

Surviving or Thriving: Educator Coping Following a Traumatic School Experience

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## **Dedication**

To my little sister, Juanita Joy.

Our trauma journeys were much the same yet also very different.

I miss you each and every day.

Thank you for being the best guardian angel a big sister could ever have.

# SURVIVING OR THRIVING: EDUCATOR COPING FOLLOWING A TRAUMATIC SCHOOL EXPERIENCE

## Abstract

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Situated in the Pacific Northwest, this qualitative study explored the coping, change, and systemic support experienced by thirteen K-12 educators following a school-based trauma. It is based on a theoretical framework of posttraumatic growth, the systematic study of how individuals are changed by traumatic encounters in positive ways. Participants in this study witnessed trauma events—school shootings, physical assaults, or accidents resulting in injury or death of a student or staff member—and were responsible as first responders to care for the life and death needs of others.

This study was guided by four research questions: (1) How do educators cope following a school-based trauma? (2) How do educators change following a school-based trauma? (3) What systemic supports are available to educators following a trauma? (4) What advice do study participants have for others who may experience school-based trauma?

Study findings include: (a) experiencing school-based traumatic events is as horrific and difficult for K-12 staff and faculty as it is for students; (b) the needs of K-12 educators who have experienced school-based trauma, regardless of their courage or resilience, are marginalized; (c) K-12 educators need ready-access to short- and long-term coping supports in schools following

trauma; (d) educators, in particular school and district leaders, lack capacity to fully understand the impact of trauma on school systems and strategies to integrate trauma-informed practices into their daily workplace interactions; (e) traumatic experiences cause anguish but can also lead to positive growth in the presence of authentic and compassionate systemic supports; and (f) recovery from trauma is a long term process requiring active and collective involvement of trauma survivors, family, friends, colleagues, schools and the community.

Recommendations include the need to: (1) explore impacts of school-based trauma on educators, the differential impacts of trauma, and systemic supports needed to enhance coping for educators beyond the Pacific Northwest; (2) examine and identify best-practices and posttraumatic incident response strategies to minimize the short- and long-term personal and professional impacts on educators; and (3) further assess theoretical implications of posttraumatic growth on K-12 educators coping with the aftermath of school-based trauma.

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## **CHAPTER ONE**

### **INTRODUCTION**

At 10:39 a.m. October 24, 2014, during the lunch period, a shooting occurred in the cafeteria at Marysville-Pilchuck High School. A 15-year-old freshman shot five other students, fatally wounding four, before killing himself. Swift and courageous efforts of school leaders, staff, and faculty in the building helped prevent further loss of life. This event profoundly impacted the lives of students and staff at Marysville-Pilchuck and the surrounding community.

In a letter to U.S. Secretary of Education Arne Duncan requesting recovery support resources, U.S. Senators Patty Murray and Maria Cantwell, and U.S. Representatives Rick Larsen and Suzan DelBene acknowledged,

This violent act has deeply shaken the high school and the community.

As you well know, the wounds inflicted by this tragedy extend beyond the physical injuries sustained. . . . Over the coming weeks and months, the Marysville community will need a great deal of support as they restore stability to the campus, rebuild a supportive learning environment, and heal the emotional damage brought by this traumatic event. (Murray, Cantwell, Larsen, & DelBene, 2015, para.6)

These statements capture and express the grave physical and emotional nature of this traumatic school event. It was an event that changed everyone impacted by it forever. It was also an event that changed me. Almost 100 miles away, I learned about the shooting through a breaking news alert on my cell phone. My first thought was, “Oh no, I pray this isn’t at my close friend’s school.” A matter of moments later, I learned that it was. Thus began my own personal journey to learn what it means to support a survivor of school-based trauma. This is what sparked my motivation to pursue this body of research.

## Statement of Problem

Schools and districts within the U.S. are charged with the responsibility to provide safe and healthy learning environments for approximately 55 million elementary and secondary school students in public and nonpublic schools across the United States (U.S. Department of Education, Readiness and Emergency Management for School Technical Assistance Center [REMS], n.d.). The executive summary of the National Center for Education Statistics Indicators of School Crime and Safety begins: “Our nation’s schools should be safe havens for teaching and learning, free of crimes and violence” (Robers, Kemp & Truman, 2013, p. iii). However, the data reflected in the ensuing 216 pages of the full report outlines a comprehensive body of statistical information that contradicts its opening statement. The entire report speaks page after page about the prevalence of violence and crime occurring daily in schools across the United States.

The types of violence and trauma identified in the report are situated among data regarding weapons, fights, victimization, school conditions, student perceptions of personal safety at school, bullying and cyber bullying, and teacher injury (Robers, et al., 2013, p. 1). The following are a few of the key findings from this report:

- Among students ages 12–18, there were 1,420,900 nonfatal victimizations at school, including 454,900 theft victimizations and 966,000 violent victimizations including simple assault and serious violent victimizations (Robers, et al., 2013, p. iii);
- About 7 percent of students in grades 9–12 reported being threatened or injured with a weapon such as a gun, knife, or club on school property (p. iv);
- In the 2011–12 school year, 15 of the 1,199 homicides among school-aged youths ages 5–18 occurred at school (p. iv);

- During the 2011 calendar year, five of the 1,568 suicides of school-age youth ages 5–18 occurred at school (p. iv); and
- Ten percent of elementary teachers and 9 percent of secondary teachers reported being threatened by a student from their school in 2011–12 (p. v).

The data in the Robers, Kemp and Truman report (2013) indicates K-12 schools clearly experience several forms of trauma each day that extend beyond the high profile shooting incidents that most often get our attention in national news. In 2004, in response to increasing awareness about school violence and trauma, the U.S. Department of Education Readiness and Emergency Management for Schools (REMS) Technical Assistance Center was established. The REMS technical assistance center currently “provides a hub of information, resources, training, and services in the field of school and higher education emergency operations planning” (Readiness and Emergency Management for Schools Technical Assistance Center, n.d., para. 1). Two of REMS most popular publications, *The Guide for Developing High-Quality School Emergency Management Operations Plans* (2013); and *Building Blocks to School Safety: A Toolkit for Schools and Districts for Developing High-Quality Emergency Operations Plans* (n.d.) contain detailed guidance for schools on a standardized 5-step emergency preparedness framework. This framework is as follows:

1. Prevention: the skills and abilities necessary to avoid, deter, or stop an imminent crime or threatened/actual mass casualty incident; the actions schools must employ to prevent a threatened or actual incident from occurring.
2. Protection: the capabilities to secure schools against acts of violence and manmade or natural disasters; focuses on continuous actions that protect students, faculty and staff visitors, and property from hazards or threats threat.

3. Mitigation: the skills and abilities necessary to reduce or eliminate the loss of life and property damage by lessening the impact of an event or emergency; reducing the likelihood that threats and hazards will occur.
4. Response: the skills and abilities necessary to stabilize an emergency once it has occurred and to establish a safe, secure environment that protects lives and property.
5. Recovery: the capabilities necessary to assist schools affected by an event or emergency in restoring the learning environment (US Department of Education, Office of Safe and Healthy Students, 2013, p. 2; US Department of Education, Office of Safe and Healthy Students, n.d., p. 1).

Despite an increased emphasis on safety planning and preparation in K-12 schools and a better understanding of the impact of incidents of school trauma on students, few researchers have seriously examined the long-term impact of trauma on K-12 educators. Schonfeld's (2006) writing on school violence discusses the prevalence and theories of violence in U.S. schools and explores attempts to prevent the suffering resulting from school violence. Hydon, Wong, Langley, Stein, and Kataoka (2015) recently explored K-12 teacher vulnerability to secondary traumatic stress resulting from the supportive role they must play in relation to student exposure to trauma, violence, disasters, or crises. Regel (2007) examined employers' duties to take reasonable care of the workforce including the psychological needs of personnel and use of post-trauma support in the workplace. These bodies of research provide helpful information to consider in the context of providing support for K-12 educators following a school-based trauma. They do not, however, tell us anything about the long-term impact of trauma on educators or, more importantly, how individuals or systems might support educators in the post-trauma recovery process.

## **Rationale for the Study**

It is important to note that a gap in evidence currently exists in the understanding of individual and systemic post-trauma recovery support available to educators working in K-12 environments. To date, there is very little information that provides a clear picture of the direct impact of trauma on K-12 educators or that describes what is needed to assist educators with long-term coping in the aftermath of a traumatic school event. This void of knowledge quickly became apparent as I searched for information to assist me while supporting my friend in her recovery process following a school-based trauma. I discovered that we need to know more about how K-12 educators are impacted by and able to recover from traumatic incidents experienced in the workplace. It also provided the motivation for me to embark on this study.

The purpose of this study was to examine the coping and change experiences of K-12 educators following a school-based trauma. Specifically, I was interested in better understanding the personal and professional changes educators experienced following a school-based trauma; to explore the support systems most helpful to them in coping; and to capture advice they had for others who might experience the same kind of trauma in the future. The intent of the research was to talk directly to these educators to learn from their real-life experiences of surviving a school-based trauma.

## **Theoretical Framework**

The theoretical concept of coping with trauma that fuels my interest and frames this research is posttraumatic growth. Posttraumatic growth is the systematic study of how individuals can be changed by traumatic life encounters in positive ways. It is described as a set of circumstances representing substantial challenges to the adaptive resources of an individual

and to the way the individual understands the world and their place in it following a traumatic event (Tedeschi & Calhoun, 2004).

Posttraumatic growth is defined as “positive change experienced as a result of the struggle with a major life crisis or a traumatic event” (University of North Carolina Charlotte [UNCC], 2014, para. 1) and is based on the assumption that, for some individuals, “an encounter with trauma, which may contain elements of great suffering and loss, can lead to highly positive changes” (Tedeschi & Calhoun, 2006). When present, posttraumatic growth occurs in five life areas including (1) positive changes in perception to self; (2) a changed sense in relationships including increased sense of connectedness to others; (3) an increased belief in one’s strength; (4) a greater appreciation for life; and (5) a significant positive change in one’s belief system, including a deepening of their spiritual life (UNCC, para. 2).

Difficult or traumatic circumstances create psychological distress for individuals and should not to be viewed only as precursors to growth (Tedeschi and Calhoun, 2004, 2006). However, it is important to recognize the psychological processes involved in managing traumatic experiences are the same general processes that can also produce positive change in the form of posttraumatic growth (Tedeschi & Calhoun, 2004).

Posttraumatic growth occurs concomitantly with the attempts to adapt to highly negative sets of circumstances that can engender high levels of psychological distress . . . . The widespread assumptions that traumas often result in disorder should not be replaced with expectations that growth is an inevitable result. Instead, we are finding that continuing personal distress and growth often coexist. (Tedeschi & Calhoun, 2004, p. 2).

Posttraumatic growth does not occur as a direct result of experiencing trauma. Instead, it is the individual's struggle to cope with a new reality in the aftermath of traumatic circumstances that is crucial to the extent posttraumatic growth occurs (Tedeschi & Calhoun, 2004).

The process and general components of posttraumatic growth (Calhoun & Tedeschi, 2006) involve these key elements: individual characteristic of the person and the challenging circumstance; managing of emotional distress; rumination or repeated thinking that is not necessarily negative or intrusive; self-disclosure, sociocultural supports; narrative development; and life wisdom. A more extensive description of the posttraumatic growth model will be discussed in Chapter Two: Literature Review.

Scholarly work on posttraumatic growth in K-12 educators as an aspect of positive coping following school-based trauma is hard to find. Therefore, building on Tedeschi & Calhoun's (1996, 2004, 2006) framework, I introduce the concept of posttraumatic growth as an essential concept to be considered in understanding the coping and change processes and systemic supports necessary for K-12 educators following a school-based trauma.

### **Research Questions**

The purpose of this study was to understand what can be learned from K-12 educators who have survived school-based trauma through exploration of coping, change, and systemic supports they experienced following such a traumatic event. Using a qualitative study design, I completed interviews with thirteen educators in K-12 schools across the Pacific Northwest who had experienced school-based trauma to gain their perspectives on individual coping, change and supports.

This study was guided by four research questions:

1. How do educators cope following a school-based trauma?

2. How do educators change following a school-based trauma?
3. What systemic supports are necessary to help educators following a trauma?
4. What advice do these educators have for others who may experience a school-based trauma?

### **Definition of Terms**

Throughout this capstone I use various general terms as I examine individual experiences of school leaders, faculty, and staff following a traumatic school event and the supports that helped them in the aftermath. Terms used in this study will be defined as follows:

1. Coping: the set of intentional, goal-directed efforts people engage in to minimize the physical, psychological, or social harm of an event or situation (Lazarus & Folkman, 1984; Lazarus, 2006).
2. Emotional trigger: something that sets off a memory tape or flashback transporting the person back to the event of her/his original trauma (Psych Central, 2016).
3. Health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization [WHO], 2015a).
4. Posttraumatic growth: the positive change experience that occurs as the result of a struggle with highly challenging life circumstance or crisis (UNCC, 2013).
5. Recovery: the capabilities necessary to assist schools affected by an event or emergency in restoring the learning environment (REMS, n.d.).
6. Resilience: an outcome of successful adaptation to adversity (Zautra, Hall & Murray, 2008)

7. School violence: violence that occurs on school property, on the way to or from school or school-sponsored events, or during a school-sponsored event (Centers for Disease Control and Prevention [CDC], 2016a).
8. Stress: the nonspecific response of the body to any demand (Selye, 1976).
9. Trauma: an emotional response to an intense event that threatens or causes harm. It can be physical or emotional, real or perceived, a single event or the result of exposure to multiple events over time (Child Welfare Information Gateway, 2015).
10. Violence: the “intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (WHO, 2015b, para. 1).
11. Wellness: the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, emotional happiness, and positive mental health (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014b).

## **Overview of the Study**

For this study, I conducted interviews with thirteen K-12 educators across the Pacific Northwest who experienced traumatic violence, injury, or death of another in an educational setting and were willing to talk with me about how they had coped as a result of these experiences. Participants selected for this study not only witnessed but were first responders on the scene of a traumatic experience and had initial responsibility for taking care of the critical life and death needs of students, faculty, and staff. I used questions designed to learn more about how they coped, how they changed, and what systemic supports were helpful for them following

a traumatic event. I developed a sixteen question interview protocol (see Appendix C). I also collected material from participants in the form of archival documents and artifacts and kept a field journal to document my experiences and impressions throughout the study. By gathering and analyzing data from these educators, I gained insights into these issues and formulated findings about posttraumatic growth in K-12 educators.

### **Organization of the Dissertation**

Chapter One, which you are reading, provides a contextual overview and introduction of the research problem and research questions upon which the study is built. It states the research problem, describes the rationale, and situates the theoretical framework. To assist the reader, I have added a section of key terms used throughout the dissertation. Finally, this chapter describes my motivation as a researcher, an overview of the study, and how the dissertation is organized.

Chapter Two provides a review of the literature. I organized the chapter in four sections with subsections. The first section is an overview of trauma, situated in K-12 schools and includes subsections on extent of the problem and impact of trauma on students. The second section is on stress and coping. It includes subsections on General Adaptation Syndrome, Transactional Theory of Stress and positive coping. The third section is on posttraumatic growth. It provides an overview of the model, with key components and descriptions of the five domains of posttraumatic growth. The literature review aids in the examination of the impact of school-based trauma, the coping and changes K-12 educators experienced, and the supports they needed to help with coping. I close this chapter with a brief summary of the literature review.

Chapter Three describes the qualitative methods used to design the study and is organized into several sections: The first section is about research design. That is followed by a

description of how study participants were selected, research procedures, interview protocol, data analysis, trustworthiness and limitations.

Chapter Four provides an analysis of the data, themes and patterns found in the data, and rich descriptions of participant input organized into several sections. The first two sections describe characteristics of the study participants and provide an overview of participants' traumatic experiences. The third section describes the themes and patterns found in the data and provides rich information about the themes gleaned from interviews with subjects. I finish the chapter with a summary.

In Chapter Five, I provide a summary of the study with an overview of the problem, the purpose of the study, research questions, and methodology. I review major findings with an emphasis on participant experiences related to the themes found in the data. I provide conclusions and implications for action based on an analysis of the data. I offer recommendations for future research and concluding remarks. Following Chapter Five is my reference section and appendices.

## CHAPTER TWO

### REVIEW OF THE LITERATURE

The intent of this study was to understand what could be learned from individual educators who have survived school-based trauma. Specifically, I explored how these educators coped and changed in the aftermath of a traumatic experience, the systemic supports that were helpful, and the advice they would have for others who might experience similar K-12 traumas. In order to understand the complexity of the connections between traumas, coping, and change, I felt it important to review several distinct bodies of research literature, including trauma, impact of trauma on K-12 schools; individual stress responses and coping strategies; and posttraumatic growth. The following sections provide a review of these research domains.

#### **Overview of Trauma**

The first domain of literature reviewed was trauma. For purposes of this study, trauma is defined as, “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014a, p. 7). Trauma is widespread, harmful, and does not discriminate with regard to age, gender, socioeconomic status, race, ethnicity, or sexual orientation (SAMHSA, 2015, para. 1). Van Der Merwe and Vienings (2001) defined trauma as an individual’s response to an extraordinary event that overwhelms their coping resources and makes it difficult to function effectively in society. Traumatic experiences are alarmingly prevalent; few people escape its direct or indirect effects (Allen, 1995).

**Research on the contexts of trauma.** Trauma occurs to individuals in the context of families, schools, and communities. This study focuses on the impact of school-based trauma which has been defined as a form of trauma which occurs in a school setting and includes, but is not limited to, school shootings, bullying, interpersonal violence among classmates, and student suicide (SAMHSA, 2015, para. 15). Incidents of school-based trauma significantly impact students and, as this study demonstrates, have a significant impact on adults, too.

The Substance Abuse and Mental Health Services Administration has recognized that traumatic events can include physical and sexual abuse, neglect, bullying, community-based violence, disaster, terrorism, and war (SAMHSA, 2016) (see Table 1).

Traumatic incidents often have common characteristics: They are extremely dangerous or distressing and are sudden and unexpected, providing no opportunity to prepare for them. Traumatic incidents disrupt one's sense of control of events around them and one's beliefs and assumptions about the world, people and work. They challenge the belief that the world is a fair and equitable place and that events can be understood. Finally, they include elements of physical or emotional loss or risk of loss (State of Victoria, Department of Education, 1997, p. 22).

Physiological trauma requires adaptation and adjustment. "Because of the sudden, unexpected nature of trauma the individual experiences an immediate need for active problem-solving" (Frese, 1985, p. 58). There is a strong subjective component to individual responses to traumatic events and this can be seen most clearly in disasters, where a broad cross-section of the population is exposed to the same traumatic experience (David Baldwin's Trauma Information Pages [Baldwin], 2016, para. 5).

Table 1

*Types of Trauma and Violence*

Type	Description
Bullying	Unwanted, aggressive behavior among school-aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may experience serious, lasting problems.
Community violence	Exposure to gang-related or interracial aggression, police and citizen altercations, and destructive individual and group violence.
Domestic violence	Patterns of abusive behavior in relationships used by one partner to gain or maintain power and control over another intimate partner.
Emotional abuse and psychological maltreatment	Verbal abuse, emotional abuse, excessive demands or expectations, and acts of omission against someone such as emotional neglect or intentional social deprivation.
Historical trauma	Cumulative emotional and psychological wounding as a result of traumatic experiences transmitted across generations resulting in unresolved grief; often associated with racial and ethnic population groups who have suffered intergenerational losses.
Natural or manmade disaster	Results of an unintentional major accident or disaster such as tornadoes, hurricanes, earthquakes, floods, wildfires, mudslides, or drought; human-caused disasters such as mass shootings, chemical spills, or terrorist attacks.
Physical abuse or assault	Actual or attempted infliction of physical pain (with or without the use of an object or weapon), or use of severe corporeal punishment.
School violence	Violence that occurs in a school setting and includes, but is not limited to, shootings, bullying, interpersonal violence among classmates, and student suicide.
Sexual abuse or assault	Unwanted or coercive sexual contact, exposure to age-inappropriate sexual material or environments, or sexual exploitation.

*Note.* Types and descriptions shown are examples of the different kinds of trauma and violence that can impact the human experience. Alphabetical listing is not intended to suggest order of importance. Adapted from “Types of Trauma and Violence,” Substance Abuse and Mental Health Services Administration, retrieved from <http://www.samhsa.gov/trauma-violence/types>.

**General impact of trauma.** The prevalence of trauma exposure among youth is a major public health concern (Centers for Disease Control and Prevention [CDC], 2016a; Kataoka, Langley, Wong, Baweja, & Stein, 2012). Studies have documented the broad range of negative effects of trauma exposure on youth, including posttraumatic stress disorder (PTSD), other anxiety problems, depressive symptoms, and dissociation (Fitzpatrick & Boldizar, 1993; Martinez & Richters, 1993; Singer, Anglin, Song, & Lunghofer, 1995; Jaycox, et al., 2002; Kataoka, Langley, Wong, Baweja, & Stein, 2012).

Traumatizing experiences shake the foundations of our beliefs about safety, shatter our assumptions of trust and incite reactions that feel "crazy" (Baldwin, 2016, para. 1). The effects of traumatic events place a heavy burden on individuals, families, and communities (SAMHSA, 2015). Individual responses to trauma are unique. Although many who experience a traumatic event will go on with their lives without lasting negative effects, others will have difficulties and experience traumatic stress reactions (Calhoun & Tedeschi, 2006). If an individual has a strong support system in place, few or no prior traumatic experiences, and resilient qualities, trauma may not affect his or her mental health (SAMHSA, 2015).

Bessel van der Kolk's (2014) research on trauma focuses on understanding the connection between brain, mind, and body in the healing process. Van der Kolk noted,

We have learned that trauma is not just an event that took place sometime in the past; it is also the imprint left by experience on the mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present.

(p. 21)

Van der Kolk went on to describe the results of trauma as a reorganization of the management perceptions of the body and mind.

For real change to take place, the body needs to learn that the danger has passed and to live in the reality of the present. Our search for understanding trauma has led us to think differently not only about the structure of the mind but also about the processes by which it heals. (p. 21)

Key takeaways from van der Kolk's research include an understanding that traumatic memories are different than ordinary memories in that an individual is essentially reliving the experience when remembering. After trauma, individual "fight or flight" impulses are compromised, thus creating anxiety, increased stress, and dissociation from daily life. Trauma "hijacks" the emotional portion of the brain while decreasing its rational response. There are extreme physiological effects on the body when it experiences trauma and treatment of trauma must be holistic and access the physical body, brain, and mind (van der Kolk, 2015).

Traumatic experiences are associated with behavioral health and physical health conditions, especially those adverse or traumatic events that occur during childhood (Felitti, et al., 1998; Dube, et al., 2001). Substance use (such as smoking, excessive alcohol use, and taking drugs), mental health problems (such as depression, anxiety, or PTSD), and other risky behaviors (such as self-injury and unsafe sexual encounters) have been linked with traumatic experiences (Dube, et al., 2003). Because these behavioral health concerns can present challenges in relationships, careers, and other aspects of life, it is important to understand the nature and impact of trauma, and to explore healing (SAMHSA, 2015, para. 8).

**Research on trauma in K-12 schools.** The Substance Abuse and Mental Health Services Administration describes school related trauma as "violence that occurs in a school setting and includes, but is not limited to, school shootings, bullying, interpersonal violence among student and staff, and suicide (SAMHSA, 2016, para. 13). Like all forms of violence,

these forms of traumatic violence are serious in nature and can have lasting harmful effects on victims and their families, friends, and communities. Unfortunately it is all too common for a student to experience violence (Hydon, Wong, Langley, Stein, & Kataoka, 2015). In one national representative study of youth aged 10 to 17 years, 41% experienced a physical assault in the past year, 14% experienced child maltreatment, and almost one-quarter witnessed violence (Finkelhor, Turner, Shattuck, & Hamby, 2013).

Instances of trauma at school not only affect individuals but they disrupt the educational process and affect bystanders, schools and communities (Robers, Kemp, Rathbun, & Morgan, 2014). In 2012, among students ages 12–18, there were 1,420,900 nonfatal victimizations at school, including 454,900 theft victimizations and 966,000 violent victimizations including simple assault and serious violent victimizations (Robers, et al., p. iii, para. 5). In 2013, about 7 percent of students in grades 9–12 reported being threatened or injured with a weapon such as a gun, knife, or club on school property (Robers, et al., p. iv, para. 10). In the 2011–12 school year, 15 of the 1,199 homicides among school-age youth ages 5–18 occurred at school (Robers, et al., p. iv, para. 2). In 2011-12, ten percent of elementary teachers and 9 percent of secondary teachers reported being threatened by a student from their school (Robers, et al., p. v, para. 1).

Students can experience a wide range of traumatic events that impact their functioning in school (Kataoka, Langley, Wong, Baweja, & Stein, 2012). Some trauma affects students more individually, specifically assaults, serious accidents, abuse, and community or domestic violence. Other traumatic events impact the entire school community including school shooting, terrorist attack, natural disaster, or other incidents on campus. Differences in the type of traumatic experience may also influence whether the approach is a school-wide intervention, an individual or group treatment, or treatment targeted to certain school staff or students (Kataoka, et al.).

A review of school crisis research produced information on the definitional roots of school violence, discussion of the role of the school in violence and research about the relationship between exposure to violence at school and child reports of psychological trauma symptoms (Flannery, Wester & Singer, 2004). In addition, witnessing violence at school accounted for more variance than being victimized by violence at school in predicting both student psychological trauma symptoms and violent behavior. Students who were exposed to high levels of violence at school also were significantly more likely to experience clinical levels of trauma symptoms (Flannery, et al.).

Brookmeyer, Fanti, & Henrich's (2006) study focused on schools, parents and youth violence and utilized an ecological approach to investigate the joint contribution of parents and schools on changes in violent behavior over time among a sample of students. Results determined that on the school level, school climate served as a protective factor for student violent behavior. In addition, parent and school connectedness appeared to work together to buffer adolescents from the effects of violence exposure on subsequent violent behavior.

Whole school communities can be affected by traumatic incidents, such as school shootings, terrorist attacks, natural disasters, or other traumas such as a student suicide. Whether the incident is school-wide or affects particular students, teachers can find themselves in the role of being key in identifying the social-emotional needs of students and recognizing when these traumas affect their ability to learn (Hydon, Wong, Langley, Stein, & Kataoka, 2015). Typical teacher education does not often include much mental health education and training, leaving teachers feeling ill-prepared to manage students with psychological and psychiatric needs (Koller, Osterlind, Paris, & Weston, 2004).

**The impact of trauma on students.** The effects of trauma on children are pervasive. One out of every four children attending school has been exposed to a traumatic event (National Child Traumatic Stress Network Schools Committee [NCTSN], 2008). The National Survey of Children's Exposure to Violence found that over 60% of children surveyed experienced some form of trauma, crime, or abuse in the prior year, with some experiencing multiple traumas (Treatment and Services Adaptation Center [TSAC], n.d., para. 1). Often, children and adolescents do not have the necessary coping skills to manage the impact of stressful or traumatic events (TSAC, para. 1).

Symptoms resulting from trauma can directly impact a student's ability to learn including being distracted from intrusive thoughts which limits the students ability to pay attention in class, study, or doing well on a test (TSAC, n.d., para. 2). Exposure to trauma can lead to decreased IQ and reading ability leading some students to avoid going to school altogether (TSAC, para. 3). Trauma can impair learning and single exposure to a traumatic event may cause jumpiness, intrusive thoughts, interrupted sleep and nightmares, anger and moodiness, and/or social withdrawal—any of which can interfere with concentration and memory (NCTSN, 2008). Moreover,

Chronic exposure to traumatic events, especially during a child's early years, can adversely affect attention, memory, and cognition; reduce a child's ability to focus, organize, and process information; interfere with effective problem solving and/or planning; result in overwhelming feelings of frustration and anxiety. (NCTSN, p. 4)

Evidence suggests that youth exposed to trauma have decreased social competence and increased rates of peer rejection (Schwartz & Proctor, 2000; Kataoka, et al., 2012). Furthermore,

students who have experienced a traumatic event are at increased risk for academic, social, and emotional problems as a result of these experiences (Kataoka, et al.).

It is estimated that approximately four to six percent of youth in the general population nationwide meet criteria for a diagnosis of PTSD following a traumatic event, including symptoms such as poor concentration and intrusive thoughts, which can also severely interfere with school functioning (Singer, Anglin, Yu Song, & Lunghofer, 1995; Saigh & Bremner, 1999; Stein, et al., 2001; Kataoka, et al., 2012; CDC, 2016b). For students, a traumatic experience may cause ongoing feelings of concern for safety and experience guilt or shame over what they did or did not do at the time (NCTSN, para. 4). Traumatized youth can suffer from body dysregulation, either over-responding or under-responding to sensory stimuli; may be hypersensitive to sounds, smells, and touch or light and they may complain of chronic pain in various body areas for which no physical cause can be found (NCTSN, n.d.a, para. 6). Children who have experienced complex trauma often have difficulty identifying, expressing, and managing emotions, and may have limited language for feeling states, (NCTSN, para.7). A child with a complex trauma history may be easily triggered or “set off” and is more likely to react very intensely. The child may struggle with self-regulation (i.e., knowing how to calm down) and may lack impulse control or the ability to think through consequences before acting (NCTSN, para. 10)

The National Child Traumatic Stress Network has identified the developmental impact of trauma on students: Preschool students may lose recently acquired developmental milestones and may have difficulties falling or staying asleep or have nightmares about the event or other bad dreams (NCTSN, n.d.b, para. 4). Elementary students may show signs of distress through somatic complaints such as stomachaches, headaches, and pains; their behaviors may be inconsistent; and demonstrate a decrease in school performance with impaired concentration and

more school absences (NCTSN, para. 6). Middle and high school students exposed to a traumatic event feel self-conscious about their emotional responses; experience feelings of shame and guilt and may express fantasies about revenge and retribution; may experience a shift in the way they view the world; and begin to engage in self-destructive or accident-prone behaviors, and reckless behaviors (NCTSN, para. 7).

***The Adverse Childhood Experience Study.*** Traumatic experiences in childhood have been linked to increased medical conditions throughout an individual's life (CDC, n.d.). The Adverse Childhood Experiences (ACE) Study is a longitudinal study that explores the long-lasting impact of childhood trauma into adulthood and includes over 17,000 participants ranging in age from 19 to 90 (CDC, para. 2). Felitti, et al., (1998) gathered medical histories over time while also collecting data on the subjects' childhood exposure to abuse, violence, and impaired caregivers. Results indicated that nearly 64% of participants experienced at least one exposure, and of those, 69% reported two or more incidents of childhood trauma (Felitti, et. al, 1998). The connection between childhood traumas, exposure, high-risk behaviors (e.g., smoking, unprotected sex), chronic illness such as heart disease and cancer, and early death was also exposed (NCTSN, n.d.a, para. 15).

**The impact of trauma on educators.** Children are not the only ones affected by school-based trauma. Robers, et al. (2014) summarized data about the educator's experience of school-based trauma in 2011–12:

- Nine percent of teachers in public schools reported they were threatened with injury by a student in their school.
- Public school educator reports of being threatened with injury or physically attacked varied among the states and the District of Columbia.

- The percentage of public school teachers reporting being threatened with injury during the previous 12 months ranged from five percent in Oregon to 18 percent in Louisiana.
- The percentage of educators who reported being physically attacked ranged from three percent in Alabama, Mississippi, North Dakota, Oregon, and Tennessee to 11 percent in Wisconsin.
- Six percent of female school teachers reporting they had been physically attacked by a student from their school, compared with four percent of male teachers.

Hydon, et al.'s (2015) research focused on the lack of recognition and services for school personnel such as teachers, administrators, counselors, and others who may hear about a crisis or ongoing traumas of students but do not directly experience such events. They argue that these personnel suffer from the secondary impacts of trauma which ultimately impairs their functioning. The findings of their research indicate it is important to begin addressing the stress that teachers and other school staff experience as a result of their primary and secondary exposure to traumatic events which result directly from their outreach to and care for students (Hydon, et al., 2015).

A recent CNN report noted that posttraumatic stress disorder resulting from educator experiences of trauma can result in teachers becoming withdrawn and emotionally unstable, as well as increases in teacher absenteeism (CNN, 2013). Data from the National Child Traumatic Stress Network acknowledges traumatic events can

Seriously interrupt the school routine and the processes of teaching and learning resulting in usually high levels of emotional upset, potential for disruptive behavior, or loss of attendance unless efforts are made to reach out to staff and students with additional information and services. (NCTSN, n.d.b, para. 9)

Collie, Shapka & Perry (2012) and Hydon, et al. (2015) stress that the school environment and availability of resources for the mental health needs following acts of violence or trauma is critical not only for student learning but also for the well-being and efficacy of teachers. Adults also live through traumatic events outside schools as do their students. “Understanding how people assess events and react to these events is one key to helping them move through taxing situations resourcefully” (Mathieu & Ivanhoff, 2006, p. 337). Even in the absence of full-blown PTSD, people may also be traumatized by an event or in a way that continues to be painful or interfere with their lives and this can cause overwhelming feelings, depression, agitation and anxiety, mistrust of others, difficulty in relationships, shame, guilt, despair or a sense of meaninglessness, and helplessness and hopelessness (PsychCentral, 2016, para. 9). Weisaeth (1993) noted that developmentally, disasters affect people differently at various ages and stages. A stressful event, including experiences of school-based trauma can become a psychological stressor when the individual reacts to the stressful event or condition and believes the event will adversely affect his or her personal well-being (Mathieu & Ivanhoff, 2006).

In the preceding section I provided an overview of trauma as the first domain of literature I reviewed. This included what the literature has to say about the effects and impact of trauma; instances of trauma at school including student experiences and the relationship between exposure to violence at school and student trauma symptoms; the impact of trauma on students and a look at the long term impact of adverse childhood experiences; and the impact of trauma on educators. In the next section I will delve into a review of the literature on stress and coping with trauma.

### **Overview of Stress and Coping**

The second domain of literature reviewed for this study focuses on stress and coping. The term stress has been in scientific literature since the 1930's but did not become popular until the late 1970s and early 1980s (Lyon & Rice, 2000). Today, the term is used in everyday vocabulary to capture, "a variety of human experiences that are disturbing or disruptive in some manner" (Lyon & Rice, 2000, p. 2). Individual stress symptoms include headache, shortness of breath, light-headedness, dizziness, nausea, muscle tension, fatigue, loss of appetite or hunger, and problems with sleep (Lyon & Rice, 2000). Commonly reported behavioral manifestations of stress include crying, smoking, excessive eating, drinking alcohol, fast talking, and nervousness. It is important to note, "The experience of stress, particularly chronic stress, takes a significant toll on the well-being of individuals in terms of emotional and physical discomforts as well as functional ability" (Lyon & Rice, 2000, p. 3).

Stress, coping and trauma are interrelated. The American Psychological Association (APA) acknowledges that following disaster, individuals frequently feel shocked, disoriented or unable to assimilate distressing or stressful details associated with traumatic events (APA, 2016b, para. 2). The most common stress-related thoughts and behaviors in adults include intense or unpredictable feelings that manifest in irritability or moodiness; changes in thoughts and behavior patterns including repeated, vivid memories of the event; difficulty concentrating or making decisions; notable disruption in sleep and eating patterns; heightened sensitivity to environmental factors including sirens, loud noises, burning smells or other environmental sensations that may stimulate memories of trauma and heighten anxiety; strained interpersonal relationships; and disengagement or possible withdrawal from social activities. Physical symptoms of stress include headaches, nausea, difficulty breathing, chest pain and exacerbation of preexisting medical conditions (APA, 2016b, para. 2).

**Stress as a response.** In 1956, Hans Selye introduced general adaptation syndrome (GAS), a response-based theory of stress grounded in a physiological and medical perspective (Lyon & Rice, 2000). Selye described stress as, “the nonspecific response of the body to any demand” and stressors as “an agent that produces stress at any time” (1976, p. 53). Further, GAS “represents the chronologic development of the response to stressors when their action is prolonged. It consists of three phases: the alarm reaction, the resistance stage, and the stage of exhaustion” (Selye, 1976, p. 53). Phase one or the alarm phase of GAS is “triggered when there is noxious stimulus...characterized by sympathetic nervous stimulation” (Lyon & Rice, p. 4). Phase two, resistance, occurs when “psychologic forces are mobilized to resist damage from the noxious stimulus” (Lyon & Rice, p. 4). Resistance can either lead to healthy adaptation including the disappearance of stress symptoms or “to diseases of adaptation such as hypertension, arthritis, and cancer” (Lyon & Rice, p.4). Phase three, exhaustion, “occurs when stress is prolonged or sufficiently severe to use up all of the adaptive energy” (Lyon & Rice, p.4).

Because all stressors necessarily must have some specific effects of their own, they cannot always elicit exactly the same response. In fact, even the same stimulus will act differently in different individuals, depending upon endogenous (e.g., genetic predisposition, age, sex) or exogenous (e.g., treatment with hormones or drugs, exposure to environmental factors, including air pollution, social influences, etc.) conditioning factors. (Selye, 1976, p. 54)

In his later work, Selye went on to differentiate types of stress as being helpful (eustress) or destructive (distress) and considered these two variations of stress important to understand in order to attain greater performance or wellbeing (Everly & Lating, 2002). According to Selye, “What is important is to live so that one's distress is converted into eustress” (Selye, 1976, p. 55).

In the 1960's, a stimulus-based theory of stress was developed as psychologists became interested in applying the concept of stress to psychological experiences (Lyon & Rice, 2000). Unlike Selye's strictly biological, adaptive and response-based perspective of stress, "this approach treated life changes or life events as the stressor to which a person responds" (Lyon & Rice, 2000, p. 5).

A stimulus-based theory of stress (Masuda & Holmes, 1967; Holmes & Rahe, 1967) posits that life changes or events are treated as the stressor to which a person responds. Holmes and Rahe (1967) developed the Social Readjustment Rating Scale which measures stress and the adaptation or coping required by individuals in relation to selected major life changes or events. "The central proposition of their model of coping was that too many changes in a relatively short period of time in an individual's life increased their vulnerability to physical illness" (Lyon & Rice, 2000, p. 5).

Kobasa (1979) studied personality as a conditioner of the effects of stressful life events on illness onset and surveyed the notion of hardiness as a powerful moderator of stress and illness. Kobasa (1979) described hardiness as "a strong commitment to self; a vigorous attitude toward the environment; a sense of meaningfulness, and an internal locus of control" (Lyon & Rice, 2000, p. 6).

Antonovsky introduced sense of coherence (SOC), a concept closely related to hardiness but distinct enough to be considered a mediator between life event stress and illness. Antonovsky characterized SOC as having three essential elements: comprehensibility or the degree to which a situation is explainable and predictable; manageability including the availability of sufficient internal and external resources an individual has to meet the demands of their situation; and meaningfulness described as the degree to which life's demands are worthy

of the investment of energy (Lyon & Rice, 2000, p. 6). Antonovsky (1987) argued that, when exploring the connections between stressful life events and illness, researchers often ask the wrong question, *Why do some people become ill?*, when, perhaps they should be asking, *“Why do people stay healthy despite life stress?”*.

**Research on coping.** In the late 1970’s a major shift in thinking about stress, adaptation, and emotion became evident (Lyon & Rice, 2000). “Interest began to shift from stress per se to coping as the major factor in adaptational outcomes such as subjective well-being, social functioning and health” (Lazarus & Folkman 1987, p. 146). During this time, Richard Lazarus developed the transactional theory of stress and coping based on his interest to better understand the dynamics of troublesome experiences (Lazarus, 1966; Lazarus & Folkman, 1984, 1987). Lazarus (1966) believed that stress had value in terms of an individual’s experience, but in and of itself was not measurable as a single factor and contended that stress was not rooted in an event but rather was a result of a transaction between a person and his or her environment. As such, Lazarus’ findings concluded that stress is comprised of a set of cognitive, affective, and coping factors.

The theoretical framework that Lazarus posed to explain the complex phenomenon of stress (following a stress situation or trauma) was a major impetus for the field of cognitive psychology because his framework consistently emphasized the important role that appraisal or self-evaluation plays in how a person reacts, feels, and behaves. (Lyon & Rice, p. 9)

Lazarus (1966) and Lazarus and Folkman (1984) asserted that the primary mediator of person-environment stress transactions included appraisal of which there are three types: primary appraisal, secondary appraisal, and reappraisal. Primary appraisal is based on the judgment an

individual perceives about what a stress-filled situation holds in store for him or her (Lyon & Rice, 2000). The perception one has related to a threat triggers secondary appraisal, “the process of determining what coping options or behaviors are available to deal with a threat and how effective they might be” (Lyon & Rice, p. 8). Reappraisal is described as, “The process of continually evaluating, changing, or relabeling earlier primary or secondary appraisals as the situation evolves (Lyon & Rice, p. 8).

Lazarus’s transactional framework emphasizes an individual’s ability to cope (Lyon & Rice, 2000). Coping in the transactional framework is defined as changing mental and behavioral efforts to manage external and/or internal demands that are assessed as taxing or exceeding a person’s resources (Lazarus & Folkman, 1984).

Our study of coping has been explicitly process-oriented. Process involves change over time or across situations. Stress and or negative emotions imply process, since we strive to change that which is undesirable or distressing. Change as well as stability, is pervasive in the short-term and long-term patterns of our lives. (Lazarus & Folkman, 1987, p. 143)

Strategies for coping with stress or trauma in an individual’s life “must be measured over a number of slices of time or across a number of different contexts” (Lazarus & Folkman, 1987, p. 143). Lazarus’s transactional framework for stress included two forms of coping: problem-focused coping and emotion-focused coping (Lyon & Rice, 2000). Problem-focused coping efforts are directed outward to modify the environment or inward to alter some aspect of self. Problem-focused coping is also defined as channeling behavior and efforts to handle distressing situations, gathering information, making decisions, resolving conflicts, acquiring resources

including new knowledge, skills, and abilities, and situation-specific or task-oriented actions (Folkman & Moskowitz, 2000).

Emotion-focused coping strategies are directed toward decreasing emotional distress (Lazarus and Folkman, 1984). “These tactics include such efforts as distancing, avoiding, selective attention, blaming, minimizing, wishful thinking, venting emotions, seeking social support, exercising, and meditating” (Lyon & Rice, 2000, p. 9). Lazarus and Folkman, (1984) noted that emotion-focused coping is more commonly used when stressful or traumatic events are not alterable. In the transactional model, stress emotions are considered to include, but are not limited to, anxiety, fear, anger, guilt, and sadness (Lazarus & Folkman, 1984, 1987; Lazarus, 2006). Although thoughts precede emotions, emotions can in turn affect thoughts (Lyon, 2000).

Emotion-focused coping involves reappraisal or cognitive reframing of difficult thoughts in a positive way to alter or adjust personal values that become apparent when certain conditions occur or are needed to assist an individual in coping positively (Lazarus, 2006).

Although we have usually referred to stress and coping theory and research, we think that we should now speak less of stress and more of emotion. Stress, which primarily concerns negative person-environment relationships, cognitive appraisals, and emotional response states such as fear, anger, guilt, and shame, falls under the larger rubric of emotion, which also includes positive relationships, appraisals, and emotions such as joy, happiness, pride, love, and relief. (Lazarus & Folkman, 1987, p. 142)

It is important to note in Lazarus and Folkman’s (1984) model that coping involves managing thoughts and emotions associated with a stressful situation but it does not necessarily mean healthy mastery of the situation. Managing stressful situations includes “efforts to minimize, avoid, tolerate, change, or accept a stressful situation as a person attempts to master or

handle his or her environment” (Lyon & Rice, 2000, p. 9). “People who have a favourable (sic) sense of their ability to meet problems and overcome them are less likely than others to appraise encounters as threatening, more likely to experience challenge rather than threat, and more likely to use effective strategies of coping” (Lazarus & Folkman 1987, p. 148).

Folkman and Moskowitz (2000) described coping as having the potential to illicit a positive emotional impact as contrasted by a negative emotional impact, ultimately affording an individual with an opportunity to find the positive side of coping in stressful or traumatic situations. In their study of chronic stress, they underscored three findings: positive affect can co-occur with distress during a given period, positive affect in the context of stress has important adaptational significance, and coping processes that generate and sustain positive affect in the context of chronic stress involve meaning (Folkman & Moskowitz, 2000, p. 648).

In their work on stress and coping in clinical practice, Mathieu and Ivanoff (2006) focused on the significance of positive side effects of coping with psychological stress and determined, “there is a great need for mental health professionals to assess an individual’s level of coping strategies and the potential for positive growth in times of great turmoil” (Mathieu & Ivanhoff, p. 344). “Stress is an underlying reality to modern life. Learning...how to diminish its negative effects will have far-reaching implications for a healthier, stronger, and more productive, collective future” (Mathieu & Ivanhoff, p. 346). They go on to recognize the importance of positive coping by emphasizing “effectively handling events perceived as stressful may become one of the greatest tools in maintaining highly functioning lives” (Mathieu & Ivanhoff, p. 345).

Taylor and Pallak (1983) developed the theory of cognitive adaptation or coping in relation to threatening life events. Their theory maintains, “When individuals experience

personal tragedies or setbacks, they respond with cognitively adaptive efforts that may enable them to return to or exceed their previous level of psychological functioning” (Taylor & Pallak, 1983, p. 1170). Individual readjustment or coping processes focus on three themes: a search for meaning in the experience, an attempt to regain mastery over the event in particular and over one's life in general; and an effort to enhance one's self-esteem and to feel good about oneself again despite the personal setback (Taylor & Pallak, p. 1160).

Theme one, the search for meaning, involves the need to understand why a crisis occurred and what its impact has been (Taylor, 1983, p. 1162). Theme two, a “theme of mastery,” (Taylor, p. 1163) is about the adjustment process and gaining a feeling of control over the threatening event so as to manage it or keep it from occurring again and is exemplified by beliefs about personal control. The third theme, identified as an individual’s adjustment process to enhance the self and restore self-esteem, can be attributed legitimately to external forces beyond the individual's control. Taylor and Pallak’s findings emphasize that “one of the most impressive qualities of the human psyche is its ability to withstand severe personal tragedy successfully” (1983 p. 1173).

In the preceding section I provided an overview of the second domain of literature about stress and coping. This included a look at stress as a response and general adaptation syndrome; a stimulus-based theory of stress, personality as a conditioner of the effects of stressful life events, hardiness, sense of coherence; stress and coping, cognitive psychology, problem-focused coping and emotion-focused coping, and a theory of cognitive adaptation. In the next section I will provide a review of the literature on posttraumatic growth.

### **Posttraumatic Growth**

The third domain of literature I reviewed for this study is posttraumatic growth, the systematic study of how individuals can be changed by traumatic life encounters. Posttraumatic growth and is defined as “positive change experienced as a result of the struggle with a major life crisis or a traumatic event” (University of North Carolina Charlotte [UNCC], 2014, para. 1). It is described as a set of circumstances representing substantial challenges to the adaptive resources of an individual and to the way the individual understands the world and their place in it following a traumatic event (Tedeschi & Calhoun, 2004). Posttraumatic growth is based on the assumption that for some individuals, “an encounter with trauma, which may contain elements of great suffering and loss, can lead to highly positive changes” (Calhoun & Tedeschi, 2006, p. 10).

The process of posttraumatic growth (Calhoun & Tedeschi, 2006), illustrated in Figure 1, involves six key elements:

1. Characteristics of the individual and of the circumstances including an understanding of the seismic or traumatizing nature of the event;
2. The individuals’ ability to manage the challenges of trauma including emotional distress;
3. The individuals’ ability to cope with rumination or repeated thinking that is deliberate and includes reminiscing, trying to make sense and problem solving related to resolution of the trauma;
4. Individual self-disclosure through the processes of talking, writing, sharing and engaging with others;
5. The presence of sociocultural supports and influences including broad, proximal cultural connections in larger societies or geographic areas and smaller, distal cultural networks of supports with whom the individual interacts; and

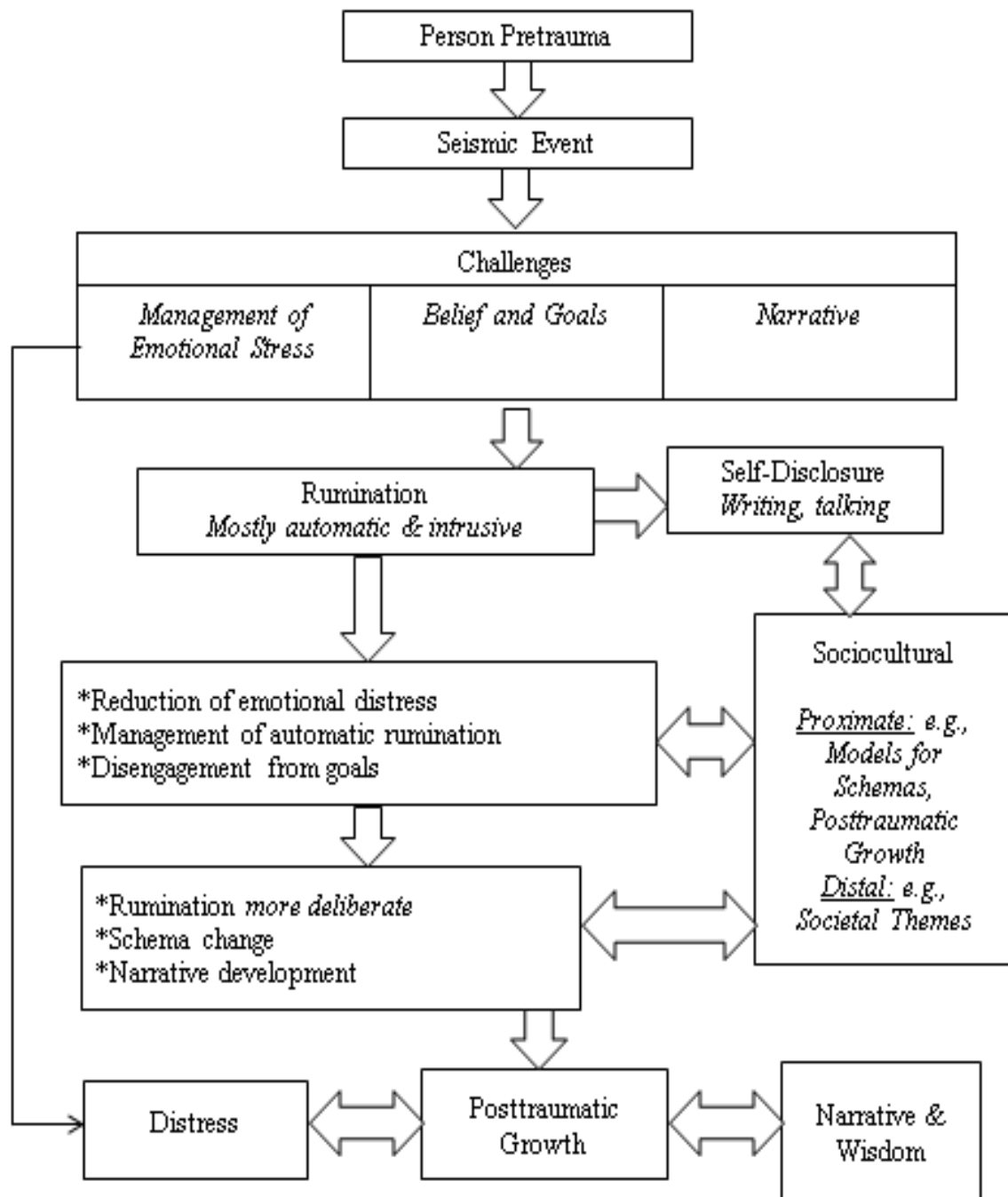


Figure 1. Key elements of the process of posttraumatic growth. Adapted from “The Foundations of Posttraumatic Growth: An Expanded Framework,” by L. G. Calhoun & R. G. Tedeschi, in L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of Posttraumatic Growth: Research & Practice*, p. 8. Copyright 2006 by Lawrence Erlbaum Associates.

6. Narrative development resulting in increases in individual wisdom and the ability to revise one's life story through simultaneously embracing the trauma while finding hope for the future.

When present, posttraumatic growth occurs in five life areas including (1) positive changes in perception to self; (2) a changed sense in relationships including increased sense of connectedness to others; (3) an increased belief in one's strength; (4) a greater appreciation for life; and (5) a significant positive change in one's belief system, including a deepening of their spiritual life (UNCC, 2014, para. 2). The Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996) was developed to measure positive outcomes reported by persons who have experienced traumatic events. The 21-item assessment scale includes scales to measure the following factors: relating to others which measures intimacy and compassion in relationships; new possibilities which measures the ability to adapt to new roles and new people; personal strength which measures the ability to feel personally stronger following a trauma; spiritual change which measures an individual's spiritual connections; and a deeper appreciation of life (Tedeschi & Calhoun, 2004).

Tedeschi & Calhoun (1996) describe the Posttraumatic Growth Inventory as being modestly related to optimism and extraversion with measurement scales appearing to have utility in determining how successful individuals are in coping with the aftermath of trauma in and reconstructing or strengthening their perceptions of self, others, and the meaning of events. Outcomes from the Posttraumatic Growth Inventory indicated persons who have experienced traumatic events report more positive change than do persons who have not experienced extraordinary events and women tend to report more posttraumatic growth benefits than do men (Tedeschi & Calhoun, 1996).

Tedeschi & Calhoun (2004) noted that difficult or traumatic circumstances create psychological distress for individuals and should not to be viewed only as precursors to growth. They believe it is important to recognize the psychological processes involved in managing traumatic experiences are the same general processes that can also produce positive change in the form of posttraumatic growth (Tedeschi & Calhoun, 2004).

Posttraumatic growth occurs concomitantly with the attempts to adapt to highly negative sets of circumstances that can engender high levels of psychological distress...The widespread assumptions that traumas often result in disorder should not be replaced with expectations that growth is an inevitable result. Instead, we are finding that continuing personal distress and growth often coexist...Posttraumatic growth does not occur as a direct result of experiencing trauma. Instead, it is the individuals struggle to cope with a new reality in the aftermath of traumatic circumstances that is crucial to the extent posttraumatic growth occurs. (Tedeschi & Calhoun, 2004, p. 2)

Other researchers have applied the posttraumatic growth framework to studies of individuals and populations who have experienced trauma. Cone's (2012) research looking at the long-term mental health impact among police responders to the 9/11 attacks ties together coping and posttraumatic growth. Specifically, Cone looked at symptom predictors of posttraumatic growth as measured with the Posttraumatic Growth Inventory. Study findings suggest that there may be a range of traumatic experiences that are conducive to growth and highlight the important contributions of an individual's cognitive and coping variables to psychological thriving in short- and long-term periods following traumatic experience (Cone, 2012).

Woodward & Joseph (2003) described posttraumatic growth as an emerging area of research concerned with the positive psychological changes that can follow the experience of

traumatic events. The aim of their study on the impact of childhood abuse was to explore the themes of posttraumatic growth within personal experience narratives of individuals who have experienced some form of early emotional, physical, or sexual abuse (Woodward & Joseph, 2003). They identified three themes related to positive change processes: inner drive toward growth, vehicles of change, and psychological changes and go on to explain that better understanding of the different forms of change a traumatized individual experiences has implications for facilitating posttraumatic growth in clients who have experienced multiple traumatic events.

**Research on posttraumatic growth and resilience.** Understanding the connection between posttraumatic growth and resilience is a relatively new area of study. Calhoun and Tedeschi (2006) described their view on the relationship between posttraumatic growth and resilience as being, “a bit complex” (Calhoun & Tedeschi, p.10). “From the beginning, our model of posttraumatic growth (acknowledged) that some successful coping...of the event is necessary for people to be able to cognitively process what has happened into a perspective that has elements of posttraumatic growth” (Calhoun & Tedeschi, 2006, p. 11). They go on to state, “we postulate a curvilinear relationship whereby those with substantial psychological weakness would suffer purely negative responses to trauma, and those with the strongest capabilities would not be strongly affected. They would appear resilient in the face of an event.” (Calhoun & Tedeschi, 2006, p. 11). Calhoun and Tedeschi (2006) believe the relationship between resilience and posttraumatic growth articulated above and the fact that “resilience was never defined as transformation or reformulation” as being two important reasons “why it is important to maintain a clear distinction between these two concepts rather than calling posttraumatic growth a form of resilience” (Calhoun & Tedeschi, 2006, p. 11)

Research by Lepore and Revenson (2006) is concerned with understanding human resilience and posttraumatic growth in the face of adversity. Their work focused on a broad conceptualization of resilience which included three facets: recovery, resistance, and reconfiguration (in Calhoun & Tedeschi, 2006).

Our examination of each of these facets suggests that resilience is often the product of dynamic interactions between a range of risk and protective factors internal and external to a person at various stages of a person's life...Evidence suggests that resilience, as well as posttraumatic growth, should not be conceived as static properties of an individual, but as qualities that are variable over time, stressors and outcome" (Lepore & Revenson, in Calhoun & Tedeschi, 2006, p. 39).

Lepore and Revenson's (2006) findings suggest "posttraumatic growth is one possible outcome of reconfiguration processes: whereas reconfiguration resilience may include both positive and negative outcome, posttraumatic growth includes positive outcomes" (Lepore & Revenson, in Calhoun & Tedeschi, 2006, p. 39).

**Workplace trauma.** According to the American Psychological Association (2016a), most people will experience trauma at some point in their lives and, as a result, some will experience debilitating symptoms that interfere with daily life. The good news is that psychological interventions, including those present in the workplace, are now being seen as effective in preventing many of the long-term effects of trauma.

Some trauma may happen in the workplace. Bonanno, Brewin, Kaniasty, and LaGreca (2010) studied the psychological consequences of trauma on helping professionals and determined published reports often overestimate a disaster's psychological cost to survivors and

underestimating the scope of the disaster's broader impact on the helping professionals tasked with assisting others in the aftermath of trauma. Their findings were:

1. Dealing with disasters causes serious psychological harm in a minority of exposed helping professionals;
2. Dealing with disasters produces multiple patterns of outcomes, including psychological resilience with some helpers recovering their psychological equilibrium within a period ranging from several months to one or two years;
3. Disaster outcome for helping professionals depends on a combination of risk and resilience factors including variables related to the context in which the disaster occurs, variables related to proximal exposure during the disaster, and variables related to distal exposure in the disaster's aftermath; and
4. Dealing professionally with disasters put families, neighborhoods, and communities at risk with the bulk of evidence indicating that the stress of disasters can erode both interpersonal relationships and sense of community.

Cone (2012) studied the longitudinal mental health impact among police responders to the 9/11 terrorist attack. His research suggests “psychological interventions are more likely to be effective during the short- and long-term recovery periods, one month to several years post-disaster.” He goes on to note that “interventions for helping professional dealing with trauma should focus on the development and long-term sustainability of informational and social-emotional support assets within an affected community” (Cone, 2012, p. 308).

Regel (2007) studied post-trauma supports in the workplace and focused on employers' duties to take reasonable care of the health and safety of the workforce. Consideration was given to the psychological needs of personnel following exposure to traumatic events in the

workplace. Regel (2007) specifically explored the use of psychological debriefing in the workplace as a support mechanism for individuals who have experienced trauma. He noted that one aspect of critical incident stress management (CISM), the use of psychological debriefing (PD) has come under scrutiny as two studies indicated it was ineffective and had the potential to do harm (Regel, 2007). Regel contends PD was never meant to be an isolated intervention but instead to be part of a comprehensive stress management package that assessed individual and group needs, practical support, and follow-up to facilitate the early detection and prompt treatment of psychological conditions such as PTSD. “Abandoning CISM and components such as PD sends out a dangerous message that doing nothing for individuals and groups following traumatic events is acceptable, leaving employers neglecting an important duty of care” (Regel, 2007, p. 415).

In the preceding section I provided an overview of the third domain of literature about posttraumatic growth. This included a definition and description of processes of posttraumatic growth; research on posttraumatic growth and resilience; and workplace trauma and reasonable care duties of employers.

### **Summary of the Review of Literature**

I have considered three major themes in this literature review: (1) trauma, including broad ranging types, individual effects, and its impact on K-12 schools, students, and educators; (2) coping, including an understanding of stress and individual physical, emotional, and cognitive adaptation strategies following trauma; and (3) posttraumatic growth, including key elements and process, and life areas potentially impacted in positive ways following the struggle with a major life challenge. These domains frame this study to support and understand the

coping, change, and systemic support experiences of K-12 educators following a school-based trauma.

As described in this review of the literature, according to the American Psychological Association (2016a), most people will experience trauma at some point in their lives. As a result, some individuals will experience debilitating symptoms that interfere with daily life; addressing such for adult educators is of central importance given their role in educating children. This literature review demonstrates the experience of school-based trauma can be significant and the impact of these events can be far-reaching. With this literature review in mind, the remainder of this study will explore educator coping and change following school-based trauma. It will provide insights into their experiences that will assist education leaders and decision-makers in developing systemic strategies that foster positive coping and supports.

## CHAPTER THREE

### METHODOLOGY

The intent of this research was to understand what can be learned from individual educators who have survived a significant school-based trauma through exploration of coping, change, and systemic supports they experienced following the events. This study was guided by the following research questions:

1. How do educators cope following a school-based traumatic event?
2. How do educators change following a school-based traumatic event?
3. What systemic supports are available to educators following a traumatic school event?
4. What advice would these educators share with others who may experience the same type of school-based trauma?

In what comes next, I clarify study methods, procedures, and confidentiality mechanisms.

#### **Research Design**

This section describes the research design, protocol development, participant make up, and methods of data analysis used to address research questions. I used qualitative, interpretive design research (Merriam, 2009) to understand the meaning of a phenomenon, in this case the experience of school-based trauma, on those involved. Qualitative research is “a means for exploring and understanding the meaning individuals or groups ascribe to social or human subjects” (Creswell, 2009, p. 4). It is an interactive process that involves emerging questions and procedures; data typically collected in the participant’s setting; data analysis inductively building from particulars to general themes; and researcher thematic interpretation of the data (Creswell, 2009). Berg and Lune (2012, p. 3) define qualitative research as “the meanings, concepts, definitions, characteristics, metaphors, symbols, and description of events” that can prompt recall

of common experiences. All qualitative data analysis is primarily inductive and comparative (Merriam, 2009). Data is entered through words (Merriam, 2009) and relies heavily on subjective analysis (Gall, et al., 2005). Research using these techniques examines how individuals learn and make sense of themselves and others in light of their experiences.

Through the process of conducting individual interviews with participants, I was interested in understanding (1) how these people interpreted their experiences, (2) how they constructed their worlds following the experiences, and (3) what meaning they attributed over time to their experiences (Merriam, 2009). The overall purpose of this research was to understand how these educators make sense of their lives and their experiences (Merriam, 2009) in the aftermath of witnessing a school-based trauma. These aspects of qualitative research frame the importance of understanding the unique experiences of individual educators through interviews to obtain evidence to support them with coping.

Embedded within the qualitative design of this study, I emphasized the expression of participant voice to challenge what I perceive to be marginalized K-12 educator experiences following school-based trauma. Lopez (2010) used the term marginalized to describe people, voices, perspectives, identities, and phenomena that have been left out. There are two reasons I framed this study in educator voice. First, as demonstrated in the literature review, little research evidence exists that details educator perceptions and lived experiences of struggle, challenge, success, and courage following a school-based trauma. Second, several study participants experienced initial astonishment that I would be interested in talking to them about their own experiences of coping and change following a trauma—because others had not expressed such an interest.

Study participant John conceded surprise at the conclusion of our interview:

The questions you asked were really different to me. Normally when I'm asked to tell the story, (they are asking about) details of the shooting. I didn't really get in to the shooter much in talking to you because it didn't pertain. No one has really ever asked me to talk about me before. (John, 2015)

Knaus (2011) describes voice as depending exclusively on the persons' experiences, ways of speaking, and thinking. The first component of voice includes "...a concise capturing of the person's reality, responding to the (person's) culture, language, race, gender, sexuality, ability, religion, spirituality, and class-based experiences" (Knaus, 2011, p. 75). The second component of voice "captures and exudes passion, moving audiences to feel a depth of emotion that reflects the speaker's life" (Knaus, 2011, p. 75). For purposes of this study, capturing K-12 educator voices was central to clarifying on-the-job experiences related to coping and change following school-based trauma.

Three sources of data informed this study: interviews, archival documents gathered from participants, and field notes. Unlike tests, surveys, and questionnaires, interviews involve person-to-person interaction between interviewer and subjects (Creswell, 2009, p. 134). Interviews are important "when participants cannot be directly observed. Participants can provide historical information. This allows researcher control over the line of questioning" (Creswell, 2009, p. 179). The key benefit of interviews is their adaptability (Gall, et al., 2005), and "the well-trained interviewer can alter the interview situation at any time in order to obtain the fullest possible response from the individual" (Gall et al., 2005, p. 134). Another advantage is interviews draw out a greater depth of information than with other data measurements and techniques (Gall et al., 2005, p. 134).

Prior to being interviewed, participants completed a basic demographic questionnaire (see Appendix B, Participant Demographic Questionnaire). Semi-structured interviews, with targeted questions, were then conducted (see Appendix C, Face-to-Face Interview Questions). I also collected and reviewed various archival documents gathered from participants (e.g., publically available newspaper articles and school reports). I kept and referred back to reflective field notes I wrote immediately prior to, during, and after interviews conducted for this study (Berg, 2012). Interviews were digitally recorded and transcribed verbatim; documents and field notes were analyzed to corroborate participant themes and experiences (see Appendix D, Mutual Confidential Disclosure Agreement.)

Borrowing from the qualitative work of Knaus (2014) and Bissonnette (2013), the analytical process I used included six steps. Creswell (2009) outlined this process: (1) organizing and preparing the data, (2) reading through all of the data, (3) beginning a detailed, initial analysis with the coding processes, (4) using coding to generate a description of the setting or people as well as categories or themes for analysis, (5) deciding how the descriptions and themes will be represented in the qualitative narrative, and (6) making interpretations or meaning from the data.

In the first step of this process, I prepared and organized the data for each study participant from which they originated. This included the Participant Demographics Questionnaire (see Appendix B), a Study Consent Form (see Appendix E), a detailed transcript prepared from each interview, participant-provided artifacts that supported or illustrated their eligibility and augmented the interviews, and my field notes for each participant. I collated all documents by source during the first step of the coding process.

In the second step, I thoroughly read and re-read the complete collection of interview data from transcripts for each participant from beginning to end. I sought to get a general sense of the information and to reflect on the meaning of participant responses. This provided a more comprehensive perspective of the preliminary data contained within the collection of evidence prior to any attempt to categorize the data. During this process, I made notes reflecting my initial impressions of the responses in the margins of interview transcripts and began to formulate a list of topics that repetitively surfaced across the entirety of the data.

The third step of analysis involved coding the data. Coding is “a system of classification—the process of noting what is of significance, identifying different segments of data, and labeling them to organize the information” (Bloomberg & Volpe, 2016, p. 198). In this process I closely scrutinized the data, word by word. Data entries were segmented into groupings and labeled with a term in an attempt to detect categories that emerged. The general categories that initially emerged from the data included willingness to share experiences related to personal and professional coping, notable changes following the trauma, and strengths or gaps within support networks.

After the initial categories were analyzed and grouped, I began to look for overarching themes within those categories. I looked for connections across the data to see how they tied together. General themes emerged to encompass more specific categories I had previously identified. For the purposes of this research, data codes were developed only on the basis of emerging information collected during the course of the study. These themes included the following: (a) coping, (b) change, (c) support systems, and (d) advice for others who may experience similar trauma.

The fourth step of the data analysis process involved generating a description of the themes, categories, and subcategories for analysis. I highlighted sections throughout the transcripts and notes and tagged them by theme. I wrote draft descriptions for each theme and category. Data that did not clearly fit in to a theme was listed, documented and analyzed. Themes and categories were recoded based on this information before the themes, categories and their definitions were finalized. This process allowed for the maximum number of themes and categories to emerge in the comprehensive data analysis process for inclusion. Transcripts, archival documents, and field notes were reviewed and cross-referenced multiple times.

The fifth step of the data analysis process was deciding how the descriptions and themes would be represented in the qualitative narrative. For the purposes of this dissertation, I chose to present an overarching discussion of each theme using details from each participant and their perspectives. The sixth and final step of the data analysis process included interpreting and making meaning from the data.

### **Selection of Study Participants**

I designed this qualitative research study to include K-12 educators who (a) have observed or experienced traumatic violence, injury, or death in a K-12 educational setting; and (b) were willing to talk with me about how they had coped and changed as a result of their experience. All subjects selected for this study experienced and, in many cases, were the first responders on the scene of a school-based trauma, with initial responsibility for taking care of the critical life and death needs of students and faculty.

Decisions about which K-12 educators would participate were made using a purposeful sampling strategy (Merriam, 2009) “based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most

can be learned” (p. 77). Maxwell (1998) defines purposeful sampling as a strategy in which specific settings, persons, or events are purposefully chosen for the important information they can provide that cannot be obtained another way (p. 87). For this study, I chose snowball sampling, also referred to as chain referral sampling, “popular among researchers interested in studying sensitive topics and difficult-to-reach populations” (Berg, 2102, p. 52). Snowball sampling was necessary because there is no known publically available data base that contains information to identify educators who have experienced trauma in the K-12 setting.

### **Procedures**

The process of recruiting potential study subjects and securing actual participants took place late September 2015 through January 2016. During this time I initiated the formal procedures of the Institutional Review Board (IRB) and received full approval on October 19, 2015. With the snowball sampling strategy in mind, I worked closely with professional colleagues to target educators across the Pacific Northwest as study participants. I relied heavily on these individuals to share the general recruitment information I provided via email (see Appendix A, Recruitment Request Letter) about the purpose and scope of my study. Individuals interested in participating in the study were encouraged to voluntarily contact me directly via email. To my surprise after two weeks of recruitment I received a significant number of contacts from educators open to and interested in sharing about their traumatic experiences.

To insure privacy I initially communicated with potential study participants by email. I disclosed to potential participants the information they would need to make an informed decision to participate. I reiterated the voluntary nature of the decision to participate. When I received positive responses from potential participants to take part in the study, I initiated screening

procedures by telephone to determine participant eligibility for an interview appointment. The eligibility questions were as follows:

1. Have you witnessed traumatic violence, injury, or death in a K-12 setting?
2. Are you willing to talk with me about this experience?

During telephone screening with potential research participants I recorded their responses to eligibility questions prior to moving forward with obtaining informed consent. When an individual said “yes” to both eligibility questions, I asked to meet for a face to face interview and proceeded to schedule a date, time and location. A follow-up email was sent to each participant with information confirming the interview meeting, a copy of the informed consent document (see Appendix E, Consent Form) and a demographic questionnaire (see Appendix, B, Participant Demographic Questionnaire) for completion.

Participant risk of possible injury, invasion of privacy, psychological or emotional discomfort or stress, or breach of confidentiality for this study was not greater than minimal. However, as a precaution, and realizing the sensitive nature of the questions I would ask, I obtained information about community mental health counseling services available in each study participant’s geographic area. I made this information available, as needed, to participants during the interview process. I utilized my training as a professional counselor and interviewer related to educators who have experienced trauma. Were a participant to express emotional discomfort or stress, or if I were to notice such an indication during the interview process, I planned to provide referral information for counseling support services. Through the course of interviews some participants did shed tears as they recalled their experiences. Beyond this, no significant emotional discomfort or stress was reported or observed.

In November and December 2015, I conducted interviews with 13 individuals. Each interview was conducted in-person at the time and location of each participant's choosing which most often was their office or home. Prior to the start of each interview, I reviewed and obtained copies of the signed Consent Form (Appendix E) and basic demographic data questionnaire (Appendix B). Interviews averaged about an hour and followed the sixteen question interview protocol (see Appendix C). Interviews were digitally recorded and transcribed.

Prior to initiating interviews, to maintain confidentiality during the transcription of the recorded interviews, I entered into a Mutual Confidentiality Disclosure Agreement with a transcription service company (see Appendix D). Recordings were uploaded electronically to the transcription service immediately following each interview, transcribed, and returned to me via a secure email account, usually within 24–48 hours. Clarifying second interviews were conducted via telephone with two participants.

## **Analysis**

Analysis began with coding (Creswell, 2009) of interview transcriptions, archival documents, and field notes. The coding classification system is described as “the process of noting what is of interest or significance, identifying different segments of data, and labeling them to organized the information contained” (Bloomberg & Volpe, 2016). After each round of coding, I triangulated the results with field notes collected during interviews and archival documents gathered from participants. According to Merriam (2009) “triangulation using several sources of data means comparing and cross-checking interview data collected from people with different perspectives or from follow-up interviews with the same people” (p. 216).

I assigned codes to statements related to research questions, combining terms into patterns, patterns into categories, and categories into broad themes. I analyzed transcriptions to

identify individual statements, comments, similarities and differences among educator responses, and supplemented this analysis with field notes and a small number of archival documents.

Throughout the research, I used a constant comparative method (Merriam, 2009) which involved comparing segments of data to determine similarities and differences, and then grouping together based on dimension to name a category and identify patterns (Merriam, 2009).

### **Trustworthiness**

To ensure validity and reliability I conducted this qualitative research in an ethical manner (Merriam, 2009, p. 209). Qualitative studies are valid and trustworthy “to the extent that there has been some rigor in carrying out the study” (Merriam, p. 209). I checked for accuracy of the findings by employing procedures to build a clear justification for themes (Creswell, 2009, p. 190). Reliability means replication of a study using the same methods will produce similar results. “Qualitative research, however, is not conducted so that the laws of human nature can be isolated” (Merriam, 2009, p. 220). With qualitative research there will never be the same outcomes from one study to another. What is important is whether the results are consistent with the data collected (Merriam, 2009).

### **Limitations**

Using interviews as a research method (Creswell, 2009) can result in indirect information that is filtered through the views of the interviewees. For example, the gathering of information in a designated place rather than the natural field setting could predispose an interviewee to a certain mindset. Further, not all people are equally articulate and perceptive. Even the presence of researchers themselves can bias responses (Creswell, 2009; also noted by Merriam, 2009).

Qualitative research results have limited generalizability beyond “individuals, sites, or places outside of those under study” (Creswell, 2009, p. 193). One limitation of this study was

geographic detail. Participants of this study represented the Pacific Northwest region only and no other geographic areas of the United States. A second limitation of this study was time. From start to finish, the timeframe for completion was eight months. With an extension of one to two more months, it would have been beneficial to conduct a focus group inviting all study participants to engage in further dialog about their collective experiences of coping and change following a school-based trauma.

## **CHAPTER FOUR**

### **ANALYSIS AND FINDINGS**

This research allowed me the opportunity to learn about educator coping, change and systemic supports from individuals who have experienced school-based trauma. The intent of this chapter is to present an analysis of the data that emerged from interview information collected from study participants. This chapter presents themes and categories that emerged from a detailed analysis of transcripts, field notes, and artifacts participants provided which I compiled. It is organized in two main sections. The first section describes the characteristics of the participants. The second section describes the qualitative themes that emerged in the analysis. In Chapter Five, I present conclusions across findings with my research questions in mind.

#### **Characteristics of Participants**

During each step of the process while talking with, interviewing, learning about, and gaining insights into these educators-as-trauma-survivors, I was mindful of my responsibility to protect them as study participants. Keeping that in mind, a full and detailed description of each participant is not possible here. As an example, several of the events that transpired during more than one of these school-based traumatic experiences were reported over an extended period of time by television, print, and online media sources. In such cases, were I to provide full participant details, it is possible their identity could be breached regardless of pseudonym. Therefore, in the following section I provide anonymous and generalized descriptions of the group of study participants. I gave each participant a pseudonym and referred to each of them by that pseudonym throughout these findings. I refrained from using any pseudonyms in some sections to keep a protective distance for the participants when sharing sensitive stories.

Thirteen subjects in this study had the initial responsibility of taking care of the critical life and death needs of students and staff and, in many cases, were the first responders on the scene of a school-based trauma. Demographic information about the participants is summarized in Table 2.

Table 2

*Study Participants*

	Gender	Race	Age	Degree	Years	Role	Event	Death	Help
1	Female	Caucasian	Unk	Ed.D	13	Director	Assault	Yes	Yes
2	Female	Caucasian	58	M.Ed.	31	Asst. Prin.	Shooting	Yes	Yes
3	Female	Caucasian	57	AA	13	Security	Shooting	Yes	Yes
4	Male	Caucasian	44	M.Ed.	17	Asst. Prin.	Assault	No	No
5	Male	Caucasian	70	MA	36	Principal	Assault	No	No
6	Male	Hispanic	48	MA	20	Teacher	Shooting	Yes	Yes
7	Female	Caucasian	58	MA	35	Principal	Accident	No	No
8	Male	Caucasian	65	MA	41	Principal	Shooting	No	No
9	Female	Caucasian	59	BA	30	Teacher	Shooting	No	No
10	Female	Caucasian	47	Ed.D	24	Principal	Assault	No	Yes
11	Female	Filipino- Japanese	51	M.Ed.	30	Principal	Accident	Yes	No
12	Female	Caucasian	53	MA	30	Teacher	Assault	Yes	Yes
13	Male	Caucasian	41	MA	14	Asst. Prin.	Accident	Yes	No

*Note.* School data indicated here represents self-reported information at the time of study from the 13 subjects. Years refers to total number of years working in education. Event refers to type of traumatic event. Death refers to whether the event resulted in a death. Help refers to whether the subject received post-trauma counseling assistance.

All study participants lived and worked in the Pacific Northwest and represent elementary, middle, and high schools in urban, suburban, and rural school districts. At the time of the interviews, eight participants were school leaders (principals and assistant principals) and five were teachers or school staff.

Professional experience ranged from 13–41 years in education with an average of 25.7 years. Eleven of the thirteen educators in this study identified as Caucasian, one educator described their racial identity as Hispanic and another as Filipino-Japanese. There were eight women and five men. Participant ages ranged from 41–70 years old at the time of interview.

### **Description of the Trauma Experienced by Participants**

The descriptions in this section provide an overview of some of the types of trauma experienced by the study participants.

John, a veteran high school teacher, preparing a lesson at the start of the school day on the first day after a holiday break, experienced the following:

I heard a sound like fireworks so I went out to my door. There were kids running and to my right I saw a student slumped over. He was shot two or three times in the head. They said even if we would have been medics we wouldn't have been able to save him. It took forever for the police to come and then first you know— they had to secure the building and make sure there wasn't an active shooter.

Laura recalled what happening on a Monday morning prior to the beginning of the school day:

I remember walking into the bathroom, I saw the student was lying on the floor and seeing a long knife and the blade had bent. One of the secretaries and the athletic secretary was there and she's trying to get paper towels out of dispenser. Another teacher

was trying to run to find gloves and there was already somebody—another staff member who was on the phone with 9-1-1. I'm like trying to keep the happy face on and in the back of my mind I'm thinking "Oh, dear God, oh, my gosh."

Susan was in her classroom preparing her young students to leave at the end of the day when she experienced the following:

I heard a lot of noise. It sounded like a boom and I saw the student slumping—with a hole in her side about the size of a silver dollar. The bullet was a hollow-point bullet and it had gone through the backpack...I began placing my hand on her hole to stop the bleeding.

Daniel, working in a small, rural school district shared,

One of our buses was struck head-on by a truck that had crashed into a car on the highway about five miles from our school. The driver of the car was killed on impact. Our bus driver suffered serious non-life threatening injuries. Many of the students on the bus suffered a number of non-life threatening injuries—broken noses, broken legs or arms, cuts, scrapes, and bruises. I arrived on the scene about five minutes after the accident not knowing what I was arriving to—just that one of our buses was in an accident.

These traumatic incidents are examples of some of the many types of trauma that occur in K-12 schools daily (Robers, et. al, 2014). Collectively, the combined forms of school-based trauma experienced by participants in this study included school shootings, physical and sexual assaults, and motor vehicle accidents (see Table 3). These events occurred at elementary, middle, and high schools immediately before, during, or after the school day. The school shootings involved handguns brought on campus by students and resulted in five student deaths

Table 3

*Description of Traumatic Experiences of Participants*

Event	Educator	Description of Experience
Accident	Daniel	Head-on crash, bus struck by truck that had crashed into a car. Car driver was killed; bus driver and multiple students seriously injured.
Accident	Mae	Student critically injured in car crash witnessed by other students.
Accident	Margaret	Student collapsed in bus parking lot returning from event; CPR administered onsite; student died at hospital.
Assault	Laura	Found a student that had been assaulted in a bathroom, stabbed with a knife.
Assault	Alicia	Stabbing at off-campus educational event.
Assault	Sarah	Sexual assault involving multiple students at school.
Assault	Peter	Physically attacked and assaulted by enraged student who was arrested.
Assault	Charles	Injured while intervening on student who had assaulted a teacher with knife during school assembly.
Shooting	Michelle	Student shot and killed multiple students in cafeteria, then died by suicide.
Shooting	John	Student shot and killed by another student; shooter got away.
Shooting	Susan	Student accidentally shot and critically wounded another student in classroom full of students.
Shooting	Elizabeth	Student shot and killed multiple students in cafeteria, then died by suicide.
Shooting	Steve	Student accidentally shot and critically wounded another student in classroom full of students.

*Note.* Event refers to type of traumatic event. Descriptions of the experiences are indicated as reported by each participant.

and two critical student injuries. The school-based assaults included three knife stabbings resulting in critical student and staff injuries, one sexual assault, and one physical attack resulting in critical injuries. The motor vehicle accidents experienced by study participants included a school bus accident resulting in one death and several critical injuries and a motor vehicle pedestrian accident resulting in critical injury. A student suicide and the untimely death of a student from unforeseen medical circumstances were additional forms of trauma participants experienced.

Over the course of interviews, study participant had a wide range of general reactions when recalling their traumas. Several individuals had difficulty speaking at times during the interview and openly expressed their emotions in the form of visible tears. When describing coping strategies most study participants were quick to judge their care of themselves as “not very good” and their attempts to help others, especially students, as “I wish I could have done more.” More than half of the study participants openly expressed frustration at the lack of understanding and support they received from others in their professional and personal lives following the trauma. Later in this chapter, I provide more detail from study participants on their reactions to questions situated around topics of coping, change, and systemic supports.

### **Themes that Emerged in Analysis**

In this section, I present an in depth analysis on three themes. The three themes that emerged in the analysis of the qualitative data include (a) coping strategies following trauma, (b) individual change resulting from traumatic experience; and (c) systemic supports that were available. To convey each theme, I provide quotations, anecdotes, and commentary taken from transcripts of interviews with each participant, artifacts participants provided, and my field notes. The amount and nature of data collected for this study varied in terms of depth and breadth. For

these particular findings, broad themes were isolated and categorized when eight or more of the study participants shared data to support them.

The first theme, reactions and coping strategies of participants following school-based trauma, has four categories. These categories include a focus on caring for others, a need to manage emotions, a desire to return to work routine, and discomfort with the need to reframe memories of physical injuries witnessed.

The second theme, individual changes resulting from experiencing school-based trauma, has five categories. These categories include increased levels of stress and rumination, need to seek support, emotional reactions or triggers, dealing with future trauma, and empathy for others.

The third theme, personal and professional supports systems that were helpful, has five categories. These categories include family and friends, professional colleagues, school/district leadership, professional counseling, and personal belief system.

### **Theme One: Individual Coping Strategies**

In this section I describe research findings about the theme regarding study participants' coping strategies following a school trauma. The participant interview data provided four categories that situate the experiences of these individuals. The first category is a focus on care for others in their initial response to the traumatic event.

**Focus on caring for others.** All thirteen of the participants expressed an immediate need to focus on caring for others after adjusting to the initial shock associated with the trauma they had experienced. It is important to note the high level of intensity and stress these educators endured and, in some cases, quickly adapted to following trauma. Examples of this include nine study participants that were responsible for initiating 9-1-1 emergency response dispatch calls; eight that were responsible for providing emergency first aid directly to students while waiting

for emergency responders to arrive; five that were responsible for taking the lead to secure the school environment including initiating lock-down or evacuation procedures; and eleven participants that were responsible for initial communications to alert school district leadership to the full scope of the trauma. The following examples illustrate the priority study participants placed on the need to care for others in the midst of a school-based trauma.

Michelle, who had taken her position in a new district shortly before the traumatic event, described her experience as follows:

So I locked down the school, talked to the district office and then I ran back into the shooting scene—I guess I decided it was important for me to sit with the kids and tell them, “I am here” until help arrives. And so I just sat down and I just wanted to talk to the kids and tell them that they were okay, that they were loved, and that they were safe and that I was there to take care of them.

John described the scene right outside the door of his classroom:

I saw a student slumped over next to a locker and I just, I knew he had been shot. So, I just started grabbing kids and throwing them in my room—and so when I didn’t see any more kids I had to go outside of my door to lock it, there is no internal lock. I didn’t know if there was a shooter still out there, but I just kept thinking of the kid lying there. I paced back and forth for a bit and then I said “I can't just leave him there.” So, I left my room and made sure the door was shut so the other kids were safe and I went out to see if I could help him.

Mae, a veteran educator, shared this about her response to a major motor vehicle accident that occurred outside her school prior to the start of the day:

At that point we ran demographics to try to identify the student that had been hit by the car. And I ran the sheet back out to the sheriff but before I did that, the other student who had witnessed the accident (the victim's brother), said to me "Ms. Mae, is she alive?" and I thought "Oh, you know, shit, I don't know, what am I going to say? And I said, "Yeah, she is alive." Honestly, I didn't know if she was alive or dead, but I just had to say that.

Steve described a shooting at his school:

Honestly, my first instinct was, you know, let's take care of the victim, and I just kind of went into that first aid thing. You know, you kind of click in to the how do we protect and save this student's life? I had no idea how badly they were injured. I said to the teacher, "Can you put pressure on the spots where they're bleeding?" And she said, "Yes." I said, "You keep the pressure on there until somebody tells you to let go."

In the preceding examples, caring and courageous educators risked their own physical safety and set aside their own needs to protect the interests of those around them regardless of the environmental circumstances. The first step in the process of coping with trauma involves understanding the seismic or traumatizing nature of the event (Calhoun & Tedeschi, 2006). These educators realized the unanticipated threats at hand. Their immediate reactions were grounded in concern for student/staff well-being and clearly focused on helping others cope in as helpful way as possible in the midst of the overwhelming, traumatic circumstances.

**Need to manage emotions.** When asked to recall how they coped emotionally with the school-based trauma they had experienced, eleven of thirteen of the study participants described an overwhelming need to manage their own emotions during and immediately following the experience to help them stay focused on their professional responsibilities as an educator. Seven of thirteen study participants described managing their own emotions to stay focused on what

was happening right in front of them so they could deal with the traumatic situation effectively. Four others noted they felt the need to keep feelings inside, to themselves, and try not to think too much about the physical wounds they had witnessed to students to whom they had provided medical assistance or emotional support throughout the traumatic experience.

Elizabeth shared this about the need to manage her emotions during and immediately following a shooting at her school:

My emotion was removed immediately and I went right into the actions that need to be done. I will tell you, some of the things I did in there I have no idea. My body is protecting me, but, I do know that I saw what I consider dead students—on the ground. I saw students stacked on each other and the things that stick out as odd to me is like one of them was holding on to their cellphone.

While responding to a serious motor vehicle accident involving multiple student injuries, Daniel stated “I had to step away a couple times briefly as I couldn’t hold it together emotionally. There were children crying and bloodied everywhere, scared parents both on the scene and arriving constantly.”

Laura described the need to tightly manage her emotions following a school stabbing:

I took a deep breath and just faced whatever was in front of me because I have staff and kids who were falling apart...and so I mean, I don’t think I was like a brick wall and stoic...I know that there was a little emotion...the tear would drip and I talked with a shaky voice or sort of thing, but yet I couldn’t crawl under the desk and sob.

Michelle shared a belief that guided her in managing her emotions following a school shooting. She said, “I couldn’t fall apart because I didn’t know what was ahead of me.”

Alicia shared the following about managing her emotions following a stabbing at an off-campus educational event she participated in:

I have to say when I think about it now, I'm surprised at myself after hearing what had happened. I felt very calm when I was calling 9-1-1, you know what I mean? I felt very calm and I felt calm letting the police in and I was calm up until the ambulance arrived and wasn't moving fast enough for me. I realized, okay, I guess when something happens I'm the one whose level headed and I don't freak out—until later.”

Managing the challenges of trauma and emotional distress are highly important (Calhoun & Tedeschi, 2006). The preceding are examples of study participants overwhelming need to manage their own emotions during and immediately following a school-based trauma. In doing so, these educators believed they were better able to cope with the traumatic circumstances that had impacted them. In addition, they felt it allowed them to hold intrusive thoughts and visions of the physical trauma they witnessed at bay in order to avoid any negative impact on their professional responsibilities and performance as educators.

**Return to work routine.** A desire to return to a normal work routine as soon as possible following a school-based trauma was reported by ten of thirteen participants in this study. The need to return to the scene of the trauma at work and assist in some way to help others cope was explained as an important component in their individual coping process. Almost all of the study participants acknowledged they quickly and purposefully went back to work to help themselves deal with the trauma they had experienced. Others noted it was good to keep busy. One Educator in particular admitted she chose to stay busy at work immediately following the trauma because going home “made it more real.”

Following a traumatic accident, Mae described her need to continuously stay engaged at work in this way:

What helped me with coping, that's probably the best way to ask...is being at school and helping other people get through that experience. For me it's—maybe it's because I am weathered, you know, I just—in the moment you do what you have to do. And then listening to other people's experiences and being available so that they can talk to you about what they did and what they were thinking and how they were feeling—is really important to me.

Elizabeth shared this about her need to fully engage in work following the shooting at her school: “Everyone went home and that night, I'm still here. Why? Because it's my building and I couldn't imagine being anywhere else. I didn't even think about being anywhere else.”

Michelle disclosed this insight about herself following the school shooting she experienced:

So it was really busy afterwards, and I think for me, what I've learned about myself is probably dealing with the stress of what happened, the trauma of what happened...It was good for me to keep busy, because—and it's not that I didn't cry, but I couldn't cry because you had to go back to work and you had to hold it together.

According to Lazarus & Folkman (1987) problem-focused coping strategies following a trauma are either directed outward to modify the environment or inward to alter some aspect of self. Based on the examples above, the need to return to a normal work routine as soon as possible was these educators' way of embracing an outward problem-focused coping strategy to help them deal with the school-based traumas they had experienced.

**Discomfort and need to reframe memories of physical injuries witnessed.** All thirteen participants in this study reported discomfort with their memories of the physical injury to students they witnessed following a school shooting, stabbing, physical assault, or accident. Seven of the study participants provided hands-on life-saving first aid to students and were able to recall this in graphic detail. Six noted there was a need to intentionally reframe the memories they carried about providing life saving measures to students in a less graphic way to assist them with positive coping.

Michelle shared this about her memories of the scene the day of the shooting and her coping strategy:

And so, for me, I didn't want to make it about what I saw—I couldn't have that as a lasting memory. And so, I would look at the kids' pictures in the book that we have...it says, your photograph, like the yearbook...I would look at the kids and then go, "This was student A... This was Student B...." So that's what I kept doing to cope.

John described the need to reframe his memories of the shooting scene outside his classroom:

We did try CPR and resuscitation—but the student was shot two or three times in the head. They said even if we would have been medics we wouldn't have been able to save him. It's a brain matter issue and I guess I maybe felt a little better knowing that.

Daniel acknowledged this about the need to reframe his memories of the accident scene to aid him in coping:

I think for me and my school kids it was important not just to be on scene, but also to make home visits to nearly all of the children in the days that followed the accident. I rode our three different school bus routes every day for about two weeks, including the

route that crashed the first few days after the accident. Seeing my kids, holding them and encouraging both them and their parents was the best medicine.

Mae described the need to refocus her perspective following a student accident near campus:

All of the sudden the sheriff's car comes roaring back over the hill. The officer jumps out of his car and he is frantic, he is running around. I said, "Can I help?" And he said, "I got to get something under the car." I realized then that he was saying the students scalp had attached itself to the bottom of the car wheel. So he got that scalp and drove off and that was so weird. I was just standing there and watching this and then realized I needed to refocus and get back to taking care of things.

These study participants' examples are behavior- and emotion-focused coping strategies directed at decreasing emotional distress to aid in coping when traumatic events are unalterable (Lazarus & Folkman 1984). Michelle, John, Daniel, and Mae's conscious decisions to engage in behaviors to reframe their own thinking stemmed from the need to decrease discomfort of the memories of physical injury and death to student they witnessed. Their decisions underscore these educators' ability to cope in a positive manner given the traumas they endured.

### **Theme Two: Individual Change Resulting From Experiencing School-based Trauma.**

In this section I describe the research findings related to the theme of individual change resulting from experiencing a school-based trauma. The data collected from study participants describes categories that give voice to participants' unique stories and articulates the collective change they experienced after being involved in a school-based trauma. The first category in this theme is an increased level of stress experienced following the traumatic event.

**Increased level of stress and rumination.** Twelve study participants reported they experienced increased levels of stress and rumination, or repeated thinking patterns, following a school-based trauma. Participants described symptoms of increased stress and rumination such as, “trouble sleeping, lack of energy, difficulty with concentration, feelings of anxiety, depression, increased headaches, and difficulties sleeping in the first day or two following the traumatic experience. Five participants acknowledged they sought assistance from a physician to help them deal with their stress and repeated thinking patterns. Five said they engaged in alcohol or marijuana use to numb or temporarily medicate themselves from the high levels of stress and rumination they described following a school-based trauma.

Laura shared this about the need to address her extremely high levels of stress that would not subside in the weeks and months following the physical assault at her high school:

I finally saw a doctor and was medicated appropriately. I’m a compulsive kind of person so I kept a list of what medications I took and when. It took me a month before I could sleep without some kind of sleep aid because when I would lay (sic) down, I was physically and emotionally exhausted—but then everything would come back and start running through my mind.

John spoke of stress he experienced for a long time following the shooting outside his classroom and said,

Sleeping was a challenge—I couldn’t sleep for a month. I would just wake up, you know, I could fall asleep and then it’s sleep for an hour or two and then I would wake up and I would dream about it—I kind of beat myself up for the things I didn’t do, I didn’t call the office and let them know right away. I don’t know, stupid things like maybe I

should have known the shooter shouldn't have been sitting there, I should have known, you know.

“This is going to sound bad,” said Sarah about her high level of stress following an incident of sexual abuse and assault at school:

I literally went home that night, it was a Friday, and I opened up a bottle of whisky and probably drank half of it—because I had to numb myself for a period of time because I couldn't believe I was having to deal with this. I just needed a break. I don't normally do that—that's not my MO at all, and it was a rarity. I mean I couldn't tell you the last time I have ever done anything like that—it was just out of the norm of how I am.

Michelle described the long-term impact of traumatic stress this way:

It was about 7 months I think—I fell apart. It's like my body, I hit the rock bottom, my body hurt. I mean, I was in lots of pain and had headaches, and I had no energy, and then I found out I was depressed. I would say at that time it was all about finally finding help, going back to one of my providers and saying, "I need you to fix me. I am broken." I can't fix myself. I tried. I have been trying, and it's not working.

Susan shared about her need to temporarily mitigate the intensity of traumatic stress:

To help myself cope, initially I started to self-medicate with marijuana. I had not used marijuana since college...and I started doing that for a while. I don't do it anymore—I would say, though, it's true, I used it as a temporary way to help me cope.

Stress is the body's response to trauma (Selye, 1976) and often manifests itself in recognizable physical and behavioral symptoms (Lyon & Rice, 2000). Traumatic stress results in deliberate rumination or repeated thinking (Calhoun & Tedeschi, 2006) that can impair an individual's ability to function and cope over time. As illustrated by these stories it is not

surprising, reflecting on research literature, that participants in this study reported experiencing increased stress and rumination in the weeks and months following the traumas they had experienced.

**Need to seek support.** All thirteen participants in this study acknowledged there was a need to seek personal or professional support to help them cope in a positive way with their actions, thoughts or feelings following school-based trauma. Seven participants sought support in the form of encouragement and emotional comfort primarily from family members or friends. Eight participants sought support from school or district leadership following the school-based trauma. Six acknowledged they felt a need to seek professional counseling for additional support beyond that from family and friends.

Sarah described her need to seek support from others:

The hardest part for me in terms of coping afterwards was admitting that I needed to go talk to somebody else. I was getting to the point—I was so self-talking in my head that I was talking myself in circles. I could talk generally to a few close people. But I was like I really can't—they weren't helping me because I wasn't being able to fully share what my concerns were.

Margaret shared about her need for support:

I needed people helping me that were critical to communicating or critical to the needs that I had. I needed some support on how do I best communicate this information to these different constituents? How do I, you know, how do I take care of people in terms of counseling support or those resources?

Michelle stated that “I have a strong support system,” and further clarified systemic supports she engaged in as part of her coping process:

I've gone to counseling. I've taken antidepressants. I've taken anxiety medication, I've tried to exercise. I've actually done massage, physical therapy. So I have done a lot of things and made connections with people at school, so that I can talk—with somebody else with a similar experience so that we can talk about the craziness.

Elizabeth further clarified the need for coping supports:

The hardest part for me in terms of coping was I think not having a soft place to land - especially after something that was so traumatic and the most horrific thing I will ever experience in my life, I hope. I could not share with others because what I realized is people, the public, my friends— and I have some amazing friends—they could not cope with what I had seen. They could not cope with what I needed to talk about. Even when I went to go for mental health—it took me about 4 months. I think I was just numb, I think I was just functioning, then I realized I needed something. And I had a counselor when my marriage dissolved that walked me through that and he was amazing. So I actually had a pre-meeting with him and said, “Okay, here’s the deal I need to share something horrific but I don’t want to have to worry about you dealing with horrific, I don’t want to have to worry about my care giver needing care because of what I’ve just dumped on them. Are you that guy? Please be right up front with me and say yes or no.”

The preceding section was an analysis of participant’s acknowledgement of the need to seek personal or professional support following an experience of school-based trauma.

According to Calhoun & Tedeschi (2006) individual self-disclosure through the process of talking, writing, sharing and engaging with others is an important process in navigating positive growth following a trauma. In this study in particular, some participants sought support within their professional school networks, other sought support in more individualized, personal

systems. Regardless, every educator in this study discovered, and at some point took action to seek, additional support to assist them in coping with the impact of school-based trauma.

**Emotional reactions or triggers.** Twelve study participants said they experienced unanticipated reactions or were triggered emotionally when they heard news reports, watched television, or received correspondence that reminded them of the school-based trauma they had experienced. Ten participants reported experiencing feeling “more emotional” than they had anticipated during the interview process for this study. Seven said they were surprised by their feelings and felt more emotional on the anniversary date of the traumas they experienced. One participant shared during interview that his way of coping, nine years after experiencing a school-based trauma, is to not to go to school on the anniversary date of the shooting because he know it continues to trigger him emotionally.

Laura shared the following example of her emotional reaction or trigger months after a student stabbing,

It was probably a year after it happened, I mean—so a good chunk of time. My husband and I were in bed watching Law and Order and the episode had to do with a stabbing at a school. And you know it was an old episode so it wasn't even like done on our incident. And I'm looking at my husband like “we're changing the channel?” and he's like “why?” I'm like, I'm like, “I don't want to—I don't want to see this.”

John described an emotional reaction or trigger that impacted him one day while at school”

I remember the next year I got moved—I was half time at one school and half time at another school. They had—they didn't inform me because I was half, half—so I didn't always get the information—but they had an intruder drill. At the time, I didn't know

though it was a drill. So they just said intruder, intruder—and I started shaking, I locked all the doors real quick, I told students that we’re going to get down and I turned off the lights. That was just terrifying. When I found out it was just a drill, I was relieved, but I was still scared, I just wanted to go home after that. I was done.

Steve described emotional reactions he experienced after the shooting and throughout the litigation process that followed:

And, you know, for me afterwards, every time I would get like an email from our attorneys or something, it’s just like—I mean, if you don’t think you have PTSD from something like this, you’re kidding yourself. Because there isn’t an incident that happens at a school, it doesn’t matter where it is, that does bring that all back.”

After trauma, individual fight or flight impulses can be compromised, creating increased anxiety, which can further lead to intense emotional reactions or triggers (van der Kolk, 2015). The preceding examples illustrate that for these study participants trauma is not just a past event but also leaves an imprint on the brain, mind, and body that has ongoing consequences for how they manage to cope with the present (van der Kolk, 2015), including particular implications for difficulties in how educators may talk about previous traumatic events.

**Dealing with future trauma.** Nine study participants reported a feeling of increased confidence in their future ability to respond school-based traumas based on these traumatic experiences. General descriptions of increased confidence levels experienced by study participants included, “I know I can remain calm if I need to deal with something like this again;” “I know what to do and what not to do given what I endured;” and “I know that I you can jump up and take charge in this type of situation if I need to.”

Sarah described her increased level of confidence in dealing with future trauma:

I know that, should anything happen to a kid or even an adult now, because of some of the trauma that I have been through, I can help people move forward. I can help people put one foot in front of the other, because sometimes when you are dealing with trauma, that's all you can do. That helps me help myself because I feel like I am helping others.

Elizabeth, regarding a professional conference on lessons learned several months after the school shooting, shared:

I had the opportunity to do a speech at a state conference and I built it up to be a huge monster in my mind. Once that monster was taken control of by me and I finished speaking—the people who talked to me afterwards were astounded at the things they learned. I thought, “Wow, these are things that I learned and have taken for granted.”

And I love teaching—so part of what I would love to be able maybe to do in the future is help other schools think about—what to look for, what not to look for.

Laura, about her level of confidence in dealing with future trauma, said, “Dealing with this has both made me stronger and weaker at the same time. Stronger in the sense like I can handle some pretty tough stuff and weaker in that I don’t want to get tested more.”

Margaret also suggested that she had more work to do: “I think I can continue to grow and develop.” She further hinted at her feeling of increased ability to deal with future trauma:

I would never wish any tragedy on people. Professionally having to deal with it helped—you begin to understand you have what it takes, you find it within yourself to do what needs to be done to take care of everything—even though it is emotional.

Posttraumatic growth occurs in five life areas including positive changes in perception of self and an increased belief in one’s strength (Calhoun & Tedeschi, 2006). The preceding reports of study participants portraying an increase in confidence to handle future trauma are supported

by Calhoun & Tedeschi's (2006) claim that positive growth can indeed occur following traumatic experience.

**Empathy for others.** Ten study participants shared they experienced increased empathy for others when they later heard reports of traumas in other schools and communities. Four participants noted that since the shooting, assault, or accident at their school, they have intentionally reached out to educator across the state or nation who have experienced trauma to offer their support.

Charles described the increased empathy he feels for others who may be dealing with school-based trauma in this way:

Each time you go through one of those you don't become numb to it, but it gives you more experience to be able to just truly understand the horror of what these people are going through. If you can try and become—there was a phrase we used to use—become involved but not entangled, that's helpful. And I used to tell staff you can't get wrapped around (the) axle—so wrapped in the pain and trauma that you can't be of any good—yet you can't be insensitive either and there is that balance, and it's not always easy.”

Laura shared about her increased feelings of empathy in response to a later shooting at a school she learned of:

There was another shooting at an elementary school in the state and I wrote the principal a letter, like the next week, saying I've been through something similar and that taking care of yourself is so important. I said I know you have to keep it strong for everybody else, but make sure you figure out what you need. I did the same thing this fall when another high school shooting happened in our state. I did the same thing for Newtown. I mean, because I felt that's my calling—to reach out to others.

Peter described his empathy for other educators:

Professionally, it has changed me because I'm tuning in more on events like a shooting or a death of a child. Those are things where I feel much more, I don't know, skilled in the area of making sure that, we got to do this right—we've got to prepare—to meet, and we need to all be on the same page early on when it comes to dealing with trauma. We cannot wait till much, much later.

Alicia described her increased empathy for others: "I'm just more aware that, yeah, ugly things can happen to people that don't deserve it,"

Educator John's increased empathy for others was similarly evident: "I don't understand how people can do it if you want to know the truth. I just know there is a lot of pain ahead for the people that are going to be affected."

These examples demonstrate study participant self-reports of increased empathy for others. Calhoun & Tedeschi (2006) note a changed sense in relationships, including increased connectedness and empathy for others, as one of the five primary life areas that can be changed in a positive way following traumatic experiences.

### **Theme Three: Personal and Professional Support Systems**

In this section I describe findings related to the theme of personal and professional support systems that were available to participants in coping with the aftermath of school-based trauma. The data provided by study participants explains five categories that give voice to their unique stories and articulates the collective support they may or may not have received following a school-based trauma. The first category I discuss is the systemic support study participants received from family and friends.

**Family and friends.** All thirteen participants reported experiencing high levels of support from family and friends following a school-based trauma. However, eight participants noted they intentionally chose not to fully discuss the details of their traumatic experiences with family or friends, and five participants noted they experienced challenges at times in the depth of understanding family or friends had related to the impact of the trauma on their lives.

Peter described the positive support he received from family and friends:

I was amazed by the number of people who reached out to me—former coworkers, family, people called my mom saying, “was that your son’s school, and is he still there? So I had lots of people reaching out and I think I was fortunate.

Michelle shared about the high level of support she received:

I don't think there is anything anybody could have done more, because I think they did so much already. And when I think of my husband, I mean, he did so much for me to the point to where I had to say, "Go to counseling because you're freaking driving me crazy."

Following a traumatic school bus accident, educator Daniel noted,

I think people did a good job giving me space. I grieve privately and quietly on my own—so this was important. I do think that distant friends or acquaintances had no idea how deeply I was hurting, or that I had been on scene and weren't very tactful when inquiring about the accident.

Laura shared this candid experience about the support she received after the stabbing at her school:

I experienced a lot of hurt in the end. What I found out and learned through a variety of things was from one of my closest friends. She never even acknowledged the event happened. I finally asked her about that because that was really hurtful to me. What I

learned from her, and then as I looked back, it was so traumatic for her that I had gone through this. She didn't know how to deal with it. So her way to deal with it was to close it off. It didn't change the hurt, because I was really hurt, but it was eye-opening to me that accidentally through her love and care for me, she hurt me in essence.

Sarah described the challenge of seeking support from family and friends:

Because of the nature of my work, I can't share much with family and friends—and I'll say this, sometimes when I'm sharing I feel that I'm giving them a picture that maybe I don't want to give them. So, I don't know if they would do anything. I think they were supportive. They knew I was going through a rough time—and sometimes I would just shrug my shoulders and be like, "Can we just go do this?" or "Let's go watch a movie," or "Can I take my nieces and nephews for the day?" They just give me that breath which was helpful.

Accessing sociocultural supports following trauma increases the likelihood that individuals may experience positive growth following trauma (Calhoun & Tedeschi, 2006). The preceding statements demonstrate high levels of support received from family and friends following a school-based trauma were an instrumental ingredient in helping study participants cope with the aftermath of a school-based trauma.

**Colleagues.** Ten study participants reported they experienced positive support from professional colleagues following the trauma. Collegial support was generally described as a listening ear, having someone to talk to at work, great help and a reminder the individual is not alone.

Michelle noted the support she received from a close colleague, highlighting the importance of shared humor as a support mechanism:

So one of my friends that I met at school, our way of dealing with our emotions privately together was to—probably shouldn't say this—was every time we would get emotional, we would go “Fuck.” And then we would go “Fuck, fuck, fuck, fuck, and fuck.” And actually she would do that, and I would laugh, and she would say it more, which would make me laugh more. We did this to support each other because we just couldn't—fall apart because—we didn't know what was ahead of us.

John described support from fellow teaching colleagues:

In the days after my colleagues just started—I started drinking a lot—that's what I did to cope. And we would go and meet at the bar and just talk—just a few of us that kind of were in the same hallway, you know. So these are people that I had worked with for a long time. Drinking more and connecting with them was more helpful than not doing it, you know. And we just kept saying—we just kept waiting for someone to come and say, “Hey, how are you guys doing?” and “Here is what we can do for you.”

Elizabeth acknowledged support from colleagues in her building:

It's so funny—I would walk into my colleague's office and just close the door and we would just cry. And we would remember stuff. We both have things that neither one of us remembers. So it's been helpful to walk it together. I talked with the custodian and this administrator and we will be friends for life because we walked it together. It's almost like we're war buddies. We went through this war together.

About collegial support following the shooting, Steve shared:

I think, for me, that it was a lot of great help to know that my colleagues and my, you know, everybody around had supported me. So it really helped that people that I

respect—not only in the district that I’ve worked with before, but my colleagues supported me and continue to do that.

Calhoun & Tedeschi (2006) research on posttraumatic growth identifies distal cultural networks in which individuals act as an important systemic support influencing positive coping following trauma. The preceding statements by study participants illustrate the significance of distal or collegial support in aiding them with coping following a school-based trauma.

**School and District Leadership.** Study participants reported experiencing differing levels of support from school building or district leadership following a school-based trauma. Eight participants shared they experienced positive support from school building or district leadership. Five felt they experienced little to no support from school building or district leadership following the school-based trauma they experienced.

Laura described positive support she received from school district officials, in particular her superintendent:

Oh my god, they were amazing. Oh, like they flooded in to help. The entire cabinet which is our superintendent and the upper level administration, they also converged on my campus. What was most helpful was having not just the words of support— but having their physical presence and their willingness to do things and being able to see what needs to be done and taking care of it without necessarily—without either asking permission or waiting to be told. I mean there were some things they did that, but one of my perfect examples, that Monday as it happened you know and we’re busy, we’re doing phone calls, we’re trying to manage the staff or whatever and our assistant superintendent, unbeknownst to me, arranges to have pizza delivered because it was—

like 12:30. I hadn't eaten anything since breakfast you know. So, you see that's an example—like here's a need, I can take care of that.

Mae shared this about positive support she received from her district superintendent:

Our superintendent came to school and said “What do you need?” I said, “I need you to let me do my job of communicating with my staff and to say the things that I think I need to say and when I need to say it.” And he and our other district leadership were trusting men and they came to the meetings. But what I said, what I did, how I talked to my staff was how I would normally talk to my staff. So, those things were helpful, so that I could move us along because everybody needed to be moved along. If you let people stay stuck on a situation. It grows bigger than you wanted to.

Margaret, a principal, shared the following about the positive, practical support she experienced immediately after the accidental student death at her school:

The Assistant Superintendent at the time came out to the building along with our District Communications Director. So immediately I was working with both of them to handle the building level communication that would go out through an auto dialer phone call with the assistance and support from them in terms of scripting it. So, yes that was helpful.

John described significant challenges he experienced when attempting to seek support from school district officials:

For me, I mean least helpful was the district. It was like I felt I had to fight to get everything, you know. So, the only thing the district has done for me—was giving me an opportunity to transfer here to this school.

Peter described his desire to receive more support from district leadership:

They really need to send someone or drive out and just check in with you. Ask “how are you doing?” after a trauma. And you know—not just take “I’m fine” as a patent answer. But rather say, “I’m going to shut the door. We’re going to talk. I’m going to make sure you’re okay.” And no one’s ever done that.

Susan received a combination of positive and negative support following the shooting in her classroom:

After the initial incident, no one from the district did ever talk to me. I just think I was a liability to them. They were in the middle of a lawsuit and I was a liability—I don’t know how I could have been. I didn’t feel like I was in that circle of support. My principal, he got it. He understood where I was coming from and he was supportive until this day. I would say that he was wonderful.

Proximal cultural support networks or larger systemic supports are essential to individuals coping with the impact of traumatic stress (Calhoun & Tedeschi, 2006). The preceding section described participant reports of varying levels of support from school and district leadership following a school-based trauma. The inconsistent findings in this area lead me to believe there is a need for schools to learn more about how to provide consistent positive support at proximal levels to educators who have experienced school-based trauma.

**Professional counseling.** Six study participants shared they experienced a need over time to seek professional counseling following a school-based trauma. Four participants mentioned they felt in hindsight they might have benefitted from seeking some form of professional counseling. Study participants who felt the need to seek additional support described feeling a need to talk to a trained professional about their traumatic experiences and described needing more support than could be provided by family and friends. Participants who

did not seek professional counseling reported they didn't feel they needed it because what they experienced wasn't as bad as what others have or fear a trained professional would not be able to handle the details of the traumatic event they witnessed.

Elizabeth described her need for professional counseling following a school shooting:

After something that was so traumatic—the most horrific thing I will ever experience in my life, I hope—I could not share with my children. What I realized is people, the public, my friends, and I have some amazing friends they could not cope with what I had seen. They could not cope with what I needed to talk about. The employee assistance program, thank you, but those were not mental health professionals that I knew, that I was comfortable with. Even when I went to go for mental health—it took me several months. And every time I go to a mental health professional I have to pay a co-pay, so that was a huge financial drain every time I went, that's \$25 a piece eight times a month.

Michelle described her decision to eventually seek and stay engaged in professional counseling. “I think one of my self-care successes has been, well, going to counseling, and then stopping, and going back again. Realizing that I needed to because friends brought me in to doing it.”

John shared about his involvement in professional counseling:

I organized an Employee Assistance Program group at the school that some of us attended for a while. Then I realized I needed more counseling so I went to eight or ten sessions at a local provider. Yeah, I had had some earlier trauma in my life and I had gone to counseling before. So, I kind of knew some of the things, you know that I need to do to not let fear takeover me.

Laura described her journey and the supports that ultimately encouraged her to seek professional counseling:

It took my superintendent interceding. He has always said ever since it happened “Laura what are you doing to take care of yourself? Are you seeing someone? You know it’s not that anything is wrong, but you should talk about this with somebody you trust.” He has always encouraged me. And we were sitting in his office talking this past spring and he said “Laura it’s time for you to do this.” I know you’ve said you’re fine, but I see you responding to things in a shorter way sometimes or being more emotionally impacted by something than you probably should be. And so it’s time for you to take care of this.”

That was really helpful. So this counselor I end up...seeing, she asked me “What brings you here?” I said, “Well basically my boss made me do it.”

Steve reflected back on his choice to not seek professional counseling in the months following the school shooting. “At the time, I thought, you know, I don’t need that sense of support. But maybe I wouldn’t be, you know, still struggling with this sometimes if I had, you know, processed it better. I don’t know.”

While Steve now reflected on the potential use of professional counseling, Susan suggested that it would not have worked for her, despite its availability:

I was told that I could seek counseling. You know, several times people said it was available and I chose to not do that. I didn’t want to complicate things. But what I did do, which was very helpful for me, was I started playing a lot more music.

The preceding section has been an analysis of the data related to whether or not study participants felt a need to seek professional counseling to assist them with coping following an experience of school-based trauma. Some degree of narrative development and cognitive

restructuring following trauma is necessary to produce changes in individuals that contribute to positive growth (Tedeschi & Calhoun, 1996). For some study participants, professional counseling appears to have been a cognitive restructuring process that aided them in sharing their narratives or voice with another to aid them in positive coping following a school-based trauma

**Personal belief system.** Eight of the participants shared that they experienced a greater reliance on their personal belief systems, including reliance on their spiritual beliefs following school-based traumatic experiences. Personal belief systems were described as a strong faith base, belief in the goodness of others, and protection from a higher source. It is interesting to note that study participants were not specifically asked about their personal beliefs systems. However, through the course of the interview process they volunteered these experiences when talking about their ability to cope with the school-based trauma they had survived.

Steve referenced to his personal beliefs:

Well, I'm a man of faith. Clearly, I believe there were other powers at work because in taking this apart later, a first responder said, had the helicopter not been late and had they not gotten more units of blood into the student, she would have never made it on the ride. I mean honestly, when the—one of the police officers saw the caliber of the weapon initially, he said it was a 0.45. He told me, "She won't make it." But, she did.

Margaret noted the importance of her personal belief system:

We had regularly scheduled admin meetings you know admin team meetings where we would just kind of check in with each other. And in that team, I had an Assistant Principal who probably is, I know, has a pretty strong faith base as well. And so sometimes we would just say, you know we just have to turn it over and trust in that.

Susan shared that her personal belief system helped make some sense of the shooting that happened in her classroom:

I've got too many weird things that have happened to me before. I mean, I've had unusual things happen to me that I've survived. I really think I have protection from a higher source. I feel that. And I also—I'll go back to that. If she had died, I would probably be done. But she is a miracle. It's a miracle that she didn't die. I think if she had died, I wouldn't be in education today. And I don't know. I think I believe a little bit more in the spirit world. Not to say that I didn't before but I really feel like I had some outside help. I don't think I pulled this off by myself. In fact, when one of—the firefighters participated in the benefit for her—he spoke up and he said we usually go into a traumatic incident and it's not calm. He goes, when we came into this classroom, it was absolutely calm. And I don't think I did that by myself.

Sarah noted the importance of her personal beliefs:

My true values—I can go back to that even when I am working through those difficult situations—is that I believe all people have a goodness in them, even in bad times. And that's hard sometimes to say that's what I truly believe—that person at some point something happened to them, or whatever that is caused this, or whether it would be a mental illness, or some trauma that happened to them—that I truly believe that there is goodness in everyone. We are all different, but I truly believe. I think that's part of my religious background just from that perspective of I do not believe God made evil people. I think there is something in the world that causes for whatever reason us to be imbalanced at times.

Peter shared the importance of his belief, more collegial than faith-based, about having a community of people who could provide a similar support:

Thankfully, I have really good friends who are people of faith or people who are – who I consider wise. So they're not necessarily in education, but—I purposely call them and say, “Hey, this is the day we had,” just to kind of let it out of me. And so for me, I needed to do that.

The preceding section provided an overview of study participant personal belief systems. Calhoun & Tedeschi’s (2006) research supports the notion that significant positive change, including a deepening of spiritual life, can occur following trauma. It is one of the five areas of positive posttraumatic growth that has been documented (Calhoun & Tedeschi, 2006).

### **Summary of the Themes**

This chapter clarified the themes and categories that emerged from interviews with school-based trauma survivors. The themes included (1) coping strategies following trauma, (2) individual change resulting from having experienced trauma, and (3) personal and professional system supports that were available. I provided quotes and anecdotes that reflected those themes. I endeavored to accurately convey the insights, thoughts, feelings and actions of these courageous educators in their journey to successfully deal with the impact of having experienced and survived a school-based trauma.

## CHAPTER FIVE

### CONCLUSIONS AND RECOMMENDATIONS

This research has provided me with a rich opportunity to learn from thirteen K-12 educators who have witnessed and survived school-based trauma. Their courageous conversations have afforded me the privilege to explore how they coped with school-based trauma, how they have changed, and what systemic supports were available to assist them with positive coping following trauma. These conversations also provided an additional unique body of information that is important to explore, data which focuses on my fourth research question which is, “What advice would you share with others who may experience the same type of traumatic school event?” This chapter culminates the collective research process by drawing conclusions from two perspectives. The first is through articulation of study participants’ advice for others who may experience similar trauma in the future. The second is based on analysis of combined themes to develop conclusions, implications and recommendations for future research.

#### **Theme Four: Study Participants Advice to Others**

The fourth theme established in this research is grounded in the advice study participants had for others who may experience similar trauma. The participant interview data is situated in the first-hand experiences of these individuals and provided three categories for consideration: incident response including litigation preparation, emergency operations and incident debriefing; post crisis response including developing strategies to check in on responders; and to pay attention to and encourage the practice of self-care.

**Incident Response.** The first category of study participant advice I will discuss is incident response including: preparation for litigation; practice emergency operations including post-trauma recovery planning; and provide incident debriefing.

*Prepare for litigation.* Eleven of the thirteen participants in this study reported they had experienced or are now currently engaged in litigation surrounding the shooting, assault or accident that impacted them. Three of the participants described their involvement in the litigation process following a school-based trauma as being as difficult, if not more difficult, than coping with the traumatic incident itself.

Susan described her involvement in the extended litigation process following a classroom shooting in this way:

One of the hardest parts of this whole thing was the deposition. That was really hard. That was almost as, not as hard as, the shooting. The other attorneys were trying to make it sound like I was a bad teacher and I allowed this to happen. And this was hard, you know, they're doing everything they could to make it look like the building should have known and been prepared. And for me it's just going to be the little things because that's all you can hold on to is the little things. Like if I had made a big change and quit, I never would have had the chance to do the little things to take care of me that did help me.

Steve shared this about the challenge he experienced in relation to defending his own integrity during the litigation process:

It's the inability to defend yourself against, you know, false information that floats around out there. Well, it wasn't immediate early on. I guess it first cropped up when we had our hearing with the hearing officer. The defense from the student was that he brought a gun to school because he was being bullied. And, you know, clearly that was the big lie and there's no evidence of that. The hardest part for me is to have my integrity

attacked. And doing the depositions, the attorney, I don't think, understood at all why we do what we do.

Sarah shared this about the challenges she experienced with the litigation process:

It was almost the end of the school year, and I—the family started coming after me personally. And so, I looked at my lawyer and said, "If this is going to be, then I need out and somebody else needs to take over because now they are going after my integrity and my values. And you all know that that's what I believe in and—they are starting to make me question what I believe in, based on how they are coming directly at me.

Laura described her impressions of the extended litigation process following a stabbing at her school:

Going through a trial in a lot of ways was more traumatic than the incident itself. It was having to relive it to a certain extent—you get to a point where like, okay it happened, I acknowledge it, I can say this is how I feel about it, but I put everything in the box. I put a bow around the box and then put the box on the shelf. And now you had to dig it out all again, it was that part of it. And we're not used to being deposed and sitting on witness stands and that's just such a—it was an intimidating experience.

The preceding has been a review of study participant's advice for others about incident response specifically the need to prepare for litigation following a school-based trauma. In many cases, study participants were not prepared for litigation or the lasting impact litigation would have on their own ability to move forward with positive resolution of the trauma they had experienced. Educator involvement in litigation following school-based trauma should be examined closely as it has the potential to distract them from their daily work, while simultaneously retriggering their own traumatic responses. Much more can and should be

learned about the impact of the litigation process and more importantly the systemic supports necessary to assist educators with positive coping following school-based trauma.

*Practice emergency operations and post-trauma recovery planning.* Eleven study participants shared advice about the need for schools to more actively practice emergency operations particularly during passing times between classes as well as before, during and after the school day. Seven participants acknowledged previous training they had received was helpful when it came to knowing what to do when faced with the dealing with an accident, assault or shooting at school. Four participants recommended schools consider developing post-trauma recovery or care plans to determine the short and long-term resources needed to help students and educators cope in a positive manner with the aftermath of a school-based trauma.

Steve described the benefits he perceived of practicing emergency operation training prior to the shooting he experienced at school:

I'm going to tell you—despite the stuff that was out in the news, the first responders said that if it were to happen anywhere, that our school was the best place for it to happen. Because we had done real-time drills—you know, not only the required mandated drills, but we were doing the above and beyond stuff with our staff like working with the FEMA folks locally here in the county to do real-time drills. So my staff really was able to react and it was just not my training but it was everybody's. You know, my teacher, I mean, didn't even question what I told her to do. She just did it. And it's just like everybody has a role to play and when everybody plays it, then, you know, things happen in a really cohesively (sic) way.

Alicia shared the following about her appreciation for having practiced emergency operations prior to the student stabbing experience she went through:

Professionally I definitely think about things like when we do drills—like intruder alert drills. I never think to myself this is only a drill. I think of it in terms of something like—this could happen and we need to be ready. So I take it really seriously and make my students take it seriously. I'm not trying to scare my students but I feel like if they feel prepared that will make them feel safer, you know what I mean? When you've actually thought it all out, I think they feel safer.

Daniel shared words of wisdom for others who may need to respond as he did to a traumatic situation:

The first thing would be to stick to your training so one is prepared for trauma and emergencies in various forms. Those skills and protocols transferred naturally to this event much in the way we had practiced them despite the scenario being unique and unplanned. The second would be to make it a priority to support and love your kids by being present in their time of healing.

Michelle talked about the benefits of the emergency operation training she had received prior to the shooting at her school:

All I had to do was I had to go back, I had to do my job. I had to lockdown the campus and I think just—I don't know, I am not pretending that I didn't see, that I didn't see something, but I just had a job to do. And when I ran—back in there, it was more about the kids than it was about me and doing what I am supposed to do according to my training while thinking if I prayed hard enough and thought hard enough I can make one person be alive that I thought might not be alive.

Peter shared advice about the need for schools to integrate post-trauma recovery planning in to the process of emergency operation procedures:

We need to create systems for people—knowing that when those things unfold, the adults can get what they need and the kids can get what they need to cope. And it’s automatic. It’s not just saying, oh, this would be a good idea. But it becomes something where it’s an automatic response. Just like our counselors and admin (sic) team that meet together after we hear of a significant—like a death of a child or a staff member—we have a plan, we get together, and we articulate that plan. And I think we now need to have post-event care in schools. And right now there’s no post-event care plans.

Sarah further shared about need for schools to consider post-recovery supports following trauma similar to those in the profession of law enforcement:

It's almost like what I have learned from talking with cops. When they go through trauma events, whether they end up having to use their gun or whatever, a lot of times they have to go through a review process. I wonder sometimes if that wouldn't be something that would be beneficial for us as school employees. So, like you go through this trauma event at school and as part of the recovery, you have to make an appointment with a mental health provider. Whether it's just, "Hey, we're checking in on you," or "Now we're going to do a couple of sessions and see what (sic) you are at," there is some kind of follow-up.

Instances of trauma are pervasive in schools (Robers, et al., 2014). As participants emphasized, emergency preparedness planning should include a focus on the process of recovery following school-based trauma (US Department of Education, Office of Safe and Healthy Students 2013). The preceding section was a review of study participants’ experiences with emergency operations planning. These experiences led them to share advice on the need for schools to more actively engage in emergency operation planning and, in particular, post-

recovery care development. I would argue this planning should not only be considered for students but also for educational staff following a traumatic event.

*Provide incident debriefing.* Seven study participants reported they received incident debriefing in the first few days or weeks following the school-based trauma. These participants reported they felt it was beneficial to gather with other colleagues to openly discuss the traumatic events and emotions they had experienced.

Charles shared:

Yes we did do a debriefing with the entire staff. The staff needed to talk about it, and they were just in shock, they were just, “oh my god, thank goodness, you guys were up at the front and could get a hold of this guy and blah, blah.” So there was (sic) a lot of real fortunate things that happened through that entire ordeal and we were able to talk about it. The fire department had a psychologist that worked with them—he basically asked if I and some of the other people involved could sit and have a debrief after that staff meeting in our counseling office conference room. I remember that happened too.

Mae noted the importance of structured incident debriefing for her staff and herself following a motor vehicle accident resulting in critical student injury:

I did make people go to the debrief and they didn't like it—well a couple of people did—but they didn't want to go. In the end I think it turned out okay. Sometimes as the leader you just have to say, “This is the medicine you have to take, but I'm doing it with you.

Laura shared about incident debriefing following a student stabbing:

We did have a debrief. I just can't remember if it was that first week or not. Where we kind of talked about it—and part of it was that first day at that staff meeting. Here's what happened, but what questions you have? What feedback do you have? I did learn things

that I would do differently. What I should have said is “We have an emergency; you can’t leave your rooms.” And because I said “lockdown” we had classes who did the whole under the desk you know sort of thing for an hour-and-a-half.

Six participants said they did not receive an opportunity to engage in incident debriefing in the days or weeks following the trauma they had experience. These participants said they believe they would have benefitted by being offered this form of post-trauma support. Three of the six actively advocated with school and district leadership for an opportunity to receive structured incident debriefing. To date, only one of these study participants was successful in actually securing post-trauma incident debriefing support for themselves and their colleagues.

Michelle shared about not receiving incident debriefing:

The one thing for me that's the biggest disappointment is that we didn't do any kind of debriefing for people. And part of that is because I'm still hearing it a year later. To be able to, I don't know, talk about it, because those were the things that I think that have never been dealt with. We asked to have one happen about a month later, but that was when everybody's advice (at the district level) was that it was too late. I don't think it's ever too late for debriefing because I think if somebody was an expert in that area, there are things they would have known to say or not to say right, to help us.

Elizabeth described not having an opportunity for a structured debrief after a school shooting:

I actually was shocked. One of my other team members has been to four debriefs. He's been to police tactical debriefs, he's been to fire debriefs, he's been to county debriefs; he's been to all these debriefs. And he said it helped him immensely. Then they realized they hadn't had one here. So I would say that I think there should be a debrief. And do I

think should schools shut down because of it? No. But I think substitutes should be brought in. I don't know what the answer is but, yes, I do agree that I would have benefited greatly from a debrief.

Peter described his unmet desire to participate in a structured debrief with colleagues:

I think after a while, it did—it did impact me where you know, I felt emotionally strained. But there were no debriefs about the events, and no discussion about things that we could shore up or do differently or things we did right. But there was never a debrief about “how are you doing?” No one ever asked me that question.

John described the desire he and his colleague still have, years after experiencing a school shooting, to receive a structured debrief:

Well, when I told my buddy, he lives in California now, that I was going to talk to you, I said, “You know what, is there something you want me to convey?” So this is an email from my buddy who went through this same thing as me. He said, “The thing that I would want to present is we didn't debrief as a staff in a formal setting until June.” So six months it took for us to get a debrief. We talked with each other, drank, etcetera, but there was no large group meeting until we pushed for the one in June. It should have happened much sooner and didn't until we pushed for it. It should have happened immediately and involved teachers, admin, the district, and the police. Why that never happened is still a wonder to me. I could have learned and healed with just a little forethought.

The preceding sections reviewed study participants' responses about the need for schools and districts to provide structured incident debriefing for educators that experience a school-based trauma. Their collective advice encourages schools to support implementation of

structured debriefing opportunities following incidents of school-based trauma. Whether study participants received debriefing or not, the majority felt it would be beneficial in the long run to gather together with colleagues to openly discuss the traumatic events and emotions they experienced.

### **Post-incident Response**

The second category of participant advice is post-incident response including the need to check in on responders regularly.

*Check in regularly.* Eleven study participants reported it was helpful to be asked by family members, friends, colleagues or school leaders to share how they were coping in the days, weeks, and months following a school-based trauma. They all said they appreciated family and friends checking in to ask how they were coping, yet three reported they felt uncomfortable when asked to talk about how they were coping the first few days following the trauma. Nine participants reported it was helpful when school building or district leaders talked to them about how they were coping. Ten said they would advise family, friends and school leaders to continue to actively check in with someone like them who has experienced school-based trauma.

Sarah shared about her appreciation of others who checked in on her regularly. “People kept checking in on me. Like, “are you doing okay? Where are you?” Because it was—I told a couple of people, I am like, this is hard.”

Susan described the support she experienced when others actively checked in to see how she was coping. “Friends were good. Friends were wonderful, some better than others. I’ve got a good circle of friends. They have always been there for me. My husband has always been there for me. He is a very supporting person.”

Michelle described the positive support she experienced:

Well, I have really good friends who make me cope. What I mean by that is I have friends who would check-in with me constantly. On drives home at night I'm okay—"I got 10 minutes to talk to you, five minutes to you," so I can talk to everybody who was checking in on me. Then they would talk to each other and plan their next strategy. But I had other people, too, my mom, my husband who was an amazing support, my children. So I had a strong support system.

John shared advice for family, friends, and professional colleagues who may know someone like him who has experienced school-based trauma:

I think my advice would be to the people around that person, to keeping (sic) checking on them—don't just forget about it. Don't do something now and then forget about it.

Check on them in a week, and then two weeks, and then a month, and then after that because—what you say initially—you don't really know what you want or you need. But you start figuring it out eventually and then when you do need something, there is nothing there for you.

Laura shared important insights about the need for others in her life to check in regularly: They, family and friends, could have supported me over time by not believing me when I told them I was fine. But part of it is my own fault. I said, "Oh no, I'm fine." They could have also done some visual acts like delivering flowers, box of chocolates, which—and I see all this as kind of silly, but just some real physical representations of caring. Because the words were really important, but they're quick to fall away.

The preceding section was a review of the study participants' advice on the need for family, friends, colleagues and school leaders to check in regularly to monitor how well they are processing and dealing with trauma. Calhoun & Tedeschi's (2006) process of posttraumatic

growth supports the notion of checking in on trauma survivors and actively engaging with trauma survivors around their well-being. This affords the opportunity to connect and, more importantly, to offer active support to trauma survivors as they navigate the long-term process of trauma recovery.

### **Practice Self-care**

The third category of study participant advice is the need to pay attention to and practice self-care. Care for self or self-care was described by study participants as engaging in exercise, remembering to eat, turning work off when possible, and talking to others about progress.

*Take care of yourself.* Eleven study participants shared advice about the need to pay attention to and practice increased self-care following an experience of school-based trauma. Six would recommend those who experience trauma to practice higher levels of self-care before, during, and immediately following the anniversary date of any trauma experienced. Six shared that self-care is important for positive coping and that they were challenged at times when it came to remembering to practice it themselves.

Michelle shared about practicing self-care following the school shooting she experienced: My old habit is to give to everybody else and to have nothing left for me. And I would say that's still my challenge. Because even though I'm practicing self-care and I think I'm getting more energy—I'm still exhausted and my body still hurts. So I would rather come home and do nothing than to do something because I just don't have the energy. I tried to make it a goal ever since last ... January that I was going to get up and work out. And I go in spurts, I'll do it for one week and then I can't do it anymore. And so that would still be my challenge—trying to stay healthy because I know as well as you know that if I don't take care of myself, how can I help everybody else?

Reflecting on helpful self-care strategies following a shooting in her classroom, Susan noted:

Search for the small—search for the little things that make you feel good, like the hot baths and the cups of coffee in the morning and the new shoes once in a while. Seek out people that are non-judgmental. I have a nice set of lady friends that are non-judgmental and I hang out with them. And my husband, we do fun things together. Find ways to treat yourself a little bit better. Think about yourself and do things to make your life go a little easier. Because this is hard.

Elizabeth shared about the long-term benefits of practicing self-care:

I actually am calmer—believe it or not I am actually more calm now. I’ve learned to breathe. It’s so funny, I teach a curriculum which is all about what you bring in to a crisis and I am now practicing what I teach. And looking back, how did I not know as the anniversary came—how did I not know I was stressed? How could I not see that? It’s like, “wait a minute, I’m pointing at you as being stressed but here’s these three fingers pointing at me” and I initially completely missed that part.

Daniel admitted the challenge he has remembering to engage in self-care:

My biggest self-care challenge is I believe I’ve put too great an emphasis on my work and my work relationships. It’s really hard though not to do that when you there is so much going on and you care so much.”

Laura spoke of her struggle to prioritize and practice self-care:

I know it’s important but my biggest challenge is just being willing to admit I have to take care of myself. Because, you know, I’m acting as if, “I’m okay. Everything’s okay.” But when you’re in the middle of an emotional thing—you’re not really thinking clearly.

You know, like for me, it's like to a certain extent I think I must have done something wrong that a student of mine would come to school and nearly kill another student. I mean so that must be my fault. So, if I screwed that one up, by god I won't screw anything else up. So I'm fine, you know, really. And it's so mixed up thinking—but it makes perfect sense when you're all mixed up and dealing with this stuff.”

Charles summed up the simultaneous need for and challenge of practicing self-care after a trauma. “The hardest part of self-care is finding the time and you don't want to feel selfish.”

Lazarus's transactional framework emphasizes an individual's ability to cope by changing mental and behavioral efforts to manage the demands that tax or exceed our resources (Lazarus & Folkman, 1984). Based on the participants' descriptions of coping and change, it is clear the experience of school-based trauma taxed them. As a result, their advice to others in hindsight is to make self-care a consistent priority in the trauma recovery process.

## **Conclusions**

I have been fortunate to spend many hours with these educators' wise words and have come to understand the passion and commitment they have for the students they serve. I have also had the privilege of learning more about the successes and challenges they have endured in their journeys of recovery following a school-based trauma. The purpose of this study was to examine the coping experiences of K-12 educators following a school-based trauma. The conclusions from this study follow the research findings and therefore address four areas: (a) coping following a school-based trauma; (b) change following a school-based trauma; (c) systemic supports available for educators following a trauma; and (d) advice these educators have for others who may experience a school-based trauma. Conclusions drawn from this research include:

- School-based traumatic events are as horrific and difficult for K-12 school staff and faculty as they are for students.
- The needs of K-12 educators who have experienced school-based trauma, regardless of courage or resilience, are marginalized.
- K-12 educators need ready-access to short- and long-term coping supports in schools following trauma.
- Educators, in particular school and district leaders, lack capacity to fully understand the impact of trauma on school systems and strategies to integrate trauma-informed practices into their daily workplace interactions.
- Traumatic experiences cause scores of anguish but can also lead to positive growth in the presence of authentic and compassionate systemic supports.
- Recovery from trauma is a long term process requiring active and collective involvement of trauma survivors, family, friends, colleagues, schools and the community.

### **Implications**

Findings in this study suggest that individual educators experience very real personal and professional challenges following school-based trauma. Implications for action for education leaders, decision-makers, and stakeholders as a result of this study include:

- Seek to understand more about the effects of trauma, individual coping, and the systemic supports needed to assist educators who are impacted by school-based trauma.
- Collaboration is needed across K-12 systems, higher education, and community organizations to develop and coordinate pre-service and ongoing preparation and professional training opportunities for school leaders, not only to learn more about the impact of trauma on K-12 schools but on individual educators as well.

- Set state, regional, and local expectations that school leaders prioritize the needs of educators as well as students in emergency operations planning, particularly in the post-incident recovery support process.
- Actively engage the voices of K-12 educators, such as those represented in this study, in state, regional, and local policy and planning discussions about school-based trauma.

### **Recommendations for Further Research**

In addition to the conclusions and implications of this study, recommendations for further research include:

1. Increase parameters of this research beyond the Pacific Northwest to more deeply explore school-based trauma, the differential impact of trauma, and the systemic supports needed to enhance coping for educators and students.
2. Examine and identify best-practices and posttraumatic incident response strategies to minimize the short- and long-term personal and professional impacts on educators.
3. Further assess the theoretical implications of posttraumatic growth on K-12 educators coping with the aftermath of school-based trauma.

### **Concluding Remarks**

In the course of this research project I have come to understand much more about the impact of trauma on K-12 educators. I have been struck by the marginalization of these educators' experiences and the absence of research on their collective needs as a population. And I have particularly been moved by the strength these educators have exhibited in the course of coping with their own traumatic experiences and the passion they have for helping others.

When a school-based trauma occurs in this country much of the attention is understandably focused on strategies to support student coping. Of course, this is critically

important. As an educator myself, I have devoted much of my career to the development of student support strategies focused on coping with trauma. Not until recently, however, when faced personally with deciding what to do to support an educator, my friend who had been impacted by a school-based trauma, did I realize the void of information available to understand the full impact of trauma on K-12 educators.

Personal experience fueled this study and guided me in asking questions to examine the coping and change experiences of K-12 educators following a school-based trauma. The intent of the research was to hear directly from educators and to learn from their real-life experiences of surviving a school-based trauma. Through the course of my conversations with study participants, I have endeavored to understand the personal and professional challenges and changes they experienced following a school-based trauma, the support systems that were helpful to them in coping, and their advice for others who may experience similar trauma. It is my hope that this research has contributed to further understanding the needs of K-12 educators impacted by school-based trauma and has brought attention to the need for further research on the systemic supports necessary to help them with positive coping in the aftermath of a traumatic event in school.

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## **Appendix A**

### **Email Recruitment Request**

Hello XXXX:

I need your help. I am conducting research for my doctoral capstone. Specifically, I am looking to identify K-12 educators who may have (a) witnessed traumatic violence, injury or death in a K-12 educational setting; and (b) are willing to talk with me about how they have coped and changed as a result of this experience.

The purpose of this study is to gather information on the components of change necessary to support K-12 educators with positive coping following an incident of traumatic school violence. Interviews for this study will take place October 2015 through December 2015.

If you know someone who might meet this criterion, would you please forward this email and ask them to contact me directly as soon as possible. I can be reached at (253) 225-2174 or monaj2@uw.edu.

Please let me know if you have further questions. Thank you in advance for assisting me with this request.

Sincerely,

Mona M. Johnson-Bissonnette  
Doctorate of Educational Leadership  
University of Washington Tacoma

## **Appendix B**

### **Participant Demographic Questionnaire**

Instructions: Please complete this brief questionnaire prior to the date of our first interview. All of your responses will be kept strictly confidential. Bring this completed form to our interview appointment. If you need clarification, you may leave any question unanswered and we can clarify when we meet in person. Thank you!

Name:

1. What is your gender identity?
2. What is your racial identity?
3. What year were you born?
4. What is your marital status?
5. Do you have children? How many sons, daughters?
6. What degrees, certificates, or credentials do you hold?
7. How many years have you worked in education?
8. What jobs have you held in your career as an educator?
9. What is your job title now?
10. How long have you worked at your current school?

## Appendix C

### Face-to-Face Interview Questions

1. To the extent you are comfortable briefly describe the traumatic experience you witnessed.
2. Describe your thoughts and feelings during that experience.
3. Describe your experience in the days after that experience.
4. What did the school/district do to help you right after experience?
5. What was the hardest part for you in terms of coping after the experience?
6. What have you done to help yourself cope following the experience?
7. What was least helpful to you in terms of coping after the experience?
8. What was most helpful to you in terms of coping after the experience?
9. What challenges have you had practicing self-care or taking care of yourself since the trauma?
10. What successes have you had practicing individual self-care or taking care of yourself since the trauma?
11. Looking back, how has this experience changed you professionally?
12. Looking back, how has this experience changed you personally?
13. Is there anything more your family or friends could have done to support you after this experience?
14. Is there anything more the school/district could have done to support you after this experience?
15. What advice do you have for someone who may experience the same kind of trauma that you have?
16. Do you have anything else you would like to share with me?

## Appendix D



### MUTUAL CONFIDENTIAL DISCLOSURE AGREEMENT

This Agreement is dated the \_\_\_\_\_, 2015 and effective upon the date of first disclosure or the date of this Agreement, whichever occurs first, between and among \_\_\_\_\_ (hereinafter "Client") and **TranscriptionStar – iSource Solutions Inc.**, a California corporation with office located at 23441, Golden Springs Dr., Diamond Bar, CA 91765 (hereinafter "Company") (Client and Company each are referred to herein as a "Party" and are collectively referred to herein as the "Parties").

WHEREAS, Company has agreed to provide transcription services to the Client, during the course of which the Parties to this Agreement may wish to disclose to each other in oral and written form or in other medium, certain non-public confidential and proprietary information.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein and intending to be legally bound, the parties hereby agree as follows:

1. In connection with the Services, it may be necessary or desirable for a Party to disclose to the other certain non-public Confidential Information. For purposes of this Agreement, "Confidential Information" shall mean all non-public, confidential and proprietary information relating to the Parties, their respective clients and the Services, which has been or will be disclosed by a Party orally or as set forth in writing, or contained in some other tangible form.

2. The receiving Party hereby agrees to hold in strict confidence and to use all reasonable efforts to maintain the secrecy of any and all Confidential Information disclosed by the disclosing Party under the terms of this Agreement and may not disclose Confidential Information without the express, written prior consent of the disclosing Party, with the exception of the following:

(a) Information that, at the time of disclosure, is available to the public, or thereafter becomes available to the public by publication or otherwise, other than by breach of this Agreement by the receiving Party;

(b) Information that the receiving Party can establish by prior record was already known to them or was in their possession at the time of disclosure and was not acquired, directly or indirectly, from the disclosing Party;

(c) Information that the receiving Party obtains from a third party; provided however, that such information was not obtained by said third party, directly or indirectly, from the disclosing Party under an obligation of confidentiality toward the disclosing Party;

(d) Information that the receiving Party can establish was independently developed by their employees or contractors who had no contact with and were not aware of the content of the Confidential Information.

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www.transcriptionstar.com; [sales@transcriptionstar.com](mailto:sales@transcriptionstar.com)  
Ph: 877-323-4707; 714-783-7922

3. The receiving Party may disclose Confidential Information if compelled to do so by a court, administrative agency or other tribunal of competent jurisdiction, provided however, that in such case the receiving Party shall, immediately upon receiving notice that disclosure may be required, give written notice by facsimile and overnight mail to the providing Party so that the providing Party may seek a protective order or other remedy from said court or tribunal. In any event, the receiving Party shall disclose only that portion of the Confidential Information which, in the opinion of their legal counsel, is legally required to be disclosed and will exercise reasonable efforts to ensure that any such information so disclosed will be accorded confidential treatment by said court or tribunal through protective orders, filings under seal and other appropriate means.
4. The receiving Party shall not use the Confidential Information for any purpose other than in connection with the Services. The receiving Party will only disclose Confidential Information to their directors, officers, employees or agents, as applicable.
5. The receiving Party shall take all reasonable steps, including, but not limited to, those steps taken to protect their own information, data or other tangible or intangible property that they regard as proprietary or confidential, to ensure that the Confidential Information is not disclosed or duplicated for the use of any third party, and shall take all reasonable steps to prevent their directors, officers, employees and agents (as applicable) who have access to the Confidential Information from disclosing or making unauthorized use of any Confidential Information, or from committing any acts or omissions that may result in a violation of this Agreement.
6. Title to, and all rights emanating from the ownership of, all Confidential Information disclosed under this Agreement, or any material created with or derived from the Confidential Information, shall remain vested in the disclosing Party. Nothing herein shall be construed as granting any license or other right to use the Confidential Information other than as specifically agreed upon by the Parties.
7. Upon written request of the disclosing Party, the receiving Party shall return promptly to the disclosing Party all materials and documents, as well as any data or other media (including computer data and electronic information), together with any copies thereof, or destroy same and, upon request of the disclosing Party, provide a certificate of destruction.
8. The receiving Party agrees that the disclosure of Confidential Information without the express consent of the disclosing Party will cause irreparable harm to the disclosing Party, and that any breach or threatened breach of this Agreement by the receiving Party will entitle the disclosing Party to injunctive relief, in addition to any other legal remedies available, in any court of competent jurisdiction.

9. This Agreement shall be construed under and governed by the substantive laws of California, without giving effect to the conflicts of laws provision thereof. Any disputes arising between the Parties relating to this Agreement shall be subject to the exclusive jurisdiction and venue of the federal and state courts located in the City and State of California, and the Parties hereby waive any objection that they may have now or hereafter to the laying of venue of any proceedings in said courts and to any claim that such proceedings have been brought in an inconvenient forum, and further irrevocably agree that a judgment or order in any such proceedings shall be conclusive and binding upon each of them and may be enforced in the courts of any other jurisdiction.

10. This Agreement constitutes the entire agreement among the Parties as to the subject matter contained herein, shall supersede any other prior or contemporaneous arrangements as to the Confidential Information, whether written or oral, and may be modified in writing only.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the day and year first above written.

**TranscriptionStar - iSource Solutions Inc.**

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By:  
Name: Shiva Kumar  
Title: COO  
Date: October 01, 2015

By:  
Name:  
Title:  
Date:

## **Appendix E**

### **UNIVERSITY OF WASHINGTON CONSENT FORM CAPSTONE RESEARCH**

Study Title: Surviving or Thriving: Educator Change Following a Traumatic K-12 School Experience

Lead Researcher: Mona Johnson Bissonnette, EdD Candidate, monaj2@uw.edu, 253-225-2174

Faculty Advisor: Dr. Christopher B. Knaus, Professor, Education, University of Washington, Tacoma, educate@uw.edu, 253-692-4715

#### **Researchers' statement**

We are asking you to be in a research study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. This process is called "informed consent." We will give you a copy of this form for your records.

#### **PURPOSE OF THE STUDY**

The purpose of this study is to understand the components of change necessary to support K-12 educators with positive coping following a traumatic school event. The goal of this study is to explore how school leaders, faculty and staff have coped and changed professionally and personally as a result of experiencing a school-based trauma.

#### **STUDY PROCEDURES**

Voluntary qualitative interviews will be conducted with faculty and staff across the State of Washington who have witnessed traumatic violence, injury or death in a K-12 school setting. With informed consent, each participant will be asked to complete a brief demographic questionnaire and participate in up to two interviews. All interviews will be audio recorded. The first interview will be approximately 30-45 minutes long. The second interview, if necessary, will be open ended (not to exceed 30-45 minutes) to review, check, and verify data obtained from the participants responses to questions asked in the first interview. All interviews will be audio recorded. Archival documents and artifacts, specifically publically available newspaper articles and publically available school records, if available, will be collected and reviewed. This study will take place October 2015 through June 2016.

Prior to the first interview, participants will be asked to answer a short series of demographic questions including: Name; gender identity; racial identity; year born; and number of years in K-12 education.

During the first interview you will be asked how comfortable you are with talking about the school-based trauma. If you are comfortable moving forward, you will be asked to briefly describe your experience, and how you coped as well as changed professionally and personally following the trauma. In addition, you will be asked to describe your successes and challenges related to practicing self-care after the trauma and if you have any advice you would like to share with others who may experience the same kind of experience that you have.

Because this is a voluntary research study, at any time during the process you may refuse to answer demographic or interview questions or withdraw from the process.

### **RISKS, STRESS, OR DISCOMFORT**

There is no physical risk to this study. There is a potential, however, for some emotional discomfort or psychological distress associated with recalling your traumatic school-based experience. If you experience this type of reaction please inform the researcher immediately so you can receive a referral to a local mental health counseling service to support you in coping with any potential risks you may feel as a result of participation in this study.

### **BENEFITS OF THE STUDY**

There is no direct benefit to you from being in this study. If you take part in this study, you may help others in the future by contributing your experiences and perspectives as an adult survivor of school-based trauma to help others better understand the components of individual and systemic change necessary to support school leaders, faculty and staff with positive coping following a traumatic school event.

### **CONFIDENTIALITY OF RESEARCH INFORMATION**

Every effort will be made to keep your responses confidential but total confidentiality cannot be guaranteed. Breach of confidentiality is a risk if it happened that the information linked to your name was accidentally given to or taken by someone who should not have it.

To ensure your identity remains confidential, you will be assigned a pseudonym to be used on all electronic and written documents. The link between your name and pseudonym will be retained in a separate secure, confidential and password protected file until one year after you have completed the study. After the interview data has been obtained, the link between your name and your study pseudonym will be removed and the data will then be fully anonymous.

Audiotapes will be labeled with your study pseudonym and stored in a locked file cabinet in the primary researcher's private office. Once audio tapes are transcribed and included into the main capstone study data, the original tapes will be destroyed one year after the completion of the study.

No published results will identify you, and your name will not be associated with the findings. There are no plans to share identifiable information with anyone outside the research team. Your name will not be associated with any published findings.

Under certain circumstances, study records and information that identify you may need to be reviewed by the Institutional Oversight Review Office at the University of Washington and federal regulators. The reviewers will protect your privacy.

### **OTHER INFORMATION**

Please understand that your participation in this research is completely voluntary and that you may refuse to participate and you are free to withdraw from this study at any time without penalty. There will be no monetary or service compensation for your participation in this research study.

#### **Subject's statement**

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, or I have been harmed by participating in this study, I can contact one of the researchers listed on the first page of this consent form. If I have questions about my rights as a research subject, I can call the University of Washington Human Subjects Division at (206) 543-0098. I will receive a copy of this consent form.

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Printed name of subject

Signature of subject

Date

#### **Statement of Person Obtaining Informed Consent**

I have carefully explained to the person taking part in the study what he or she can expect.

I certify that when this person signs this form, to the best of my knowledge, he or she understands the purpose, procedures, potential benefits, and potential risks of participation. I also certify that he or she speaks the language used to explain this research; reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her; does not have any problems that could make it hard to understand what it means to take part in this research.

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Signature of Person Obtaining Consent

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Date

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Printed Name of Person Obtaining Consent

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Role in the Research Study