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A dissertation submitted in partial satisfaction of the requirements

for the degree of Doctor in Education

in

Educational Leadership

by

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2024

The dissertation of Christobelle J. Tan is approved, and it is acceptable in quality and form for publication on microfilm and electronically.

University of California San Diego

California State University, San Marcos

2024

DEDICATION

To my baby Tangerines, students who taught me, students who trusted me and invited me into their lives, who paved the way for me to be a better teacher for all my current and future students. You and I are the only ones who know what was lost when the pandemic took our graduation, our last year together, and what it meant to all of us. Because of this shared pain, anger, and collective grief, I cherish you more. You will always have a place in my heart.

To my Tangerines' parents and caregivers, thank you for trusting me to teach your children and allowing me to be your kiddos' second mom. It is an honor.

To those who were abused, I know your pain. I know what heartbreak, betrayal, inconsistency feels like a little too well. The desire to end the pain is all too familiar. I also know the story does not end there. You have a story to tell that will inspire many and only your unique, beautiful voice will speak to the hearts who walked that pain. Our stories collectively encourage and instill bravery in each other.
We need you and we love you.

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Thank you to all of you who were rooting for my rise.

VITA

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ABSTRACT OF THE DISSERTATION

A Case Study: The Power of Peer Coaching Relationships
in Cultivating Trauma-Informed Classrooms

by

Christobelle Jane Tan

Doctor of Education in Educational Leadership

University of California San Diego, 2024
California State University, San Marcos, 2024

Professor Alan J. Daly, Chair

Widespread recognition of trauma's harmful impacts and the related consequences for children, families, and society has resulted in Federal, State, and local initiatives over the last decade to resolve trauma-related issues through the promotion of Trauma-Informed Care. Research of successful implementations of Trauma-Informed Care are a few. This research

paper's aim is to learn about the implementation of Trauma-Informed Care through one avenue of professional development: peer coaching. This qualitative case study will employ Bioecological Systems Theory (Bronfenbrenner, 1984) through the Process, Person, Context, Time Model (PPCT) to examine the roles of peer coaches, their experiences, their beliefs, their influence on each other, and the influence of the school environment to implement Trauma-Informed Care practices in one urban school. Methodology includes teacher and administration interviews, observations, and document findings. Research findings reveal salient shifts in perceptions of peer coaches' leadership and efficacy in Trauma-Informed Care practices. Despite the lack of support from the school, peer coaching offered valuable opportunities to implement new Trauma-Informed practices. The school environment was not only non-supportive, but provided a negative climate with divisive culture among staff, inadequate professional training causing harm, high turnover of administration and staff, overwhelming workloads leading to teacher exhaustion, and a shortage of substitutes. Nonetheless, the strong and trusting relationship between the two peer coaches enabled them to embrace professional learning experiences and emerge as teacher leaders in a toxic school environment. These findings have implications for practice as schools and districts can prioritize policy and organizational structures that cultivate organic peer coaching models that support sustainable teacher growth of Trauma-Informed Care schoolwide for improved student and adult wellness.

Keywords: trauma-informed care, peer coaching, trauma, professional development, healing, wellness

Chapter 1: Introduction

Modern day life is fraught with difficulties and harmful events that can impact the most vulnerable populations, especially our youth. Over 60% of youth ages 0-17 in the United States have directly experienced or witnessed at least one traumatic event in their lives (Finkelhor et al., 2009, 2013). "Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2014, p. 7). Many types of events and circumstances can cause a traumatic response, including: abuse, neglect, bullying, racism, natural disasters, and more. These traumatic events overwhelmed the ordinary human adaptations to life and causes psychopathology such as major depressive disorder, generalized anxiety disorder, panic disorder, and substance abuse disorders (D'Andrea et al., 2011) and have physiological impacts may result in behavioral, social, and academic difficulties (Berger et al., 2020; Brocque et al., 2017; Perfect et al., 2016). Multiple traumatic events over time or even one single event that is repeated over time causes *chronic stress* which impairs children's emotional responses, ability to think, learn, and concentrate; impulse control; self-image; attachments to caregivers; and relationships with others. Chronic stress over time leaves a lasting impact on the brain and body. Not only does it affect their mental health, but these in turn can lead to a greater likelihood of chronic ill health, including obesity, diabetes, heart disease, cancer, and stroke, all which are leading causes of death (Felitti et al., 1998).

Widespread recognition of trauma's harmful impacts and the related consequences for children, families, and society has resulted in Federal, State, and local initiatives over the last decade to resolve trauma-related issues through promoting Trauma-Informed Care (TIC). The

Trauma-Informed approach was first developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) with the help of the Adverse Childhood Experience (ACE) study that propelled this work forward to address youth trauma. Through integrating trauma focused research, practice-generated knowledge about trauma interventions, and lessons articulated by trauma survivors, SAMHSA created a Trauma-Informed framework to improve staff knowledge that acknowledges the widespread impact of trauma, utilize trauma sensitive practices and policies, and avoid retraumatization (SAMHSA, 2014; Thomas et al., 2019).

Trauma sequelae and recovery is highly dependent on and occur within the systems surrounding the individual - the strong or weak relationships and interactions they have with their family, close friends, workplaces, neighborhoods, schools, their culture, and society. Therefore, in order to fully understand the widespread impact of trauma, the adoption of the Bioecological Model perspective is required.

Bioecological Model

The systems - or surrounding environment - in our lives, whether we are cognizant of them or not, shape and impact our realities to some degree. How a system is set up, what it allows us to do or not do, who is in our spheres of influence, the relationships of people within our spheres, are all intertwined and connected to influence the way we live. Bronfenbrenner's Bioecological Systems Theory (1979), particularly detailed through his Process- Person- Context- Time (PPCT) model posits that the process of change occurs not only in the student but also the environment where the student exists (Bronfenbrenner, 1979; Vimont, 2012). Bronfenbrenner's PPCT model offers a comprehensive framework for examining the complex interplay between an individual and their changing environments over time. This conceptual theory emphasizes that development is influenced by various levels of environmental systems

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that interact with individual characteristics and experiences across the lifespan (Bronfenbrenner, 1989; Bronfenbrenner & Morris, 1998).

Bronfenbrenner's PPCT model, specifically *Context*, outlines five nested environmental systems with each system having distinct roles in development: *microsystems, mesosystems, exosystems, macrosystems,* and *chronosystems*. This framework infers that children do not exist in isolation. In order to have greater and more effective comprehension of their social experiences, one must look at the larger social structure that the child is interconnected with (Bronfenbrenner & Ceci, 1994; Paat, 2013, p. 3).

One imperative part of the *microsystem* and *mesosystem* aspect of a children's support system is the educational setting which influences a child's development, relationships, and feelings of connection. Through these lenses, the environment and norms of the school where teachers practiced TIC through peer coaching were studied, as well as the relationships of teachers as these systems influence the child's learning environment, and how the teachers' characteristics influenced their TIC growth. The PPCT model is particularly powerful because it helps explain why people develop differently under seemingly similar circumstances. It accounts for the dynamic interactions of personal and environmental factors over time. A more in-depth description of Bioecological Systems Theory is presented in Chapter 2.

With the educational system as one of the factors that influences a child's world and an imminent need to address high prevalence of psychological trauma, the education system cannot stay as is, if it is to provide a quality education, support, and meet the needs of all students. In the educational setting, where students spend a lot of their time, teachers are the most influential individuals in a child's success (Charalambous, 2014; Derrington & Kirk, 2017). Therefore, it is imperative for educators to be equipped to recognize, understand, and better support students in

ways that create healing. One way that educators are equipped with tools with any new knowledge and skill including TIC is through training and professional development. Therefore, in order to better understand trauma exposed children and their social experiences, interest holders need to, "investigate the interconnectedness between these multiple layers of social structures" (Paat, 2013, p. 3) which involves the systems that teachers are in as well. Unfortunately, there is a lack of comprehensive and rigorous literature regarding TIC professional development for teachers that shows the perspectives of teachers and actual implementation changes in the classroom as a result of the training they received in a general education setting. The participant sample size of the few rigorous studies that were successful in capturing teachers' perspectives and results of TIC training were small and unique to specific traumatic events.

In the next section, I will talk about one method of professional development offered to teachers that can help them implement TIC methods to avoid retraumatization and create safe spaces for students, especially students exposed to trauma.

Peer Coaching

TIC has been growing in the fields of medicine, education, and social work and has claimed to be effective (Berger, 2019; Berger & Martin, 2021; Perry & Daniels, 2016; SAMHSA, 2014; Walkley & Cox, 2013). However, our society still has a long way to go when it comes to holistic, system-wide training, and implementation (Berger & Martin, 2021). Specifically, in the education sector, current variations of training that are given to teachers, occur through professional development, such as workshops, courses, seminars, and district staff development, include: no training, training only in response to critical school-wide incidents, limited training on trauma, and a satisfactory level of training (Berger et al., 2020). Although

these one-time trainings have shown success in increasing knowledge around TIC in school, teachers still highlight the need for further sustainable training and system level support (Berger et al., 2020; Dorado et al., 2016; Perry & Daniels, 2016).

In addition to the lack of training regarding trauma-sensitive strategies in schools, some argue that the research has not been sufficiently rigorous to make claims of effectiveness. There is a lack of inclusion and evaluation of school staff training, lack of studies assessing teacher and parent outcomes, and there is a greater need for consistency in research methods and interventions to improve evidence of Trauma-Informed approaches in schools (Berger, 2019). Current literature and research failed to use school level measures of climate or disciplinary/behavior incidents, student-level measures of attendance, academic achievement, or students' sense of belonging to determine effectiveness of Trauma-Informed frameworks (Thomas et al., 2019). Most importantly, literature review of professional development regarding school implementation of TIC is non-existent nor does it meet the criteria for workforce development, Trauma-Informed services, and organizational environment (Maynard et al., 2019; Rolfsnes & Idsoe, 2011). With the lackluster training provided around TIC, it is imperative to look for successful methods for teachers to increase their knowledge to support students of trauma.

Outside of education, there is a vast amount of research regarding successful TIC implementation with service providers in human service settings. These TIC trainings increased staff knowledge, had more attitudes favorable with TIC, and TIC practices were implemented (Chandler, 2008). These trainings consist of one day training with ongoing consultations with clinicians, involving extensive networks and partnerships with clinicians and family/caretakers (Chandler, 2008). Mental health professionals mentioned that having an on-site role model to

teach new approaches was helpful with advice and trying out new strategies (Chandler, 2008). Finally, the relationships among their patients were more inclusive and transparent and the recovery process included building on the strengths of their patients (Chandler, 2008). Their success is evident in their results: a reduction of restraint and seclusion and reduced symptoms. Patients were released from treatment with a shorter amount of time, improved in their mental health, showed improvement on substance abuse usage, and improved rates of discharge to lower levels of care (Chandler, 2008).

One similar way of training that mimics the training provided for mental health providers and that entails modeling is peer coaching. Peer coaching is when two or three teachers plan lessons, observe each other in the classroom, and provide immediate feedback regarding implementing the strategy of their choice regularly (Ackland, 1991; Huston & Weaver, 2008; Showers & Joyce; 1996). Peer coaching can be done with an expert coach, but it can be especially powerful when two or more teachers of the same level help each other improve. Peer coaching consists of modeling, rehearsal, and feedback which leads to longer lasting teacher actions in the classroom with performance feedback being highly effective even after performance feedback is withdrawn (Han & Weiss, 2005). Through relationship building and frequent dialogue, peer coaching transforms student-to-teacher relationships and increases teachers' cultural responsiveness (Bussman, 2018). Sustained professional development, like peer coaching, is one promising teacher education associated with changing teaching practices (Desimone et al., 2006).

Putting both of these two literatures together: research regarding successful TIC training in mental health institutions and successful professional development for teachers in schools,

interest holders can build TIC in schools through peer coaching to help support students exposed to trauma.

Purpose of the Study and Research Questions

Given the existing research regarding peer relationships between teachers, better understanding on how professional development can be utilized to equip teachers for TIC. The purpose of the study is to understand how teachers, through the peer coaching process, change over time as they address the needs of students with histories of trauma in a general education setting instead of only a targeted population with specific traumatic events; additionally, how beliefs, attitudes, and perceptions of peer coaching and TIC, within a particular school context, shape teachers' teaching and learning practice.

The following questions guided the study:

(1) In what ways do teachers' perceptions of Trauma-Informed Care change through peer coaching?

(2) How do these teachers describe Trauma-Informed practices they implement in the classroom?

(3) How do these teachers' practices change as a result of peer coaching?

(4) What influence do the school context, corresponding norms, and peer coach's beliefs have on teachers' practices?

Methodology

In this qualitative case study, I sought to learn teachers' perspectives and beliefs of TIC, thus contributing to a deeper understanding for school districts, researchers, and policy makers

related to peer coaching as a model to develop trauma-sensitive strategies within educational settings.

To answer the four research questions above, I first employed a purposeful sampling technique (Patton, 2002) by enlisting colleagues, professors, and cohort members with access to large numbers of teachers who are incorporating TIC through peer coaching. I collected documents around the school regarding policies, initiatives, and system planning that revolves around supporting teachers in implementation of TIC and peer coaching. Then, I interviewed two peer coaches and three administrators. I conducted semi-structured interviews with these peer coaches before and after peer-coaching to see if there are changes of beliefs and teacher practices over a period of time. The interviews allowed me to understand teachers' experiences with how they see their peers grow, how they see themselves grow, how they see shifts in views and/or beliefs, and how they shift teacher practices, if at all. The interviews helped me tap into their thoughts, beliefs, views about students experiencing or who have experienced trauma, and their reflections from peer coaching or their classroom. Moreover, the interviews with administrators gave me a deeper understanding of the school's climate and culture and allowed me to triangulate data from document findings and teacher interviews.

Additionally, I observed the teachers in their classroom and during the pre- and post-conferences discourse to view how teachers implement Trauma-Informed practices, observed their relationship with their students, and provided context of the classroom experiences that both the teacher and the peer coach witness in the classroom. This allowed me to triangulate my notes and transcripts from the interviews. After the document collection, interviews, and observations, I looked for emerging themes from responses. A more in-depth description of this study's methodology is presented in Chapter 3.

Significance of Study

With over two-thirds of the population being affected by trauma, and knowing the effects of how trauma affects the development of the child, physical, and mental health, it is important that communities that serve children create safe spaces for them to develop, learn, and thrive that is not retraumatizing. It is also imperative that teachers, one of the people who surround, care, and are in charge of the successful development of children are also equipped, well-trained, and knowledgeable on the effects of trauma, and be cared for themselves in order to best serve students.

This is why I chose to study how teacher-to-teacher relationships impact their practices in the classroom, so interest holders learn the benefits and build support systems for professional relationships to grow and strengthen. It is especially important that we learn how teacher relationships can have an influence on Trauma-Informed practices since there is little literature on successful implementation of TIC in schools where teacher perspectives are taken into account to see how it transforms, challenges, and changes beliefs which, in turn, changes practices in the general education classroom. Most studies focused on specific populations affected by trauma or on one or two training for teachers and gave a general surface level survey questions like, "Does it change your beliefs?", "Do you implement Trauma-Informed practices?" but none focuses on *what* practices are different, nor *what* beliefs were challenged. Gaining insight into these detailed experiences and perspectives will give educational leaders knowledge on what challenges teachers face as they implement TIC and will further curate and tailor professional development to teachers' needs.

Definition of Terms

The following is a list of operationally defined terms used throughout the current study.

Adverse Childhood Experiences (ACE). ACE is a questionnaire that consists of 17 questions that include events such as abuse and neglect, as well as witnessing domestic violence and growing up with family members who have mental illness or substance use disorders (Felitti et al, 1998).

Bronfenbrenner's Ecological Systems Theory. Urie Bronfenbrenner developed the Bronfenbrenner's Ecological Systems Theory to explain how the qualities of the environment and interactions influence how a child who resides in this environment grows and develops (Bronfenbrenner, 1979; *What Is Bronfenbrenner's Ecological Systems Theory?*, 2019).

Bronfenbrenner's Bioecological Model. Urie Bronfenbrenner extended his Ecological Systems Theory and developed the Bronfenbrenner's Bioecological Model. It encompasses Process – Person – Context- Time (PPCT Model) emphasizing that not only the environment and context influences a child's development but also the characteristics of the child (Bronfenbrenner & Ceci, 1994).

COVID-19. Coronavirus (COVID-19) is a disease that was identified in December 2019 in China. In January 2020, the World Health Organization declared COVID-19 outbreak to be a global health emergency and, in March 2020, a global pandemic.

Emergent Bilingual. A term used instead of "English Language Learners" which perpetuates the inequities in education. Through learning the English language, these students are able to function, speak, and communicate in their home language as well as English (Garcia et al., 2008).

Full-Time Equivalent. A full-time equivalent (FTE) is a unit of measurement used to figure out the number of full-time hours worked by all employees in a business (Danao, 2022). A teacher considered to have an FTE of 1.0, would be only paid for working 40 hours per week. In

contrast, a part-time teacher working 20 hours per week would have an FTE of 0.5 - which shows that the hours they are paid are equivalent to half of a full-time employee. Some teachers have an FTE of 1.4 or 1.6 which would mean that they have additional job responsibilities and get paid more.

Learning Loss. Learning loss was a term that some parents and politicians seized upon as a justification to advocate for a return to in-person learning while it was still unsafe to do without vaccinations, proper ventilation, and equipment in the classroom for distancing. The deficit term learning loss also does not accurately capture the diverse ways in which students continued to learn and adapt during the pandemic, overlooking the resilience and creativity displayed in alternative learning environments. Using the term "make up for learning loss" ignores the fact that there have been pre-existing systemic issues and educational challenges contributing to academic struggles prior to the global health crisis.

Peer Coaching. Peer coaching is when two or three teachers hold each other accountable on completing a goal of their choice (e.g. adopting a curriculum, having more socioemotional learning practices, and others) by meeting and planning before the lesson, observing each other during the lesson, and debriefing after the lesson. Peer coaches challenge and encourage each other, give feedback, and build trusting relationships for each other to grow and learn.

Secondary Traumatic Stress (STS). Secondary traumatic stress is a syndrome among professional helpers that mimics post-traumatic stress disorder and occurs as a result of exposure to the traumatic experiences of others (Baird & Kracen, 2006; Borntrager et al., 2012)

School-Based Trauma. School-based trauma refers to negative and distressing experiences that students endure within an educational setting not limited to school policies,

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teacher or peer actions, potentially leading to lasting emotional or psychological impact (Duane, 2023).

Trauma. In this study, "trauma refers to a person's reaction or response to an injury. It is not a disorder but a reaction to a kind of wound. It is reaction to a profoundly injurious event/events and situations in the real world, and indeed in a world in which people are routinely wounded" (Burstow, 2003, p. 1302; Linklater, 2014, p. 22)

Trauma-Informed Care (TIC). "Trauma-Informed Care is grounded in the principle that treatment systems and practices should ameliorate, rather than exacerbate, the negative impacts of trauma" (Brown et al., 2012, p. 508). There are different terms to describe Trauma-Informed Care e.g. Trauma-Informed Approach, Trauma-Informed Practice, Trauma-Informed Interventions, Attachment Sensitive Schools, Trauma-Informed Pedagogy, Trauma-Sensitive Schools, Trauma-Focused Practices, Trauma-Responsive Schooling etc.

Vicarious trauma (VT). Vicarious trauma are harmful changes that occur in professionals' views of themselves, others, and the world as a result of exposure to graphic and/or traumatic material (Baird & Kracen, 2006; McCann & Pearlman, 1990).

Overview of Dissertation

This dissertation describes a study that will help add to the literature on the implementation of TIC through one form of professional development: peer coaching. This dissertation is organized in five chapters. This chapter includes the introduction to the problem, a brief introduction of the conceptual framework, the problem statement, and the statement of purpose. These were followed by the research questions, significance of study, and the definition of terms. Chapter two contains a comprehensive literature review on the aftermath of trauma, how the brain works, how trauma impacts the body and brain, healing, TIC, a dive on

Bioecological Systems Theory, and ends with literature on peer coaching. Chapter three

describes the research methods and design of the study. Chapters four and five dive into the

findings of the study and summary accordingly.

Chapter 2: Literature Review

"Our capacity to destroy one another is matched by our capacity to heal one another."

- Bessel van der Kolk, Psychiatrist and Trauma Specialist

Over 60% of youth ages 0-17 in the United States have directly experienced or witnessed a traumatic event in their lives (Finkelhor et al., 2009). Examples of traumatic exposure include threats, bullying, harassment, sexual victimization, maltreatment by caregiver, parent mental illness, death of a parent, refugee trauma, dating violence, school threats, witnessing victimization, disasters, and terrorism (Finkelhor et al., 2013). Trauma causes psychopathology such as major depressive disorder, generalized anxiety disorder, panic disorder, and substance abuse disorders (D'Andrea et al., 2011). The effects of trauma on mental health are long lasting and lead to overall negative physical health consequences (D'Andrea et al., 2011). The physiological impacts may result in behavioral, social, and academic difficulties (Berger et al., 2020; Brocque et al., 2017; Perfect et al., 2016).

Since the research regarding trauma and the effects on children well into adulthood is well known, Trauma-Informed Care (TIC) has been gaining ground in education settings, schools, social services, and welfare organizations (Berger & Martin, 2021). The goal of TIC is to "improve staff knowledge and confidence regarding trauma, increase the overall efficiency of schools in accommodating students exposed to trauma, enhance school engagement and academic achievement, and improve post traumatic growth and recovery of trauma-impacted students" (Berger, 2019). There is a connection between Trauma-Informed Schools and lower and reduced Post Traumatic Stress Disorder (PTSD), reduced student disruptive behavior and suspension, decrease in depression, improvement in school engagement, and improvement in

higher positive connection between teachers who facilitate student health and wellbeing (Berger et al., 2020).

Despite the success in schools, teachers highlight the need for further training and system level support (Berger et al., 2020; Dorado et al., 2016; Perry & Daniels, 2016). The variations of training that were given to teachers included: no training, training only in response to critical school-wide incidents, limited training on trauma, and a satisfactory level of training (Berger et al., 2020). There is a lack of inclusion and evaluation of school staff training, lack of studies assessing teacher and parent outcomes, and there is a greater need for consistency in research methods and interventions to improve evidence of Trauma-Informed approaches in schools (Berger, 2019).

With the large number of students experiencing trauma and the lack of support in school, there needs to be structural changes implemented. Trauma-Informed Care cannot be a one-time training: it has to be embedded in the curriculum, school policies, and interactions with all school staff - not just school counselors and teachers. However, it has to start with sustainable teacher training.

One form of effective, sustainable professional development that has been proven to improve teachers' instructional techniques is through peer coaching (Ackland, 1991; Huston & Weaver, 2008; Joyce & Showers, 1982; Showers & Joyce; 1996). Peer coaching is when two or three teachers plan lessons, observe each other in the classroom, and provide immediate feedback regarding implementing the strategy of their choice (Ackland, 1991; Huston & Weaver, 2008; Showers & Joyce; 1996). Peer coaching uses the strength of the teachers to provide support to each other, fosters collegiality, increases teacher efficacy, provides critical reflection, and provides differentiation to each teacher's needs.

In this chapter, I will go into a very comprehensive review of trauma: what trauma is, the effects of trauma, healing, and the need for TIC in schools. An in-depth treatment of the topic is needed as it is so prevalent in youth and will give greater understanding towards the research later on as it will tie in with what I find in teachers' classrooms. I will then talk about literature regarding professional development associated with Trauma-Informed Care and literature on Peer Coaching. Finally, I will go into depth about my conceptual theory or lens for my research: Bioecological PPCT Model.

Trauma and its Characteristics

Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life (Herman, 1992/2015, p. 33). According to Substance Abuse and Mental Health Services Administration (SAMHSA)'s Trauma and Justice Strategic Initiative, "trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being" (2012, p. 2). Many types of events and circumstances can cause a traumatic response, including but not limited to: abuse, neglect, bullying, racism, natural disasters. Some claim that it can also be more than an individual experience but as well as a collective response to a prolonged, dangerous, or stressful environment (Venet, 2021). For example, when a community undergoes a shared trauma (e.g. the Jewish community and the Holocaust). The collective impact of trauma throughout generations is referred to as historical trauma (Brave Heart et al., 2011).

Trauma can happen after one, singular event, also known as *simple trauma*, or it can be recurring, which is defined as *complex trauma*. A rape, an automobile accident or a sudden death

of a loved one are examples of *simple trauma* though it is not "simple" in any way. Simple

trauma is not necessarily less severe than *complex trauma*. If an individual has either

experienced repeating instances of the same type of trauma over a period of time or experienced

multiple types of trauma then they have been exposed to *complex trauma*. Repeated trauma

events can include sexual or physical assaults or first responders who handle cases each year.

Some repeated traumas are sustained or chronic. These include children who endure ongoing

sexual abuse, physical abuse, emotional abuse, people who live in chronic poverty, or people

experiencing many losses during the Coronavirus (COVID-19) global pandemic. Trauma can

also be an ongoing environment; for example, racism. For many people of color there is no

"post" in posttraumatic stress disorder (PTSD); instead, they experience a persistent traumatic

stress environment (Ginwright, 2016, p.3). People who are more exposed to multiple and longer

doses of trauma are at the greater risk for developing traumatic stress. It is important to note that

not all stressful experiences are traumatic to individuals. However, not having behaviors or

symptoms consistent with traumatic stress after a traumatic event can still have a serious impact

on the developmental trajectory of youth across all major functioning domains: physical,

cognitive, behavior, social, and emotional learning (National Child Traumatic Stress Network,

2017). For those who do not develop a trauma response, the impact can be intense, pervasive,

and disruptive, affecting both the mind and body.

The immediate reactions that come after a person is exposed to trauma are called

traumatic stress reactions. Traumatic stress reactions are normal reactions to abnormal

circumstances. Common reactions from the aftermath of experiencing trauma can be categorized

into six domains: emotional, physical, cognitive, behavioral, social, and developmental. These

reactions are affected by the trauma-exposed survivor's own experiences, accessibility of natural

supports and healers, their family and their own coping and life skills, and the responses of the larger community in which they live. More about this social structure of trauma survivors will be explored in Bioecological Systems Theory further along in this chapter. The extent to which these reactions are less alarming is when people who are exposed to trauma can continue necessary activities, regulate emotions, sustain self-esteem, maintain and enjoy interpersonal relationships. If these traumatic stress reactions are continuous and intrusive despite returning to safety, these are when more consideration, attention, support is needed to help the trauma survivor return to necessary activities.

It is important to note that not all trauma responses are immediate right after a person experiences a trauma. Sometimes, it takes years for someone to internalize the trauma that has happened to them 20 years before. Whether a person has immediate or delayed or no traumatic responses after an event, the aftermath of a traumatic event can be intense, pervasive, and disruptive, having psycho-social impacts and affects both the mind and body. There is also a growing body of literature indicating physical implications on stress response and the brain. Next, we will talk about how trauma affects the brain and about its long-lasting effects on development.

Trauma and the Brain

Knowing how parts of the brain work together and how they are developed is crucial to understanding how trauma sequelae affect every part of the human organism, which can serve as an indispensable guide to resolving traumatic stress. There are three main parts of the brain: the brainstem, the limbic brain, and the prefrontal cortex (MacLean, 1990; van der Kolk, 2015). These parts of the brain, which is called the Triune Brain, are developed sequentially level by level from the bottom up within every child in the womb (Ackerman, 1992; van der Kolk, 2015).

The most primitive part of the brain is the reptilian brain which is the brainstem (MacLean, 1990; van der Kolk, 2015). The brainstem is in charge of basic housekeeping and controls regulatory and less complex functions like eating, sleeping, waking, crying, breathing, feeling temperature, and getting rid of body toxins (MacLean, 1990; Winfrey & Perry, 2021; van der Kolk, 2015). It also registers chemical balance, hunger, wetness, pain, and arousal (MacLean, 1990; Winfrey & Perry, 2021; van der Kolk, 2015). It registers the input of the senses, coordinates each moment, and manages our body's physiology (MacLean, 1990; Winfrey & Perry, 2021; van der Kolk, 2015).

The development of the limbic brain begins when the baby is born and it is shaped in response to experience (MacLean, 1990; van der Kolk, 2015). The limbic brain is in charge of our emotions (MacLean, 1990; van der Kolk, 2015). It allows us to identify "comfort, safety, threat, hunger, fatigue, desire, longing, excitement, pleasure or pain" (MacLean, 1990; van der Kolk, 2015, p. 55). It distinguishes what is important in order for us to survive, is in central command for coping, and stores our memory (MacLean, 1990; Winfrey & Perry, 2021; van der Kolk, 2015).

Both the brainstem and the limbic brain is what MacLean calls "the emotional brain", which is in charge of the welfare of the person (1990). It initiates pre-programmed escape plans without thought or planning, like fight-or-flight responses (MacLean, 1990; van der Kolk, 2015). When these circuits fire repeatedly in the brain, it forges a pathway in the brain which becomes the default setting and results in automatic muscular and physiological reactions (MacLean, 1990; van der Kolk, 2015). Similar to how water passes and forges through mountains and overtime shapes the form of rocks and the landscape of the area: whatever information that is repeated and consistent in our development, whether feeling safe and loved or frightened and

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unwanted, will result in how we understand our world and what our brain specializes in: exploration or managing fear (van der Kolk, 2015).

Finally, the youngest part of our brain is our rational, prefrontal cortex part of our brain. Once a child reaches the age of 2, the frontal lobes begin to develop at a rapid pace. With frontal lobes, children learn what is appropriate actions in different contexts: to sit or run depending on whether they are in the classroom or at recess. Children learn how to communicate and understand abstract and symbolic ideas instead of acting out. It allows children to learn how to be empathetic, be in tune with the people around them, and gives them the sense of time (Miller et al., 2002; van der Kolk, 2015). The prefrontal cortex allows us to understand how things and people work and figure out how to accomplish our goals, manage our time, speak, hope, and sequence our actions (Miller et al., 2002; van der Kolk, 2015). In essence, our brain is organized to act and feel before we think. During these beginning stages of growth and development, the child learns about the world around them as they continue to act and feel. As they act and feel and learn what is acceptable and what is not, they start to organize how they will begin to think (Winfrey & Perry, 2021; van der Kolk, 2015).

The way that our brains receive input through our senses is also from the bottom up (Gibson, 1966; van der Kolk, 2015). The input from all our senses - vision, hearing, touch, taste, and smell - first comes through our reptilian brain or the lower areas of the brain (Winfrey & Perry, 2021; van der Kolk, 2015). When the stress response is activated, the systems in the higher parts of the brain, including our ability to tell time, gets shut down (Winfrey & Perry, 2021; van der Kolk, 2015). These preprogrammed physical escape plans in the oldest parts of our brain (or the reptilian brain) get activated and propel the body to run, hide, fight, or freeze because our body and brain is wired for survival (Cannon, 1915, van der Kolk, 2015). The

amygdala's danger signals trigger the release of powerful stress hormones, including cortisol and adrenaline, which increase heart rate, blood pressure, and the rate of breathing, preparing us to fight back or run away helping us survive (Roozendaal et al., 2009; van der Kolk, 2015). The body then returns to its equilibrium or "normal" state once the danger is past (Winfrey & Perry, 2021; van der Kolk, 2015).

Being able to do something or move to protect one's self is a critical factor in determining whether or not a horrible experience will leave long lasting scars (van der Kolk, 2015). However, if the normal, equilibrium state is blocked through being trapped, and held down against their will, or prevented from taking action to survive; for example, domestic violence, rape, or being in a car accident, the brain keeps secreting stress chemicals which makes people feel agitated and aroused (van der Kolk, 2015).

This explains why any sensory input can be evocative cues or triggers and can evoke a traumatic memory. If we receive sensory information that reminds us of the event - maybe a scent of the cologne or a siren from a police car, it can take people back to the scene of the crime and our minds and body reacts as if the danger was right in front of us. Currently, viral videos of police killings of unarmed citizens, detainment of undocumented immigrants in cages are two of the most pressing traumatic events facing adolescents of color (Tynes et al., 2019). The sense of time and safety goes out of the window (prefrontal cortex shuts down) as our pre-programmed default settings of flight and fight get activated. (Perry et al., 1995; Winfrey & Perry, 2021; van der Kolk, 2015).

The toll of Trauma on the Brain and the Body

Although trauma affects everyone differently, the stress of trauma response impacts our minds and bodies. Symptoms of trauma response can include depression, anxiety, anger,

aggression, hypervigilance, physiological changes such as disrupted sleep or appetite, and more. The impacts of trauma can also be invisible to others or delayed until adulthood.

There are numerous studies on how trauma negatively affects every area of development of a child, including cognitive, psychological, emotional, social, and the learning process (Thomas et al., 2019). For example, experiencing trauma at a young age permanently alters the development of the brain of children and adolescents (Black et al., 2012). "Painful events experienced in childhood reduce the capacity to respond well to further traumatic events even as adults" (Linklater, 2014). Adults who experience trauma at a young age are more likely to experience problems with mental health (anxiety, panic attacks), physical health (disturbances among sleep and eating habits), substance abuse, high stress, troubles with intimate relationships, sexual intimacy, and difficulty controlling anger, just to name a few (Black et al., 2012). Delinquent, antisocial behavior, and increased risk of engaging in self-harm are also associated with children and adolescents who experience abuse or mistreatment (Alvarez, 2020; Black et al., 2012).

While all of these negative effects are harmful for children, what propelled trauma work forward into the public health sector was the Adverse Childhood Experiences Study which is referred to as the ACE Study. The ACE study that was conducted by Kaiser Permanente and the Centers of Disease and Control (CDC) consisted of 10 questions that covered ACE including physical, sexual, emotional abuse, neglect, family dysfunction such as having parents that were divorced, mentally ill, addicted, or in prison (Felitti et al., 1998; van der Kolk, 2015). This study included over 13,000 participants. The results also showed that those who had four or more adverse childhood experience (ACE) were 12 times more likely to abuse alcohol and/or drugs, experience depression, and attempt suicide (Alvarez, 2020; Felitti et al., 1998). What this

research also showed was that not only does trauma impact the mental health and development of children, but the physical health as well. Those with an ACE score of six and above were twice as likely to suffer from cancer, four times as likely to have emphysema, and had a "15% greater chance than those with an ACE score of zero of currently suffering from any of the ten leading causes of death in the United States, including obstructive pulmonary disease, ischemic heart disease, and liver disease" (Felitti et al., 1998; van der Kolk, 2015, p. 149).

The ACE study also showed that incidents of abuse are interrelated as well since participants who scored two or more were 87%. This showed that children were more likely to be involved in polyvictimization. It was rare to have people live in families with parents involved in domestic abuse without also having another adverse experience. Since this research, there have been changes in state and federal education law, with bills citing the study as evidence for the need for trauma-informed policy.

Prevalence of Trauma

Trauma exposure is very common, more so for people who are economically disadvantaged and live in urban cities (SAMHSA, 2014). People from lower socio-economic status (SES) are linked to significantly greater risk for accidents, criminal victimization, combat trauma, and domestic violence (Laflamme, et al., 2009; SAMHSA, 2014). Students who were from low SES are 4 times more likely than children in high SES to experience multiple traumatic experiences (SAMHSA, 2014). Students who come from a low socioeconomic status and students of color disproportionately experience violence, academic failure, and have limited access to mental health facilities (SAMHSA, 2014). A research study that included 1,256 primary care patients with a predominant sample of African Americans with low SES and lived in an urban center, 56.1% of men and 42.2% of women were involved in a serious accident or

injury, 55.1% of men and 21.8% of women were attacked with a weapon by a person other than an intimate partner, 40.3% of men and 33% of women were attacked without a weapon by a person other than an intimate partner, 30.7% of the men in the study experienced a sudden life-threatening illness and 23.9% of the women experienced sexual abuse before the age of 14 (SAMHSA, 2014). Finally, 46.2% of the people in the study met criteria for a Post-Traumatic Stress Disorder (PTSD) diagnosis at some point in their lives (Gillespie et al., 2009; SAMHSA, 2014).

Different types of trauma exposure vary across genders, sexual orientation, race, and physical/cognitive disabilities. In the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), the study reported that 83% non-Latinx white Americans, 76.4% African Americans, 66.4% Asian Americans, and 68.2% Latinx are exposed to some type of trauma in their lives (Roberts et al., 2011). However, diving into the data, African Americans and Latinx Americans are more likely than non-Latinx white Americans to be exposed to child maltreatment, the largest which is witnessing domestic violence. African Americans are more likely to be violently assaulted compared to white Americans. Asian Americans are significantly more likely than white Americans to be exposed to war-related trauma or to be refugees (SAMHSA, 2014). Additionally, women who are lesbian, bisexual, or heterosexual with same-sex partners were significantly more likely to have experiences childhood maltreatment, interpersonal violence, witness someone being injured/kill, and to have learned of trauma experienced by a close friend or relative compared to heterosexuals (SAMHSA, 2014). There are also high rates of childhood abuse among men and women who are gay/lesbian or bisexual compared with their heterosexual counterparts (SAMHSA, 2014). Rate of childhood physical abused are significantly higher for Latinx and Asian Americans than their white counterparts and

rates of childhood sexual abuse are significantly higher than their white counterparts (SAMHSA, 2014). People with disabilities are 4 to 10 times more likely to be victims of violence, abuse, and/or neglect compared with people without disabilities (SAMHSA, 2014).

These trauma exposures (childhood maltreatment, assault, war-related trauma, and trauma created by a close friend or relative) are highlighted compared to the rest, because trauma exposures that are relationship based have more serious side effects than other trauma exposures like natural disasters or accidents (van der Kolk, 2015). Trauma exposures that involve relationships - especially from our parents who are supposed to love and take care of us, have more physiology, physical, and emotional side effects because of how it rewires our brain when we were young - the most critical time of brain development to help us makes sense of the world around us (van der Kolk, 2015). If we were neglected or physically or emotionally abused, we tend to believe that all relationships in our lives will treat us the same way which makes us trust less, feel less worthy of loving relationships, which results in a harder time for trauma exposed individuals to be in safe and supportive relationships later that teaches us how to be resilient. I will explain more about this in further detail under the subtopic: healing.

While the need for services among students of color and of low SES are high, access to utilization of services are also difficult to obtain: insurance, language access, transportation, and clinic hours (Bear et al., 2014). Additional barriers include cultural barriers, belief about appropriate care and stigma. There is less identification of children's mental health needs, more limited knowledge about mental health services, less confidence in mental health services being effective, less chances of sending their children to get services to address problems identified, and more likely to not complete treatment even when offered among parents of color (Bear et al, 2014; Roberts et al., 2005; Bussing et al., 2003; Bussing et al., 1998; Bannon & McKay, 2005).

In terms of systems in this area of trauma, family systems are insufficient to provide their children with the support they need. People from developing countries who have mood and/or anxiety disorders are about twice as likely as those from developed countries to perceive "stigma" associated with those disorders, which can affect their willingness to report symptoms (Alonso et al., 2008).

Not only are students from low SES and students of color more likely to experience trauma, but they also face racial inequities and economic hardship. This is an example of how "multiple forms of oppression can intersect within the lives of people of color and how those intersections manifest in our daily experiences to mediate our education" (Huber, 2010). Race is a social construct, and its construction has been a tool to maintain and perpetuate racism (Huber, 2010). This systemic racial domination and exploitation continue to oppress students of color by having power and resources unequally distributed (Bonilla-Silva, 2001; Dubois, 1999; Huber, 2010; Roediger, 1999). Moreover, racism itself, in all its forms: racial assimilation, microaggression, discrimination, deficit views of students of color (Ladson-Billings, 2009; Lindsey 2017), the deprivation of social and cultural resources (Valenzuela, 2010), reinforcing marginalized youth that they do not belong (Kumashiro, 2000), limited representation of minority groups in curriculum (Sleeter, 2001), continuous, cumulative insults towards students of color (Kohli & Solórzano, 2012) is a form of trauma, diminishes the safety of students on campus (Museus & Park, 2015) and gives evidence there is an unavoidable, hovering system of oppression embedded in society and schools.

Racism and Trauma

One cannot talk about trauma alone without acknowledging the structural racism that is in place to cause higher traumatic events to happen to communities of color. Trauma has been

influenced by a racialized social system and therefore race must be in the forefront when having research and discourse on trauma. We live in a society where families of color are discriminated against, marginalized, and oppressed (Alvarez, 2020). This system of oppression limits families of color to have access to employment, education, and economic resources unlike their white counterparts. The dominant culture has the power and resources to "a) shape the conditions in which children live, learn, and experience trauma; b) assess children's responses to said conditions and trauma exposure; and c) dictate the course of action for supporting trauma-exposed children" (Alvarez, 2020).

In educational spaces, trauma and racism is not absent. "When educators ignore traumatic race-based incidents, students of color are reminded about their place in the racial hierarchy. Others find that when teachers are race neutral or race evasive, they may be exacerbating youth trauma" (Alvarez, 2020, p. 602). For example, schools and teachers may be responsible for some forced disconnectedness or extreme isolation found among students of color whose first language is not English (Bear et al., 2014). In addition to the negative effects of trauma on their development, students who experience trauma are often mislabeled and misunderstood. "When teachers are inadequately prepared to recognize the impact of racism, sometimes they may unintentionally perpetuate it" (Alvarez, 2020, p. 602). Students who experienced trauma are mislabeled with Attention Deficit Hyperactive Disorder, oppositional-defiant disorder and other diagnoses (Walkley & Cox, 2013). They are labeled as "unruly" or "unmotivated" and more likely to experience chronic absenteeism (Perry & Daniels; 2016). From being misunderstood and having poor student-teacher relationships, these oppositional defiant behaviors lead to suspension, expulsions, written referrals, and dropping out of school altogether (Bintliff, 2016). Studies show that children who have been suspended are more likely to be retained in their

grade, drop out, commit a crime, and end up incarcerated as an adult contributing to the school-to-prison pipeline (Kim, Losen, & Hewitt, 2010, p. 78).

The more we understand and learn about trauma, the clearer it shows how individuals are impacted by the relationships and systems in place around them. From the relationships we first have from our parents, to the friendships we have in our schools, the connections with our teachers, the neighborhood we live in and how it is impacted by systems in placed that provide us with better air quality, better education or worse transportation, to how a government tackles the COVID-19 pandemic, and how it trickles down to households getting access to resources - we all live in systems and are impacted by the systems in place.

All told, the context of traumatic events can significantly influence both initial and sustained responses to trauma; treatment needs; selection of prevention, intervention, and other treatment strategies; and ways of providing hope and promoting recovery.

COVID-19 and Trauma

In December 2019, a new respiratory disease called the Coronavirus (COVID-19) swept and disrupted lives across the world. By March 2020, 190 countries across the world closed their schools and transferred to emergency remote learning. Businesses across the world had to close and shut down temporarily and physical distancing was enforced. By March 2022, there were about 6 million deaths around the world. Our society had to deal with a unique combination of a public health crisis, social isolation, economic recession, and an increase in racial tensions. Although everyone's lives were disrupted, because of systemic racism, persons of color were disproportionately more affected. As more people of color lived in neighborhoods with crowded conditions and environmental pollutants, had less accessibility to reliable transportation, limited access to affordable nutritious food, had multiple generations live under the same roof, had jobs

that counted as essential work during the pandemic such as healthcare facilities, farms, factories, food production and processing, grocery stores, and public transportation and were disproportionately affected by lack of access to quality health care, health insurance, and/or linguistically and culturally responsive health care, they were in situations that could lead to more exposure for elderly and immunocompromised family members to COVID-19 (CDC, 2021). In fact, the data showed that Indigenous people were 3.7 times more likely than non-Hispanic white people to be hospitalized and 2.4 times more likely to die from COVID-19 infection. Black or African American people were 2.9 times more likely than non-Hispanic white people to be hospitalized and 1.9 times more likely to die from COVID-19 infection. Latinx people were 3.1 times more likely than non-Hispanic white people to be hospitalized and 2.3 times more likely to die from COVID-19 infection (CDC, 2021). So, although COVID-19 impacted everyone, it systematically marginalized communities of color more than their white counterparts.

Since COVID-19 created a pattern of stress that was prolonged, unpredictable, and extreme, a lot of people's physical, mental, emotional and/or social well-being was compromised causing trauma. New research has been ongoing during the COVID-19 pandemic finding out the impacts of the pandemic that the world is still currently experiencing. Approximately one-third of children developed PTSD as they were socially isolated and quarantined in their homes (Crosby et al., 2020; Liu et al., 2020; Sprang & Silman, 2013) and are at higher risks for developing other mental health diagnosis (Crosby et al., 2020). National crisis, such as the COVID-19 pandemic, places marginalized populations with a myriad of additional stressors inside and outside the home and required physical distancing to stop the spread of COVID-19,

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raises the risk of child abuse, neglect, and domestic violence (Abramson, 2020; Crosby et al., 2020).

Healing

With the urgency of trauma-focused interventions, there has been a plethora of research on how to help adults and children learn and have the ability to cope with stress, distress, and trauma. Although trauma imprints on the brain are permanent and will never return back to "normal", what is beautiful and so powerful about our brains and minds is that it can be malleable, changeable, and can grow. Our brains can be rewired with multiple new associations that are predictable, controllable, and moderate (Winfrey & Perry, 2021).

When we are triggered, our brain and bodies go into hyperarousal states. We are reactive, disorganized, we can shut down, feel numb, or we panic and fly into rages. As long as people are overwhelmed and react by being hyperaroused or shut down, they will not be able to learn from experience (van der Kolk, 2014). Recovery from trauma involves restoration of executive functioning; the prefrontal cortex (van der Kolk, 2014). Neuroscientist Joseph LeDoux and his colleagues show that the only way we can consciously access the emotional brain is through *self-awareness* and learning to befriend what is going on inside ourselves (LeDoux, 2000; van der Kolk, 2014). What is interesting to note is that these practices, that allow us to access the emotional brain and start building new associations, are very much aligned with Indigenous people methods of reconnection and regrounding methods in order to help individuals with trauma histories. Trauma specialist, Bessel van der Kolk, acknowledges and was amazed by the similarities in healing ceremonies among people of southwest Asia, South Africa, and Native American communities in the southwestern United States (Linklater, 2014). We will first

introduce each method with the First Peoples' perspective on healing and then end with the methods that coincide and are backed up with neuroscience, psychiatry, and cognitive science.

The four pillars of traditional healing are:

1) natural hallucinogen / psychopharmacology

2) regulating rhythm through dance drumming and song

3) a set of beliefs values stories that brought meaning to even senseless random trauma / cognitive behavioral approaches

4) connection to the clan and the natural world (Winfrey & Perry, 2021).

Natural hallucinogen and psychopharmacology. Four sacred medicines are tobacco, sage, sweetgrass, and cedar to represent the four aspects of the self: spirit, emotion of heart, mental or intellect, and physical or body (Linklater, 2014). Janice St. Germaine is an Anishinaabe woman from the Wasauksing First Nation in Ontario and works as a social worker and concurrent disorder case manager. In her work with clients, she uses sweet grass in the morning for positive thoughts to open the mind, to use tobacco in the morning to do their praying and to ask for focus, to light some sage before they go to sleep if they are having difficulty sleeping, or to take off anything that they have picked up or even smudge their houses, or to have a cedar bath, drink some cedar, or wash some cedar over their hair if they need another way of releasing (Linklater, 2014). When a patient is dealing with triggers or memory, St. Germaine encourages people to put their *semaa*, or tobacco, on the ground or in the water and to smudge with sage (Linklater, 2014).

Currently, antidepressants, antipsychotic, antianxiety drugs dampen the expressions of physiology, allowing the patient to be in control of their feelings and behavior. These medications can either be serotonin reuptake inhibitors to make feelings less intense or target the autonomic nervous system that allows less reactivity to stress or decreases hyperarousal.

Medication allows people with traumatized histories feel more calmer, takes the edge off hyperarousal and panic. There is a study done that shows how methylenedioxymethamphetamine (MDMA) or ecstasy can decrease fear, defensiveness, numbing, and helps the patient access inner experiences (Krystal et al., 1992). The goal is to make the patient not overwhelmed by memories of the past and have a sense of time by reinstalling the prefrontal cortex to have the ability to associate that memory to something that happened to them a while ago - not something happening currently.

However, while medication and drugs can help patients' feelings to be less intense and their lives to be more manageable, it also blocks the chemical systems (dopamine) that help regulate engagement, motivation, pain, and pleasure (van der Kolk, 2014). Some have harmful side effects like being addicted to the medication, weight gain, having higher chances of developing diabetes, or becoming physically inert which increases a patient's sense of alienation (van der Kolk, 2014). While medication allows them to feel less overwhelmed and can allow them to engage with therapy, without therapy, medication alone cannot teach the lasting lessons of self-regulation (van der Kolk, 2014; C. Morin, personal communication, 2021). Going back to Indigenous healing practices and their philosophies - whatever treatment they invite their patients to partake in, whether it is using sacred medicines or re-centering themselves through meditation or song, their end goal is and has always been harmony, wellness, balance, and wholeness through the demonstration of care and compassion for one's self and one's community. Though they practice using their sacred medicines, they do not just prescribe one practice. You are never alone with just a prescription. Indigenous people practice healing in community because they understand the importance of relationships (Linklater, 2014). The top two pillars that Indigenous

people prioritize among the four mentioned are connection and regulation which is what we will be exploring next (Winfrey & Perry, 2021).

Regulation. Regulation through rhythm, dancing, song, movement, and chanting has always been one of Indigenous people's healing practices. According to Yvon Lamarche, an Anishinaabe registered nurse and *skebewis* (helper) who has extensive background working in Aboriginal organizations, mainstream agencies, addiction treatment programs, and psychiatric institutions says that the seven natural ways of healing and grieving is through talking, sweating, yawning, sighing, crying, shaking, and laughing. She encourages walking in the forest on a warm day in order to sweat (Linklater, 2014, p. 146). In addition to Indigenous practices, breathing, chanting, and moving has been utilized since time immemorial in China and India (van der Kolk, 2014). From yoga in India, *qigong* in China, rhythmical drumming in Africa, capoeira in Brazil, martial arts in Japan and Korea all focus on the purposeful movement, being centered in the present, physical movement, breathing, and meditation (van der Kolk, 2014). The neuroscience behind this tell us that 80% of the fibers of the vagus nerve (which connects the brain with many internal organs) are afferent; that is, they run from the body into the brain which is how we can train our arousal system just by breathing, chanting, and moving (Porges, 2000; van der Kolk, 2014).

Indigenous people and our ancestors were not wrong about breathing and regulation. Learning how to breathe calmly and remain in a state of relative physical relaxation, even while accessing painful and horrifying memories, is an essential tool for recovery (Brown & Gerbarg, 2005; van der Kolk, 2014). Our autonomic nervous system (ANS) is our brain's most primary survival system. It includes the two branches, sympathetic nervous system (SNS) and parasympathetic nervous system (PNS), to regulate arousal throughout the body. While the SNS

uses chemicals like adrenaline to fuel the body and brain to act, the PNS uses acetylcholine to help regulate basic body functions like digestion, wound healing, sleep, and dream cycles. The SNS and PNS need to be in balance for us to have an optimal state of engagement with ourselves and our environment. When we inhale, we stimulate the SNS, which results in an increase in heart rate. When we exhale, we stimulate the PNS, which decreases how fast the heart beats. When our ANS is well balanced through breathing, we have access to our prefrontal cortex enabling us to calmly assess what is going on around us and have a reasonable degree of control over how we would react to stress, our impulses, and emotions (van der Kolk, 2014). The opposite not only has negative side effects on thinking and feeling but also on how the body responds to stress - which makes people vulnerable to a variety of physical illnesses and/or mental health problems (van der Kolk, 2014).

Practices that focus on deep breathing include mindfulness and yoga. Mindfulness helps with putting on the parasympathetic brakes on the alarm system in our brains while still allowing the part of our brain that accesses our language and communication, to put words to the feelings. Mindfulness has been shown to have a positive effect on numerous psychiatric, psychosomatic, and stress related symptoms including depression and chronic pain (Hoffman et al., 2010; van der Kolk, 2014). It has broad effects on physical health, including improvements in immune response, blood pressure, and cortisol levels (Carlson et al., 2007; Davidson et al., 2003; van der Kolk, 2014). The brain circuits involved in mindfulness have been well established and improve attention regulation and have a positive side effect on the interference of emotional reactions with attentional performance tasks (van der Kolk, 2014). Additionally, it has been shown to activate the brain regions involved in emotional regulation and to lead to changes in the regions related to body awareness and fear (Farb et al., 2007; van der Kolk, 2014). Practicing

mindfulness even decreases anxiety of the amygdala and thus decreases reactivity to potential triggers (Banks et al., 2007; van der Kolk, 2014).

Additionally, yoga has been proven to help keep the SNS and the PNS in balance through the very act of deep breathing. Deliberately taking slow, deep breaths, paying attention to our breathing and particularly to the very end of the out breath and then waiting a moment before inhaling, activates the parasympathetic brakes on our arousal (van der Kolk, 2014). Yoga practices foster this type of breathing which can positively affect wide ranging medical problems such as high blood pressure, elevated stress hormone secretion, asthma, and lower back pain (van der Kolk, 2014, p. 415). It also improves problems with anger, depression, and anxiety. Yoga allows patients to cultivate sensory awareness in order to know how to take care of their bodies. Simply noticing what we feel and noticing the connection between our emotions and our body fosters emotional regulation. Furthermore, yoga allows us to learn that sensation rises to a peak and falls. While trauma and triggers make us feel as if we are stuck forever in a helpless state of horror, yoga trains our brain to anticipate the end of the discomfort and strengthens our capacity to deal with physical and emotional distress. Yoga practices markedly reduced the PTSD symptoms of patients who had failed to respond to any medication or any other treatment (van der Kolk et al., 2014).

Other methods that encourage regulation or help us switch our brains out of fight, flight, freeze mode are attending to our senses. Whether it is listening to music, holding ice cubes in our hands, or receiving a hug, anything that activates our senses (see, hear, touch, taste, or smell) has the potential to pull us out of our triggered state, distract us and help us refocus. I will dive into some of these methods below. Music through singing, humming, rhythms and blues, chanting, playing engages the mind and also engages the body. Listening to music can result in

physiological changes like changes in heart rate, respiration, skin temperature, skin conductance, and hormone secretion. For this reason, music has been used as therapy for mental and physical conditions and is especially effective for those who have experienced brain injuries or stroke. Music has also been shown to help these patients regain speech, visual, and motion while increasing their moods (Ticker, 2017). Because music affects brain plasticity, music also has a close connection with linguistic processing, the part of our brain that is frozen during flight or fight (Ticker, 2017). Music therapy helps reduce anxiety, decreases negative or disruptive behavior. Students or patients with autism who go through music therapy exhibit greater social interaction, joy, and greater verbal communication (Ticker, 2017).

Another coping mechanism that helps with individuals whose amygdalae are hijacked due to evocative cues are holding ice cubes in your hand or immersing yourself in cold water through showers or swimming in cold waters for 1-5 minutes. Exposure to cold is known to activate the SNS and send an overwhelming number of electrical impulses from peripheral nerve endings to the brain, which could result in an anti-depressive effect (Shevchuk, 2008).

Singing, dancing, and acting in theater can also be another coping mechanism. Theater is a vehicle in which students are allowed to feel and embody a different experience than the one they are used to being labeled (van der Kolk, 2014). It consists of exploring and being exposed to more language and vocabulary, giving voice and words to emotions, fully embodying emotions, allowing students to take different roles, and be rhythmically engaged through singing, dancing, or marching (van der Kolk, 2014). Through theater, actors and actresses are allowed to feel emotions that they normally suppress and get to be in charge of or give students with traumatized history the agency to choose the outcome of the story (van der Kolk, 2014). As a result of theater, participants showed an increased prosocial behavior, prevention of new-onset

aggression, and decreased hyperactivity (Kisiel et al., 2006). While there are many more forms of achieving self-regulation, the importance of regulation practices points us all to channels and ways that trauma survivors can be curious about trauma, triggers, and feelings without being overwhelmed by emotions.

The final method of regulation and the most natural way that humans calm down our distress is by being touched, hugged, and rocked (van der Kolk, 2014). When babies cry, parents and guardians calm their child down through somatosensory experiences - being held, rocked, and sung to. However, if we do not get the touch we need when we need them, our body starts to be physically restricted, creating tension and tightness in shoulders and facial muscles. When physical tension is released, the feelings can be released. Movement helps breathing to become deeper and as the tensions are released (van der Kolk, 2014). Somatosensory experiences help with excessive arousal and make us feel intact, safe, protected, and in charge. Dr. Midura, a licensed marriage and family therapist, explains that being hugged allows you to find a place of belonging and to know that you are being cared for (personal communication, February 2, 2022). What research has found is that touch decreases levels of the stress hormone cortisol in the brain (Carlson, 2005; Holden, 1996, Blackwell, 2000). Cortical accumulates in unhealthy high levels when extreme stress is present which negatively affects the hippocampus, the part of the brain that controls memory and learning (Carlson, 2005).

The importance of being hugged and touched is well acknowledged and understood once hugged and touched is taken away from us. There are serious growth defects in children when they are physically neglected. Without touch, babies have died even with adequate food and sanitation (Carlson, 2005; Chapin, 1915). Infants can also suffer delayed growth from lack of touch, experience major cognitive delays and deficits in social functioning (Carlson, 2005;). In

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Romania, during the communist ruling, a large number of orphans were not touched and hugged which resulted in speech deficiencies, limits in language, and stunts in their growth (Nelson et al., 2014). Further research on the Romanian orphans continued to show deficiencies in brain matter, and social and emotional disorders (Nelson et al., 2014). Touch improves children's physical health as infants who had massages experienced fewer colds and episodes of diarrhea compared to non-massaged infants (Carlson, 2005; Field, 2001). Increased touch with children can decrease asthma, dermatitis, cardiovascular disease, chronic pain, insomnia, and stress (Carlson, 2005; Field, 2001). With touch intervention, infants can grow faster, gain weight, and with premature infants, they were able to be discharged from the hospital an average of six days earlier than non-massaged infants (Carlson, 2005; Field, 2001).

Cognitive behavioral approaches. Connecting to the experience of trauma is an essential factor in healing. Indigenous cultural approaches include "talk therapy" which is going back to the past of their memories, their childhood, of what they recall and just having them tell their story. The practitioner encourages the client to connect to their trauma, identify the imbalance, and identify where it stems from. While the practitioner-client relationship is somewhat different from the Western-oriented therapist-client relationship because Indigenous people are connected through a shared cultural history and often interact in various communal, social, or ceremonial settings, practitioners and clients become accustomed to engaging in relationships outside the clinical setting, this is similar work to what Western-oriented therapist does.

Therapy provides patients with trauma histories a safe place to examine the past and overcome ideas of victimization, learning to take ownership with their lives, have someone in their lives to acknowledge the pain that they went through and give their patients a toolbox of ways to take charge of their emotional reactions, set boundaries, have self-compassion and self-

love to live better lives. Therapists have been trained and knowledgeable of the impact of trauma, abuse, neglect and mastering a variety of techniques to help their patients 1) be stabilized or calm 2) lay traumatic memories and reenactment to rest 3) reconnect patients to the community (van der Kolk, 2014). Through therapy, individuals with traumatized histories build new associations and make new healthier default pathways over repetition and time. Clients get a different perspective about their terror and have the opportunity to share their deepest pain and feelings with a trusting therapist which can reestablish the feeling that they are a member of the human race and in community with each other. This strong relationship with a therapist allows for the process of mirroring (which I will further explain under the subtopic Connectedness) to see and witness their pain and inner state. Their well-trained therapist, through patience and building trust, allows for a collaborative process with their clients to have a mutual exploration of the traumatized individual (van der Kolk, 2014).

There are also many more effective cognitive behavioral approaches including *neurofeedback*, which rewires the brain by allowing for more synapses in the brain for good, positive thoughts and habits, and inhibits the fear sections of the brain. *Eye movement desensitization and reprocessing (EMDR),* which loosens up the mind and brain that gives people rapid access to loosely associated memories and images from the past, that have been proven to help integrated trauma back into the patients mind without being overwhelmed or retraumatized by it. Research has shown that in order for patients to heal, they need to be not overwhelmed when they recount their trauma in order to be curious about it, find where it stems from, and talk about it. These approaches allow the patient to put the traumatic experience into a larger context or perspective and regain a sense of time: to make their past trauma become a story that happened a long time ago. What is interesting to note is that EMDR has been proven to

be a more effective antidepressant than Prozac, a well-known and often prescribed serotonin reuptake inhibitor drug (van der Kolk et al., 2007).

Connection*.* Human contact and attunements are the wellspring of physiological self-regulation (van der Kolk, 2014). People with trauma histories recover in the context of relationships. The role of these loving relationships is to provide physical and emotional safety, including safety from being shamed, admonished, or judged, and to bolster the courage to tolerate, face, and process the reality of what has happened.

Indigenous people have known this from the start: a core element of all the traditional healing practices was and still is reciprocal relationships, kinship, and a sense of family connection (Winfrey & Perry, 2021). The family system, which includes immediate, extended, clan, adopted, traditionally, and other community members, has always been a vital aspect of survival. Their family networks, generational relationships, community support systems, cultural and spiritual resources, and a shared collective history that bonds people together and creates a sense of belonging serves as a protective factor that increases resilience (Linklater, 2014). Their systems prioritize being in community with each other and having balance and harmony with each other. "Wellness is a balance between all parts of yourself… and being centered and grounded and connected with everybody, and being in harmony with everyone" (Linklater, 2014; p. 75). A life in balance is to work on developing a commitment to self-improvement and to healthy relationships with self, others, Mother Earth, the Cosmos, and the Creator Spirit (Linklater, 2014; p. 75).

Research has proven that the Indigenous ways of being in community and having connection with each other is not only a healing process but a preventive measure. A good support network constitutes as the most powerful protection against becoming traumatized (van

der Kolk, 2014). Safe and protective early relationships are critical to protect children from long-term problems. By far the most important predictor of how well one coped with life's inevitable disappointments was the level of security established with their primary caregiver during the first two years of life (Werner & Smith, 1992). Research also supports that children who are fortunate enough to have an attuned and attentive parent are not going to develop short *alleles* - which is one of the variants of the serotonin gene associated with impulsivity, aggression, sensation seeking, suicide attempts, and severe depression (Bennett et al., 2002; Roy et al., 2010; van der Kolk, 2014). Humans with short *alleles* had higher rates of depression than those with long *alleles*; however, this was only true if they also had a childhood history of abuse and neglect (Bennett et al., 2002; Roy et al., 2010; van der Kolk, 2014).

Connectedness not only is a prevention to a host of mental health problems, but it has been linked to higher levels of engagement in school, lower levels of stress, violence, and drug use among children (Blum & Libbey 2004, p. 231). Being in community and being connected with each other also makes our Core Response Network, also known as the parts of our brain that organizes our immediate, instinctive, default responses, stronger (Winfrey & Perry, 2021; van der Kolk, 2014). More relational interactions strengthen and expand our stress response capacities as it gets more practice.

Additionally, sufficient repetition with caring relational interactions allows us to develop and strengthen our empathetic fluency. Being in community with each other allows us to learn about different perspectives, practice active listening, allows us to have the ability to feel a bit of what other people feel or see the situation from their point of view. Mirror neuron system, which is the brain link that gives us the capacity for empathy, allows us to pick up another person's movement but also their emotional state and intentions (Rizzolatti & Craighero 2004, van der

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Kolk, 2015). This allows us to be in tune and in sync with each other, something individuals with traumatized histories lack - synchronicity (van der Kolk, 2014). Mirroring loosens their preoccupation with what other people think of them and helps them attune viscerally, not cognitively, to someone else's experience (van der Kolk, 2014). The opposite is also true: when children have fewer relational interactions, they are less mature, more self-centered, more self-absorbed.

van der Kolk confirms that trauma almost invariably involves not being seen, not being mirrored, and not being taken into account, which is why loving, caring, and reciprocal relationships are preconditions for feeling safe. These relationships validate individuals with traumatized histories by feeling heard and seen which is critical when we explore dangerous territory of trauma and abandonment. Accurate mirroring and acknowledgement of your pain gives you the permission to feel what you feel and know what you know - one of the essential foundations of recovery. A neuroimaging study has shown that when people hear a statement that mirrors their inner state, the right amygdala momentarily lights up, as if to underline the accuracy of the reflection (2014).

Treatment needs to reactivate the capacity to safely mirror, and be mirrored, by others. The critical issue is reciprocity: being truly seen and heard by the people around us, feeling that we are held in someone else's mind and heart. Feeling listened to and understood changes our physiology; being able to articulate a complex feeling, and having our feelings recognized, lights up our limbic brain. In order to recover, the mind, body, and brain need to be convinced that it is safe to let go, which happens only when we are in the presence of familiar people, faces, and voices; receive physical contact, food, shelter, and time to sleep. This of course can only be achieved when we are in community with each other.

For individuals with traumatized histories whose root of trauma and pain is relationships, it is even harder to heal since the solution of our healing stems from very thing that hurt us - relationships. When our primary caregiver is who is supposed to take care of and love us do not or abuse us sexually, physically, or through neglecting us, we have to unlearn that "all people cannot be trusted" and learn to trust people who keep showing up in our lives in loving and kind ways. People with traumatized histories have to be immersed in moderate, predictable, and controllable new experiences and associations with positive human interactions that are nurturing, bonding, regulating, and rewarding in order to build resiliency and learn to trust again. Community-based healing interventions are some ways traumatized individuals can have new experiences and associations with people while also having restitution for the wrong that has been done to them.

Community-based healing initiatives have continued to develop as a result of people recognizing its efficacy. Some examples include crisis intervention teams, family-violence shelters, and Alcoholics Anonymous (Linklater, 2014). One Indigenous healing practice that is used more widely today is restorative justice approach. The restorative justice approach focuses on repairing the harm that has resulted from crime and attempts to facilitate the healing process of the offenders, victims, and the community as a whole (Linklater, 2014; Rugge, 2003, p. 1). In Indigenous communities, they make a circle and the people concerned stay in the center:

> The community is around them and there are two people that are complaining about something with each other. The extended families participate too, because you can say that each of them represents a family. The families are backing them and the whole community is also supporting them to find the solution. The whole community is listening to the problem. The whole community gives opinions to how they should solve this problem. Then the Elders synthesize and concretize the solutions. (Linklater, 2014, p. 98)

Another way that one can tell the importance of how Indigenous people refrain from dehumanizing people and prioritizes integrating people back into the community is their refusal to use terms like "victims" or "offenders", preferring instead to use "people who have caused pain" and "people who have been hurt", emphasizing that we are more than what we have done or what has been done to us (Ross, 2002).

Modern restorative justice and victim-offender reconciliation was first initiated in 1974 in Ontario, Canada, and after hearing success with the offender's paying restitution, Howard Zehr began involving the community and the victim's needs and voice at the center of the process opening the Center of Community Justice, the first victim-offender reconciliation program in the United States (Bintliff, 2016; Umbreit & Armour, 2011). Restorative justice is an alternative approach to criminal justice in response to the lack of effectiveness of the current justice system (Pranis, 2005). Instead of being punished in isolation, the person who has caused pain or harm is given the opportunity to make amends and remain connected in the community. The underlying philosophy of circles used by Indigenous people is to acknowledge that we are all in need of community and help from others, and in turn, we all have something to offer other human beings (Pranis, 2005, p. 6). The Circle Process is also a storytelling process to unite people, help people empathize with one another, and help people learn from each other (Pranis, 2005).

Social support is a biological necessity, not an option, and this reality should be the backbone of all prevention and treatment (van der Kolk, 2014). While Indigenous people have had structures and systems to invite community-based healing, our systems today do not have universal health care, guaranteeing a decent minimum wage, paid parental leave nor high-quality childcare for all working single parents/caregivers and the cycles continues where single parents

or low SES families do not having adequate support and financial stability in order to care for their children in a way that doesn't risk them from burn out and adversity.

Trauma-Informed Care

Since the roll out of the ACE study in 1998 that proves childhood adverse experiences are positively correlated with health challenges later in life, the importance of preventing childhood trauma and also recognizing and addressing the needs of youth exposed to adverse events has reached national level support. The National Child Traumatic Stress Initiative (NCTSI) was authorized by Congress in 2000 as part of the Children's Health Act (SAMHSA, 2021). NCTSI's goal is to transform mental health care for children and adolescents affected by trauma throughout the country by improving the quality of community-based trauma treatment and services and increasing access to effective trauma-focused interventions which can also be called TIC. Later on, in 2015, Every Student Succeeds Act (ESSA) was initiated by President Barack Obama to authorize various funding streams (e.g., Title I, Title II, and Title IV), including funds specifically reserved for schools identified for targeted support and improvement, to support state and district efforts to improve access to coordinated comprehensive school mental health services (U.S. Department of Education, n.d.).

Since then, there have been many different definitions and models of what TIC is. The definition that I will be using for this research paper is from The Substance Abuse and Mental Health Administration (SAMHSA). SAMHSA defines TIC as care that involves four important elements: "(1) realizing the widespread impact of trauma and pathways to recovery; (2) recognizing traumas signs and symptoms; (3) responding by integrating knowledge about trauma into all facets of the system; (4) resisting re-traumatization of trauma-impacted individuals by decreasing the occurrence of unnecessary triggers (i.e., trauma and loss reminders) and by

implementing trauma-informed policies, procedures, and practices" (SAMHSA, 2014). TIC is based on these core principles: creating safe environments that are transparent and trustworthy, enlisting others for collaboration, empowering through autonomy and empowering voices, and acknowledging cultural, historical, and gender issues (SAMHSA, 2014).

To address the impact of childhood traumatic experiences by teaching resilience and to avoid retraumatization, school-based programs and approaches have been developed. A trauma-informed school understands the prevalence of trauma with the lens of the Bioecological PPCT Model. Looking at trauma through the lens of Bronfenbrenner's theory helps us better understand that childhood trauma, which is also referred to as America's Hidden Health Crisis (ACE Connection, 2016), is a structural issue, not just an individual one. People from marginalized communities have always known that oppression, bias, discrimination, racism, transphobia, heterosexism cause trauma (2019, 2017, 2020). Trauma does not only happen at home; school conditions can cause trauma for students as well. These lenses also help us to stop seeing trauma as a problem that only affects certain children and schools have a part to play in causing or worsening trauma because of the role of school in perpetuating oppression (Linklater, 2014; Venet 2021). This is why high-quality research is needed to be made and accessible for policymakers and school staff to ensure that clear, evidence-based guidance is available to avoid programs, practices, and policies that may inadvertently traumatize students or exacerbate symptoms among students who have already experienced trauma.

Since trauma is a systemic issue, TIC needs to be a solution that includes the spheres of influence surrounding the child. A school that is trauma-informed enlists all people in the system that has an impact on the child: administrators, teachers, staff, peers, families, and community members to understand, recognize, and respond to the potentially negative impacts of traumatic

stress of those in the school system. A trauma-informed school looks like using trauma awareness, knowledge, skills as a lens to deciding practices, policies, and creating the culture of the school. A trauma-informed community promotes a safe climate, seeks to create structured and predictable learning environments that minimizes unnecessary trauma or retraumatization, and prioritizes positive relationships between teachers, students, and school staff. Programs like anti-bullying and suicide prevention are offered in the school as well as training for teachers on TIC. This trauma-informed pedagogy is also used to facilitate and support recovery and resilience of the child and school community by using restorative justice and practices approach for conflict mediation with appropriate disciplinary action (National Child Traumatic Stress Network, 2017; Venet 2021). Finally, a trauma-informed school acknowledges the impact that mental health and trauma can have across all developmental domains (health, cognitive, behavioral, social, and emotional) inside and outside of the classroom affecting academic achievement (National Child Traumatic Stress Network, 2017).

Recognizing that social, historical, and political factors shape trauma, we can imagine ways that schools can influence these factors in pursuit of a better world. Schools provide one of the optimal places for TIC as it is easily accessible, convenient, familiar, and non-stigmatizing for students (Baum et al., 2013; Rolfsnes & Idsoe, 2011). Additionally, with the rapport built with teachers, students are more likely to trust and accept mental health support services provided by schools (Baum et al., 2013; Rolfsnes & Idsoe, 2011). In fact, more students access and complete treatments offered at schools compared to clinics even when the services offered at the clinics were free (Rolfsnes & Idsoe, 2011). "Of those offered intervention, 91% from the school-based group completed intervention whereas only 15% from the clinic-based group completed intervention" (Rolfsnes & Idsoe, 2011). As a nation, 70 - 80% of mental health

services are delivered in school-based programs in the United States (Burns et al., 1995). Therefore, addressing emotional and behavioral development and improving how teachers respond and cater to the needs of students exposed to trauma is imperative to support student success and improve schools.

Trauma-informed schools and educational practices have been implemented across the nation. An evaluation of trauma-informed practices in high school showed evidence of significantly increasing student resilience. Grades were uniformly higher among 70% of the students whose resilience scores increased, irrespective of ACEs (Longhi, 2015). Trauma-focused cognitive behavioral therapy positively impacted and helped children and their caregivers overcome and reduce trauma-related difficulties such as symptoms of PTSD, depressions, and behavioral difficulties (Child Welfare Information Gateway, 2012). The Head Start Trauma Smart program is used to decrease the stress of chronic trauma, foster social and cognitive development, and create a trauma-informed culture for children, parents, and staff. An evaluation of the program revealed statistically significant improvements in the ability to pay attention, externalizing and internalizing behavior, and oppositional defiance (Holmes et al., 2014). The Attachment, Self-Regulation, and Competency (ARC) model addresses the impact of trauma experiences through intervening with the child-in-context and the creating effective and sustainable outcomes through systemic change (Blaustein & Kinniburgh, 2010; Kinniburgh, Blaustein, & Spinazzola, 2005).

With TIC being implemented in the classrooms, the first and foremost priority is the wellbeing of teachers. "You cannot give from an empty cup" is a phrase often said as advice from experienced teachers to newer teachers. As interest holders look for ways to implement TIC

in their schools, they also need to look for ways that school systems can prioritize teacher wellness. In the next section, we will look at existing literature on teacher wellness.

Teacher Wellness

The stress that comes with caring for students that have high exposure to trauma is not inevitable. Stress can manifest in different ways - burnout, vicarious trauma (VT), (Baird & Kracen, 2006; McCann & Pearlman, 1990) and secondary traumatic stress (STS) (Baird & Kracen, 2006; Borntrager et al., 2012).

When teachers suffer from burnout, VT, or STS, it is not a sign of an ineffective teacher - it is a normal response to the stress that comes from caring deeply for others and witnessing their struggles. Not only are educators dealing with the trauma that is present daily at their workplace, but educators have their own set of traumas to deal with as human beings as well. Hearing stories about children experiencing trauma can bring up or reactivate teachers' own history with trauma which in itself is an emotional experience (Alisic, 2012).

Additionally, teachers are not without their own trauma. Statistics from CDC shows that 1 in every 5 women in United States has been the victim of an attempted or completed rape (Smith et al., 2018) and 76% of public-school teachers are female (National Center for Education Statistics, 2021) goes on to say that a large number of the teacher population are not with their own trauma. Teachers of color tend to experience more secondary stress trauma compared to their white counterparts. In a study with 300 teachers that had 74% white teachers, indigenous teachers who comprise 20% of the teachers in the study experienced more stress compared to their white counterparts (Borntrager et al., 2012). When teachers struggle and are overwhelmed with their own trauma, it is nearly impossible for them to be available and responsive to the trauma of students and their school community.

The symptoms of burnout, VT, and STS are not limited to: feelings of hopelessness and helplessness, feelings of being perpetually ineffective, dissatisfaction with one's accomplishments, hypervigilance, diminished creativity, inability to embrace complexity, minimizing, chronic exhaustion/physical ailments, inability to listen/deliberate avoidance, dissociative moments, sense of persecution, guilt, fear, anger or cynicism, inability to empathize/numbing, addictions, difficulty regulating emotions, and grandiosity: an inflated sense of importance related to one's work (Venet, 2020). Some of these coincide with the traumatic reactions mentioned in Table 1.

Table 1: Immediate and Delayed Reactions to Trauma

Immediate Emotional Reactions	**Delayed Emotional Reactions**
Numbness and detachment	Irritability and/or hostility
Anxiety or severe fear	Depression
Guilt (including survivor guilt)	Mood swings, instability
Exhilaration as a result of surviving	Anxiety (e.g., phobia, generalized anxiety)
Anger	Fear of trauma recurrence
Sadness	Grief reactions
Helplessness	Shame
Feeling unreal; depersonalization (e.g., feeling as if you are watching yourself)	Feelings of fragility and/or vulnerability
Disorientation	Emotional detachment from anything that requires emotional reactions (e.g., significant
Feeling out of control	and/or family relationships, conversations about
Denial	self, discussion of traumatic events or reactions
Constriction of feelings	to them)
Feeling overwhelmed	
Immediate Physical Reactions	**Delayed Physical Reactions**
Nausea and/or gastrointestinal distress	Sleep disturbances, nightmares
Sweating or shivering	Somatization (e.g., increased focus on and worry about body aches and pains)
Faintness	Appetite and digestive changes
Muscle tremors or uncontrollable shaking	Lowered resistance to colds and infection
Elevated heartbeat, respiration, and blood pressure	Persistent fatigue
Extreme fatigue or exhaustion	Elevated cortisol levels
Greater startle responses	Hyperarousal
Depersonalization	Long-term health effects including heart, liver, autoimmune, and chronic obstructive pulmonary disease

Table 1 (continued): Immediate and Delayed Reactions to Trauma

Immediate Cognitive Reactions	**Delayed Cognitive Reactions**
Difficulty concentrating Rumination or racing thoughts (e.g., replaying the traumatic event over and over again) Distortion of time and space (e.g., traumatic event may be perceived as if it was happening in slow motion, or a few seconds can be perceived as minutes) Memory problems (e.g., not being able to recall important aspects of the trauma) Strong identification with victims	Intrusive memories or flashbacks Reactivation of previous traumatic events Self-blame Preoccupation with event Difficulty making decisions Magical thinking: belief that certain behaviors, including avoidant behavior, will protect against future trauma Belief that feelings or memories are dangerous Generalization of triggers (e.g., a person who experiences a home invasion during the daytime may avoid being alone during the day) Suicidal thinking
Immediate Behavioral Reactions	**Delayed Behavioral Reactions**
Startled reaction Restlessness Sleep and appetite disturbances Difficulty expressing oneself Argumentative behavior Increased use of alcohol, drugs, and tobacco Withdrawal and apathy Avoidant behaviors	Avoidance of event reminders Social relationship disturbances Decreased activity level Engagement in high-risk behaviors Increased use of alcohol and drugs Withdrawal
Immediate Existential Reactions	**Delayed Existential Reactions**
Intense use of prayer Restoration of faith in the goodness of others (e.g., receiving help from others) Loss of self-efficacy Despair about humanity, particularly if the event was intentional Immediate disruption of life assumptions (e.g., fairness, safety, goodness, predictability of life)	Questioning (e.g., "Why me?") Increased cynicism, disillusionment Increased self-confidence (e.g., "If I can survive this, I can survive anything") Loss of purpose Renewed faith Hopelessness Reestablishing priorities Redefining meaning and importance of life Reworking life's assumptions to accommodate the trauma (e.g., taking a self-defense class to reestablish a sense of safety)

From "Trauma-Informed Care in Behavioral Health Services" by Substance Abuse and Mental Health Services Administration (US), 2014, Treatment Improvement Protocol (TIP) Series, No. 57.) (https://www.ncbi.nlm.nih.gov/books/NBK207191/table/part1_ch3.t1/) In the public domain.

A teacher's job already requires a lot of time, mental space, and energy. However, the

COVID-19 pandemic exacerbated their workload as teachers had to take on more roles, learn

unfamiliar technology and transfer their teaching skills to an online platform (Bozkurt et al., 2020; Carver-Thomas et al, 2021). Some had to work in hybrid models doubling their work. Educators had to take on the stress of the pandemic itself, maintain their health and safety while dealing with the complexity of issues of health that were highly politicized. One out of three teachers had the responsibility of taking care of and educating their own children at home during the quarantine and this did not include teachers who have elderly relatives who they were responsible for (Steiner & Woo, 2021). As existing inequities exacerbated among students and teachers (whether it was lack of resources, internet, or additional roles, responsibilities, and trauma in the house), challenges compounded over time during the pandemic. When schools reopened, there were poor conditions that did not protect teachers' and students' health and rights as districts, board members, and parents continued to argue about whether to return to school and the conditions regarding returning to school such as masking, physical distancing, and vaccinations. The acute shortages of substitutes required teachers to cover for their absent colleagues resulting in an increase in teachers' workload (Carver-Thomas et al., 2021). The COVID-19 pandemic, which forced teachers to transition to online and/or hybrid, was a primary contributor to teachers' decisions to retire earlier than previously planned (Carver-Thomas et al., 2021). Black and African American teachers were more likely to leave as racial tensions also increased during the pandemic. Racialized microaggressive experiences and racism that are perpetuated in school climates were also reasons why Black mathematics teachers left their field (Frank et al., 2021). It is not a mystery why one out of four teachers contemplated leaving the profession compared to pre-pandemic years where one out of six teachers left the profession (Steiner & Woo, 2021).

Teacher wellness is not the sole responsibility of individual teachers but systemic conditions in schools. Healthy and caring work environment for adults translates to a healthy work environment for students. Additionally, organizational factors differ among teachers of color and white teachers. For example, turnover rates were 12% for teachers of color in the best organizational conditions versus nearly 21% in the schools with the worst organizational conditions (Ingersoll & May, 2011). On the other hand, white teachers also had annual turnover rates of 12% in the best organizational conditions, yet only 15% in the worst organizational conditions (Ingersoll & May, 2011). When teachers are unsupported by school leadership or work in poor conditions, they leave their schools or even the teaching profession and this teacher turnover lowers student achievement (Curran et al., 2019).

Systems surrounding the child - home life, neighborhoods, schools, culture, transitions of life and all people that encompass these systems affect the child one way or another as we have seen in the literature. Trauma affects an individual, family, community, and culture - similarly healing, TIC, teacher networks, and school environment affects these parts of the systems that surround the child as well. In the next section of this literature review we will dive into the Bioecological PPCT Model and how it aligns with this work.

Bioecological Process Person Context Time Model

"You can't heal one without looking at all the others, otherwise, it's just a Band-Aid cure."

- Darlene Pearl Auger, Indigenous Healthcare Practitioner

In order to better understand trauma and trauma-exposed individuals, the context in which trauma occurred to the individual and the context in how and where they live must be considered. This involves looking at the larger social contexts or systems in which these settings are embedded. Understanding the context in which the individual lives create a broader

perspective that goes beyond the individual and their characteristics towards the environment, relationships, social, culture, and political aspects that the individual lives in. This broader perspective recognizes and acknowledges that these systems, and how some aspects within these systems influence each other, influences the individual, their trauma, reactions to trauma, and resiliency directly and indirectly. Not only does the process of change and development occur within the individual but also within the layers of the environment where the individual lives (Vimont, 2012). Therefore, it is crucial to take a closer look at the interconnectedness of the layers of the environment of the developing child in order to effectively comprehend the construction of children's experiences. The guiding theory comes from Bronfenbrenner's Bioecological Model of Human Development (1998). Additionally, it examines the interplay among Person, Process, Context, and Time (PPCT) to explore and understand how ecological influences affect human development and behavior.

Bronfenbrenner's Bioecological model is divided into four main components: Process, Person, Context, and Time. Bronfenbrenner defined *Process* as the reciprocal interactions between the individual and other people, objects, and symbols in their immediate environment. These interactions, known as *proximal processes*, are considered the primary engines of development. For effective development, these interactions need to be regular, increasingly complex, and long-lasting (Bronfenbrenner & Ceci, 1994).

The *Person* component acknowledges each individual's unique characteristics, such as age, gender, and health status, influence how they interact with and are impacted by their environments. According to Bronfenbrenner and Morris (1998), these personal traits also determine and affect how individuals select, shape, and construct their environmental settings, influencing their developmental trajectories. *Demand* characteristics such as age and physical

appearance, which can influence how others interact with the individual. *Resource*

characteristics, which include mental and emotional abilities, and material resources like

socioeconomic status, that can affect the individual's capacity to engage in particular

environments. *Force* characteristics, which are related to differences in temperament or

motivation that influence how individuals respond to and engage with their environment.

    Context involves the settings and the environmental systems that surround the individual

formerly known as Bronfenbrenner's Ecological Systems Theory. Bronfenbrenner's Ecological

model entails five interconnected subsystems. Bronfenbrenner's Ecological Systems Theory

places trauma exposed students in the center of a constellated nested system that consists of the

microsystem, mesosystems, exosystem, macrosystem, and *chronosystem* (Bronfenbrenner, 1979).

The first three systemic structures *(microsystem, mesosystem,* and *exosystem*) are the closest to

developing a student's unique life circumstances. The innermost level, the *microsystem*, consists

of relations between the child and their immediate surroundings (Bronfenbrenner, 1979). This

includes the home, school, day care center, or playground. It is in these surroundings where

students experience their day-to-day activities and immediate socialization. This circle also

embodies all immediate relationships including family and friends (refer to Figure 1 below).

Specifically, the *mesosystem* comprises a network of *microsystems* where the developing child

actively participates (Bronfenbrenner, 1979). This looks like the social networks of families with

school, or the day care facility with the community peer groups. These workplaces,

neighborhoods, and institutions still directly influence the individual and their relationships.

    Following the *mesosystem* is the *exosystem*, which incorporates remote social settings

that have an indirect effect on students (Bronfenbrenner, 1979). The trauma exposed child is no

longer an active participant in these settings, but what happens in these settings "affect or are

affected by what happens in the setting containing the developing person" (Bronfenbrenner, 1979, p. 25). This setting consists of the relationships among teachers, parents' network of friends, activities of the local school board, school class attended by an older sibling.

Next, the *macrosystem* encompasses the broad, overarching set of social values, cultural beliefs, political ideologies, customs, and laws where the *microsystem, mesosystems*, and *exosystem* are integrated in (Bronfenbrenner, 1979). Historical periods and eras in which the child grows up also impact the child's development. This includes State and Federal policies and laws, such as economic and healthcare policies, social norms, governmental systems, and political ideologies. For example, when the Deferred Action for Childhood Arrivals (DACA) was under question under the president in 2016, this affected many individuals' livelihood to work in America (Sacchetti et al., 2018) or how parents or caregivers' political ideologies can affect the child's viewpoint on or beliefs of COVID-19, the wearing of masks, vaccinations, and the concept of "loss of learning". The *macrosystem* also embodies beliefs of mental health, the need for TIC and more. Culture influences not only whether certain events are perceived as traumatic, but also how an individual interprets and assigns meaning to the trauma (SAMHSA, 2014).

Time emphasizes the importance of temporal changes in life events and historical contexts in shaping development. This includes both *micro-time* (what happens during activities or interactions), *meso-time* (the frequency and intensity of activities over longer periods, like weeks or months), and *macro-time* (the broad, socio-historical conditions during the person's life). The *chronosystem* emphasizes life transitions and changes through time. For example, comparing society's beliefs and responses towards the homecoming of veterans that affected the homecoming environments of these veterans that provided negative or protective effects of

healing from war, depending on the era in question (Bronfenbrenner, 1979). This also includes

children's transition to adulthood, COVID-19 transitions to remote learning and then back to in-

person instruction, and families' repositioning themselves to a different state or country that may

have a different language or styles of communication.
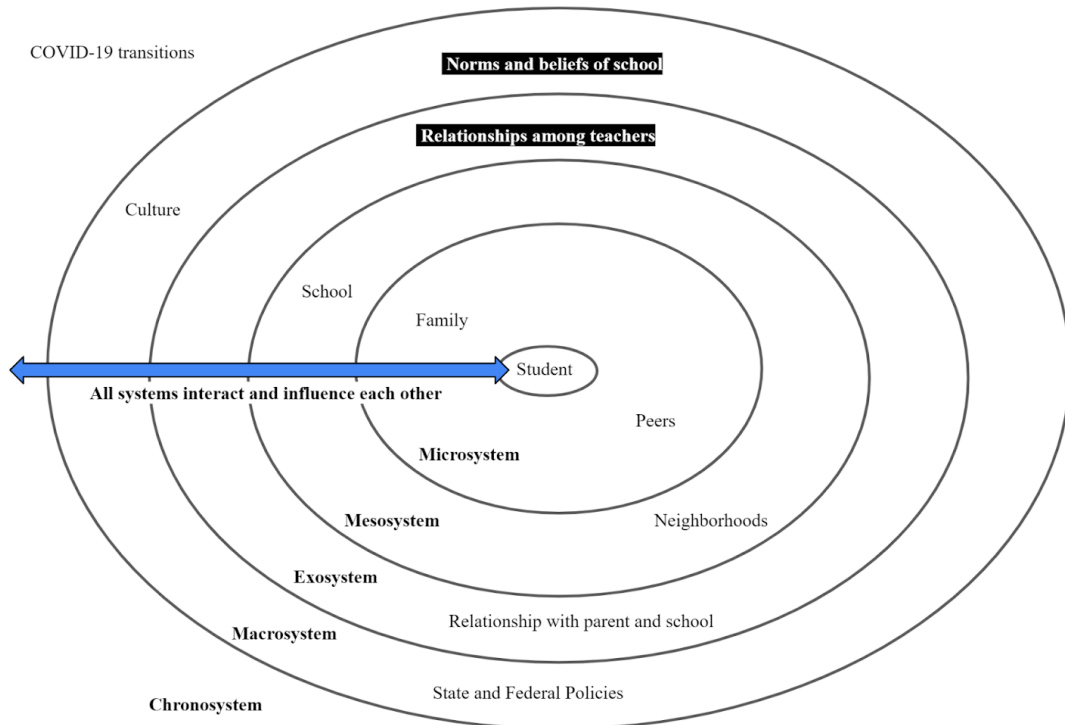
Figure 1: Bronfenbrenner's Bioecological Model - "Context"

This research paper focuses primarily on the active roles' teachers and the network of

peer coaches play in shaping students of trauma's development, which is the *exosystem*. I will

also be looking into the *macrosystem*, how the norms and beliefs of the school influence the

teachers' learning and experiences implementing TIC. Although we are focusing on this specific

system, I am not neglecting the other factors that influence the teachers' relationships, growth -

for example, the COVID-19 pandemic that teachers, schools, students, and parents are still

enduring; schools being a highlight of the political division of returning to schools, vaccinations, and wearing of masks. Figure 1 depicts a graphic representation of the conceptual framework guiding this study and Figure 2 focuses more on the two systems I will be focusing my study on.
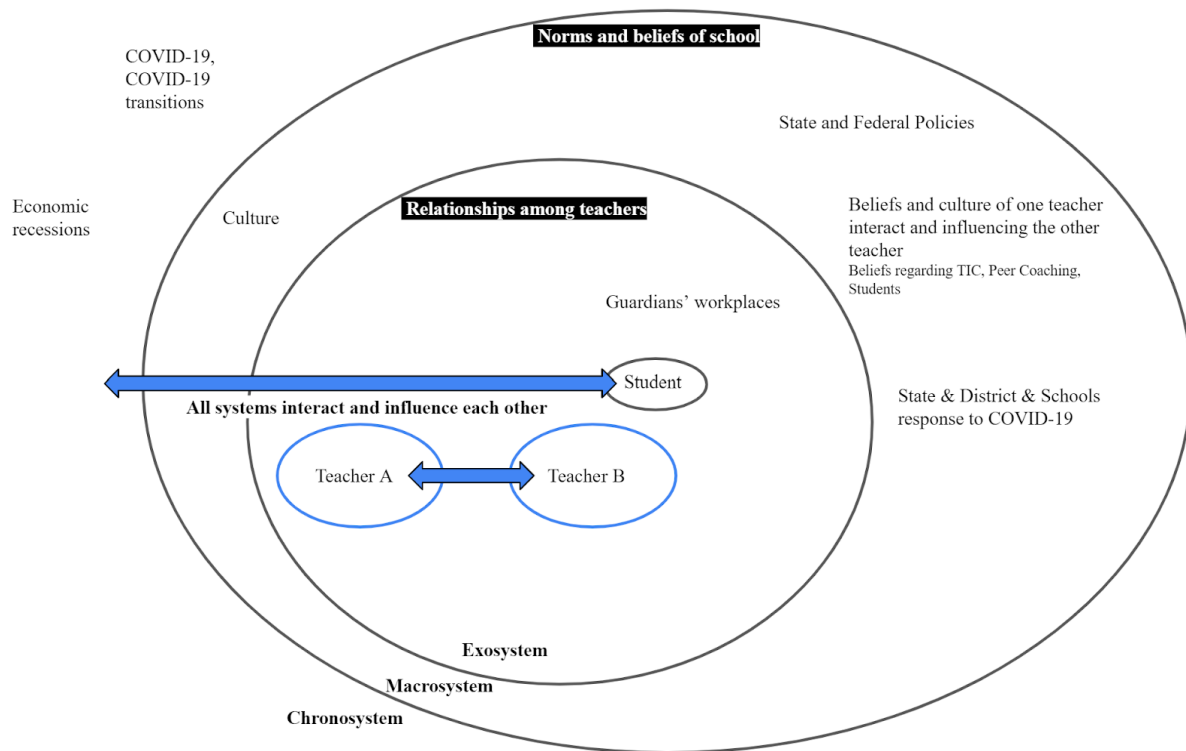
Figure 2: Bronfenbrenner's Ecological Systems Theory with emphasis on *exosystem* surround the child

Bronfenbrenner states that the ecology of human development involves the scientific study of the progressive, mutual accommodation between an active growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded (1979). Bronfenbrenner (1979) utilizes this framework in the context of child development and points out that the mechanisms for reinforcement of behavior, such as

modeling and social learning, result in behavioral change. Behavioral outcomes can be traced back to effects in the ecological system surrounding the child.

Through observation and socially engaging with direct guidance and help from a teacher who has a positive trusting connection with the child, the child can develop skills and resources which are yet underdeveloped. Through opportunities in and outside of the classroom, access to resources, and encouragement to engage in activities, the teacher can provide connection and skilled instruction in the restoration of social and emotional growth in the safety of the educational setting. This gives reason for the need of trauma-informed educators.

With the training of TIC, educators are equipped with the tools in order to understand the prevalence of trauma, of the aftermath of trauma and its effects, and how to create safe spaces for students that are not retraumatizing. Through peer coaching, not only will the educator learn trauma-informed practices, but will have more job-embedded support in the implementation of TIC. According to Bronfenbrenner, "a *relation* obtains whenever one person in a setting pays attention to or participates in the activities of another" and a "*dyad* is formed whenever two persons pay attention to or participate in one another's activities" (1979). Not only does this interaction exist between the student and the teacher, as mentioned in the earlier paragraphs, but this interaction exists between the two peer coaches who are both observing each other, having a closer proximity working together as they plan their lessons, discuss the implementation of their TIC practices, provide feedback to each other on how to improve, and challenge each other on their beliefs and their practices.

Bronfenbrenner goes on to explain that an *observational dyad* occurs when one member is paying close and sustained attention to the activity of the other, who, in turn, at least acknowledges the interest being shown. In any *dyadic relation*, and especially in the course of

joint activity, what A does influences B and vice versa. As a result, one member has to coordinate their activities with those of the other. This is what Bronfenbrenner calls *reciprocity* (1979). These joint activities can take place on multiple occasions and for this research the pre- and post-observation during peer coaching is when these joint activities take place. Bronfenbrenner theorizes that with the accompanying mutual feedback the peer coaches provide each other, it generates a momentum that motivates the peer coaches to not only persevere but to engage in progressively more complex patterns of interaction. The result is often an acceleration in pace and an increase in complexity of learning processes.

The momentum developed in the course of reciprocal interaction also tends to carry over to other times and places: the person is likely to resume their or the other person's "side" of the joint activity in other settings in the future, either with others or alone (Bronfenbrenner, 1979). This is what hopefully will carry over through the peer coaching process as teachers learn more about Trauma-Informed practices. The goal of professional development through peer coaching is to impact behavior change in teachers and ultimately impact the development of students. It is in this manner (that when the teacher continues the joint activity) through dyadic interaction where powerful developmental effects are produced (Bronfenbrenner, 1979). I will explain more about the longevity of peer coaching and its effects towards the end of this literature review.

Few studies acknowledge the reciprocal nature of the Bioecological Model. Most emphasize one way interaction (how teachers influence students), but it is important to note that students' behavior and beliefs also impacts the teacher. Specifically, in the area of vicarious trauma and vicarious resilience, while teachers can have secondary trauma from their studies (this was mentioned in the literature review under Teacher Wellness), they also can have secondary resilience by seeing how students continue to show up daily to school, participate,

work hard despite the struggles, set back, and their circumstances. Vicarious resilience is a phenomenon "characterized by a unique and positive effect that transforms therapists (or teachers in this setting) in response to client trauma survivors' own resiliency" (Acevedo & Hernández, 2014). "Resilience is a dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma" (Luthar & Cicchetti, 2000, p. 858). Resilience recognizes that promotive factors and risk factors can operate across individuals, families, and the greater community, including schools and neighborhoods (Cicchetti and Lynch, 1993, Ijadi-Maghsoodi et al. 2017).

This research will help contextualize the reflective relationship between students and their teachers to recognized how the relationship (and the relationships among teachers) in the learning environment contextually affects the implementation of TIC interventions and the potential for our racially and economically minoritized students of color strengthen their resiliency (Bronfenbrenner, 1979; Collie et al., 2011; Jones et al., 2019).

Trauma-Informed Care Trainings

Diving deeper into existing literature regarding exemplary professional development and trainings given to teachers, teachers were guided to increase their knowledge on what trauma is and how it affects students (Bartlett et al., 2016), and some trainings involved the opportunity for teachers to process their own pain and trauma, in return, empathize with their students (Baum et al., 2013). There has been a myriad of frameworks, interventions, training manuals, and modules at all of these professional developments. Some of the interventions include: Bounce Back, Cognitive Behavioral Intervention for Trauma in Schools, Classroom Community Consultation, Cultural Adjustment Trauma Services, Early Childhood Mental Health Consultation, Head Start Trauma Smart, HEARTS, Individual Treatment, Monarch Room, Resilience Classroom

Curriculum, Support for Students Exposed to Trauma, and Trauma Informed Leadership Teams (Thomas et al., 2019). Teachers had the opportunity to examine school policies and acknowledge traditional methods, like the zero-tolerance policy, as punitive (Crosby et al, 2015). Some training includes inviting consultants or mental health professionals to collaborate with, train, observe teachers and give embedded consultation. The effects of these trainings showed decrease in PTSD (Bartlett et al., 2016), increase in resilience among teachers and students (Baum et al., 2013), increase in teacher confidence and efficacy (Shamblin et al., 2016), and finally decrease in negative attributes of the learning environment (Shamblin et al., 2016).

While there is a lot of research emphasizing its effectiveness, there is a relative lack of empirical evaluation of whole-school approaches and interventions intended to be delivered by non-clinical staff (Berger, 2019; Berger et al., 2020). There are also less rigorous publications that are more likely to highlight the needs of particularly vulnerable groups of youth and to emphasize cultural competence and community engagement in efforts to address trauma in schools (Berger, 2019; Berger et al., 2020). In some studies, no measurement or evidence was mentioned on what was implemented in the classroom. When studies mentioned perceptions or shifts in beliefs were explored, the literature did not mention the beliefs prior to the implementation or training. If there was research regarding evidence on implementation, they were based on teachers' perspectives on what changed instead of actual changes in the classroom. Some of the articles talked about how teacher relationships and student relationships affect and influence how teachers teach, but shared no evidence on how training was executed (Acevedo & Hernández-Wolfe, 2014). Some articles did go into details about the frequency and length of PD training that was led by a mental health professional but there were no measures of

what specific strategies or changes were implemented in the classroom that reduced PTSD in children according to teachers' perceptions.

In order for TIC to work for a whole school and community, there needs to be more rigorous evaluation of practices and policies that take the whole-school approach (not just for vulnerable populations but applied to all students similar to a Universal Design for Learning approach) that can be implemented by non-clinical staff like teachers. Additionally, there is a need for evaluating professional development strategies that can help school staff acquire knowledge and skills that can translate into improved outcomes for students - especially students from historically excluded groups. There is still a lack of research on teacher perceptions of TIC, what evidence of practices that teachers started to implement after Professional Development offered, and how the school environment and beliefs have on their practices.

What is Peer Coaching?

"No significant learning occurs without a significant relationship." - Dr. James Comer, Maurice Falk Professor in the Child Study Center; Associate Dean for Student Affairs, School of Medicine

Peer coaching is an effective method of professional development (Joyce & Showers, 1982; Showers & Joyce; 1996). Peer coaching is the concept when a dyad or triad of teachers work together taking turns to observe target behaviors, providing feedback and receiving support on their teaching practices (Ackland, 1991; Huston & Weaver, 2008; Showers & Joyce; 1996). Peer coaching programs are designed to improve teachers' instructional techniques (Ackland, 1991; Huston & Weaver, 2008; Showers & Joyce; 1996). Peer coaching should not be used as an evaluation tool, as competition between teachers, nor should it be a strategy to "fix" teachers (Robbins, 1991; Showers & Joyce; 1996). Peer coaching should be used to attend to the unique

needs of teachers at different stages in their teaching career. In fact, peer coaching is not limited to a group of grade level teachers or teachers within a specific subject. Studies in this review focused on a myriad of groups, including teachers in pre-service settings, elementary schools, high schools, university professors, and teachers in all academic subjects as well as physical education and special education. Professional development through peer coaching is best described as teachers choosing to grow professionally together, mutually enhancing skills and knowledge, instead of operating in an isolated learning experience.

Peer coaching involves in-class and out-of-class activities. In-class activities consist of teachers going into each other's classrooms to observe either to collect data for further analysis during the follow up discussion or learn a different strategy to bring back into their own classrooms. Out-of-class activities consist of curriculum design, problem solving, and co-planning. Usually, pre-observation and post observation take place outside of the classroom. During pre-observation, teachers meet before the observation to understand teachers' goals and clarify what data the teacher who is observing should collect from the classroom. Post observation conferences are an opportunity for the observing teacher to share what they notice, coach to discuss, analyze, and reflect on the classroom observation (Swafford, 1998).

Types of Peer Coaching. There are two basic forms of peer coaching: *expert coaching* and *reciprocal coaching* (Ackland, 1991; Lu, 2009). Expert coaching is when a teacher with a certain level of expertise, or who has been trained in coaching methods observes and provides assistance to another teacher (Ackland, 1991). There is usually a difference in status and experience between the expert teacher and the coached teacher. Reciprocal coaching, on the other hand, involves two or more teachers observing each other and jointly improving instruction with feedback being exchanged (Ackland, 1991).

Conditions for Successful Peer Coaching

The literature about peer coaching has identified several conditions for successful

professional development through peer coaching. These conditions include a clear, collective

purpose during peer coaching, administrative support, organizational support, autonomy, trust,

training, and intrinsically motivated teachers.

Clear Collective Purpose of Peer Coaching. In order for peer coaching to be

implemented successfully, collective goals and the purpose of peer coaching must be established

and clearly stated. Every school has different goals, demands, and populations. However, both

administrators and teachers need to agree on the reason for peer coaching; otherwise, benefits

will not be achieved. For example, where clear goals and roles were absent, scholars noticed the

lack of depth in discussions (Murray et al., 2009). Also, the goals of expanding teachers'

differentiation practices were not aligned with school administrators' and parents' expectations

of having students meet the standards of the curriculum. This evoked fear among teachers who

were implementing the peer coaching program. Additionally, the expert coaches had

endorsements offered if they joined the peer coaching program. Since administrators, teachers,

and expert coaches all had different obligations in and out of the program, there were

inconsistencies with observations and expert coaches leaving the peer coaching program (Latz et

al., 2008). A clear, agreed upon purpose of peer coaching would have helped in all the cases

noted above.

Administrative Support. Active participation and support by administrators in a variety

of ways is needed for successful peer coaching. Schools with principals who are proponents of

peer coaching have the ability to set necessary conditions for peer coaching to take place (Sparks

& Bruder, 1987). Administrative support can be principals modeling risk taking by being

observed by teachers and receiving feedback (Sparks & Bruder, 1987). In addition, principals can reinvent their professional learning program to engage teachers in meaningful learning opportunities (Arnau et al., 2004). Furthermore, principals can model effective questioning strategies through facilitating workshops (Licklider, 1995). Support is not only participating in activities, but it can be opting out of activities such as taking a step back by facilitating more peer observations and less supervision (Arnau et al., 2004; Powers et al., 2016). Through the presence of administrative support, the importance and use of training was more valued by teachers (Licklider, 1995). Additionally, teachers realize their leaders want them to take ownership of their learning and value teacher leadership (Arnau et al., 2004; Powers et al., 2016).

Organizational Support. The support of the organization is of great importance as the organization allocates resources participants need to successfully implement peer coaching. Careful planning and accountability in the structures and content of training throughout the implementation process is needed in order for peer coaching to take into effect successfully (Slaters & Simmons, 2001). The organization can offer time for teachers to be involved in peer coaching since the availability of time to devote to peer coaching can be a challenging factor. Teachers need time for training to apply and master feedback giving strategies in order to elicit critical reflection. Time is also needed for teachers to arrange pre-observations, observations, and post-observations. For example, reciprocal coaches who were from different schools or expert coaches from different institutions complained about the time traveling to and returning from meetings to conduct observations (Bruce & Ross, 2008). As a result, some conferences did not immediately occur right after observations and only happened weeks later (Murray et al., 2009). This is not as effective as immediate reflection and discussion of the peer coaching session

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(Cornelius & Nagro, 2014). Time considerations are important for necessary peer coaching training and for expert coaches to facilitate post observations with reciprocal pre-service teachers (Hasbrouck, 1997). Substitutes, common prep, and professional development time arranged by administrators and schools can support peer coaching and remove the issue of scheduling difficulty (Hasbrouck, 1997; Kohler et al., 1997; Kohler et al., 1994; Kohler et al., 1995; Kurtts & Levin, 2000; Powers et al., 2016; Zwarts et al., 2007).

Autonomy. In ensuring the content of teachers' professional development is relevant and transferable to their teaching practice, leaders must give teachers' agency over their choice of professional development (Noonan, 2016). Elements of autonomy discussed below are some of the reasons why teachers found peer coaching an important program in which they wanted to participate (Arnau et al., 2004). Primarily, peer coaching allows teachers to take ownership of their own learning. Teachers found it critical to pre-identify elements they wanted to be observed on prior to observations and these elements were the areas of focus guiding the follow up conversations (Arnau et al., 2004; Pierce & Miller, 1994; Powers et al., 2016). Teachers also identified the teaching skills and knowledge they wanted to improve after the post observation discussions (Pierce & Miller, 1994). Elementary school teachers had a say in choosing which subject area they wanted to work on (Kohler et al., 1997). The sense of ownership of their learning satisfied teachers' needs for competence and as a result, provided powerful professional development (Deci & Ryan, 2000; Noonan, 2016).

In addition to choosing which area they wanted to expand their skills, peer coaching was most effective when teachers had the opportunity to choose who they wanted to work with, when and how often to meet (Arnau et al., 2004; Sparks & Bruder, 1987). Teachers were more

receptive to feedback from peer partners they selected who were known to possess skills and expertise they wanted to work on (Arnau et al., 2004; Cherasaro et al., 2016).

Numerous scholars have recognized the importance of teacher input and autonomy in coaching programs (Arnau et al., 2004; Noonan, 2016; Powers et al., 2016). When autonomy is given to teachers, participation in peer coaching increases. Teachers did not participate at the start of implementing a peer coaching program but later joined when they saw how non-threatening coaching was. As a result, participation in the voluntary program increased from 26 participants to 85 participants after five years of implementing the peer coaching program (Arnau et al., 2004; Sparks & Bruder, 1987). However, if teachers are pressured to participate or if matching processes do not include input from teachers, it can elicit negative dynamics and lack of interest in peer coaching (Huston & Weaver, 2008; Parker, Kram, & Hall, 2013). Autonomy creates the culture of requesting professional development rather than professional development being foisted on teachers without their input (Arnau et al., 2004).

Trust. Effective peer coaching is largely dependent on trust (Neubert & Stover, 1994). Teachers opening their classroom to others is a brave and vulnerable act (Sparks & Bruder, 1987). Additionally, teachers are taking risks by experimenting with new instructional methods in front of other teachers. This can be a cause for fear and anxiety (Bruce & Ross, 2008; Hasbrouck, 1997; Kohler et al., 1995; Kurtts & Levin, 2000; Zwart et al., 2009). Having reciprocal coaching as opposed to expert coaching builds more trust between colleagues since roles are reversed and *both* teachers are opening up their classroom for feedback (Casteñeda-Londoño, 2017; Kohler et al. 1997).

Scholars have stressed the importance of trust building as the first stage of peer coaching (Ladyshewsky, 2006; Zwart et al., 2009). Trust is built by leaders providing a supportive climate

created by not forcing anyone to participate in peer coaching, establishing a non-evaluative aspect of peer coaching, modeling receiving feedback, and ensuring teachers' confidentiality (Arnau et al., 2004; Neubert & Stover, 1994; Sparks & Bruder, 1987). If administrators hire an outside expert coach, they need to arrange for the coach to be around as often as possible to build relationships and address teachers' concerns (Sparks & Bruder, 1987). Without trust, teachers do not feel safe to share what is really concerning them, their weaknesses, or faults (Arnau et al., 2004; Nolan & Hillkirk, 1991; Parker, et. al. 2015). Additionally, administrators need to ensure frequent observations by peer coaches since there is evidence that trust is built after the third and fourth cycle of observations (Hasbrouck, 1997; Nolan & Hillkirk, 1991). When trust is established, peer coaching can be a powerful tool for change and improvement (Latz, Neumeister, Adams, & Pierce, 2008).

Training. There is consensus across different educational contexts and studies that mention some form of professional development or training for effective peer coaching. Workshops are one recommendation in training peer coaches how to give feedback, coach, observe, facilitate learning, record events, or how to use a new instruction or instrument (Hasbrouck, 1997; Kurtts & Levin, 2000; Mallette et al., 1999; Neubert & McAllister, 1993; Nolan & Hillkirk, 1991; Powers et al., 2016; Sparks & Bruder; Zwarts et al., 2007). Training can have various forms and be implemented according to the needs and strengths of the teachers. Some coaches attend one day in service training, and some seek more rigor by taking a semester long course prior to the school year in addition to having weekly or monthly workshops (Nolan & Hillkirk, 1991; Kohler et al., 1997; Kurtss & Levin, 2000). The only peer coaching programs which did not include training either had teachers who had informally conducted peer coaching

or were highly involved in developing a model at their school sites (Arnau et al., 2004; Casteñeda-Londoño, 2017).

Some pre-service teachers have noted their lack of knowledge when giving constructive feedback as a barrier to peer coaching (Kurtss & Levin, 2000). In spite of this barrier, after multiple interactions with expert and reciprocal peer coaches, pre-service teachers had a better understanding of the format of giving feedback developing the ability to elicit questions for critical reflection (Kurtss & Levin, 2000). The need for training and multiple cycles of peer coaching in order for constructive feedback to take place is clearly important.

Intrinsically motivated. Teachers who have high intrinsic motivation tend to gain more learning experiences from peer coaching (Zwart et al., 2009). Teacher attitudes and willingness to learn can be reasons behind this result since those who participate in peer coaching have a desire to meet the students' needs independent of professional development programs (Latz et al., 2008; Nolan & Hillkirk 1991; Zwart et al., 2009). For example, time and scheduling was not a barrier to impede the learning of teachers who had high intrinsic motivation (Zwart et al., 2009). Conversely, teachers who do not accept the process of reflective coaching will not experience changes in either their behavior or thinking (Nolan & Hillkirk, 1991).

Effects of Peer Coaching for Teachers

The following section presents an overview of the effects of peer coaching for teachers from the studies reviewed. Peer coaching fosters collegiality, increases teacher efficacy, creates opportunity for critical reflection and creates opportunity for teachers to receive more immediate meaningful feedback on their teaching practices. Additionally, peer coaching allows for development differentiated to each teacher's needs resulting in improved changes in instructional practices.

Fosters Collegiality. Peer coaching is an effective professional development

method because it creates opportunities for collaboration, provides teachers with support, and

allows teachers to gain trust among each other. Peer coaching increases the quantity, quality, and

value of teachers' collaboration (Bowman & McCormick, 2000; Bruce & Ross, 2008; Sparks &

Bruder, 1987; Zwarts, Wubbels, Bolhuis, & Bergen, 2007). In one study, a 27% increase of

teachers reported "frequently" turning to one another for help or advice on an instructional need

or concern after participating in peer coaching (Sparks & Bruder, 1987). The support provided

and taken through peer coaching increases morale among peer coaches and fosters a sense of

belonging at their workplaces (Arnau, Kahrs, & Kruskamp, 2004; Kurtts & Levin, 2000; Murray

et al., 2009; Zwarts et al., 2007). Through peer observations, teachers share similar experiences

and note mutual concerns which helps to alleviate burnout, isolation, and frustration (Kurtts &

Levin, 2000; Powers, Kanuika, Phillips, & Cain, 2016; Slater & Simmons; 2001) This is

especially important for newer teachers since the two main factors causing teachers to leave their

profession is lack of support and isolation (Kurtss & Levin, 2000). Lastly, observations from the

peer coaching protocol allow teachers to feel less intimidated about the observation process and

build trust with one another in a co-equal, non-threatening fashion (Kurtts & Levin, 2000). As a

result of increased trust and confidence, teachers' positive experiences lead them to share these

practices in their schools, thus expanding the peer coaching program (Powers et al., 2016; Slater

& Simmons; 2001).

Increased Teacher Efficacy. A considerable amount of research has focused on how

peer coaching affects teacher efficacy. Teacher efficacy is defined as how teachers judge their

own ability to influence students' learning and achievement, set goals, and persist despite

setbacks (Bandura, 1977; Bruce & Ross, 2008). Teachers who believe they are able to affect

students' learning have more motivation to find and implement strategies to achieve goals (Bruce & Ross, 2008; Powers et al., 2016). Teachers with high self-efficacy use effective classroom strategies to give students autonomy, attend to students with higher needs, and positively affect student perceptions of their abilities (Ross, 1998).

The current evaluation process, where teachers are being observed once a year or less, does not provide enough recurring positive and constructive feedback to teachers in order to build their self-efficacy. At the same time, if teachers do not perceive their evaluators as credible, they are less likely to be receptive to their feedback (Cherasaro, Brodersen, Reale, & Yanoski, 2016). This is often why teachers perceive these evaluations as counterproductive and provide little value on their efficacy (Brandt, Mathers, Oliva, Brown-Sims, & Hess, 2007).

Conversely, peer coaching provides the opportunity for a respected peer to offer recommendations and positive feedback, increases the likeliness of implementing alternatives, and increases the teacher's feeling of power, control, self-confidence, and professionalism (Bruce & Ross, 2008; Neubert & McAllister, 1993; Nolan & Hillkirk, 1991; Powers et al., 2016). The peer coaching model was designed to capitalize on and share the wealth of knowledge of teachers to improve the overall skill set of the collective teachers at the school (Powers et al., 2016). Regularly partnering up with credible teachers to journey through success and struggle in the classroom allows teachers to pay attention to their performance and sustain those efforts resulting in higher implementation of effective instructional strategies.

Meaningful Feedback. Another positive outcome of participating in peer coaching is receiving immediate constructive feedback to enhance teachers' teaching skills and effectiveness (Ackland, 1991; Joyce & Showers, 1982). In order to understand how effective feedback is given, one must first address three different types of feedback. First, there is *mediative feedback*

where the coach provides descriptive reports and questions the teacher's action without judgment (Garmston, 1987). These reports and questions provide opportunities for the teacher to analyze their actions and decisions in the classroom (Garmston, 1987). This inquiry-based development relies on the teacher (not the coach) to propose an alternative teaching behavior they could pursue in a future lesson (Garmston, 1987). *Technical feedback* is when the coach informs the teacher about the planned teacher actions not carried out in the classroom, the organization of the delivery of the instruction, and the intended teaching strategy (Garmston, 1987; Joyce and Showers, 1982). Finally, there is *evaluative feedback* which should be avoided (Garmston, 1987). Teachers know the difference between descriptive data versus evaluation in the way the coach delivers feedback (Garmston, 1987). For instance, saying, "Your class was out of control" is evaluative feedback versus saying "When you turned your back to write the examples on the board, students began to talk," which is observational data collection (Garmston, 1987, p. 24).

Teachers in many studies reported having an increase in receiving feedback after participating in peer coaching (Bowman & McCormick, 2000; Gonen, 2018; Mallette et al., 1999; Sparks & Bruder, 1987). However, the increase in feedback does not necessarily mean constructive feedback. Thus, it is important to look at the types of feedback given. In the 15 studies that reported meaningful feedback offered to teachers through peer coaching, nine of them received technical feedback (Arnau et al., 2004; Bowman & McCormick, 2000; Hasbrouck, 1997; Kohler et al., 1995; Kurtss & Levin, 2000; Latz et al., 2008; Licklider, 1995; Mallette et al., 1999; Slaters & Simmons; 2001) where in the other three studies, teachers received mediative feedback from peers (Kohler et al., 1997; Sparks & Bruder, 1987; Zwarts et al., 2007). Three of the studies had both technical and mediative feedback given to teachers (Gonen, 2016; Kohler et al., 1999; Pierce & Miller, 1994). Teachers offered mediative feedback during

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coaching conference after observation, after seeing changes in student behaviors, while observing themselves through video recordings of their teachings, and implementing conference style Praise-Question-Polish (PQP) conversations (Kohler et al., 1997; Neubert & McAllister; 1991; Pierce & Miller, 1994; Sparks & Bruder, 1987; Zwarts et al., 2007). Evidence through one study shows that training and more cycles of peer coaching can help peer coaches move away from giving directive, evaluative feedback to technical and mediative feedback (Pierce & Miller, 1994).

 Critical Reflection. There is empirical evidence supporting an increase in critical reflection through peer coaching. Peer observations allow the teacher observing the class to see different approaches to teaching similar skills and bring back innovative ideas to their own classrooms (Bruce & Ross, 2008; Neubert & McAllister, 1993). Additionally, peer coaching provides the opportunity for teachers to see their classroom through another person's perspective (Bruce & Ross, 2008; Casteñeda-Londoño, 2017; Kurtss & Levin, 2000; Neubert & McAllister, 1993). This allows for dialogue around teaching and learning. The peer observing can question the choices of the observed teacher which pushes them to reexamine their goals, challenge existing ideas, and be more conscious about their teaching and decisions in the classroom (Bruce & Ross, 2008; Gonen, 2016; Kurtss & Levin, 2000; Nolan & Hillkirk, 1991).

 The types of reflective practices teachers engage in while peer coaching can be classified into three different levels: 1) *technical*: where minimal schemata is needed to deal with problems, 2) *contextual*: where teachers understand concepts, theories, contexts for classroom practices, defend and relate their practices to student growth, and 3) *dialectical:* where teachers cross-examine and reconsider experiences, imagine alternative ways of thinking, and question outcomes of teaching in a wider social perspective (Gonen, 2016; Taggart & Wilson, 2005).

During the first few cycles of peer coaching, teachers tend to reach levels of technical and contextual reflectivity (Gonen, 2016). Over longer periods of time, peer coaching can reach a dialectical level of reflectivity, which is the third and highest level in the critical reflection pyramid (Gonen, 2016). Discussions that reach dialectical levels of reflectivity have shown to revolve around rationale of classroom practices, student learning, and ethical problems evident in school environments (Gonen, 2016). These critical reflections through discourse creates the condition to move beyond technical level thinking to ethical issues and connect educators to broader social constructs of race, power, and cultural assumptions (Bussman, 2018; Gonen, 2016; Kurtss & Levin, 2000). When peer coaching is executed well, it can increase racial consciousness, transform student to teacher relationships, allow for responsiveness to pedagogical practices and curriculum choices, support teachers of color, and shift policies and practices in school systems (Bussman, 2018).

Even though a lot of research has pointed out how peer coaching invites teacher reflection, other studies have shown lack of analysis and depth in discussion during pre and post observations. For example, reflections and discussions can be more descriptive rather than analytical (Murray, Ma, & Mazur, 2009). The minimal critique and focus on positive tone and support can be a disillusionment of the reflectivity value of peer coaching (Little, 2005; Murray et al., 2009). Studies have mentioned teachers being concerned about offending their peers and their lack of knowledge in giving feedback (Kurtss & Levin, 2000; Neubert & McAllister, 1993). This confirms the need for training in giving feedback and setting expectations for collegial dialogue.

Differentiation. Ample evidence exists regarding how peer coaching is a differentiated system of professional development allowing teachers to learn according to their unique learning

styles and address the current instructional needs of their classroom. These needs may differentiate among teachers who are in different seasons of their career. Teachers new to the profession may have a need to focus on classroom management whereas experienced teachers may want to focus on orchestrating productive discourse or engagement in the classroom.

Traditional staff development offered at schools is largely inconsistent with the needs and goals of the teacher (Stein, Smith, & Silver; 1999). Teachers mentioned never having been asked before what aspects of their classroom they wanted to examine with the help of another professional (Nolan & Hillkirk, 1991). Similar to how teachers differentiate their lessons for each of their students, teachers also need differentiation in their development. When teachers are dissatisfied with student outcomes due to their teaching performance, there is a perceived notion for instructional change (Bruce & Ross, 2008). Once this perceived need is met through professional development, teachers are more likely to implement alternative strategies. Since peer coaching gives autonomy to teachers to set their own goals of improvement, the focus and direction of the discussions attend to and are relevant to current practices. Autonomy given to teachers empowers them to take ownership of their learning and increases their interest in adopting recommendations of their peers.

Improved Changes in Instructional Practices. Participating in peer coaching affects teacher's instructional practices in five different ways: 1) developing greater skill in a particular strategy or trying a new strategy, 2) adapting strategies according to their teaching style, instructional objectives, and needs of the classroom, 3) having greater retention of knowledge and skill which increases appropriateness of a teaching model over time, 4) teaching the new strategy to their students and the purposes behind the strategy, 5) understanding the purposes of the strategy and why it works (Showers, 1985).

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There is consensus across different educational contexts on how peer coaching creates optimal conditions for teachers to change instructional practices. Teachers are implementing a new strategy more frequently in the classroom more confidently (Bruce & Ross, 2008; Latz et al., 2008; Sparks and Bruder, 1987; Zwartz et al., 2007). Through expanding teacher knowledge of best instructional practices, teachers shift away from lecturing for an entire class period instead lecturing to students when introducing a new skill, chunking content down to smaller pieces to understand content, checking for student understanding through effective questioning techniques, and increasing the amount of wait time to elicit more thinking and responses from students (Kohler et al., 1997; Licklider, 1995; Nolan & Hillkirk, 1991; Powers et al., 2016). Peer coaching not only increased changes in teachers' instructional practices but concurrently decreased the amount of ineffective teaching (Mallette et. al, 1999; Pierce & Miller, 1994).

Effects of Peer Coaching for Students

Peer coaching is beneficial because it leads to instructional change linked to improved student engagement and achievement (Mallette, Maheady, & Harper, 1999). Students' discourse, engagement, and differentiation has been well known to enhance students' practice, learning, and mastery of content (Greenwood, Delquadri, & Hall, 1989; Kohler et al., 1994). Teachers implementing strategies learned through coaching, attained high levels of increased student talk, engagement among students, differentiation among students, and higher student reading comprehension and fluency measures (Kohler et al., 1997; Kohler et al., 1994; Kohler et al., 1995; Mallette et al., 1999; Powers et al., 2016). Through peer coaching, general education teachers were able to learn one new adaptation to differentiate their lessons and address students' special needs (Kohler et al., 1994). Similarly, experienced teachers perceived and reported high

student attentiveness and higher test scores after adopting peer coaching at their school (Sparks & Bruder, 1987).

Most research on peer coaching is focused on how it directly impacts teachers, but there is limited data on how it affects students. In fact, one of the studies showed there were no significant changes in student mathematical achievement after implementing peer coaching (Murray et al., 2009). However, this study had two cycles of coaching whereas the other studies had at least six cycles and were as frequent as having monthly coaching sessions. The difference in these studies suggests the importance of having regular, ongoing peer coaching sessions. Peer coaching contributing to student achievement can have a greater impact if more coaching cycles (pre-observation, observation, post-observation) are carried out. The original design of the peer coaching model was to have regular feedback and supplement the one-shot professional development programs. Implementing peer coaching without considering the purpose of the design shows how little effect it can have.

To summarize the literature review, trauma affects all aspects of a person's life - physically, psychologically, and physiologically. The broader systemic force allows for society and government to pinpoint the responsibility of trauma on the trauma exposed individuals themselves (Linklater, 2014); however, from a Bioecological Systems Theory perspective, we know this is not true as the systems in our lives shape our lives. Not only do we view trauma from a Bioecological Systems Perspective but how we create ways of healing and Trauma-Informed Schools is through looking at the systems that surrounds the student - most importantly the educational setting, teachers, and teacher to teacher relationships and equipping these parts of the system with the knowledge and prevalence of trauma to avoid retraumatization. In the chapter that follows, I will outline a study that aims to understand the perspective of teachers on

how the norms of the school and their peer coaches influence them on the implementation of TIC

in their classroom.

Chapter 3: Methodology

Introduction

Bronfenbrenner's Bioecological PPCT Model views individuals as complex systems existing within other complex systems. The bioecological model is a theoretical framework used to understand human development within the context of the complex system of relationships that form an individual's environment. The model emphasizes the importance of studying individuals in multiple environments, known as ecological systems, to fully understand their development. The model has evolved over time and has various components, with the Process- Person- Context- Time (PPCT) model being one of its most comprehensive iterations. Within the *Context* or surrounding systems are five nested environmental layers: *microsystems, mesosystems, exosystems, macrosystems*, and *chronosystems*. Within these systems, development of an individual is not linear, nor does it go in one direction; however, mutual reciprocity takes place between the individual and the environmental layers. Any part of the system, whether it is internal or external to the individual, can and does bring about change. This is important to understand as teachers are in the *mesosystems* or sometimes even the *microsystems* in a child's life. The relationships among teachers and the norms of the school are also within *exosystems* and *macrosystems* of the child where changes can be brought about which in turn impact the students that these teachers influence daily. Together, these four components in the PPCT model offer a comprehensive framework for analyzing how various factors in an individual's environment and their personal characteristics impact their development over time.

In this study, I looked closely at the *exosystems* and *macrosystems* of a child's development, specifically, the relationship between teachers and the school environment. The purpose of this qualitative case study is to investigate the nature of peer coaching to increase

Trauma-Informed practices in the classroom. In particular, my research investigated the ways teachers' perceptions of Trauma-Informed Care (TIC) change through peer coaching, how teachers' practices change as a result of peer coaching, and what influence do the norms of the school context and peer coach's beliefs have on teachers' practices.

In this chapter, I will present the research design and methodology utilized in this study and the rationale behind its selection. I will then present the setting of the study with a general description of the school setting. This will be followed by a description of the participants, data sample, data collection, and data analysis methods. To ensure the trustworthiness of the study, I will present the researcher's positionality and discuss the study's limitations towards the end of the chapter.

Research Design

This study is a qualitative case study within a constructivist paradigm. Social constructivists seek to make sense and meaning of their lives (Creswell & Creswell, 2018) which is very similar to the approaches of a qualitative research study. The inductive logic of research used in a qualitative study is best described when the researcher gathers detailed information from participants through various forms of data collection and then forms this information into categories or themes. These themes will then be developed into broad patterns, theories, or generalizations that are then compared with personal experiences or within existing literature on the topic (Creswell & Creswell, 2018). Understanding that the constructivist paradigm views all individuals as unique, complex, and have subjective meanings of their experiences, the researcher aimed to capture the complexity of views rather than narrow meanings into a few categories (Creswell & Creswell, 2018). In this study, I sought to construct meaning from the lived experiences of teachers implementing TIC through peer coaching and therefore heavily

relied on their views and perspectives about their journey. Additionally, I acknowledge that the subjective meanings of peer coaches' situations are forged through interactions with others and addressed the processes of interaction among individuals (Creswell & Creswell, 2018).

This qualitative research study, however, only seeks peer coaches' experiences from one urban school making it a case study. Case studies are inquiry-based research where the researcher will develop an in-depth analysis of a contemporary phenomenon or bounded system, which in this scenario refers to the peer coaches' experiences implementing TIC in one particular urban school (Creswell & Creswell, 2018; Merriam & Tisdell, 2015). Case studies involve triangulating information allowing researchers to construct a narrative of lived experiences and meanings participants attribute to those content specific experiences (Maxwell, 2012; Stake 1978; Yin, 2013). Case study research focuses on answering their research questions using a variety of data (Yin, 2013). In particular, by combining observations with peer coaches interacting during pre- and post-observation conferences with document collection and in-depth interviews during which these peer coaches had opportunities for reflection, I was able to explore the ways peer coaches' beliefs and experiences influence each other and their practices. In order to further triangulate the data and paint a broader picture of the school's climate, I observed the school and interviewed their principal and both their assistant principals. The data I collected served as a foundation for me to explore common themes and construct richly descriptive interpretative narratives through an iterative coding process (Merriam & Tisdell, 2015).

Setting and Context

With more people in the United States being vaccinated to protect themselves from the Coronavirus (COVID-19), schools were slowly opening their doors for either in person or hybrid learning. Understanding that teachers, staff, and students will be returning in person or hybrid

after a year of over 700,000 deaths from COVID-19, traumatic experiences from domestic violence, the summer of racial reckoning, high unemployment rates, school closures, physical distancing and lockdown enforced, the transition to return in person or hybrid was no easy task. Fortunately, many schools have learned during the pandemic the importance of addressing socioemotional learning and giving support to all students, not just those students who are struggling with their mental health (Tadayon, 2021). The global pandemic impacted every individual one way or another and teachers need to be equipped with tools to support the transition back to in person learning, especially the wellness of their students.

To explore perceptions of the lived experiences of teachers embedding TIC in their classrooms, I conducted interviews with two peer coaches that vary in years of teaching experience in an urban middle school in the southern side of San Diego that serves a diverse student population. San Diego's cultural and economic diversity is evident in its population, with proximity to the border bringing a significant number of undocumented families. The reason for a diverse school population is to examine the degree to which TIC is needed and effective for all students - not just those that are known to need it the most. Additionally, I wanted to be able to understand the perspectives of teachers with varying degrees of teaching experience. If possible, to encapsulate various perspectives. The reason behind studying one school instead of multiple schools is to go in depth the experiences behind their perspectives and build relationships with these peer coaches. These research participants did not have any experience with Trauma-Informed Care nor formal peer coaching. However, both of these peer coaches have organically implemented informal peer coaching with each other over the last 8 years of their relationship. With this research, TIC can be implemented by any teacher with different years of experience in

a general education setting. This research aims to add to the existing literature to assist interested parties to enlarge their understanding regarding teachers implementing TIC.

Participants

To employ a purposeful sampling technique (Patton, 2002), I recruited peer coaches through a recruitment questionnaire. I originally planned to recruit 6 teachers who were beginning to start or have started implementing Trauma-Informed practices in their classrooms and are also participating in peer coaching. Ideal participants would be teachers varied according to grade level taught, years of experience, race, subject level, are familiar with peer coaching and have a trusting relationship with their peer coaches.

Bearing these ideal participants in mind, I enlisted professors and past and present colleagues with the ability to reach out to large numbers of teachers - for example, district administrators, principals, county coordinators, teacher leaders - to send an email invitation on my behalf to enhance my ability to recruit a sample more representative of the teaching population as a whole than if I had relied solely on personal and professional recruitment. When I attended conferences, I specifically attended sessions on the topic of Trauma-Informed Care to see if the speakers would share my flyers with their staff or during their trainings. When I was given names of teacher leaders, staff developers, and principals, I also incorporated a snowball sampling recruitment technique in which participants assist researchers to identify other potential participants in their school.

The search for participants started in May 2022 and ended in May 2023. After finding two peer coaches in January 2023, I incorporated a snowball sampling technique to see if they could provide me with other teachers in their school who also had a good rapport. Although they did give me four names, all of these teachers did not respond back to me to participate in the

research after multiple communications. This research study was conducted during a time of exhaustion and burnout from teachers during the pandemic. In fact, one of the potential research participants mentioned that he was going through a lot mentally and emotionally from work and did not have the capacity to add more on his plate with this research.

Data Collection

Document Collection. The specific purpose for generating documents is to learn more about the situation, person, or event being explored. It is particularly important to seek out public documents regarding how peer coaching or TIC came to be programs implemented by the school and their vision and goal behind these implementations. This gave insight to the larger view of understanding if and why the perceptions of teachers are the way they are. Such documents are valuable "not only because of what can be learned directly from them but also as stimulus for paths of inquiry that can only be pursued through direct observation and interviewing" (Merriam & Tisdell, 2015).

For this research study, formal policy statements and initiatives were searched to see how the norms of the school context have on the peer coaches' practices. In the classroom during my observations, I actively looked around for physical materials posted in the classroom regarding mental health, TIC, documents informing the teachers lesson plans, student assignments, and objects in the classroom (for protocol, see Appendix D).

Once these documents were located around the school, from the principal, and teachers, I checked for their authenticity, the conditions under which the documents were produced, if it has changed over time, and if it is used, who it is used by and how it is being used.

The document findings gathered were from D. Watson Middle school's website, California School Climate, Healthy, and Learning Survey (Cal-SCHLS) System, California

School Dashboard, School Plan for Student Achievement (SPSA), School Accountability Report Card (SARC), Tangerines District's Local Control and Accountability Plan (LCAP), Student Climate Data Profile (which encompasses all surveys from CHKS, CORE SEL, and Data Insights), and U.S. World News Best Middle Schools.

California Healthy Kids Survey (CHKS), California School Staff Survey (CSSS), California School Parent Survey (CSPS) are all part of the (Cal-SCHLS) System. The CHKS, CSSS, CSPS are comprehensive anonymous, confidential surveys completed by students, staffs, and parents consecutively to determine school climate and safety, student wellness, youth resiliency among students, critical information about the learning and teaching environment, and supports for parents (CDE, 2023). The SARC is a report card to provide parents and the community with important information about the school regarding demographic data, school safety and climate, academic data, class sizes, teacher and staff information, curriculum and instruction descriptions, and fiscal and expenditure data (CDE, 2023). Whereas the SPSA is a blueprint to improve the academic performance of all students measured by the Academic Performance Index (API) and the Adequate Yearly Progress (AYP) measures by addressing allocations of categorical funds provided to the school. Finally, the LCAP is a tool for districts to set goals, plan actions, and leverage resources to meet district goals to improve student outcomes and the California School Dashboard provides information about how districts and D. Watson is meeting the needs of their diverse student population (CDE, 2023).

After learning about the school fights from the document findings, news reporting regarding the school fights were searched and found. One of the participants mentioned in her interviews that she uses Twitter to look back at what she has accomplished, hence Twitter feeds were analyzed for relevant information on professional development, any practices related to

Trauma-Informed Care, and collaboration with other educational institutions. Additionally, after interviewing the principal, the principal also provided access to her professional development slides and survey results. All of these were incorporated in the research study.

Interviews. To analyze perceptions of TIC, I conducted interviews with two peer coaches in one urban school in which they reflected in-depth through peer coaching. These interviews gave participants the opportunity to consider possible connections between peer coaching and their Trauma-Informed beliefs and practices especially given that the impact of any learning experience is often only evident with the benefit of time and the application of new ideas to practice (for protocol, see Appendix C and D). Additionally, to have a more encompassing perspective of the school norms and climate, I interviewed the schools' principal and both of their assistant principals.

These interviews were mostly conducted in person with one interview using the teleconferencing program - Zoom. These 55-to-90-minute semi-structured interviews had some generally open-ended questions that were few in number and intended to elicit views and opinions from the participants grounded in the study's conceptual framework. I chose to conduct semi-structured interviews as it provides structure and purpose to the conversation with some predetermined questions (Brinkmann & Kvale, 2005; Tisdell & Merriam, 2015) but not completely rigid that would hold me back from asking questions that arise from the conversation. Since I wanted to understand my participants' perspectives and understanding, flexibility in the questions that I asked and the order that I asked them allows me to respond to "the situation at hand, to the emerging worldview" of the participant, and to new ideas on the topic (Tisdell & Merriam, 2015). It is also more common for qualitative research to have more open-ended and less structured interviews (Tisdell & Merriam, 2015).

Two interviews were conducted for each individual teacher. One before the peer coaching round and one after two rounds of peer observations and conferences are done. All interview conversations were recorded and transcribed. When teachers completed an interview, or an observation, they received a $30 Visa or Amazon gift card for the hour they spent with me. The $30 Visa gift card was given at the end of every interview and observation instead of at the end of the entire process (two interviews and four observations) to avoid manipulating participants to participate in the entire process involuntarily. The reasoning behind $30 is because the average base salary for a teacher per hour is around $30. These teachers gave up their preparation time in school and I wanted to compensate them for the time they are giving me. I also provided light snacks and coffee for every interview.

After interviewing with each participant, I transcribed the interviews verbatim and drafted context memos immediately following each interview. In my memos, I recorded my observations of where the interview took place, the participant's demeanor, reflected on my own role in the conversation and how I may have influenced the story, and considered how their story resonated with or challenged accounts from other participants. These memos served as additional data sources.

Observation. A qualitative observation is when the researcher takes field notes on the behavior and activities of the individuals at the research site. I recorded these observations in a semi-structured way. This semi-structured observation method consists of using some prior questions that I wanted to know and creating two columns. In one column, I wrote down what I actually observed and in the other column I wrote what my interpretations and my personal experiences during the observations were (Creswell & Creswell, 2018). By separating what I observed and

my interpretations of it allows me to record what actually happened instead of what I interpreted happened (for protocol, see Appendix B).

In order to triangulate my findings, I observed the teachers in action paying attention to the interactions between the teacher and the students and if the teacher implemented what they planned to do as they mentioned in the pre-conference. I observed teachers to get a sense of what they are enacting based on what they are learning about TIC. In every observation, their peer coach was present to observe them as well. From observing the teachers in action, I was able to better comprehend the post-observations debriefings and see interactions from both teachers' point of view.

I observed the peer teachers meet prior to and after the classroom observation. When I planned for this research study, I hoped to see them highlighting their goals, discussing what stresses them, what they are excited about, and which students they are worried about. I also watched how these teachers interacted with each other, paid attention to body language, timeliness, and how long they met. I was a peripheral participant observer where I did not say anything in the observations (DeWalt & DeWalt, 2002). Table 2 addresses how the research questions align with the methods I carried out during this study.

Additionally, I observed the school during the same day for approximately 4 hours. Immediately following this observation, as the PI, I recorded detailed field notes to capture the setting, context, and important points that should be revisited when analyzing the data thereafter.

Table 2: Methods Aligning with Research Questions

Research Questions	Interviews	Observations	Documents
In what ways and to what degrees do teachers' perceptions of Trauma-Informed Care change through peer coaching?	X		
How do these teachers describe Trauma-Informed practices they implement in the classroom?	X		
How do these teachers' practices change as a result of peer coaching?	X	X	X
What influence do the school context, corresponding norms, and peer coach's beliefs have on teachers' practices?	X	X	X

Data Analysis

Document Collection. First, I organized and prepared the data for analysis. If there were any photos taken in the classroom, documents found on the school website, and handed to me by the teachers or leadership of the school, I compiled them all on the computer in one file. While I read through the documents, I wrote memos on my general thoughts or questions I have about the data I found.

Next, I started coding the data by hand. Coding is the process of organizing the data by bracketing chunks of text and labeling a term representing a category in the margins (Rossman & Rallis, 2012). I utilized an open-coding system, followed by a pattern coding approach, to analyze the data and address the research questions. I then organized, sorted, and categorized the data through an iterative process (Glaser & Strauss, 1967) to identify themes and subthemes from across the narratives of the peer coaches. Through the coding process, I generated a description of the setting or people as well as categories or themes for analysis. These themes

were analyzed for each individual case, and I highlighted similarities and differences across

participants and drew connections between my data and relevant literature.

In these documents that I retrieved, I searched how peer coaching or TIC came to be

programs implemented by the school and their vision and goal behind these implementations.

This provided insight to the larger view of understanding if and why the perceptions of teachers

are the way they are. Such documents are valuable "not only because of what can be learned

directly from them but also as stimulus for paths of inquiry that can only be pursued through

direct observation and interviewing" (Merriam & Tisdell, 2015). The documents prompted me to

ask follow up questions in interviews with the peer coaches and administration and gave me an

understanding about the norms and policy of the school.

Interviews. Similar to document collection, I organized and prepared the data for analysis. This

includes transcribing the interviews and typing up memos. In order to get a general sense of the

information, I read through all the transcriptions and jotted down memos while doing so. I

replayed the recording many times while reading the transcripts to also get the flow, tone, pause,

and feel of the participants as they are being interviewed and write general thoughts about the

data.

Next, I started coding the data by hand. Coding is the process of organizing the data by

bracketing chunks of text and labeling a term representing a category in the margins (Rossman &

Rallis, 2012). I utilized an open-coding system, followed by a pattern coding approach, to

analyze the data and address the research questions. I then organized, sorted, and categorized the

data through an iterative process (Glaser & Strauss, 1967) to identify themes and subthemes

from across the narratives of the peer coaches. Through the coding process, I generated a

description of the setting or people as well as categories or themes for analysis. These themes

were analyzed for each individual case, and I highlighted similarities and differences across

participants and drew connections between my data and relevant literature.

During the interviews and in subsequent analysis, I listened for participants' underlying

beliefs about TIC, about themselves as teachers and what they perceive their role to be, and

beliefs about peer coaching. I synthesized participants' responses to questions about their beliefs

about TIC (for the protocol, see Appendix B and C). Using the beliefs emerging from these

interviews as an interpretive lens, I considered the extent to which their learning experiences

through peer coaching or norms of their school reflected or challenged their baseline beliefs.

Observations. Similar to document collection and interviews, I first organized and prepared the

data for analysis. This entailed transferring my hand-written observation notes to a document on

the computer. Then I read through the document and jotted down memos while doing so. It is

important that I do this right after my observations while memories are still fresh in my mind.

Next, I started coding by hand using an open coding system, followed by a pattern coding

approach, to analyze the data and address the research questions. I then organized, sorted, and

categorized the data through an iterative process (Glaser & Strauss, 1967) to identify themes and

subthemes from across these observations. Through the coding process, I generated a description

of the setting or people as well as categories or themes for analysis. These themes were analyzed

for each individual case, and I highlighted similarities and differences across participants and

drew connections between my data and relevant literature.

During the observations and along with the analysis, I looked for how the classroom was

run by the peer coaches and further clarified narratives mentioned by teachers during interviews.

I specifically looked for what TIC practices teachers currently use in their classroom, how the

teacher interacted with and built relationships with their students and saw how teachers

implemented the new practices discussed with the peer coaches beforehand.

During the pre- and post-conferences, I looked for how these two peer coaches interacted,

what feedback was given to the teachers, how the teachers interacted when the feedback was

given, how they decided which practices they planned to implement, how they talked about

students and students of trauma, and how they brainstormed solutions. While planning for these

observations, I hoped to find evidence of how peer coaching influences the teacher's

implementation of TIC.

Connection of Analytic Methods and Framework

According to Bronfenbrenner, all these levels in the Bioecological Systems Framework

are interdependent and have the potential to influence the quality with which interventions are

implemented and student outcomes (1979). Bioecological PPCT Model is needed in order to

consider contextual factors that may affect, either directly or indirectly, the implementation

quality of TIC. This multilevel system framework takes into consideration the influences of

macro-level factors, school-level factors, and individual-level factors. For example, macro-state

level policy has the potential to have a direct impact on the quality of TIC delivery by teachers,

or to affect it indirectly, through organizational factors such as the funding or time allocated for

teachers to observe, reflect, and provide feedback. Organizational influences can also have direct

or indirect effects on teacher attitudes and efficacy for implementing TIC and peer coaching. For

example, strong administrative support or an organizationally healthy school environment may

positively influence teachers' willingness to try innovative interventions and their openness about

challenges faced when implementing the program. Teachers working in this type of environment

may become more empowered and have greater efficacy, which in turn can affect the quality

with which they implement TIC. The opposite is also true, when teachers are in an environment where they perceive they are not supported, they are less likely to be more innovative, try and implement new strategies, and more likely to experience burnout (SAMHSA, 2014).

Two conceptually distinct components must be considered in regard to quality of implementation: the intervention itself and the support system for the intervention. The intervention itself can be found in my observations as I observed teachers implement TIC in the classroom. This also allowed me to see the *mesosystem*: how students influence teachers, how teachers influence students, and how other students influence each other, and the all-encompassing culture of the classroom. This is where the student (the developing child) is still directly impacting and being influenced by others. The support system for the intervention is found in the document collections, observations, and interviews - if there were support from leadership for TIC or peer coaching, training, resources, and infrastructure necessary to coordinate peer coaching and TIC, or lack thereof. Peer coaching, support, and encouragement are also considered support systems for the teachers to implement TIC in school - this is where the student is not directly involved. Having the perspective of teachers through interviews and observing the peer coaches work together will provide data on the *exosystem* and *macrosystem* that surrounds the student and teacher. Finally, looking at the documentation of the policies of the school and documentation of federal funds to support implementation provided me a big picture viewpoint of the *macrosystem* that surrounds both the teacher and the student and a critical look at the aspect of dissemination process in the school as influence of contextual factors at multiple levels on the quality of TIC and peer coaching implementation.

As I carried out my research, I first started with document collection, so that it will inform and provide me ideas of what the school norms are, the schools' stand and beliefs on peer

coaching and TIC, characteristics of the school, and school culture. With this in mind, I

triangulated my memos and thoughts that I gathered through documents collected with my

interviews, observations of the peer coaches during pre-and post- observation, in class

observation, and school observation. Table 3 shows the alignment of the methods to the literature

and framework.

Table 3: Methods Aligning with Literature and Framework

Observations	Connections to Literature	Connections to Framework
Pre-Classroom Observation (when both peer coaches plan and discuss goals before classroom observation)	Autonomy, Trust, Intrinsically Motivated Teachers, Differentiation	**Person, Process** **Context:** *Exosystem* Individual Level Factors: Professional Characteristics, Perceptions and Attitudes towards an Intervention
Classroom Observation	Trust, Intrinsically Motivated Teachers	**Context:** *Exosystem* Individual Level Factors: Professional Characteristics, Perceptions and Attitudes towards an Intervention **Context***: Macrosystems* School Level factors: Classroom Climate
Post-Classroom Observation (when both peer coaches debrief what happened during the classroom observation)	Trust, Intrinsically Motivated Teachers, Meaningful Feedback, Critical Reflection, Differentiation, Improved Changes in Instructional Practices.	**Person, Process** **Context:** *Exosystem* Individual Level Factors: Professional Characteristics, Perceptions and Attitudes towards an Intervention
Interview Questions	**Connections to Literature**	**Connections to Framework**
How did you both meet? How did both of you decide to partner to be a peer coach together?	Autonomy, Collegiality, Trust, Teacher Efficacy	**Process, Person, Time** **Context:** *Exosystem* Individual Level Factors: Professional Characteristics, Perceptions and Attitudes towards an Intervention

Table 3 (continued): Methods Aligning with Literature and Framework

Interview Questions	Connections to Literature	Connections to Framework
Do you have prior experiences with peer coaching beforehand? Does your school support your work with Peer Coaching? How do they support you and your peer coach with implementing the peer coaching model?		**Context**: *Macrosystems* School Level factors: Decision Structure, Administrative Leadership, School Culture, Characteristics of the School
Define what Trauma-Informed Care is to you. Describe what are some Trauma-Informed practices that you have tried. How did you first learn about it? What did you learn from your peer coach?	Teacher Efficacy, Trust, Collegiality,	**Person, Time, Context**: *Exosystem* Individual Level Factors: Professional Characteristics, Perceptions and Attitudes towards an Intervention
Do you have prior experiences with Trauma-Informed Care beforehand? Does your school support your work with Trauma-Informed Care? How do they support you and your peer coach with implementing Trauma-Informed Care?	Teacher Efficacy, Trust, Intrinsically Motivated Teachers	**Process, Context**: *Exosystem* Individual Level Factors: Professional Characteristics, Perceptions and Attitudes towards an Intervention *Macrosystems* School Level factors: Mission Policy Alignment, Decision Structure, Administrative Leadership, School Culture, Characteristics of the School, School Climate and Organizational Health
How do you see your relationship with your peer coach? From observing them, and as you discuss each other's work, describe changes, if at all, that your peer coach has done since you first met.	Trust, Collegiality, Meaningful Feedback, Critical Reflection, Teacher Efficacy, Improved Changes in Instructional Practices, Effects of Peer Coaching for Students	**Process, Person, Time Context**: *Exosystem* Individual Level Factors: Professional Characteristics, Perceptions and Attitudes towards an Intervention

Table 3 (continued): Methods Aligning with Literature and Framework

Interview Questions	Connections to Literature	Connections to Framework
How does that make you feel? Could you describe any change/(s) in your practice after reflecting and getting feedback from your peer coach? Do you find that your new practices have been effective? How do you know?		
Define what Trauma-Informed Care is to you. Would you agree or disagree that your peer coach would define Trauma-Informed Care similarly to your definition? Why or why not? How do you know? Would you agree or disagree that your school would define Trauma-Informed Care similarly to your definition? Why or why not? How do you know? After practicing Trauma-Informed Care, do you find that it is necessary in the classroom?	Meaningful Feedback, Critical Reflection, Teacher Efficacy, Improved Changes in Instructional Practices, Administration Support, Organizational Support, Trust, Effects of Peer Coaching for Students	**Person, Process, Time, Context** *Exosystem* Individual Level Factors: Professional Characteristics, Perceptions and Attitudes towards an Intervention
Does your peer coach find that it is necessary in the classroom? Does your school find that it is necessary in the classroom?	Administration Support, Organizational Support, Trust,	**Process, Context** *Exosystem* Individual Level Factors: Professional Characteristics, Perceptions and Attitudes towards an Intervention *Macrosystems* School Level factors: Mission Policy Alignment, Decision Structure, Administrative Leadership, School Culture, Characteristics of the School, School Climate and Organizational Health

Table 3 (continued): Methods Aligning with Literature and Framework

Data Collection	Connections to Literature	Connections to Framework
Trauma-Informed Training Guide Used by School Documents found on school website regarding Trauma-Informed Care	Administration Support, Organizational Support	**Time, Context** *Macrosystems* School Level factors: Mission Policy Alignment, Decision Structure, Administrative Leadership, Personnel Expertise, Resources, School Culture, Characteristics of the School, School Climate and Organizational Health
Posters hung in the classroom and around the school regarding Trauma-Informed Care	Critical Reflection, Teacher Efficacy, Improved Changes in Instructional Practices, Intrinsically Motivated Teachers	**Context** *Macrosystems* School Level factors: Resources, Characteristics of the School, Classroom Climate
Formal Policy Statement or School Initiatives on Trauma-Informed Care	Administration Support, Organizational Support	**Time, Context** *Macrosystems* Macrolevel factors: Policy and Funding School Level factors: Mission Policy Alignment, Decision Structure, Administrative Leadership, School Culture, Characteristics of the School, School Climate and Organizational Health

Issues of Validity, Reliability, and Trustworthiness of Data

There are multiple approaches to check for accuracy and increase the construct validity of this qualitative case study. In this research study, I used triangulation, member checking, reflexivity, and rigorous coding. Triangulation consists of examining evidence from different data sources to build a coherent justification for themes (Creswell & Creswell, 2018). If themes are established based on converging several sources of data and/or perspectives from participants, it strengthens the reliability as well as internal validity of the research study (Creswell & Creswell 2018, Merriam, 1988). In addition to interviews, measures I used to

triangulate the multiple data sources will be through observations and document collection that will be carried out in order to view and understand the Trauma-Informed practices carried out by the teachers through their perspectives and understand the norms of school (Yin, 2017).

Furthermore, member checking was incorporated to determine the accuracy of the qualitative findings and triangulate data (Creswell & Creswell, 2018). Interview transcripts and/or semi-polished products, such as major themes, findings, or summary of transcripts were shown to participants to allow them to determine the accuracy of what they said or to further clarify and add on to their interviews. This also added to the trusting relationship I developed with my participants by remaining sensitive to their experiences.

As I observed, interviewed, and looked at documents, I wrote memos about the codes that came up for me while pausing to reflect and clarify my bias. Research reflexivity is "awareness of the influence the researcher has on what is being studied and, simultaneously, of how the research process affects the researcher" (Merriam & Tisdell, 2015, p. 64). Especially in cases where the researcher has insider/outsider and positionality issues, it is critical for the researcher to tend to their reflexivity to increase the quality of the researcher's analysis (Merriam & Tisdell, 2015; Saldaña, 2016).

Finally, I reiteratively compared data with the codes and wrote memos about the codes and their definitions. Since "coding is not just labeling but linking data to the idea and from the ideas to all the data pertaining to that idea" (Richards & Morse, 2013, p. 154; Saldaña, 2016), it is important to be in a fluid, cyclical state of rigorous coding, and write analytic memos to explore possible interpretations and meanings (Weiss, 1995).

Ethical Issues and Role of Researcher

Ensuring Confidentiality. In order to protect my participants and ensure their confidentiality, interview locations will be determined by both myself, the researcher, and the participant. What is utmost important is that the participant feels comfortable and safe with the location we have agreed upon.

Before each interview, an informed consent will be read (see Appendix B and C). This informed consent is an agreement that participants' individual responses and identities will not be disclosed beyond the researcher without explicit permission. Reading the informed consent at the beginning of the interview reminded the participant that they can choose not to participate at any point during the interview. Additionally, before each interview, I asked the participants to come up with a pseudonym for themselves and ask for them to be referred to as that pseudonym throughout the entire interview. This way when I pressed the recording button, the interview did not record or transcribe the true identity of my participant. I also reminded teachers at the beginning of the interview to try not to mention a students' name if they bring up a student. I will have them mask the students' identity by coming up with a pseudonym or "Student A" to protect the students' private information.

One of the interviews was conducted through Zoom, a video conferencing platform, and in this case, interviews may run a risk of confidentiality breach. I minimized this risk by encrypting data transmission and making sure that University of California, San Diego's Virtual Private Network is turned on.

All data collected in an electronic format was stored in a secure location on my university laptop that will be password protected and encrypted. All electronic data has been backed up through a hard drive that will also require password protection. Any transcription of interviews

will be destroyed after confirming the transcription's accuracy and completeness. In articles or presentations, misleading identifiers have been created to protect the privacy of my participants.

Positionality. As of today, I am a project specialist at the County Office of Education to provide technical assistance, coaching, and support for sustainable implementation of Transformative Social and Emotional Learning in schools all across San Diego. I am also an instructor at UC Berkeley Extension to teach current classroom teachers the foundations of Social and Emotional Learning. Prior to these roles, I have been a Mathematics and University Preparation/Advisory teacher for 11 years. The educator who I am today was the result of guidance and support by mentor teachers, department chairs, colleagues, and supportive staff. They helped me see that all teachers are valuable and needed to do this hard, important work of providing quality education for students. Teachers have different strengths and unique contributions which allow us, as a team, to reach the diverse needs of students at different points in time to help them realize and develop their potential. Over time, I saw that I was not alone in this journey and had amazing colleagues working beside me with the same purpose and goal in mind. My students did not consist of just those who entered my classroom but all students who were a part of our school. Though I already cared about my colleagues, this realization motivated me to collaborate more with my peers, have a more purposeful reason to exchange lesson plans and open up my classroom other than "because it's a kind and generous thing to do". When we help each other, we become better as a whole.

When teachers are better as a whole, we increase the quality of teaching for our students. I began presenting my work on implementing the Marigold Effect by Jennifer Gonzalez, the importance of vulnerability, trust, and #ObserveMe at conferences outside my school. At the same time, I was faced with a lack of instructional leadership that did not value teachers and

found out that participants in my sessions and teacher networks outside my school faced similar situations where their leaders also did not provide optimal learning environments for teachers to grow. Additionally, teacher evaluations and professional development given by my leadership were disappointing, lacked constructive feedback, and isolated from the needs my colleagues and I needed in our classrooms. The oversimplification of a teacher's performance as 'good' or 'great' belittles the valuable contribution and unique strengths each teacher adds to the school, district, and community.

The school where I last worked at for 11 years has a student population that consists of 64% Latinx, 18% Asian (majority being Southeast Asians), 13% Black (Africans and African Americans), 4% Native American/Multiethnic/Unknown, and 1% white. Since our students come from low-income families, often parents have to work multiple jobs leaving our students to cook, clean, and care for their younger siblings. Our students also face many traumatic experiences. I have encountered students who were raped or experienced sexual abuse for years by a family member, students who were wrongfully arrested by the police, students who are physically abused by their parents, students whose parents are alcoholic/drug users, students who are homeless, students' whose neighborhood is filled with gunshots, deaths, and police sirens, students who struggle with anxiety and depression, and students who parents or relatives were deported. One of our counselors mentioned that our school calls the police or Child Protective Services more than any other school - either because we are more involved with our students and have better rapport for them to reach out to staff or teachers or we just have more cases. Because of this high demand for meeting our students' needs, I may have been more pro TIC when I first heard of it and I have been implementing trauma-focused practices in my classroom. As I engage

in and conduct participant observations and interviews, I may lean towards the belief that it does

work, and it is helpful for our students.

I also had traumatic experiences as a child, came from a low-income family, had to

navigate the American education system on my own, and have benefited from recognizing

emotions and mindfulness exercises which are both Trauma-Informed practices. Lastly, I believe

that organic and autonomous peer coaching influences and increases teacher effectiveness since I

have benefited from peer coaching. This is important to note because

> "Prior experience, training, and commitments influence this stance, predisposing
> the fieldworker to feel, think, and act toward people in more or less patterned
> ways. As whether from a particular gender, social, cultural, political, or
> theoretical position or orientation, the fieldworker not only interacts with and
> responds to people in the setting from her own orientation but also writes her
> fieldnotes by seeing and framing events accordingly" (Emerson et al., 2011, p.
> 100).

My positionality and bias influences what I choose to pay attention to which can also mean I

could be neglecting something else that could be salient for others.

Limitations of the Study Design

I acknowledge the potential limitations of this study. First, this research study will only

encompass two teachers' experience within a school with peer coaching and TIC and cannot be

generalizable to represent all teachers' experiences.

Finally, as someone who has both facilitated and participated in peer coaching and

someone who practices TIC in my classroom, I acknowledge that I came to this study colored by

my own experiences and bias (Peshkin, 1988). To help mitigate researcher subjectivity bias, I

took steps to reflect on and then take note and separate my personal experiences and beliefs

when collecting data by putting them in brackets (Creswell, 2013). Similarly, I will offer *member

checks* to participants allowing them to view copies of their transcripts and clarify their stories if

they feel they have not adequately represented their own experiences during the interviews (Creswell, 2013).

Despite the limitations of this study, this study is of significance as our world had the opportunity to question, reflect, and reprioritize our values, beliefs, systems, and ways of life with the COVID-19 pandemic. It is unfortunate that it took a pandemic and our world to undergo collective grief and trauma for some to realize the effects of trauma, the importance of mental health, TIC, and the need for connectedness and relationships. However, this pandemic has also positioned us well to study how TIC can be implemented successfully through teacher-to-teacher relationships to prevent retraumatization and prioritize our common humanity. Sometimes it takes a transformative shift in order for educational change and reform to happen.

Summary

In this chapter, I have presented how this study is situated within a qualitative constructivist research paradigm as a case study. This chapter provided the research design, context setting, plans and reasoning behind each step for collecting and analyzing data, proofs for validity and reliability of data, stated the role of the researcher, and limitations of the study.

This study offers insight on the success and struggles teachers face through their perspectives. Research has proven that teachers are the most influential towards students' success. What I aim to better understand through this study is the lived experiences of teachers exercising Trauma-Informed practices through peer coaching in the classroom. These conversations are underdeveloped in the field and critical to strengthening the components of adopting Trauma-Informed Care in schools and, ultimately, preparing policy makers, schools, and teachers to meet the needs of diverse students.

Trauma is widespread and has harmful, profound effects on children. As educators and interest holders' approach this understanding of the physiological, emotional, social, academic impacts of trauma, this understanding will propel and drive changes in our education systems. If we pay attention and listen, our students and children are always talking to us about what they need - sometimes in ways they only know how to communicate when something is not right. Sometimes this looks like: acting out, being easily frustrated, shutting down, being overly anxious about their grades, being distant from all their peers, choosing not to eat, and asking for help. With Trauma-Informed lens, educators will have insight on how to help especially in these times with the COVID-19 pandemic that never seems to end and upended most of our lives. As our community goes through collective grief and trauma, now is not the time to turn away but to be more involved as a community as we are stronger together - this is why this research is so salient, timely, and needed even more than ever.

Chapter 4: Research Findings

Introduction

This chapter presents the findings of the implementation of Trauma-Informed Care through peer coaching relationships which explores the following research questions: 1) In what ways do teachers' perceptions of Trauma-Informed Care change through peer coaching? 2) How do participating teachers describe Trauma-Informed practices they implement in the classroom? 3) How do these teachers' practices change as a result of peer coaching? 4) What influence do the school context, corresponding norms, and peer coach's beliefs have on teachers' practices?

As described in the preceding chapter, three types of qualitative data were collected: 1) document findings 2) interviews involving teachers, principal, and vice principals, and 3) school and classroom observations. The chapter begins by detailing the data collection process, including information about the participants and the shared findings from documents, interviews, observations, and final interviews.

Data Collection

Data collection for this highly focused case study included document findings, interviews, and observations. The document findings gathered were from D. Watson Middle school's website, California School Climate, Healthy, and Learning Survey (Cal-SCHLS) System, California School Dashboard, School Plan for Student Achievement (SPSA), School Accountability Report Card (SARC), and the U.S. News World Report on Best Middle Schools. After learning about the school fights from the document findings, news reporting regarding the school fights were searched and found. One of the participants mentioned in her interviews that she uses Twitter to look back at what she has accomplished, hence Twitter feeds were analyzed for relevant information on professional development, any practices related to Trauma-Informed

Care, and collaboration with other educational institutions. After collecting, writing memos and questions on the document findings, both peer coaches were individually interviewed with questions from Appendix D, attended two 1-hour training sessions foundational on Trauma-Informed Care and peer coaching (see Appendix G). Next, both peer coaches participated in two peer coaching cycles consisting of pre-observation conference, classroom observation, and post-observation conference. All administrators were interviewed following an observation of the entire school. Furthermore, Principal DJ generously provided her PowerPoint presentation regarding the "Trauma-Informed" training she gave the entire school at the beginning of the year including the survey results from 47 out of 85 of her staff about their thoughts of the school climate towards the end of the 2022-2023 school year. The data collection process ended with individual open-ended interview questions with both peer coaches. 6 out of 7 interviews were conducted in person. All the document findings, observations, and interviews occurred during February 2023 to June 2023. The following pages detail the findings gathered from documents, interviews, and observations.

Participants' Background

Catalina. Catalina did not enter the education field through traditional methods. In college, Catalina majored in Marine Biology and soon after she graduated, she worked in a Marine Science Laboratory in Miami. Catalina indicated she "loved science" but was missing connections with others. She had been a babysitter since she was 12 and worked at youth camps in the summer and recalled that she "thrived when working with youth". So, when the opportunity to work with kids to create hands-on exploration around Catalina Island and live on Catalina Island arrived, she naturally jumped at the occasion. At this exploration camp, Catalina engaged with students from ages four to college who arrived from various parts of California and

had differing backgrounds. Catalina, as a teacher of the camp, would help students explore the island and the ocean through scuba diving, snorkeling, and hiking. Catalina enthusiastically shared stories about students she had worked with from inland California who had never witnessed the ocean before. She described their sheer excitement and wonder as they experienced the ocean for the first time, relishing the opportunity to see it up close and immerse themselves in its vastness. She was excited to be part of their first experience. From Catalina Island, she moved to San Diego where she worked for 6 years as an Ocean Camp counselor. The group of students who would participate in these camps were local and this allowed her to build a relationship with schools in San Diego.

Catalina reported she "thoroughly enjoyed" working and loved witnessing children thrive at both camps, she would only see these students for three to five days. She wanted to create a "bigger impact" and take what she does in these camps and bring that into public education. That's when she went to graduate school to get her teaching credential in science. She also has a passion for working with middle school students unlike most of her peers in graduate school, and teachers in general. She excitedly described her commitment to this age group saying, "They're so creative! They're just so goofy! I love working with high schoolers, too, but I was like, 'Give me the middle schoolers!!' It's like they're cool, and we get to do all of the sciences. We just get to kind-of dabble in everything, and just get them excited about science, which is also like my jam."

During her teaching intern year, she worked at Alexander Middle School which is in the same district as D. Watson Middle School. She has been at D. Watson Middle School every year after that for 7 years. In the following school year (2023-2024), after her interviews, she became D. Watson Middle School's Teacher of the Year.

Shakira. Shakira's entrance to the teaching field was also non-traditional like Catalina's. Shakira was in the doctoral program for Chemistry, but like Catalina in the laboratory, Shakira was "miserable". Where she found "life" was when she had the opportunity to teach the discussion sections. "I got a lot of life from those, and I really enjoyed those even when I'm teaching statistical mechanics." That's when she "walked to the Education Studies Department" at the university she was in and asked about their program. It was easy to make a switch since she was already a doctoral student and recalled that as, "one of the best choices I've ever made".

Shakira has been teaching for 17 years in Tangerines District, the same district as Catalina. For the first 15 years of her career, she worked as a High School Chemistry teacher and for the last 3 years she taught 8th Grade Science. She has been a coach/mentor for 11 years. She was a coach for student teachers, early career district science teachers, and intern teachers. She co-directed a science research project with a university. At the time of this research study, Shakira was the present Science Department Chair at D. Watson. After interviewing Shakira for this research, Shakira went on to receive a highly regarded award in the teaching profession after being D. Watson's Teacher of the Year.

Principal DJ. Prior to becoming the principal at D. Watson Middle, Principal DJ was an international student from Africa. Her parents were missionary doctors in Africa, and they wanted her to have schooling in San Diego. DJ and her sister went to Point Loma Nazarene for college, and she was working on her pre-medical courses, hoping to meet the expectations of her Filipina parents. After working with her dad at the hospital, she learned that she "did not want to pursue being a doctor despite loving the sciences". In contrast, her favorite professor shared that her students loved when DJ was the teaching assistant for her courses and suggested that she take the education route. She taught Science in middle school from urban, high poverty communities

to suburban, affluent students. After completing her master's and administration credential, some of the roles she carried out in schools were ASB teacher, Summer Coordinator for college prep summer courses to encourage students to pursue a college education, a site school specialist at the district, an assistant principal, and finally a principal.

Principal DJ had a unique experience with Trauma-Informed Care as her school was part of a grant to implement Trauma-Informed Care, Restorative Justice Circles, Social and Emotional Learning (SEL), and Professional Learning Communities (PLC) back in 2013 when she was an assistant principal. This grant allowed five pilot schools to have "heavy training on these initiatives". School leads, which was inclusive of a school psychologist, teachers, and herself, attended county trainings and then curated those trainings to bring back to all staff with the goal in mind to have specialized Circles for students that were not doing well in school.

Principal DJ would have the whole staff take the Adverse Childhood Experiences (ACE) test, had her current principal share a traumatic experience in his life, shared his ACE score with the whole staff, and had a discussion about how ACEs affected students. Subsequently, these teachers were tasked with providing the names of students who would benefit from participating in these Circles. It was collectively agreed upon by the entire staff that these students would be granted permission to attend the Circles every Friday. From this experience, she continues to lead what she calls "Trauma-Informed Trainings" at every school site she steps foot in including D. Watson Middle.

VP Amelie. VP Amelie was a middle school music teacher and band director for 25 years before becoming an assistant principal at D. Watson Middle. She decided to head for the administration route because she "liked the idea of having influence over systems". She is also a

mother of three children and has a husband who would be returning to their home after years in rehabilitation.

In her interviews, she would indicate terms that showed that her work was trauma responsive. Before becoming an assistant principal, she feared that she would lose the connection she had with students. However, what she learned was that as an administrator, she now had the time to attend to the students' needs, wait for them to calm down, have the opportunity to sit with them, and have talks with them one on one. She would ask herself, "what's behind these behaviors?" when dealing with a student that was sent to her office.

VP Frank. VP Frank had been a high school mathematics teacher for 15 years at Sanae High, also in the Tangerines District, then decided to get a Social Studies credential, because he was "starting to get complacent". He then pursued an administrative credential and served as a Targeted Support Resource Teacher to support emergent bilingual learners for one year before becoming the assistant principal at D. Watson Middle. During this research study, he had just completed 11 months of being an assistant principal at D. Watson.

VP Frank lived in San Diego all of his life and he taught at the school where he went to school - Sanae High. He reported "loving the family-centered community", has seen and "understands the struggles that high poverty brings to the community, and the successes from people who have triumphed over their struggles". He indicated thoroughly enjoying being a teacher at Sanae High because of the camaraderie and collaboration he had with his colleagues. At Tangerines District, they were heavy on implementing PLCs and Sanae High thrived at having similar assessments, lesson planning together with teachers, creating the scope and sequence of the lessons for uniform pacing. Below is a table that describes all the participants interviewed for this research study.

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Table 4: Educator Interviewees

Participant Pseudonym	Position	Gender	Age Range	Years as an Educator	Ethnicity	Highest Degree
Shakira	8th Grade Science Teacher	Female	40-50	17 Years	White	Master's degree
Catalina	8th Grade Science Teacher	Female	30-40	8 Years	White	Master's degree
DJ	Principal	Female	50-60	33 years	Filipino	Master's degree
Amelie	Vice Principal	Female	40-50	25 years	White	Master's degree
Frank	Vice Principal	Male	50-60	15 years	Caucasian[1]	Master's degree

School Setting: D. Watson Middle School

D. Watson was opened in 1959 as one of the middle schools in Tangerines District. In 2001, it was named California Distinguished School, California Gold Ribbon School in 2005, Title 1 Academic Achievement Award in 2015, and Classroom of the Future in 2016. D. Watson's population consists of over 800 7th and 8th Grade students who live in the southern side of San Diego with 75.9% of their student population who qualify for free or reduced lunch due to their low-socioeconomic status. The majority of the students are Latinx (77.9%), emergent bilinguals (20.3%), students with disabilities (15.7%), and white (14.7%). There is a small population of Asian students (2.7%), two or more races (2.6%), Black/African American students (1.8%), homeless/foster youth (0.6%), Native American (0.2%) and Native Hawaiian or Pacific Islander (0.1%). There are 36 full-time teachers, 3 full time counselors, 3 administrators,

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[1] VP Frank referred to himself as Caucasian

and 11 instructional and health care assistants. There are about 68 adults on campus, not inclusive of custodians and cafeteria workers.

Like most schools in March 2020, D. Watson Middle School went on remote emergency learning and completed the rest of the school year virtually due to the COVID-19 pandemic and lockdowns. In April 2021, D. Watson Middle returned to school offering hybrid learning and then returned to full in-person instruction the following year (2022-2023) the year this study was conducted.

Phase 1: Before Peer Coaching Cycle

In order to answer research questions 4) What influence do the school context, corresponding norms, and peer coach's beliefs have on teachers' practices? document and observation findings were collected and analyzed to explore the ways in which the school context's climate and culture shape or influence the peer coaches' practices. Interviews were conducted subsequently to narrow down direct influences and for triangulation.

Document Findings

Divided Culture, Lack of Collegiality, Resistant to Change. A survey that was provided by the principal of D. Watson had a much larger and more accurate depiction of the school culture with 47 responses from the adults on campus compared to the CSSS. When asked to describe "entrenched structure and culture that needs to change", four themes emerged from the data. An overall resounding theme was the divide between the staff on the Poinsettia program, lack of collegiality and communication between adults on campus, adults' resistance to change, and high turnover of staff and administration adding to the instability and inconsistency of the school. Only 13% of the survey participants mentioned that there was "no entrenched culture" and four out of the 47 responses mentioned that the school structure and culture is "improving."

Lack of Professional Development Opportunities. In their SARC reports, D. Watson only mentions two avenues for professional development, which are their Friday PLCs and monthly faculty meetings. In CSSS, teachers reported needing more professional development on Trauma-Informed Care (68%), social and emotional development needs of youth (68%) and creating a positive school climate (61%). Although their SPSA reports mention that there are adult and peer modeling practices at D. Watson Middle, both current assistant principals mentioned these do not happen at the school.

Declining Population of Students and Increased Chronic Absenteeism. Over the years, enrollment in the school has been declining. In 2018-2019, D. Watson Middle was serving 1004 students, 966 students in 2019-2020, 914 in 2020-2021, 897 in 2021-2022 and currently 833 in 2022-2023. D. Watson's chronic absenteeism rate has increased overall after the height of the pandemic and in all student groups (emergent bilinguals, homeless youth, socioeconomically disadvantaged) except students with disabilities. However, students with Individualized Education Program (IEPs) are still among the highest groups chronically absent along with homeless youth. Some of the main reasons of why students do not attend school or miss school is due to feeling sad, hopeless, anxious, stressed or angry (56 students), lack of sleep (53 students), taking care of a family member/friend (35 students), bored or uninterested (27 students), no transportation (21 students), behind of school work or not prepared for test (21 students), not feeling safe in school (19 students), and being bullied or mistreated in school (16 students). While all these percentages are low, moving away from the percentage to number of students allows for a different perspective - to humanize these numbers to indicate the large number of students who are missing school due to social and emotional issues.

Poor Physical and Psychological Safety Among Students. Over the past four years, D. Watson had higher violence and substance use, higher physical and emotional victimization, and decrease in parents/guardians feeling welcome to participate at the school. Faculty believes some moderate to severe problems at D. Watson Middle includes: physical fighting between students (79%), vaping and e-cigarette (75%), harassment and bullying among students (75%), lack of respect of staff by students (68%), student depression and other mental health problems (58%), and alcohol and drug use (57%).

Congruent with the staff's beliefs about school safety being an issue at D. Watson Middle, 42.7% of the students reported having been harassed or bullied for their race, ethnicity, national origin, religion, gender, disability, sexual orientation, and immigration status, 33% of the students experienced hurtful rumors or pictures about them on social media, cellphone, and on an online platform, and 15.1% of the students have been in physical fights. All of these averages are higher than the district average scores as well.

Low Student Connectedness and Respect. Students report on the 2022-2023 CHKS survey that their relationships with their peers and the school's respect for diversity is lower than the district's average. Only 29.3% of D. Watson students "enjoy doing things with each other during school activities", "care about each other", "treat each other with respect", and "get along well with each other". Less than half of the students believe that students and *adults* in this school respect each other's differences (for example, gender, race, culture, sexual orientation) and nor do students feel that teachers show that they think it is important for students of different races and cultures at this school to get along with each other (46.1%). Not surprisingly, students' school connectedness at D. Watson is also lower than the Tangerines District average with

44.6% of students reporting that "I feel close to people at this school", "I am happy to be at this school", and "I feel like I am part of this school."

Increase in Suspension Rates. Unsurprisingly, their suspension rates have increased among all student groups: emergent bilinguals, Latinx, socioeconomically disadvantaged, students with disabilities, and white students from the year 2022 to 2023. 16.7% are homeless youth, 15.8% of the suspended students are Black/African American, 13% of the students suspended are male, 12.99% of the students are students with disabilities, 10.55% are Latinx, 10.28% are socioeconomically disadvantaged, and 8.75% are emergent bilinguals. Compared to the rest of the district, D. Watson's suspension rates for in and outside school among their African American and homeless youth are higher than average (Tangerines District averages are 10.3% for Black youth and 8.2% for homeless youth). 40% of the students who responded in the CHKS survey agree and strongly agree that "it is easy for students to get kicked out of class or get suspended" at D. Watson and 45% of the students agree and strongly disagree that "students get in trouble for breaking small rules". Students who completed the CHKS survey indicated that the "clarity of rules are unclear" and D. Watson Middle falls short on this average compared to the rest of the Tangerines District.

Efforts in Restorative Practices. In their efforts to increase and support the culture of kindness, forgiveness, and restoration, D. Watson Middle invited a non-profit organization whose mission is to "educate and inspire youth in the restorative principles of accountability, compassion, forgiveness, peacemaking and support for safer schools and communities" during the 2018 - 2019 school year. 7th Grade students of D. Watson Middle participated in a Peacemaking Assembly and then continued working with The Forgiveness Program for 10 weeks. In these 10 weeks Restorative Workshops, students learn how to manage their emotions,

take accountability for one's actions, make amends, practice compassion and forgiveness. Students also participated in active student lead discussions, shared personal views, opinions, and experiences on various topics provided by the program during their Advisory classes.

    Inequities of Poinsettia Program. D. Watson Middle School is well known for their Poinsettia magnet program where students take a foreign language and study cultures from around the world. This program has a dedicated team of teachers who "purposefully collaborate rigorous interdisciplinary units and project-based learning to expand students' global awareness." All students can apply for this program, and universally most students get accepted; however, if a student is an emergent bilingual learner or has disabilities, they are unable to participate in this program because they wouldn't have space for a foreign language class in their student schedule. Those groups of students would have to take a Literacy Enrichment course or Special Education support class that would take the place of Spanish, French, or Japanese, the foreign languages offered at D. Watson Middle. Because this is essentially not offered to all students, specifically those in the margins (emergent bilingual learners and students in special education), some teachers decided to dismantle the program which created a seven year "animosity" in the school. Some teachers and administrators have described this divide as "the haves and the haves not". Teachers have mentioned the culture as, "there is very much a feeling of us versus them because it's more of a competition against each other as a staff rather than working together to move forward." Another teacher mentioned, "one group believes that Poinsettia is detrimental to the school and the other believes it is vital to the school. I'm not comfortable saying that example, because it is shocking to me how every discussion seems to divide those two groups: schedule changes, votes, and things like that."

After looking through the document findings, more discrepancies in regard to parental involvement were uncovered. While there are parents and caregivers serving on the Poinsettia PTA, there are *no* parents leading the general PTA at D. Watson Middle. The Poinsettia PTA is made up of Poinsettia parents elected to serve on the board to represent Poinsettia parents in managing the budget for the Poinsettia program. They work in collaboration with the Poinsettia teachers to organize field trips, community service, and the annual Multicultural Fair.

Increase in D/F rate in core subjects among marginalized students. D. Watson offers a wide variety of Visual and Performing Arts (VAPA) electives, before and after school programs, foreign language program, also known as Poinsettia program, Science, Technology, Engineering, Arts, and Math (STEAM) Career Technical Education pathways, and English Language Development courses for emergent bilingual students. Their SPSA reports D. Watson has the largest and most comprehensive Special Education program in the district which is interesting to note since these students are not accepted in their Poinsettia program. The D/F rates in core subjects (like English, Science, Math, History) among emergent bilinguals, socially disadvantaged, Latinx, Native American, and foster/homeless youth are higher than the school wide average since 2017-2018, which was the furthest year accessible. After the height of the pandemic, there was an overall increase in D/F rates. Overall, D. Watson Middle had lower academic motivation (58.5%) compared to the Tangerines District (62.7%).

What is important to note is that Tangerines District as a whole has been part of the Differentiated Assistance program with no improvements in their supports for the same demographic of students two to three years consecutively (emergent bilinguals, homeless/foster youth, low SES students, students with disabilities, and/or students of color). The Differentiated Assistance program is a level two state accountability system intended to address inequities and

underlying causes that led to low student outcomes throughout the district. Other levels of support include general support, which is categorized as level one and intensive intervention - level three. Every school, district, and local education agency (LEAs) has their performance on state measures on the California School Dashboard reports. State indicators include academic achievement, chronic absenteeism, graduation rate, suspension rate, college and career readiness, and English learner progress. There are five performance levels indicated by colors: blue, green, yellow, orange, and red; with blue showing the highest performance and red specifying the lowest performance. Tangerines District falls under Level 2.5 category with student groups identified in "red" for two state indicators on their California School Dashboard reports.

Interviews Pre-Observations

The first phase of the educator interviews questions was designed to elicit answers related to the two research questions within this study. 1) In what ways do teachers' perceptions of Trauma-Informed Care change through peer coaching? 2) How do participating teachers describe Trauma-Informed practices they implement in the classroom? Thus, educator interviews responses were organized by describing each educator's responses to each of two research questions.

Teacher Perceptions of Trauma-Informed Care before Peer Coaching Cycle

Subscribed to Trauma-Informed Lens. Shakira has heard of the term Trauma-Informed Care through her professional development networks. Her understanding of Trauma-Informed Care was mainly "treating students like people". She believes a really important part of being a teacher is understanding that students are dealing with all kinds of obstacles and helping them become successful along with what they are dealing with. On the other hand, Catalina had a robust understanding of Trauma-Informed Care. Catalina mentioned that some students have

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awful and traumatic experiences, and these experiences impact their day-to-day interactions and

emotions. She understands that the only person who can truly understand what is going on within

us is ourselves and we might not be able to understand and know what others are going through.

She knows that a lot of youth are dealing with "pretty heavy stuff" and the pandemic with

distance/remote learning may have added to their traumatic experiences as well. Catalina

acknowledges that when a student has a behavior that is troubling, she understands that this is an

unskilled way of communicating their needs. As an educator, Catalina focuses on creating a

classroom space that repairs, fixes, heals, and creates belonging – "trying to make this space a

loving, welcoming place for all students." She concluded that schools need to do better to

support Trauma-Informed Care.

   Trauma-Informed Care as a weird, confusing term. While Shakira believes that

Trauma-Informed Care doesn't differ from what she currently does as a teacher, she found the

term Trauma-Informed Care as "weird" and "confusing". During the first part of the interview,

Shakira's body language consisted of twirling and retying her hair and then playing with her ring

on her finger and describing her experiences with open arms. What was interesting to note was

when Trauma-Informed Care was brought up in the conversations, Shakira's body language

changed - her hands started folding. Not much can be taken away from that as hands folding into

the body could mean feeling cold or feeling uncomfortable either on the topic, the sound of

another initiative, or being uncomfortable with the time or various other things.

   No prior training or experience in Trauma-Informed Care. When asked if Shakira and

Catalina had done any training regarding Trauma-Informed Care, both of them replied, "No, I

have not been formally trained" even though their current principal did a training on "Trauma-

Informed Care" at the beginning of the school year. According to Shakira, she was not present

for this training, and Catalina found the PD traumatic instead of trauma-informed.

Teachers' Descriptions of Trauma-Informed practices

Friday Feelings Survey. One practice that both peer coaches incorporate regularly is

giving out Friday Feelings Survey to check in with their students on how they are doing. The

survey consists of questions like "How has your week been?" and an additional question for

students to explain their reasoning for their rating or share what their upcoming plans are for the

weekend. Students rate their week on a scale of 1 to 5 – one representing "terrible" or "this is the

worst week" and 5 for "fantastic" or "this is the best week". After students submit the survey,

both peer coaches organize the spreadsheet intentionally searching for students who are feeling

1's and 2's and then read their reasons for their rating. After collecting the survey data and

analyzing them, both teachers would check in with their students individually - whether it's

wishing a student health and wellness if they are sick, connecting with a student that they haven't

been paying attention to as much as they would like to, wish them all the best at their baseball

game, or asking students if they would like to talk to a trusted adult after school. Sometimes,

Shakira would use this same platform to ask culture and climate questions to know how many of

her students have access to a cell phone and bring them to school, or how many students have a

Tik Tok or Instagram account.

Greeting students at the door. Some of the practices that Catalina mentioned were

greeting students at the door and while doing so, scanning for the "minute changes in their facial

expressions" and checking in with them or having a mental note knowing that the student might

be needing a break outside during class. Understanding that when students are throwing

something in the class or having a behavior that is troubling or disruptive is a form of unskilled communication of an unmet need.

Cultivating Strong Student to Student Relationships through Intentional Ice Breaker Activities. Additionally, both peer coaches arrange their classroom seating in groups so that students can interact and build relationships with each other, together with mixing up the arrangement every once in a while. Sometimes students are seated in groups of 4, other times students are in groups of 2, or rearranged altogether. Whenever Catalina and Shakira plan an activity in either groups or new seating arrangements, they intentionally design ice-breaker questions bounding students to interact and converse with each other. Shakira has all students write their name on whiteboard tables so names can be presented visually then orally for better retention. She would have students introduce themselves to each other and after that decide who can jump the farthest or highest, find out who lives closest to the school or whose birthday is closest to July, or "Who has the most pets?" The questions she asks are thoughtfully picked so that students must interact with each other. She avoids asking questions like, "What's your favorite food?" knowing that students can choose not to participate fully by saying, "I don't know."

In these interactions, Shakira facilitates or probes discussions. She would sit next to a student and ask them to share with her what everyone's names in the group are. If a student doesn't remember, she models for and teaches students to ask their peers what their names are. "Ask her what her name is. It's okay. There's nothing wrong with asking someone their name again." She mentioned that this is something she started doing differently this year by not assuming that when students sit next to each other they are going to be comfortable with each

other or know how to interact with each other. "I introduce them and then tell them to look at each other and say, 'nice to meet you'.

Cultivating Belongingness. In the classroom, Catalina designs the classroom space for students to feel like they belong. Students are allowed to hang up artwork they have created in her class, a different class, during their free time, or at home enabling them to have a piece of their creation in the classroom. In addition to the artwork, Catalina encourages students to identify what their rights are for them to show up as their true selves. Students partnered up with a peer and picked examples that connected to them or created one of their own. Then they designed posters for their Bill of Rights (i.e. I have the right to feel, to be heard, to imagination, to kindness, to safety, to speak) and hang them up all over the classroom.

Circles. Through positive experiences with group therapy and experiences of being a Camp Counselor, Circles came naturally to Catalina when it was first introduced to her in graduate school. She saw Circles as a means to build trusting relationships with her students at camp within a short period of time and transferred those practices to a school setting. Her Circles started off with everyone learning everyone's names and ice-breaker questions like, "What would be your superpower?", and weaving in questions later in the year that tap into more vulnerable questions like, "What are you looking forward to?", "What is something positive that happened this week?", or "What is something challenging you might need support in?" Catalina believes that starting Circles at the beginning of the school year allowed students to feel comfortable to speak their mind and frustrations regarding the frequent amount of school fights that happened in D. Watson Middle in January and February of 2023. In her Circles, Catalina provides students with the option and right to pass, knowing that just being present and listening

is powerful enough for students to understand that they are not alone as others validate similar emotions or experiences.

Through her daily interactions with her students and Circles, she hopes that she is one trusted adult on campus that students can go to when they need support. Whether they or their peers need an advocate, a safe place to eat their lunch especially during the time when there were a lot of fights on campus, or to cry or grieve when they break up with their boyfriend. These are some of the ways Catalina practices Trauma-Informed Care in the classroom. One thing to note is that Shakira does Circles but did not bring it up in our interviews when asked what Trauma-Informed practices she implements in the classroom.

Building Strong Rapport with Students. Catalina incorporates ways to get to know her students into her everyday lessons. She sends out a survey at the beginning of the school year asking students names they prefer to be called, pronouns, hobbies, and interests. Some of the community building activities include Two Truths and a Lie.

Equity Sticks. In addition, Shakira believes that using Equity Sticks is trauma-informed. Equity sticks are a tool that teachers can use in the classroom to call on students to respond to an answer that avoids unintended or prevents bias. A student's name is written on each equity stick and placed in a jar where teachers can easily access and pull names. The purpose of equity sticks is to ensure that every student has a chance at equal participation because "equity requires participation" (Strategic Education Research Partnership, 2023) and participation in class has a significant impact on how students learn and engage in the classroom.

Prior Coaching Experiences

Formal Coaching Experiences and Training. Shakira has a vast amount of experience with coaching as she has been coaching for over 10 years and enjoys it thoroughly. Her first

coaching experience was with a local university professor who taught her how to debrief an observation with a teacher, how to ask questions, to listen more than tell, use the power and art of silence, and to regulate her own emotions. Shakira later had formalized coaching trainings through the induction program at the Tangerines District, reading the Art of Coaching by Elena Aguilar, the Art of Coaching Teams, and a Math and Science Teacher Fellowship. At the Tangerines District, she participated in coaching instruction professional development (PD) where she took part in a lot of role-playing. Finally, Shakira practiced coaching through the Math and Science Fellowship for teachers who were in the teaching fellows' program on knowing how to give "warm, kind, and specific feedback." On top of her formalized coaching experiences, she has experiences with some elements of coaching through lesson study.

Informal Coaching Experiences. Although Shakira has never had formalized peer coaching opportunities, she partakes in informalized peer coaching with Catalina. When asked about her coaching experience, Catalina mentioned that she hasn't coached anyone before. However, after probing further into her background, Catalina has had a lot of informal coaching experiences with incoming teachers at her school. Catalina is the point of contact for novice teachers, provides lessons, assessments, engaging activities for the teachers to use in the Science Department and teaches them the value and equitable practices of Mastery Based Grading. Teachers ask to observe her classroom so they can understand how to implement practices in their classroom. Catalina has also served as the Science Department Chair.

Phase 2: Two Rounds of Peer Coaching Cycle

The two participants engaged in a specific Trauma-Informed Care training and two rounds of peer coaching to improve their knowledge and understanding on Trauma-Informed Care to answer research questions 1) In what ways do teachers' perceptions of Trauma-Informed

Care change through peer coaching? 2) How do participating teachers describe Trauma-Informed practices they implement in the classroom? 3) How do these teachers' practices change as a result of peer coaching? As previously stated, I, the PI, provided the Trauma-Informed training, observed the pre- and post-observation conversations, and observed the peer coaches in the classroom and analyzed the data afterwards. The purpose of the pre- and post-observation conferences and classroom visits extended beyond mere data collection. They aimed to validate and enrich the data gathered from the initial interviews, effectively employing triangulation to ensure a more comprehensive and accurate analysis.

Peer Coaching Structure

At the beginning of each peer coaching cycle, the peer coaching goals were read aloud: "1) to support a colleague in their professional development and growth without passing judgment or making evaluations about their observations, 2) share successful practices through collaboration and reflective practice, and 3) build a sense of community" (see Appendix F for full protocol). Then to allow for teacher choice and autonomy, peer coaches shared their lesson plans. At this time, only feedback that required small adjustments were given. At the end of the pre-observation conversation, the observing peer coach would prompt their peer on what observable data they would like to collect. During the post-observation conferences, the observable data was shared, questions that allowed for reflection were asked, and any feedback for improvement was shared. All pre-observation conferences and post-observation conferences were observed for approximately 30 minutes. Observations ranged from 20 minutes to 50 minutes.

Observable Trauma-Informed Practices in Peer Coaches Classroom

Beyond the Trauma-Informed Practices mentioned by teachers during their interviews, additional practices were directly observed to triangulate the data. This was particularly important because neither teachers did not have a full grasp of Trauma-Informed Practices, making it essential to intentionally observe their implementation in the classroom to ensure a more accurate and comprehensive understanding. Venet (2021) mentioned that for equity-centered trauma-informed practices to be a universal approach, four proactive priorities or thought processes informed by trauma are: predictability, flexibility, empowerment, and connection. These were all evident in Shakira and Catalina's classrooms.

Predictability. Catalina and Shakira provided consistency and predictability in their classrooms with clear expectations, routines, reminders, and teacher modeling. The agenda was displayed at the front of the classroom for students to know what is expected of them. In their slides, Catalina and Shakira will inform students what they need for the day, where to place their backpack, and what is expected of them. On top of the written agenda, Catalina prepped her students by sharing with them what they will be participating in. At every move that Shakira made, she prepared students for what she was about to do, "I am going to turn off the lights" and "I am going to turn the lights back on." Toward the end of the period, Catalina was giving reminders of the time and directing students to make finishing touches to prepare for the transition of ending their work and going into their next period. Shakira reminded her students of the trust she keeps with them, "What you write in the survey is between you and I. Please be honest with how you feel."

There was also consistency among the activities in the classroom. Each time Catalina posed a question, she allowed for her students to have some "think time" before passing the talking piece and verbalized it, "I will give you a second to think" or "I invite you to take a look

without talking for a second." Both Catalina and Shakira mentioned that each time they rearrange the seating of students, they engage in a team building activity to connect students with each other. When I observed Catalina engage in Circle time, she started off with breaking the ice by grabbing a huge exercise stability ball (sometimes referred to as yoga ball) and having students pass it to each other with hands first and then later with their feet. All students were involved in this activity. This practice also confirmed and was congruent with the initial interview.

Before engaging in a new practice, both peer coaches would model the expectations or vulnerability levels they would like in the classroom. When Shakira introduced her guided meditation, she started off sharing her own experiences and benefits of meditation: "Something I do when I am stressed, I try to do every day which reminds me I have to do with you." Shakira went on to say that it makes her "feel at ease" and "feels her stress go down a little" when she listens to guided meditations. Before asking her students to share their experiences on the first day of school, Catalina first modeled and shared that on the first day of school, she was "nervous because she wanted to be certain all students felt welcome."

Finally, Shakira and Catalina were consistent with the behavioral reminders in the classroom. If students were having side conversations while it was someone else's turn to talk, Catalina would remind and redirect them, "remember, we are listening without commenting on other stuff." Over time, instead of Catalina redirecting students to not have side conversations, students were redirecting other students to focus.

Flexibility. There were ample opportunities for students to gauge how they would like to show up in the classroom, check in with themselves and notice what they need. Both peer coaches were proactive and allowed for accommodation as necessary. For example, Shakira

prepares her students, "I am going to turn the lights down. You can close your eyes or whatever is comfortable for you." When Catalina greeted her students, they had an option to take a mindfulness card with them or not. Students got to choose, or exchange their cards, and keep one card for the entire class period.

A student asked, "Can I change mine?"

Catalina replied, "Yeah, you can!"

Catalina showed various opportunities for flexibility in the classroom by allowing students to choose their seat, to sit on the table or on the chairs, to decide as a class what would be their talking piece in the circle out of three other options, to write their letters outside of the classroom or inside of the classroom, and to choose what color letter and envelope they wanted to write in. If students finished their tasks early, they had the option of writing on their friend's letter leaving little reminders of their friendships.

Even in their redirection of behavior, there was flexibility. Shakira would redirect some of her students, "Please close your iPads. I am not forcing you to participate but what you can do is put your head down." She then goes on to say that students closing their iPads creates the environment and space to support other students' engagement in the practice. Students replied with "yes, ma'am" and head nods.

Empowerment. During this observation, Catalina gave opportunities for students to lean on their past strengths to guide them with their upcoming stressors. During Circles, she posed questions like "Looking back to July 20, 2022, what do you remember about the first day of school in 8th Grade? July 19th, 2023: What is something you are looking forward to or are unsure about or worried about on the first day of 9th grade?" Students were able to connect their experiences of their first day of 7th Grade with similar emotions and feelings as they think about

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their first day of 9th Grade. Shakira also did the same in her classroom by tapping into the strengths of her students when she asked her students, "What are some things you listen to when you are stressed?" and students replied, "YouTube!" Another student raised their hand to agree that they too listened to YouTube.

Catalina and Shakira also empowered her students through their positive feedback. At the beginning of her class, Catalina commended her students for their efforts on their assignment. During Circle time, Catalina was constantly affirming her students, "Woohoo! Nice! Nice job, everybody! Nice collaboration!" At the end of the meditation, Shakira said, "Thank you to those who are respectful to help the class."

Offering students the option to engage or not through invitational language can foster a heightened feeling of safety by: "communicating to students that they can collaborate with you on what works best for them; empowering students with agency to make their own decisions about what is most comfortable for them; promoting trust as students' individual experiences are taken into consideration and valued" (Greater Good Science Center, n.d.). Catalina conveyed a Trauma-Informed practice she would like to explore was using invitational language and fully listening to her students' responses without responding during the Circle activity, hoping that students will listen to each other well in like manner. This trauma-informed invitational language originated from the Trauma-Informed training provided earlier that same month (Appendix G). During the observations, Catalina requested Shakira to collect data on what language, verbally and physically, she was using and how that might impact students' participation or behavior. She wanted to know if what she was saying allowed for students to have a comfortable environment to share during Circles. Additionally, Catalina requested Shakira to take note if she was fully listening to her students.

There was numerous evidence of Catalina's invitational language. On the projector, Catalina's slides read, "May Talking Circle. As you enter, I invite you to put away all your backpacks and electronics and find a seat in the circle. Bring to desk: just you!" During Circle time, she said to her students, "I invite you to listen and be present. I am going to invite you to listen with your whole heart."

"This is an intentional space to be heard and to really show up for each other. I invite you to be that person."

"You have the option to pass, say another word, or say more"

Even in her instructions in the classrooms, Catalina invited students to sit on the table instead of their chairs and all students did. After students went a full circle sharing, Catalina invited them to write a letter to their future self.

Connection. In the classroom observations, there were many positive interactions and connections among the peer coaches and their students. At the beginning of the class, Shakira greets the whole class, "Welcome to class! Hello!" Some students reply to her with "Hi, Ms. Shakira! How's your day?" A student came in worried about their grades and Shakira reassured them calmly, "you'll be okay."

As for Catalina, she stood by the door welcoming students with a smile as students walked into the classroom while simultaneously instructing them to put their bags by the door. There was music playing in the background to invite students in while Catalina greeted them with an option to take a mindfulness card. "Welcome back! Happy Monday!" By 8:45am, students were all sitting in a circle. First, Catalina started off the class with a check in question: How prepared do you feel for the end of the school year? 1: Worried, 2: Mixed, 3: Prepared, 4: Ready, let's go! Then, she shared announcements; for instance, updates on their grades,

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opportunities for after school tutoring or to check in with her, final exams, deadline for students to return their iPads, 8th Grade rehearsal and promotion, and commended them on their efforts on their assignment. Students were listening to the announcements and some gasped realizing that it is the final week of school. _All_ students were turned to face and were paying attention to Catalina.

Shakira and Catalina showed that they cared about their students through their postures and gestures. Shakira's interactions with her students were at their level - face to face. Instead of looking down on them, she would descend to match their eve level centering the humanity of her students. The same gestures of wanting to listen to students was noted as Catalina cupped her hands behind her ears to signal that she was trying to hear her students more clearly, especially for students who were soft spoken or farther in distance than where she was in the circle. This was congruent with the interviews of both peer coaches as they have mentioned their strong rapport with their students.

In addition to building strong relationships with their students, both peer coaches also cultivated student to student relationships in their classroom. Catalina would encourage her students to "check in with your neighbors" if any of their peers did not get a mindfulness card and wanted one. During Circles, Catalina started off with a team building activity by grabbing a huge exercise stability ball (sometimes referred to as yoga ball) and having students pass it to each other with hands first and then later with their feet. All students were involved in this activity.

Catalina gained the trust from their students as this was displayed during her Circle discussions. Students were comfortable sharing vulnerable moments in front of the whole class, "I remember being scared and anxious" and others were saying, "I realized that I am not alone in

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this feeling." When Catalina prompted students to anticipate entering their high school years and "ending their teenage years" or becoming an "older, legal adult", some students responded, "Woah!" and students conveyed, "I don't want to go to a private school next year. This year went way too fast." Some students shared, "I am worried about meeting new people and drifting away from the people you already know" and "I am worried about the work."

Pre- and Post- Observation Conferences

***Strong Rapport between Peer Coaches*.** In every interaction, Catalina and Shakira would share about their weekend woes before jumping in the coaching conversation. Sometimes it would be about celebrating teacher stationery wins at the Dollar Tree or sharing family events or issues at home. This showed that they genuinely cared about each other and had a relationship outside of work as well since some of the topics discussed were vulnerable topics.

There was evidence of trust between Shakira and Catalina. For example, instead of Shakira sharing what were her observations in the classroom, she gave her entire handwritten reflection to Catalina to view and read. In the pre-observation conversation, Shakira communicated that she has been hesitant to use meditation in the classroom. As a coach for many novice teachers, she has observed many novice teachers try meditation in the classroom and found students misbehaving or not taking the meditation practice seriously. To share that fear in front of Catalina showed that she trusted her with her fears and doubts.

***Various Types of Feedback including Trauma-Informed Practices*.** With their collegial, trusting relationships, both Catalina and Shakira were able to engage in *meditative feedback* and *technical feedback* in their peer coaching post-observation meetings. They not only provided descriptive reports, informing about the sequencing of the delivery of instruction, but also posed non-judgmental, reflective questions to grant their peer coach to analyze their own actions and

decisions in the classroom through inquiry (Garmston, 1987). For example, Shakira contributed

ample food for thought regarding Catalina's actions and how they may have affected students'

behavior and comfort. For example, "I wonder… if there was a difference between students

sitting behind their desks versus sitting on the table without the table as something that

physically hides or blocks them" and "I was worried that Catalina's good vibes felt influential

for the students to also have to say that they were feeling good." Shakira mentioned the

importance of modeling vulnerability without having to share your deepest, darkest secret.

Additionally, she warranted some ideas to be considered with commendation on

Catalina's work, such as, "I saw that you were intentional with words on your screen. Holding

space - Do kids know what that means? It's totally appropriate and on the mark. When you say,

"take space and make space" you do explain what it looks like and feels like." Shakira referred to

Catalina's actions when she encouraged students to listen with their whole heart and show up for

each other. Shakira further suggested, "They really connected to the letter writing. What if you

did that at the beginning to get their mind going on the topic or more time for thought" to which

Catalina responded, "Oh! That's a cool idea!"

Shakira included more positive feedback; for instance, she mentioned that this Circle was

a meaningful activity to reflect on and not an activity simply to check a box. Shakira pointed out

that Catalina was highly intentional about using the words, "I invite you to…" and that students

did a good job listening to the norms, "holding space", and being okay with not passing.

Since Catalina has had prior experience with implementing mindfulness and meditation

in the classroom, she suggested scaffolding beforehand and over time. Catalina has mentioned in

the past that students' first reactions to something scary and uncomfortable is to act in defiant or

nonchalant ways which could be laughing, talking, or not listening. Some students have not

learned or have unlearned to be in tune with their bodies or have disassociated with their bodies in order to survive. So, to assist them with reintroducing and bringing awareness to their bodies and it's sensations, she recommends starting off with a 10 to 30 seconds short and fun mindfulness[1] activity, instead of 5 to 10 minutes. For example, she suggests from past practice, "Who can hold their breath for a really long time?" and had her students make their mouths round and big and hold it in. She advised having students slouch, then sit up right, then slouch again, share how that feels, and finally sit upright and check in with their bodies to see how they feel. Other fun activities included mindful tasting with treats in the classroom and sharing the flavors students taste or inviting them to close their eyes and ask students to pay attention to what they hear. The latter activity has a dual purpose as it could allow students to get used to closing their eyes in the classroom. After teaching body-based awareness, then over time, longer mindfulness or guided meditation activities can be introduced. Moreover, Catalina mentioned that she learned from another Science teacher, who is the head of social and emotional learning at her school, that sharing the psychological benefits of breathing could help with students' buy-in to breathing activities. As Catalina was sharing all these low-entry, fun activities, I saw Shakira writing all of these recommendations down. This feedback shows evidence that Catalina has been practicing Trauma-Informed prior, knew how to give feedback to enhance the practices of Shakira, and had a network of teachers who she has learned Trauma-Informed strategies from.

None of the participants engaged in *evaluative feedback*. Their post-observation conference was held in a lighthearted, professional manner that created safety for both teachers to share their worries, thoughts, questions, insights, negative and positive past teaching experiences enhancing their learning experiences.

Dialectical Levels of Reflectivity. Most compelling is that through the peer coaching experience, both participants were able to engage in a *dialectical* level of reflectivity, the highest form of critical reflection (Gonen, 2016). Their steadfast relationship between each other provided an avenue for peer coaches to be receptive to the Trauma-Informed training and peer coaching experience causing them to cross-examine and reconsider experiences, imagine alternative ways of thinking, and question outcomes of teaching in a wider social perspective (Gonan, 2016; Taggart & Wilson, 2005). During Shakira's post-observations, Catalina asked questions like, "What do you feel?", "Would you try it again?", and "How can I support you in your next steps?" all questions that were comparable to the ones in Appendix F. Shakira responded to all these questions in very reflective ways. Even though Shakira really liked the guided meditation she used as she was thoughtful in selecting a voice that represented the diversity and age group of the classroom, and was encouraged by students' participation, she still has not found comfort with practicing meditation in the classroom. Still, this lack of comfort did not deter her from her plans to implement meditation in the future. Shakira communicated that she would use a guided meditation the following day right before and after the exam. Catalina then probed, "Would there be other situations that you would use it?" and Shakira replied, "before having a hard conversation." Shakira added that she prefers guided meditations over "just breathing" because guided meditations grant her to take her mind off of things. Shakira reflected saying, "I'm glad I did it!" and wanted to identify ways to get more accurate and genuine survey responses mitigating some students' desire to please. Shakira said, "I want them to tell me how they feel, not what I want them to feel." Catalina recommended communicating that desire to students at the beginning of the survey, giving them permission to be honest, might help.

Evidently, they also engaged in *technical* and *contextual* levels of critical reflection. Catalina reflected that she was unsure about the sequencing of the questions. She started off with a higher stakes question on emotions at the beginning of the circle and decided over time to have a lower stakes question so that students could ease into the conversations.

Changed Practices

Guided Meditation. Meditation helps students pay attention to their breath and their body, a time to slow down and anchor themselves in their breath which may help reduce anxiety, increase focus, and a greater sense of calm (Greater Good Science Center, n.d.). Since finals week was around the corner, Shakira wanted to implement guided meditation for her whole class for five minutes. As a teacher, she benefits from using the Calm App on her daily commute to work and utilized this peer coaching observation as an opportunity for students to practice meditation and receive feedback on her application. In the pre-observation conversation, Shakira communicated that she has been hesitant to use meditation in the classroom. As a coach for many novice teachers, she has observed many novice teachers try meditation in the classroom and found students misbehaving or not taking the meditation practice seriously. She worried that this would be the case in her classroom as well. She hoped her relationship with her students over the year would allow things to be different in the classroom. Shakira had already executed these lesson plans three times prior to us observing her in the 4th period.

Through the medium of guided meditation, Shakira intended for her students to focus on their breathing and to listen to the positive affirmations. To create the space, Shakira planned to turn the lights off and use invitational language, in the same manner as Catalina. Shakira requested Catalina to observe what her students were doing as Shakira modeled and participated with her students in the guided meditation. She will then be giving out the survey to students to

see if the guided meditation affected their emotions and if there were any changes with how they felt about their final examinations.

Even though Shakira really liked the guided meditation she used as she was thoughtful in selecting a voice that represented the diversity and age group of the classroom, and was encouraged by students' participation, she still has not found comfort with practicing meditation in the classroom. Still, this lack of comfort did not deter her from her plans to implement meditation in the future. Shakira communicated that she would use a guided meditation the following day right before and after the exam. Catalina then probed, "Would there be other situations that you would use it?" and Shakira replied, "before having a hard conversation." Shakira added that she prefers guided meditations over "just breathing" because guided meditations grant her to take her mind off of things. She then reflected and speculated if she were to make meditation a regular practice like "Meditation Mondays", students would start or continue to find benefits leading to increased students' engagement and participation.

Phase 3: After Peer Coaching

Interviews Post-Observations

In order to answer research questions 1) In what ways do teachers' perceptions of Trauma Informed Care change through peer coaching, 3) How do these teachers' practices change as a result of peer coaching? 4) What influence do the school context, corresponding norms, and peer coach's beliefs have on teachers' practices? educator interviews were conducted. These interviews were conducted in order to offer teachers the opportunity to reflect and provide their unique perspectives and experiences following the two rounds of peer coaching cycles. With the interviewee's permission, all interviews were recorded and transcribed. The following paragraphs describe data that emerged from the educator interviews.

Changed Perceptions

"It's who I am" - Catalina

While there were not many changes of practices on Catalina's end, there was a huge shift in her perception of who she is as a leader, her experiences with Trauma-Sensitive practices, and her ability to reciprocate to a veteran teacher. Catalina was thrilled that Shakira wanted to do a mindfulness[1] activity, something to which Catalina had embraced as a teacher earlier on in her career and had a considerable amount of experience in. She was excited to see "Shakira's spin on mindfulness" to inform her own teaching. Catalina has always felt comfortable on the receiving end of being coached or the learner in the professional relationship. She has thought to herself, "What do I have that I am able to tell someone else what to do?" and still feels like a new teacher, despite being in the field for 8 years. Notwithstanding, as a result of their strong rapport and her experience with mindfulness, she was able to tap into her first experiences implementing mindfulness and share those strategies with Shakira. That experience guided her to the realization that, "This is my 8th year teaching and I have some wisdom and something to add to the conversation." Catalina consequently felt she was able to reciprocate the wisdom Shakira normally offers to her. She mentions how effective Shakira is as a teacher, what she does well, the intentionality she gives in building classroom belonging, and how Catalina picks up after her most of the time. On the other hand, this was a chance for her to offer something back to Shakira. While it still was an uncomfortable experience for her as it was not a position, she normally would put herself in, she felt that it was a good, essential experience to learn that she indeed was a leader.

With the help of the Trauma-Informed training, Catalina was able to "recognize tangible steps" on how she can effect change with her students and peers and validate her current trauma-

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responsive approaches improving her efficacy in Trauma-Informed practices. She has been

overwhelmed and paralyzed with the number of structural changes that need to be addressed and

mended in education and is frustrated that schools and districts are carrying on in a normal state

of affairs without addressing the changes and needs of a world-altering pandemic. The training

allowed her to feel seen, made the workload seem more manageable, and reminded her of an

activity she does with her students called the "spheres of influence".

Changed Practices

Shakira believes that Trauma-Informed Care is "super" necessary in the classroom.

Outside of family, Shakira conveys that schools and teachers have an immense impact and

tremendous power in shaping students, influencing how a student feels about themselves, and

improving or destroying the sense of who they are. She still feels like Trauma-Informed Care

should be essentially what teachers do - developing people and centering their humanity, the

forefront of education. "As a teacher, I embed Trauma-Informed Care in how I am with students

and how I expect students to be towards other students as well. I am thoughtful in the ways I am

treating my students." While peer coaching did not change her perception of Trauma-Informed

Care, she feels that participating in this research project gave her "a better sense of what Trauma-

Informed Care is" and gave her "the opportunity to implement a new practice".

Shakira went outside of her comfort zone and implemented a guided meditation in class

despite having reservations of seeing students misbehaving in other teachers' classrooms. She

was pleased that she attempted guided meditation, which has been useful in her own practice

during stressful moments, during a stressful time for students: final examinations. "I know that

students have a lot of anxiety about tests, whether they show it or not. I have never personally

had a lot of test anxiety. I was trying to think about putting myself in their position and short

meditations is something that I try to practice. So, before my interview this morning, because I was feeling anxious, I did that [guided meditation]." Additionally, she appreciated the fact that she got to implement it with Catalina observing her because, "I feel like as a teacher, it's really easy to focus on all the kids who aren't doing x, y, and z… But she [Catalina] helped me see quite a few kids who were into it." The student survey responses confirmed that students really connected with the guided meditation, felt a sense of calm after the meditation, and reduced students' nervousness specifically in a test focused environment.

Trauma-Informed Training as Cathartic

Catalina mentioned that the two 1-hour Trauma-Informed training (Appendix G) was "cathartic". When asked why she felt that way, she responded that the school system hasn't provided collective time to process the struggle of being a teacher during and after the height of the pandemic. "I'm just trying to shove it down and keep going. The school system has been "business as usual" when it is not. The kids are not okay. We are not okay. Help us! I don't know who to ask for help, but help! We need help! So, it is nice to be in spaces to pause and know how I can affect change with my students and with my peers. It's really powerful to have space to reflect with each other." At the end of our interviews, Catalina mentioned, "I'm down for whatever in the future, you can sign me and Shakira up! I am speaking for her" and laughs.

During the member checking, Catalina added that she brought up this training to her Site Leadership Team about how important it is for teachers to have a "space to talk about what we're experiencing as an educator and to be treated as a human too that has gone through a traumatic event." She advocated for brainstorming how we need to support students more, how the training was helpful, and how important it was for teachers to have the space too.

Phase 4

In order to answer research questions 4) What influence do the school context, corresponding norms, and peer coach's beliefs have on teachers' practices? interviews were conducted and analyzed to explore the ways in which the school context's climate and culture shape or influence the peer coaches' practices. To understand the school's culture and climate, not only did I interview the two peer coaches, but three administrators as well to have their perspectives on how they would describe D. Watson's culture and climate. Interviewing the principal allowed me to have access to a staff survey regarding the school's climate.

Influence of School Climate and Culture

Some Trauma-Informed Support from Administration. Besides Shakira and Catalina, Shakira has seen some of her colleagues prioritize the humanization of students. Shakira has witnessed her administration being mindful of how they are talking, having conversations, and treating students with respect. "They do not yell at students." She knows that some teachers do subscribe to the trauma-informed practices, but would not call them "Trauma-Informed" only because they might not be familiar with the term or what it entails.

Interviews with administrators were conducted to triangulate findings. From all three interviews, all administrators are also subscribed to Trauma-Informed Practices. For Principal DJ, her definition of Trauma-Informed Care is "a collaborative philosophy that acknowledges the impact of one's life experiences and guides our interactions to promote connections, inspiration, strength, and healing."

Congruent with the perception of Shakira and Catalina, VP Frank believes that Trauma-Informed Care is imperative for D. Watson Middle especially among teachers with their history of "bad blood" regarding the Poinsettia program and their own personal traumas. He acknowledges that staff and students have experienced trauma and react to trauma in various

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ways. He supports teachers by not judging teachers for taking time off or a mental health day, believing that people are experts of their own self-care, empathizing with teachers' unique situations, comprehending that individuals have numerous ways of recovery, and connecting teachers to professional help understanding his limitations. He wants his teachers to be mentally in the right place.

As for VP Amelie, she understands that people are complex and multifaceted. She recognizes that trauma impacts each individual in innumerable ways, and everyone has a different response to trauma. She too understands the importance of providing spaces and outlets to process trauma as her husband was not able to, which led to a "big event" and had to go through rehabilitation for substance abuse. She shared that the both of them have some cleaning to do in their lives while acknowledging that they have the privilege of time and space to immerse themselves in rehabilitation, learning, and growing.

VP Amelie believes that Trauma-Informed Care is absolutely necessary for the school and recalls the story of a student who attended D. Watson Middle that was sexually trafficked, was rescued, and returned back to school not being the same student anymore. She had to navigate, not telling her teachers the details of her story and providing safe places for her to check in even during her outbursts. Amelie referenced the tension of how to support a teacher who is going through personal physical health issues, while not revealing to a student's parents why that same teacher lashed out and crossed some lines verbally with this one student. Although most teachers were introduced to Trauma-Informed Care by Principal DJ, have identified the need for and are in agreement with TIC at D. Watson Middle, VP Amelie says that teachers don't know what it looks like in their day-to-day practice in the classroom nor are they implementing it in their school systems. VP Amelie then mentions the need for an outside

organization to lead TIC at D. Watson, instead of Principal DJ, to legitimize and have more buy-in with TIC.

Not a Trauma-Informed School Yet. However, D. Watson has a long way to go in terms of being Trauma-Informed. Shakira has seen classified staff and teachers, who she respects, yelling at students in rude and disrespectful ways or are dismissive of students. A couple of students were standing in a walkway during a nutrition break, and a colleague started shouting at students, "MOVE! You! Move now!" That activated and ramped up these students to record the teacher and yell back, "Why do you have to be rude? Why can't you ask us nicely? Why do you have to yell at us? We don't deserve that!" The colleague just walked away from the students after treating them in that manner. She believes that adults should be modeling what respect looks like, to be compassionate, supportive, and humanizing, so there is a lot of room for growth at D. Watson Middle.

In agreement with Shakira, as a school, Catalina does not believe that they are Trauma-Informed nor are some teachers willing to adopt strategies. Previous principals have brought in social emotional learning and restorative practices at D. Watson, but some teachers have pushed back. She has heard teachers say, "I don't want to learn something else", "That's not my teaching style", "Why do we have to do this?", "Is it really effective?", or "My students don't want to talk." This is congruent with the document findings of the D. Watson Middle being resistant to change. Catalina assumes some teachers are not open to learning things because sticking to their current or "old-school" methods is familiar and requires less of them. She recalls that some teachers have had negative experiences with restorative practices because they did not know how to implement them due to lack of training.

Lack of Training or Poor Professional Development. Unfortunately, the Tangerines District does little to provide active, quality professional learning opportunities. The district website's recent professional development dates back to 8 years ago depriving teachers of support - an imperative need for school success, states Shakira. Opportunities for teachers to connect, share, and learn from each other districtwide are nonexistent nor are there instructional coaches to provide assistance, encouragement, or challenge. Instead, the "district gives some resources, and communicates that teachers need to work harder, do better, or that they are not doing enough for their students." Shakira discloses that there is "no acknowledgement from the district about how much harder the work is returning from remote learning nor did the district take time to understand teachers' perspective". As a teacher, Shakira checks in on students, but this is not reciprocated from her leaders as a teacher. "There is no one asking how teachers are doing."

VP Frank mentions that new teacher support is nonexistent outside of PLCs and not all PLCs are inclusive and collaborative like the Science Department. VP Amelie says that the PLCs at D. Watson are not effective currently, but there are pockets of teams, like the Science Department, who work really well together, are collaborative by nature because their personalities naturally fit which is a "happenstance". Outside PLCs, the only collaboration occurring at the school is the ROSE network that Shakira introduced to D. Watson Middle and if the teacher is part of the Beginning Teacher Support and Assessment (BTSA) program. Teachers wanting to pursue the administration route have the opportunity to shadow or take on tasks that VP Frank or Amelie offers with guidance, but overall, VP Frank agrees that there is a lack of support for teachers at the school.

Additionally, VP Amelie and Frank verified that there were no peer observations occurring at the school despite its SPSA reporting otherwise. VP Amelie would "love for

teachers to have peer observation opportunities" and believes that "teachers at D. Watson would love the opportunity as well". However, with the lack of substitutes, it would be insensitive and irreverent of Amelie to think of encouraging teachers to observe a colleague when they are already sacrificing their prep time to cover for teachers who are absent.

During the week of the frequent school fights, Principal DJ required teachers to incorporate Circles in the classroom without training or providing resources beforehand. Some circles ended up being detrimental for teachers and students combined. Teachers mentioned that some students did not want to or did not feel safe to talk. One teacher decided to use her first implementation of Circles to inquire feedback on her teaching. Students took the opportunity to be brutally honest with her resulting in the teacher crying and yelling at all the students. Catalina said, starting with smaller, less risky questions would have been helpful for the teacher, but teachers did not have training or guidelines to practice it in the classroom.

One professional development that was mentioned in the interviews was provided by Principal DJ, but instead of being effective, it ended up being harmful and retraumatizing for the teachers, staff, and students resulting in one of the teachers reporting Principal DJ to the union and then quitting. Principal DJ called this her "Trauma-Informed" training that she also provided to two schools prior to D. Watson. Principal DJ had photos of students who had behavioral issues at school and broadcasted their trauma. This caused Catalina to have a lot of anxiety, worrying if those students or any student might walk in and see their pictures up on the PowerPoint slide. She understands that it is important to know that people come with trauma, but singling students out and exploiting their privacy to make a point was not necessary. There were other avenues to get the same point across without harm, VP Frank and Catalina states. Catalina felt uncomfortable with the presentation and protective of her students' privacy.

In her efforts to have staff and teachers build community, Principal DJ intentionally arranged the seating of the PD session with people they do not normally interact with or have rapport with. Principal DJ shared her trauma, which again was unnecessary, but in DJ's mind, it was essential to model vulnerability as she had a plan for the whole staff to share their traumas with each other. Catalina's sirens went off. She unfortunately had trauma in her past, and had therapy to deal with her trauma, but knew this was not the place or time to share her trauma. "I just felt like my whole body.. THUMP!! wall up as soon as she said, "Think of a traumatic thing that you experienced." NO!!! I just started walling up and then she said share it to the person next to you. And I was like. WHAT!? And people were not okay after that." Thankfully, Catalina listened to her instincts and told her colleague that she didn't feel comfortable sharing.

Then, Principal DJ had the whole staff take the ACE checklist, turn to the same partners to share their ACE scores, and the reasons for their score to which Catalina was equivalently not okay with. DJ then asked, "Who would like to share to the whole staff what number you have and why?" A counselor went up to do so, sharing that her ACE score was 8 and was crying. Catalina recaptured her experience, "I can just feel the whole room vibrating with anxiety. I understand her point of wanting to say everybody has trauma and we don't know what people are walking in with, but this is the absolute wrong way to deal with it." DJ then shared that her door is open for feedback and in meeting with her new principal for the first time through this PD, Catalina responded, "NOPE! I do not want to talk to you. You made this unsafe. I got triggered and I know other people were as well. Some people talked to her, and she was standoffish saying, "well, I know what I am doing." But you are not a trauma therapist!"

High Turnover of Administration and Staff Affects Overall Growth of School and Lack of Trust in Leadership. According to DJ, D. Watson Middle was having their fifth principal in a

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span of seven years resulting in a "huge lack of trust with administrators." Two of the administrators left on medical leave due to the chronic stress from the job that affected them mentally and physically. When Principal DJ first stepped foot into D. Watson Middle School, her words to describe the school's culture were "traumatized" due to the high turnover of administrators.

For Catalina, the turnover of administration and teachers in the Science Department has been negatively affecting her. As a Science Department, Catalina is grateful that they have great camaraderie. They meet every Friday to work together as a PLC to build coherence and alignment in their curriculum and use data to inform their practices. The other two Science teachers conjointly balance out the dynamics of the group as Shakira and Catalina are very similar. Working with others has been favorable and more productive for Catalina as she would get caught in a perfectionist spiral working too long on a task if left alone. While the Science Department's partnership has been the epitome of effective PLCs at D. Watson, their high turnover prevents them from having consistency and long-term growth, unlike other departments in D. Watson Middle with higher retention. They have been "fortunate to have great people every year, but there's a growth period that happens every year of learning each other's strengths, getting to know [them], teaching [them] the ropes of how things run at D. Watson Middle".

While Catalina believes that Principal DJ is overall moving the school forward in an upwards direction and supports some of her leadership methods, she is still skeptical about her leaving with D. Watson's history of administrative turnover. Principal DJ has been working on ways to improve D. Watson Middle by including all teachers and classified staff, including the cafeteria workers, for their input on the mission and vision of the school - which is how "healthy D. Watson" came to be, but ultimately there is a wall behind trusting her and her efforts because

the underlying question that Catalina has is, "when are you going to leave us?". Catalina longs

for consistency instead of going through another process of a new administration with discrete

visions and goals. Principal DJ confirmed this.

When asked what some of the barriers of teachers are growing professionally at this

school, Principal DJ mentioned "the stress of [her] leaving". VP Amelie confirmed saying that

teachers are resentful when the latest buzzword or theory is introduced to them knowing that the

policies and implementation that the principal introduces to the school leaves with them too. VP

Amelie believes that the high attrition rates of administrators leave teachers feeling unsupported

by administrators. Although teachers logically understand that administrators are "at will"

employees, emotionally they do not understand. She mentions that some teachers take it

personally when a principal chooses to leave or when an AP gets reassigned, especially for

teachers who have spent their whole careers at D Watson. "They feel like they're just starting to

trust somebody and develop something, and then someone gets snatched up. I mean, I've been

here less than 2 years and worked for three principals. That's a lot." In February 2024, Principal

DJ left D. Watson Middle to be a principal at a high school, adding to the lack of trust among

administrators at D. Watson.

Poinsettia Program Affects Schedules and Collaboration, Creates Labeling for Students. In

addition to the lack of trust among administrators, Shakira mentioned that the divisiveness of the

Poinsettia program has a presence on the school campus, and it does affect her teaching and

students' sense of self. The program impacts the arrangement and schedules of students in

classes impacting the make of each of her classroom. Some classes wind up with a large number

of Poinsettia students and some with non-Poinsettia students influencing behavior issues, amount

of support, and classroom management of each class. If she had more heterogeneous classes, not

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only would it impact classroom behavior but diversity of perspectives. She recalls the non-Poinsettia students are much more explorative and curious and adds to the discussion in ways that Poinsettia students have learned to restrict. Additionally, because of scheduling and more resources through the Poinsettia program, students who are not part of the Poinsettia program stay back in the classroom while the others attend field trips or participate in enrichment activities outside of the classroom. Students do feel excluded in those moments in conjunction with feeling like they are the "dumb kids" as teachers have labeled Poinsettia students as the "smart, higher achieving, well-behaved students" with more parental/caregiver involvement.

Outside of the classroom, the disagreement with the Poinsettia program affects the school collaboration. Seven years ago, there was a "big fight" as non-Poinsettia teachers were working hard to dismantle the program as it was inequitable for students. The five Poinsettia teachers were and are still very guarded of their program because "they have students with better behavior in their classes" and "do not believe that their program is inequitable". This created a lot of harbored resentment and feelings amongst teachers resulting in a divide where teachers do not communicate with each other. According to Principal DJ, the teachers at D. Watson Middle would go up to the brand-new teachers and say, "So, which side are you on? Anti-Poinsettia or Poinsettia because in Poinsettia classes - they don't allow any SPED students there." As a newer teacher of the school, Shakira intentionally goes out of her way to reach out to Poinsettia teachers to participate in the ROSE program or have conversations, otherwise there would be no collaboration.

Beyond the middle school years, Catalina reports that students who are around her age who have gone to D. Watson Middle still talk about how the Poinsettia program affected their

school experience and confidence abilities. They recall feeling like the "dumb students". Or if they were part of the Poinsettia program, recall how they got a chance to do all the "cool stuff".

Even though Catalina has an open-door policy and allows anyone to observe her teaching well before Principal DJ asked her permission to, she wished for more reciprocity on a school level. She mentioned, "I wish I could go to their [classroom] and it wouldn't feel uncomfortable, because we all have really cool things that we could learn from each other. I feel sometimes a little isolated as a teacher, I know there could be better things that I could change about what I'm doing, and that if I had the opportunity to be able to see other ways. It is kind of fun to be able to, just nice and relaxed and go into Shakira's class - there's no problem for either of us to just go in and watch. So that feels really nice to be like, "Oh hey you did it like that? I like how you did that. I'm going to try that in my classroom" It's a very natural feeling between all of our department to be able to do that. I wish it was more on a school level."

Technology as an Added Layer of Stress in the Classroom. To add to the lack of collaboration and unity at D. Watson Middle and the difficulties of the teaching profession, technology has brought a new layer for teachers having to compete for students' attention and engagement. Shakira feels that Trauma-Informed Care is more important than ever and at the same time seems even harder to do than in the past because of the challenges of students returning to school after having a year and a half of being "raised by screens". During the COVID-19 lockdown, parents/caregivers and schools had to lean on technology to provide education and entertainment while parents/caregivers were working in their homes. For Shakira, the addiction and dependency on technology has infiltrated into schools as students returned from remote learning. Shakira recalls students coming to school exhausted, because they have been on TikTok until 4 a.m., or finding students not paying attention in class because they were hiding their earphones

under their hair and listening to music the entire time, or they were playing games on iPads instead of doing their assignment.

Cyberbullying has also surged as students returned back to school which created more challenges to students' safety and engagement. Similar to Shakira, VP Frank has seen how social media is a detriment to teens and their social and intellectual development. Students have a hard time navigating and learning what is and is not acceptable.

Lack of Substitutes Prevents Growth of Teachers, Creates Extra Workload, Stress, Anxiety, and Burnout. To make matters worse, because there is a lack of substitutes, there isn't much support for teachers to attend professional training outside of the district should they choose to. If teachers go through the process of requesting for a professional day, getting approval of getting a substitute, creating lesson plans, the school can call the teacher back in if there are no substitutes available or if substitutes cancel.

The scarcity of substitute teachers correspondingly impacts teachers who are present at work. Teachers often sacrifice their prep time in order to cover for a teacher who is out sick or absent. While teachers can initially turn down the offer to cover for another teacher, the school can override their refusal and require them to do so. VP Frank and VP Amelie mention that D. Watson Middle has many challenges of getting substitutes for teacher coverage and currently some teachers are *required* to cover for other teacher's classes. "We don't have subs almost every day of the week for months at a time."

This policy gives Shakira a lot of anxiety. Every morning, Shakira checks her email fervently - before she leaves her house then as soon as she enters the school parking lot to see if she will have time to prepare for her lesson or have to serve in one's stead. She shares that Catalina often does not get to have prep and is called in frequently to fill in for someone else's

shoes because there are only two teachers with second period prep in the entire school. This creates additional stress for Catalina and Shakira, leading them to their exhaustion.

> I was checking my email before I left the house to see if I had to do coverage. I was checking it when I was in the parking lot, like, Do I have time for my prep? And that was a lot of anxiety. and many times, too, because it's first period prep. But I put together my lesson for the day [during] first period, and so if I don't have that, then I'm not prepared. And so that used to cost me a lot of anxiety like, even now I feel like a lot of anxiety. - Shakira

Recovering from COVID-19. In addition to the turnover of administrators and the division of the Poinsettia program, D. Watson was still recovering from the COVID-19 pandemic as parents/caregivers and families had been laid off, lost homes, under financial stress, or were separated from spouses. All of these challenges were excerpts from parent/caregiver letters to DJ. The mental health condition of the community was dire since students, teachers, and families were dealing with depression, anxiety, or eating disorders, just to name a few.

Regarding the students, VP Frank believes that students are dealing with a lot of trauma stemming from the pandemic even though he doesn't have a lot of data to support his perception nor has he had experience being in a middle school environment before. He was very honest, acknowledging his lack of experience in middle school and as an administrator, but again saw similar situations at the high school where he taught at. He mentioned that when students returned, there was a lack of social queues and interactions. VP Frank wishes for more mental health care support and funding from the district for students who are dealing with emotional trauma, anxiety, and depression. Currently, D. Watson offers services from a local community organization and Educationally Related Mental Health Services (ERMHS) therapist. However, ERMHS services are only offered to students who qualify for special education and the local organization has a long waitlist for families to receive services. In VP Amelie's 25 years of being

a middle school educator, she mentioned that last year was a tough year due to lack of socialization.

  Principal's efforts are promising. Despite the school's history of low retention rates and the divisiveness of the Poinsettia program, Shakira appreciates the principal's efforts in making the school's mission to be "healthy". While she acknowledges that there is a lot of opportunity for growth, Shakira appreciates that the principal is "trying to do a lot to address school safety" and advocating for a full-time restorative practices teacher.

  Other than that, damaging "Trauma-Informed training" that Principal DJ provided that Catalina wholeheartedly disagreed with, Catalina believes Principal DJ understands that being trauma-responsive is important. Through talks with Principal DJ about chronic absenteeism, future goals of the school, methods of accomplishing the goals, Catalina found them to be student-centered and focused on building relationships. Other indications of Principal's DJ prioritization Trauma-Informed Care included Principal DJ conducting a book study with the whole school on The Four Agreements: A Practical Guide to Personal Freedom. Moreover, Catalina is excited and supports DJ's goals to have more teacher-to-teacher observations. In fact, Principal DJ asked Catalina if it was okay to have teachers observe her and she was more than happy to oblige.

  Regarding professional learning opportunities at the school, VP Amelie mentions that there are sporadic PDs provided by the district. On those days, the district provides schools one hour during those days to provide PD. With the undersupply of time dedicated to PD, Principal DJ started to use Faculty Meetings hours for PD. Principal DJ strategically uses these Faculty Meetings for PD and then topics like fire drills or testing are communicated through email

instead. This is congruent with what DJ mentioned about how this year was the first time this school has been given trainings by their administrator.

When asked how she would describe the culture of the school, Principal DJ said, "it has changed." How she knows this is when a difficult teacher shared with a counselor, "I really want to trust her [DJ]." To Principal DJ, that is a huge change in a positive direction compared to how this teacher would react to her two months ago. Along with the reactions from teachers, Principal DJ knew that the school was ready for change through the staff and teacher responses in a survey given towards the end of the school year. In this survey, 89% of the teachers and staff who filled out the survey agreed that "change is necessary" and 91% of the teachers and staff were "ready to commit to supporting the necessary changes at D. Watson Middle and do whatever it takes to create a Healthy D. Watson Middle School." This anonymous survey was completed by 47 staff and teachers with the majority being teachers. There are a total of 85 staff and teachers at D. Watson Middle.

When asked what some of the successes of teachers are growing professionally at this school, Principal DJ mentions "getting to know each other." With the high turnover and lack of communication between the Poinsettia and non-Poinsettia teachers, a success is when "the adults in the school build relationships with each other". VP Frank also believes that Principal DJ is doing a good job of trying to heal past wounds among the staff regarding the animosity of the school regarding the Poinsettia magnet program. Finally, DJ mentioned that teachers want to do the right thing for students but many of them don't know how. DJ mentioned that she is the first principal to give them a yearlong PD and will teach them how to hold an RP circle to empower them to be better. She also managed to carve funds for a 0.4 FTE RP position at D. Watson Middle.

Overview of Findings

After analysis of interviews, observations, two rounds of peer coaching cycles inclusive of coaching conversations, several themes developed related to the relationship of the peer coaches, regarding their *Person* as Bronfenbrenner describes in Process-Person-Context-Time model, and organizational support from D. Watson Middle. Below is a brief summary of how each theme showed up in the case study participants.

Culture and Climate of D. Watson Middle

D. Watson Middle did not escape from being a victim to a quadruple pandemic (COVID-19, systemic racism, climate change, and economic crisis) with mental health issues among staff, students, and parents/caregivers and acute shortages of substitutes required teachers to cover for their absent colleagues resulting in increased stress and workloads. Increased negative societal views of teachers and education during the pandemic and laws that do not prioritize student's lives and protection from school shootings still have yet to be made are some factors to burn out and high attrition rates among teachers and administrators lowering students' achievement (Curran et al., 2019).

Additionally, the Tangerines District's lack of perception and initiative overload put upon D. Watson Middle, an inequitable policy of moving an administrator from one school to the next without input from the administrator or school, lack of effective professional development opportunities and support did not provide the soil for D. Watson to have the consistency and follow through of any initiative or program. Instead, it bred distrust of the district and the revolving door of administrators further harming the relationships of administrators and teachers and the potential for open mindedness among teachers to adopt evidence-based practices.

At D. Watson Middle, the Poinsettia program has caused a seven-year animosity between teachers for and against the program resulting in lack of communication, collaboration, or collegiality among teachers. This does not allow the school to move forward and come to consensus regarding decisions and policies in school. Students have mentioned the lack of clarity regarding school rules and policies in their CHKS survey as well.

Moreover, the Poinsettia program has an influential impact on how teachers and administrators view students who are in and outside of the Poinsettia program. Administrators, though they view themselves as having a neutral stance on the program, have implied how teaching a Poinsettia class is supposed to be easier than teaching a class full of non-Poinsettia students. Teachers have label Poinsettia students as "smart, well-behaved" students, non-Poinsettia students as "special kids" while practices of the Poinsettia program have excluded students in special education and emergent bilingual learners from the program itself and exacerbated its exclusiveness as Poinsettia students head to field trips and educational activities outside of the classroom leaving non-Poinsettia students behind. This could be liable for extreme isolation or forced disconnectedness which have to be found especially among Latinx students whose first language is not English creating a possibility of school-based trauma (Bear et al., 2014). The Poinsettia program influences also extends to the non-existent parent involvement for the entire school itself. In contrast, the strong parent/caregiver involvement among the Poinsettia students provides the Poinsettia students the resources and funding for enrichment activities in and outside the school widening the opportunity gap and educational debt among emergent bilingual students and students with special needs especially at a school that has "the largest and most comprehensive Special Education program in the district".

With the instability of D. Watson's leadership and division among the staff, there was no schoolwide supports for students as the school returned from the remote learning. The D/F rates among students continued to increase, as well as mental health needs, school violence, substance use, chronic absenteeism, and suspensions with an overrepresentation of Black and homeless youth. COVID-19 lockdowns also caused a lot of economic insecurity among families at D. Watson Middle, adding to the potential for trauma at home. School-based trauma is evident in D. Watson Middle as teachers and students have reported teachers and classified staff disrespecting students and lack of care and respect among students. The CHKS survey reported that only 29.3% of students care about each other, treat each other with respect, and get along well with each other. 46.1% of the students reported that students and adults in school respect differences in students (race, gender, culture, and sexual orientation). These percentages were lower than the normal district averages as well.

D. Watson Middle has claimed to be a Restorative Practices school through their SPSA reports, but this is far from the truth. Through document findings, in 2019, D. Watson invited a community-based nonprofit restorative practice program to carry out a peace-making assembly and a 10-week training on restorative practice principles to end youth violence for their 7th grade students. Although this was a step in the right direction and some teachers, like Catalina, were carrying out restorative practices in the classroom, it was not fully implemented with fidelity throughout the entire school nor were some teachers fully trained to carry out restorative practices. In Principal DJ's efforts to stop school fights, she mandated a sit-down lunch with all students and whole staff supervision. Then she required teachers to hold a Circle in their advisory classroom to have conversations about the school fights and the sit-down lunches. Without much training, some of these Circles were more retraumatizing for students than

restorative or productive. See Figure 3 for a full view of the Culture and Climate at D. Watson Middle categorized by Bronfenbrenner's Bioecological Systems Theory.
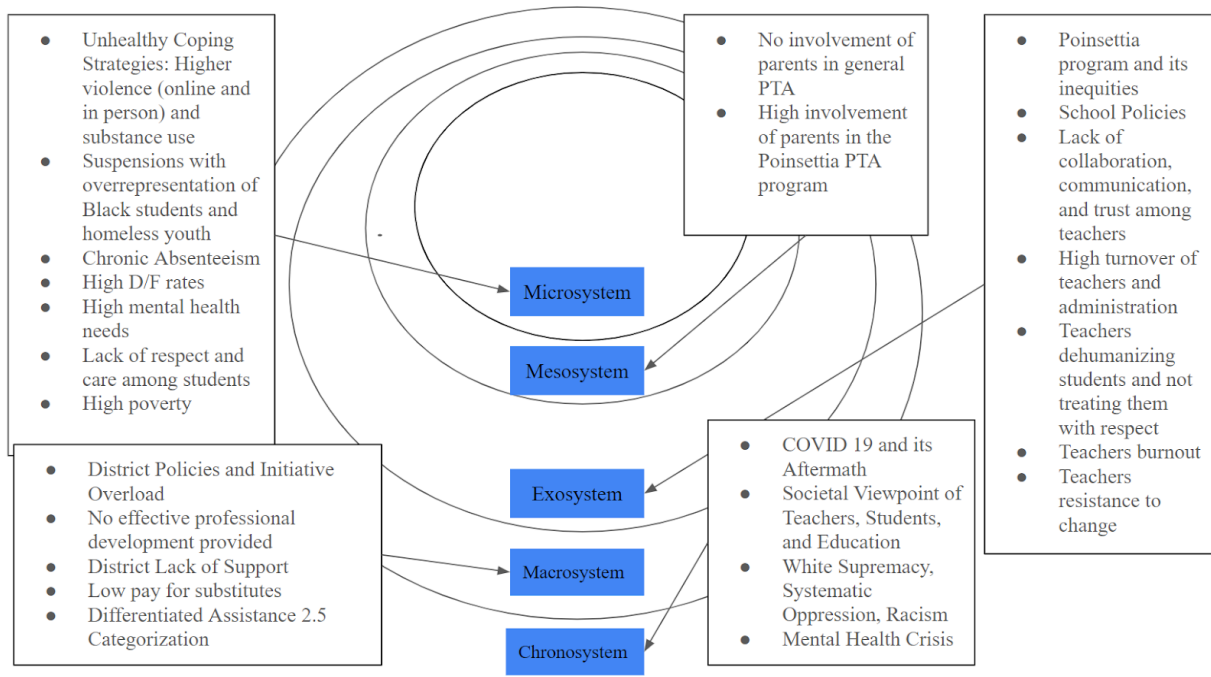
Figure 3: Culture and Climate of D. Watson Middle School

With the new administration, Shakira has mentioned that she has only seen both assistant principals and Principal DJ communicating to students with care and respect. Shakira and Catalina also believe that Principal DJ's efforts in addressing school safety, conducting a school wide book study on The Four Agreements, advocating for a full-time Restorative Practices teacher, focusing on building relationships, having student-centered goals, and creating a Healthy D. Watson Middle are indicators of Trauma-Informed Care; with exception to the Trauma-Informed training she provided. In addition to the administration and Catalina, Shakira has seen some of her colleagues prioritize the humanity of students as well even though they might be unfamiliar with the term "Trauma-Informed Care".

After interviewing all administrators, all of them found that Trauma-Informed Care is necessary for schools and had a good definition of Trauma-Informed Care. In the California Healthy Kids Survey, the staff responses at D. Watson Middle School showed that 68% of the staff believed that they feel they need more professional development in supporting students exposed to trauma or stressful life events (e.g. Trauma-Informed Practices) while 32% of the staff disagreed to having more professional development. Out of 68 members of faculty and staff, only 41 took this survey and 28 people responded to this question.

"There's sanity in community" - Jim Zartman

Catalina and Shakira's Relationship

Notably, the relationship that Catalina and Shakira have for each other has served as a protective layer around them during turnovers of administration and teachers, the nonexistent support from the district, and long animosity of teachers regarding the Poinsettia program at D. Watson Middle. Both Catalina and Shakira were intrinsically motivated teachers, who believed in the importance of Trauma-Informed Care, a growth mindset for themselves and their students, and surrounded themselves with positive and supportive individuals. This affected their open-mindedness to improve their practice by trying new strategies and to find professional learning opportunities even when their school and district was not able to meet this need.

In conjunction with Bronfenbrenner's Process-Person-Context-Time Model (PPCT), Shakira's and Catalina's person characteristics that they "bring with them into any social situation" (Bronfenbrenner, 1994; Bronfenbrenner & Ceci, 1994) plays a crucial role as they exist within their environment, engage with it, and have the potential to influence it. They are a key component in the dynamic relationship between social actors and environmental factors, ranging from those closest to them in proximity and impact to those furthest away (DiSanti,

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2021). In this section, I will dissect the peer coaches' rapport and characteristics among each other pulled from the interviews.

Shakira and Catalina's Strong Rapport

"She felt like a good friend right away" - Catalina

Shakira was Catalina's District Induction Program Mentor during Catalina's first year as a teacher at D. Watson Middle after she had completed her internship at Alexander Middle and Master's Degree. So even though it had been Shakira's third year teaching science at D. Watson Middle, she had been a mentor for teachers, like Catalina, at this school site for over 8 years. This allowed Shakira to keep close contact with Catalina even when her induction program was long finished. Shakira would text Catalina to say that she was on campus, drop by to check in to see how she was doing, or include her in professional learning opportunities that allowed them to build relationships with each other while improving their teaching craft. Shakira would still reach out to Catalina and other teachers she mentored to be a part of a lesson study or include them in professional learning opportunities through a local university education research team.

Shakira and Catalina interact with each other every day. They share adjacent classrooms and teach the same prep - 8th Grade Science. There was an opportunity for the Science Department building to be remodeled over the COVID-19 pandemic and the preceding leadership asked the Science teachers for their inputs. Shakira and Catalina asked for their rooms to be next to each other with a door opening between their two adjoining classrooms - or a connecting door. This accessibility to each other allows for Shakira and Catalina to validate experiences ("Hey, are you having problems with the Wi-Fi too?"), share ideas for lessons in real time, observe each other's teaching, watch how they conduct a cool science lab, request support from each other, provide insights, strategies, and opportunities for reflection, brainstorm

solutions for students who need additional time on testing, (Catalina has mentioned that both of them have sent students to the other class if they needed more time on testing while the other continues their whole class lesson), and combine classrooms to co-teach together. With these adjacent classrooms, they have been informally and organically doing peer coaching. Prior to this remodel, the science classrooms were all over campus.

This strong camaraderie and bond stemmed from little moments of trust built over time. During Catalina's induction years, Catalina found relief in Shakira's calm presence especially during the tumultuous time of first years of teaching. Shakira created "warm, loving, accepting spaces" for Catalina to check in, bounce off ideas with her, receive support and encouragement, break down and cry, or find relief knowing that what she is going through is normal. "Just to have that space to feel THAT comfortable right away with someone has been phenomenal." There would be times where Catalina would share her struggles with students, "I just don't know what to do, and I'm trying so hard with this one student, and it is not working." This strong relationship has trickled to meeting outside of work as Shakira and Catalina's family share their love for surfing and head to the beach together once in a while.

One salient part of their relationship stood out in Catalina's interviews. Catalina had two years of the induction program and during the second year, the district wanted Shakira to only work with high school Science teachers instead of both middle and high school. However, Shakira made it a point to advocate to stay with Catalina despite this district decision. Catalina was having a hard time with her personal life on top of experiencing her first years of teaching, which is hard for all new teachers. Her advocating to stay with Catalina during her tough years spoke volumes about the care that Shakira had for Catalina.

Over the years, Catalina soon grew to be a colleague instead of a novice teacher and both of them taught each other numerous teaching strategies that the other adopted. For example, Shakira mentioned that Catalina taught her Circles. Circles is a technique that builds relationships through equal opportunity of sharing and listening. Students and the teacher sit in a circle to physically show that everyone's voice to be heard and seen is equal. A talking piece is offered to show whose turn it is to talk and usually community agreements are shared at the beginning before the Circles to remind everyone of the expectations of how to be in connection with each other. These are different from Restorative Circles as those focus on restoring relationships after harm is done. Circles are preventative to build community with each other. More information on Circles or Restorative Circles can be found in Chapter 2. Watching Catalina conduct Circles in her classroom allowed Shakira to gain confidence to implement it in her own classroom this year even though it was a district push 6 years prior. "I was like, Okay! I can do that! I think I was putting the bar up too high thinking I have to really structure it and plan all the right questions." Shakira also went out of her way to gain more knowledge about Circles and found the idea of including Circles to talk about Science and not just building community.

> "I've always thought about [doing Circles], but I've never actually done it. And so then, this year was the first year I'd done that because I watched [Catalina] one time, and I was like okay. I can do that… So that was helpful from her. And then I was talking to somebody the other day. I forget who it was about doing Circles, but about science, and not even like a Socratic seminar kind of thing, just about ideas in science. I was like, why have I not thought about that?" - Shakira

In addition, Catalina taught Shakira about Mastery Learning and Grading which is also known as Standards Based Grading (SBG). SBG measures students' mastery of skills based on standards that are broken down to smaller learning targets. Instead of the traditional grading scale (90% to 100% is A, 80% to 89% is B, 70% to 79% is C, etc.) where 70% of the grade is considered failure, SBG grades on a 4-point scale (1, 2, 3, 4), where 50% of the grade is

considered partial or no mastery. The gradebook doesn't count for homework or behavior which allows the gradebook to be entirely on the demonstrated mastery of skills. Additionally, no zeros are given in the gradebook which could entirely impact the average of the grade. This provides more equitable forms of grading. Through conversations, Catalina helped Shakira thoroughly understand and think about mastery grading and learning, how they assess what students learn and what they know. Shakira hasn't had the experience of having conversations with SBG prior to Catalina. Without these conversations, Shakira wouldn't have implemented them in her classroom.

Shakira mentions that Catalina's google slides are graphically and visually helpful for students and often Shakira tells Catalina, "I'm stealing your slides!". They have both mentioned that they have a reciprocal relationship where Shakira can take anything from Catalina and vice versa especially since they are teaching the same prep. Overall, Shakira admires Catalina as another thought partner who has a unique perspective on how she would teach a lesson, sees them as high-quality thought-out lessons, and these lessons challenges Shakira on how she normally thinks about doing in the classroom.

Catalina mentions that Shakira taught her about frequent surveying of students - including the Friday Feelings Check in, orchestrating productive discourse and arguments in Science class, scenarios to access students' prior knowledge on a subject, more ways of probing student's thinking, identifying student misconceptions while lesson planning to address them, build lessons from student's prior knowledge, and structured student-to-student interactions. Catalina says, "She comes up with really good ways of specifically breaking down how we want that interaction to go" Shakira would ask, "What is the goal of what we are trying to do?" One of the things that the whole class decided on to create a space of belongingness in the classroom

was to switch seats often to get to know other students in the class. When Catalina would have a new seating arrangement, she learned from Shakira to have time for students to get to know each other before doing any science learning. Some ice breaker questions included, "Who can jump the highest?" or "Who has the most pets?" - That way every student in the group would have to interact with each other or start jumping to break the ice even though it is with a new group of people.

One method of improving the art of teaching that Catalina learned from Shakira is lesson study. Lesson study originated from a Japanese model of teacher led research where a group of teachers including a professor from a university would plan a lesson together, observe the lesson taught, reflect on the observation, improve on the lesson plan, have another teacher (or the same teacher) teach the same lesson with the new modifications, and do a final reflection and share observations together. Catalina has conducted a couple of lesson studies with Shakira, although they haven't participated in one during the 2022-2023 school year. Catalina recalls "what an amazing opportunity it was to delve into a lesson, work it out together, teach and reflect on it right away". A lesson study has similar elements of peer coaching.

Shakira did not only teach Catalina teaching strategies, but additionally connected her with an organic professional learning community outside her school. There were two other Science teachers who were new in the teaching profession in the Tangerines District that Shakira also mentored. Although they were in different school sites (Alexander and Sanae Middle), all four of them (Shakira, Catalina and the two teachers) would meet after school to be in community with each other. These were salient relationships, because Catalina still has these connections until today. They would share lessons with each other or ask for help about a certain topic or brainstorm ideas together.

Characteristics of Peer Coaches

"I don't have to be bad to get better." - Shakira

Open to Professional Learning Experiences, Beliefs of continuous improvement,

Growth Mindset. One of the salient characteristics that stood out in the qualitative data was that

Catalina and Shakira were both open to professional learning experiences, have beliefs of

continuous improvements, teaches and models growth mindset in their classrooms. During her

interviews, Shakira was working with a university on creating a unit lesson on sound waves with

a researcher and her application for the highly reputable award for teachers. Both Shakira and

Catalina were currently part of the ROSE network that allowed them to implement high leverage

strategies that build community in the classroom. For example, welcoming/inclusion routines in

the classroom to include students who were feeling othered or on the outskirts. They also

implemented the 2x10 Strategy where they chose a student to have a conversation with for 2

minutes throughout 10 days. This allowed the student to build a connection with the teacher

specifically with a student that they did not connect with well. Catalina used that strategy with a

student who was not engaged in her class. At first talking for 2 minutes with the student was

awkward for the child. Their body language and facial expressions said, "Leave me alone. Why

are you trying to talk to me all the time now? Stop it", Catalina recalls laughingly. But over the

10 days, Catalina mentioned that the student now participates well in class and both of them have

a good relationship. Both peer coaches have also looked at data from the California Healthy Kids

Survey (CHKS) and asked her students what they wanted to focus on to improve in the

classroom and her students chose classroom belonging which is how they came up with the ideas

of switching seats in the classroom to get to know each other better. The ROSE network also

encouraged them to look at the gradebook and analyze their grading policies to see if they were

equitable towards all students. Shakira mentioned one salient line from the ROSE network that she carries with her today, "I don't have to be bad to get better."

In Catalina's and Shakira's 8-year relationship, Catalina and Shakira have been implementing new strategies that they learned from each other like Circles, Standards Based Grading, Lesson Study, Friday Feelings Check In Survey, structured student to student interactions, classroom management strategies, instructional strategies, and thoughtful planning in their lessons to use students' prior knowledge and possible misconceptions to guide their lessons. Both of them are also like-minded in terms of instruction and wanted to create authentic science tasks to work on the three dimensions of Next Generation Science Standards (NGSS): disciplinary core ideas, cross cutting concepts, and science and engineering practices.

As for Catalina, Catalina had been teaching 7th Grade Science for 7 years and recently decided to switch to teaching 8th Grade Science this year with Shakira because she "didn't want to feel stagnant". Catalina was also part of the #ObserveMe challenge by Robert Kaplinsky, a mathematics educator and speaker, where teachers open their classroom door to get feedback from other teachers or administrators about their teaching. It is a vulnerable act for a teacher to have others visit their classrooms as classrooms can be their sacred places. For her to put herself out there for feedback is telling on how much Catalina is willing to grow and improve.

Intuitively Highly Empathetic. Both Catalina and Shakira are intuitively highly empathetic humans and teachers. Although they did not fully understand the term Trauma-Informed Care prior to this research study nor did they know what it looked like in the classroom or had formal training, their ability to empathize with their students and colleagues made way for their classroom to be human-centered and essentially implement Trauma-Informed strategies.

In Catalina's classroom, there was students' artwork all around the classroom on Student's Rights and of the US vs. Hate projects. Catalina recalled that at the beginning of the year students wrote and decorated their Bill of Rights - "I have the right to my imagination". "I have the right to feel". "I have the right to speak and be heard." "I have the right to be me" "I have the right to kindness". "I have the right to safety." US. vs Hate is an educator and youth-led messaging project designed to counter bigotry in school, create welcoming classrooms, and embrace inclusion and justice for all in our diverse communities. Some of the artworks were just fun artwork or artwork that students felt proud making. Catalina mentioned that she wanted to "mak(e) space for them to have their stuff, like their art and things in the classroom and mak(e) space for them to be themselves in here".

Catalina is also highly perceptive to the kind of lights that fill the classroom. Instead of using the classroom lights, she allows for the natural sunlight to fill the room and has lamps in the classroom to make the lighting less harsh, more inviting and calming. She often checks in with the students to ask if the lights are too dim, too bright, just right to make sure that students are not bothered by the lights in the room and that it is effective for their learning environment. She was so excited to tell me, "I got these lights from Shakira since her daughter's didn't need them for their bedroom anymore so I said, yes I will have them!"

Both Shakira and Catalina not only have empathy for their results from the Gallup StrengthsFinder test, but both of them give out the Friday Feelings Check-In Surveys and practice Circles to see how their students are doing. With the survey results, they quickly glance through to see the overall temperature of how students are doing and check in with them individually during the class to ask how their baseball game was, or privately ask them if they need support or to let them know that they are there for the students if they rank their feelings a 1

out of 5. Shakira and Catalina intentionally let the students know that they read the results and do something with the results with their follow up when passing them in the classroom with verbal well wishes if they are sick, or if something stands out, or to reach out to a kid they feel they haven't been paying attention too as much, or if the student needs to talk with them after school for a longer check in.

What Catalina hopes to gain through her daily interactions with her students is that if they need someone to talk to or advocate for them, they know that she is one trusted adult to go to. "I have had things where having kids at lunch come in and they broke up with their boyfriend. I have Kleenex and Girls Scouts Cookies. Why don't we bring all those love notes, and we'll burn them. It's not going to make it go away, but it might feel a little better and we can do that because I am a Science teacher, so they won't even question why we are burning something. And [the student] replied, For real? I replied, "For real! If you want to do it, let's do it! And she did and she said that it sort of feels better." There were times when there were a lot of fights in the school, and she would invite students in her classroom to eat during lunch especially if they did not feel safe eating outside. She extends the lunch invitation to her students' friends even if they are not assigned to have Catalina as a teacher.

Shakira also recalls a time where her colleague, Lupin, who she believes to be a good teacher, can also be dismissive to students at times. Lupin and Shakira were walking during a nutrition break and there was a group of boys huddled together in a circle blocking a walkway. Before Shakira got a chance to wish and direct them "Good Morning, Gentlemen. Could you please move to the side", her colleague started yelling "You move now. Move!" Shakira recalls that both teachers could see that the students had a pass and she tried to deescalate the situation by asking the students respectfully to move over. The students showed their frustration to Lupin

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asking why he had to be rude and yell. Telling how they didn't deserve to be treated that way and why can't Lupin ask nicely like Shakira did. Bringing up this particular memory brought a lot of anxiety for Shakira as well. She responded, "Don't complain about how kids are if you are going to treat kids in that way. What do you expect? There are teachers who feel like they can treat students however they want and because they are a teacher [of authority figure], it doesn't matter."

Catalina and Shakira were already practicing healing centered, trauma-informed practices because it was part of who they were and their values. Both of them had prior trauma and benefited from therapy.

Relationships and Connection drew them to the Education field. Both Catalina and Shakira started off majoring in the sciences. Catalina was working in the Marine Science laboratory and Shakira was working on her doctorate in Chemistry. Although both of them loved the sciences, what drew them to the education field was how they came alive and thrived when working with youth. Shakira found this epiphany while she was teaching the discussion sections during her doctorate studies and Catalina made this connection while she was babysitter and while she was a camp counselor.

On top of wanting to be in connection with students, they also had a driving desire for these students' experiences in the classroom. Catalina wanted to have a "larger impact on the youth" she worked with instead of just building relationships with them for three days as a camp counselor. Her philosophy of education is to spark joy in students and empower students through building foundations in their learning. She summarizes, "...at the end of the day it doesn't matter what they remember from the content, but what they remember from making mistakes and being

able to fix them, or being able to persevere in something, or trying again. And all of that kind of stuff, I think, is super important to me."

Shakira mentioned that she wanted to be the teacher to change the experiences that students have in the Chemistry classroom. Her main motivation is to prevent students from saying "I hate Chemistry" or "I had the worst Chemistry teacher". Shakira wants to provide better experiences in Chemistry for students - "They don't even have to love it, but I don't want people to continue to go on saying that they hated Chemistry". This transcends not only their experiences, but their capabilities and skills in Chemistry.

What was also salient was that both of them, Shakira and Catalina, were drawn to the education field to make a difference. Catalina had a strong desire to teach middle school students, the demographic of students that Catalina mentions that most teachers have a difficult time with, and Shakira wanted to teach Chemistry, the subject that Shakira mentions no teacher wanted to teach. In the student connections that drew them into the education field, they wanted to make a change in the system, especially in the areas that most people avoided (middle school and Chemistry).

Reciprocity. Both of the teachers opened their classrooms to each other, shared a planning calendar where either of them could pull out resources from each other and applied teaching strategies that they have learned from each other. Even though Shakira was the more veteran teacher out of the two teachers, her leadership and intrinsic motivation to keep growing and learning encouraged Catalina to share her ideas. Shakira mentioned that her relationship with Catalina is an "equal partnership". For example, Shakira learned Standard or Mastery Based Grading and Circles from Catalina. Shakira first tried implementing Circles this school year after observing Catalina implement Circles in her classroom for many years. Finally, after having a

minimum of 2 fights every day, Principal DJ, in efforts to reduce the fights, announced a sit-down lunch where all students had to sit at tables with teachers' supervision. Students were not able to walk around or see their friends because they had to sit down outside in the order of their assigned classroom teacher. This was the day that Shakira decided to have a Circle in the classroom because there was a lot of frustration from the students, especially those who were not involved in the fights. Another factor which also allowed Shakira to implement Circles was having a lesson that was easily compressible. Shakira and Catalina dedicate significant time to thoughtfully planning their scope and sequence, ensuring a coherent conceptual flow and striving to maintain its continuity. But this lesson felt more manageable to combine with another lesson another day in order for the class to participate in a Circle to get their thoughts and emotions out. Shakira facilitated the circle with two to three questions that centered around the whole school sit-down lunch as a punishment for the school fights.

In return, Catalina has learned classroom management, structured lesson study, student-to-student interactions with a particular goal in mind whether it is building relationships, practicing on argumentation, listening skills, working on their communication, or writing. Catalina has also learned from Shakira how to brainstorm and/or assess students' misconceptions, prior knowledge, and build their lessons with student input and welcoming inclusion activities that encompass marginalized students in mind.

   Teacher Leaders. Both peer coaches were teacher leaders at D. Watson Middle. Both teachers exhibited leadership not only through their titles like Science Department Chair, which both of them have been, but also through their actions, demonstrating leadership even without formal recognition. Catalina took on the unofficial role of supporting and welcoming new teachers at D. Watson. She provided them with teaching resources, strategies, and even invited

them to observe her in the classroom to learn how to implement new strategies effectively. Given D. Watson's challenge with retaining teachers, Catalina's role was pivotal in helping both novice and veteran educators hit the ground running and acclimate effectively.

Shakira's network with the local university and Taquitos Center allowed for effective professional development opportunities at D. Watson when the Tangerines District and the school didn't provide them. For example, prior to this year, Shakira, Catalina, and their Science colleague participated in lesson study. With Shakira's help and getting support from their previous principal, the ROSE network was introduced to D. Watson and included teachers from other departments to instate early detection systems for identifying students who are struggling, collaborate with teachers to develop and monitor interventions aimed at fostering student success, and provide culturally responsive instruction. The ROSE network also provided Catalina with the 2x10 Strategy to build stronger rapport with her students.

Out of the D. Watson, Shakira had been a coach for 11 years in to support novice teachers at the local university, at the Math and Science Fellowship, and in the induction program at Tangerines District. Subsequently, even though Catalina had never seen herself as a coach nor had it in her title, she guided and coached all the novice teachers at D. Watson. Their leadership extends beyond their fellow teachers to all three administrators, who recognize the Science Department as the most cohesive in terms of aligning their assessments and lessons. Principal DJ requested Shakira to lead professional development sessions alongside her. Principal DJ has said to Catalina after observing her, "Can I clone you?" and asked Catalina if she would be open to allowing teachers to observe her teaching to which Catalina had no problem with since she has already been doing so. Their leadership was further exemplified through recognition within the school community. Shakira was honored as the Teacher of the

Year at D. Watson for the 2022-2023 academic year and subsequently received a prestigious award. The following year, Catalina was named the Teacher of the Year at D. Watson.

"Depleted" from COVID-19 Pandemic, Inequitable Systems, Secondary Trauma, Unmanageable workloads. Shakira mentioned the hardest part of last year (2021-2022) was the lack of normalcy and consistency. There were a lot of rules regarding masking, how far apart students were supposed to be, the changing rules regarding how long you have to be out if you tested positive for COVID-19 or if you were exposed to someone who had COVID-19 in your classroom. The focus was not about schooling but managing and communicating the ever-changing rules to returning to school in person.

Since D. Watson Middle only serves students from 7th to 8th Grade, Shakira mentioned that the incoming 8th grader students did not know how to behave in the classroom and school since the students' only year in middle school was through an online platform. "The 8th graders were supposed to be the big kids and they didn't know how to be."

Masking, although allowed protection from a large amount of spreading of diseases, did not allow Shakira to connect with the students and impacted her relationships with her students.

> "I also had a really hard time getting to know students with masks. I realize I had a big issue with that, and I don't think I was really cognizant of [that until reflecting upon it] at the end of the school year. I don't think I realized at that moment, during the whole school year, how much that affected my ability to connect with students and to get to know them. There were some students that I literally have no idea what their face looked like at all to this day. It's even hard to remember their names. So that was something in retrospect, I realized that was challenging as well."

Knowing that connection is a huge part of Shakira's purpose in education and is also one of her strengths, disconnection through the mask really affected her.

Not only did Shakira lose family members due to COVID-19 and had to deal with her and her family's trauma and grief, but Shakira experienced vicarious trauma with students going

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through the trauma of losing a family member or having a grandparent in the hospital. One of her students in her advisory classroom was also a victim of being sexually trafficked. Although it is very rare that victims of sex trafficking are rescued, her student was and came back to school a different child. Teaching 8th grader students who are going through a lot of emotions was hard because students at that age did not know how to deal with their emotions.

In addition to dealing with the stressors in the school compounds, there were a lot of negative views about schools and educators during the pandemic that also weighed down on Shakira from the media that continued until today.

> "One thing that's really hard is that no matter what we do as teachers, it's never good enough for the public unless we're shot protecting kids. Then we are heroes, right? We want more money. We want to make sure there are air filters in our classroom. We do not want to go back to work and be in a room filled with a bunch of grubby 8th graders who don't know how to follow directions [and that's what makes us] lazy, good for nothing teachers." - Shakira

She mentions that she knows a lot of people who are very worn down and people who are quitting the teaching profession. In fact, Shakira encouraged her husband, who is also a teacher, to participate in this research, but because of his mental health and burn out from the pandemic, he turned down the offer.

Shakira worked closely with a researcher on creating a curriculum on sound waves but had to correct the researcher when he commented that "it was a shame that there were not more efforts to connect students to exciting science learning opportunities worldwide". She responded to him saying, "It was a pandemic. Let's not forget that it was a scary time." As Shakira was explaining this experience, she said she could feel her anxiety bubbling up. His comment, even though it might have been well intentioned, was insensitive and these microaggressions added up to Shakira's burn out.

Furthermore, Shakira mentioned that there was no space for teachers to be able to talk about what was going on with them. When I came to interview Shakira, her perspective of me was more of an active listener and I was there to understand what was going on instead of piling on her place with shiny, new initiatives or implementation of new programs from different leadership from the school or from the district. "Nobody wants to listen to understand teachers. We're just either not doing a good enough job, no matter what we are doing. Like I said, unless we get shot because of a school shooting, we're protecting our kids, and then we're the hero, right?"

Shakira has also seen teachers leaving the field because of burn out. One of their Science teachers quit last year because he was burnt out. It was one of the teachers that Shakira mentored and wondered if the district has plans to support teachers. There is still no replacement for this teacher and 10 other middle school science positions in the district that no one is rushing to fill.

With her own trauma, secondary trauma from students, rules of returning to school with COVID-19 precautions, frustration with society's perceptions of teachers and microaggressive comments, her work was not only on schooling, but the focus was on a lot of other stressors that wore on her. This led to Shakira looking for a position that would require less demands from her and her wellbeing. While I was interviewing her, she informed me that she applied for a .4 Restorative Practice position and a Science District Teacher on Special Assignment (TOSA) position because she couldn't stay in the classroom anymore. She wanted more flexibility and more time to be with her two girls at home. By the end of the school year, she informed me that she was now the Science TOSA for the Tangerines District.

As for Catalina, Catalina went back to teaching 7th Grade Science because it was a curriculum that was already built by her over the 7 years of her teaching career. Even though at

the beginning, she wanted to teach 8th Grade Science so that she would not feel stagnant and wanted to grow, the demands of teaching, aftermath of COVID-19, unrealistic and insensitive demands of the district, unmanageable workload, overwhelming stress, vicarious trauma and her own trauma, led her to build necessary self-compassion boundaries to prioritize her wellbeing and strengthen her resilience during this challenging time of being an educator. Catalina dreams of teaching outdoors without the confines of school rules, standards, and district expectations.

Organizational Structural Support

Despite the high turnover of leadership at the school, the entire Science Department was fortunate enough to have a building of their own. Shakira mentioned that the current building that they are in was the old Science building that had been planned to be renovated for years. "It was always on the 'next year, we're going to do it.'" When they finally renovated the building, the previous leadership sought the teacher's needs and Catalina and Shakira both requested to be in adjacent classrooms since they were teaching the same subject - 8th Grade Science. Prior to this year, the Science Department was spread out randomly in various classrooms just like all the other departments. As a result of the Science Department needing access to sinks, two doors for fire safety measurements, an eye-wash station, their building was renovated which allowed the Science Department to be under one building. This allowed for so many more interactions between Catalina and Shakira.

Shakira and Catalina would pop into each other's classrooms to observe how one person teaches an exciting laboratory experiment or to see how a lesson plan is played out and take good ideas back into their own classrooms. Because of their adjacent classrooms, they interact with each other every day. Due to the adjacent classrooms, D. Watson provided the Science teachers

with time for participating in peer coaching, as finding the time to engage in such activities can pose a difficulty especially since teachers are always in need of finding time to do the work.

Peer Coaching Organization and Structure

Drawing from insights gained from the literature review, elements conducive to effective peer coaching among the research participants were implemented. For instance, the peer coaching protocol clearly articulated the goals and objectives during the training phase and during the peer coaching pre-observation and post-observations as agreement between teachers on the purpose of peer coaching is essential for realizing its benefits. When clear goals and roles are lacking, discussions may lack depth (Murray et al., 2009).

To ensure that teachers' professional development content is pertinent and applicable to their teaching methods, peer coaches had the autonomy to choose what practices they wanted to implement in the classroom. In the peer coaching protocol, teachers pre-identified elements they wanted to be observed on prior to observations and these elements were the areas of focus guiding the follow up conversations which was critical to effective peer coaching (Arnau et al., 2004; Pierce & Miller, 1994; Powers et al., 2016). Additionally, both of them had chosen each other as peer coaches long before this research study was conducted, and this was a huge factor in peer coaching success. Teachers are more receptive to feedback from peer partners they selected who were known to possess skills and expertise they wanted to work on (Arnau et al., 2004; Cherasaro et al., 2016).

Moreover, the pre-observations conferences, observations, and post-observations conferences were all on the same day. Teachers were not only in the same school, but also taught the same subject and grade level, and had adjacent classrooms. This may have resulted in

effective feedback and reflection as the observations and data were still fresh in each participants' minds.

Trust plays a significant role in the effectiveness of peer coaching (Neubert & Stover, 1994). Teachers demonstrating openness by welcoming others into their classrooms demonstrate deeper levels of vulnerability (Sparks & Bruder, 1987). Moreover, they are embracing risk by trying out new teaching approaches in the presence of their peers, which can lead to feelings of apprehension and unease (Bruce & Ross, 2008; Hasbrouck, 1997; Kohler et al., 1995; Kurtts & Levin, 2000; Zwart et al., 2009). I was fortunate to have two participants who already have a strong, trusting relationship which allowed peer coaching to be a powerful tool for change and improvement (Latz, Neumeister, Adams, & Pierce, 2008).

It was also advantageous for this research study that both peer coaches already had experiences with coaching, peer coaching, and Trauma-Informed Care. The training extended their knowledge about Trauma-Informed Care, even though they had already subscribed to the Trauma-Informed lens with the relationship with their students and their approaches in their teaching. While they have been organically and informally conducting peer coaching, the workshops clarified their roles, how to offer feedback, and provided them with the structure for effective coaching. Both of them already knew and had engaged in giving constructive feedback and the ability to elicit questions for critical reflection.

Summary

In this chapter, four phases of the research process were explained to answer the research questions: 1) In what ways do teachers' perceptions of Trauma-Informed Care change through peer coaching? 2) How do participating teachers describe Trauma-Informed practices they implement in the classroom? 3) How do these teachers' practices change as a result of peer

coaching? 4) What influence do the school context, corresponding norms, and peer coach's beliefs have on teachers' practices?

The findings of this study indicate that certain teacher attributes influence their teaching philosophy, classroom conduct, and collaboration with peers. Professional development through peer coaching can also affect teaching practices and the integration of Trauma-Informed approaches. Teachers who exhibit a growth mindset, empathy, intrinsic motivation, leadership skills, and foster strong trust among each other are better equipped to embark on a journey of improvement and effectively implement trauma-responsive strategies in their classrooms. Furthermore, the organizational framework and peer coaching setup play pivotal roles in facilitating collaboration and peer support. Despite facing challenges in the school's climate and culture, these teachers managed to instigate positive changes. However, for teachers to endure and thrive in their profession, improvements in the school's climate and culture are imperative.

Chapter 5: Discussions and Implications

Overview of the Problem

Collectively our world faces an epidemic of social issues like poverty, addiction, racism, violence, chronic illness, and mental health issues that are rooted in trauma (SAMHSA, 2014). Unfortunately, when we experience trauma and chronic stress, it can keep our autonomic nervous system (ANS) from functioning in healthy, regulated, and resilience ways and keeps us stuck in states of survival (van der Kolk, 2014). For those with a history of trauma and chronic stress, ANS can overwork itself, being hypervigilant to constantly signal even if we are safe (van der Kolk, 2014).

Trauma can be caused by events like accidents, assaults, natural disasters, chronic toxic stress, medical procedures, adverse community events like violence, racism, school shootings, wars, extreme poverty, and the COVID-19 pandemic (SAMHSA, 2014). There is also developmental or relational trauma like chronic adversity, abuse, neglect, or lack of safely growing up. Additionally, trauma can be passed down genetically at least three generations referred to as generational trauma (Venet, 2021).

Understanding how trauma impacts us is essential to healing. The groundbreaking 1998 Adverse Childhood Experience (ACE) study conducted by the CDC and Kaiser that moved this research from the psychology sector to mainstream showed a direct link to ACE and long-term health and wellness. This study reported ⅔ of the participants experience at least one ACE before the age of 17. If people had 4 or more ACEs, they have a higher risk of heart disease, cancer, drug abuse, stroke, diabetes, suicide, obesity, and depression. With 6 or more ACEs, life expectancy decreases by almost 20 years (Felitti et al., 1998).

Fortunately, we can retrain our brain and work our way to healing. Evidence based practices today caught up to methods of regulation from Indigenous people from centuries ago, from India and China like chanting, singing, and humming, body movement like yoga, dance, spending time in nature, creating art, breathing exercises (Linklater, 2014; van der Kolk, 2014). Most of all, connecting with others who are safe, attuned, and present that can be found in true friendships, our chosen families, therapy, allow us to slowly restore a healthy ANS (van der Kolk, 2014).

Empirical investigations have found trauma to be disproportionately concentrated and experienced by Indigenous, Black, Latinx, Asian, LGBTQ+, women, people who are disabled, and lower socio-economic status communities (SAMHSA, 2014). Trauma exposures such as the genocide against Indigenous communities and the appropriation of their lands, the enduring impact of slavery and continued state-endorsed brutality against Black individuals, gender-specific violence targeting women and LGBTQ+ individuals, coerced sterilization of disabled individuals, conflicts that displaced populations from Vietnam, Cambodia, Afghanistan, and Ukraine, cultural anti-Semitism culminating in the Holocaust, and chronic poverty are all manifestations of white supremacy (Sujay et al., 2021).

Although there are ways to retrain our brain and carve a path of healing, unfortunately, marginalized communities have more barriers and difficulty accessing mental health support, have higher stigmatization of seeking support, limited knowledge about mental health services, less confidence in mental health services offered, and a lack of resources (Bear et al, 2014; Roberts et al., 2005; Bussing et al., 2003; Bussing et al., 1998; Bannon & McKay, 2005). To mitigate this issue, breaking barriers and building bridges to get access to those who are furthest from resources is imperative. Being accessible, familiar, and non-stigmatizing for students,

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schools can play a central role in providing an optimal and advantageous place for Trauma-Informed Care to be successfully utilized to support student success. Thus, a commitment to Trauma-Informed Care and building practices in schools and communities that promote well-being is a collective necessity.

In order for Trauma-Informed Care to be successful in school, effective professional development is essential for sustained implementation. Peer coaching can be an effective professional development method where two or three teachers plan, observe, reflect, offer feedback, provide support to improve instructional techniques, and differentiate according to teachers needs and strengths. Peer coaching that is organically made from trusting relationships where teachers have autonomy over their involvement in the coaching process, and what they want to learn to improve are some conditions of successful implementation of peer coaching.

All things considered, there is a need for research of Trauma-Informed Care delivered by non-clinical staff applied to all students universally - not just specific vulnerable populations who underwent trauma. Teacher perceptions of Trauma-Informed Care, evidence of practices, and change of practices before and after Trauma-Informed training through peer coaching is missing in the literature as well as exploration in how school culture hinders or assists in the implementation and fidelity of Trauma-Informed Care.

Thus, the purpose of this research was to utilize qualitative methods to explore the evolution of teachers' approaches over time as they utilize peer coaching to support students who experienced trauma backgrounds in a mainstream classroom, rather than focusing solely on a specific group with defined traumatic experiences. Additionally, this research study seeks to investigate how teachers' beliefs, attitudes, and perceptions of peer coaching and Trauma-Informed Care (TIC) within a specific school environment influence their teaching methods and

professional development. More specifically, the following research questions were addressed in this study: 1) In what ways do teachers' perceptions of Trauma-Informed Care change through peer coaching? 2) How do these teachers describe Trauma-Informed practices they implement in the classroom? 3) How do these teachers' practices change as a result of peer coaching? 4) What influence do the school context, corresponding norms, and peer coach's beliefs have on teachers' practices?

This chapter presents a summary of the findings organized by the research questions. It then explores how these findings relate to the existing scholarship and conceptual framework discussed in Chapter 2, and concludes with implications for leadership, social justice, policy, and practice. The chapter concludes with limitations of the study and recommendations for future research.

Summary and Analysis of Findings

1) In what ways do teachers' perceptions of Trauma-Informed Care change through peer coaching? Shakira's initial response to the term Trauma-Informed Care was "confusing" and "weird". Neither of the coaches knew what it looked like in the classroom nor had training in Trauma-Informed Care prior to this research study. However, both peer coaches were subscribed to Trauma-Informed Lens, found them necessary in classrooms and schools, and were already implementing it in their classrooms.

> "I don't know exactly if I'm doing anything that's Trauma-Informed. But I intuitively stand at the door, and I'm greeting students, but I'm also scanning they're minute, little changes in their facial expressions …. noticing that, "hey, this kid might need to have a break outside" … Sometimes somebody will throw something in the classroom… And [knowing] it's not them. It's something that is bothering them." - Catalina

As a consequence of being intrinsically motivated, having a trusting relationship, being open to learning (all mentioned in Chapter 4), both participants were highly receptive to each other, and the process of reflective coaching gaining more learning experiences and resulting in changes in their behavior and thinking (Nolan & Hilkirk, 1991, Zwart et al., 2009). Their desire to meet students' needs was evident in their highly intuitive empathy skills, strong beliefs and perception of Trauma-Informed Care and its importance.

By participating in this research study, with Trauma-Informed training, and with two rounds of peer coaching cycles, both peer coaches had increased and expanded their definition of Trauma-Informed Care and increased their efficacy in implementing Trauma-Informed Care. Shakira mentioned,

> "So, I see it as being thoughtful about what you do and what you say in the classroom can impact how students feel… and be mindful of what students may have gone through or [are] still dealing with… Being intentional about how you frame certain things so that students feel cared for, supported, and not triggered... I do feel like participating in this gave me a better sense of that as well." - Shakira

Through Trauma-Informed training, Catalina gained insight into "tangible steps" she could take to influence positive changes among her students and colleagues, as well as affirm her existing strategies for responding to trauma, thereby enhancing her proficiency in Trauma-Informed practices.

2) How do these teachers describe Trauma-Informed practices they implement in the classroom? Both teachers described that conducting the Friday Feelings Survey, mixing up their seating arrangements, and intentionally designing ice breaker activities to build community during the rearranging of seats are Trauma-Informed practices they implement in their classrooms. Their Friday Feelings survey allows them to take a quick pulse of their students'

current moods and events that week and to individually check in with students who need

additional support.

> "One thing that I do that's very clear and intentional is generally every Friday, I give them a survey and I call it Friday Feeling survey. There's always a question on the scale of 1 to 5. How's your week been? and then "Tell me the reason for your answer." Then I can sort and see. Okay, who are my 1 to 2s, so I can check in and see what they're saying… sometimes I've had a kid where I've been like, "Do you want to like talk after school" or "I'm here if you need anything" - Shakira

Changing seats was a solution the students derived as a way for students to feel like they belong

to the school. Both teachers presented the reports of the California Healthy Kids Survey to their

students and asked for their input in cultivating ways to improve belonging in their classrooms.

Shakira and Catalina ensure that every student knows their classmates with intentional, fun,

engaging questions to help students build relationships and support students with facilitation if

necessary. Shakira adds that using Equity Sticks in the classroom allows every student to have

equal participation in class is Trauma-Informed.

Regarding Catalina's description, some of the practices that Catalina implement in the

classroom are: building relationships with students outside of the classroom, calling them by

their preferred names and pronouns when they first start the school year, implementing

community building activities for students to build relationships with each other and to feel safe

throughout the year, allowing students to put up their artwork so that students take ownership of

the space and pride in their art, allowing her students to bring peers who are not her students to

find a safe space to eat their lunch or advocate for them or allow them to cry after having a break

up, engaging her students with Circles, and participating in the US. vs. Hate art projects and

competitions. Shakira also added that the Trauma-Informed practices she implements are the

ways she treats her students.

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"Getting to know who they are outside of just being the student... starting on the first day, and then building in spaces where we can share, within the class, within small groups of what they like. And then with a survey, just for me, and making sure that they are, you know, able to share like this is the name I prefer. These are the pronouns I prefer…. There were a lot of fights on campuses here earlier, and I was like, "if you or your friends don't have me as a teacher and don't feel safe. Come in! You can eat lunch in here" - Catalina

Other practices that the participants incorporated in their classroom that they did not mention, but I as an observer and PI noted included the music Shakira and Catalina played in the classroom as students entered the classroom or while students were working on their reflections. In Chapter 2, I explained how listening to music has the potential to redirect hyperarousal states, increase moods, reduce anxiety, decrease unwanted behaviors in the classroom, and increase verbal communication (Ticker, 2017). Both of them also greeted students at the door with smiles, kindness, and humanizing ways and elicited students' opinions in problem solving classroom routines. Shakira and Catalina also provided consistency and predictability in the classroom with their routines and expectations. In their slides, Catalina and Shakira will inform students what they need for the day, where to place their backpack, and what is expected of them.

During the peer coaching rounds, Catalina implemented a Circle activity that provides the space for students to learn different perspectives, practice active listening, and strengthen their empathetic fluency activating the mirror neuron system (Rizzolatti & Craighero, 2004; van der Kolk, 2015) which allowed for connection, flexibility, and empowerment. This synchronicity is what individuals with traumatized histories have a shortage of (van der Kolk, 2014). Giving the power and autonomy for students to choose to participate by saying, "I invite you to…" is also trauma-informed. The guided meditation that Shakira implemented for the first time allowed students to bring awareness to their bodies and emotions and provide a space of calm during a

time of stress. Shakira also added that the Trauma-Informed practices she implements are the ways she treats her students.

Through these practices, both participants were creating safe environments that were transparent and trustworthy for their students and each other, enlisting their colleagues (even those who had differing opinions) and students for collaboration with themselves and each other, empowering student autonomy and their voices - the core principles of Trauma-Informed Care. Shakira and Catalina's interactions with students in and out of the classroom provided students with connection and the restoration of social and emotional growth in the educational setting. It is not just a list of practices, but it is a lens through which they see the world.

3) How do these teachers' practices change as a result of peer coaching? As a consequence of their internal motivation, established trust, and open-mindedness to learning, the two individuals involved were extremely receptive to each other, and the reflective coaching process. This led to increased learning experiences and shifts in their behavior and mindset (Nolan & Hilkirk, 1991, Zwart et al., 2009). Their commitment to addressing students' needs was apparent in their intuitive empathy, firm convictions, and understanding of the significance of Trauma-Informed Care.

Peer coaching provided Catalina the opportunity to learn that she had a wealth of knowledge in her back pocket and could reciprocate effective teaching strategies to her more veteran peer. Through her strong trust in Shakira, observing Shakira implementing meditation in her classroom for the first time, and sharing her past experiences in incorporating mindfulness with Shakira during the post-observation meeting, she was able to see that she was a credible teacher to her peer, increasing her feeling of self-confidence and professionalism (Bruce & Ross, 2008; Neubert & McAllister, 1993; Nolan & Hillkirk, 1991; Powers et al., 2016). Catalina also

added a new verbiage in the classroom to be more intentional about providing her students the invitation or opportunity to participate.

As for Shakira, she introduced a guided meditation for the first time in her classroom despite having reservations about it as she has seen students misbehaving when novice, intern teachers facilitate meditations in their classrooms. Through the medium of the guided meditation, some students were able to focus on their breathing, lower their stress levels, and nurture self-empowerment through the practice of positive affirmations. Through this peer coaching process, Shakira has also gained more understanding of what Trauma-Informed Care entails.

> "I think I feel a lot more comfortable having done it (meditation).... I think it was the first time we had done it. and I had done the survey and I think it was effective for some students… that some students really connected with doing that and feeling a sense of calm. And so, I think it was effective for some students." - Shakira

4) What influence do the school context, corresponding norms, and peer coach's beliefs have on teachers' practices? According to Shakira and Catalina the school climate and culture really affects them. D. Watson Middle has a long way to go in being a Trauma-Informed School. With the divide between the staff on the Poinsettia program, lack of collegiality and communication between adults on campus, adults' resistance to change, and high turnover of staff and administration adds to the instability and inconsistency of the school in implementing new programs that encourages the entire school to support adults and students in supportive, humanizing, and compassionate ways.

The Poinsettia program has caused a seven-year animosity between teachers for and against the program resulting in lack of communication, collaboration, or collegiality among teachers. Moreover, the Poinsettia program has an influential impact on how teachers and administrators view students who are in and outside of the Poinsettia program label Poinsettia

students as "smart, well-behaved" students, non-Poinsettia students as "special kids" affecting their schedules and creates added stress in the classroom.

Additionally, stressors in the classroom include lack of substitutes, harmful professional development, returning to in-person from remote learning due to COVID-19, having to compete with technology for students' attention and engagement in class, high mental health needs among students, seeing other teachers leave all causing teacher exhaustion and burnout.

However, their peer coaches' beliefs strongly influenced their implementation of practices despite the school climate and culture. Despite the lack of effective professional development at the school, Catalina and Shakira still found ways to learn and grow as teachers and implement Trauma-Informed strategies. It was also through the ROSE Network where Shakira and Catalina started implementing the Friday Feelings Survey to check in with their students. The ROSE Network also introduced Catalina to the 2x10 strategy in which she engages in non-academic, non-behavior conversations for 2 minutes with a student for 10 consecutive days. Teachers are to choose students facing challenges in maintaining positive classroom relationships, displaying disruptive behaviors, or requiring additional emotional support. Catalina saw the fruits of this small Tier 2 intervention she made in the classroom that improved her relationship with her student.

As a result of their close trusting relationship, access to each other with adjacent classrooms, teaching the same prep, and regularly implementing informal peer coaching, they continued to encourage and offer feedback to help each other enhance their teaching practices and how they taught and served their students. Their strong beliefs of humanizing science and the learning experiences for students, being intuitively highly empathetic, going into the field of education because of relationships, and benefiting from therapy resulted in naturally

implementing Trauma-Informed Care in their classrooms as an innate part of who they were as

teachers. Thus, creating safe environments for their students.

> "Yeah, I think the setup was super helpful to be right next to each other, so that if
> we need to check in about something… For example, today we're doing testing,
> and I was like, "hey, are you having problems with the Wi-Fi too?" or "Do you
> have this whatever?" Or if a kid needs to finish, we do mastery-based grading. So,
> if the kid needs to finish like a mastery test and we can send them [over] if my
> kids are doing something quiet, and her kids are doing like a lab, and we can help
> each other out that way, too". - Catalina

> "So, if she's doing something like a lab, or you know just something that might be
> interesting. Sometimes I'll just open the door and then go in and watch. And you
> know she'll pop over. Cause it is easy cause it is just right there!" - Shakira

Intersections of Bronfenbrenner Bioecological Theory, Literature, and Findings

Bronfenbrenner's Bioecological System Theory posits that human development is

influenced by a complex interplay of factors within various environmental systems, ranging from

the immediate microsystem to the broader macrosystem. Bronfenbrenner emphasized the

importance of understanding these dynamic interactions for a holistic view of development. In

addition, it explores the dynamic relationship between Person, Process, Context, and Time to

understand and analyze the impact of ecological factors on human development and behavior. In

this section, I will provide examples of how the findings connect with the Process-Person-

Context-Time Model (PPCT) along with the literature review.

Process. Proximal processes encompass individuals in close and continuous interaction,

serving as the primary catalysts for development and establishing a reciprocal relationship

between the person and their environment. In this research study, the strong, trusting relationship

that Catalina and Shakira had, their adjacent classrooms in the same building, and teaching the

same prep allowed for them to interact on a daily basis. Both Catalina and Shakira would not

only lesson plan, provide similar assessments, and have the same pacing of scope and sequence

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in the classroom, but would observe each other's classroom to see how a lab was conducted in class to steal ideas from one another, provide feedback to one another, co-teach lessons together, and brainstorm solutions on testing arrangements. Their trusting relationship was the soil to allow them to be receptive to each other's encouragement, critical feedback, and reflection questions that allowed for challenging ideas, beliefs, and ultimately practices in the classroom. Additionally, this contributes to their longevity of practices in the classroom as they both held each other accountable to growing and learning.

Not only was there evidence of reciprocation in exchanging strategies in their relationship, but the reciprocity of being truly seen and heard. Accurate mirroring and acknowledgement of pain is vital for recovery as it allows the permission to feel and validate personal experiences centering their humanity (van der Kolk, 2014). Catalina has mentioned how Shakira was there to support her in her time of need with personal challenges. While this was a pivotal moment to strengthen their bond with each other in the early stages of their relationships, this "showing up for each other" helped them survive the return to school after remote learning.

Person. The proximity of individuals not only influences their interactions but also plays a role in the reciprocal influence and formation of their characteristics, as described by Bronfenbrenner's concept of *Person*. A *demand* characteristic either encourages or discourages social interaction. Catalina described her first interaction with Shakira as, "she was a good friend right away." Catalina and Shakira cultivate social interactions in the classroom by warmly greeting each student with smiles, playing welcoming music, and maintaining eye-level contact, fostering a positive atmosphere not only among the students but also between themselves. New/novice teachers swarm to Catalina for guidance when they start at D. Watson Middle and ask to observe her classrooms. This is all a testament to their *demand* characteristics of

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encouraging social interactions. Their characteristics allowed for reciprocity to happen with each other, allowing for Catalina, the younger, less experienced teacher of the two, to over time see that she had a wealth of knowledge to share with Shakira.

The individual's lifetime *resources* such as experiences, skills, mental and emotional assets, knowledge, abilities, and networks, or their absence, will impact their interpretations and actions around their *demand* characteristics. This includes Shakira and Catalina's intrinsic empathy capabilities, positive experiences with therapy, knowledge and love for science, wealth of teaching and coaching experiences, and professional networks including Shakira's relationship with the Taquitos Center. *Force*, or a person's way of being, was shown in both Catalina and Shakira's intrinsic motivation to improve, which played an active role in facilitating their development and mutually enhancing each other's skills (Bronfenbrenner & Morris, 2005).

Context. The subsequent element is Context, formerly known as the Ecological Systems Theory. Bronfenbrenner's ecological model comprises five interrelated subsystems. Placing students at its core, Bronfenbrenner's Ecological Systems Theory depicts them within a complex nested system consisting of the *microsystem*, *mesosystems*, *exosystem*, and *macrosystem* (Bronfenbrenner, 1979). I will first start describing aspects of the research findings with the *macrosystem*, *exosystem*, *mesosystem*, and finally *microsystem* (also refer to Figure 3).

The *macrosystem* comprises the expansive, overarching collection of societal norms, cultural beliefs, political principles, traditions, and laws, within which the *microsystem*, *mesosystems*, and *exosystem* are interwoven. The *macrosystem* encompasses the stigmatization or de-stigmatization of mental health in some societies and the need for Trauma-Informed Care (TIC). Many schools and parents are witnessing the lingering impacts of the pandemic and recognizing the necessity for increased mental health support, a need that existed even before

COVID-19. State and Federal policies like Every Student Succeeds Act (ESSA) were put in place to improve access to coordinated comprehensive school mental health services while systemic oppression and White Supremacy contributed to the lack of support and access for marginalized educators and students. Mandated lockdowns prevented the spread of COVID-19, yet they also heightened feelings of isolation and disconnectedness, attributing to increased mental health needs among the community. D. Watson was not exempt from these challenges.

Culture not only shapes the perception of certain events as traumatic but also molds how individuals interpret and attribute significance to such trauma. For Shakira, society's pre-existing negative perception of teachers was further exacerbated by differing and opposing views among parents, teachers, and politicians regarding the timing of school reopenings following the lockdowns. This added on to Shakira's feelings of being "depleted" which eventually led to her leaving the classroom.

The *exosystem* incorporates remote social settings that have an indirect effect on students (Bronfenbrenner, 1979). The *exosystem* setting consists of the relationships among teachers, parents/caregivers, professional and personal network and network to the school, activities of the local school board, or school class attended by an older sibling. This is where the majority of the research study focuses on - the relationships among teachers and their school climate and culture. This involves the lack of collaboration and communication among the teachers as a result of the Poinsettia program, the revolving door of administrators at D. Watson which did not help with building trust and consistency of initiatives, and the activities within the Poinsettia PTA program and the non-activities of the general PTA at D. Watson. This extends beyond D. Watson Middle School to encompass the district, characterized by policies allowing administrators to be

transferred at the district's discretion, inadequate substitute pay rates, and an overwhelming burden of initiatives imposed on schools rather than collaboratively developed *with* them.

Additionally, the exosystem extends to the connection between Shakira and Catalina. Despite the school's lack of support, their mutual relationship enabled them to advance professionally, access valuable professional development opportunities, and enhance their implementation of Trauma-Informed Care in the classroom. The relationship among the peer coaches and their *resources*, *demand*, and *force* also shaped the school's dynamics and fingerprints. Shakira took proactive steps to engage Poinsettia teachers in the ROSE network and collaborated with their former principal to implement the ROSE network school-wide, facilitating effective professional development opportunities for other teachers as well. The Science Department pulling themselves out of the Poinsettia program deeming it as inequitable is one of the ways Catalina and Shakira challenge D. Watson's form and policies hoping for better school-wide equitable and trauma-responsive practices. This exemplifies the bidirectional relationship and reciprocity within the ecological system (refer to Figure 4).
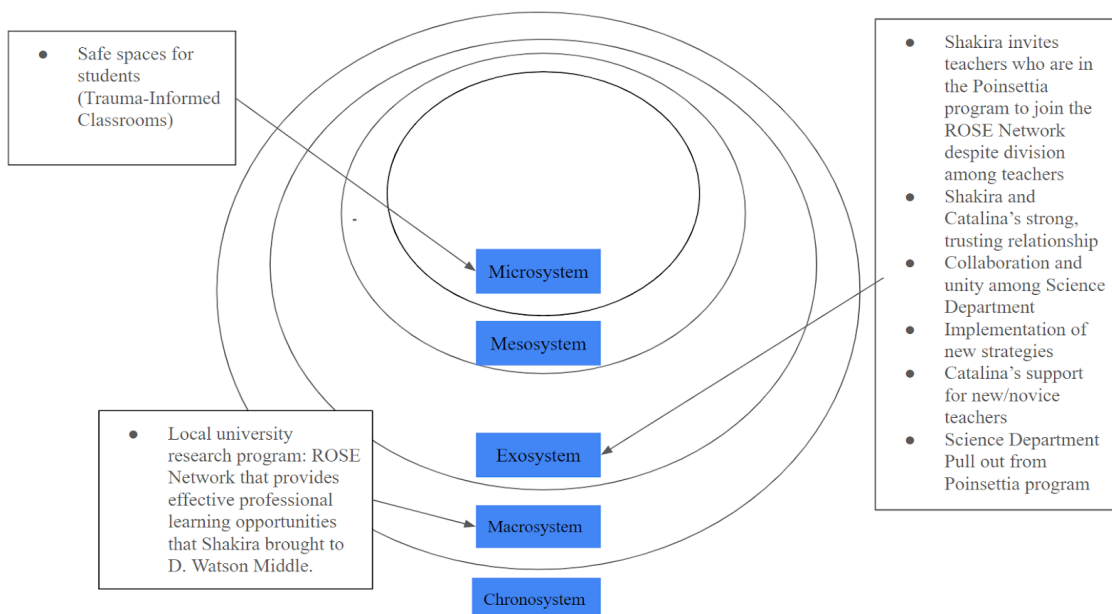
Figure 4: Catalina and Shakira's influence on one another and the school community

The *mesosystem* is a collection of interconnected microsystems in which the developing

child is actively involved (Bronfenbrenner, 1979). This can involve the social connections

between family and school, or between daycare and community peer groups. These

environments, workplaces, neighborhoods, and institutions continue to have a direct impact on

the individual and their social relationships. In this research study, this involves the relationship

that the Poinsettia parents have with the school and especially with the Poinsettia teachers.

Poinsettia teachers convene monthly with parents/caregivers to discuss and showcase educational

activities underway at the school. This fosters parental awareness and involvement in their

children's education, further investing in their children's educational experience, thereby

providing additional resources for teachers and students in the Poinsettia program. These

resources enable Poinsettia students to participate in extracurricular activities such as field trips

and enrichment programs beyond the classroom. In contrast, the nonexistent parental

engagement in the non-Poinsettia program represents a systemic inequity exacerbating the

disparity in access for students with disabilities and those who are emergent learners.

The most immediate level, known as the *microsystem*, encompasses the interactions

between the child and their immediate environment (Bronfenbrenner, 1979). This encompasses

settings such as the home, school, daycare, or playground, where children engage in their daily

activities and immediate social interactions. This sphere also encompasses all close relationships,

including family and friends. At D. Watson, this encompasses the school fights, sit down lunch,

relationships that they have with their teachers including Shakira and Catalina who create safe

spaces for them. It also includes the campus supervision and teachers who may have acted in

ways that are dehumanizing and disrespectful towards students. D. Watson's ongoing failure to

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inadequately support their marginalized students contributes to the entire Tangerines District classified under the Differentiated Assistance program.

Time. In the PPCT model, *time* refers to the dimension that recognizes the dynamic nature of human development within various contexts over time. It emphasizes the importance of considering how individuals, families, and communities evolve and change within their environments across different stages of life. Time in the PPCT model acknowledges that developmental processes unfold over time, influenced by historical, cultural, and societal factors. *Micro-time* includes the school scheduling of Poinsettia and non-Poinsettia students affecting the dynamics of the classroom and COVID-19 transitions to remote learning and then back to in-person instruction. *Meso-time* involves the work shifts and even work loss of students' parents/caretakers during the pandemic lockdowns. *Macro-time* encompasses the technological advancements during the height of the pandemic lockdowns and the dependency of technology for entertainment and education. This addiction to technology overflowed into the classrooms where teachers have a harder time navigating the students' relationship with their phone in the classroom. *Timing* in the PPCT model refers to the dynamic interplay of all levels of time and their influence on human development within ecological systems.

Both peer coaches have created safe environments that are transparent and trustworthy, enlisting others for collaboration - even though outside their circles, empowering students and their colleagues through autonomy and empowering voices, and acknowledging cultural, historical, and gender issues. While Shakira and Catalina have done much to improve the school and its community, since trauma is a systemic issue, Trauma-Informed Care needs to be a solution that includes the spheres of influence surrounding the child - a whole systemic solution. Creating a trauma-responsive school involves employing a lens of trauma awareness, knowledge,

and skills to inform decision-making regarding practices, policies, and the overall school culture. This is not only limited to the home, the school, the school community, but involves awareness on district, county, and government levels.

Trauma-Informed Care lenses and practices are also to be implemented among the adults in the school to sustain and strengthen the resiliency of teachers. Teacher wellness is not the sole responsibility of the individual teachers as stress can be caused by larger, systemic conditions by the school, district, and government policy and laws. Teacher wellness should also be systemic. Aspects within the systems influence each other, the individual, their trauma, reactions to trauma, and resiliency directly and indirectly. For example, when both peer coaches were asked "what are some ways that your school makes you feel loved, welcomed, and treated like people?" Both teachers have mentioned their letters from students, teacher appreciation week, the trust they have with students and colleagues, the principal's snacks, and the reciprocity with students. Catalina said that her strong network of teachers keeps her at D. Watson Middle, "You know, every year I kind of have been thinking about leaving either teaching or like trying to figure out a different situation for the last couple years. And I eventually circle back to like I really have some solid people here that I trust and can count on." When Shakira was absent and came back after a couple of days, the student was happy to see her and said cheerfully, "Mrs. Shakira! You're back!" Those are just some ways on how the *microsystem*, *mesosystem*, and *exosystem* influences each other. While both Catalina and Shakira have mentioned how students have supported their resiliency, the larger systemic issues at the school have dramatically caused their burnout.

Implications for Leadership and Practice

Leadership. Schools, teachers, administrators, parents, and policy makers all play roles in shaping students' wellbeing. Given the high mental health needs in schools and even more so after the height of the COVID-19 pandemic, it is imperative and urgent that policy makers, administrators, teachers deepen their understanding and increase their knowledge of trauma, its pervasiveness, its effects, and methods of implementation that are sustainable. Below are some recommendations for district offices and school leadership proposed by the research study.

District offices should allow budgeting for schools to have a set of permanent long-term substitutes with more competitive salaries for peer coaching and teacher coverage. The Tangerines District at the time of the study, had the lowest pay for substitute teachers compared to other San Diego districts. Substitutes could get $40 to $90 more per day by working in a different district which could be a factor of why schools in the Tangerines District generally had a grueling time looking for teacher coverage. Having more competitive salaries for substitutes and having a set of long term substitutes will not only provide the structure for teachers to observe their peers when they would like to hone in a teaching craft or learn other ways of how a practice can be done in the classroom, but it will also support teachers when they need coverage instead of leaning on teachers to sacrifice their prep time when a colleague is out sick. Teachers already work overtime regularly in order to keep up with the daily demands of lesson planning, teaching, grading, and communicating with families. Districts and schools can support teachers by protecting their prep time. Schools can also build relationships and invest in these permanent long-term substitutes by including them in Trauma-Informed trainings to build consistency and safe places for all students within all staff members for schoolwide understanding of trauma and support.

Using the research presented, there are a lot of gaps that the district poses upon schools without the input of those impacted by the policies like students, teachers, staff, and administrators. For example, in the Tangerines District, all administrators are "at-will" employees, which does not allow administrators to stay long enough in a school to create trusting relationships for the school to have consistency in mission and vision. Shakira was able to receive full support for the ROSE network from the previous principal which led to more teachers participating in the ROSE network, but once he left, the ROSE network was only carried by Shakira at D. Watson Middle. Additionally, as soon as the return to in person schooling was in full effect, the Tangerines District called for all schools to "accelerate" to make up for "learning loss" instead of actually taking the time to collect data on how schools are doing and take careful planning time in their next steps. In the interviews, both teachers and administrators mentioned that the district did not provide enough funding for schools to use for a Restorative Practice position and Principal DJ had to be creative with her FTEs to create a position.

Before adding new initiatives or deciding how funding should be given to schools, district administrators should conduct student circle panels in multiple schools in the district, carry out empathy interviews or focus groups with families, staff, and faculty, and perform a needs assessment. Districts should then have open and transparent communication with schools on the direction that the districts and schools would be going with the data they collected from students, staff, faculty, and parents/caregivers. This will prevent initiative overload and allow districts to gain insights on policies that are harmful to schools and learn what is helpful in supporting schools.

School leadership can provide support for systemic shifts through peer coaching by providing organizational structures and being well trained in TIC themselves. In this study, Catalina and Shakira truly benefited from having adjacent classrooms to bounce ideas off each other. Implementing organizational structures like these ensures reflection on teaching behavior and conversations with a colleague provides an accountability system that is integral in the motivation and persistence of Trauma-Informed Care and peer coaching practices. Collegial coaches help mirror teaching practices by reflecting areas of strength and growth, yet at the same time coaches wield a window to insights, strategies, validation, and motivation that improve teacher efficacy. This practice allows for growth in self-confidence, their ability to engage in the practices more regularly, and are better equipped to serve students with histories of trauma. By maximizing on the unique strengths and versatility of teachers, school leaders can tap into a network poised to incorporate Trauma-Informed Care through peer coaching practices in an authentic way and build capacity in teachers who may be less comfortable adapting their pedagogical practices. As stated in the literature, teacher transformations yield greater success when school leaders provide teachers with autonomy in their peer coaching process. School leaders can employ this approach to spread and scale Trauma-Informed Care through the peer coaching process at their own institutions.

Simply by incorporating these peer coaching practices schoolwide, teachers will be able to learn, challenge, provide feedback, and encourage each other with the implementation of Trauma-Informed Practices. Nonetheless, the cultural shift begins with school leaders fully understanding the impact of trauma and providing non-retraumatizing trainings or having professional clinical staff facilitate Trauma-Informed Care. The findings suggest the importance of administrators who are well-trained with evidence-based research practices. Additionally, it

suggests district and county offices provide more accessible turn-key resources for school leadership to adapt and share at their schools to avoid one of the pitfalls of administering trauma screenings, like the ACE test. Principals asking teachers to share their ACE score or their traumatizing experience with each other not only can be retraumatizing but it is confusing as it creates conflict with wanting to follow the instructions of your supervisor and protecting your right to choose to participate in an activity that requires you to regret sharing your personal information with a distant colleague. Additionally, The ACE checklist is not a research validated tool (Venet, 2011). If schools do decide to administer trauma screenings, it would be malpractice to do so if facilitated by administrators, teachers, or non-clinical staff (Venet, 2021).

Practice. This study offers implications for practice in systemic Trauma-Informed Care starting with enlisting and educating the adults in the school and community. The findings suggest that in order to introduce Trauma-Informed Care to schools, evidence-based practice starts with supporting the adults in the school and parents/caregivers to understand what trauma is, how widespread trauma is, how it affects the body and mind, and how healing can occur. Schools can help the adults to define and come with their own personal assessment to check in with themselves how they are doing. Educators can define what self-care is to them, as each individual is unique and has different needs, and what community-care looks and feels like to them. Collectively, they can decide authentic ways the school community can show up for one another. Reexamination on how dysregulation works on the individual level and generating ideas with all staff about what behaviors are associated with elevated stress levels or dysregulated adults and students needs to be discussed to widen our lens on effects of trauma and the school as a whole can support each other. Introducing Trauma-Informed care in this manner not only is trauma-informed and sustainable, but it prioritizes teacher wellness. Teachers cannot give from a

dry well and creating structures that encourage community care can build resilience in teachers and administrators to allow for them to build safe and loving spaces for students. Additionally, it shouldn't fall on only one teacher's job to be trauma-informed.

The research presented also shared the importance of not just one or two Trauma-Informed teachers but a trauma-informed school environment. When only one or two teachers are doing the work, it can lead to burning out quickly. Teachers cannot do the work alone. There needs to be leadership support from districts and administrators and organizational support. In order for us to restore and find healing, it will take a village. From what the study showed through Bronfenbrenner's Bioecological Systems Theory, "classroom practice, institutional culture and norms, and systems level policy are all interconnected and sustained equity requires change at all levels." (Venet, 2021, p.13). Students need the school environment to be trauma-sensitive where they can lean on *any* adult on the school campus to provide them safe, predictable, and loving spaces for them to learn and grow.

This is a study that proves how Trauma-Informed Care can be accomplished in an urban school setting that is on the southern side of San Diego rich in culture and diversity evident in the schools' population. Much literature focuses on Trauma-Informed Care for a selected population or selected school who have been impacted by trauma. Instead of using trauma as a *lens*, they use it as a *label* to provide support. However, best practices are inclusive of providing universal support for *all* students because it creates a more equitable and trauma-informed environment for everyone in the school community, not just those who are impacted by trauma. Students shouldn't have to disclose their traumatic stories in order for them to receive support. Instead of being a trauma investigator, schools should focus on creating systems for the whole class that focuses on relationship building and stress management. "Attempting to identify which children

have experienced trauma and which have not will always be futile: we know children can slip under the radar" (Venet, 2021, p.44).

In addition to the benefits of providing universal support, it protects teachers from being privy to all the stories of their students, which allows them to protect themselves from secondary traumatic stress. Being trauma-informed does not mean teachers have to be therapists for their students. Boundaries need to be set for teachers and students not only for sustaining teachers but for respect and privacy of the student. School systems need to be established and clearly communicated of how, when, and why student information should be or should not be shared to teachers and school leaders should have guidance on how to enlist support from teachers while also respecting students' confidentiality (Venet, 2021).

Implications for Social Justice

Although trauma is not biased against the color of someone's skin nor how much money one has in their bank account, because of our systems of oppression that permeate throughout society, minoritized communities are disproportionately affected by trauma. From the genocide of Indigenous people and colonization of their lands to the enslavement of Black communities and continued state-sanctioned violence against Black people today, othering and violence on women and LGBTQ people, sterilization of people who are disabled, and chronic poverty, the commitment to Trauma-Informed practices is an act of social justice (Sujay et al., 2021). The COVID-19 pandemic highlighted and exacerbated the issues facing marginalized communities.

By beginning to examine and understand how oppression harms students within our schools, specifically those in the margins, we can start working towards ending inequitable school conditions and practices that cause and worsen trauma and build systems of support that are humanizing, safe, and affirming. Ultimately, by implementing Trauma-Informed work in

schools, over time, we can create a larger impact to help with the overall health and wellness and collective liberation from oppression of the community.

Study Limitations and Recommendations for Future Research

Limitations. This study sought to answer questions related to peer coaching relationships and Trauma-Informed Care implementation; however, there were a few limitations to the study. First, due to the small sample size and short amount of time, the study may not be generalizable to other contexts. There were only two teachers who participated in the study with only two rounds of the peer coaching cycle. While peer coaching research indicates that in order for trust to be built, at least four rounds of the peer coaching cycle must take place, this research was unique in nature to have two teachers who had already built trust over 8 years. Though they did not know what Trauma-Informed Care practices looked like beforehand, they were already by nature implementing Trauma-Informed practices in the classroom and had informal peer coaching strategies in place. More varied contexts are needed to acquire sufficient data for generalizability; for example, a larger number of teachers, multiple schools instead of one, and for a longer period of time with more peer coaching rounds.

Nevertheless, concentrating on one school allowed me to go deeper with the relationships I had with the teachers and in fact allowed me to have conversations with administrators, librarians, classified staff, and students, and these conversations gave me access to surveys that their principal administered about the culture and climate of the school, all of which gave me a richer understanding of their culture and climate of the school. This would not have been possible with a larger comparative project.

Second, the researcher's positionality was also a considerable limitation and the researcher's relationship with the participants. I have benefited from and believe in the

importance of Trauma-Informed Care practices and peer coaching practices. As a Southeast Asian female from a low socioeconomic background with many traumatic experiences well before the age of 17, I have seen how teachers and school practices can harm and be more retraumatizing and was also the recipient of kind teachers who made the classroom a safe place for me to flourish. As a classroom teacher who taught before, during, and after the pandemic, I have witnessed and experienced school practices that are dehumanizing for teachers, while being involved with a great group of teachers who sustained me. I was also well acquainted with a complete facelift of new and novice administrators who were "doing things to us" rather than "with us" and had their own agendas. The experiences that the teachers shared were very similar to my experiences as a teacher as well. My new position also allows me to work very closely with the Tangerines District, which allows me to understand how the district runs, and helps me gain access to documents I wouldn't have access to. While this is in favor of my research, this can also hinder my research as my perspective of the school could be limited.

Prior to this research study, I did a pilot study in order to refine my research and interview questions. I had two teacher interns under my supervision at my former job who were implementing Trauma-Informed practice. They gravitated towards each other because of their similar identities, compatible experiences of being a first-year intern and undertaking graduate school, shared the same workroom, were collegial, and taught the same subjects. I requested for them to do peer coaching with me, since they were already informally observing each other and providing each other feedback, to see if there were any impacts or growth in their implementation of Trauma-Informed Care. Through my observations and interviews with them, both of them supported each other in their Restorative Circles and addressed racial harm in the classroom.

My close relationship with one of my case study participants allowed me to gain trust and comfort that participants may not have with researchers. I also believe that the trusting relationship that Catalina had with Shakira allowed Catalina to trust me easily as well. In one of my memos, I noted how comfortable the interviewers were with me. They were open and welcome to share their grievances, joy, and rants. From the janitors who were hogging paper and classroom chairs, to sharing tears with me from interviews. This would not have been possible, if they didn't have this relationship with me at the beginning, but also participants may have felt compelled to respond in a certain way or may have refrained from speaking honestly in an attempt to appease the researcher. In order to mitigate potential effects, member checking and triangulation of data were essential components to the study.

Recommendations. Now that we have explored the ways of how peer coaching can influence the implementation of trauma-informed practices, researchers can broaden our lens to a wider view of a longitudinal study that focuses on how Trauma-Informed practices through peer coaching may impact the overall health of the school for both adults and students in terms of belonging, compassion, empathy, inclusion, safety, connection, support for students, teachers, classified staff, administrators, parents, and caregivers. Questions like, "Does it improve positive outcomes while also reducing negative outcomes of teacher, student, and parent/caregiver wellbeing?, Do Trauma-Informed lenses uplift belonging while demolishing othering in schools?, Does peer coaching increase teacher resilience?, can be investigated within this larger study. On top of analyzing the impact of wellness of the school, the study can expand to understanding the effects on Trauma-Informed Care on academics, behavior, and attendance. This study could help practitioners understand the macro, long implications of Trauma-Informed

Care through peer coaching relationships and the organizational supports that are helpful in supporting peer coaching to flourish.

Additionally, a longitudinal study that explores authentic collective care of all educators (classified and certified) through gratitude practices like Gratitude Fridays, coregulation support from colleagues, community circles, community brain breaks, peace corners or regulation stations for students and staff, and adult support after a student outburst in the classroom will be beneficial for policy makers, educational leadership, researchers, and practitioners to develop a more nuanced understanding and possibly scale Trauma-Informed and peer coaching programs to address the health crisis our schools are facing.

Examining whether findings can be replicated or by adding more teachers for a longer than 2 months in future studies to reveal similar benefits for educators could prove fruitful for educational leaders and practitioners seeking to use peer coaching as a professional learning opportunity for universal Trauma-Informed Care implementation in schools. It would also be advantageous to do a comparative study between two schools who do peer coaching and Trauma Informed Care to see what leadership and organizational support proves to be effective in different contexts.

Conclusion

"The youth shall lead us. Indigenous people shall lead us. The earth itself shall lead us." -

adrienne maree brown

The mental health state of the world has a long way to go in terms of healing, especially after the COVID-19 pandemic exacerbating the inequities that marginalized people face. Depression, anxiety, and suicide ideation is on the rise even more so after the pandemic (cite). While the pandemic's aftermath on students' and adults' wellbeing is still uncovering and

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complex, attending to the humanity of students, teachers, and classified staff and uplifting community care is one step in the right direction. As a teacher, I learned a lot from my students and if we all make it a priority to truly listen, students are telling us what is not okay and what needs to be fixed in the education system.

The healing practices that I mentioned in Chapter 2 shows that Indigenous people and our ancestors from India and China had an idea of steps of healing, the importance of community, empathy, and restorative justice. One might have had to dream and wonder what our world would be without colonization? I think about that a lot. Would our world be focused on empathy and community instead of capitalization, greed, and individualism? Would Trauma-Informed Care even need to exist? Neuroscience is catching up to Indigenous ways and I hope they continue to teach us their ways on the path to healing. And I hope we listen.

Peer coaching relationships offer a powerful mechanism for professional growth and development among educators. Through collaborative partnerships, teachers can share expertise, provide feedback, and engage in reflective practices to enhance their teaching skills, in this case, Trauma-Informed Care and student outcomes. Peer coaching promotes a culture of continuous improvement, fostering a supportive environment where educators learn from one another and implement best practices. This approach not only strengthens individual teaching effectiveness but also cultivates a sense of community and shared responsibility for student success within schools. Ultimately, the power of peer coaching lies in its ability to empower educators to grow professionally, drive instructional improvement, and create positive impacts on student learning.

Since trauma is a systemic problem, Trauma-Informed Care requires system-wide support in order to be effective. Trauma awareness, knowledge, recovery, and Trauma-Informed practices must be widely known by policy makers, board members, district leaders, school

administrators, parents/caretakers, teachers, classified staff, and community members to promote a safe, structured, predictable, learning environment that mitigates trauma or retraumatization and prioritizes positive relationships between all school personnel and students. Focusing on Trauma-Informed practices can help contribute to an important and meaningful shift towards a society where all children and youth are heard, seen, valued, and acknowledged. The hope is for collective understanding that schools have the potential to be humanizing, liberatory, joyful, and healing and no one educator would have to do that lift on their own.

Appendix A: Document protocol

1) Date:

2) Authors of Document:

3) Who decided this document is needed for the school?

4) Any changes made to the document? If there were any changes, who were the authors and when were the changes made?

5) To what extent is this document used and reviewed by the school?

6) Accessibility of the document to teachers

7) How is this document helping with Trauma-Informed Care initiative or Peer coaching methods?

Appendix B: Observation Protocol

Date:

Duration of Observation:

Descriptive Notes (A description of physical setting, accounts of particular events or activities)	Reflexive Notes (Researcher's personal thoughts, such as "speculation, feelings, problems, ideas, hunches, impressions, and prejudices")

Appendix C: Interview Protocol - Prior to peer coaching

The purpose of this qualitative case study is to investigate the nature of peer coaching to increase Trauma Informed practices in the classroom. This study will answer the following research questions:

(1) In what ways do teachers' perceptions of Trauma-Informed Care change through peer coaching?

(2) How do these teachers describe Trauma-Informed practices they implement in the classroom?

(3) How do these teachers' practices change as a result of peer coaching?

(4) What influence do the school context, corresponding norms, and peer coach's beliefs have on teachers' practices?

Hello. I am Christobelle Tan and I am a doctoral student at UCSD and CSUSM and a mathematics teacher. I am conducting a study designed to better understand teachers' perceptions of Trauma Informed Care through peer coaching. I want to remind you of your right for confidentiality. Feel free to pass any questions you do not feel comfortable answering.

<u>I would like to start by learning a bit about your backgrounds and your philosophy of teaching.</u>

1. Why did you decide on becoming a teacher?

<u>I am interested in learning about your relationship with your peer coach.</u>

1. How did you both meet?
2. How did both of you decide to partner to be a peer coach together?
3. Do you have prior experiences with peer coaching beforehand?

I am also interested in learning about how you learned about Trauma -Informed Care.

1. Define what Trauma-Informed Care is to you.

2. Describe what are some Trauma-Informed practices that you have tried.

3. How did you learn about it? What did you learn from your peer coach?

4. Do you have prior experiences with Trauma-Informed Care beforehand?

5. How did you decide that you had to implement Trauma-Informed Care in your classroom?

Closing remarks

Do you have any questions for me or anything you like to share before we close?

Appendix D: Interview Protocol - after two rounds of peer coaching cycle

The purpose of this qualitative case study is to investigate the nature of peer coaching to increase Trauma Informed practices in the classroom. This study will answer the following research questions:

(1) In what ways do teachers' perceptions of Trauma-Informed Care change through peer coaching?

(2) How do these teachers describe Trauma-Informed practices they implement in the classroom?

(3) How do these teachers' practices change as a result of peer coaching?

(4) What influence do the school context, corresponding norms, and peer coach's beliefs have on teachers' practices?

Hello again. I am Christobelle Tan and I am a doctoral student at UCSD and CSUSM and a mathematics teacher. I am conducting a study designed to better understand teachers' perceptions of Trauma Informed Care through peer coaching. I want to remind you of your right for confidentiality. Feel free to pass any questions you do not feel comfortable answering.

<u>I would like to start by learning a bit about how your journey has been with your peer coach thus far.</u>

1. How do you see your relationship with your peer coach?

2. From observing them, and as you discuss each other's work, describe changes, if at all, that your peer coach has done since you first met.

3. How does that make you feel?

4. Could you describe any change/(s) in your practice after reflecting and getting feedback from your peer coach?

5. Do you find that your new practices have been effective? How do you know?

Now that you have experienced two rounds of peer coaching. I am interested in understanding perceptions of Trauma-Informed Care

1. Define what Trauma Informed Care is to you.

2. Would you agree or disagree that your peer coach would define Trauma-Informed Care similarly to your definition? Why or why not? How do you know?

3. Would you agree or disagree that your school would define Trauma-Informed Care similarly to your definition? Why or why not? How do you know?

4. After practicing Trauma-Informed Care, do you find that it is necessary in the classroom?

5. Does your peer coach find that it is necessary in the classroom?

6. Does your school find that it is necessary in the classroom?

I'd like to close by asking you to share something that allows you to persevere. Teaching and Trauma Informed Care is challenging work. What allows you, if anything, to continue to push forward and carry out Trauma Informed Care?

Do you have any questions for me or anything you like to share before we close?

Appendix E: Interview Protocol for Administrators

The purpose of this qualitative case study is to investigate the nature of peer coaching to increase Trauma Informed practices in the classroom. This study will answer the following research questions:

(1) In what ways do teachers' perceptions of Trauma-Informed Care change through peer coaching?

(2) How do these teachers describe Trauma-Informed practices they implement in the classroom?

(3) How do these teachers' practices change as a result of peer coaching?

(4) What influence do the school context, corresponding norms, and peer coach's beliefs have on teachers' practices?

Hello. I am Christobelle Tan and I am a doctoral student at UCSD and CSUSM and a project specialist from SDCOE. I am conducting a study designed to better understand teachers' perceptions of Trauma-Informed Care through peer coaching. I want to remind you of your right for confidentiality. Feel free to pass any questions you do not feel comfortable answering. Before we start asking questions, I would like you to come up with a pseudonym for yourself in this research study for your confidentiality. Before we start asking questions, I would like you to come up with a pseudonym for yourself in this research study for your confidentiality.

I want to know more about who you are and your role.

1) **Why did you decide on becoming a principal/vice principal?**
2) **How long have you been a principal/vice principal?**
3) **How long have you been a principal/vice principal at this school?**

I want to know more about the school's climate and culture.

4) **How would you describe the school's culture?**
5) **What do you love about this school's culture?**
6) **What are some areas that the school's culture can improve?**

I want to know more about how the school helps develop teachers professionally.

7) How do teachers develop professionally at this school? What opportunities are given?

8) What are some ways you have seen success in teachers growing professionally at this school?
9) What are some barriers that prevent teachers from growing professional at this school?
10) Tell me more about how Professional Learning Communities run in your school:
    a) How often are they? When do teachers meet?
    b) Who meets?
    c) Is there a goal or agenda?
    d) Would you consider that the PLCs running in the school are effective?
    e) How do you know that it is effective?
    f) I want to know more about peer to peer observation regarding PLCs. How was it done? What was the goal and outcome of it?
11) Other than PLCs, do teachers have other organizational support in collaborating with each other?
12) What other support is given to teachers?

I am also interested in learning about thoughts on Trauma-Informed Care.

13) **Define what Trauma-Informed Care is to you.**
14) **Do you believe Trauma-Informed Care is necessary at this school? Why?**
15) **How do you support teachers in Trauma-Informed Care?**
    a) **Is there Trauma-Informed Professional Development or Training given by the school?**
16) **Tell me more about Center of Mindful Relationships**

Closing remarks

Do you have any questions for me or anything you like to share before we close this interview?

Appendix F: Peer Coaching Protocol

<u>**Goals of Peer Coaching:**</u>

- Support a colleague in their professional development and growth **without passing judgment or making evaluations** about their observations
- Share successful practices through collaboration and reflective practice
- Build a sense of community

Pre-Observation Conference | Time: _____

Pre-Observation Goals:

The area I would like to explore is:

Coach asks the following questions:

Student or Teacher Outcomes	What do you want your students to practice? Or what do you want practicing for your well-being in the classroom?
Data Collection	What kind of data would be helpful for me to collect for you?

Name of Teacher: _____ Time: _____

In-Class Visit/Observation

Notes (to be taken by person observing):

Post-Observation/Debrief | Time: _____

Coach asks the following suggested questions and shares data:	
General Impressions	What went well and why? What did not go well and why?
Instruction	Would you teach this lesson differently? If yes, how? If not, why not?
New Learning	What did you learn about yourself, your teaching, and your students?
Next Steps: Teacher	What are some possible next steps for your target area?
Next Steps: Coach	How can I support you in your next steps?

Three Goals in a Coaching Conversation

Increase Resilience

Strengthen Reflection

Build Skill

Increase Resilience

We increase our resilience when we explore our emotions, deepen our self-awareness, and tap into our positive feelings including hope, purpose, curiosity, and empathy. It sounds like:

1) I can hear some emotions in your voice when you describe that experience. Do you want to unpack those?
2) What do you think that frustration was about?
3) What do you think she felt in that situation?
4) What did you noticed about how you responded to their behavior?
5) I hear how frustrating that was. Given what's within your sphere of influence, what could we focus our conversation on?
6) How do you want to be remembered?
7) What would you do if you had nothing to fear?

Strengthening Reflection

The ability to reflect is strengthened when we unpack our thoughts, understanding the processes through which we make decisions. Coaching toward reflection can sound like:

1) I'm curious about how you came to hold that belief.
2) What assumptions were you operating under?
3) I hear that you interpreted her behavior as meaning. Are there any other ways you could interpret her behavior?
4) If you could go back in time and do that again, what would you do differently?
5) I hear that was hard. What did you learn about yourself from that experience? How did that experience shift your thought about yourself as a teacher?

Build Skill

Skill is built when learning is scaffolded, when the desired or needed skill is within our zone of proximal development, and when the skill we're building is the right size and the right piece. Helping a peer build a new skill might sound like:

1) Let's script what you'll say to introduce this concept
2) What are the instructions you'll give kids for this activity?
3) What vocabulary will they need to know to access this document?
4) When you greet students at the door, how might you respond to a student who ignores your welcome?
5) What are the learning objectives for this lesson? How will you know if students met them?

Appendix F: Peer Coaching and Trauma-Informed Care Training

Julia Ioffe @juliaioffe

Eighteen months into this pandemic, so many people I know are still feeling so down (myself included). One friend put it this way: the bad things are disproportionately destabilizing and the good things are insufficiently fortifying. Anyone else feeling this way?

10:03 AM · Sep 26, 2021 · Twitter Web App

3,039 Retweets 539 Quote Tweets 33.7K Likes

Saeed Jones @theferocity

Sometimes my body suddenly remembers how heartbreaking the pandemic has been and continues to be and I just... have to sit down.

7:22 PM · Sep 26, 2021 · Twitter for iPhone

198 Retweets 10 Quote Tweets 2,559 Likes

Octavia Butler knew... @NotNikyatu

Are you procrastinating or just burnt out...in a collapsing empire...in a pandemic?

Tracy Renee @tracyrenee70

One day soon we're going to have a conversation about how the term self care is currently being weaponized against teachers. No amount of yoga or massages will fix this. Educators are operating in full crisis mode and need structural changes from the top.

5:31 AM · Sep 25, 2021 · Twitter for Android

508 Retweets 55 Quote Tweets 2,403 Likes

Jay Wamsted
@JayWamsted

Feels like every other conversation I have with an educator ends with something like

"And this just might be my last year"

4:21 PM · Sep 24, 2021 · Twitter for iPhone

2 Retweets   4 Quote Tweets   97 Likes

Ms. M is "tired" Retweeted

Ilana HorrorStory
@ilana_horn

"We thought that lockdown was going to be the hard part. It turns out re-entry is where kids are really struggling."

— a child psychiatrist sharing about what she is seeing in her practice

6:13 PM · Oct 27, 2021 · Twitter Web App

267 Retweets   32 Quote Tweets   1,491 Likes

Ilana HorrorStory
@ilana_horn

"There is all this expectation that everything is back to normal. And it just — isn't."

7:01 PM · Oct 27, 2021 · Twitter Web App

13 Retweets   1 Quote Tweet   176 Likes

Justin
@JustinAlon

I wonder if all of the issues with students being seen around the country right now could be related to the almost 2 years of unresolved of pandemic trauma that we are asking kids to ignore in order to jump back into a system that refuses to make changes to accommodate reality.

2:19 AM · Oct 28, 2021 · Twitter for Android

560 Retweets   82 Quote Tweets   3,024 Likes

AZ Kate, MM
@DevelopEdTweet

Replying to @JustinAlon

Maybe. Or maybe the pandemic exacerbated the problems that already existed in the form of communities that weren't being served adequately & the emotional & mental support for students that was already missing/completely underfunded. Bootstrap mentality won't fill those gaps.

7:31 PM · Oct 28, 2021 · Twitter for iPhone

226

Feel free to share anything else here: I'm sorry. Math has always been really hard for me, but that's no excuse for how bad I am doing in this class. It is almost entirely my own fault. You are doing great as a teacher, but through these times I find myself and many others struggling to find motivation. It's been a rough couple of years, for some more than others. It still feels like I'm an 8th grader, sitting in my desk in ██████ room. I remember that friday afternoon vividly. It was rainy, and we were discussing the foul beast looming over us called the coronavirus. My teacher said "NO, we aren't going to get shut down!" The very last day before we got shut down. It felt like a snap of the fingers and now I'm a 10th grader struggling to even pass my classes. I've been beaten and bruised bloody by the pandemic, and coming out of it I don't feel stronger. I feel weaker. I feel like I need extra help but I'm too afraid to ask in fear of it being ridiculed. I feel like an idiot, a stupid person who can't even pass integrated math 2. And because I feel like this I wonder "Why?" Why even try? Why even care? If I can't even do this, how am I going to pursue my dreams and goals? Overall, I feel hopeless, useless, out of place, a fish out of water.

Taylor
@royalthb8
Replying to @JustinAion

Teachers are also experiencing that trauma. How can we effectively help our students deal with their trauma when ours is unresolved too? It feels like a losing battle that will only get worse until we fix the education system.

9:54 PM · Oct 28, 2021 · Twitter for iPhone

Sandra Snooks @TeacherSnooks · 18h
Replying to @JustinAion
We thought that simply returning to school would be the solution

♡ 30

Christie
@ChristieNold

"Schools say they care about our mental health, but as an institution, they don't want to acknowledge that they are part of the problem" - 10th grade Advisory Student

9:05 AM · Oct 18, 2021 · Twitter Web App

270 Retweets   38 Quote Tweets   1,802 Likes

Richard Byrne and Erica Buddington follow

Larry Ferlazzo ✓
@Larryferlazzo

These last three years have been the most challenging of my teaching career – even more challenging than my first year. How common of a feeling do you think this is among teachers in general?

7:38 PM · Feb 13, 2023 · 158.6K Views

76 Retweets   27 Quote Tweets   2,026 Likes

In United States of America:
More than 250,000 kids are grieving the loss of a parent or caregiver

Hold space for
things that can be equally true:

You are resilient	and	you need a break
You gave it your all	and	you need to back out
You are independent	and	you still need others
You were sure	and	things changed
You are kind	and	you have boundaries
Others have it worse	and	your pain is valid
You did your best	and	now you know more

MINDFUL

1) Get comfortable. You can sit in a chair with your shoulders, head, and neck supported against the back of the chair.
2) Breathe in through your nose. Let your belly fill with air.
3) Breathe out through your nose.
4) Place one hand on your belly. Place the other hand on your heart or chest.
5) As you breathe in, feel your belly rise. As you breathe out, feel your belly lower. The hand on your belly should move more than the one that's on your chest.
6) Take five more full, deep breaths. Breathe fully into your belly as it rises and falls with your breath.

BREATHING

Check in:
What emotions are coming up for you right now?

Agenda

4/19
What is Trauma?
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Body and Brain Connections
Trauma-Informed Care
Strategies for Teacher Well Being

5/3
Trauma-Informed Care in the Classroom
Peer Coaching
Coaching Conversations: Role Play

Emotional abuse
Sexual abuse
Physical abuse
Chronic poverty
Racism
COVID-19

What is Trauma?

"Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being" (SAMHSA, 2012, p.6).
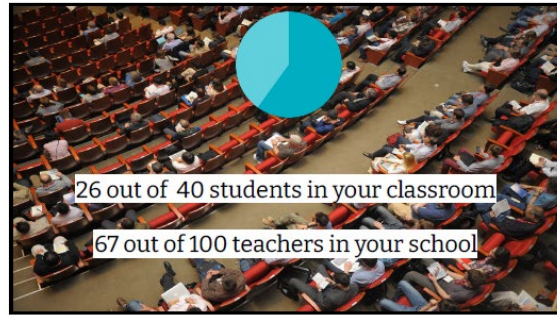
26 out of 40 students in your classroom

67 out of 100 teachers in your school

Hierarchical Organization of the Brain

3 Prefrontal Cortex
Planning and anticipation | Sense of Time and Context | Inhibition of inappropriate actions | Empathetic Understanding | Creativity | Language | Values | Hope

2 Limbic Brain
Emotional Relevance | Categorization | Perception | Map of relation between the organism and surrounding | Reward | Memory | Bonding

1 Brainstem: Basic Housekeeping
Temperature | Respiration | Cardiac | Arousal | Sleep/Wake | Hunger/Satiation

MacLean, 1990; van der Kolk, 2015

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FAKE SNAKE

MacLean, 1990; van der Kolk, 2015

Slide 1: Hierarchical Organization of the Brain

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POLICE SIRENS

MacLean, 1990; van der Kolk, 2015

Slide 2: Toll on the Brain

Symptoms of trauma can include:

- depression,
- anxiety,
- anger,
- aggression,
- hypervigilance,
- physiological changes such as disrupted sleep or appetite, and more.
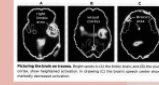
12 times more likely
(ACE Study)

Abuse alcohol and/or drugs
Experience depression
Attempt suicide
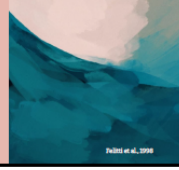
Felitti et al., 1998

Slide 3: Toll on the Body (ACE Study)

15% greater chance to suffer from:

10 leading causes of death in U.S. including obstructive pulmonary disease, ischemic heart disease, and liver disease (Felitti et al., 1998).

Twice as likely to suffer from **cancer**
Four times as likely to have **emphysema**

Left: Ukrainian President Volodymyr Zelenskyy on Feb. 23. Right: Zelenskyy on April 4.

Slide 4

1) What comes up for you with the neuroscience research shared?
2) Look at the skills we cannot access when we are in traumatic stress:

Prefrontal Cortex
Planning and anticipation | Sense of Time and Context | Inhibition of inappropriate actions | Empathetic Understan | Creativity | Language | Values | Hope

Limbic Brain
Emotional Relevance | Categorization | Perception | Map of relation between the organism and surrounding | Reward | Memory | Bonding

Do these skills show up lacking at your workplace? Among your colleagues, students, yourself? When? How often?

Invitation: Be curious instead of being judgmental. And if you are judgmental, don't beat yourself up on that. I also invite you to be curious about why you are judgmental

Trauma-Informed Care (TIC)

Definition: "care that involves:
(1) realizing the widespread impact of trauma and pathways to recovery;
(2) recognizing traumas signs and symptoms
(3) responding by integrating knowledge about trauma into all facets of the system,
(4) resisting re-traumatization of trauma-impacted individuals by decreasing the occurrence of unnecessary triggers (i.e., trauma and loss reminders) and by implementing trauma-informed policies, procedures, and practices" (SAMHSA, 2014).

Medicine | Education | Social Work/Human Service Settings

What does Trauma-Informed Care look like in the classroom?

What you have mentioned:

Loving and Welcoming Spaces

Treating kids like people

What are some ways that your school makes your feel:

Loved
Welcomed
Treated like people?

Strategies for Teacher Well Being

Read through "Strategies for Teacher Well Being"

What are some things that you have been practicing or have already tried?

What are some things that seems difficult to do?

What are some things that you would like to try?

"Our capacity to destroy one another is matched by our capacity to heal one another."

Bessel van der Kolk, Psychiatrist and Trauma Specialist

Welcome to Headspace for Educators

Headspace offers free access to all K-12 teachers, school administrators, and supporting staff in the US, UK, Canada, and Australia.

Whether you're feeling inspired to connect more with your students or you're looking for a new way to bring calm to your classroom, Headspace can help your class build healthy habits that last a lifetime. Better focus, less stress, and happier thoughts are just a few minutes away.
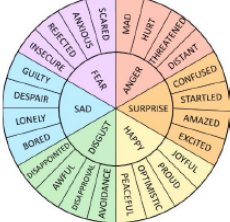
Trauma-Informed Care through Peer Coaching Relationships

May 3, 2023
3:30pm - 4:30pm

How are you feeling right now?

Feel free to add more
And share why

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Medicine | Education | Social Work/Human Service Settings

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Treated like people?

"Our capacity to destroy one another is matched by our capacity to heal one another."

Bessel van der Kolk, Psychiatrist and Trauma Specialist

What are some changes in your school you want to see to allow yourself and your coworkers to makes them feel:

Loved
Welcomed
Treated like people?

What are some changes in your classroom you want to see to allow your students to makes them feel:

Loved
Welcomed
Treated like people?

Take some time to read through strategies for Trauma Informed Care for teachers and students in the classroom

What seems doable or exciting to try?
What seems unrealistic or out of touch with our context and situation?

PEER COACHING

Peer coaching is when two or three teachers plan lessons, observe each other in the classroom, and provide immediate feedback regarding implementing **the strategy of their choice** regularly

(Ackland, 1991; Huston & Weaver, 2008; Showers & Joyce, 1996).

Research Design: Qualitative, Case Study

| First interview: In person, telephone, Zoom 45-90 mins semi-structured | Observation: Pre-observation conferences between peer coaches | Observation: In the classroom | Observation: Post-observation conferences between peer coaches | Last interview: In person, telephone, Zoom 45-90 mins semi-structured |

Two rounds

Three Goals in a Coaching Conversation

Increase Resilience

Strengthen Reflection

Build Skill

Increase Resilience

We increase our resilience when we explore our emotions, deepen our self-awareness, and tap into our positive feelings including hope, purpose, curiosity, and empathy. It sounds like:

1) I can hear some emotions in your voice when you describe that experience. Do you want to unpack those?
2) What do you think that frustration was about?
3) What do you think she felt in that situation?
4) What did you noticed about how you responded to their behavior?
5) I hear how frustrating that was. Given what's within your sphere of influence, what could we focus our conversation on?
6) How do you want to be remembered?
7) What would you do if you had nothing to fear?

Strengthening Reflection

The ability to reflect is strengthened when we unpack our thoughts, understanding the processes through which we make decisions. Coaching toward reflection can sound like:

1) I'm curious about how you came to hold that belief.
2) What assumptions were you operating under?
3) I hear that you interpreted her behavior as meaning. Are there any other ways you could interpret her behavior?
4) If you could go back in time and do that again, what would you do differently?
5) I hear that was hard. What did you learn about yourself from that experience? How did that experience shift your thought about yourself as a teacher?

Build Skill

Skill is built when learning is scaffolded, when the desired or needed skill is within our zone of proximal development, and when the skill we're building is the right size and the right piece. Helping a peer build a new skill might sound like:

1) Let's script what you'll say to introduce this concept
2) What are the instructions you'll give kids for this activity?
3) What vocabulary will they need to know to access this document?
4) When you greet students at the door, how might you respond to a student who ignores your welcome?
5) What are the learning objectives for this lesson? How will you know if students met them?

Before leaving today:

Set a goal of what you would like to try to implement or get curious about. It could be taking care of you, taking care of your students.

Set an observation time for us to visit you.

How do we speak to our body to tell that the stress is over?

1) Any physical activity
2) Breathing in slowly, holding, and exhaling (Yoga and special forces military)
3) Positive social interaction (high five, fist bump, safe place people)
4) Laughter (not the fake laughter) the slightly embarrassing, ridiculous laughter (or even thinking about a time you laughed that way)
5) Affection (warm, center of gravity hug until you are relaxed... "I have come home" hug).
6) Big ol' cry
7) Creative expression

References

Abramson, A. (2020, April 8). How COVID-19 may increase domestic violence and child abuse. http://www.apa.org/topics/covid-19/domestic-violence-child-abuse

Ackerman S. (1992). Discovering the Brain. Washington (DC): National Academies Press (US); 6, The Development and Shaping of the Brain. https://www.ncbi.nlm.nih.gov/books/NBK234146/

Ackland, R. (1991). A Review of the Peer Coaching Literature. *Journal of Staff Development, 12*(1), 22.

Aguilar, E. (2013). *The art of coaching: Effective strategies for school transformation*. San Francisco, CA: Jossey-Bass, A Wiley Brand.

Alisic, E. (2012). Teachers' perspectives on providing support to children after trauma: A qualitative study. *School Psychology Quarterly: The Official Journal of the Division of School Psychology, American Psychological Association*, *27*(1), 51–59.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Arnau, L., Kahrs, J., & Kruskamp, B. (2004). Peer coaching: Veteran high school teachers take the lead on learning. *NASSP Bulletin*, *88*(639), 26–41.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological review, 84*(2), 191.

Banks, S. J., Eddy, K. T., Angstadt, M., Nathan, P. J., & Phan, K. L. (2007). Amygdala–frontal connectivity during emotion regulation. *Social Cognitive and Affective Neuroscience*, *2*(4), 303–312.

Bennett, A. J., Lesch, K. P., Heils, A., Long, J. C., Lorenz, J. G., Shoaf, S. E., Champoux, M., Suomi, S. J., Linnoila, M. V., & Higley, J. D. (2002). Early experience and serotonin transporter gene variation interact to influence primate CNS function. *Molecular Psychiatry*, *7*(1), 118–122.

Benson, P. (1990). *The troubled journey: A portrait of 6th to 12th grade youth.* Minneapolis: Search Institute.

Berger, E. (2019). Multi-tiered Approaches to Trauma-Informed Care in Schools: A Systematic Review. *School Mental Health*, *11*(4), 650–664.

Berger, E., Bearsley, A., & Lever, M. (2020). Qualitative Evaluation of Teacher Trauma Knowledge and Response in Schools. *Journal of Aggression, Maltreatment & Trauma*,

0(0), 1–17.

Berger, E., & Martin, K. (2021). Embedding trauma-informed practice within the education sector. *Journal of Community & Applied Social Psychology*, *31*(2), 223–227.

Bintliff, A. V. (2016). *Re-engaging Disconnected Youth: Transformative Learning through Restorative and Social Justice Education* (Rev. ed.). *Adolescent Cultures, School and Society. Vol. 63.* Peter Lang NY Publishing.

Blaustein, M., & Kinniburgh, K. (2010). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency.* New York: The Guilford Press.

Brandt, C., Mathers, C., Oliva, M., Brown-Sims, M., & Hess, J. (2007). *Examining district guidance to schools on teacher evaluation policies in the Midwest Region* (Issues & Answers Report, REL 2007–No. 030). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory Midwest. Retrieved from http://ies.ed.gov/ncee/edlabs.

Brocque, R. L., Young, A. D., Montague, G., Pocock, S., March, S., Triggell, N., Rabaa, C., & Kenardy, J. (2017). Schools and Natural Disaster Recovery: The Unique and Vital Role That Teachers and Education Professionals Play in Ensuring the Mental Health of Students Following Natural Disasters. *Journal of Psychologists and Counsellors in Schools*, *27*(1), 1–23.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard university press.

Bonilla-Silva, E. (2001). *White supremacy and racism in the post-civil rights era.* Boulder, CO: Lynne Rienner.

Bowman, C. L. & McCormick, S. (2000). Comparison of peer coaching versus traditional supervision effects. *Journal of Educational Research, 93*(4), 256-261.

Brave Heart, M. Y. H., Chase, J., Elkins, J., & Altschul, D. B. (2011). Historical Trauma Among Indigenous Peoples of the Americas: Concepts, Research, and Clinical Considerations. *Journal of Psychoactive Drugs*, *43*(4), 282–290.

Bruce, C. D., & Ross, J. A. (2008). A model for increasing reform implementation and teacher efficacy: Teacher peer coaching in grades 3 and 6 mathematics. *Canadian Journal of Education, 31*(2), 346-370.

Brown, R. P., & Gerbarg, P. L. (2005). Sudarshan Kriya Yogic Breathing in the Treatment of Stress, Anxiety, and Depression: Part II—Clinical Applications and Guidelines. *The Journal of Alternative and Complementary Medicine*, *11*(4), 711–717.

Burstow, B. (2003). Toward a Radical Understanding of Trauma and Trauma Work. *Violence Against Women*, *9*(11), 1293–1317.

Bussman, M.A. (2018). *Peer Equity Coaching to Increase Cultural Responsiveness in Teaching and Leading* (Publication No. 10748415) [Doctoral dissertation, University of Minnesota]. ProQuest Dissertations Publishing.

Cannon, W. B. (1915). *Bodily changes in pain, hunger, fear, and rage.* New York: Appleton-Century-Crofts.

Carlson, L. E., Speca, M., Faris, P., & Patel, K. D. (2007). One year pre–post intervention follow-up of psychological, immune, endocrine and blood pressure outcomes of mindfulness-based stress reduction (MBSR) in breast and prostate cancer outpatients. *Brain, Behavior, and Immunity*, *21*(8), 1038–1049.

Castañeda-Londoño, A. (2017). Exploring English teachers' perceptions about peer-coaching as a professional development activity of knowledge construction. *How, 24*(2), 80-101.

Center for Disease Control and Prevention (CDC). (2020, June 15). *Data and Statistics on Children's Mental Health | CDC*. Centers for Disease Control and Prevention. https://www.cdc.gov/childrensmentalhealth/data.html

Charalambous, C. (2014). Moving from the if to the how: Improving instructional quality by delineating stages of teacher effectiveness. *The Journal of Classroom Interaction, 49*(1), 26-32.

Cherasaro, T. L., Brodersen, R. M., Reale, M. L., & Yanoski, D. C. (2016). *Teachers' responses to feedback from evaluators: What feedback characteristics matter?* (REL 2017–190). Washington, DC: U.S. Department of Education, Institute of Education Sciences, Nation-al Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory Central. Retrieved from http://ies.ed.gov/ncee/edlabs.

Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 3, Understanding the Impact of Trauma. Available from: https://www.ncbi.nlm.nih.gov/books/NBK207191/

Cornelius, K. E., & Nagro, S. A. (2014). Evaluating the evidence base of performance feedback in preservice special education teacher training. *Teacher Education and Special Education*, *37*(2), 133-146.

Creswell, J. W. (2013). *Qualitative Inquiry & Research Design: Choosing among Five Approaches* (3rd ed.). Thousand Oaks, CA: Sage.

Creswell, J. W., & Creswell, J. D. (2018). *Research Design: Qualitative, Quantitative, and*

Mixed Methods Approaches (5th ed.). Thousand Oaks, CA: Sage.

D'Andrea, W., Sharma, R., Zelechoski, A. D., & Spinazzola, J. (2011). Physical Health Problems After Single Trauma Exposure: When Stress Takes Root in the Body. *Journal of the American Psychiatric Nurses Association*.

Danao, M. (2022, October 28). *What Is Full-Time Equivalent (FTE) & How Is It Calculated?* (C. Bottorff, Ed.) [Review of *What Is Full-Time Equivalent (FTE) & How Is It Calculated?*]. Forbes Advisor. https://www.forbes.com/advisor/business/full-time-equivalent/#:~:text=A%20full-time%20equivalent%20(FTE)%20is%20a%20unit%20of,have%20an%20FTE%20of%201.0.

Danese, A., & J Lewis, S. (2017). Psychoneuroimmunology of Early-Life Stress: The Hidden Wounds of Childhood Trauma? *Neuropsychopharmacology*, *42*(1), 99–114.

Davidson, R. J., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S. F., Urbanowski, F., Harrington, A., Bonus, K., & Sheridan, J. F. (2003). Alterations in Brain and Immune Function Produced by Mindfulness Meditation. *Psychosomatic Medicine*, *65*(4), 564–570.

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry, 11*(4), 227–268.

Derrington, M. L. & Kirk, J. (2017). Linking job-embedded professional development and mandated teacher evaluation: Teacher as learner. *Professional Development in Education, 43*(4), 630-644.

Desimone, L. M., Smith, T. M., & Ueno, K. (2006). Are teachers who need sustained, content-focused professional development getting it? An Administrator's Dilemma. *Educational Administration Quarterly, 4*2(2), 179–215.

DeWalt, K. M. & DeWalt, B. R. (2002). *Participant observation: A guide for fieldworkers.* Walnut Creek, CA: AltaMira Press.

Drossman, D. A. (2011). Abuse, Trauma, and GI Illness: Is There a Link? *Official Journal of the American College of Gastroenterology | ACG*, *106*(1), 14–25.

Dorado, J. S., Martinez, M., McArthur, L. E., & Leibovitz, T. (2016). Healthy Environments and Response to Trauma in Schools (HEARTS): A Whole-School, Multi-level, Prevention and Intervention Program for Creating Trauma-Informed, Safe and Supportive Schools. *School Mental Health*, *8*(1), 163–176.

Duane, A. (2023). School-based trauma: A scoping review. *Journal of Trauma Studies in Education, 2*(2), 102-124.

DuBois, W. E. B. (1999). *Darkwater: Voices from within the veil.* New York: Dover.

Emerson, R., Fretz, R., & Shaw, L. (2011). *Writing Ethnographic Fieldnotes* (2nd ed.)*.* Chicago: University of Chicago Press.

Farb, N. A. S., Segal, Z. V., Mayberg, H., Bean, J., McKeon, D., Fatima, Z., & Anderson, A. K. (2007). Attending to the present: Mindfulness meditation reveals distinct neural modes of self-reference. *Social Cognitive and Affective Neuroscience*, *2*(4), 313–322.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, *14*(4), 245–258.

Figley, C.R. (Ed.). (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.* New York: Brunner/Mazel.

Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2013). Violence, Crime, and Abuse Exposure in a National Sample of Children and Youth: An Update. *JAMA Pediatrics*, *167*(7), 614–621.

Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. L. (2009). Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics*, *124*(5), 1411–1423.

Garmston, R. J. (1987). How administrators support peer coaching. *Educational leadership*, *44*(5), 18-26.

Gibson, J. J. (1966). *The Senses Considered as Perceptual Systems.* Boston: Houghton Mifflin.

Ginwright, S. A. (2016). *Hope and healing in urban education: How urban activists and teachers are reclaiming matters of the heart.* Routledge.

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research.* Mill Valley, CA: Sociology Press.

Gonen, S. I. (2016). A study on reflective reciprocal peer coaching for pre-service teachers: Change in reflectivity. *Journal of Education and Training Studies, 4*(7), 211-225.

Greenwood, C. R., Delquadri, J. C., & Hall, R. V. (1989). Longitudinal effects of classwide peer tutoring. *Journal of Educational psychology*, *81*(3), 371.

Gupta, M. A. (2013). Review of somatic symptoms in post-traumatic stress disorder. *International Review of Psychiatry*, *25*(1), 86–99.

Harris, E., Sorbero, M., Kogan, J. N., Schuster, J., & Stein, B. D. (2012). Perspectives on Systems of Care: Concurrent Mental Health Therapy Among Medicaid-Enrolled Youths

Starting Antipsychotic Medications. *FOCUS, 10*(3), 401–407.

Hasbrouck, J. E. (1997). Mediated peer coaching for training preservice teachers. *The Journal of Special Education*, *31*(2), 251–271.

Herman, J. L. (2015). *Trauma and recovery*. Basic Books. (Original work published in 1992).

Hightower, A., Delgado, R., Lloyd, S., Wittenstein, R., Sellers, K., & Swanson, C. (2011). *Improving student learning by supporting quality teaching: Key issues, effective strategies.* Bethesda, MD: Editorial Projects in Education.

Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, *78*(2), 169.

Huston, T., & Weaver, C. L. (2008). Peer Coaching: Professional Development for Experienced Faculty. *Innovative Higher Education*, *33*(1), 5–20.

Jewell, T. (2020). *This Book is Anti-Racist: 20 Lessons on how to Wake up, Take Action, and Do the Work*. Frances Lincoln Children's Books.

Joyce, B., & Showers, B. (1982). The coaching of teaching. *Educational Leadership, 40*(1), 4–10.

Kendall-Tackett, K. (2009). Psychological trauma and physical health: A psychoneuroimmunology approach to etiology of negative health effects and possible interventions. *Psychological Trauma: Theory, Research, Practice, and Policy*, *1*(1), 35–48.

Kim, C. Y., Losen, D. J., & Hewitt, D. T. (2010). *The school-to-prison pipeline*. New York University Press.

Kohler, F., Crilley, K., Shearer, D., & Good, G. (1997). Effects of peer coaching on teacher and student outcomes. *The Journal of Educational Research, 90*(4), 240-250.

Kohler, F. W., Ezell, H., Hoel, K., & Strain, P. S. (1994). Supplemental peer practice in a first-grade math class: Effects on teacher behavior and five low achievers' responding and acquisition of content. *The Elementary School Journal*, *94*(4), 389-403.

Kohler, F. W., Ezell, H. K., & Paluselli, M. (1999). Promoting changes in teachers' conduct of student pair activities: An examination of reciprocal peer coaching. *The Journal of Special Education*, *33*(3), 154-165.

Kohler, F. W., McCullough, K. M., & Buchan, K. A. (1995). Using peer coaching to enhance preschool teachers' development and refinement of classroom activities. *Early Education and Development*, *6*(3), 215-239.

Kohli, R., & Solórzano, D.G. (2012). Teachers, please learn our names!: Racial microagressions and the K-12 classroom. *Race Ethnicity and Education*, *15*(4), 441-462.

Kraft, M. A., & Gilmour, A. F. (2016). Can principals promote teacher development as evaluators? A case study of principals' views and experiences. *Educational Administration Quarterly*, *52*(5), 711–753.

Krystal, J. H., Price, L. H., Opsahl, C., Ricaurte, G. A., & Heninger, G. R. (1992). Chronic 3,4-Methylenedioxymethamphetamine (MDMA) Use: Effects on Mood and Neuropsychological Function? *The American Journal of Drug and Alcohol Abuse*, *18*(3), 331–341.

Kumashiro, K. K. (2000). Toward a theory of anti-oppressive education. *Review of Educational research*, *70*(1), 25-53.

Kurtts, S. A. & Levin, B.B. (2000). Using peer coaching with preservice teachers to develop reflective practice and collegial support. *Teaching Education, 11*(3), 297-310.

Ladson-Billings, G. (2009). *The Dreamkeepers: Successful teachers of African American children.* San Francisco, CA: Jossey-Bass.

Ladyshewsky, R. K. (2006). Building cooperation in peer coaching relationships: understanding the relationships between reward structure, learner preparedness, coaching skill and learner engagement. *Physiotherapy*, *92*(1), 4-10.

Latz, A.O., Speirs Neumeister, K.L., Adams, C.M., & Pierce, R. L. (2008). Peer coaching to improve classroom differentiation: Perspectives from project CLUE. *Roeper Review, 31*(1), 27-39.

LeDoux, J. E. (2000). Emotion Circuits in the Brain. *Annual Review of Neuroscience*, *23*(1), 155–184.

Licklider, B. L. (1995). The Effects of Peer Coaching Cycles on Teacher Use of a Complex Teaching Skill and Teachers' Sense of Efficacy. *Journal of personnel evaluation in education*, *9*(1), 55-68.

Linklater, R. (2014). Decolonizing Trauma Work. In *Decolonizing Trauma Work: Indigenous Stories and Strategies*. Fernwood Publishing.

Lindsey, R. B. (2017). *The cultural proficiency manifesto: Finding clarity amidst the noise.* Thousand Oaks, CA: Corwin Press.

Little, P. F. B. (2005). Peer coaching as a support to collaborative teaching. *Mentoring & tutoring: Partnership in learning*, *13*(1), 83-94.

Lipari, R. N., Hedden, S., Blau, G., & Rubenstein, L. (2013). Adolescent Mental Health Service

Use and Reasons for Using Services in Specialty, Educational, and General Medical Settings. In *the CBHSQ Report*. Substance Abuse and Mental Health Services Administration (US). http://www.ncbi.nlm.nih.gov/books/NBK362074/

Lu, H. L. (2010). Research on peer coaching in preservice teacher education – A review of literature. *Teaching and teacher education*, *26*(4), 748-753.

Mallette, B. Maheady, L., & Harper, G. F. (1999). The effects of reciprocal peer coaching on preservice general educators' instruction of students with special learning needs. *Teacher Education and Special Education, 22*(4), 201-216.

Maxwell, J. A. (2012). *Qualitative research design: An interactive approach* (Vol. 41). Thousand Oaks, CA: Sage.

Maynard, B. R., Farina, A., Dell, N. A., & Kelly, M. S. (2019). Effects of trauma-informed approaches in schools: A systematic review. *Campbell Systematic Reviews*, *15*(1–2), e1018.

McCance-Katz, E., & Lynch, C. (2019). *Guidance to States and School Systems on Addressing Mental Health and Substance Use Issues in Schools*. Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/sites/default/files/d7/priv/pep19-school-guide.pdf

Merriam, S.B. (1988). *Case study research in education: A qualitative approach.* San Francisco, CA: Jossey-Bass.

Merriam, S.B. & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation* (4th ed.). San Francisco, CA: Jossey-Bass.

Miller, E. K., Freedman, D. J., & Wallis, J. D. (2002). The prefrontal cortex: categories, concepts and cognition. *Philosophical Transactions of the Royal Society of London. Series B: Biological Sciences*, *357*(1424), 1123-1136.

Murray, S., Ma, X., & Mazur, J. (2009). Effects of peer coaching on teachers' collaborative interactions and students' mathematics achievement. *The Journal of Educational Research, 102*(3), 203-212.

Museus, S. D., & Park, J. J. (2015). The continuing significance of racism in the lives of Asian American college students. *Journal of College Student Development*, *56*(6), 551-569.

National Center for Education Statistics. (2021). Characteristics of Public School Teachers. *Condition of Education.* U.S. Department of Education, Institute of Education Sciences. https://nces.ed.gov/programs/coe/indicator/clr.

National Research Council. (2003). *Engaging schools: Fostering high school students' motivation to learn*. Washington, D.C.: National Academies Press.

Neubert, G., & McAllister, E. (1993). Peer coaching in preservice education. *Teacher Education Quarterly, 20*(4), 77-84.

Neubert, G. A., & Stover, L. T. (1994). *Peer Coaching in Teacher Education. Fastback 371.* Bloomington, IN: Phi Delta Kappa.

Nicholson, G. (2005). Hormonal and metabolic responses to trauma. *Anaesthesia & Intensive Care Medicine, 6*(9), 313–314.

Nolan, J. F., & Hillkirk, K. (1991). The effects of a reflective coaching project for veteran teachers. *Journal of Curriculum and Supervision, 7*(1), 62-76.

Noonan, J. (2016). *Teachers learning: Engagement, identity, and agency in powerful professional development* (Doctoral Dissertation). Retrieved from ProQuest. (Order No. 10597642).

Parker, P., Hall, D. T., & Kram, K. E. (2008). Peer coaching: A relational process for accelerating career learning. *Academy of Management Learning & Education, 7*(4), 487-503.

Parker, P., Kram, K. E., & Hall, D. T. (2013). Exploring risk factors in peer Coaching: A multilevel approach. *The Journal of Applied Behavioral Science, 49*(3), 361–387.

Paat, Y.-F. (2013). Working with Immigrant Children and Their Families: An Application of Bronfenbrenner's Ecological Systems Theory. *Journal of Human Behavior in the Social Environment, 23*(8), 954–966.

Parker, D. C., Grenville, H., & Flessa, J. (2011). Case Studies of School Community and Climate: Success Narratives of Schools in Challenging Circumstances. *School Community Journal, 21*(1), 129–150.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.

Patton, M. Q. (2014). *Qualitative research and evaluation methods: Integrating theory and practice.* Sage publications.

Perfect, M. M., Turley, M. R., Carlson, J. S., Yohanna, J., & Saint Gilles, M. P. (2016). School-Related Outcomes of Traumatic Event Exposure and Traumatic Stress Symptoms in Students: A Systematic Review of Research from 1990 to 2015. *School Mental Health, 8*(1), 7–43.

Perry, D. L., & Daniels, M. L. (2016). Implementing Trauma—Informed Practices in the School Setting: A Pilot Study. *School Mental Health, 8*(1), 177–188.

Perry, B. D., Pollard, R. A., Blakley, T. L., Baker, W. L., & Vigilante, D. (1995). Childhood

trauma, the neurobiology of adaptation, and "use-dependent" development of the brain: How "states" become "traits." *Infant Mental Health Journal*, *16*(4), 271–291.

Peshkin, A. (1988). In Search of Subjectivity—One's Own. *Educational Researcher, 17*(7), 17–21.

Pierce, T., & Peterson Miller, S. (1994). Using peer coaching in preservice practica. *Teacher Education and Special Education*, *17*(4), 215–223.

Pitre, C. C. (2014). Improving African American student outcomes: Understanding educational achievement and strategies to close opportunity gaps. *Western Journal of Black Studies, 38*(4), 209-217.

Porges, S. W. (2009). Stress and Parasympathetic Control. In L. R. Squire (Ed.), *Encyclopedia of Neuroscience* (pp. 463–469). Academic Press.

Powers, S., Kaniuka, T., Phillips, B., & Cain, B. (2016). The impact of teacher-lead professional development programs on the self-efficacy of veteran teachers. *Journal of Research Initiatives*, *2*(1), 16.

Reid, D. B. (2017). U.S. principals' interpretation and implementation of teacher evaluation policies. *The Qualitative Report*, *22*(5), 1457-1470.

Richards, L., & Morse, J. M. (2013). *Readme first for a user's guide to qualitative methods* (3rd ed.). Thousand Oaks, CA: Sage.

Robbins, P. (1991). *How To Plan and Implement a Peer Coaching Program*. Alexandria, VA: Association for Supervision and Curriculum Development.

Roediger, D. R. (1999). *The wages of Whiteness: Race and the making of the American working class* (Rev. ed.). New York: Verso.

Rolfsnes, E. S., & Idsoe, T. (2011). School-based intervention programs for PTSD symptoms: A review and meta-analysis. *Journal of Traumatic Stress*, *24*(2), 155–165.

Roozendaal, B., McEwen, B. S., & Chattarji, S. (2009). Stress, memory and the amygdala. *Nature Reviews Neuroscience*, *10*(6), 423–433.

Ross, J. A. (1998). The antecedents and consequences of teacher efficacy. *Advances in research on teaching*, *7*, 49-74.

Ross, J. A., & Gray, P. (2006). Transformational leadership and teacher commitment to organizational values: The mediating effects of collective teacher efficacy. *School effectiveness and school improvement*, *17*(2), 179-199.

Rossman, G. B., & Rallis, S. F. (2012). *Learning in the field: An introduction to qualitative*

research (3rd ed.). Thousand Oaks, CA: Sage.

Roth, R. A. (1989). Preparing the reflective practitioner: Transforming the apprentice through the dialectic. *Journal of Teacher Education*, *40*(2), 31–35.

Roy, A., Gorodetsky, E., Yuan, Q., Goldman, D., & Enoch, M.-A. (2010). Interaction of FKBP5, a Stress-Related Gene, with Childhood Trauma Increases the Risk for Attempting Suicide. *Neuropsychopharmacology*, *35*(8), 1674–1683.

Rugge, T. (2003). *Cost-benefit analysis of a community healing process*. (Research Summary Volume 8, Number 6). Corrections Research-Public Safety Canada https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/cstbnft-cmnthlg/index-en.aspx

Sacchetti, M., Sullivan, P., & O'Keefe, E. (2018, January 10). DACA injunction adds to limbo for 'dreamers' as Trump crackdown, Hill talks continue. *The Washington Post.* https://www.washingtonpost.com/local/immigration/daca-injunction-what-a-federal-judges-ruling-means-for-dreamers/2018/01/10/ecb5d492-f60c-11e7-a9e3-ab18ce41436a_story.html

Saldaña, J. (2013). *The Coding Manual for Qualitative Researchers* (2nd ed.). Los Angeles: SAGE.

Santini, E., Muller, R. U., & Quirk, G. J. (2001). Consolidation of Extinction Learning Involves Transfer from NMDA-Independent to NMDA-Dependent Memory. *Journal of Neuroscience*, *21*(22), 9009–9017.

Shepard, L. M., & Freado, M. D. (2012). Re-ED: Science catches up with belief. *Reclaiming Children and Youth*, *20*(4), 42.

Shevchuk, N. A. (2008). Adapted cold shower as a potential treatment for depression. *Medical Hypotheses*, *70*(5), 995–1001.

Showers, B. (1985). Teachers coaching teachers. *Educational leadership*, *42*(7), 43-48.

Showers, B., & Joyce, B. (1996). The evolution of peer coaching. *Educational Leadership, 53*(6), 42-45.

Seidman, I. (2012). *Interviewing as Qualitative Research: A Guide for Researchers in Education and the Social Sciences* (4th ed.). New York: Teachers College Press.

Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., & Chen, J. (2018). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – Updated Release.* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/datasources/nisvs/2015NISVSdatabrief.html

Slater, C. L., & Simmons, D. L. (2001). The design and implementation of a peer coaching program. *American Secondary Education*, 67-76.

Sleeter, C. (2001). Preparing teachers for culturally diverse schools: Research and the overwhelming presence of whiteness. *Journal of Teacher Education, 52*(2)*,* 94–106.

Sparks, G. M., & Bruder, S. (1987). Before and after peer coaching. *Educational leadership*, *45*(3), 54-57.

Stake, R. E. (1978). The Case Study Method in Social Inquiry. *Educational Researcher*, *7*(2), 5–8.

Stamm, B. (Ed.). (1999). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators.* Lutherville, MD: Sidran Press.

Stein, M. K., Smith, M. S., & Silver, E. (1999). The development of professional developers: Learning to assist teachers in new settings in new ways. *Harvard Educational Review*, *69*(3), 237-270.

Substance Abuse and Mental Health Services Administration. (2014). *Trauma-Informed Care in Behavioral Health Services* (HHS Publication No. (SMA) 14-4816; Treatment Improvement Protocol (TIP) Series No. 57). Substance Abuse and Mental Health Services Administration. https://www.ncbi.nlm.nih.gov/books/NBK207191/

Sumner Jennifer A., Kubzansky Laura D., Elkind Mitchell S.V., Roberts Andrea L., Agnew-Blais Jessica, Chen Qixuan, Cerdá Magdalena, Rexrode Kathryn M., Rich-Edwards Janet W., Spiegelman Donna, Suglia Shakira F., Rimm Eric B., & Koenen Karestan C. (2015). Trauma Exposure and Posttraumatic Stress Disorder Symptoms Predict Onset of Cardiovascular Events in Women. *Circulation*, *132*(4), 251–259.

Swafford, J. (1998). Teachers supporting teachers through peer coaching. *Support for Learning, 13*(2), 54–58.

Tadayon, A. (2021, August 13). As new school year begins, a focus on social and emotional health. *EdSource.* https://edsource.org/2021/as-new-school-year-begins-a-focus-on-social-and-emotional-health/659520

Taggart, G. L., & Wilson, A. P. (2005). *Promoting reflective thinking in teachers 50 action strategies.* Thousand Oaks, CA: Corwin Press.

Valenzuela, A. (2010). Subtractive schooling: US-Mexican youth and the politics of caring. *Suny Press*.

van der Kolk, B. A. (2014). *The Body Keeps The Score: Brain, Mind, and Body in the Healing of Trauma.* Penguin Books.

van der Kolk, B. A., Hopper, J. W., & Osterman, J. E. (2001). Exploring the Nature of Traumatic Memory: Combining Clinical Knowledge with Laboratory Methods. *Journal of Aggression, Maltreatment & Trauma*, *4*(2), 9–31.

van der Kolk, B. A., Stone, L., West, J., Rhodes, A., Emerson, D., Suvak, M., & Spinazzola, J. (2014). Yoga as an Adjunctive Treatment for Posttraumatic Stress Disorder: A Randomized Controlled Trial. *The Journal of Clinical Psychiatry*, *75*(06), e559–e565.

van der Kolk, B. A., Spinazzola, J., Blaustein, M. E., Hopper, J. W., Hopper, E. K., Korn, D. L., & Simpson, W. B. (2007). A Randomized Clinical Trial of Eye Movement Desensitization and Reprocessing (EMDR), Fluoxetine, and Pill Placebo in the Treatment of Posttraumatic Stress Disorder: Treatment Effects and Long-Term Maintenance. *The Journal of Clinical Psychiatry*, *68*(1), 16611.

Venet, A.S. (2021). *Equity-Centered Trauma-Informed Education*. W.W. Norton & Company.

Weber, D. B. (2007). *A theoretical framework for induction: what university faculty have to offer to beginning teachers* (Doctoral Dissertation). Retrieved from ProQuest. (Order No. NR51014).

Thomas, M. S., Crosby, S., & Vanderhaar, J. (2019). Trauma-Informed Practices in Schools Across Two Decades: An Interdisciplinary Review of Research. *Review of Research in Education*, *43*(1), 422–452.

Understanding Child Trauma. (2020). SAMHSA. https://www.samhsa.gov/child-trauma/understanding-child-trauma

Vimont, M. P. (2012). Developmental Systems Theory and Youth Assets: A Primer for the Social Work Researcher and Practitioner. *Child and Adolescent Social Work Journal*, *29*(6), 499–514.

Walkley, M., & Cox, T. L. (2013). Building Trauma-Informed Schools and Communities. *Children & Schools*, *35*(2), 123–126.

Weinreb, L., Savageau, J. A., Candib, L. M., Reed, G. W., Fletcher, K. E., & Hargraves, J. L. (2010). Screening for Childhood Trauma in Adult Primary Care Patients: A Cross-Sectional Survey. *Primary Care Companion to The Journal of Clinical Psychiatry*, *12*(6).

Weiss, R. S. (1995). *Learning From Strangers: The Art and Method of Qualitative Interview Studies* (1st ed.). New York: Free Press.

Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood*. Cornell University Press.

What is Bronfenbrenner's Ecological Systems Theory? (2019, May 3). The Psychology Notes Headquarters. https://www.psychologynoteshq.com/bronfenbrenner-ecological-theory/

World Health Organization, Department of Mental Health and Substance Abuse, World Psychiatric Association, International Association for Child and Adolescent Psychiatry and Allied Professions, & Academic Search Complete. (2005). *Child and Adolescent Mental Health Resources: Global Concerns - Implications for the Future.* World Health Organization Stylus Pub., LLC [distributor. http://site.ebrary.com/id/10104334

Winfrey, O., & Perry, B. D. (2021). *What Happened to You?: Conversations on Trauma, Resilience, and Healing.* Flatiron Books.

Yin, R. K. (2013). *Case study research: Design and methods.* Thousand Oaks, CA: Sage.

Yin, R. K. (2017). *Case study research and applications: Design and methods (6th ed.).* Thousand Oaks, CA: Sage.

Ziaian-Ghafari, N., & Berg, D. H. (2019). Compassion fatigue: The experiences of teachers working with students with exceptionalities. *Exceptionality Education International, 29*(1).

Zwart, R. C., Wubbels, T., Bergen, T., & Bolhuis, S. (2009). Which characteristics of a reciprocal peer coaching context affect teacher learning as perceived by teachers and their students? *Journal of Teacher Education*, *60*(3), 243–257.

Zwart, R. C., Wubbels, T., Bergen, T. C., & Bolhuis, S. (2007). Experienced teacher learning within the context of reciprocal peer coaching. *Teachers and Teaching: theory and practice*, *13*(2), 165-187.