

Additional Details: Trauma-informed Survey of PA Educators:

To what extent are PA educators prepared to recognize and respond to students impacted by trauma or distress, including trauma/distress related to COVID -19?

Overview

Provided here is a more in-depth narrative associated with the Pennsylvania Department of Education funded investigation entitled <u>To what extent are PA educators prepared to recognize and respond to students impacted by trauma or distress, including trauma/distress related to COVID -19?</u> This award, as described by PDE, was to provide a modified replication of the Kognito (2020) white paper: "Are teachers and staff ready to apply trauma informed practices?" A copy of this white paper is located here.

This narrative describes 1) details associated with the design and implementation of the investigation, 2) general highlights and disaggregation of the data, 3) guidance concerning generalization of the results, 4) limitations and caveats associated with this investigation and 5) points of closure.

Details Associated with Design and Implementation of the Investigation

The survey was designed as a modified replication of the survey conducted in association with the Kognito (2020) white paper. The survey was available for educators between April 1 and June 30, 2021. Initial outreach coupled with a series of three follow-up communications occurred through targeted networks of groups during this three-month time frame. PDE, as well, issued a PENNLINK concerning availability of the survey towards the end of this time interval.

Conversion of Raw Data to Dichotomized Data

Given the intent to mirror the data transformation utilized in the Kognito (2020) study, our approach commenced with transforming the 17-items on the trauma-related survey into dichotomized responses in the following manner:

Domain 1 (Preparedness):

5-point Likert Response Option	Transformation for Data Analysis
1; Very Low	1; Very Low, Low, Medium
2; Low	1; Very Low, Low, Medium
3; Medium	1; Very Low, Low, Medium
4; High	2; High, Very High
5; Very High	2; High, Very High

Domain 2 (Confidence) and Domain 3 (Perceptions):

5-point Likert Response Option	Transformation for Data Analysis
1; Strongly Disagree	1; Strongly Disagree, Disagree, Neither Disagree/Agree
2; Disagree	1; Strongly Disagree, Disagree, Neither Disagree/Agree
3; Neither Disagree/Agree	1; Strongly Disagree, Disagree, Neither Disagree/Agree
4; Agree	2; Agree, Strongly Agree
5; Strongly Agree	2; Agree, Strongly Agree

Subsequent to the above transformation of raw data into dichotomies, initial data analytic procedures mirrored those of the Kognito (2020) white paper. Specifically, responses to Domains 1 and 2 were used to appraise the extent to which Pennsylvania educators and aligned professionals felt prepared and confident to address trauma-related needs of students, respectively. Survey responses to Domain 3 assessed respondents' perceptions and their peers' perceived attitudes toward students receiving mental health services, role of teachers in addressing students' mental health needs, and root causes of students' disruptive behavior.

Survey Responses Disaggregated by Demographic Variables

Disaggregation by Intermediate Unit

Provided here is a breakdown of respondents by intermediate unit. Note that respondents to the survey who self-identified as pre-service educators were not asked to identify the intermediate unit in which they worked given these respondents were still at the pre-service level. Therefore, these data reflect only those respondents who identified as in-service educators and opted to respond to the question about the intermediate unit in which they were employed.

In-Service Respondents by Intermediate Unit

Intermediate Unit	N	% of Respondents
1 – Intermediate Unit 1	268	6.1%
2 – Pittsburgh/Mt. Oliver IU 2	27	0.6%
3 – Allegheny IU 3	258	5.9%
4 – Midwestern IU 4	58	1.3%
5 – Northwest Tri-County IU 5	168	3.8%
6 – Riverview IU 6	83	1.9%
7 – Westmoreland IU 7	25	0.6%
8 – Appalachia IU 8	173	4.0%
9 – Seneca Highlands IU 9	53	1.2%
10 – Central IU 10	51	1.2%
11 – Tuscarora IU 11	121	2.8%
12 – Lincoln IU 12	155	3.5%
13 – Lancaster-Lebanon IU 13	101	2.3%
14 – Berks County IU 14	106	2.4%
15 – Capital Area IU 15	90	2.1%
16 – Central Susquehanna IU 16	127	2.9%
17 – BLaST IU 17	43	1.0%

18 – Luzerne IU 18	204	4.7%
19 – Northeastern Educational IU 19	36	0.8%
20 – Colonial IU 20	437	10.0%
21 – Carbon-Lehigh IU 21	310	7.1%
22 – Bucks County IU 22	199	4.6%
23 – Montgomery County IU 23	264	6.0%
24 – Chester County IU 24	421	9.6%
25 – Delaware County IU 25	69	1.6%
26 – Philadelphia IU 26	97	2.2%
27 – Beaver Valley IU 27	133	3.0%
28 – ARIN IU 28	91	2.1%
29 – Schuylkill IU 29	209	4.8%
TOTAL	4,377	100%

Note. Percentages may not sum to 100% due to rounding.

While exact proportionate numbers of educators by intermediate unit across Pennsylvania are not known, it is clear from the above data that proportionate stratified sampling was not achieved. For example, Philadelphia County Intermediate Unit 26 and Pittsburgh/Mt. Oliver Intermediate Unit 2 serve the two largest public school districts in Pennsylvania, The School District of Philadelphia and Pittsburgh Public Schools, respectively. These two school districts account for 8% of the nearly 1.75 million public school students in 2020-2021 (Pennsylvania Department of Education, Public School Enrollments, 2021,

https://www.education.pa.gov/DataAndReporting/Enrollment/Pages/PublicSchEnrReports.aspx), yet accounted for 2.8% of all survey respondents. Consequently, a decision was made to not analyze data disaggregated by intermediate unit given this disproportionate response rate by intermediate unit. Finally, please note that participants voluntarily provided the intermediate unit in which they were employed. Thus, participants were permitted to skip this question. As a result, the total number of in-service educators who completed survey questions will not always match the 4,377 respondents who voluntarily provided information regarding the intermediate unit in which they are employed.

Disaggregation by Urban-Centric Locale

Initial intent was to include a demographic question seeking respondents to identify the school district in which they worked. With those raw data, disaggregation of results by urban-centric locale per U.S. Census coding would have been possible. Decisions later in the drafting process, however, led these authors to exclude the question seeking respondents to identify the public school in which they were employed. Reasons for this decision were numerous but primarily centered on three concerns. First, we desired for respondents to remain anonymous. If respondents provided the name of their public school employer, their anonymity could be compromised by triangulating their responses from other demographic questions (i.e., professional role) particularly in smaller school districts that only employ one or a handful of professionals by role (e.g., school psychologist; school social worker; school counselor). Second, some respondents, particularly those working for intermediate units or mental / behavioral health agencies, potentially work with multiple school districts rendering such a question as confusing

at best. Third, an open-ended question requesting respondents to enter the name of their public-school employer creates challenges in discerning subjects' written responses to this question. Thus, disaggregation of responses by urban-centric locale was not completed.

General Highlights & Regional Disaggregation of the Data

As highlighted in the Executive Summary, a total of 4,793 educators responded to the survey. There appears to be a great deal of alignment with the general findings from this commonwealth specific investigation with the Kognito (2020) white paper. For example, both this investigation and the Kognito (2020) investigation found that 1 out of 2 educators do not feel adequately prepared to recognize signs of trauma in their students. This has particular relevance at this juncture as students (and their families and the staff that instruct them) navigate recovery from the pandemic. Similarly, in both studies, 3 in 5 educators indicated that they do not feel adequately prepared to use communication strategies to help students feel safe or to talk with a student to motivate them to connect with support. Having noted these similarities, there appears to be a slightly more pronounced need amongst educators in the commonwealth that responded to the survey when compared to the Kognito (2020) investigation in a few areas. For example, 4 in 5 teachers that responded in the commonwealth indicated that they do not feel adequately prepared to teach students activities to manage their stress (as compared with 3 in 5 educators reported in the Kognito (2020) white paper). Further, and in an aligned manner, 3 in 4 of the respondent teachers in the commonwealth do not feel adequately prepared to implement traumainformed approaches to teaching (as compared to 7 in 10 respondent teachers in the Kognito [2020] white paper). This high-level of teacher's in commonwealth not feeling adequately prepared to implement trauma-informed approaches has direct implications for ongoing inservice training in tandem with enhancing educator preparatory curricula to work up-stream prior to professional educators entering the field.

Encouragingly, and aligned with the results of the Kognito (2020) white paper, a significant majority of educators in Pennsylvania (95% in the commonwealth as compared to 98% reported in the Kognito [2020] white paper) believe all educators should receive explicit training in trauma-informed classroom practices. This finding, as well, would appear to have implications for both in-service and pre-service educator training.

Disaggregation by Geographic Region

Disaggregation of responses by geographic region was accomplished by categorizing respondents into the three PaTTAN office regions (Pittsburgh, Harrisburg, East) according to the intermediate unit territory in which respondents were employed. Pre-service respondents to the survey, as previously noted, did not answer the question regarding in which intermediate unit they were employed given their pre-service status. This disaggregation by PaTTAN office regions applied exclusively to in-service respondents to the survey (4,377 in total). These respondents provided demographic data regarding the intermediate unit in which they were employed, thus permitting categorization of respondents by geographic region for these respondents. Provided here is a break-down of respondents by the three PaTTAN office regions.

Respondents by PaTTAN Office Regions

PaTTAN Office	N	% of Respondents
Pittsburgh	1,111	25.4%
Harrisburg	1,123	25.7%
East	2,143	49.0%
Total	4,377	100%

Note. Percentages may not sum to 100% due to rounding.

The proportion of all public-school educators and aligned professionals across the three PaTTAN office regions is not known. If the assumption is that there should be an equal distribution of respondents across the three PaTTAN office regions, these results suggest a skewed sample with a disproportionate number of respondents from PaTTAN East. The assumption of equal distribution of respondents across the three PaTTAN offices, however, could be incorrect. Despite the unknown proportion of educators and aligned professionals across the three PaTTAN office regions and potentially biased sampling in the raw data, we decided to consider whether survey responses were different across the three PaTTAN offices.

A series of Chi-Square Tests of Homogeneity were performed, one for each trauma-related survey question, to determine if there was a difference in the binomial proportions across the three PaTTAN offices. A Chi-Square Test of Homogeneity was preferred over other statistical procedures (i.e., one-way ANOVA) given that initial survey responses were to a Likert-type item and then the raw data were dichotomized prior to data analysis. Both of these factors violate the underlying methodological and statistical assumptions of a one-way ANOVA. Therefore, the Chi-Square Test of Homogeneity is preferable over parametric procedures such as a one-way ANOVA and was used in our analyses.

Responses disaggregated by the three PaTTAN offices are presented below. Statistically significant differences were found among the PaTTAN offices on 10 of the 15 items (66.7%), although a discernible pattern among the three offices was not identified among all the items for which statistically significant differences were found.

That said, the results generally indicate that respondents from the west reported statistically significantly lower preparedness to talk with students exhibiting signs of trauma or stress to connect with mental health professionals, preparedness to communicate strategies to help students address trauma distress, preparedness to teach students how to manage their stress, and preparedness to implement trauma-informed approaches in their own teaching compared to respondents from the east.

Statistically significantly lower proportions of respondents from the west reported confidence in their ability to recognize signs of trauma or distress, talk to students exhibiting signs of trauma or distress to seek professional health, use communication strategies to help students experiencing trauma or distress, to teach students to manage their stress, and implement trauma-informed practices compared to respondents from the central and eastern regions of Pennsylvania.

With one exception, respondents across the three PaTTAN office regions reported comparable proportions of colleagues who perceive seeking mental health treatment as a sign of personal

strength and view one of their roles as connecting students to professional help to assist with trauma and distress. Furthermore, similar proportions of respondents across the three PaTTAN office regions reported that students who disrupt their class do not care about learning and do not take student verbal aggression as a personal attack on them as educators. Finally, similar proportions of respondents across the three PaTTAN office regions reported an overwhelming majority of individuals (95%) believe educators should receive specific training in trauma-informed classroom practices.

Responses to Survey Items by Geographic Region

	Pittsburgh		Harr	Harrisburg		East		
Question/Response Category	N	%	N	%	N	%		
Please indicate your preparedness to:								
1. Recognize when a student is exhibiting signs of psychological trauma or distress								
Very Low, Low, Medium	484	47.7%	465	44.6%	888	45.4%		
High, Very High	530	52.3%	577	55.4%	1,068	54.6%		
2. Talk with a student exhibiting signs of parameters mental health support services								
Very Low, Low, Medium	567 ^a	56.1%	559	53.7%	1,004°	51.5%		
High, Very High	443ª	43.9%	482	46.3%	947°	48.5%		
3. Use communication strategies to help a Very Low, Low, Medium	student exh 548ª	ibiting signs 54.1%	of psycholo	gical traumo 50.2%	a or distress j 953°	feel safe 48.8%		
High, Very High	465 ^a	45.9%	518	30.2% 49.8%	$1,000^{\circ}$	51.2%		
righ, very righ	403	43.9%	316	49.6%	1,000	31.2%		
4. Teach students activities to manage their			-					
Very Low, Low, Medium	777 ^a	76.0%	751	72.1%	1,381°	70.8%		
High, Very High	244 ^a	24.0%	290	27.9%	569°	29.2%		
5. Implement trauma-informed approaches Very Low, Low, Medium	in teaching 760 ^{ab}	g 75.1%	700 ^{ac}	67,6%	1,226 ^{bc}	62.9%		
High, Very High	252ab	24.9%	336 ^{ac}	32.4%	722 ^{bc}	37.1%		
riigii, very riigii	232	24.970	330	32.470	122	37.170		
Indicate how much you agree/disagree with t								
6. I feel confident in my ability to recognize distress			biting signs		gical trauma			
SD, Disagree, Neither Disagree/Agree	265 ^{ab}	26.1%	$206^{\rm c}$	19.9%	417°	21.4%		
Agree, Strongly Agree	751 ^{ab}	73.9%	831°	80.1%	1,533°	78.6%		
7. I feel confident in my ability to talk with motivate them to connect with mental he			ns of psycho	logical trau	ma or distres	ss to		
SD, Disagree, Neither Disagree/Agree	344 ^b	34.1%	296^{c}	28.7%	581	29.8%		
Agree, Strongly Agree	665 ^b	65.9%	735°	71.3%	1,367	70.2%		
8. I feel confident in my ability to use commpsychological trauma or distress feel say	re		•	·		20.10/		
SD, Disagree, Neither Disagree/Agree	345 ^{ab}	34.2%	284°	27.4%	568°	29.1%		
Agree, Strongly Agree	664 ^{ab}	65.8%	752°	72.6%	1,384°	70.9%		
9. I feel confident in my ability to teach stu								
SD, Disagree, Neither Disagree/Agree	408 ^{ab}	40.6%	338°	32.6%	699°	35.9%		
Agree, Strongly Agree	598 ^{ab}	59.4%	700^{c}	67.4%	$1,249^{c}$	64.1%		

10. I feel confident in my ability to implemen	t trauma-ii	nformed appr	roaches in t	eaching		
SD, Disagree, Neither Disagree/Agree	589 ^{ab}	58.0%	479^{c}	46.3%	895°	46.0%
Agree, Strongly Agree	426^{ab}	42.0%	556°	53.7%	$1,050^{c}$	54.0%
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Indicate how much you agree/disagree with t						
11. I think that a student who is receiving me	ental health	h treatment is	showing a	sign of perso	nal strength	ı
SD, Disagree, Neither Disagree/Agree	164 ^a	16.2%	153	14.7%	251°	12.9%
Agree, Strongly Agree	848 ^a	83.8%	887	85.3%	1.698 ^c	87.1%
					,	
12. Most teachers and staff in my school thin a sign of personal weakness	ık that a stı	udent who is	receiving m	ental health	treatment is	showing
SD, Disagree, Neither Disagree/Agree	915	90.3%	958	92.2%	1.790	91.7%
Agree, Strongly Agree	98	9.7%	81	7.8%	162	8.3%
rigice, buoligly rigice	70	J.170	01	7.070	102	0.570
13. Part of the role of teachers and staff in m or distress with mental health support se		s to connect s	tudents exp	eriencing ps	vchological	trauma
SD, Disagree, Neither Disagree/Agree	222	21.9%	190	18.3%	363	18.6%
Agree, Strongly Agree	790	78.1%	851	81.7%	1,586	81.4%
14. Students who disrupt my class do not car	e about led	arning				
SD, Disagree, Neither Disagree/Agree	974	96.3%	1,000	96.2%	1,891	97.0%
Agree, Strongly Agree	37	3.7%	40	3.8%	58	3.0%
15. I do not take it personally when a studen	t is verball	y aggressive	towards me			
SD, Disagree, Neither Disagree/Agree	386	38.0%	374	35.9%	681	34.9%
Agree, Strongly Agree	630	62.0%	668	64.1%	1,271	65.1%
8,8-,8					-,	
16. In your opinion, do you believe all educators	should rece	ive explicit tra	ining in trau	ma-informed o	classroom pro	actices?
No	49	4.9%	52	5.0%	92	4.7%
Yes	960	95.1%	991	95.0%	1,858	95.3%
					,	

Note. Percentages may not sum to 100% due to rounding. SD = Strongly Disagree. ^a = statistically significantly different from PaTTAN East. ^b = statistically significantly different from PaTTAN Harrisburg. ^c = statistically significantly different from PaTTAN Pittsburgh.

Guidance Concerning Generalization of the Results

Generalization of the results from this investigation should take in to account the previously noted limited sample size in tandem with the observations highlighted concerning demographic representation. Given the sampling technique employed, response rate, and lack of random stratified sampling, it was decided that reporting 90% confidence intervals around the sample statistics was most appropriate for prompting caution in generalization of findings. These results are provided below. The 90% confidence interval indicates the likely proportion of responses if all educators in Pennsylvania completed the survey.

90% Confidence Interval Estimates for Survey Questions

	T	Total Sample		achers Only	
Question/Response Category	%	% 90% CI		90% CI	
Please indicate your preparedness to:					
1. Recognize when a student is exhibiting signs of	psychological traum	a or distress			
Very Low, Low, Medium	46%	44.6 - 47.6%	55%	52.1 - 57.1%	
High, Very High	54%	52.7 - 55.7%	45%	42.9 - 46.9%	

	Talk with a student exhibiting signs of psychological trauma or distress to motivate them to connect with						
	mental health support services	500 /	51.0 54.0 04	6401	61.0 67.5°		
	Very Low, Low, Medium	53%	51.8 – 54.8%	64%	61.8 - 65.69 $34.4 - 38.29$		
	High, Very High	47%	45.2 - 48.2%	36%	34.4 – 38.25		
3.	Use communication strategies to help a student						
	exhibiting signs of psychological trauma or distress						
	feel safe						
	Very Low, Low, Medium	50%	48.9 – 51.9%	60%	57.9 – 61.89		
	High, Very High	50%	48.1 - 51.1%	40%	38.2 - 42.19		
4.	Teach students activities to manage their stress and emotions in alignment with the PA Career Ready Skills						
	Very Low, Low, Medium	72%	70.3 - 73.0%	79%	76.9 - 80.29		
	High, Very High	28%	27.0 – 29.7%	22%	19.8 – 23.19		
_							
5.	Implement trauma-informed approaches in teaching	670/	65 5 (0.40)	750/	72.0 76.50		
	Very Low, Low, Medium	67% 33%	65.5 – 68.4% 31.6 – 34.5%	75% 25%	73.0 - 76.59 $23.5 - 27.09$		
	High, Very High	33%	31.0 - 34.3%	23%	23.3 – 27.09		
In	dicate how much you agree/disagree with the follow						
6.	I feel confident in my ability to recognize when a studen						
	SD, Disagree, Neither Disagree/Agree	22%	20.8 - 23.3%	28%	26.0 - 29.59		
	Agree, Strongly Agree	78%	76.6 - 79.2%	72%	70.5 - 75.09		
7.	I feel confident in my ability to talk with a student exhibiting signs of psychological trauma or distress to motivate them to						
/.	connect with mental health support services	uing signs oj	psychological trauma	or aistress to	monvaie inem		
	SD, Disagree, Neither Disagree/Agree	30%	28.9 - 31.7%	38%	36.0 – 39.99		
	Agree, Strongly Agree	70%	68.3 – 71.1%	62%	60.1 - 64.09		
	rigice, birongly rigide	, 0, 0	71170	0270	00.1		
8.	I feel confident in my ability to use communication strat or distress feel safe	egies to help	a student exhibiting si	gns of psycho	logical trauma		
	SD, Disagree, Neither Disagree/Agree	29%	28.0 - 30.8%	38%	36.1 - 39.99		
	Agree, Strongly Agree	71%	69.2 - 72.0%	62%	60.1 - 63.99		
0		4					
9.	I feel confident in my ability to teach students activities				41.0 44.00		
9.	SD, Disagree, Neither Disagree/Agree	35%	33.8 - 36.6%	43%	41.0 – 44.99		
9.							
	SD, Disagree, Neither Disagree/Agree	35% 65%	33.8 – 36.6% 63.4 – 66.2%	43%	55.1 – 59.09		
	SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . I feel confident in my ability to implement trauma-inform SD, Disagree, Neither Disagree/Agree	35% 65%	33.8 – 36.6% 63.4 – 66.2%	43%	55.1 – 59.09		
	SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . I feel confident in my ability to implement trauma-inform	35% 65% ned approach	33.8 – 36.6% 63.4 – 66.2% hes in teaching	43% 57%	55.1 – 59.09 53.1 – 57.09		
10	SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . I feel confident in my ability to implement trauma-inform SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree	35% 65% ned approach 49% 51%	33.8 – 36.6% 63.4 – 66.2% hes in teaching 47.1 – 50.1% 49.9 – 52.9%	43% 57%	55.1 – 59.09 53.1 – 57.09		
<i>10</i>	SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . I feel confident in my ability to implement trauma-inform SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree dicate how much you agree/disagree with the follow	35% 65% ned approach 49% 51% ing stateme	33.8 – 36.6% 63.4 – 66.2% hes in teaching 47.1 – 50.1% 49.9 – 52.9%	43% 57% 55% 45%	55.1 – 59.09 53.1 – 57.09 43.0 – 46.99		
<i>10</i>	SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . I feel confident in my ability to implement trauma-inform SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree dicate how much you agree/disagree with the follow . I think that a student who is receiving mental heal	35% 65% ned approach 49% 51% ing statement th treatment	33.8 – 36.6% 63.4 – 66.2% hes in teaching 47.1 – 50.1% 49.9 – 52.9% nts: t is showing a sign of	43% 57% 55% 45%	55.1 – 59.09 53.1 – 57.09 43.0 – 46.99		
<i>10</i>	SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . Ifeel confident in my ability to implement trauma-inform SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree dicate how much you agree/disagree with the follow . I think that a student who is receiving mental heal. SD, Disagree, Neither Disagree/Agree	35% 65% med approach 49% 51% ing statement th treatment 14%	33.8 – 36.6% 63.4 – 66.2% hes in teaching 47.1 – 50.1% 49.9 – 52.9% nts: t is showing a sign of 12.9 – 15.0%	43% 57% 55% 45% f personal st 15%	55.1 – 59.09 53.1 – 57.09 43.0 – 46.99 erength 13.8 – 16.69		
<i>10</i>	SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . I feel confident in my ability to implement trauma-inform SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree dicate how much you agree/disagree with the follow . I think that a student who is receiving mental heal	35% 65% ned approach 49% 51% ing statement th treatment	33.8 – 36.6% 63.4 – 66.2% hes in teaching 47.1 – 50.1% 49.9 – 52.9% nts: t is showing a sign of	43% 57% 55% 45%	55.1 - 59.09 53.1 - 57.09 43.0 - 46.99 erength 13.8 - 16.69		
10 In	SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree I feel confident in my ability to implement trauma-inform SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree dicate how much you agree/disagree with the follow I think that a student who is receiving mental healt SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree Most teachers and staff in my school think that a studen	35% 65% med approach 49% 51% ing stateme th treatment 14% 86%	33.8 – 36.6% 63.4 – 66.2% hes in teaching 47.1 – 50.1% 49.9 – 52.9% nts: t is showing a sign of 12.9 – 15.0% 85.0 – 87.1%	43% 57% 55% 45% f personal st 15% 85%	55.1 - 59.09 53.1 - 57.09 43.0 - 46.99 Frength 13.8 - 16.69 83.4 - 86.29		
10 In	SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . Ifeel confident in my ability to implement trauma-inform SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree dicate how much you agree/disagree with the follow . I think that a student who is receiving mental healt SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . Most teachers and staff in my school think that a studen personal weakness	35% 65% med approach 49% 51% ing stateme th treatment 14% 86%	33.8 – 36.6% 63.4 – 66.2% hes in teaching 47.1 – 50.1% 49.9 – 52.9% nts: t is showing a sign of 12.9 – 15.0% 85.0 – 87.1% iving mental health tree	43% 57% 55% 45% f personal st 15% 85%	55.1 – 59.09 53.1 – 57.09 43.0 – 46.99 Frength 13.8 – 16.69 83.4 – 86.29 wing a sign of		
In	SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree I feel confident in my ability to implement trauma-inform SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree dicate how much you agree/disagree with the follow I think that a student who is receiving mental healt SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree Most teachers and staff in my school think that a studen	35% 65% med approace 49% 51% ing stateme th treatment 14% 86% t who is rece	33.8 – 36.6% 63.4 – 66.2% hes in teaching 47.1 – 50.1% 49.9 – 52.9% nts: t is showing a sign of 12.9 – 15.0% 85.0 – 87.1%	43% 57% 55% 45% f personal st 15% 85%	55.1 - 59.09 53.1 - 57.09 43.0 - 46.99 Frength 13.8 - 16.69 83.4 - 86.29		
10 In 11	SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . I feel confident in my ability to implement trauma-inform SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree dicate how much you agree/disagree with the follow . I think that a student who is receiving mental healt SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . Most teachers and staff in my school think that a student personal weakness SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree	35% 65% med approace 49% 51% ing statement 14% 86% t who is rece 91% 9%	33.8 – 36.6% 63.4 – 66.2% thes in teaching 47.1 – 50.1% 49.9 – 52.9% tis showing a sign of 12.9 – 15.0% 85.0 – 87.1% iving mental health tree 90.6 – 92.3% 7.7 – 9.4%	43% 57% 55% 45% 45% f personal st 15% 85% atment is sho 92% 8%	55.1 - 59.09 53.1 - 57.09 43.0 - 46.99 Frength 13.8 - 16.69 83.4 - 86.29 wing a sign of 91.3 - 93.49 6.6 - 8.7%		
10 In 11	SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . I feel confident in my ability to implement trauma-inform SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree dicate how much you agree/disagree with the follow . I think that a student who is receiving mental healt SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . Most teachers and staff in my school think that a student personal weakness SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . Part of the role of teachers and staff in my school is to de-	35% 65% med approace 49% 51% ing statement 14% 86% t who is rece 91% 9%	33.8 – 36.6% 63.4 – 66.2% thes in teaching 47.1 – 50.1% 49.9 – 52.9% tis showing a sign of 12.9 – 15.0% 85.0 – 87.1% iving mental health tree 90.6 – 92.3% 7.7 – 9.4%	43% 57% 55% 45% 45% f personal st 15% 85% atment is sho 92% 8%	55.1 - 59.09 53.1 - 57.09 43.0 - 46.99 Frength 13.8 - 16.69 83.4 - 86.29 wing a sign of 91.3 - 93.49 6.6 - 8.7%		
10 In 11	SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . I feel confident in my ability to implement trauma-inform SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree dicate how much you agree/disagree with the follow . I think that a student who is receiving mental healt SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree . Most teachers and staff in my school think that a student personal weakness SD, Disagree, Neither Disagree/Agree Agree, Strongly Agree	35% 65% med approace 49% 51% ing statement 14% 86% t who is rece 91% 9%	33.8 – 36.6% 63.4 – 66.2% thes in teaching 47.1 – 50.1% 49.9 – 52.9% tis showing a sign of 12.9 – 15.0% 85.0 – 87.1% iving mental health tree 90.6 – 92.3% 7.7 – 9.4%	43% 57% 55% 45% 45% f personal st 15% 85% atment is sho 92% 8%	55.1 - 59.09 53.1 - 57.09 43.0 - 46.99 Frength 13.8 - 16.69 83.4 - 86.29 wing a sign of 91.3 - 93.49 6.6 - 8.7%		

14. Students who disrupt my class do not care about learning	g			
SD, Disagree, Neither Disagree/Agree	97%	96.1 - 97.2%	96%	94.8 - 96.4%
Agree, Strongly Agree	3%	2.8 - 3.9%	4%	3.6 - 5.2%
15. I do not take it personally when a student is verbally agg	ressive towa	ards me		
SD, Disagree, Neither Disagree/Agree	36%	34.7 - 37.5%	44%	41.7 - 45.6%
Agree, Strongly Agree	64%	62.5 - 65.3%	56%	54.4 – 58.3%
16. In your opinion, do you believe all educators should reco	eive explicit	training in trauma-info	ormed classro	om practices?
No	4.7%	4.1 - 5.4%	6.4%	5.4 - 7.4%
Yes	95.3%	94.6 - 95.9%	93.6%	92.6 - 94.6%

Note. Percentages may not sum to 100% due to rounding. SD = Strongly Disagree. *N*s for each item vary from 4,208 to 4,230 for All Educators and 2,426 to 2,440 for Teachers Only.

Limitations and Caveats Associated with this Investigation

As with any investigation, there are limitations and caveats to consider when interpreting and/or utilizing the results. In alignment with the cautions previously provided concerning generalization of the results from this investigation, the greatest limitation is that of sample-size. Acknowledging that the Kognito (2020) white paper reflected results of 11 states comprised of 8,054 teacher respondents, yielding 4,377 responses specific to Pennsylvania is noteworthy. However, this yield is projected to represent less than 5% of the educational work force in the commonwealth.

Further, and as previously highlighted, concern as to the representative nature of the sample yielded is a limitation. This was due, in largest part, to two inter-related factors. These factors were 1) the time and resource constraints associated with the awarded project and 2) to gain more proportional and representative response rates from larger (mostly urban) schools would have required processing individual IRB requests through each unique IRB approval process associated with each specific school system, particularly larger districts from areas in which we know response rates were very low (e.g., School District of Philadelphia, Pittsburgh Public Schools, Erie Public Schools).

Beyond these two-primary limitations, one could question the rationale for disaggregating the response data by PaTTAN office region as opposed to other potential options (e.g., regions associated with Student Assistance Programs). This approach was selected as it appeared to be the most logical for two reasons: 1) logistics associated with data analyses and 2) PaTTAN offices provide a substantial portion of professional development to educators across the commonwealth.

Points of Closure

In closing, the authors thank PDE for the opportunity to conduct this investigation. While the sample size realized was not as large or demographically representative as hoped for, it was reasonably in-line with the projected sample size to be yielded through this study given the constraints previously noted. The existent time and resource constraints directly limited the ability of the investigators to process individualized requests through larger school systems' unique IRB processes, which predictably would have further enhanced the yielded responses. Despite this limitation, given the alignment of findings with the Kognito (2020), the investigators

believe the results from this survey should prove useful to kindred constituencies with a vested interest in trauma-awareness and trauma-informed practices in schools.

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