past, to which it responds, and future, whose response it anticipates" (p. 2).

Bakhtin (1986) believed dialogical events always give rise to something new, unique, and unrepeatable, and in moments of dialogue we "not only express ourselves and 'show' each other the nature of our own unique 'inner' lives, but we also shape our living relations both to each other and to our surroundings" (Shotter & Billig, 1998, p. 14). In psychology, embracing the dialogical has been said to represent a move to focusing more on social practices than on what was supposedly occurring in people's heads (Shotter & Billig, 1998, p. 13). Bakhtin posited that language informed the psyche rather than the other way around; that processes which took place through languaged activity informed inner consciousness. Dialogical approaches adopt a view of language

which bears significance for human science research; that was, that language simply conveys information (Riessman, 2008).

Dialogism has also been heralded as a humanistic approach (Jacob, 2014). Its ethical proposal was that a person in authority, or any person for that matter, should have the final word over any other person and each person should have personal authority in their choices and actions (Riessman, 2008). Certainly, from a counselling psychology stance, dialogue was the ultimate tool of transformation, central to therapy and vital for psychological change and growth. Josselson (2011) wrote that “through narrative, we come in contact with our participants as people engaged in the process of interpreting themselves” (p. 33). Josselson could easily have been referring to counselling psychology or dialogical practices through this statement.

A Narrative Approach. The analysis of narrative interaction—attending to how people use narrative to negotiate their social relationships—provides insight into situations that produce gaps rather than coherent understandings of experience (Linde, 1993; Schiffrin, 1996, 2000). Narrative analysis calls attention to the ways that stories seek what *Letting Stories Breathe* author Arthur Frank calls “the heights of moral life” (Frank, 2010, p. 21). A moral analytic approach—whether based in sociology, nursing, or other disciplines— might begin with how stories sort out what makes some modes of life higher or better. Narrative analysis, on this account, went far beyond the production of knowledge from and about people's stories. The process of narrative research, which was researched as participating in storytelling, has the potential to model how members of society can most usefully recognize each other's stories (Frank, 2010). Rather than bemoan the low condition of storytelling in the “interview society,” researchers can lead

the process of storytelling towards something better. People do not stop telling stories; moral life, for better and worse, takes place in storytelling. Narrative analysis was a significant model for a society that continues to work out its moral dilemmas in story form.

Narratives as a Tool for Trauma Care. Researchers recognize the importance of storytelling in a wide range of formal and informal social settings and cultural contexts (Blum-Kulka, 1997; Linde, 1993; Shuman, 1986, 2005). Storytelling was a performance for a specific setting and had a significant impact on a specific topic of inquiry.

Storytelling can act as a collaborative enactment as it relates to the motivation of the topic being shared and the function of the story being shared. When trauma victims narrate their personal experiences, the order of the account constructs understanding and helps make sense of life events (Ochs & Capps, 2001). Through retelling the story, the narrators also evaluate actions and choices, presenting a storified self that invites story recipients to probe the moral dimensions of human experience (Ochs & Capps, 1996, 2001).

Narratives as a Tool for Collaboration. Teacher collaboration was another characteristic deemed important in the knowledge construction of teachers' professional wisdom. Working collectively and having the opportunity to belong to a network of learners promotes the learning of the individual teacher and extends support for teachers (Webster-Wright, 2009; Zehetmeier et al., 2015). One such example was the practice of collaborative conversations while working together on lesson plans or collaborating on a larger project that takes place with or without outside facilitators (such as researchers). In these arrangements, the collaboration takes many and varied shapes, but the key

component to learning was the interaction, action, and reflection inherent in these professional learning opportunities. Studies show when teachers were given the opportunity to talk about their interactions with students, these practices provide “the experience of acting in complex practical situations” (Zehetmeier et al., 2015, p. 163). These types of conversations have been shown to be preferred by teachers for intellectual and pedagogical change and growth to take place (Desimone, 2009). They also led to sustainability in changed teacher learning and practice (Avalos, 2011; King, 2014; Timperley et al., 2007). While there was no agreed upon optimal topic that was viewed as most effective and beneficial, when teachers were given time to collaborate, dialogue, and reflect, they were growing their personal and practical knowledge. This opportunity for personal and practical knowledge was beneficial for teachers to feel connected and enhance their identities in a group.

Narratives as a Tool for Building Trust. The “sense of belonging in a relational sense and of accepting and confirming the other ... is ... essential in allowing us the freedom to explore, to challenge and to grow and re-construct our understanding of each other” (Beattie, 1995, p. 64). In many helping professions, membership in such groups requires commitment to practicing service and in the form of working through an intervention (Zingaro, 2009) for an individual or group in need. For this study, the members of the group in need were those who were experiencing negative psychological effects of compassion fatigue. It was important for members of a group who felt marginalized in some way to feel they had camaraderie, or by another definition, they were in need. Relational trust is complicated and therefore difficult to identify (Bryk & Schneider, 2002). It was often easier to recognize the lack of trust than the presence of it

in a school or learning community. Only members of the group related, and this was shared through narratives (Borko, 2004).

Narrative as a Tool for Reducing Psychological Effects of CF. Teachers who worked in direct relationship with students from trauma were often privy to trauma narratives (Frank, 2010). Frank asserted that teachers who practiced self-disclosure was a sign of relationship building (2010). However, research suggested teachers questioned to what extent personal disclosure was helpful for students (D. Gerstner, personal communication, 2019). Teachers did benefit from professional self-disclosure, as it engaged individuals to share who they were and emphasized their sense of purpose (Mattingly, 2010). Hutchison argued that traumatized individuals and witnesses both needed to speak of trauma (2015). There was little research available regarding the empowering effects of talking about trauma stories.

Chapter 2 Summary

Resilience and trauma-informed practices for students were gaining ground but there was still scarce research on compassion fatigue of teachers and little support offered for teachers; my research begins to fill this gap. Although compassion fatigue was a new phenomenon in relation to teachers, experiencing the phenomenon is not new. Teaching is one of the most stressful professions, like jobs of “paramedics, police officers, and social service workers” (Koenig, 2014, p. 1). Teacher stressed that barriers to success involved time constraints with planning, increasing class sizes, accountability reform, performance evaluations and student standardized testing, insufficient resources, and school politics to name a few. On top of these stresses, students were coming to the

classroom sharing more problems with their teachers, as their realities outside and inside the classroom got more and more complex.

Teaching students with trauma was multifaceted, especially because trauma was so varied, including societal discrimination, abuse, parental problems, mental health and disabilities, terrorist attacks, and natural disasters; these issues can't be dealt with in the same way and sometimes seem distressingly unsolvable. Preventing and spreading awareness about compassion fatigue early in a teacher's career, creating a supportive school culture, and planning opportunities for professional development programs can help solve teacher compassion fatigue. It was crucial to spread awareness to save teachers, ultimately influencing the students and stabilizing their emotional health, allowing for their academics to benefit.

Trauma theory was a lens in which to view compassion fatigue to establish the various links that contribute to teachers experiencing compassion fatigue. Trauma theory highlighted various effects trauma has on the social aspects of educators, including psychological and emotional well-being. Exploring mitigating factors of compassion fatigue emphasizes the need for school administration to create better support systems and resources for teachers experiencing compassion fatigue. Doing so enhances teacher quality because the teachers feel empowered and supported by their colleagues (Hopkins & Spillane, 2014).

This study expanded compassion fatigue research into the realm of dialogical narrative analysis among teachers, sharing relatable and humanizing stories and dialogue surrounding these issues. Schools were seeing the benefits of varied dialogical therapies "to help students in psychological distress" (Goodwin, 2017/2018, p. 79). My project

examined how the same techniques used with students with trauma were equally important to teachers who hear students' trauma day after day (Goodwin, 2017/2018, p. 79).

CHAPTER 3

METHOD

If you're ready, you'll get it. If not, then it will just be a story.

-Indigenous storyteller Robert Matthew,
quoted by Jo-ann Archibald

Introduction

Steen (2019) asserts teachers who work in trauma-informed schools may perceive themselves as having an individual accountability to students, families, and colleagues and personally responsible for student's success or failure. This perception can cause individuals to experience feelings of compassion fatigue (CF), and affect how connected they are to their environments, both personal and professional. J.G. Bennett (1984) asserts "belonging and connection are a psychological need" (p. 22). When teachers were experiencing compassion fatigue their connection to their students and colleagues can become frayed and broken (Kessler, 2000). The literature review provided evidence that teachers leave the profession due to compassion fatigue. Yet, studies do not explore how to mitigate the psychological effects of CF to prevent teacher attrition or long-term harm.

The purpose of this mixed-method study was to understand to what extent the use of dialogical narrative analysis (DNA) reduces detrimental psychological effects of compassion fatigue in teachers and paraprofessionals who work in trauma-informed schools. More specifically, this study sought to examine how teachers and paraprofessionals who work in trauma-informed schools evolved their connection while sharing personal experiences of compassion fatigue, perceptions of unity, collaboration, and trust while using DNA.

The central issue explored in this study was educators' experiences of negative psychological effects due to compassion fatigue. The following questions guided the study:

RQ 1 How and to what degree do teachers exhibit compassion fatigue through dialogical narrative analysis?

RQ 2 How and to what degree do teachers exhibit connection through dialogical narrative analysis?

RQ 3 How and to what extent does dialogical narrative analysis reduce psychological effects of compassion fatigue?

Research Design

I elected to use a Participatory Action Research (PAR) methodology with a mixed-method approach for this study. Mertler (2017) defined action research as “any systematic inquiry conducted by teachers, administrators, counselors... with a vested interest in the environment for the purpose of gathering information about how their particular schools operate, how they teach, and how their students learn (p. 4). Hallet et al. (2016) suggested PAR was an “orientation to research that aims to be dialogical and egalitarian with an emphasis on social justice” (p. 3). A PAR design was chosen to conduct this study because at its heart was collective, self-reflective inquiry that researchers and participants undertook, so they understood and improved upon the practices in which they participated and the situations in which they found themselves (Ferrell, 2016).

Strongly embedded in the action research methodology was the involvement of participants in guiding the direction of the research study (Herr & Anderson, 2015; Kidd

& Kral, 2005). Using PAR methodology allowed me the ability to explore the extent to which connection impacted educators being affected by CF by utilizing the reflective nature of PAR as it was directly linked to action, influenced by understanding of history, culture, and local context and embedded in social relationships. Furthermore, this method enabled me to explore the concept of connection and unity as it was being implemented by a group of professional educators and developed a detailed perception of its impact while utilizing mixed data collection methods that involved a wide scope of resources.

The process of PAR was ideal for highlighting challenges within social contexts and accenting participants' contributions which lead to empowerment and people having increased control over their lives (Minkler, 2000). Studies exploring the concept of trauma-informed care models leaned toward PAR method because of the personal nature of traumatic impact and the need for insight into the nature of the participants' experiences (Esaki, 2014). PAR was chosen for this study because of the combined need to promote change in current practices within the organization and to add to the existing body of literature addressing teachers compassion fatigue who worked in trauma-informed schools. This "double burden" (Herr & Anderson, 2015, p. 5) made PAR, with its focus on intervention and change, the best model for this study.

The school district where the study was conducted was involved in the process of encouraging teachers to use differentiated strategies to build and have self-awareness to repair relationships both within and outside of the classroom. Given that Mertler et al., (2017) described PAR as "a process involving educators working together to improve their own practices" (p. 18) and a collaboration that brings educators together to talk and work with one another to create empowering relationships, this methodology was

appropriate for the study. More than an attempt to improve individual educational practice, one of the benefits of PAR was an ideal mechanism for engaging every educator in the school for self-initiated school improvement (Mertler, 2017). Furthermore, PAR affirms teaching professionals by giving them a “real voice in their own professional development, as opposed to being told by someone else” what goals and objectives were used for their professional growth. Therefore, the systematic nature of PAR allowed teaching professionals to expand their thinking, be receptive to new ideas, and more invested in the approach to problem solving. Mertler et al., (2017) assert all these facets of PAR enable teachers to “become better able to grow not only professionally and personally but realize their own personal growth ultimately making professional development much more meaningful” (p. 25).

Role of the Researcher

As a Changemakers teacher for Progressive School District, my role is to develop a social and emotional rehabilitation curriculum for students who have been suspended from their home school (within district boundaries) or were being referred for expulsion from their schools for repeated serious acts of misconduct. I have been a member of the teaching staff for two years; since the inception of the Changemakers program. I am involved in delivering professional development in the areas of self-care and equity for staff, administering Functional Behavior Assessments, training new hires to use our behavior management program, and supervising behavior technicians in the classroom. Prior to my teaching role in the Changemakers program, I served as a behavior intervention specialist within the same school district for eight years. I have worked alongside school administrators, developing behavior management strategies

with students and staff. I have worked with our Native American parent liaison and developed parenting classes, using traditional talking circle format, for Native American families. As an employee of the district for 15 years, I have worked with several outside agency groups, including local university professors, counseling agencies, and cultural organizations, all with the district administration support, and have been intimately involved in paving the way for students to transition from out of school suspensions or expulsion to a new model of social and emotional rehabilitation classrooms.

During the fall 2020 semester, I served as the facilitator for the Project PhotoStory Professional Development (PPD) using collaborative story analysis to increase connection among the school staff, as it related to potentially reducing compassion fatigue. As the facilitator of the professional development, I oversaw the coordination of meetings, gathered resources, and developed the agenda and curriculum. I partnered with the school administrator for all phases of this study.

Context and Participants

Description of the Setting

This study took place at a small urban alternative behavior school in the southwestern United States called Progressive Community School (PCS). PCS is part of a high-achieving, urban public-school district serving 3000 elementary students called Progressive School District (PSD). PSD's purpose is "to grow achievement-oriented leaders of tomorrow, changing the world one student at a time" (Roberts, 2019). The district was enriched by students, parents, and staff who are culturally and linguistically diverse, representing 49 countries and 31 languages. According to the Arizona State Board of Education (2017), demographics of students attending PSD were as follows:

10% White, 8% Native American, 11% Black, 67% Hispanic, and 2% Asian. Overall attendance rates were at 24% and student mobility was high at 54%. Other demographics include: 84% of students were categorized free/reduced lunch, 18% had a disability, and 11% were English Language Learners. Demographics of the teachers within PSD indicate minimal diversity. There were 163 teachers with 82% White, 11% Hispanic, 4% Native American, 2% Black, and 1% Asian.

Since 2017, the newest superintendent has focused on “turning around” the rates of suspension within the schools. Many students who were suspended from our schools had frequently been exposed to traumatic events, toxic stress, and childhood adversity. Starting at the beginning of the 2017-2018 school year, PSD began implementing a plan to design a trauma-informed (TI) network of schools with a social and emotional rehabilitation curriculum. The TI plan was embedded in a larger “transformational culture” strategy that included infrastructure changes and an increased emphasis on developing students’ non-cognitive skills (e.g., “growth mindset” –a belief that intelligence was developed–, self-efficacy, and social/emotional skills) as well as an emphasis on exploring and learning from cultural context. The plan included a set of five principles: 1) deep belief & direct influence; 2) self-awareness & significant relationships; 3) caring communities & restorative learning; 4) student voice & empowerment; and 5) joy. This “transformational culture plan” includes a blending of OSD’s traditional discipline approach with Restorative Practices that repair relationships, engage parents, and empower students.

The primary intended users of the findings from this study were the Progressive Community School (PCS) teachers and behavior technicians, in addition to school

administrators within the OSD and the district superintendent. These stakeholders made decisions regarding the PD programming offered to teachers and the findings from this study could be used for their reference when making future decisions regarding professional development programming for teachers.

Participants

In order to explore how and to what extent connection among colleagues reduces compassion fatigue symptoms, it was essential to recruit both teachers and behavior technicians who work in the trauma-informed programs at PCS, to participate in this study. To do this, an email describing the features of the innovation was sent out to all members of the staff at PCS. Participants included staff from PCS's two programs: Social Emotional and Academic Success (SEAS) and Changemakers. Currently, there are three teachers in the SEAS program, and each holds a standard professional elementary education teaching certificate. There are two teachers in the Changemakers program, and both hold a standard professional elementary education teaching certificate. The five teachers had been in the profession an average of eight years. The teachers were responsible for classroom instruction with 70% focused on social skills and emotional regulation using the Boys Town trauma-informed behavior management program and the remaining 30% of the instructional day focused on reading and math.

Each teacher supervises either one or two behavior technicians. There were eight behavior technicians and their average experience in the education profession was three years. Each of the eight behavior technicians holds an instructional paraprofessional certificate which means they hold an associate degree or 60 or more equivalent hours in college courses.

As a teacher designer of PAR, the classroom or context defines a sample (Jupp, 2006). In addition to knowledge and experience, Bernard (2002) and Spradley (1979) note it was important that participants were available and willing to participate. To elicit rich information, articulating and expressing experiences and opinions of CF in a reflective manner, a criterion approach was used. The criteria for participating in the study was: (a) employed as a teacher or behavior technician or administrator at PCS; (b) 50% or more of daily duties consist of student interaction; (c) determined by the staff at PCS as an individual who can provide information on their experience of CF; and (d) had expressed one or more of the following symptoms of CF to the researcher or administrator: 1) stress manifestations, 2) perceived isolation, and 3) lack of desire to continue in education profession. This study's goal was to recruit eight to fifteen of PCS teachers and/or behavior technicians to participate in PPD. Six of twelve staff members agreed to participate in the study.

Backgrounds of the Participants

The participants of this study are current teachers, behavior technician, medical technician, and a front-desk clerk for Progressive Community School (PCS) who met weekly for professional development to discuss the psychological effects of compassion fatigue. The six participants are different races; African American, Caucasian, and Hispanic. There are five females and one male. Each participant was given a pseudonym to maintain confidentiality. This section provides a brief background of each participant that is included in this study. Table 1 provides a summary description of the participants.

Table 1*Description of Participants*

Participant	Ethnicity	Age	Highest degree	Team role	Years in trauma-informed context
Peggy	Hispanic	45	Master's	Special Education - middle school	20
Courtney	Caucasian	45	Associate's	Behavior Technician	4
Tina	Caucasian	42	Bachelor's	Special Education- primary	4
Allisyn	Caucasian	41	Master's, Administrator's Certificate	Special Education- middle school	12
Kathryn	Caucasian	28	Associate's	Health Aid	1
Richard	African American	21	Associate's	Front-desk Clerk	2

As you can see from the table, there is a variation in trauma-informed program experience which ranges from one to twenty years. Peggy and Allisyn have an advanced degree while Tina has obtained only her bachelor's degree. Richard has an associate degree and is enrolled in university classes to become a teacher. Allisyn, Peggy and Tina work together on the certified teaching team while Courtney and William are classified support staff. Kathryn and Richard's duties support the teaching and support teams. This research focuses on the PhotoStory professional development intervention that included all participants as part of an alternative-school trauma-informed team.

Peggy the middle school special education teacher. Peggy is a 45-year-old Hispanic female middle school special education teacher. She received her Bachelor's degree in Sociology and Child Development. She is also an Art Therapist. She began working for PCS in December 2019 as a special education teacher in the Social Emotional and Academic Supports (SEAS) program. Peggy currently has six students who have been identified with Emotional Disabilities. She teaches general education, social learning, and emotional regulation skills in a classified Level D, or least restrictive, environment. Peggy has one behavior technician. Due to the COVID-19 pandemic, Peggy provides a minimum of five hours of distance learning. Of these five hours, Peggy provides two hours of one-on-one remote learning to each student, each day. Peggy's behavior technician assists the remaining group of students in a Zoom meeting room with assignments posted in their Google Classroom.

Courtney the behavior technician. Courtney is a 45-year-old Caucasian female behavior technician. She traditionally worked in the cosmetology field prior to working in the Department of Child Services for four years. She has worked for PCS for six months.

Tina the primary level special education teacher. Tina is a 42-year-old Caucasian female special education teacher with a teacher's certification to teach students with mild to moderate disabilities. Tina served as a behavior technician for three years and an educational assistant for three years, at a private special education day school, while pursuing her Bachelor's degree in special education. The private day school served socioeconomically disadvantaged urban children. From there, as an educational assistant during her undergraduate studies, Tina took special education courses that introduced her

to childhood emotionally disabled (ED) and specific learning disabilities (SLD) studies in education. Once her degree was conferred, Tina accepted a teaching position at the same private special education day school. Within one year, the private school closed its doors and Progressive School District acquired ownership and resumed contracts of the SEAS program. Tina became one of five special education teachers who work at PCS. She is currently completing her Masters of Arts in Special Education.

Allisyn the middle school Changemakers teacher. Allisyn is a 41-year-old Caucasian female middle school Changemakers teacher. She has her bachelor's degree in art education from a rural university in the Midwest. She has a master's degree in school administration from a private southwest university. Prior to teaching at PCS, Allisyn taught art for twelve years at the middle school level. She has taught both in the Midwest and southwest. Allisyn began working for PCS in August 2019 as a multi-age Changemakers teacher. She currently has three students who have been at-risk of expulsion from the school district. She teaches her three students, using an online format, six hours each day. She teaches social skills and emotional regulation skills seventy percent of her day and general education for the remaining thirty percent of the day. Allisyn has one behavior technician. This is Allisyn's first year teaching in an online format.

Kathryn the health aid. Kathryn is a 26-year-old Caucasian female health aid. She is a licensed certified nurse assistant. Kathryn has worked for PCS for six months, and has been in the health field for three years.

Richard the front-desk clerk. Richard is a 21-year-old African American male school clerk. Richard has an associate degree and is currently taking classes to become a teacher. He has worked for PCS for two years.

PCS's building principal was also intricately involved in the project, at times co-facilitating PD sessions or participating in the PPD components as a participant. It was the hope that the teachers and behavior technicians perceived the school-based leader's involvement as supportive and valuable as their school-based leaders were willing to become so actively involved in their professional learning, and in fact share alongside them as peers about the professional connection process. The PCS Principal has been in her position since the opening of the school year two years ago. Before that, she had served as a master teacher (three years) and a special education classroom teacher (five years). She has her bachelor's degree in special education and a master's degree in curriculum and instruction with an emphasis on education leadership.

Innovation

The innovation for this study was to create a space for an intentional community of educators to foster connection and reduce psychological effects of CF using dialogical narrative analysis (DNA). A growing body of evidence suggested that professional educators experiencing CF can experience compassion satisfaction through building powerful collegial connections and developing a healthy support system of colleagues who listen well and demonstrate caring (Simon et al., 2015; Fairchild et al., 2012; The Compassion Fatigue Awareness Project ©, 2017). Frank (2010) suggested individuals who had experienced trauma can redefine the energy associated with their traumatic story by sharing their stories with others who had similar experiences (p. 152). Ways proposed

to think about CF and study the impact it had on MCS educators, the innovation used three research-based forms of DNA: (a) PhotoStory to generate digital collages and narratives for discussion; (b) Talking Circles to build identity and cohesion of the group; and (c) Collaborative Story Analysis to clarify shared values and beliefs (see Figure 2). Frank (2010) asserts interpreting events through “collective personal and life histories is a modest innovation worth making” (p. 153) to heal.

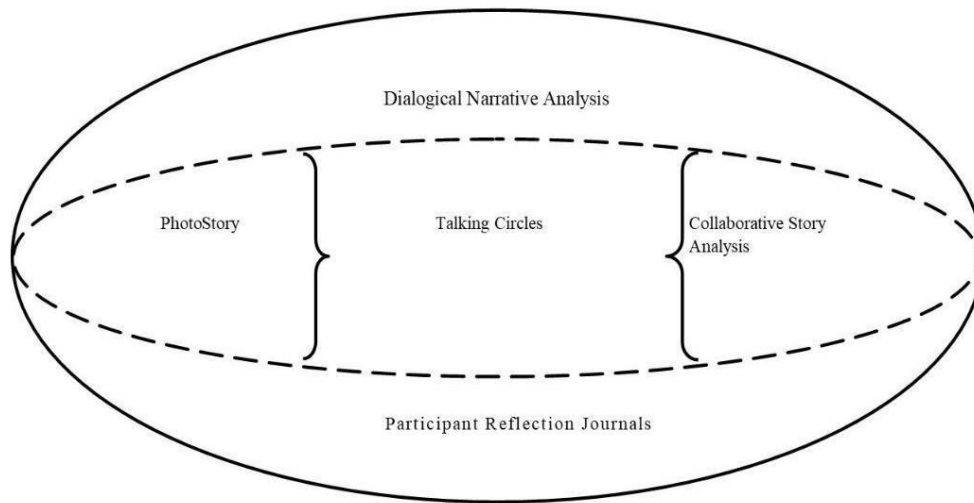


Figure 2. Innovation Model: DNA used in PhotoStory Professional Development

PhotoStory Professional Development’s (PPD) goal of was to provide PCS educators an opportunity to gain a collective sense of the effects their supportive role with students from trauma has on them professionally, individually, and collectively, and to create an innovation which mitigates those effects. The innovation was designed using DNA to allow the sharing of stories to be a source of support and to be connected to a socio-cultural environment by (1) increasing teachers’, behavior technicians’, and

administrators' time for creating connective relationships (2) gaining rich and informative evidence about the impact of CF on the above (3) increasing discourse about CF; and (4) participating in constructing an intervention to increase support among professional colleagues experiencing CF. The following sections describe and define how each DNA form was an innovative component throughout the study.

PhotoStory

PhotoStory was used to generate prompts for discussion and gain the proper depth of stories necessary to build a collective understanding of CF. The photo elicitation method was used for investigating cross-disciplinary identity development (Heo, 2009) as it allowed researchers to deeply comprehend study participants' personal beliefs, experiences, and understandings. The topics of trauma, unity, and trust were often reflected in a person's personal world and inner thoughts (Bessell et al., 2007; Palibroda et al., 2009), and I proposed those hidden dialogues would be captured by images using PS. PS was the appropriate approach for this study because it was used to engage participants whose voices were not typically heard due to feeling intimidated or lacking confidence, and those who were reluctant to come forward to add their voice to the issues at hand (Strack et al., 2010).

Rationale for using PhotoStory. Previous studies demonstrated PS facilitated individual empowerment as well as processes for change (Catalani & Minkler, 2010; Drew et al., 2010). In studies using PS, the technique helped study participants with explaining their experiences to peers and researchers (Heo, 2009). Researchers found participants were much more talkative—and at a deeper more reflective level—than they were in other sharing environments. A 2009 study of teachers using PhotoVoice to learn

new technology software for their classrooms found the method supported them in making connections across sets of ideas and experiences, revealing a densely connected web of ideas, as it related to how they integrated technology into their classrooms (Heo, 2009). For these reasons, I was drawn to the advantages suggested in using PS. It was the goal that this approach empowered participants through the process of identifying themselves within the community, bringing awareness of the impact CF has on the community, and representing the values of the community through their shared understanding of CF.

Keremane and McKay (2011) evolved PS from the original Wang et al., (2000) PhotoVoice by accompanying the digital collages with participants' written or oral narratives. The adaptation provided an advantage for this study because participants were asked to include an additional layer of rich narrative descriptions by using their PS digital collage to elicit, and share, a written or oral narrative regarding their experience of CF within the frame of a talking circle.

Talking Circle

Since this study sought to explore the meanings and experiences embodied in educators confronting CF due to working with students from trauma, talking circles (TC) were used as a DNA tool for creating connective discussions among the participants. The TC was a place where participants: created a transfer of knowledge from participant(s) to researcher, contributed to narratives, exhibited investment, and created collective knowledge and understanding.

The TC was one form in which Indigenous people share and impart their culture through storytelling, making TC highly consistent with Indigenous ways. Through

storytelling in TC, issues of trauma and other behavioral health issues were validated, and people were given the opportunity to process painful historical and contemporary experiences (Napoleon, 1996; Thomas & Bellefeuille, 2006). TC was a typical mode of intervention offered within Indigenous communities to support individuals and bears some resemblance to support groups (Thomas & Bellefeuille, 2006). Support groups allow individuals to process their difficulties and validate their experiences, as well as provide them with insight and strategies that were useful in facilitating successful adjustment and performance. However, traditional support groups may still be perceived by some Indigenous people as culturally incongruent and inappropriate for their unique concerns and experiences. Unlike circles, traditional support groups tend to reflect Western cultural methods such as very structured agendas that demand attention to specific topics outside of an individuals' present state of mind. Traditional support groups promote autonomy, independence, identity, confidence, purpose, integrity, and the ability to manage one's emotions (Steen, Griffin, & Shi, 2011); such elements reflect individualistic characteristics that were more congruent with Western culture than most Indigenous collectivistic cultures.

Talking circles, on the other hand, have been a concept known to Indigenous people well before the Western concept of "group counseling" or "support groups." Native Americans have been using collaboration in groups such as TC for the maintenance of harmony and balance across all spectrums of life including personal, environmental, social, and spiritual (Garrett, Garrett, & Brotherton, 2001). Unlike the structured characteristic of traditional support groups, TC was very flexible and took on a life of their own, allowing participants to follow their hearts and spirits during the group

process which allowed for seamless connections between the mind, body, and spirit. The TC emphasized that participants try to understand themselves mentally, physically, spiritually, and spatially (Garrett et al., 2001).

Rationale for using Talking Circles. There was limited research suggesting that methods like TC were perceived as effective for dealing with trauma, and associated consequences such as substance use, depression, and self-harm (Marbella, Harris, Diehr, Ignace, & Ignace, 1998; Thomas & Bellefeuille, 2006). TC represented unity and focused on the energy of working together and being one collectively. Therefore, TC held promise in terms of providing a culturally accepted forum in which to process, validate, and normalize experiences, which may help in facilitating participants sharing narrative experiences of CF. These potential benefits, however, had yet to be empirically explored, necessitating the importance of researching whether TC are a DNA approach which are beneficial to reducing the psychological effects of CF.

Collaborative Story Analysis

Collaborative story analysis (CSA) was utilized to support PCS staff in aligning rich and informative stories and evidence of CF with their ability to construct shared understanding of the impact of CF in professional educators working in trauma-informed schools. CSA emphasizes when conducting research with Indigenous communities that the process should “place Indigenous voices and epistemologies in the center of the research process” (Hallett et al., p. 1). Collaborative storying, which Bishop (1997) describes as a “deeper understanding of the participant’s experience and analysis”, was used to develop a “collective and contextual understanding” of CF as told by the participant’s stories. Allowing the participants to share their stories in a group and using

a phenomenological approach of “analysis through dialogue, conversation, and reflection” (Hallett et al., 2016, p. 7) aims to demonstrate respect to the storyteller and maintain the integrity of the individual’s story.

CSA was used as a form of DNA in which the narratives from research participants were analyzed by themselves as local community-member analysts to create. Grande et al (2015) suggest those who work in and with Indigenous communities “learn to confront their own values, conceptual frameworks, techniques, and attitudes in way that aligns with the community they are serving” (p. 7). CSA was developed to address four incompatibilities between decolonizing and traditional community-based participatory research (CBPR) approaches to data analysis. These incompatibilities were loss of cross themes which were broken up by using traditional coding, integrity of individual stories by using multiple sources of data, dialogical opportunity by reading text rather than listening to participant’s voices, and removing the participant from individual interpretation and meaning-making (Hallett et al., 2016).

Rationale for using Collaborative Story Analysis. The Hallett research team asserts the goal of CSA was to use an analysis method which both keep participants’ stories intact and leads to intervention development (Hallett et al., 2012) by allowing a “positive disruption” to transcend the standard techniques and treat stories in a more holistic, culturally appropriate way. I proposed that CSA is a method that keeps the participant’s stories intact, lead to intervention development, and creates a deeper connection among the participants who experienced CF.

PhotoStory Professional Development

The PhotoStory Professional Development (PPD) was divided into the following modules: Introduction to PS, PhotoStory I, PhotoStory II, and PhotoStory III. Modules I, II, and III had three goals: cognitive, affective, and behavioral. The cognitive goal is to build participants' understanding of the importance of trust, unity, and cooperation as constructs for creating connective professional relationships. The affective goal was to enhance staff members' feelings of connection in their relationship with their colleagues to present a united front to students and community members. Finally, the behavioral goal was to reduce the psychological effects of compassion fatigue as it relates to teachers' perceived isolation. To achieve these objectives, all modules were delivered during the school day, and time spent in PPD modules was applied to fulfilling the required 20 hours of professional development teachers were expected to participate in during the school year. These modules took place on Wednesdays during the block of time regularly scheduled for PD, which was from 1:00 pm to 3:00 pm (MST).

PhotoStory PD Google Classroom. I facilitated each PPD session. In preparation for each phase of PPD, participants were invited to a PS Google Classroom. Participants accepted the invitation individually. Participants had onsite access to me or the IT department for technical support related to registering or navigating Google Classroom. One day prior to each PPD session, participants received an updated invitation from Google Classroom which provided an agenda that served as an organizer for the session. The agenda informed participants of the meeting's start and end times and reminded participants of materials needed to engage successfully. In addition, the agenda contained the guiding question for each session and other pertinent information as it

arose. The Google Classroom required a password and was only seen by participants. For each session, participants brought their school assigned laptops to access AdobeSpark and their Participant Reflection Journals. Participants were able to opt in to bring writing/coloring instruments and paper notebooks if they chose to use printed or analog materials.

PhotoStory Professional Development Modules

Introduction Module. One forty-five-minute session was used to introduce the PPD to PCS staff. First, I informed PCS teachers and behavior technicians of the purpose of the study, consent, and time commitment. The purpose of the study included components of CF related to origin, effects of CF, and mitigating factors as well as the use of PhotoStory to illicit conversations. The history of CF as it relates to secondary trauma, burnout and compassion satisfaction was introduced. In addition, I shared the three cycles of action research and literature review to illustrate how the study evolved to focus on mitigating CF through connection. At the end of the session, I introduced AdobeSpark as the digital platform to build the PhotoStory. The confidentiality and participation agreements, which were part of the consent form, were reviewed. The time frame and PPD plan was illustrated using the Timeline for the Study (Table 1). Time was allotted for questions and answers.

Lastly, I recorded names and emails of individuals who expressed a desire to participate in the study. I confirmed they met the criteria for participation—as stated previously— by talking to the principal or the individuals themselves. Within 48 hours of expressing interest to participate in the study, I followed up with a confirmation email. The confirmation email contained a brief thank you for the interest, directions to

complete the Protocol for Soliciting Participants (Appendix A), Consent Form (Appendix B), and Teacher Stress Inventory (Appendix C). The Teacher Stress Inventory was administered using SurveyMonkey and was the first data collection used to engage participants in the project to determine the extent that CF was impacting psychological health as it related to: 1) stress manifestations, 2) perceived isolation, and 3) lack of desire to continue in education profession. Once the consent form and TSI were completed, participants were invited via email to sign into the PPD Google Classroom. All following PPD related communication was sent via Google Classroom throughout the duration of the study.

Module 1. PhotoStory: Share the extent to which you experience compassion fatigue. In Module 1, I focused on how CF affects personal health. I spent 15 minutes sharing research from the literature review pertaining to CF manifesting as psychological stress. Categories of psychological manifestations were emotional, fatigue, cardiovascular, gastronomical, and behavioral manifestations. I allotted 15 minutes to share research from the literature review pertaining to varying degrees of compassion satisfaction and CF. Participants worked independently for 30 minutes to create a digital collage using AdobeSpark that represented facets of their experiences with compassion fatigue. Participants were asked to include images which portrayed their experiences of perceived trauma as it related to working in a trauma-informed school. Following the construction of the PhotoStory collage, participants were given 15 minutes to write (or voice record) a short narrative describing the interpretation of their digital collage. Participants had the option to elect to remain in the same space or find private space in the building to write or record their narratives. In the last 45 minutes of the PD,

participants had the opportunity to share their PhotoStory narratives with the group in a Talking Circle (TC) format. I provided guidelines for participating in the talking circle: sit in age order, talk only when you had the talking piece, and show active listening by watching the speaker or the centerpiece. The TC had four rounds, which meant everyone in the circle spoke four times. In the first round, participants shared and told about their PhotoStory narratives. The second-round question asked, “What are the stories telling us as they related to CF?” The third-round question was, “What touched your heart?” The last round consisted of appreciation statements from volunteer participants as they expressed recognition and appreciation for other staff members as it related to sharing and connection. The TC was audio recorded and sent to a secured transcription service where it was transcribed.

After each PPD session, participants were given a link to a *How to Journal Reflectively* tutorial in addition to a structured journal prompt to reflect about the construct of connection. The construct was broken into questions regarding collaboration, trust, and unity. All responses were recorded in the Participant Reflection Journal. To ensure I had a record of the PhotoStory collage, participants shared their collage to my AdobeSpark account.

Module 2: PhotoStory: Share the extent to which you have experienced compassion fatigue during COVID-19 global pandemic. In Module 2, I focused on participants’ perceptions of how CF manifested in their personal everyday choices, patterns, and decisions during the COVID-19 global pandemic. After the initial introduction, participants worked independently for 30 minutes and created a digital collage using AdobeSpark that represented facets of how CF manifested itself as stress in

their daily activities. Participants were asked to include images which portrayed their experiences of perceived manifestations as it relates to working in a trauma-informed school during the pandemic. Following the construction of the PhotoStory collage, participants were given 15 minutes to write (or voice record) a short narrative describing a workplace event which they perceive contributed to a manifestation of stress in their personal life.

In the last 45 minutes of the PD, participants had the opportunity to share their PhotoStory narrative with the group in a Talking Circle (TC) format. The TC, Participant Reflection Journal, PhotoStory collage, and audio recording were structured in the same format as Module 1.

Mid-study Data Collection: Interview. Each participant was invited to participate in a semi-structured interview at this phase of the study. Sign-ups were available during Modules 1 and 2, and 30 minutes was allocated for each interview. The purpose of the interview was to gain a deep understanding into the current collaborative and unifying culture among colleagues at Progressive Community School and examine the role trust played in the perception of connection among colleagues at the site. As the interviewer of participatory action research (PAR), I acknowledged the significance of the interaction that existed between the interviewer and the interviewee (Creswell, 2007). Caution was taken to avoid the interview being ruled by me. The interview process was conducted via a Zoom call and was audio recorded and sent to a secured transcription service for analysis.

Interviews included a combination of overarching and specific questions (Appendix D) which allowed detailed descriptions of participants' current as well as past

experiences. The semi-structured interviews were driven by the major research question: “How and to what extent do teachers exhibit connection using dialogical narrative analysis?” Although this question provided the basis for inquiry, the exchange between the interviewer and participant was conversational in nature. The participants were asked to provide examples of effective professional collaboration, unity, and trust based on their own views and professional experiences. Anonymity was secured by labeling each interview with the participants two-digit birth month and last three letters in their middle name.

Module 3: PhotoStory. Considering what we know about the impact of CF, what do we do now? In Module 3, I focused on the participants’ knowledge of CF and its impact on psychological well-being to propose an intervention for reducing CF. The PhotoStory digital collages were turned into a video. During the last PD, each participant watched the video and then answered questions relating to the artifacts (see Appendix E). I spent 15 minutes sharing research from the literature review pertaining to strategies that mitigate CF. After the initial introduction, participants worked independently for 30 minutes and created a digital collage using AdobeSpark that represented their ideas on how to reduce CF. Participants were asked to include images which portrayed their ideas for reducing CF as it related to working in a trauma-informed school. Following the construction of the PhotoStory collage, participants were given 15 minutes to write (or voice record) a short narrative describing a workplace event which they perceived contributed to a manifestation of stress in their personal life.

The last 45 minutes of the PD, participants had the opportunity to share their PhotoStory narratives with the group in a Talking Circle (TC) format. The TC,

Participant Reflection Journal, PhotoStory collage, and audio recording were structured in the same format as Modules 1 and 2.

End of Study Data Collection: Survey. The post-survey questionnaire phase engaged participants by having them complete the concluding Teacher Stress Inventory to determine to what extent CF was impacting their psychological health as it related to: 1) stress manifestations, 2) perceived isolation, and 3) lack of desire to continue in the education profession. The TSI was administered using SurveyMonkey and was available to all participants using the PPD Google Classroom.

Data Sources

Teacher Stress Inventory (TSI). To measure the psychological effects of compassion fatigue, 20 items adapted from the Teacher Stress Inventory (TSI) were used (Fimian, 1984) with this study. The items were rated using a five-point Likert scale from 1=*Not Noticeable* to 5=*Extremely Noticeable*. The survey measured five constructs: (a) emotional manifestations, (b) fatigue manifestations, (c) cardiovascular manifestations, (d) gastronomical manifestations, and (e) behavioral manifestations. In addition, three items for demographic classification were included. This survey was administered twice during the study: first during the Introduction Module and then followed after Module 3. The complete survey is provided in Appendix C. Survey responses were confidential and securely stored on my personal password protected SurveyMonkey account and is being kept for a period of three years after which they are to be deleted. To keep the responses of participants' confidential, pseudonyms were utilized in descriptions of findings.

For this study, to utilize the five subscales associated with the sources of stress, I contacted Fimian via email and received permission to use the survey.

Interviews. Utilizing open-ended questioning techniques during interviews allowed me to gather a myriad of perspectives while determining patterns within the data from the in-depth analysis of this learning community's connection.

The interview questions were developed from the research questions of this study and provided a deep understanding of three constructs: collaboration, unity, and trust. The first five questions explored the participants' understanding and perception of a productive collaborative environment. Questions six through nine were designed using the unity framework established by Conscious Discipline (Bailey, 2014). These questions explored the perception of unity on campus. The last five questions were designed using the trust framework established by Tschannen-Moran (2014). These questions went deeper to also explore the professional perception and orientation of the trust among colleagues on campus. As Tschannen-Moran (2009) pointed out, when teachers perceived their colleagues were dependable, compassionate, and available for professional support, overall trust among the faculty increased. These structured interview questions explored the impact of connection among colleagues on reducing compassion fatigue in teachers. The interview questions and protocol are found in Appendix D. I recorded each interview and sent them to a secured data transcription service.

Participant Reflection Journals. The third source of data was the participants' Professional Reflective Journals. Reflective journaling was one way of promoting, encouraging, and documenting personal experiences and understanding of change. An essential function of reflection was to develop a new perspective or understanding of the situation, thus creating new knowledge (Greenwood, 1993; Jarvis, 1992). Dewey (1933) states that reflective journaling begins as a state of doubt or perplexity about beliefs that

weaves its way through the search for resolution and clarity. Journal writing encouraged participants to articulate their feelings stemming from professional experiences, analyze how their feelings impact future choices, and question past beliefs and misunderstandings (Spalding & Wilson, 2002).

After each PPD session, participants were given a structured prompt to reflect about their reactions to the process of learning how to collaborate, build trust, and demonstrate unity. Dewey (1933) believed reflection does not occur naturally and must be taught. Participants were provided a reflective journaling tutorial after Module 1. In three studies of professors using reflective journaling in their instruction, students were more engaged and found the experience meaningful when professors provided a scaffold, modeling, and conceptual framework for the activity (Ashmore, 1989). Participants were also asked to reflect on their own personal journey, so they examined their contribution to establishing connection among colleagues. Each participant maintained a digital journal assigned by and shared only with the researcher. This data was read through multiple times to gain an understanding of what the data provided. I used the CSA framework to develop three categories of data: a) what are the stories telling us; b) what touched your heart; and c) where do we go from here? Second, I used the construct of connection to create a list of pre-set codes using the headings of unity, trust, and collaboration. I used these codes to develop themes for the research.

Researcher Reflection Journal. This data collection method consisted of my comments, personal writing surrounding the research process, and included data collection methods and analysis. I wrote in the journal before and after each PPD session and after every interview. In addition, I recorded thoughts and feelings during the data

analysis process. My researcher reflection journal was an electronic notebook, which was maintained in a personal file on my personal laptop, securely protected by a password.

Artifacts. I used the PhotoStory collages and narratives to provide context for the TC recordings. While I did not code or analyze the PhotoStory collages, I did code and analyze the TC recordings.

Talking Circle Audio Recordings. Pink (2011) reminded us that “attention beyond the visual allows us to recognize the merits of placing other sensory categories at the fore of our inquiries” (p. 611). There were three TC digital audio recordings. Each was used in this study primarily as a functional means to document participant stories and TC discussion for transcription.

Anecdotal Notes. Anecdotal notes were used during the PhotoStory Presentation. Entries included descriptions of significant incidents or specific, observable behaviors, recorded by myself during informal interactions.

Table 2 provides a timeline for data collection, and Table 3 explains the alignment of each research question with the data collection tool intended to address it.

Table 2*Timeline for Data Collection*

Module	Objective	Data Source	Materials
Introduction	Introduce project <ul style="list-style-type: none"> • Compassion Fatigue <ul style="list-style-type: none"> • Harmful effects • Mitigating CF <ul style="list-style-type: none"> • Reflective practice • Dialogical practice • Collaborative practice • Collaborative Story Analysis • PhotoStory 	Teacher Stress Inventory (pre)	TSI (Appendix C) PPD Outline (Appendix F)
1	PhotoStory: Share about your health as it relates to CF.	PhotoStory (artifact) Narrative (artifact or recording) TC (recording) Participant Reflection Journal	School-provided laptop for each participant Internet connection Adobe Spark Google Form (RJ) PRJ protocol (Appendix G)
2	PhotoStory: Share to what extent you exhibit compassion fatigue during the COVID-19 global pandemic.	PhotoStory (artifact) Narrative (artifact or recording) TC (recording) Participant Reflection Journal	School-provided laptop for each participant Internet connection Google Form (RJ) Analysis questions
Data Collection	Interview	Interview transcripts	Audio recording device Interview protocol
3	PhotoStory: Considering what we know about the impact of CF, what should be done?	PhotoStory (artifact) Narrative (artifact or recording) TC (recording) Participant Reflection Journal	School-provided laptop for each participant Internet connection Adobe Spark Google Form (RJ)
Data Collection	Post Survey	Teacher Stress Inventory (post)	School-provided laptop for each participant Internet connection TSI

Table 3

Alignment: Research Questions and Methods

Research Question	Data Collection Tool
RQ1: How and to what extent does dialogical narrative analysis affect the psychological effects of compassion fatigue?	<ul style="list-style-type: none">• Pre/Post-innovation Teacher Stress Inventory• Interview audio recording• Participant Reflection Journal• Researcher Journal• Anecdotal notes
RQ2: How and to what extent does dialogical narrative analysis impact connection among colleagues experiencing compassion fatigue?	<ul style="list-style-type: none">• Talking Circles audio recordings• Interview audio recording• Participant Reflection Journal• Researcher Journal• Anecdotal notes

Researcher Bias. As a research practitioner, I have spent two semesters working with the participants as their colleague. During the school year, I had established working, collaborating, mentoring, or personal relationships with them. Because of my close relationship with the participants as their confidant, friend, and coworker, participants may have felt obligated to participate in the study and their responses may be exaggerated to indicate a favorable experience in an effort to impress me as their colleague. To minimize feelings of obligation or potential bias, I integrated multiple data collection opportunities which kept responses anonymous. As a researcher, I always presented all information and data to the participants in a professional manner and

maintained professional communication with the participants. I fostered opportunities for the participants to share ideas in non-judgmental, anonymous settings and did not share the research focus or data with the participants while the study was being conducted. In keeping consistent with the Family Educational Rights and Privacy Act (FERPA), I did not share any data or personal information between participants.

By examining my bias, it was possible for me to prevent and explicitly plan where my interpretations of the data may have been biased. This bias resulted from my previous experiences working as the Behavior Interventionist Specialist at this school, thus serving as a liaison between teachers and students, students and parents, students and students, and administration and teachers. I have seen, and have been committed to, the use of the exclusion or isolation approach to support students with conduct disorders.

“Unfortunately, personal attachment also carries bias and opinion that cause a researcher to jump to conclusions rather than arrive at a conclusion after methodological scholarly work” (Machi & McEvoy, 2009, p. 19). This was an area worked on to exercise sound judgement and patience as I allowed the participants to share their experiences, even if at times it was different than what I expected and/or when it took course in a new or unexpected direction.

Validity

To ensure the validity of the data and increase the accuracy of findings, data was triangulated. Triangulation involved the use of “a combination of different methods [such as interviews, observations, and examples of student work that] gives us a much more rounded picture of someone's life and behavior” (Livesey, n.d., p. 5). Validity was strengthened in qualitative research as data was triangulated using member checking,

rich, thick descriptions, and clarification of bias given by the researcher (Creswell, 2003). Member-checking took place throughout the study to make sure that the interpretation of interview answers was accurate. Member checking is when the researcher asks participants to review the researcher's interpretation of the data collected. Member checking was used to establish credibility and validation. I used participant quotes to align with assertions I made.

Rich, thick descriptions were embedded within the narrative portion of the study to give readers an idea of the setting and surroundings in which data was gathered. As potential biases were incurred within the study, these issues were explained and expounded upon in Chapter four.

Chapter 3 Summary

I used a participatory action research methodology with a mixed-method approach by providing professional development as an intervention to mitigate negative psychological effects of compassion fatigue. To mitigate compassion fatigue, as the researcher I used three dialogical narrative analysis tools to facilitate discussions among the staff. The three narrative forms were PhotoStory, talking circles, and collaborative story analysis. A mixed-methods approach was used and included a Teacher Stress Inventory, audio recordings from talking circle discussions, semi-structured interviews, participant reflection journal, artifacts, and researcher journal as the data collection tools.

CHAPTER 4

FINDINGS

“As analysts think about and also with the stories they have heard, the significance of those stories crystallizes, and how to tell the metastory of the stories becomes sufficiently apparent...” (Frank, 2010, p. 113)

In the previous three chapters, I presented the rationale for this innovation, described the theoretical frameworks that informed the study, and outlined the methodology to collect and analyze data. In this chapter, I describe the data analysis procedures and the results from the study.

The purpose of this action research study sought to explore the role of dialogical narrative analysis as a strategy for reducing the psychological effects of compassion fatigue of a team of trauma-informed educators through connection. The experiences of a team of educators were viewed through Bishop’s (1997) collaborative storying method. The sources gathered to examine the answers to this research study included qualitative data and quantitative data. The qualitative data included photo-collages, interviews, Talking Circle discussions, reflection journals, and anecdotal notes from the six participants. The quantitative data included statistical data responses from the six participating teachers on both the Teacher Stress Inventory (TSI) presurvey and the TSI postsurvey.

In this chapter, I first present quantitative findings from the TSI pre/post survey. Then I present qualitative findings from the dialogical narrative analysis of each participant, and supporting evidence, of their PhotoStory collages, Talking Circle discussion quotes, journal reflection responses, and my researcher’s journal. The following research questions were examined:

Research question 1: How and to what degree do teachers exhibit compassion fatigue through dialogical narrative analysis?

Research question 2: How and to what degree do teachers exhibit connection through dialogical narrative analysis?

Research question 3: How and to what extent does dialogical narrative analysis reduce psychological effects of compassion fatigue?

Quantitative Data

Quantitative data was obtained from the pre-innovation and post-innovation Teacher Stress Inventory (TSI). The two sources measured five constructs related to the participants' experiences with the PhotoStory professional development innovation. The quantitative data from the six participants who completed both surveys was used in the quantitative data analysis.

Quantitative Data Analysis

For the quantitative analysis, I analyzed the quantitative data collected from the pre and post TSI survey to address RQ3: *How and to what extent does dialogical narrative analysis reduce psychological effects of compassion fatigue?* I transferred the data to SPSS, transformed it to create new variables, and analyzed it using SPSS reliability and descriptive statistics (IBM SPSS Statistics, Version 25).

Quantitative Data Results

Pre-surveys and post-surveys. Prior to computing the descriptive statistics, I analyzed the pre-intervention data to determine the reliabilities of the various scales. Those reliabilities have been reported in Table 4. In general, the reliabilities were adequate, that is to say the reliabilities were above .70, which is the usual standard for

acceptable reliabilities, with one exception. The Behavioral scale included items that were so wide-ranging that they did not constitute a sound scale and its reliability was quite low, 0.28. In particular, items for the Behavioral scale included over the counter drugs, prescription drugs, use of alcohol, and being ill, which did not constitute a coherent scale.

Table 4

Reliabilities for the Five Scales on the Teacher Stress Inventory Instrument

Scale	Reliability
Emotional ^a	.77
Fatigue ^b	.82
Cardiovascular ^c	.77
Gastronomical	.80
Behavioral	.28

Note: ^a—one item was deleted. ^b—two items were deleted. ^c—one item was deleted.

Because the sample was small with only six participants, I computed descriptive statistics for the survey. Means and standard deviations have been presented in Table 5. As demonstrated in Table Y, means decreased between 0.08 and 0.50 of a point. These decreases were anticipated and have been explained more fully in the qualitative section. See Table 5.

Table 5

Pre- and Post-Intervention Means and Standard Deviations for the Five Variables (n = 6)*

Variable	Pre-Intervention Score	Post-Intervention
Score		
Emotional	2.67 (0.86)	2.54 (0.93)
Fatigue	2.56 (1.22)	2.22 (0.69)
Cardiovascular	2.25 (0.88)	2.17 (0.41)
Gastronomical	2.67 (1.45)	2.17 (1.19)
Behavioral	1.50 (0.61)	1.33 (0.38)

Note: *--Standard deviations are in parentheses

Qualitative Data

Multiple sources of qualitative data related to all research questions. Qualitative data was obtained from four sources: three Talking Circle discussion transcripts, 18 PhotoStory collages, five journals that included open-ended questions, and my researcher's journal, which contained anecdotal notes.

Qualitative Data Analysis

I recorded the interviews and Talking Circle discussions using the Otter mobile app, which also transcribed them. Next, I compiled text from the reflection journals and researcher's journal into a table categorized by participant and data source. For the first round of coding, I listened to the audio recordings of the interviews and Talking Circle discussions while reading along with the transcripts. I used open coding for the initial coding, which was accomplished by evaluating data, assigning categories and concepts,

and describing these experiences in a short sequence of words or even by a single word. In addition, I read the manuscripts from the reflection journals and researcher's journal and used open coding to assign categories and concepts. By using this technique, I identified 106 initial codes. I followed the constant comparative method as described by Glaser and Strauss (1967) for the coding cycles and as I developed categories and themes. This method was used when codes were developed and new text was constantly compared to the existing codes. New codes were developed if the text did not fit into the codes that existed. I continued the process until I reached data saturation. Further iterations of the first cycle of coding contained both In Vivo coding and holistic coding. In Vivo coding has been used by quoting the phrase and actual language used by the participant, as found in the qualitative data record, in order to honor the participant's voice. Holistic coding applies a single code to each large unit of data to capture a sense of the overall contents and possible categories that may develop.

As I moved into the second cycle of coding, I utilized the tabletop approach, where I was physically able to touch and move the codes, which helped me to better understand and discover the “organizational concepts, interrelationship, theming, and structure” (Saldana, 2016, pp. 230-231). During this second cycle of coding, I used theoretical coding. Theoretical coding as described by Saldana (2016) allowed for categorization of coded data by “discovering the central category that identifies the primary research theme” (p. 265). By using this strategy, I narrowed the theoretical codes to 42. The two cycles combined produced seven themes, which led to the six data-driven assertions.

In addition, as I completed the qualitative analysis, I implemented the process of analytic memo-writing as described by Saldana (2016). The analytic memo-writing process was critical, particularly during and after the initial coding, as it provided a way to generate codes and categories. When used concurrently, the coding and analytic memo writing processes “should blur and intertwine continually, from the beginning of an investigation to its end” (Glaser & Strauss, 1967, p. 43). Lastly, I used member checking to make sure that the interpretation of participant answers was accurate.

Qualitative Data Results

Results from the qualitative data sources are presented in this section, First, Table 6 provides a breakdown of the themes, their corresponding theme-related components, and related assertions. Then, each of the themes and assertions has been discussed, supported by quotes from the theories that frame this study.

Table 6

Themes, Theme-Related Components, and Assertions

Theme	Theme-related Components	Assertions
Sharing personal experiences related to compassion fatigue using dialogical narratives reduced psychological effects among educators in trauma-informed settings.	Dialogical analysis provides opportunity for disclosure of compassion fatigue symptoms. Sharing personal experience gives permission for others to share experiences.	The Photo-Story professional development workshops provided an opportunity for colleagues with shared compassion fatigue experiences to generate vulnerable conversations and reduce feelings of isolation.
Acknowledgement and recognition establish individual purpose	A dialogical framework can provide acknowledgement and recognition among staff.	Acknowledgements and recognition are critical for building team rapport.
Collaboration provides opportunities for discovering unifying values, building unity, and trust.	Unity is experienced through collaboration.	Intentional collaborative projects provide opportunities to establish personal connections, share common experiences, and establish unifying values
Psychological effects of compassion fatigue may be overt or covert.	Exhibition of compassion fatigue varies depending on the length of time in the profession.	Compassion fatigue exhibits overtly and covertly in educators.

Theme 1 - Sharing personal experiences related to compassion fatigue using dialogical narratives reduced psychological effects among educators in trauma-informed settings. *Assertion 1: The Photo-Story professional development workshops provided an opportunity for colleagues with shared compassion fatigue experiences to generate vulnerable conversations and reduce feelings of isolation.* The first assertion made in this study states providing participants with an opportunity to use PhotoStory to express their ideas regarding compassion fatigue, combined with the opportunity to share their experiences with colleagues, did decrease the psychological effects of compassion fatigue. Frank (2010) defines narratives by the type of story being told and the purpose for sharing; "...these typologies authorize how the story is told, and therefore liberates people from stories they no longer want to tell" (p. 119).

The PPD study had findings consistent with the principles that Bakhtin (1984), Frank (2010), and Borko (2004) utilize which suggest sharing narratives through photo-collages would generate discussions related to the effects of compassion fatigue. At the study site, opportunities to learn, and talk, about compassion fatigue symptoms had never been offered. Two weeks prior to the study, a local social worker talked to the participants for 15 minutes about compassion fatigue as it relates to COVID-19 and encouraged them to seek assistance from the Employee Assistance Program if they had further inquiries. The staff were not encouraged to talk with one another about their experiences of compassion fatigue and there was no opportunity for individuals to share with the social worker.

Within the context of the PPD study, the opportunity to share professional and personal stories related to compassion fatigue were deemed an important component in

understanding and reducing the psychological effects of compassion fatigue. Ochs and Capps (1996) state through telling personal stories of trauma, the narrators are given an opportunity to “evaluate their actions and choices to assess the long-term outcomes” of their experiences (p. 45). The PhotoStory collage provided a talking point from which the participant could share objectively. As evidenced in the Talking Circle discussions, as participants heard other participants disclose their experiences, they felt relieved from a sense of isolation regarding navigating the negative effects of working in the trauma-informed program.

The TSI and reflective journals showed evidence of manifestations of compassion fatigue reduced by having the opportunity to share their experiences. Participants were given the opportunity to talk about the psychological effects of compassion fatigue with other colleagues, and these practices gave participants the experience of acknowledging complex yet practical situations. PhotoStory and Talking Circle discussions were recognized as an effective means by which the participants could experience intellectual and behavioral growth to take place.

Theme 2-Acknowledgement and recognition establish individual purpose.

Assertion 2: Acknowledgments and recognition are critical for building team rapport.

The second assertion from the PPD study was that participants experienced connection by engaging in an ongoing process of seeking opportunities for professional acknowledgment and recognition, team-building games, collaboration on school-wide projects, and exhibiting a unified team. Webster-Wright (2009) and Zehetmeier et al. (2015) relate that providing an opportunity for teachers to work collectively provides an opportunity for individuals to belong to a network of learners that promotes the learning

of individuals and extends support. The collaborative conversations as evidenced in the reflective journals, interviews, and anecdotal notes give examples of collaborative and supportive conversations. Beattie (2010) explores the “sense of belonging in a relational sense and of accepting and confirming the other is essential in allowing us the freedom to explore, to challenge, and to grow and reconstruct our understanding of each other (p. 64).

There are numerous examples, in the anecdotal notes, of participants talking and spending time together outside of their professional duties. Bryk and Schneider (2002) assert that relational trust is complicated and difficult to identify, and it is often easier to recognize the lack of trust than the presence of it (p. 211). In this study, the collaborations took many and varied shapes, yet participants expressed a sense of connection through their personal dialogues and collaborations and stated these practices were effective and beneficial to establishing a sense of trust.

Theme 3- Collaboration provides opportunities for discovering unifying values, building unity, and establishing trust. *Assertion 3: Intentional collaborative projects provide opportunities to establish personal connections, share common experiences, and establish unifying values.* The third assertion is the PPD provided an opportunity for colleagues to relate to one another through a shared experience which unified and brought them into closer emotional proximity to one another. By engaging in collaborative projects, related to work, participants engaged in further dialogue and developed a personal understanding of their colleagues. Borko (2004) states that sharing narratives are essential for building personal understanding, and trust, among members who have similar experiences. Many of the participants shared that through collaborative

projects they experienced a sense of unified culture throughout the study. Trauma researchers assert that people heal most when they engage in dialogic, and narrative, traditions and engage in collective cultures.

Theme 4- Psychological effects of compassion fatigue may be overt or covert.

Assertion 4: Compassion fatigue exhibits overtly and covertly in educators. Bakhtin's (1984) research on dialogical approaches suggests that people experiencing trauma can use dialogue as a tool for transformation and engaging in psychological change and growth. Trauma researchers Blum-Kulka (1997), Frank (2010), Linde (1993), and Shuman (2005) found that storytelling in both formal and informal, and cultural contexts, can have a significant impact on eliminating gaps of understanding and providing coherent understandings. The TSI, interviews, reflective journals and anecdotal notes showed both overt and covert effects of compassion fatigue. By having myriad dialogic narratives, participants showed evidence of psychological effects of compassion fatigue by outwardly sharing experiences of stress and its manifestations. Participants were given the opportunity to talk about the psychological effects of compassion fatigue with other colleagues, and these practices gave participants the experience of acknowledging symptoms they may not have recognized. In this study, dialogical narratives, such as PhotoStory and Talking Circle discussions were recognized as an effective means by which the participants could experience and understand the covert and overt effects of compassion fatigue.

Narrative Analysis

Next, I share each participants' story as "one creative storyteller" (Frank, 2010) and their unique representation of compassion fatigue in a trauma informed teaching

setting. As Hallet et al (2016) recommend, I ensure the participant's stories remain intact by utilizing Bahktin's (2010) dialogic theory: core narratives have three subtypes and are divided into context, conflict, and resolution. Hence, for each individual story, I present evidence from the participant's presentation of their PhotoStory collage, contribution to the Talking Circle discussion, reflective journal, personal interview, and anecdotal notes as it relates to each narrative subtype.

Throughout the remainder of the qualitative data results, I will use headings to identify the participants and subheadings to identify the three subtypes of their narratives. The first subtype focuses on how the participant exhibited compassion fatigue by working in a trauma-informed context. The second subtype is the conflict, and I share the extent to which COVID-19 exhibited compassion fatigue in the participant's life. The third subtype is resolution and the extent in which connection provides a resolution to the experience of compassion fatigue.

Participant 1. Peggy



Figure 1.1. Peggy's PhotoStory of exhibition of compassion fatigue.

Exhibition of compassion fatigue. The toll of teaching in a trauma-informed setting was exhibited in Peggy's disclosure of having a dual-role of being a single mother and caring for someone who is dependent as well as a teacher to children with trauma. In doing so, Peggy expressed feelings of isolation stemming from the fatigue of carrying both personal and impersonal heavy workload, and experiencing excessive parenting demands, long hours at work, college courses, and parenting a child with special needs at home.

In the first PhotoStory collage, Peggy shared experiences of compassion fatigue through images related to failure and self-doubt. In the Talking Circle discussion, Peggy elaborated on feeling isolated:

There's just a picture of me reflecting on the hardest day ever. I do have hard days at school, but it's also what I live with, because I also teach social skills to my own child. Sometimes there's a lot of doubt, there's no manual for a regular child, and when you have one that has special needs, you don't want to mess it up. I take a lot of weight on myself and don't lean into the team that's available to me, which I tell myself is having too much pride and being selfish. Sometimes I really believe I have the power to change everything a child has ever experienced, and I try to picture everything turning out well. But, I am really being hit with the reflection that I pretty much feel alone and always feel others are doing so much better than I am. In reality, my focus should be on doing my best and allowing others to help me. (Talking Circle discussion, November 4, 2020)

Following the Talking Circle discussion, Peggy wrote a journal reflection:

If I am functioning at full capacity, I expect I can meet the needs of others. However, a person in our capacity of work must be 110% on a daily basis. When I go home, I am expected to take responsibility for my own self-care, yet in all honesty, at risk of sounding like a "Wendy whiner", I come home to another precious human being that relies on me for their physical and emotional well-being. This "dance" worked well for a long time when I had another adult to help. I had the opportunity to fill-up when I was low on energy, sad, or had my own issues; but when I lost that resource, I also lost the capacity to function at 100%, and my students suffered. My students also deserve and need kindness and love, and don't know how to express that. Yet, sometimes, I am no different than

my students, and don't feel I have a voice. (Reflective Journal, November 19, 2020)

Through the duration of the study, Peggy shared two experiences of secondary-stress reactions. One occurred while waiting in a Zoom room for a special education meeting to begin, and the other while listening to another colleague share their experience of working with their students. Both caused a stress reaction because they caused her to recall her own feelings of family members' deaths, her own grief, the bereavement process, and self-doubt. She wrote these experiences in her reflective journal:

Right in front of me, (through a computer screen, yes, but I could see every tear she was trying to hold back) I could feel the changes in her breathing and over-all composure. This brought me back to my own cycles of pulling myself up by my bootstraps to simply go on and not break down. In front of my own son, and definitely in front of my students, I don't let those who need me be affected by my sadness. My experience with this woman [in the meeting], even with intentionally doing so, reminded me of my own wounds and just how human I am. Another incident was recently with another person within my work environment who shared some news with me. It wasn't anything really, but hours later, I had to really be intentional to target my feelings because I have mastered "fight or flight", and that's not a skill I am trying to strengthen. I just knew I was bothered and suddenly I was in third-person peering in on my own life. I began questioning myself on issues that I had thought I was over worrying about or questioning. It wasn't even my burden to bear and I knew it in my head, but the 12-inches between my heart and head went awry. (Reflection Journal, November 23, 2020)

Lastly, in the pre-TSI, there is evidence that Peggy has strong emotional stress, experiences physical fatigue, and gastronomical stress related to compassion fatigue. Peggy responds to emotional stress by feeling anxious, when fatigued she procrastinates, and feels physically exhausted. Peggy scored highest in the gastronomical stress with the strongest rating being complaints of stomach acid, and moderately strong ratings in extended durations of stomach pain and stomach cramps. (Pre-Teacher Stress Inventory, November 1, 2020)

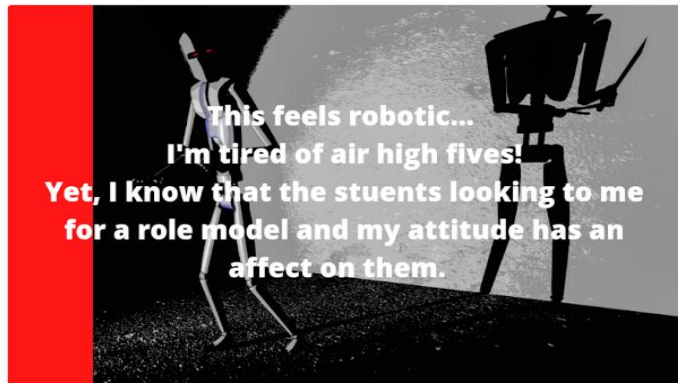


Figure 1.2. Peggy's PhotoStory of exhibition of compassion fatigue during COVID-19.

Compassion fatigue during COVID-19. As an educator in an alternative behavior school during the COVID-19 pandemic, Peggy was required to teach her students face-to-face when the school districts' infection analytics were moderate. Peggy was teaching face-to-face for the duration of the study. In addition, the state Superintendent of Schools held a press conference pleading for the public, particularly public school teachers, to remain home in order to stop the spread of the virus and allow students to return to school. The plea sparked a conversation among Peggy and her colleagues about the overwhelming responsibility placed on teachers during a very challenging time. As a result, participants were asked to create a collage illustrating what compassion fatigue looks like during COVID-19. In the Talking Circle discussion, Peggy shared:

I sense a lot of fear coming from my students and I really want to comfort them. When I looked for pictures of comfort and COVID-19, a lot of them showed hugging or giving that physical touch of comfort. I found this picture which symbolizes a comfort zone. It's almost like we're forcing them to be in zones away from each other. So in reality, they're not getting that true comfort. Even when we used to put kids in safety holds; kids found comfort in that. We can't even use weighted blankets to provide comfort. It feels like a big weight around my shoulders. The mandate on separation still doesn't allow us to do our jobs. (Talking Circle discussion, November 18, 2021)

Following the COVID-19 Talking Circle discussion, Peggy reflected the fears she had for managing her students also were her own fears in managing her fatigue:

We are supposed to be impeccable teachers, like I have to be the person that knows how to handle everything. And to me, just teaching special needs kids is a big job. And I'm always trying to implement the instruction so they can understand it and be tactile. But now thinking about medical safety measures on top of how I teach, it is tiring. I just don't know how I am going to take care of myself, and take care of all the implications COVID-19 has brought. For these kids, their life just changed. And that hurts me. So now we are a school where the really special kids are sent during COVID-19, and suddenly they're no longer part of the group. So it's an ostracized feeling when we just spent a year trying to teach our students they are capable of being included. And, I just feel I am starting over and am failing children. Here I am with the negative self-talk, and in order to stay positive, I feel I just have to be robotic. I'm tired of it. Air high fives. They are looking at me and my attitude has an effect on them, and I just don't know how to be a role model during a pivotal time in their development. I just have to remember to breathe. 1-2-3-4. Brief hold for seven seconds. And breathe out for eight. I've found this breathing strategy to be one of the most effective because I can't rush it. Repeat. Tomorrow is a new day. (Reflection journal, November 20, 2021)



Figure 1.3. Peggy's PhotoStory of mitigating effects of compassion fatigue.

Mitigating effects of compassion fatigue. Workplace strategies are an area to start when considering mitigating factors for compassion fatigue. In the last discussion,

Peggy shared her appreciation for having the opportunity to talk openly with her colleagues about the effect compassion fatigue had on her personally:

Since we started this study, I have reached out to several staff members that I don't know that well, especially the new hires. It has been helpful for me to share the strategies I use to keep my mental health in balance as we serve the students we do. It has also been helpful to just be open that I had a hard day and to receive support. This open forum has really helped me come out of the isolation that goes with trying to do the best I can. (Talking Circle discussion, November 25, 2020)

In the final PhotoStory, Peggy portrayed three symbols of connection and love. When a colleague probed her further about what she was proposing to mitigate the effects of compassion fatigue, Peggy said:

I have learned about self-love, and through this experience I've discovered I can only give love if I am happy with who I am and what I am giving to myself. I have to accept the faults I have before I accept the faults of others. And in order to be truly in service to our students, we have to have healthy love to spread. That is the only way our students are going to reap the benefits of what we do, and truly experience a healthy love. (Talking Circle discussion, November 25, 2020)

Peggy has continued the practice of keeping an online reflective journal as a healthy response to expressing the psychological effects of compassion fatigue. She has cultivated connections with other colleagues, and says she makes it a "priority" to "welcome, engage, and involve each person who enters on this journey [teaching in a trauma informed program] with us".

Experience of connection. Peggy was a participant who invested a significant amount of time in sharing, reflecting, and connecting during the study. As mentioned above, Peggy submitted several reflection journal entries and would often stop me in the halls, or visit my classroom, to share personal insights or express gratitude for the opportunity to self-disclose. Through her self-disclosure, Peggy created a network of

support for herself and expressed trust, collaboration, and unity. The following personal dialogue, combined with a journal reflection provides evidence of understanding the value of trust in intercollegiate connections:

I am finding I am sharing more experiences of compassion fatigue with other people at work. As I make time to journal each day, I make a conscious decision that I will just write what is going on in my heart. By doing this, I dive into my insecurities and reflect on the connections I have with people each day. I ask myself a lot of questions regarding the type of connection I create with others. I realized I was trying to connect with others through performance. I realize I also try to fill voids of belonging with performance. I am glad that I am recognizing these moments more and more, along with journaling and being authentic and vulnerable. I am also learning how to trust by using caution to make sure to share my pearls with those who care and not to please and appease- which we all know is just pushing off the inevitable. I want to be whole, and I'm recognizing how much being a caring, empathetic person can be a strength but also my demise if it's not stewarded the right way. (Personal Communication, November 30, 2021, Reflective Journal, November 29, 2021)

Summary of Peggy. Both compassion fatigue and negative psychological effects are evident in Peggy's narrative. Both her personal and professional context contribute to compassion fatigue. She experiences compassion fatigue through the continuous role of caring for her special needs child and meeting the needs of her students from trauma. She experienced secondary stress reaction and compassion fatigue within the time frame of this study. The secondary stress reaction was triggered by a required meeting for work, and in a casual conversation she had with a colleague related to how services are provided to the students in her workplace. Peggy experienced compassion fatigue during COVID-19, as evidenced by her disclosure of low self-efficacy in providing quality education to students during face-to-face and online teaching. As Peggy embraced the opportunity for self-disclosure throughout the study, she found sharing her experiences of compassion fatigue, in addition to strategies for mitigating to new hires, reduced the

isolation she was experiencing when the study began. Utilizing the opportunity for self-disclosure brought several opportunities for Peggy to experience connection with colleagues, and ultimately, she experienced deeper connection with herself.

Participant 2. Courtney



Figure 2.1. Courtney’s PhotoStory of exhibition of compassion fatigue.

Exhibition of compassion fatigue. Courtney was the newest hire on the team during the study. She had been with PCS approximately one month prior to the beginning of the study. The day before the study began, she and I gave a drop off of food to one of her students. She asked me to explain the study some more and in doing so, Courtney revealed that PCS was her last attempt to work in the education field because she wasn’t sure she had the stamina to endure secondary stress. She shared:

I worked in a school with a teacher, and we were really good friends. I saw this teacher work really hard and she did all these really cool projects with her students. We would always work together to get supplies, and help the kids learn how to follow directions, and the kids were really understanding what we were trying to teach them. Yet, my friend [the teacher] would go above and beyond and really get to know the families of her students. After some time, it seemed doing the fun things we used to do wasn’t fun anymore. It felt like a job to do all of these things, and I felt like I was doing it alone. My friend seemed more

involved in the kids' stories and feeling sorry for them than she was teaching them. I thought it was my job to keep supporting her, so I just did what I was told. Yet, I saw her start going downhill and she seemed to be drinking [alcohol] more and more. Long story short, she ended up going into rehab. The school found out and asked me questions about her. I refused to tell them, because it wasn't like she ever drank at school. I felt they didn't have a right to ask me for information about my personal relationship with her. They put me on administrative leave. When she got out, I was so happy for her, but she only talked to me once and that was to ask why I told the school certain things. I told her I didn't but she didn't believe me and she never spoke to me again after that (crying). I think my experience of watching my friend experience compassion fatigue kind of made me experience the same trauma. I think that experience is always going to be there for me. And, so I am kind of afraid of getting to know other people because of that situation. (Personal Interview, December 2, 2020)

Courtney designed a photo-collage that illustrated signs of poor cognitive functioning and emotional distress. Questioning oneself, feeling overwhelmed, and isolated were images in Courtney's collage. In the Talking Circle discussion, she shared:

Sometimes the students come to school in the same negative emotional state that they are in at home. It's hard to see them walk through the door in the same unwashed clothes they have been wearing for two weeks. Sometimes they don't even say "hello" when we greet them. Sometimes I just don't know how to connect with them on a basic level; it seems they are in a perpetual state of trauma. So, I put a big question mark, and that is really how I feel for all of us. It's not like one of us has the "magic key" to connect with our students no matter which state they come to us in. I just want to give them some comfort, and that's why I put a teddy bear there. But, the truth is the normal things we think will bring comfort actually don't bring them comfort and it just feels like every time I see them, I get right into that negative feeling of where they are at. I just feel so helpless and stupid sometimes. Like, "What am I doing here? I'm not helping." It's really hard to get out of that frame of mind every single day, day after day. (Talking Circle discussion, November 4, 2020)

Lastly, in the Pre-TSI, Courtney presented psychological symptoms related to stress. She responds to stress with extremely noticeable emotional manifestations of insecurity, vulnerability, depression, and anxiety. She experiences extremely noticeable physical exhaustion and gastronomical symptoms of stomach acid. The behavioral

manifestation of her stress is an extreme use of alcohol. Courtney did not score in any one area more than any other.



Figure 2.2. Courtney’s PhotoStory of exhibition of compassion fatigue during COVID-19.

Compassion fatigue during COVID-19. As Courtney’s time within PCS increased, she became familiar with the students’ needs, strategies to support them, and ways to build individual connections with the students. During the study, more students were introduced to the program and Courtney could be seen talking with them each morning, providing one-on-one time ensuring they had clean uniforms, brushed hair, and washed faces. The determination accompanying her interactions with the students was evidence she was experiencing a purpose in her role. In the Talking Circle discussion, she shared that she was providing a quality of support to the students that was different from the support “they received at home” and that tending to the “physical well-being” of children was important to her. The positive connection she felt with students seemed to present an optimism and faith in her ability to manage how compassion fatigue might present itself in light of supporting students returning from the COVID-19 quarantine. In the Talking Circle discussion, she said:

Everyone's first concern is the safety of all of us and the kids. And I'm more optimistic and hopeful that we're going to be off lockdown and the kids will be free. I know that we have to continue to follow some safety concerns and social distancing and things like that. But I feel like we have hope and faith and we can get through anything. My role is to help children cope with the stress because I believe they are going to want to be here, play with each other, and return to their normal ways of being. They're going to be horse playing a lot more, and have a lot more energy. Some of these kids have been cooped up in the house for so long that they are going to be so happy to be around their peers. We might have a little bit more behaviors as well, because kids are gonna be kids. They will probably act out a bit. But, we can help them get used to the new normal. Talking Circle discussion, November 18, 2020)

In her reflection journal, Courtney shared reflections of some additional behaviors from students that might create stress in her role.

I didn't want you to think I wasn't being serious about the collage. After thinking about what the other teachers shared in the Talking Circle, I realized some of the kids are going to be depressed when they return to school. They are so used to being home, and the truth is some of them just don't like coming to school. I've heard them [students] say things about how they like to be home because they can play video games, or sleep in, or eat whenever they want to. Some of the parents aren't even home most of the time so some of the kids haven't had any structure. It is going to be hard to get them to agree to being on a schedule and wearing a mask the whole time. I hope I don't go home exhausted every night. Then we have to think about their mental health. I will have to be more aware of what's going on because with more kids coming we are going to have to work that much harder to have them all focus. But, like I shared in the Talking Circle, I am excited to have them all back again in a full school setting. I do like to engage and play with the kids. But, I think I realized I had to be more realistic than I was in the Talking Circle, because there might be a lot of chaos and things might be hectic. I think there might be a little more stress, all around, for everybody, and have a big impact on all of our mental health. (Reflection Journal, November 20, 2020)

Mitigating effects of compassion fatigue. Courtney was not present for the third professional development session. The day following the session, I debriefed with her and asked if she had anything to add to the conversation. She referred back to her second collage and stated the group needed to continue to “band together”. She stressed the importance of demonstrating support:

I think when people really get to know each other at work, it makes you want to come to work. There have been times when others really didn't know me and I didn't know them and it made me feel like I didn't want to go to work. I really think we need to continue to do activities like we do in professional development, like talking and sharing and being real about what is going on with us. You know, have it be appropriate to work, but also sometimes we need to share when things aren't going well at home, too. (Personal Communication, November 26, 2020)

She also gave examples of times she felt less stressed because she was collaborating with another colleague and experiencing unity:

I keep thinking of the projects that we do with the kids. I really like working together to get the supplies, finding the best way to teach the kids, and making sure they understand what to do. It makes me feel happy to be at work. I like the feeling when we all understand that it's our job to help the kids and that is why we are here. I think those things will really help reduce everyone's stress load. (Personal Communication, November 26, 2020)

Experience of connection. Although Courtney had experienced a breach of trust with a recent former co-worker and was reluctant to “put herself out there” in her new work environment, she shared evidence of connection in the mid-study interview, particularly in the form of collaboration:

I remember how good that day felt. I remember thinking that for being so new to the staff I felt like I really knew these people. I felt I had known them for a long time, as though we'd been working together a long time already, it was weird. And, it was as if the whole staff just became instant friends. Some of them actually even felt like family. I remember working on that bulletin board with one of my co-workers and we just talked about our lives, our partners, and I learned about her dogs, and I told her about mine. I just couldn't believe the connection we made from sharing those collages. (Personal Interview, December 2, 2020)

Acknowledgements were another significant factor that Courtney felt contributed to positive connections:

I try to put out positive affirmations for everybody. It's really cool how we put out appreciation statements for each other. I don't always do it in public, and I really don't like it when people say things about me, But, I remember feeling like how

cool it was to have that teacher notice something small that I did. In my head, I didn't even realize she noticed. So, yeah, I really like how much appreciation we show for one another here. I don't know if I really trust everybody because of that, but it makes me feel good. (Personal Interview, December 2, 2020)

Summary of Courtney. Courtney was a new hire at the time of the study and did not have an established rapport with her colleagues. She exhibited symptoms of compassion fatigue when retelling an experience from a previous job and when she reflected on the effects of COVID-19 on her student's face-to-face return. The strategies she suggested to mitigate compassion fatigue included regular acknowledgements to and from other staff members, in addition to collaborating with others on projects for the students. Courtney experienced a tremendous amount of connection, particularly collaboration and unity, in the early professional development sessions in the study.

Participant 3. Tina

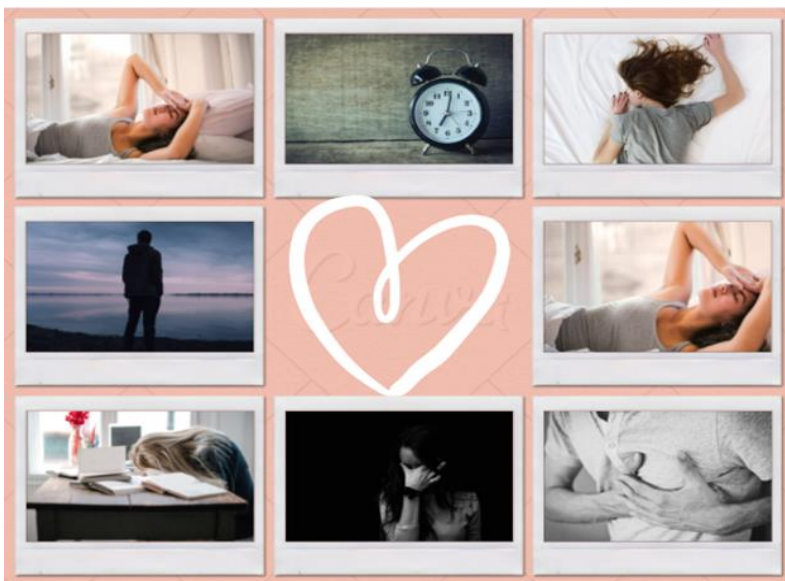


Figure 3.1. Tina's PhotoStory of exhibition of compassion fatigue.

Exhibition of compassion fatigue. Tina has been a special education classroom teacher for one year, and she is experiencing the COVID-19 global pandemic during her second year of teaching. In her PhotoStory, she shares images of distress, and persistence.

In the Talking Circle discussion, she expressed how managing a classroom as a first-year teacher to students from trauma by herself, created stress:

In the first image, you can see that my students have my heart. In the second, you can see there are nights and days that I feel alone. Most days I feel as if no one understands except for the other witnesses in the classroom. I have anxiety. Some days I am so exhausted and some days I am just really sad. So there are nights I don't sleep and some nights I sleep very well. Without a sleeping aid, I wouldn't sleep at night because I would be worried about serving the needs of my students. (Talking Circle discussion, November 4, 2020)

In her interview, she shared how the stress of her day impacts her relationship with her husband and her children:

There are some hard times dealing with students who have emotional disabilities, and behavior dysregulation. When I get home, I can't really talk about it with anyone else, because they don't understand it. They aren't there to see it. They don't get it. In some ways it is hard to connect with my husband on that level because we teach such different kids and don't understand one another's stress. My husband doesn't understand the stress of having a few kids with severe emotional problems. He doesn't understand that having a few kids versus him having 160 kids can be stressful. He doesn't understand the strain that puts on me every day. He also doesn't understand that my anxious feelings are about my students. He will ask, "Why do you sit there and think about your students all day?" It's hard to explain that when my students go home, I do worry about them because I know what they are going home to because I know their families. (Personal Interview, November 27, 2020)

Tina also shared she feels isolated from her own children because the behaviors she sees in children at school are contrary to the behavior expectations she has for her children:

I can't talk about work in front of my kids because they don't understand how a kindergarten or first grade student could destroy a whole classroom in less than five minutes and not get in trouble for it. So, I really don't have anyone to decompress with. I just kind of do it by listening to music or sitting in silence during my drive home. I just feel alone. (Personal Interview, November 27, 2020)

Lastly, in the Pre-TSI, Tina revealed extremely noticeable psychological symptoms related to stress. Manifestations of stress included emotional, fatigue,

cardiovascular, gastronomical and behavioral. Each manifestation was a physical symptom; anxiety, sleeping, heart pounding or racing, stomach acid, and prescription drugs. Tina revealed no psychological symptoms in feeling vulnerable and procrastinating.



Figure 3.2. Tina’s PhotoStory of exhibition of compassion fatigue during COVID-19.

Compassion fatigue during COVID-19. Tina experienced a reduction of stress during COVID-19 because virtual teaching gave her the opportunity to collaborate with another teacher. She also experienced more stress during COVID-19 because she could see into the living rooms of her students. On one hand, she was engaged in a collaborative teaching endeavor that enhanced her teaching skills, and on the other hand her students' daily trauma experiences were no longer a trauma story, it was first-hand stress. Tina expressed the paradox of COVID-19 having both a positive and negative effect on her:

Having the opportunity to collaborate reduces my stress tremendously. The days I am really able to collaborate with my colleague brings my anxiety way down. So

on those days, because I knew that my colleague understood me and where I was coming from, I experienced less stress. When I realized I could have trust and faith in the work we were doing together, I didn't constantly worry that something wasn't going to be done. I had trust and faith that she would take care of it. And it relieved me from the stress of having to do it by myself, and not knowing how to implement my ideas. (Personal Interview, November 27th, 2020)

Tina shared, in a private conversation, COVID-19 had been hard on her marriage. She shared her perception of a lack of support at home because her husband doesn't understand the population of students she teaches:

To him [my husband] having two students to him is like, "How in the world are you stressed? You have two students, that's so easy". I am like, "You have no idea." When I come home, and I'm exhausted, he says, "How hard can it be having two students?" As of right now, obviously, I've had more, and we'll have a lot more when we return 100% when COVID-19 numbers go down. Yet he doesn't understand it. It's a totally different type of stress. You know, I'm constantly worried about my students at home, and what's going on with them, and how to help them because I want them to succeed. Knowing the trauma that our students have been through and are going through, just weighs very heavy. (Personal Communication, November 19, 2020)

In the Talking Circle discussion, Tina shared that when she thinks about students returning to the school building from COVID-19, she can only think of making lists and what she needs to do to make sure students are safe and proficient in their grade level academic goals:

I can imagine our students are going to come to school feeling free and excited to be here. Being excited also comes with talking and those types of behaviors that have to be corrected. I think when they come back, some of them are going to be worried because they've heard about COVID-19. They've also been wearing masks for so long and social distancing, the worry of getting COVID-19 is still going to be there when they come to school. They are gonna want to hug and I am going to become more and more exhausted telling them they can't touch, or hug, and they have to be quiet. I am also going to have to be their counselor if things happen in their families that worry them. I'm going to feel so nervous trying to protect them all of the time. (Talking Circle discussion, November 18, 2020)



Figure 3.3. Tina’s PhotoStory of mitigating factors of compassion fatigue.

Mitigating strategies for compassion fatigue. Being heard and good listening skills are two factors of building trust. Tina expressed that building trust within her group of colleagues would also help students trust the teacher. She believes when students trust the teachers, compassion fatigue can be reduced because there will be fewer challenging student behaviors to manage. In the Talking Circle discussion, she shared:

One thing I have noticed during the past month is I feel we are listening to each other more. It’s just like we teach the kids how to listen; look at the person. I really see myself listening to everybody differently, including my husband and kids. So, I put listening here. I feel that if we’re able to listen to each other, then we can also show patience. Patience is good for working with kids like ours. Actually, patience is good with anybody around us. I think the part we learned about listening has helped me a lot. So I think that’s a good thing. (Talking Circle discussion, November 25, 2020)

Tina also suggested the group continue to use activities that require getting to know one another on a personal level and collaborative projects to mitigate compassion fatigue:

I really appreciate the way we’ve been sharing who we are with one another, and the parts of our jobs that challenge us. When we connect with each other on that

level, we're able to support and be there for each other. These types of connections lead us to be not only there for each other, but really be able to show up for the kids, too. It feels like as a team we are whole and complete, and that is what our kids need to feel from us as their teachers and as a team. It will help us deal with these hard situations a lot better. (Personal Interview, November 27, 2020)

Lastly, Tina expressed that being able to talk about the stress she experiences, more often, in a group setting, would help reduce the effects of compassion fatigue:

Maybe twice a month, we can put our professional development topics to the side, and have a meeting where we can talk about what's going on with our students and us. This way every other teacher on campus knows what's going on in the other rooms. This might be helpful so that we have an ongoing idea, and kind of get what other colleagues are going through. Because not being in the room with others, you might think, "Oh, that teacher only has so many kids. That's gotta be easy." or "Oh, you have this good kid and that good kid." Yet, in our school, every teacher may be going through a really rough time because of things that you don't know. Most teachers here, for the most part, don't complain and talk about what we deal with every day. It's really important to know, because I want people to know what I'm going through. (Personal Interview, November 27, 2020)

Feeling judged was a theme that came up for Tina. In both a Talking Circle discussion and interview, Tina expressed that when colleagues don't talk to one another in an open forum, private conversations are often had, and those conversations can lead to "misunderstandings" and "judgements". Tina shared it can be easy to judge another person if you don't have a connection with them.

Experience of connection. Collaboration, trust building, and having permission to talk about compassion fatigue was a key component of Tina's experience of connection. Being a first-year teacher, Tina was accustomed to working independently to create lesson plans, develop ideas, and build relationships with her students and their families. Due to the fluctuating nature of virtual and face-to-face teaching, Tina combined her class with another teacher and worked collaboratively on all aspects of

designing the learning environment. In the mid-study interview, she shared her surprise of the impact the team teaching had on her process of building trust at work:

A colleague of mine is working with students the same age as me. And so, in order to make sure that all of our students are receiving the same education, both academically and behaviorally, we did collaborate, to help each other. It helped my stress by not having as much to worry about, because the lessons were planned out ahead of time. Also, with the knowledge that the other person provided, she brought some additional ideas to me. So it made it easier for me. I am aware now how I feel when a colleague finds something that's amazing, and they don't share it. It gets frustrating. It's huge. Because the only other educators that know what we're going through are the ones that we work with. And so to have them assist in not only planning academically, but being there for us emotionally is very important. I didn't realize how important it was or the important difference it makes in how I feel after work. It makes me trust people here at work more, and I think I have been missing that trust all this time, and not realizing it. It's almost as though I would never expect to be able to trust someone at work, yet, we ask the kids to trust us all of the time. This is a big eye opener. (Personal Interview, November 27, 2020)

Tina experienced recognition from another colleague and felt a sense of connection and appreciation for them. She shared that although she doesn't act or behave in a particular way to receive attention, hearing her colleagues' compliments elicited positive emotions at work:

I kind of feel shy and embarrassed when I am publicly acknowledged. But, I do like hearing compliments from my colleagues privately. But, this year we have the culture of doing appreciation statements in front of everyone. Recently, I got a compliment from a colleague because I helped her figure out how to get her students reading. And, then another colleague shared that she appreciated the fact that I randomly check in on her, even if I don't know what's going on with them. (Personal Interview, November 27, 2020)

Tina experienced relief in knowing that talking about the stress she experiences on a daily basis was not only allowed, yet encouraged. Being able to talk with others created a trust in colleagues that had been eroded in previous work environments. It also had a positive effect on her family relationships:

Being able to share how my days go plays a huge part for me professionally and personally. Knowing that I can talk to anyone at work about what goes on in my classroom helps me trust that I don't have to take it home. It's not just one person, like it used to be, I feel that all of my colleagues will be there for me, even if I feel like a failure. It makes me feel a lot better and makes me feel more relieved when I come to school. I like coming to work, because I know I've got the support. If I didn't have the support, I don't know how I would process the challenges of working with these kids, and then going home and being with my own kids. I just don't have the emotional capacity to do both. And, now at work, I feel trust knowing that someone has my back here and they care. It's super important to my mental health. (Personal Interview, November 27, 2020)

COVID-19 brought changes to Tina's classroom role. Transitioning to a virtual classroom brought its own stress: navigating a technological platform and student accessibility, providing physical resources to students, witnessing student's family home dynamics, and remote educational practices. Tina expressed she was overwhelmed and experiencing a lot of anxiety due to her student's home lives via video:

A colleague of mine shared, with the group, that she was feeling overwhelmed with virtual teaching. After she shared I did too, and I felt a lot better. When we both shared, a trust developed because we realized we didn't have those feelings alone. Because there was that trust, we were able to collaborate and make something that seemed impossible more manageable. I'm not sure it gets better than that. (Personal Interview, November 27, 2020)

Summary of Tina. Tina exhibited negative psychological effects of compassion fatigue by disclosing she uses prescription medication to manage her anxiety. The onset of her anxiety was a combination of COVID-19 and being a first-year teacher and a negative experience from a previous work environment. She experienced feelings of isolation due to not talking about the stress caused by her teaching role at work nor at home. During the study Tina elected to collaborate with another teacher to navigate virtual learning. In the collaboration, Tina experienced trust and connection. The collaboration was critical for Tina because her anxiety increased as the relationships between students and teachers shifted from classroom-based learning to seeing students'

lived experiences in their homes. Having an opportunity to express her concerns for not only herself, yet her students too, reduced Tina’s experience of compassion fatigue. Experiencing acknowledgement and appreciation elicited positive emotions while Tina was at work, and those experiences created an opportunity for more collaboration. She suggested administrators consider a balanced professional development approach which includes opportunity for sharing and support, in addition to pedagogical professional development.

Participant 4. Allisyn



Figure 4.1. Allisyn’s PhotoStory of exhibition of compassion fatigue.

Exhibition of compassion fatigue. During the time of the study, Allisyn shared she was not experiencing compassion fatigue. Allisyn found COVID-19 to be a retreat from the daily stress she experienced the year before. In previous cycles of research, Allisyn communicated a high degree of daily stress due to teaching social and emotional skills to middle school students. During the first Talking Circle discussion, Allisyn

revealed her collage would be based on the previous school year. Allisyn revealed most of her stress would be concealed and physical manifestations would occur at home:

I titled mine “a hard heart day”. When I reflect on some of those really hard days, like when I would spend the whole day working with a kid through a referral, it was hard. When I think about the emotions, I have a tendency to just internalize everything. So I'll seem very calm. That's why there is a fake smile. It's very neutral, or just very direct. But then once I kind of come off of that adrenaline, you know the heart is going fast, I just keep taking deep breaths, but inside my head, I might be screaming. I'm a crier. I don't cry in front of people. So it might not seem like I have a lot of deep emotions, but I definitely do when I get home, I even put a picture of me covering my face, because I don't like people to see me cry. For me, for others to see me cry would seem like a weakness. I hide that. I hold it, hold it, hold it, and then when I get home, I release it. There's a crying baby here, like covering the face and covering the mouth. When I cry, I can't speak. I can't allow myself to feel emotion when I'm actually dealing with highly emotional situations like the trauma or, you know, being kind of abused by a student in a way. I just hide and hold it inside, and then just when I release it, I can't speak. So there's a lot of that, like, you know, just the hiding behind things. I guess this kind of goes with the fake smile or I just seem very aloof. I get kind of tired from it, too. Then just how it feels in my heart. So like when I do cry, my chest often feels very tight. Kind of that broken heart kind of feeling. So there's all the emotions I go through when I have a very hard day. It's not every day, not even a regular referral day. This is like you know someone is going off the hinges and threatening your life kind of day. (Talking Circle discussion, November 4, 2020)

In Allisyn's reflection journal, she wrote about how others sharing their experiences of compassion fatigue on their ability to do basic household chores and tasks connected her to the group. In particular, others sharing the extent that compassion fatigue has on their ability to communicate effectively with their family was reminiscent of Allisyn's personal experience:

I would say nearly every person's story about compassion fatigue hit home for me. Particularly how they felt they could not function to get basic tasks done around the house and being edgy and mean to their loved ones when they did get home. (Reflection Journal, November 6, 2020)

Additionally, Allisyn reflected on her PhotoStory and how many images show her hiding her face. She shared that she isolates herself, and hides her emotions, when experiencing uncomfortable emotions. She considered how this way of managing stress might impact her role in the classroom:

It really struck me how many images I had of me covering my face. When I am upset, I don't want others to see my face at all. I'm not exactly sure why, but I definitely don't like for people to see me cry. I'm realizing how often I hide my emotions in a lot of stressful emotions. I bury them and then two days later the same emotions appear. This can't be helpful in the classroom. (Reflection Journal, November 6, 2020)

Lastly, in the pre-TSI, there is evidence that Allisyn has moderately noticeable fatigue, cardiovascular, and gastronomical manifestations related to compassion fatigue. Evidence shows that Allisyn responds to emotional stress by procrastinating, feeling extreme fatigue, experiencing increased blood pressure, feelings of racing and pounding heart, shallow breathing and strong stomach pain and cramps. Allisyn did not select that any of these manifestations were with great or major strength.



Figure 4.2. Allisyn's PhotoStory of exhibition of compassion fatigue during COVID-19.

Compassion fatigue during COVID-19. During the study, Allisyn’s students remained in a virtual classroom. Allisyn shared she prefers virtual learning because there are fewer behaviors to manage and students are not experiencing triggers as they would in the school classroom. During the Talking Circle discussion, Allisyn shared predictions on what she might feel when her students returned to her physical classroom and the social and emotional behaviors she might encounter at that time. She covertly shared that in order to meet the needs of her students, she herself needs to practice self-care before being able to help her students:

On the left side is how I see the kids, and the right side is how I feel about what I think the kids need from me in those situations. The first picture is the hyper kid, and when they come back, I think one of the things they will need is someone who is calm. So, the image is me just helping them move from being hyper and moving a lot into taking some deep breaths to calm them down. When I am calm, then I can deal with them and help them calm as well. Then of course, we will have kids who want to touch each other; high-five, fist bump, hug, and sharing things. So the touching hands show all the students trying to touch and hug each other and all that. And, they will be sneaky about it, and of course on my side I have to be more disciplined. Not only with the kids, but also with myself. And that does have an impact on my personal health, because I have the stress of making sure I'm on top of it right away so our students stay safe. The hypervigilance is stressful on top of everything else we have to do to teach our students. Then, of course, the fear. So for some of our kids coming back, they might be fearful and we are going to have to have strong boundaries with them. We are going to have to tell them “No” more often and explain the reasons why we have to distance ourselves and stay safe. That is a lot of stress and in middle school, they want to be with their friends and I just think it is going to be hard. The idea of trying to control that part of their lives feels overwhelming to me. (Talking Circle discussion, November 18, 2020)



Figure 4.3. Allisyn’s PhotoStory of mitigating factors of compassion fatigue.

Mitigating effects of compassion fatigue. Allisyn expressed, two times, during the study, that she was not experiencing compassion fatigue because distance learning did not cause her any stress. In her reflection journal following the second discussion, she wrote that she was really looking forward to hearing the suggestions on how to mitigate compassion fatigue. Establishing unity using varying community building activities was a theme in how Allisyn proposed mitigating compassion fatigue. In the Talking Circle she shared:

We really talked about how we can help each other. So that's why I have the “Help each other out” message in the middle. We talked about how important it is to lean on each other’s shoulders. We saw a lot of pictures of people hugging and stuff, but because of COVID-19, we thought, the elbow bump or being close shoulder wise, would be a better picture. We also have an image of people being together. We wanted the picture to really show the idea that people communicating and having shared experiences really helps build a strong community. We talked about how much we have really bonded this month, and how much better it has been for the kids to see us as a unified group. We think that helps the kids feel comfortable because they know what to expect from each of us, and they know they won’t get a different answer or attitude from someone else. We also showed how happy we were during the staff meetings where we got to play games and get to know each other. Then, of course, the positive affirmations we speak each day. We have the picture of our affirmation tree; not only sharing positive affirmations with one another but also encouraging our students to choose one for

themselves a few times throughout the day. (Talking Circle discussion, November 25, 2020)

Experience of connection. Allisyn's experience of connection diversified throughout the duration of the study. During the interview, Allisyn shared she thought the connection between staff had reduced when compared to the previous years' staff. In addition, she highlighted that she felt a connection when colleagues or herself were acknowledged or recognized for contributing something positive to an individual or the group. Allisyn also shared that the study helped some feelings of self-awareness emerge; particularly around her individual personality in group dynamics, and her desire to build connection through building trust within smaller groups. In her interview she said:

I really felt the way that we connected most was when we played games that weren't necessarily school-related and gave us a chance to get to know one another's personalities more. I don't think the professional developments necessarily brought us together, but the activities we did outside of them did. For example, when we were all together in the school building and preparing to welcome the students back. I would say those were unified projects not just with one another, but it was for all of us. I really felt connected when people were getting shout-outs and recognized for things they were doing. Even when the recognition wasn't towards me, I just like seeing how people react and the smile that comes across their face. And for me, I feel doing the art collages really helped me share with the group things that I normally hide, or wouldn't necessarily ever share with another colleague. I really liked the last group we did, where we came together as a small group to choose some strategies for reducing our stress. I feel you can build more trust when it is a small group because everyone is listening and then usually provides feedback. Yeah, I really like the idea of incorporating our Talking Circle discussions with a feedback script, and I think that would have really helped me feel more comfortable disclosing more in the group. (Personal Interview, November 30, 2020)

Allisyn's strongest sense of connection was felt when she realized she was not alone in the experiences of compassion fatigue she felt from her teaching role. She also felt a sense of unity when she heard her colleagues share the self-care strategies they used to manage their stress. In a reflection journal she wrote:

I don't feel so alone now that I've seen others going through a situation somewhat similar to mine. I really liked hearing what others did to get through; it was refreshing. I really liked how people shared and I think some people really have to have a lot of trust to share those intimate details. I think we can continue to grow a strongly connected community if we keep talking to each other, sharing our experiences, both good and bad, and just help one another as we go through the challenging times. (Personal Interview, November 30, 2020)

Summary of Allisyn. Allisyn did not overtly share experiences of compassion fatigue during the duration of the study. She shared compassion fatigue concerns she had around students returning from the COVID-19 school closure and experiences prior to the shutdown. Allisyn had specific suggestions for mitigating compassion fatigue through incorporating a feedback framework during activities similar to the Talking Circle, incorporating school-wide projects into staff development meetings, and making time for appreciation and recognition on a regular basis. Allisyn felt the strongest connection with her colleagues when individuals came together to complete purposeful projects for the school. She felt the strongest covert connection was when she heard other colleagues talking about having similar experiences, feelings, and responses to daily professional duties.

Participant 5. Kathryn

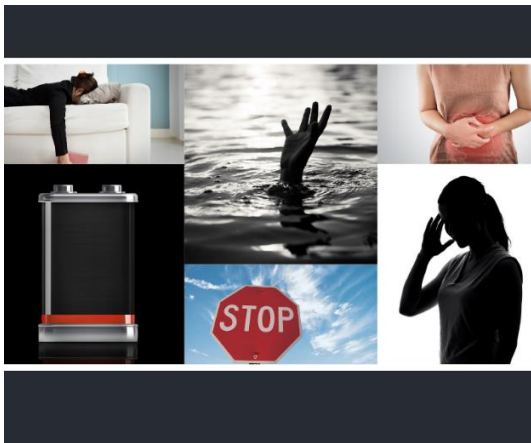


Figure 5.1. Kathryn's PhotoStory of exhibition of compassion fatigue.

Exhibition of compassion fatigue. Kathryn's role as the health technician was the most isolating role on staff. During virtual learning, Kathryn was expected to remain on campus and be available to answer all COVID-19 related questions. When asked to reflect on experiences of compassion fatigue, Kathryn did not have any present experiences and shared what she has experienced in the past prior to the COVID-19 school closure. She expressed emotional, behavioral and gastrointestinal manifestations of compassion fatigue which interfered with her ability to process the feelings she felt at work from what she wanted to feel at home:

I reflected on my hardest days working in healthcare. When I think about the worst of the worst days that seem like they will never end, I feel extremely drained. When I get home, I feel like I'm sort of stuck, and I can't really be productive. I don't cook, clean, make phone calls or do any of the things that I need to do. When I get home it sort of feels like I'm not able to move on right away. I mean, I am excited to be home, yet it feels like I'm still at work. I don't really stop thinking about the day. Like I am still thinking about the day. During a hard day of high stress, I will get stomach aches and I feel really tired. I know not every day is hard, but those days that are can feel pretty overwhelming. (Talking Circle discussion, November 4, 2020)

In the Pre-TSI, Kathryn revealed very noticeable manifestations of stress. She identified emotional, fatigue, and cardiovascular manifestations. Emotional stress caused Kathryn to feel noticeable anxiety. Fatigue stress caused her to sleep and procrastinate more than usual. Physical stress caused her to have a feeling of increased blood pressure. Gastronomical manifestations were moderately noticeable, which Kathryn shared about most when sharing with her colleagues during the Talking Circle discussion, and consisted of stomach pain, stomach cramps, and stomach acid.



Figure 5.2. Kathryn’s PhotoStory of exhibition of compassion fatigue during COVID-19.

Compassion fatigue during COVID-19. Since Kathryn was required to work from the school building, while the majority of other staff worked from home, she felt COVID-19 put her in another category of isolation. Kathryn relayed “I rarely see anybody and feel more isolated at a nearly empty school and wish I could have just worked from home, too.” During the Talking Circle discussion, Kathryn predicted that students would be happy to return to school and reconnect with one another, yet also experience some anxiety. She highlighted the amount of responsibility she would have which might cause her to feel overwhelmed:

I kind of imagined what it's like when summer is over and the new school year is about to begin. I imagine that is the feeling a lot of our students have. They have built up anticipation of getting to be around their friends again, talk about everything they've done, and make plans to get together. Except, it won't be that in reality because it's been kind of different and crazy, because we've been going through a pandemic. So, within this anticipation and excitement I also feel a sense of anxiety. I think anxiety will be induced because they are used to that feeling of staying at home or being in really small groups. And, it will be difficult to add an additional layer with all of the precautions that we're going to have to take. But, I also imagine it being so relieving for some students to know that they're going to be out of certain home situations and just being able to experience a somewhat regular school day again. I am looking forward to being able to

actually check on them every day in person and see how they're doing. And I also definitely imagine the whole experience of returning to school with everybody is going to be overwhelming. Overall, I just imagine a whole host of emotions of being really excited, relieved, but also a lot of anxiety in new territory. (Talking Circle discussion, November 18, 2020)

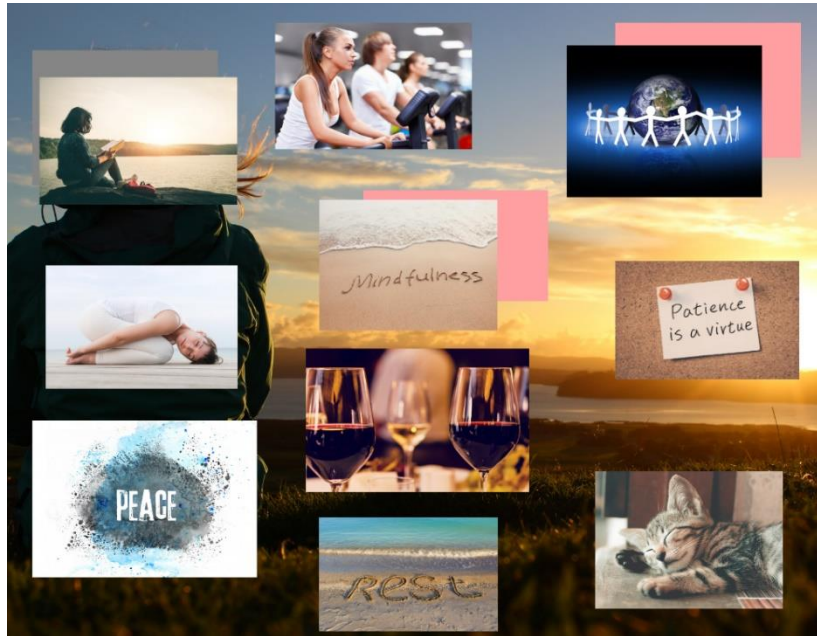


Figure 5.3. Kathryn’s PhotoStory of mitigating factors for compassion fatigue.

Mitigating compassion fatigue. Kathryn focused on being prepared to navigate through difficult days which might create negative stress responses:

My group focused on all the different ways we can replenish ourselves when we feel like making it through is the last thing we are going to accomplish. We talked about the importance of being prepared to take on one of those difficult days. Yoga is a great movement exercise to kind of process those hard feelings and thoughts. Rest, and even with a pet companion if you don’t live with someone. Community is also important, particularly looking at diversity as strength, rather than a barrier. I have to admit; a good glass of wine is always helpful. Mindfulness meditation and practicing patience is a good practice, especially when we have to work with our students. And last, however you achieve general peace for yourself. Staying focused on your own peace of mind and being in peaceful places generally. And last, doing things you love like reading, looking at art, or even making art. I think it’s important to really notice the way you experience stress and the gaps that exist from that stress to your peace of mind. (Talking Circle discussion, November 25, 2020)

Experience of connection. Kathryn had a variety of positive experiences with connection throughout the study. She experienced opportunities to share her skills and work in collaboration with staff with whom she wouldn't traditionally interact. She experienced a feeling of trust when she was acknowledged or recognized for her supportive role. She emphasized her appreciation for the opportunity to self-reflect with staff and share personal vulnerabilities. In her interview, she said:

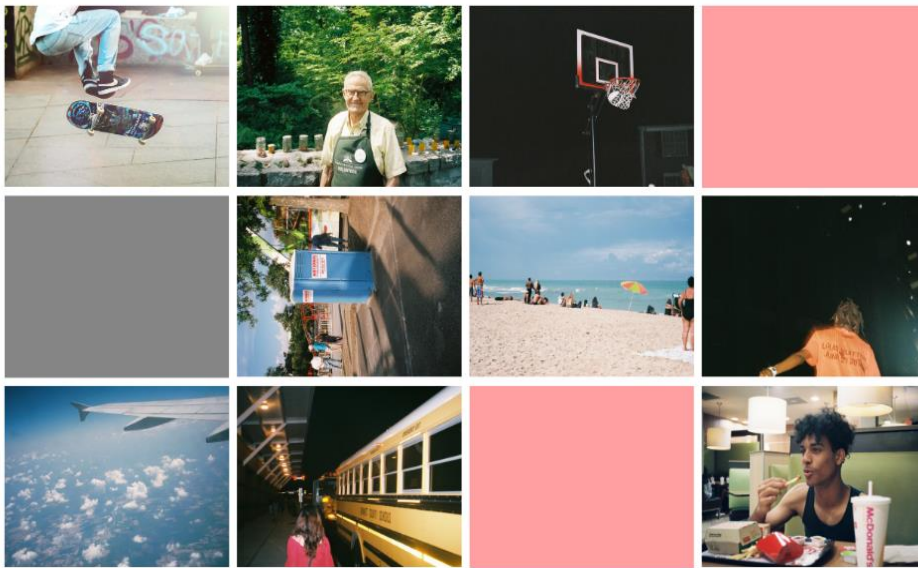
I feel these past few weeks have allowed the opportunity to demonstrate grace and compassion to one another. I have been able to work with so many other educators, and really get to know what they do here, and most importantly what they experience in their roles. I feel like when we were preparing to return to distance learning, the whole staff teamed up and it felt like everybody had one another's back. If anyone needed something, there was that feeling of, "Let's find out who knows how to do that, and get you some help." I really appreciated the feeling that whatever challenge came up the stress associated with it was minimal because we were doing it together. And, then all of the appreciation that came with working together. We always complement each other on how, and the ways in which, we rally together. It was like we were always working towards a common goal. (Personal Interview, December 13, 2020)

When asked if the feeling of connection was a new feeling for Kathryn, she expressed that because she had worked mostly in places of business with more staff she did not experience much connection. She said, "I know our workplace looks different, and so it might be easier to get to know one another, but I also think any business could do it if they just put some effort into it." The importance of building sharing is to build relationships, and the importance of relationships is to help reduce our stress by removing some of the burdens we carry from our shoulders and allowing others to share them with us so it is not too heavy.

Summary of Kathryn. Kathryn did not express overt experiences of compassion fatigue during the time of the study. She shared experiences of compassion fatigue during which occurred prior to COVID-19. She expressed emotional, behavioral, and

gastrointestinal manifestations of compassion fatigue with noticeable effects on her personal home life. Kathryn had the unique experience of extreme isolation while working at the school campus during the COVID-19 school closure and navigating parents' anxieties related to COVID-19 symptoms, school reopening's, and students' needs at home. Kathryn proposed preemptively preparing for compassion fatigue was a key factor to reducing its effects. Lastly, Kathryn had a positive experience of connection demonstrated by her statement that she was grateful for the opportunity for self-disclosure, collaboration, self-awareness and self-reflection.

Participant 6. Richard



1/20/2020

SKATING COAST TO COAST WITH ADORA

Keep riding

Figure 6.1. Richard's PhotoStory of exhibition of compassion fatigue.

Exhibition of compassion fatigue. Progressive Community School is Richard's first professional job, and his role is primarily for being a secondary support role for students. Richard expressed he experienced "hard days" at work, yet did not disclose or exhibit compassion fatigue. He did express a desire to be isolated after a long day at work and how he becomes nostalgic for more peaceful days when he feels stressed. He expressed he makes poor food choices when he is stressed out or feeling angry, yet reported more mitigating strategies than negative psychological effects. In the Talking Circle discussion, he shared:

I just put everything that I like to do after a hard or long day. If I have a hard day, I tend to eat more fast food. I also put a bathroom there, because when I've had a hard day, I just like to go by myself and look at my phone. I don't want to talk to anybody or see anybody. When I get really angry, I think back to the times when I used to play basketball with my friends and then I relax. I also think about my old physics teacher. He was always nice no matter how bad the kids got. He always taught us to never scream or turn away from the kids. Always be there for them. (Talking Circle discussion, November 4, 2020)

Part of what prevented Richard from experiencing compassion fatigue is his intrinsic desire to help with small tasks. He shared that being included in staff responsibilities gave him a sense of purpose:

It makes me feel like I'm not alone when the other staff ask me to help them. I know they have a lot that they deal with and if there is a way I can help them, then I will. So, I try to do anything I can to help. I know I don't like to feel alone in things, so I can always be available to help out with a student or help prevent anything that might go wrong. (Personal Interview, November 28, 2020)

In the pre-TSI, Richard showed very noticeable manifestations of emotional and cardiovascular stress through feeling vulnerable and anxious. He showed cardiovascular stress through feelings of a pounding and racing heart, and rapid or shallow breathing. He showed extremely noticeable manifestations of fatigue by

procrastinating. In contrast, he showed no noticeable manifestations of gastronomical or behavioral stressors.



Figure 6.2. Richard’s PhotoStory of exhibition of compassion fatigue during COVID-19.

Compassion fatigue during COVID-19. Richard did not exhibit signs of compassion fatigue during COVID-19. Richard focused on the positive aspects of COVID-19 that would benefit the students. In the Talking Circle discussion, he shared the possible scenarios students or teachers might encounter upon returning from the school closures:

I put a bunch of books because I’m pretty sure kids are reading a lot more because they now have actual physical books to read. That makes me really happy. I also put a picture of the sunflowers we always had growing in our garden. I put them there because the sunflowers kept growing even though the kids weren’t here. That’s kind of like what’s happening for them at home. They are still growing because the teachers are here making sure they are. I also put a bag of Cheetos because those are the chips that are first to be bought by the kids with their behavior points. And last, I put a cup of coffee because when they come back they’re gonna have a lot of energy and we’re gonna need to keep up with them. They are going to be so happy to finally be together. (Talking Circle discussion, November 18, 2020)

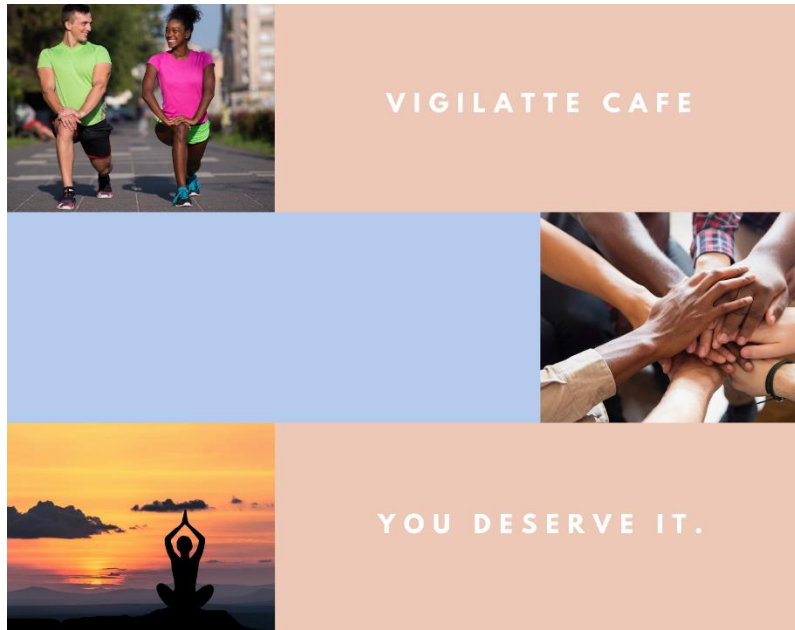


Figure 6.3. Richard’s PhotoStory of mitigating factors for compassion fatigue.

Mitigating compassion fatigue. Richard’s group shared three activities that can be done to reduce stress. Richard alluded to reducing compassion fatigue symptoms, although he himself did not exhibit signs of compassion fatigue. In the Talking Circle discussion, he shared:

We chose a few different things we do to keep our stress down. First, we think of exercise because we feel like you can exercise with other people, being able to talk to them while you exercise can help reduce stress. It’s always nice to exercise with someone and sometimes it can help clear your mind. We also think group therapy is helpful. Typically, when anyone collaborates, or you’re talking to others about what is going on, you discover you’re going through the same thing. It’s always good to know other people are going through the same thing because it helps you realize you’re not the only person going through it. Talking to others can help you take your mind off of it. Lastly, we think people should meditate because it gives you the opportunity to deeply think about things that are going on in your life, or things that are going on in your classroom. Meditating can break down things and it will give you a clear perspective on what’s going on. And instead of just acting irrationally, our emotions, you’ll be able to act rationally on rational thoughts. (Talking Circle discussion, November 25, 2020)

In Richard's interview he shared he really appreciated having an open forum to share thoughts about how the staff are feeling and the opportunity to get to know one another in fun ways such as games. "I really like it when we share what we are looking forward to because it helps get my mind off the stress of the day, or parent meetings, or a school paper, or a phone call to a parent whose child had a bad day." Richard's sharing is evidence that he experiences stress reduction through altruism, leadership skills, and trust-building exercises.

Experience of connection. Richard expressed he experienced the most connection by being able to assist other staff members with their tasks and responsibilities. He felt trusted when teachers asked him to do various tasks with or for their students. Being acknowledged gave him a sense of connection because he felt he was contributing to a greater purpose. In the interview, he shared:

I had a situation with a student who tried to run away from the school. There were staff members outside watching the kid and I was watching from inside. The teacher on the outside asked if I wanted them to come inside and try to talk to the student. I told him, "No, I think I got it." The teacher said, "Okay", and just supported me from outside. I felt so trusted by that teacher. Like they have so much more experience than me, but I was able to give them a break and help get the kid to calm down. That was pretty cool and made me proud to work here. (Personal Interview, November 28, 2020)

Richard recalled another experience he had after one of the professional development sessions where he became aware that people come together in collaboration when they have a common goal. He shared that he was talking with one of his co-workers while putting away basketballs in the gym. As they picked up and cleaned the balls, they also began shooting the balls in the baskets. While doing so they talked about a few students, and in the conversation, they had the same concerns and ideas for the

student. He said, “It was, like, wow, we all feel the same thing, and when we come together to talk about it, we really get to express our ideas and emotions. I didn’t realize that before.” (Personal Communication, n.d.)

Summary of Richard. Richard did not exhibit compassion fatigue. He did exhibit effects of stress by disclosing how he manages his stress when it arises. Richard proposed team-building activities, collaboration, physical exercise, and mantras as a way to reduce compassion fatigue. Richard experienced connection through informal conversations with colleagues, demonstrations of trust, and collaborative projects with a common goal.

Summary of Participant’s Experience

This next section will present a detailed narrative for each participant as gathered from all levels of the Teacher Stress Inventory, PhotoStory collages, and Talking Circle discussions. The Teacher Stress Inventory was used before and after the intervention in an effort to quantify the extent the participants were experiencing compassion fatigue. The PhotoStory collages generated personal narratives, and participants used these narratives to share in the Talking Circle format. The Talking Circle discussions were used in an effort to build a level of trust among participants to allow them to share their authentic experience of the effects of compassion fatigue. Since dialogical narrative analysis was used in the study, the Talking Circle discussion questions were aligned with Bahktin’s (1986) dialogical approach of using narrative as an “ultimate tool of transformation” (Jacob, 2014, p. 67) with key components of people’s individual experiences, and how those experiences construct their relationships with others in a

group. In an effort to expand the dialogue surrounding compassion fatigue, participants were asked to share their experiences of experiencing the effects of compassion fatigue.

Chapter 4 Summary

Each enriching and heart filling conversation I was able to witness or engage in with the participants included understanding and ideas about the impact of dialogical narrative analysis and the extent to which sharing and listening to personal narratives reduced the psychological effects of compassion fatigue. As I have been considering the psychological effects of compassion fatigue, I now understand how building sources of support within a trauma-responsive context is dependent on the strategies and time allowed for creating those connective relationships. Major ideas that have touched my heart and have led to these understandings include: overt and covert expressions of compassion fatigue, circumstances that reduced or increased compassion fatigue, and frameworks that impact the psychological effects of compassion fatigue. Although every conversation varied in length and depth, each and every narrative included a discussion about the importance of acknowledgement, recognition, self-worth, leadership development, and collaborative tasks as opportunities to experience connection. A few individuals clearly stated sharing their stories vitalized the connection they felt while others only experienced nuances of connection during the study.

CHAPTER 5

DISCUSSION

I really appreciate being able to have discussions about our experiences with compassion fatigue. I appreciate that we used pictures to share how we felt, because pictures are safer than words, sometimes, when you're trying to talk about something personal. I appreciate the opportunity to self-reflect, self-discover, and experience personal development. That's just not something we usually get to do at the jobsite.

-Kathryn (Researcher's Journal, December 10, 2020)

The purpose of this action research study was to examine how, and to what extent, educators working in a trauma-informed behavior management program, exhibited compassion fatigue and connection through a dialogic narrative process, thus reducing the psychological effects of compassion fatigue. The study was guided by three theoretical frameworks, including the work of Abraham-Cook et al. (2005), Figley (2005), and Frank (2010). Throughout this chapter, I discuss the main findings of the study, including the complementarity of the quantitative and qualitative data, a discussion of the research questions and their findings, limitations of the study, implications for practice, implications for future research, and my personal lessons learned.

Complementarity and Integration of Quantitative and Qualitative Data

This study used a mixed methods design. The quantitative and qualitative data were collected around the same time, given equal weight, and analyzed independently. Then, the results were compared to determine whether similarities existed. Greene et al. (1989) define a complementarity study as one in which “qualitative and quantitative methods are used to measure overlapping but also different facets of a phenomenon” (p. 258). Notably, data is said to exhibit complementarity or be

complementary when the quantitative and qualitative data supports one another and points to the same conclusions.

Results from the quantitative and qualitative data sets demonstrate complementarity, and together provide a more thorough and more enhanced interpretation of the data. Thus, allowing for greater confidence in the inferences made from the study (Buss and Zambo, 2007). The quantitative and qualitative data are complementary in a number of areas. The reflection journals following each Photo-Story session included open-ended questions to gather supporting qualitative data to elaborate on the TSI survey responses. Next, having the survey data on the psychological effects of compassion fatigue experienced by the participants as well as the Talking Circle discussions shaped the understanding to what extent participants were participating in self-disclosure. Experiences of collaboration and feelings of unity were exemplified in the interviews, reflection journals, and anecdotal notes.

Finally, data related to reducing the psychological effects of compassion fatigue included interviews, reflection journals, anecdotal notes, and the post-TSI. The data from the post-TSI showed a slight decrease in adverse manifestations of compassion fatigue. Additionally, each of the three qualitative measures provided evidence that sharing experiences of compassion fatigue reduced the strength of the stress in their lives both professionally and in their personal lives.

In this study, the qualitative data are complementary to the quantitative data. The qualitative data allowed for the descriptive narrative to be told in relation to the numerical data, and also provided a way to better understand the numerical data.

Interpreting the Results

In this section, I discuss the results in relationship to the theories, related research, and research questions guiding the study. The quantitative results, based on the descriptive statistics, showed decreases in four of the five constructs of stress manifestations of compassion fatigue, and the qualitative results exhibited compassion fatigue symptoms, and connection, from the participants.

RQ1: How and to what degree do teachers exhibit compassion fatigue through dialogical narrative analysis. Results for the first research question (shown in Table x) indicate that all participants exhibited compassion fatigue overtly or covertly as a result of working in a trauma-informed program. This outcome is consistent with eliciting stories of compassion fatigue using PhotoStory collages and Talking Circles. Based on the participants' PhotoStory collages, Talking Circle discussions, reflection journals, and anecdotal notes, the role they held in a trauma-informed education program caused them to experience a range of symptoms associated with compassion fatigue syndrome. Participants' responses revealed that engaging in dialogical narratives provided an opportunity for disclosure of compassion fatigue symptoms.

The reflection journals following each PhotoStory Professional Development (PPD) yielded five primary compassion fatigue symptoms. They were reported as self-doubt, isolation, self-harm, listlessness, and familial problems. Self-doubt was caused by participant's comparing oneself to another person. The comparing component occurred when participants held themselves to the same expectations of their colleagues without having a full understanding of another individual's challenges, or experiences of stress. Comparing oneself to another created a sense of isolation. Sharing their

experiences of self-harm, listlessness, and familial problems with other participants, and having participants mirror similar experiences, participants were able to identify behavioral manifestations of compassion fatigue as symptoms of their work experience, and created an opportunity for participants to shift their perspectives of these symptoms being internal flaws to extrinsic factors of working in a trauma-informed context.

The TSI, interviews, Talking Circles, and reflection journals provided evidence that there were covert and overt ways in which compassion fatigue is exhibited. All participants exhibited a psychological effect of compassion fatigue in both the TSI and Talking Circle discussion. Yet, in the interviews, which focused primarily on the participants' experience of connection, two participants stated they did not feel compassion fatigue related to their job because the COVID-19 pandemic dramatically reduced their interaction with students. Yet, in Module 2, when participants were asked to share their experiences with preparing for students to return to in-person learning, the Talking Circle discussion yielded responses from all participants related to stress and compassion fatigue. A related finding is participants' exhibition of compassion fatigue is relevant to their context of working with students from trauma.

Another critical finding in the area of exhibition of compassion fatigue is with respect to participants' disclosure of compassion fatigue using PhotoStory collages in the Talking Circle discussion, versus disclosures made in the reflection journals and noted in anecdotal notes. Frank (2010) identifies this practice of dialogical narratives as "the first one out" (p. 18). His point is that if one person shares an experience that is laden with complexity, others will follow with another story of interest, which creates an evolution of inherent storytelling about the topic. Evidence from this study provides many stories of

the participants encountering difficult situations related to symptoms stemming from compassion fatigue.

RQ2: How and to what degree do teachers exhibit connection through dialogical narrative analysis. Results for the second research question (shown in Table 7) indicate that all participants exhibited connections through dialogical narratives related to compassion fatigue. Based on the participants' interview and reflective journal responses, the PhotoStory collages and subsequent Talking Circle discussions were the catalyst for participants to seek out collaboration, acknowledge unity, and experience trust.

Table 7

Participants Experience of Connection

Participant	collaboration	unity	trust
Peggy	x		
Courtney	x	x	
Tina	x	x	x
Allisyn	x		
Kathryn	x	x	
Richard	x	x	x

There were more interactions and dialogue among participants and their colleagues which fostered a sense of connection that reduced the burden of stress the participants felt prior to the study. Qualitative data from the interviews and Module 3 PhotoStory collages show evidence that participants are committed to collaborative practices which foster connection. Consistent with Abraham-Cook's (2005) notions about belonging, participants experienced a sense of connection by engaging in an

ongoing process of seeking opportunities for professional acknowledgment and recognition and collaboration on school-wide projects.

Through the data from interviews, participants shared stories of engaging in collaborative projects, seeking out opportunities to share how their days went with other colleagues prior to leaving work and practicing active listening skills. In addition, participant statements in the reflective journals also corroborate increased experiences in unity, camaraderie, and trust.

The opposite of connection is relational disturbance (Radey & Figley, 2007). Practices that foster connection were built into this study because the process of distancing and detaching from friends, family, and colleagues occurred as a result of compassion fatigue. This study utilized dialogic narratives as a catalyst to improve the quality of relationships among individuals in the workplace. Each module has a built-in opportunity to have participants share about themselves and experience recognition and acknowledgement within their work community. As a result, participants who discussed feelings of isolation were able to experience a collective opportunity and experience a new energy in their roles.

However, there were inconsistent outcomes with respect to connection and this area warrants further work in terms of practice and in terms of research. In the present study, there were three constructs of connection presented and defined: collaboration, unity, and trust. It is possible that there were too many variables within the single construct of connection. In addition, the definition of connection was not integrated into the intervention; only an open-ended question in the interview asked if the participants experienced connection.

The outcome of this study shows connection is difficult to identify; one participant stated she wasn't sure if she experienced connection, and another stated connection was built over time. Hence, developing an agreed upon definition of connection prior to the study is needed. Given that the construct of connection was not included in any other portion of the intervention, it is possible that providing a survey with specific constructs related to trust, and a Likert scale rating elements of connection may have provided concrete variables on which to discuss connection throughout the study. In addition, discussions related to developing connections need to be incorporated into the intervention. Since the reflection journal and interview data show a positive exhibition of relatedness after Module 1, it might be beneficial to follow up that first module with building and fostering connection.

RQ3: How and to what extent does dialogical narrative analysis reduce psychological effects of compassion fatigue. RQ3 expands on the understanding of how compassion fatigue manifests in psychological symptoms and to what extent those symptoms change after experiencing three cycles of professional development. There were mild changes in the constructs from pre- to post-survey.

In Module 3, the Talking Circle discussion yielded positive responses regarding how to mitigate compassion fatigue. Participants provide details about how they actively practice self-care, seek collaboration, and solicit help.

Through the Talking Circle discussions, journal entries, and interviews, trust is a term that was used by each participant to describe a way to reduce compassion fatigue. However, what is apparent is that each participant has a different definition or

approach to the term. Therefore, experiencing trust is a strategy to reduce compassion fatigue, yet each participant identifies trust in significantly different ways.

Following the study, participants discussed their definitions of trust and some made significant efforts with their colleagues to build a sense of trust by following through on commitments made to collaborative projects, listening to others without offering advice, and agreeing not to engage in talking about others. The opportunity to build trust within the work environment reduced compassion fatigue as it fostered a sense of belonging and camaraderie.

Limitations and Approaches to Building Validity and Trustworthiness

Limitations are aspects of a study that decrease confidence in the findings due to concerns with validity or reliability. There are four main limitations of the study: (a) a small sample size, (b) lack of previous research studies on the topic (c) COVID-19 pandemic and (d) Hawthorne effect. Each limitation is addressed further below.

The first limitation of the PPD study is the small sample size and demographics. The study includes six participants due to convenience sampling (Teddlie & Yu, 2007). The newness of Progressive Community School (PCC) afforded a limited number of positions available and COVID-19 allowed only for a skeleton crew. Although PPD was offered to all 11 staff, nine staff initially expressed interest, of whom six completed the consent forms and all aspects of the study. I used convenience sampling in order to collect information from participants who were readily available at PCC. Convenience sampling was useful for this mixed methods action research study because all participants were familiar with the context; however, the findings are not generalizable to other settings.

In addition to the small sample size of the present study, an important limitation is the demographic characteristics of the participants. One of the teachers in this study was in the early years of her career and two as experienced educators spent a significant amount of time in specialized classrooms. Three of the behavior technicians were in the early years of their professional line of work. Thus, their perspectives are not necessarily representative of the typical experiences of educators working with exceptional students in trauma informed classrooms.

Another notable limitation is the lack of previous research on the topic for this study. The term compassion fatigue is directly related to first-responders while teachers are not defined as such. There are less than a dozen published studies on the topic of compassion fatigue in teachers, and even fewer addressing compassion fatigue as a result of trauma-informed programs. In addition, there are few studies utilizing Indigenous communication practices to elicit intimate discussions in a professional context. Considering this means that researchers currently know relatively little about the different ways in which teachers in trauma-informed settings experience psychological effects of compassion fatigue.

If researchers want a better understanding of how teachers experience compassion fatigue and factors related to mitigation, then examining practices related to managing, exhibition, and mitigation is critical. Future research could, for instance, investigate to what extent teachers exhibit compassion fatigue in various settings and demographics. Such research could contribute to identifying specific strategies and patterns of use that relate to successful navigation and integration of mitigating strategies for compassion fatigue.

The COVID-19 global pandemic is another limitation. Prior to the global pandemic participants were working in-person with a range of six to eleven students per classroom. From previous cycles of research, participants were notably experiencing increased levels of compassion fatigue due to daily interactions with their students. During the pandemic, participants' interactions with their whole group of students was reduced to Zoom meetings, phone calls, and Google Classroom communication via chat or comments. The interactions with students became reduced to figuring out how to navigate technology to create opportunities for learning. Traditional teaching and interactions were scaled back to wellness checks, technological support, and community building.

The first week of the study took place during a virtual learning phase, and the other two weeks were in-person learning. Three weeks following the study, participants returned to virtual learning. The participants' ability to support students with trauma informed practices were reduced and may have caused a variation of fatigue; not just limited to compassion fatigue.

The final limitation to the study is the internal threat to validity known as the Hawthorne effect. Described by Adair (1984) is when a participant has awareness they are in a study causing the participant to behave differently. A result of the Hawthorne effect is that the study results cannot be generalized to non-study conditions when participants are going about their general duties. The Hawthorne effect suggests that study participants will exhibit a perceived desired change because of the attention around being in the study, and not due to the professional development received. This relates to the PPD study because I was the immediate supervisor to two of the participants and I led

all aspects of the study. I also met one-on-one to follow up with participants who requested additional information and support. My professional support throughout the duration of the study in professional training and professional development may have influenced the decreased psychological effects of compassion fatigue and their experience of connection. My goal was to maximize the validity of the study in this regard by making compassion fatigue awareness and fostering positive collegial connections a part of the culture at Progressive Community School, and delivering the professional development to the whole staff. In that way participants would regard it as a school wide professional development and therefore something less easy to influence their actions.

To build validity and trustworthiness, I used the triangulation research method of collecting multiple data sources including surveys, discussions, interviews, and journals, as I discussed previously. Results from myriad data support one another and similar conclusions were drawn regarding the effectiveness of the innovation. I maximized credibility of the qualitative interpretations by using the constant comparative method throughout, engaging in careful reflection at each step of the analysis process, and writing analytic memos to guide and direct the process.

Implications for Practice

The purpose of this action research study was to understand to what extent engagement in a dialogic narrative opportunity exhibit compassion fatigue and fostered connection, thus reducing the psychological effects of compassion fatigue. Providing an opportunity for educators who work in trauma-informed programs to reflect, discuss, and support one another's experiences produced multiple benefits that far exceeded the

expectations of educators, support staff and administrators alike. Evidence of its effectiveness resonates in the quantitative and qualitative results.

Collaboration. Students learning in trauma-informed programs benefit greatly when their teachers and role models intentionally work collaboratively to create structures of emotional support not just for the students yet also for one another. The collaborative storying model offers a simple, yet comprehensive framework for educators to share personal experiences of work-related stress and provides opportunities for discussions related to mitigating compassion fatigue. This framework delineates participants' role as a helping professional and helps reduce barriers commonly associated with low morale in the workplace. This idea that educators who work in trauma-informed programs are classified as helping professionals represent a paradigm shift. Acknowledging professional educators as helping professionals also acknowledges the extent to which they offer compassion as a service to their students. The PPD replaces academic-centered and student-focused professional development with support for teachers who are challenged with helping numerous students who are experiencing trauma every day.

Mitigating compassion fatigue. The PPD allows administrators and educators to intentionally channel their influence to produce preventative measures so they can cope with compassion fatigue and heal. Moreover, trust among leadership and colleagues is strengthened when all demonstrate sincere commitments to remove barriers that stand between educators and their students' academic success.

The six educators in this action research study are utilizing dialogic narrative analysis as a powerful mitigation tool. This new interpretation of connection as a

strategy for professional self-care is profound and practical because it provides a path for continuous support and places educators who are the main caregivers, in the middle of the healing process. Consistent with all powerful self-development strategies, its effectiveness requires ongoing reflection, evaluation and refinement. In addition, the effective use of educators' stories as a catalyst for concerted action leads to academic, social, and emotional gains being achieved by students as well.

Acknowledgement and appreciation frameworks. To ensure high quality implementation of PPD, training and support in frameworks for listening, sharing, and relating is required. Consistent with other important instructional strategies, educators need expert training and support to master these skills. PPD serves as a conduit that fosters effective connections and support between colleagues who teach in trauma-informed programs and is a realistic alternative to traditional mental health-based employee assistance programs. Reconfiguring how educators find solutions together for continuous self-care establishes a new vision and culture for trauma-informed programs.

Trauma-informed roles. A final implication for practice that requires careful consideration is the current use and definition of trauma-informed care and support by educators. Educator involvement is commonly considered to be the professional actions educators take in response to hearing their students' stories and experiences. In other words, administrators hold educators responsible to be responsive to students' mental health needs and serve as a listener, a helper, an ally — a caring adult that a student can trust and turn to. Educators are held to an expectation of doing so with grit and compassion. Unfortunately, these expectations do not focus on the mental health of educators providing the service. Effective teaching is not commonly associated with the

amount of time and effort educators dedicate to helping their students cope with mental health challenges, challenges at home like substance abuse and neglect. Well recognized, self-care for educators' programs are beginning to evolve and emerge in response to the evidence that educators require mental health support in order to effectively manage their students' trauma experiences.

Results from this study suggest a potentially effective new approach to self-care strategies for teachers in trauma-informed programs. The efforts the school makes to create opportunities for educators to reduce the negative psychological effects of compassion fatigue need to be more precisely directed. Results from the implementation of the PPD model suggest mitigation strategies should be teacher-centered and be applied first from site administrators to ensure all support staff and educators become informed and effective partners and that effective frameworks are developed to support a healthy community culture.

Implications for Future Research

Action research is a cyclical process, one in which we plan, act, observe, and reflect. Future research is warranted based upon lessons learned from this action research study. The most critical implications are (a) utilizing decolonizing communication practices and PhotoStory to generate and contribute personal narratives (b) incorporating dialogic narrative practices to create understanding (c) continuing self-care professional development with these participants, (d) adding frameworks for effective listening, sharing, and trust.

Decolonizing communication practices. As noted in the analysis of the PhotoStory collages, Talking Circle discussions, interviews, and reflective journals, the

use of PhotoStory and the Talking Circle combined generated personal narratives, contribution, engagement, and investment to the community, and created collective knowledge and understanding. As a result, I recommend Indigenous practices of communication continue to be used to share stories of trauma, and other behavioral health issues.

The Talking Circle format gave participants, whose voices are often unheard, an opportunity to process painful and contemporary experiences. The overt sharing of stories related to compassion fatigue provided validation for the participants which encouraged them to share, and connect, further beyond each PPD module. Providing an opportunity for participants to dictate their own storytelling in the public setting allowed validation for the varying capacities of that which was shared. Using the Talking Circle format, allowed younger participants to hear from their more experienced colleagues. This format, according to Tuhiwai-Smith (2012) provokes younger listeners to think about the roles that knowledge, knowledge production, knowledge hierarchies, and knowledge institutions play in decolonization and social transformation (p. 7).

The Talking Circle format is a counter-story to Western ideas about the benefits of the pursuit of knowledge. These practices are more respectful, ethical, sympathetic and useful compared to Western communication practices which are built on racist practices and attitudes, ethnocentric assumptions, and exploitive research. Examining stories of trauma through images, rather than Western terminology, and sharing stories through knowledge-sharing is an approach that moves research towards culturally appropriate practices.

Dialogic narrative practices. Findings in my research demonstrated a slight reduction in compassion fatigue manifestations of educators who work in a trauma-informed program. In my prior experience, stress, exhaustion, and isolation were high and teacher retention rates were low. Prior to the use of collaborative storytelling techniques, feelings of overwhelm, underprepared, and helplessness were the norm. As noted in participants' interviews, Talking Circle discussions, and anecdotal notes, the participants experienced a sense of support and camaraderie through this innovation. They are beginning to seek opportunities to share their experiences with one another and express a desire to offer effective support. They see the positive impact connecting, engaging, and building trust has on their personal mental health, as well as the health of their colleagues. This research on the practices of dialogic self-reflection and disclosure, and the extent in which compassion fatigue is reduced, implies using storytelling practices builds resonance among individuals and expands resources for support. Thus, the use of dialogic narrative practices allows recognitions of individual truths, acknowledgement of experiences, and meaning-making (Frank, 2010). This proposed future research on compassion fatigue can use dialogic narrative to study stories so that participants can learn to live better in the trauma-informed contexts in which they work.

Planning intentional professional development related to self-care, as it relates to fostering healthy supportive relationships would strengthen the compassion satisfaction at the site. As stated in Chapter 1, growing awareness of compassion fatigue as an occupational hazard for teaching professionals is resulting in stress reduction programs which help provide an improved quality of life. Professional development which is

intended to target the wellness of teachers could influence job satisfaction and teacher attrition. The most effective part of this study was not the psychoeducational component of learning about compassion fatigue. Participants found sharing their experiences, hearing and sharing mitigation strategies, and seeking opportunities to connect were most effective to reducing compassion fatigue.

Frameworks for listening, sharing and establishing trust. Providing a framework for listening, sharing, and establishing trust would serve multiple purposes. One participant shared an experience of her personal self-help group and how having a structure that provides research-proven strategies for good listening skills and responding was most effective for developing connection with her group members. Another factor brought up from a participant was the intimate nature of sharing personal experiences and those experiences being received without judgement. Establishing ground rules for participation provides a sense of emotional safety which would encourage in-depth sharing among participants. The characteristics of trust varied among participants and having specific models of trust could provide participants a resource to increase their personal understanding of the construct and its effect on job satisfaction.

Research-based teachers' compassion fatigue reduction programs. At the time of the study, there were very few studies conducted in the United States related to combating compassion fatigue in public-school educational settings. The few studies available relate to educating teachers about compassion fatigue and stress reduction programs. This study focused on building a supportive culture in which participants could share their experiences through stories with the objective of fostering connections

through those sharings. It would be beneficial to conduct research into the different types of stress reduction programs and identify which programs are defining stress as “compassion fatigue” or “burnout”. It would also be beneficial to research other mental health/self-help groups that utilize sharing and response-frameworks to foster a sense of connection.

Implications for My Practice

I am a member of the Standing Rock Sioux tribe and my people are of the Lakota Nation. I am the product of a communal tribe and have engaged in community councils, lateral leadership, and elder support throughout my whole life. Community building is a critical component of my professional work, personal development and family network. What I learned through this study is that sustaining connection is one of the most challenging, yet rewarding, ways of relating in the workplace. The connection, or bond, among community members is helpful for improving job satisfaction. However, it is important to note there is a vast spectrum of beliefs regarding to what degree is appropriate for workplace relations.

One aspect of connection in the workplace that I need to evaluate is the cultural considerations regarding connection. My personal upbringing from a collectivist culture creates a greater understanding of the importance of positive relationships regardless of the community in which I am engaged. However, I experienced a different pattern from the various cultures represented in this study. My further work will include incorporating a survey which uses a scale to assess beliefs regarding workplace social interactions. This background information will help describe different behaviors which are displayed in social situations within the workplace.

Conducting an assessment of beliefs about workplace social interactions will help me understand situational cues and social norms as well as motivations that are more deeply ingrained in the psyche, such as values and attitudes regarding connection. What I have learned is having this prior knowledge would broaden the considerations for creating and adapting a workplace culture. In a dominantly individualistic culture, such as the context of this study, considering the individual as an individual is the first step to motivating human behavior. I learned that although each member of the community may have similar experiences relative to compassion fatigue, there are diverse social norms regarding how to navigate those challenges, particularly in the workplace.

For future research I would change my Teacher Stress Survey scale from a 5-point Likert scale to a 4-point Likert scale. I would change the *no noticeable signs* to a *few noticeable signs*. I found that the participants would often select *no noticeable signs* yet would covertly share noticeable signs of compassion fatigue on their PhotoStory collages, Talking Circle discussions, and reflection journals. I believe this would eliminate the discrepancy between some participants assessing they had no signs of compassion fatigue to displaying overt signs.

Lastly, I would also encourage participants to use the reflective journal. Many stories, experiences and personal awareness were shared in the journals. In general, these journals were very helpful in building knowledge regarding the multifaceted compassion fatigue.

Personal Lessons Learned

Through this action research study, I have learned that building social capital is a complex nature filled with society-induced structural holes. I discovered this through the journey of positionality from the teacher within the staff to a researcher within the staff. Although having a researcher on staff was considered fruitful by some colleagues, there were some powerful beliefs that higher levels of power existed as a result. Consequently, I spent an equal amount of time establishing trust, ensuring my role was that as being a resource and support for the compassion fatigue pool of knowledge, and acting as a community resource to help with the everyday mundane tasks of teaching students from trauma during a global pandemic. For this reason, I developed my own compassion fatigue both as a teacher and a researcher.

The implication of developing compassion fatigue throughout this study was I had the opportunity to look at my own reflection as a person experiencing connection. What I saw when I looked in that mirror was hard to face; I am terrified of connection. I have repeatedly heard the phrase, “You teach what you need to learn.” That phrase was true in my circumstance. Inevitably, once the study was complete, I felt isolated, burnt-out, scared, and worthless. I was in a lot of emotional pain and I had to seek support to process the reality of my negative belief system. I had never felt such despair as I did during the two months following the study.

Although the study was the catalyst for a very low point in my life, it was also the bugle call that called me to delve into my own compassion fatigue and tap into the source of healthy connection that I had been studying for three years. The ending is a happy one. The deep dive into the unknown well of fear regarding connection led me to

willfully accept that due to the fact that I was raised in a collectivistic culture, I have a vast well of support. I tapped into my community resources and asked for help. I asked for help with domestic chores, psychological support, nutritional supplements, physical activity, and most importantly spiritual guidance. Everything I asked for I received. Surrendering to my own frailty and asking for help was the most profound act of strength I have experienced. Trusting I could connect to others when I had nothing to offer reduced the psychological effects of compassion fatigue that I was experiencing.

As I conclude this study, I find evidence not only from the participants that connection can reduce the psychological effects of compassion fatigue, but also from my own experience.

At one point, my school administrator told me to take a few days off because, “You have become your own study.” Evidence from this study suggests that further work be done to systematically adopt resiliency programs designed to understand the psychological effects of compassion fatigue, recognize the physical, mental, and emotional effects of stress, and investigate cultural differences surrounding workplace relations. Understanding cultural norms around connection in the workplace is widely untapped, yet has the potential to significantly influence the development of mitigation strategies for educators who work in trauma-informed settings.

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APPENDICES

APPENDIX A
EMAIL FOR SOLICITING PARTICIPANTS

[Insert Date]

Dear [Insert Name],

My name is Lushanya Echeverria and I am a doctoral student at Arizona State university, West Campus, Mary Lou Fulton Teachers College. You are invited to participate in a research study I am conducting, which involves the exploration of the effect connection and sharing stories in trauma-informed programs has on the psychological effects of compassion fatigue.

You were selected as a possible participant in this study because you are a teacher in a trauma-informed school setting. Based on the overarching question: how do we mitigate compassion fatigue in teachers working in trauma-informed school?

The following questions will drive the inquiry:

1. How and to what extent does dialogical narrative analysis effect the psychological effects of compassion fatigue?
2. How and to what extent does dialogical narrative analysis impact connection among colleagues experiencing compassion fatigue?

I would greatly appreciate it if you could complete the brief Teacher Stress Inventory [insert link]. The Teacher Stress Survey is one of the most used measures of the positive and negative effects of working with people who have experienced extremely stressful events. There is also an accompanying demographic survey that will be used to help better understand how compassion fatigue is impacting the teaching professional. The survey should take approximately 15 minutes to complete.

Prior to completing this survey please read the attached informed consent form. Your participation is entirely voluntary, and your decision whether to participate will involve no penalty or loss of benefits to which you are otherwise entitled. If you decide to participate, you are free to discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. By clicking the check box below, you indicate that you have read and understood the information provided above, that you willingly agree to participate.

Thank you for completing this survey by (Insert Return Date). I willingly agree •

If you have any questions about the research at any time, please call me at 602-882-4956 or Dr. Cyndi Giorgis at 602-543-6075.

Thank you for your participation.

Sincerely,

Lushanya Echeverria, M.Ed.

Dr. Cyndi Giorgis, Doctoral Student Dissertation Chair, Arizona State University, MLFTC

APPENDIX B
LETTER OF CONSENT

Letter of Consent

Dear Colleague:

My name is Lushanya Echeverria and I am a doctoral student in the Mary Lou Fulton Teachers College (MLFTC) at Arizona State University (ASU). I am working under the direction of Dr. Cyndi Giorgis, a faculty member in MLFTC. We are conducting a research study on using dialogical story analysis as a mitigation process to combat compassion fatigue in teachers who teach in trauma-informed programs. The purpose of this study is to better understand the current situation with respect to your personal experience and perception of mitigating the psychological effects of compassion fatigue within your work context.

I am inviting your participation for the opportunity to reflect on, and discuss, how fostering connective relationships in the professional context might improve psychological effects related to compassion fatigue. The professional development intervention consists of the following:

- A short survey (pre/post study)
- Three 90-minute professional development modules.
- Three 10-minute reflection journal entries
- Mid-study Interview (30-minutes)

The survey relates to your experience of compassion fatigue both before and after participating in the study. Each professional development module involves creating a digital photo-collage and participating in a guided discussion. The guided discussions will be audio recorded. Each reflection journal entry will be prompted by questions related to each preceding professional development module. The mid-study interview will focus on your knowledge, experiences, attitudes, and beliefs about collaboration, trust, and unity. The interview will be recorded with your permission.

Due to Covid-19, it is possible the intervention will take place through Zoom meetings. While there is no requirement for you to have accounts on the Zoom platform, with your permission, your engagement related to the program of study will be monitored. Specifically, your attendance, posts, and comments will be used to monitor engagement only in content related to the intervention. No monitoring of your personal information or content not related to the intervention will be used. You have the right to not to participate in any element of the program, and to stop participation at any time.

With respect to the intervention, the research team seeks your permission to use all materials, you create, during each session and throughout the study. An

anonymous reproducible ID will be utilized throughout the study for the survey, interview, journal, and other study artifacts. You will create a unique identifier, known only to you, (use the first three letters of your mother's first name and the last four digits of your phone number. For example, Mic4567 would be the identifier if your mom's first name was Michelle and your phone number is (602) 123-4567). This will allow us to connect responses from the two surveys, any participation artifacts, journals, and the interview while keeping data anonymous. Anonymity, or indeed confidentiality, cannot be guaranteed for the group discussion. Only information or content related to the intervention will be used. Results from this study may be used in reports, presentations, or publications but your name will not be used.

There are no foreseeable risks or discomforts to your participation. If you choose not to participate or withdraw from the study at any time, there will be no penalty whatsoever. You must be 18 years of age or older to participate.

If you have any questions concerning the research study, please contact the research team – Cyndi Giorgis at Cyndi.Giorgis@asu.edu or (602) 543-6075 or Lushanya Echeverria at lecheve@asu.edu or (602) 882-4956.

Thank you,

Lushanya Echeverria, Doctoral Student
Cyndi Giorgis, Associate Professor

If you have any questions about your rights as a participant in this research, or if you feel you have been placed at risk, you can contact Cyndi Giorgis at 602-543-6075 or the Chair of Human Subjects Institutional Review Board through the ASU Office of Research Integrity and Assurance at (480) 965-6788.

By signing below, I consent to be part of the study which includes participation in: 3 audio-recorded discussions, 1 audio-recorded interview, 2 surveys, and collection of study artifacts.

Name (print)

Signature: _____ Date: _____

APPENDIX C
TEACHER STRESS INVENTORY

Teacher Stress Inventory

The following are several psychological symptoms related to stress. Please identify those factors which cause you stress in your present position. Read each statement carefully and decide if you ever feel this way about your job. Then, indicate how strong the feeling is when you experience it by circling the appropriate rating on the 5-point scale. If you have not experienced this feeling, or if the item is inappropriate for your position, circle number 1 (no strength; not noticeable). The rating scale is shown at the top of each page.

Examples:

I feel insufficiently prepared for my job. 1 2 3 4 5

If you feel very strongly that you are insufficiently prepared for your job, you would circle number 5.

I feel that if I step back in either effort or commitment, I may be seen as less competent. 1 2 3 4 5

If you never feel this way, and the feeling does not have noticeable strength, you would circle number 1.

	1	2	3	4	5
HOW STRONG ?	no strength; not noticeable	mild strength; barely noticeable	medium strength; moderately noticeable	great strength; very noticeable	major strength; extremely noticeable

TIME MANAGEMENT

1. I easily over-commit myself.	1	2	3	4	5
2. I become impatient if others do things to slowly.	1	2	3	4	5
3. I have to try doing more than one thing at a time.	1	2	3	4	5
4. I have little time to relax/enjoy the time of day.	1	2	3	4	5
5. I think about unrelated matters during conversations.	1	2	3	4	5
6. I feel uncomfortable wasting time.	1	2	3	4	5
7. There isn't enough time to get things done.	1	2	3	4	5
8. I rush in my speech.	1	2	3	4	5

EMOTIONAL MANIFESTATIONS

I respond to stress...

- | | | | | | |
|----------------------------------|---|---|---|---|---|
| 1.. ...by feeling insecure. | 1 | 2 | 3 | 4 | 5 |
| 2. ...by feeling vulnerable. | 1 | 2 | 3 | 4 | 5 |
| 3. ...by feeling unable to cope. | 1 | 2 | 3 | 4 | 5 |
| 4. ...by feeling depressed. | 1 | 2 | 3 | 4 | 5 |
| 5. ...by feeling anxious. | 1 | 2 | 3 | 4 | 5 |

Add items 1 through 5; divide by 5; place your score here: _____

FATIGUE MANIFESTATIONS

I respond to stress...

- | | | | | | |
|--|---|---|---|---|---|
| 6. ...by sleeping more than usual. | 1 | 2 | 3 | 4 | 5 |
| 7. ...by procrastinating. | 1 | 2 | 3 | 4 | 5 |
| 8. ...by becoming fatigued in a very short time. | 1 | 2 | 3 | 4 | 5 |
| 9. ...with physical exhaustion. | 1 | 2 | 3 | 4 | 5 |
| 10.. ...with physical weakness. | 1 | 2 | 3 | 4 | 5 |

Add items 6 through 10; divide by 5; place your score here: _____

CARDIOVASCULAR MANIFESTATIONS

I respond to stress...

- | | | | | | |
|---|---|---|---|---|---|
| 11. ...with feelings of increased blood pressure. | 1 | 2 | 3 | 4 | 5 |
| 12. ...with feeling of heart pounding or racing. | 1 | 2 | 3 | 4 | 5 |
| 13. ...with rapid and/or shallow breath. | 1 | 2 | 3 | 4 | 5 |

Add items 11 through 13; divide by 3; place your score here: _____

GASTRONOMICAL MANIFESTATIONS

I respond to stress...

- | | | | | | |
|---|---|---|---|---|---|
| 14.. ...with stomach pain of extended duration. | 1 | 2 | 3 | 4 | 5 |
| 15. ...with stomach cramps. | 1 | 2 | 3 | 4 | 5 |
| 16. ...with stomach acid. | 1 | 2 | 3 | 4 | 5 |

Add items 14 through 16; divide by 3; place your score here: _____

BEHAVIORAL MANIFESTATIONS

I respond to stress...

- | | | | | | |
|---|---|---|---|---|---|
| 17. ...by using over-the-counter drugs. | 1 | 2 | 3 | 4 | 5 |
| 18. ...by using prescription drugs. | 1 | 2 | 3 | 4 | 5 |
| 19. ...by using alcohol. | 1 | 2 | 3 | 4 | 5 |
| 20. ...by calling in sick. | 1 | 2 | 3 | 4 | 5 |

Add items 17 through 20; divide by 4; place your score here: _____

TOTAL SCORE

Add all calculated scores; enter the value here _____.

Then, divide by 5; enter the Total Score here _____.

Demographic Variables

Gender: _____

Number of years you have taught. _____

Your age: _____

How many students do you teach each day? _____

What level students do you teach? (circle the rest of your answers)

Primary Elementary Middle School

Which is the most advanced degree you have?

Bachelors Masters Doctorate

APPENDIX D
SEMI-STRUCTURED INTERVIEW PROTOCOL

Connective Culture at an Alternative Behavior School

Name: _____ Date: _____ Position: Teacher BT Admin

Thank you for volunteering to participate in this research study on teacher connection and unity. The purpose of this interview is to gather qualitative data on the role sharing stories have in reducing compassion fatigue in teachers/behavior technicians. Please know there are no wrong answers to these questions. There are seven questions and 30 minutes has been allocated for the interview.

The themes that will be covered involve:

- Perceptions of connection dynamics among colleagues during PhotoStory PD
- Extent Compassion Fatigue can be reduced by sharing stories

Your responses are intended to gain insight into how to create an effective trusting and united culture. Your identity will be kept confidential throughout the data collection process, as well as in the final report. This interview will be recorded to ensure accuracy. The recording will not reveal your name and will only be reviewed by the researcher. When it is not being used, the data will be stored on a secure flash drive with a password only known to the researcher and the recording device will be kept in a locked safe with no recognizable identification for six years. If at any time you feel like you need to stop the interview, for any reason, you may do so, and the data recorded will be erased. Do I have your permission to record this interview?

Once again, there is no right or wrong answer and the depth of your response will only help inform the insights gained from this study. I may ask for clarification before moving on to the next question and towards the end of the interview and I may go back to earlier questions for clarification. What questions can I answer before beginning?

Construct 1: Collaboration (sharing ideas and skills with others)

1. Do you remember an occasion during PhotoStory PD when you experienced collaboration between you and your colleagues? Can you describe what happened?
2. What role do you think collaboration plays a role in reducing the psychological effects of CF?

Construct 2: Unity (in agreement and/or harmony)

1. Do you remember an occasion during PhotoStory PD when you experienced unity between you and your colleagues? Can you describe what happened?
1. What role do you think unity plays in reducing the psychological effects of CF?

Construct 3: Trust (appreciation, recognition, and support of others)

1. Do you remember an occasion during PhotoStory when you experienced trust between you and your colleagues? Can you describe what happened?
1. To what extent does trust play a role in reducing CF?

Overarching Construct: Connection

1. Do you remember an occasion during PhotoStory PD when you experienced a connection between you and your colleagues?

APPENDIX E

GUIDING COLLABORATIVE STORY ANALYSIS QUESTIONS

Module 1

Which story stood out for you? Why?

Which story was most relevant in your work?

Which one of these is most pertinent to your work?

What are the stories telling us?

Module 2

What words, phrases, or ideas stood out for you? Why?

What resonated with you?

What do you think the storyteller wanted us to know?

Module 3

Which of the ideas, learned about in PPD, do you want to learn more about? Why?

Which idea or topic do you believe needs more support?

What have you learned about the topic of compassion fatigue?

Considering what we have learned, how do we want to move forward?

APPENDIX F

PARTICIPANT REFLECTION JOURNAL QUESTIONS

Modules 2-4

Please share one (or more) experience(s) of connections between you and another/others or between other people this week.

Would you say sharing or hearing another person's story of CF is related to the impact CF has on you? Please explain your response.

Is there anything else you would like to share regarding this week's professional development?

APPENDIX G
HRP 503 A SOCIAL BEHAVIORAL PROTOCOL

PREPARED BY:
IRB Staff

APPROVED BY: Heather Clark

DOCUMENT TITLE:
HRP 503 A
Social Behavioral Protocol

DEPARTMENT:
Office of Research Integrity and Assurance (ORIA)

EFFECTIVE DATE: [3/26/2020]

INSTRUCTIONS

Complete each section of the application. Based on the nature of the research being proposed some sections may not apply. Those sections can be marked as N/A. Remember that the IRB is concerned with risks and benefits to the research participant and your responses should clearly reflect these issues. You (the PI) need to retain the most recent protocol document for future revisions. Questions can be addressed to research.integrity@asu.edu. **PIs are strongly encouraged to complete this application with words and terms used to describe the protocol is geared towards someone not specialized in the PI's area of expertise.**

IRB: 1. Protocol Title: Dialogical Narrative Analysis as a Responsive Approach to Compassion Fatigue Reduction in Teachers

IRB: 2. Background and Objectives

- 2.1 List the specific aims or research questions in 300 words or less.
- 2.2 Refer to findings relevant to the risks and benefits to participants in the proposed research.
- 2.3 Identify any past studies by ID number that are related to this study. If the work was done elsewhere, indicate the location.

TIPS for streamlining the review time:

- ✓ Two paragraphs or less is recommended.
- ✓ Do not submit sections of funded grants or similar. The IRB will request additional information, if needed.

Response: The purpose of this mixed methods study is to generate an environment that will illicit discussions related to the psychological effects of compassion fatigue, foster positive connections in the workplace using dialogical narrative analysis, and promote a plan for mitigating compassion fatigue in trauma-informed learning environments. The qualitative approach utilized will include in-depth mid-program interviews, digital photo collages, participants' journal entries, and talking circle recordings. The quantitative approach utilized will include pre/post program surveys. This proposed study will also aim to inform future professional development.

Research questions are as follows:

RQ 1 How and to what extent does dialogical narrative analysis affect the psychological effects of teachers experiencing compassion fatigue?

RQ 2 How and to what extent does dialogical narrative analysis impact connection among colleagues experiencing compassion fatigue?

IRB: 3. Data Use - What are the intended uses of the data generated from this project? Examples include: Dissertation, thesis, undergraduate project, publication/journal article, conferences/presentations, results released to agency, organization, employer, or school. If other, then describe.

Response: Data will be used to support the completion of a dissertation within the doctorate of education degree program. In the future, the data will be used in publications, conference presentations, and inform the field of administrative leadership on best practices found. Results may be released to organizations and participants, as appropriate.

IRB: 4. Inclusion and Exclusion Criteria

4.1 List criteria that define who will be included or excluded in your final sample.

Indicate if each of the following special (vulnerable/protected) populations is included or excluded:

- Minors (under 18)
- Adults who are unable to consent (impaired decision-making capacity)
- Prisoners
- Economically or educationally disadvantaged individuals

4.2 If not obvious, what is the rationale for the exclusion of special populations?

4.3 What procedures will be used to determine inclusion/exclusion of special populations?

TIPS for streamlining the review time.

- ✓ Research involving only data analyses should only describe variables included in the dataset that will be used.
- ✓ For any research which includes or may likely include children/minors or adults unable to consent, review content [\[here\]](#)
- ✓ For research targeting Native Americans or populations with a high Native American demographic, or on or near tribal lands, review content [\[here\]](#)
For research involving minors on campus, review content [\[here\]](#)

Response: No minors will be included in this study. All participants should be adults who are able to consent. No prisoners or undocumented individuals will be included. While pregnant women and Native Americans can be included, they will not be specifically sought after. The study will include employees of the Osborn School District who are of consenting age. All participants will be staff members or colleagues who are known to the Co-PI.

IRB: 5. Number of Participants

Indicate the total number of individuals you expect to recruit and enroll. For secondary data analyses, the response should reflect the number of cases in the dataset.

Response: Indicate the total number of individuals you expect to recruit and enroll: 8-12 staff members in the online professional development workshops. 5-8 staff members: online or phone interviews.

IRB: 6. Recruitment Methods

- 6.1 Identify who will be doing the recruitment and consenting of participants.
 - 6.2 Identify when, where, and how potential participants will be identified, recruited, and consented.
 - 6.3 Name materials that will be used (e.g., recruitment materials such as emails, flyers, advertisements, etc.) Please upload each recruitment material as a separate document, Name the document: recruitment_methods_email/flyer/advertisement_dd-mm-yyyy
 - 6.4 Describe the procedures relevant to using materials (e.g., consent form).
- ✓

Response: The Co-PI will be conducting recruitment and consent for all participants. Since the COVID-19 pandemic has caused most in-person professional developments to occur virtually, I will recruit participants of previous cycles of research, as well as new staff members, to participate in an introductory session. I will use district email to send an invitation to an introductory session. The introductory session will occur using a Zoom meeting and include a slide presentation. Following the introductory session, the Co-PI will email the participants a Recruitment/Consent Form. All forms will be completed, signed, and returned to the Co-PI prior to the first professional development module.

The proposed intervention will take place October through December 2020 and will include a group of Osborn School District staff members who meet the criteria of teacher, or behavior technician, or student support technician.

IRB: 7. Study Procedures

- 7.1 List research procedure step by step (e.g., interventions, surveys, focus groups, observations, lab procedures, secondary data collection, accessing student or other records for research purposes, and follow-ups). Upload one attachment, dated, with all the materials relevant to this section. Name the document: supporting documents dd-mm-yyyy
- 7.2 For each procedure listed, describe **who** will be conducting it, **where** it will be performed, **how long** is participation in each procedure, and **how/what data** will be collected in each procedure.
- 7.3 Report the total period and span of time for the procedures (if applicable the timeline for follow ups).
- 7.4 For secondary data analyses, identify if it is a public dataset (please include a weblink where the data will be accessed from, if applicable). If not, describe the contents of the dataset, how it will be accessed, and attach data use agreement(s) if relevant.

TIPS for streamlining the review time.

- ✓ Ensure that research materials and procedures are explicitly connected to the articulated aims or research questions (from section 2 above).
- ✓ In some cases, a table enumerating the name of the measures, corresponding citation (if any), number of items, sources of data, time/wave if a repeated measures design can help the IRB streamline the review time.

Response: The Co-PI will be the creator, participant, observer, collector, and analyzer of data. The innovation consists of one 45-minute introductory session, three ninety-minute professional development modules, and a 30-minute virtual one-on-one interview with each participant. Each of the three professional development modules consist of creating digital photo collages and participating in a talking circle discussion that will address topics such as presence, effects, and mitigation strategies for compassion fatigue in educators working in trauma-informed educational settings. Each professional development module will build on and reinforce the topics discussion in the previous module. Journal entries will take place three times throughout the innovation. The participants' journal will be a response to prompts provided that include a reflection on the professional development module. This timeline will allow for personal reflection and sharing experiences of compassion fatigue between each session.

Data analysis will be conducted for both quantitative and qualitative data. In the three professional development modules, each talking circle discussion will be audio recorded, reviewed, and coded. The interviews will be audio recorded, transcribed, and coded. The survey will be reviewed and coded. The anecdotal notes, digital collages, and participant journal will be reviewed and coded after each professional development module.

Mid-way through the innovation, interviews with take place with each participant to measure the effectiveness of the innovation. All interviews will be audio recorded with the permission of the interviewee.

Upon completion of the innovation, the Co-PI will administer a post-survey that will measure the participants' perceptions of the presence of compassion fatigue stress as it relates to their work and personal lives.

The initial 45-minute introductory session will take place the last week of October, 2020. The subsequent professional development modules, including the one-on-one interview session, will take place during the month of November. Post-survey data will be collected the last week of November, 2020.

A timeline for the proposed study is as follows:

Timeframe/Week of	Objective/Actions	Procedures and Desired Outcomes
September, 2020	Obtain IRB approval	
Module 1: October 26- November 2, 2020	Introduce project <ul style="list-style-type: none"> • Compassion Fatigue • Harmful effects • Mitigating CF • Reflective practice • Dialogical practice • Collaborative practice • Collaborative Story Analysis • PhotoStory 	Recruitment/Consent form collection Teacher Stress Inventory (pre)
Module 2: November 9, 2020	PhotoStory: Share about your health as it relates to CF.	PhotoStory (artifact) Narrative (artifact or recording) Talking Circle (recording) Participant Reflection Journal
Module 3: November 16, 2020	PhotoStory: What is your perception of how CF impacts your psychological well-being?	PhotoStory (artifact) Narrative (artifact or recording) Talking Circle (recording)

		Participant Reflection Journal
Data Collection November 23, 2020	Interview	Interview transcripts
Module 4: November 30, 2020	PhotoStory: Considering what we know about the impact of CF, what should be done?	PhotoStory (artifact) Narrative (artifact or recording) Talking Circle (recording) Participant Reflection Journal

Data Collection: December 7-12, 2020	Post Survey	Teacher Stress Inventory (post)
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IRB: 8. Compensation

8.1 Report the amount and timing of any compensation or credit to participants.
8.2 Identify the source of the funds to compensate participants.
8.3 Justify that the compensation to participants to indicate it is reasonable and/or how the compensation amount was determined.
8.4 Describe the procedures for distributing the compensation or assigning the credit to participants.

TIPS for streamlining the review time.

- ✓ If partial compensation or credit will be given or if completion of all elements is required, explain the rationale or a plan to avoid coercion
- ✓ For extra or course credit guidance, see “Research on educational programs or in classrooms” on the following page: <https://researchintegrity.asu.edu/human-subjects/special-considerations>.
- ✓ For compensation over \$100.00, review “Research Subject Compensation” at: <https://researchintegrity.asu.edu/human-subjects/special-considerations> for more information.

Response:
Participants in this study will not be compensated and thus other questions do not apply to this study.

IRB: 9. Risk to Participants
List the reasonably foreseeable risks, discomforts, or inconveniences related to participation in the research.

TIPS for streamlining the review time.

- ✓ Consider the broad definition of “minimal risk” as the probability and magnitude of harm or discomfort anticipated in the research that are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.
- ✓ Consider physical, psychological, social, legal, and economic risks.
- ✓ If there are risks, clearly describe the plan for mitigating the identified risks.

Response:
There is no risk for participation.

IRB: 10. Potential Direct Benefits to Participants

List the potential direct benefits to research participants. If there are risks noted in 9 (above), articulated benefits should outweigh such risks. These benefits are not to society or others not considered participants in the proposed research. Indicate if there is no direct benefit. A direct benefit comes as a direct result of the subject's participation in the research. An indirect benefit may be incidental to the subject's participation. Do not include compensation as a benefit.

Response:

The benefit to participation is the opportunity for the participants to reflect on, learn about, and develop a mitigation strategy for the effects of compassion fatigue. In addition, participants will have the opportunity to think more about collaboration, work relationships, and communication within their work context.

IRB: 11. Privacy and Confidentiality

Indicate the steps that will be taken to protect the participant's privacy.

- 11.1 Identify who will have **access to the data**.
- 11.2 Identify where, how, and how long data will be **stored** (e.g. ASU secure server, ASU cloud storage, filing cabinets).
- 11.3 Describe the procedures for **sharing, managing and destroying data**.
- 11.4 Describe any special measures to **protect** any extremely sensitive data (e.g. password protection, encryption, certificates of confidentiality, separation of identifiers and data, secured storage, etc.).
- 11.5 Describe how any **audio or video recordings** will be managed, secured, and/or de-identified.
- 11.6 Describe how will any signed consent, assent, and/or parental permission forms be secured and how long they will be maintained. These forms should separate from the rest of the study data.
- 11.7 Describe how any data will be **de-identified**, linked or tracked (e.g. master-list, contact list, reproducible participant ID, randomized ID, etc.). Outline the specific procedures and processes that will be followed.
- 11.8 Describe any and all identifying or contact information that will be collected for any reason during the course of the study and how it will be secured or protected. This includes contact information collected for follow-up, compensation, linking data, or recruitment.
- 11.9 For studies accessing existing data sets, clearly describe whether or not the data requires a Data Use Agreement or any other contracts/agreements to access it for research purposes.
- 11.10 For any data that may be covered under FERPA (student grades, etc.) additional information and requirements is available at <https://researchintegrity.asu.edu/human-subjects/special-considerations>.

Response:

Only the PI and the Co-PI will have access to the collected data. Data will be stored on a password protected computer on the Osborn School District secured network. After audio recordings are transferred to the computer, they will be deleted from the original recording device. While transcribing, files will be kept on a password protected computer on the Osborn School District secured network as well. Audio recordings will be deleted upon transcription of each file. No consent forms will be needed or stored as only adults will be included in this cycle. Participants will create a unique identifier, known only to them, (use the first three letters of your mother's first name and the last four digits of your phone number. For example, Mic4567 would be the identifier if your mom's first name was Michelle and your phone number is (602)555-4567. This will allow us to connect responses from the pre/post survey, any participation artifacts, and the interview, while keeping data anonymous.

IRB: 12. Consent

Describe the procedures that will be used to obtain consent or assent (and/or parental permission).

12.1 Who will be responsible for consenting participants?

12.2 Where will the consent process take place?

12.3 How will the consent be obtained (e.g., verbal, digital signature)?

TIPS for streamlining the review time.

- ✓ If participants who do not speak English will be enrolled, describe the process to ensure that the oral and/or written information provided to those participants will be in their preferred language. Indicate the language that will be used by those obtaining consent. For translation requirements, see Translating documents and materials under <https://researchintegrity.asu.edu/human-subjects/protocol-submission>
- ✓ Translated consent forms should be submitted after the English is version of all relevant materials are approved. Alternatively, submit translation certification letter.
- ✓ **If a waiver for the informed consent process is requested, justify the waiver in terms of each of the following: (a) The research involves no more than minimal risk to the subjects; (b) The waiver or alteration will not adversely affect the rights and welfare of the subjects; (c) The research could not practicably be carried out without the waiver or alteration; and (d) Whenever appropriate, the subjects will be provided with additional pertinent information after participation.** Studies involving confidential, one time, or anonymous data need not justify a waiver. A verbal consent or implied consent after reading a cover letter is sufficient.
- ✓ ASU consent templates are [here](#).
- ✓ Consents and related materials need to be congruent with the content of the application.

Response:

The Co-PI will be responsible for obtaining consent from the participants. The consent process will take place no less than twenty-four hours prior to first professional development module. The Co-PI will obtain verbal and written consent (consent letter attached in instruments). Participants who do not speak English will not be eligible for this study.

IRB: 13. Site(s) or locations where research will be conducted.

List the sites or locations where interactions with participants will

occur □ Identify where research procedures will be performed.

- For research conducted outside of the ASU describe:
 - Site-specific regulations or customs affecting the research.
 - Local scientific and ethical review structures in place.
- For research conducted outside of the United States/United States Territories describe: □ Safeguards to ensure participants are protected.
- For information on international research, review the content [here](#).

For research conducted with secondary data (archived data):

- List what data will be collected and from where.
- Describe whether or not the data requires a Data Use Agreement or any other contracts/agreements to access it for research purposes.
- For any data that may be covered under FERPA (student grades, etc.) additional information and requirements is available [here](#).
- For any data that may be covered under FERPA (student grades, homework assignments, student ID numbers etc.), additional information and requirements is available [here](#).

Response: The site location where all research will be conducted is Montecito Community School in Phoenix, Arizona.

IRB: 14. Human Subjects Certification from Training.

Provide the names of the members of the research team.

ASU affiliated individuals do not need attach Certificates. Non-ASU investigators and research team members anticipated to manage data and/or interact with participants, need to provide the most recent CITI training for human participants available at www.citiprogram.org. Certificates are valid for 4 years.

TIPS for streamlining the review time.

- ✓ If any of the study team members have not completed training through ASU's CITI training (i.e. they completed training at another university), copies of their completion reports will need to be uploaded when you submit.
- ✓ For any team members who are affiliated with another institution, please see "Collaborating with other institutions" [\[here\]](#)
- ✓ The IRB will verify that team members have completed IRB training. Details on how to complete IRB CITI training through ASU are [\[here\]](#). Response:

Provide the date(s) the members of the research team have completed the CITI training for human participants. This training must be taken with the last 4 years. Additional information can be found at: Training.

Dr. Cynthia Giorgis, PI, CITI Certificate on file
Lushanya Echeverria, Co-PI, CITI Training completed Summer 2018

General Tips:

- Have all members of the research team complete IRB training before submitting.
- Ensure that all your instruments, recruitment materials, study instruments, and consent forms are submitted via ERA when you submit your protocol document. Templates are [\[here\]](#)
- Submit a complete protocol. Don't ask questions in the protocol – submit with your best option and, if not appropriate, revisions will be requested.
- If your study has undeveloped phases, clearly indicate in the protocol document that the details and materials for those phases will be submitted via a modification when ready.
- Review all materials for consistency. Ensure that the procedures, lengths of participation, dates, etc., are consistent across all the materials you submit for review.
- Only ASU faculty, full time staff may serve as the PI. Students may prepare the submission by listing the faculty member as the PI. The submit button will only be visible to the PI.
- Information on how and what to submit with your study in ERA is [\[here\]](#). Note that if you are a student, you will need to have your Principal Investigator submit.
- For details on how to submit this document as part of a study for review and approval by the ASU IRB, visit <https://researchintegrity.asu.edu/human-subjects/protocol-submission>.

APPENDIX H
INTERVIEW RECRUITMENT EMAILS

Invitation Email

Hello,

I am a doctoral candidate under the direction of Dr. Cynthia Giorgis, in the Mary Lou Fulton Teachers College of Doctoral Studies, at Arizona State University. I am conducting a research study to ask teachers to share their beliefs, feelings, and thoughts about the psychological effects of compassion fatigue while working in a trauma-informed educational environment, and I am requesting your participation.

If you are interested please email me at lecheve@asu.edu or call at (602) 882-4956. There is no compensation but you will receive a self-care kit as a thank you for your participation! Kindest regards,

Lushanya Echeverria, ASU Doctoral Candidate

Dear Colleague:

My name is Lushanya Echeverria and I am a doctoral student in the Mary Lou Fulton Teachers College (MLFTC) at Arizona State University (ASU). I am working under the direction of Dr. Cyndi Giorgis, a faculty member in MLFTC. We are conducting a research study on using dialogical story analysis as a mitigation process to combat compassion fatigue in teachers who teach in trauma-informed programs. The purpose of this interview is to better understand the current situation with respect to your personal experience and perception of connection within your work context.

We are asking for your help, which will involve your participation in an interview concerning your knowledge, experiences, attitudes, and beliefs about collaboration, trust, and unity in a professional teaching environment. We anticipate this interview to take 60 minutes total. I would like to audio record this interview. The interview will not be recorded without your permission. Please let me know if you do not want the interview to be recorded; you also can change your mind after the interview starts, just let me know.

Your participation in this study is voluntary. If you choose not to participate or withdraw from the study at any time, there will be no penalty whatsoever. You must be 18 years of age or older to participate.

The benefit to participation is the opportunity for you to reflect on and think more about how fostering connective relationships in the professional context might improve psychological effects related to compassion fatigue. Thus, there is potential to enhance the experiences of our students. There are no foreseeable risks or discomforts to your participation.

Your responses will be anonymous. Results from this study may be used in reports, presentations, or publications but your name will not be used.

If you have any questions concerning the research study, please contact the research team – Cyndi Giorgis at Cyndi.Giorgis@asu.edu or (602) 543-6075 or Lushanya Echeverria at lecheve@asu.edu or (602) 882-4956.

Thank you,

Lushanya Echeverria, Doctoral Student
Cyndi Giorgis, Associate Professor

Please let me know if you wish to be part of the study and will let me audio record your responses by verbally indicating your consent.

If you have any questions about your rights as a participant in this research, or if you feel you have been placed at risk, you can contact Cyndi Giorgis at 602-543-6075 or the Chair of Human Subjects Institutional Review Board through the ASU Office of Research Integrity and Assurance at (480) 965-6788.

APPENDIX I
MONTECITO COMMUNITY SCHOOL SUPPORT LETTERS



Osborn School District #8 1226 West Osborn Road Phoenix, AZ 85013 (602) 707-2000
www.OsbornSchools.org

Montecito Community School
715 East Montecito Avenue
Phoenix, Arizona 85014

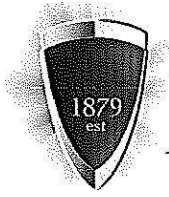
September 24, 2020

Dear Institutional Review Board of Arizona State University:

I am writing to express my support of the research project, "Dialogical Narrative Analysis as a Responsive Approach to Compassion Fatigue Reduction in Teachers," as proposed by doctoral candidate, Lushanya Echeverria. Ms. Echeverria has submitted her proposal for school and District review and the proposed study will contribute positively to our school and District. We are eager for her to begin her research and implement it with career teachers, behavior technicians, and student support staff on our campus. Please feel free to contact me at (602) 7072500 with any additional questions.

Sincerely,

Mariah Kelly, M.Ed.
Principal, Montecito Community School



An Osborn Education

Osborn School District #8 1226 West Osborn Road Phoenix, AZ 85013 (602) 707-2000
www.OsbornSchools.org

September 24, 2020

To the Institutional Review Board of Arizona State University,

I am writing to express my support of the proposed research project "Dialogical Narrative Analysis as a Responsive Approach to Compassion Fatigue Reduction in Teachers" as proposed by doctoral candidate, Lushanya Echeverria. Lushanya has submitted her proposal for our school and district review and the proposed study will contribute positively to our school and district. We are eager for her to begin her research and implement it with career teachers, behavior technicians, and student support staff on our campus. Please feel free to contact me at (602)707-2500 with any additional questions. Sincerely,

Mariah Kelly-Hatcher
Principal, Montecito Community School

Clarendon School Encanto School Longview School Osborn Middle School Solano School
4th 6th grade Preschool - 3rd grade Preschool - 6th grade 7th _ 8th grade Preschool 6th grade

1225 W. Clarendon 1420 W. Osborn 1209 E. Indian School 1 102 W. Highland 1526 W. Missouri Phoenix,
AZ 85013 Phoenix, AZ 85013 Phoenix, AZ 85014 Phoenix, AZ 85013 Phoenix, AZ 85015
(602) 707-2200 (602) 707-2300 (602) 707-2700 (602) 707-2400 (602) 707-2600