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Trust-based Relational Intervention as a Trauma-Informed Teaching Approach

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This paper evaluates P-12 American school teachers' perceptions of a six-session training that used the trauma-informed Trust-based Relational Intervention (TBRI) system with teachers in one socioeconomically vulnerable school district during the 2018-19 school year. The research questions explored the training participants' (*n*=41) opinions about the TBRI training, as well as the opinions of the school district's veteran teachers (*n*=52) about trends related to student and teacher mental health in schools over the last five years. The training participants found the TBRI training series socially acceptable and valuable. Veteran teachers in the district where the study was conducted reported increased levels of emotional distress in students and in themselves.

Keywords: trauma-informed teaching; social/emotional learning; trust-based relational intervention; student mental health; secondary trauma

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Introduction

Observers of the teaching profession have long pointed out the ways in which the field is pervious to trends, reforms, and new initiatives. In a comprehensive exploration of school reform from the 1890s through the 1990s, Tyack and Cuban (1997) describe an education field characterized by "extravagant claims for innovation that flickered and faded" (p. 10). Payne (2008) highlights the ways in which urban districts pile one initiative upon another without verifying any initiatives have been successful. Mehta (2013) explores the "alluring but failed brew" that has characterized American school reform, consisting of a reliance on scientific

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and bureaucratic management systems, the vulnerability of the teaching profession, and a steady move to rationalizing children and schools (i.e., to control and order schools and children from the top down).

Spurred by new information on the neurophysiological impact of adverse childhood experiences (ACEs) (Cadima et al., 2010; Evans & Schamberg, 2009; Nilsson et al., 2012; Trentacosta et al., 2008), schools and teachers have begun to consider ways that the neurochemical impact of enduring home hardship impacts learning, memory, and attentiveness (Thomas et al., 2019). Over the last decade, a considerable amount of research has been published regarding trauma-informed teaching. A systematic search conducted within 7 education-related databases (Academic Search Complete, APA Psycinfo, Education Research Complete, SocINDEX with Full Text, CINAHL Complete, and ERIC, and MasterFILE Premier) found zero articles with the keywords "trauma informed practice education" from 1990 – 2009, and 391 articles 2010 – 2019. Of those, 327 (84%) were published between 2015–2019. Suffice it to say, trauma informed teaching is receiving a lot of attention.

The proliferation of material related to trauma and teaching raises a question about the permanence of the movement. Is "trauma informed teaching" a paradigm shift that will impact the educational sector for generations, or is it the next educational buzzword du jour? Cohen and Mehta (2017) provide a framework that helps to address this question. These researchers conducted a large-scale study on both system-wide and niche reforms, and offered a list of five attributes of reforms for which longevity and success are hallmarks. First, successful reforms do not begin with a blank slate: they highlight a problem of practice that schools already recognize and desire to solve. Second, educators themselves embrace the reform as beneficial. Third, reforms with staying power ride the winds of outside pressure from educational organizations or governments to accomplish a specific educational purpose. Fourth, reforms that "stick" become established and practicalized through educational tools, materials, discrete techniques, and practical guidance for educators. Finally, successful reforms are aligned, in some manner, with the values represented by the educators, parents, and students they affect.

Trauma-Informed Teaching

Thomas and colleagues (2019) conducted a comprehensive literature review that evaluated trauma informed practice in schools. While the authors found that there is no standard approach to guide schools' and teachers' thinking about trauma training, the concept is characterized by three themes: "(a) Building knowledge — understanding the nature and impact of trauma; (b) Shifting perspectives and building emotionally healthy school cultures; and (c) Self-care for educators" (Thomas et al., 2019, p. 426). New findings about the ways that home stressors have a neurophysiological impact on children and youth (Nilsson et al., 2012; Trentacosta et al., 2008), affecting their ability to learn and remember (Cadima et al., 2010; Evans & Schamberg, 2009), are foundational teachings of the trauma-informed movement (Thomas et al., 2019). With the brain in mind, trauma-informed education encourages teachers to be relational and to consider scattering therapeutic moments throughout the school day. It also emphasizes that teachers can empower students by being

relationship coaches, attune to students' physiological needs of sleep, hydration, and nutrition, and correct misbehavior in a way that keeps the teacher/child relationship intact (Call et al., 2014; Wolpow et al., 2011). Finally, recognizing the power of secondary trauma (i.e., that caring for children who have undergone trauma at home often takes an emotional toll on teachers), many teachers have begun focusing on caring for themselves as an important step to providing education for their students (Berger et al., 2016; Hydon et al., 2015; Lawson et al., 2019).

Trust-based Relational Intervention (TBRI)

The present study seeks to evaluate whether training in one particular trauma-informed teaching approach—Trust-based Relational Intervention (TBRI)—was beneficial for the teachers who learned about its conceptual frameworks and tools during the 2018-19 academic year. It also seeks the perspective of teachers on the status of mental health among students and teachers in the district where these teachers are employed. Finally, the study's mixed-methods findings are held up to the framework of "reforms that stick" as proposed by Cohen and Mehta (2017). While no single study could determine whether a reform like "trauma informed teaching" has staying power, data from a study such as this one may provide clues. In search of clues, the article will ultimately examine its own findings to consider whether "trauma informed teaching" is likely to be a short-lived push that "flickers and fades," or one that is likely to lead to meaningful and long-lasting reform.

Context

The context of the study is Central Prairie School District, a medium-sized district in the Midwestern United States, consisting of approximately 5,151 students in 11 schools, that range from Preschool to Grade 12. In all, 4,321 students (83.9%) are identified as low income under the home state's guidelines; 47.5% of students are Black, 30.8% are Hispanic, 19.3% are White, and fewer than 3% are Asian, American Indian, or multiple races. The English Language Learners population comprises 15.9% of the district, while the homeless population comprises 2.7%. Teachers from two schools in the district—School A and School B—received a six-session trauma-informed professional development series throughout the 2018-19 academic year. School A serves students in Kindergarten and first grade (ages 5-7 years), while School B serves students in grades three through six (ages 8-12 years).

Intervention

The professional development series used for the trainings comes from Trust-Based Relational Intervention (TBRI), a program developed by the Karyn Purvis Institute of Child Development at Texas Christian University. Initially created to help adoptive and foster families understand the way early-life adversity impacts their adopted/foster children (Purvis et al., 2013), TBRI has been used by residential treatment centers (Purvis et al., 2014), and therapeutic day schools (Parris et al., 2015). Recently, entire school districts have begun using TBRI materials and conceptual tools in training its teachers and support staff (Call et al., 2014). In order

to use TBRI materials for training, individuals must undergo a week-long "Practitioner Training," which allows access to the copyrighted training materials used in TBRI's "Caretaker Package". This training and access were gained by the present study's primary researcher in April, 2018. The particular Trust-Based Relational Intervention (TBRI) module used for this study involved six, 1.5-hour sessions, spread out over the course of the school year from August, 2018 through April, 2019. While the six sessions used in this module followed a similar arc to the Caretaker Package, the content of the training was selected to reduce the total number of training hours from 36 to 9. The six training sessions were provided to groups of administrators, teachers, and school support staff that ranged in size from 46 to 55 training participants. Each session is described below.

Session One –Introduction. The first session involved an introduction to TBRI, including its conceptual bases in the theories of complex trauma (Copeland et al., 2007) and secure attachment (Ainsworth, 1979; Bowlby, 1978). This session also featured discussions of teachers' caregiving styles, and opportunities for teachers to reflect on their journey of caring for children.

Session Two – Connecting. The connecting session begins with a "Shared Stories" activity, in which participants work in pairs in order to role-play the experiences of being listened to and being ignored. This activity models the power of felt connection and attunement. The remainder of the session explores the use of eight different "engagement strategies" that are designed to build connections between children and caretakers: healthy touch, eye contact, voice quality, behavior matching, playful interaction, choices, compromises, and shared "scripts" that can be used to enhance healthy dialogue within a classroom community.

Session Three – Empowering. This session began with exploration of the Sensory Processing Model (Dunn, 2007) and introduced vestibular and proprioceptive inputs as important "senses" that children process in various ways. Next, four activities were completed in stations that demonstrated the variety with which all individuals process the sensory world. The concepts of other-regulation, co-regulation, and self-regulation were discussed, along with a list of self-regulation activities. Finally, teachers were invited to consider whether and how these self-regulation strategies might be used in their classrooms.

Sessions Four and Five – Correcting (parts I and II). TBRI Correcting principles are divided into Proactive and Responsive Strategies. The first of the two "Correcting" sessions emphasized proactive strategies, by describing the conditions in which proactive lessons are best received (i.e., when students are connected and empowered). Next, teachers were given opportunities to design and share mini-lessons that address a particular behavior skill in a proactive way. Finally, teachers explored their own caregiving styles, and the factors that cause the teachers to drift from supporting to harmful responses. The second Correcting session involved an exploration of the TBRI four Levels of Response™: playful engagement, structured engagement, calming engagement, and protective engagement. In this session, participants worked with partners to role-play the specific reactions merited by their partner's behavior. At the end of each two-to-three-minute role-playing scenario, partners provided feedback and discussed reflection questions together.

Session Six – Infant Attachment. The final session was used to explain one of the foundational principles that informs the TBRI program: Secure Attachment Theory (Ainsworth, 1979; Bowlby, 1978). This session introduced the participants to four different infant attachment styles (secure, avoidant, ambivalent, and disorganized), describing the tendencies of individuals who fit these attachment styles. Of particular importance was a discussion of the limitations of teachers. This session emphasized that teachers may be helped to understand the impact of attachment styles (O'Neill et al., 2010), but that it is beyond a teacher's purview to alter students' attachment styles (Harder et al., 2013; O'Neill et al., 2010) At the conclusion of this session, self-regulation strategies introduced in session three were re-visited.

Methodology

The present study sought the insights of teachers who participated in the professional development series, collecting data through Survey Monkey questionnaires. Its first research question was: What was the opinion of the training participants regarding the TBRI professional development series? This research question was answered by analyzing the respondents' answers to two open-ended questions: (1) What are some aspects of the TBRI training that you and your colleagues found beneficial? and (2) What are some ways that you and your colleagues thought the TBRI training could have been better?

A second research question arose as the result of informal conversations held between the trainer/researcher and training participants over the course of conducting the TBRI trainings. On at least five occasions during the trainings, participants commented that the number of students who had experienced home trauma seemed higher to them, even higher than it had been in recent years. Veteran teachers and administrators made comments like, "There just seem to be more instability. It's so much more widespread than it's ever been!" Another common comment that the trainer/researcher noticed was participants sharing that the weight of students' trauma was heavier to carry for teachers than it had been in previous years. Whenever either of these ideas was expressed, there was widespread and spirited agreement across the teachers there for training. In response to these comments, and in attempt to quantify the sentiment, RQ2 was added: What is the perception of veteran school teachers about the trends in mental health in schools over the last five years? Answering this question involved asking two Likert-style questions to veteran teachers. (1) In your opinion, how has the incidence of students with unstable mental health changed over the last five years? Answers ranged from <1> "There is significantly lower incidence of students with unstable mental health" to <5> "There is significantly higher incidence of students with unstable mental health." (2) How has your personal experience with secondary trauma changed over the last five years? Answers ranged from <1> "I have experienced significantly less secondary trauma than I did five years ago", to <5> "I have experienced significantly more secondary trauma than I did five years ago."

In addition to the two primary research questions, a secondary research question evaluated the changes in efficacy for classroom management and preparedness for dealing with students' stress between the treatment

and control groups. For this question, an untreated control group with dependent pretest and posttest samples design (Shadish et al., 2002) was used, which sought changes in participants.

Teacher Sense of Self Efficacy for Classroom Management (Tschannen-Moran & Hoy, 2001). Recognized as the gold standard among various teacher efficacy assessment tools (Duffin et al., 2012), the Ohio State Teacher Sense of Self-Efficacy Scale may be measured either as an aggregate, 24-item score, or by its three, eight-item subscales: teacher efficacy for instructional strategies, teacher efficacy for student engagement, and teacher efficacy for classroom management (Tschannen-Moran & Hoy, 2001). On this efficacy scale, respondents answer a series of 24 questions (e.g. 'How much can you do to control disruptive behavior in the classroom?'), using a nine-point Likert scale, ranging from (1) 'Nothing' to (9) 'A Great Deal.' The rationale for focusing on the "classroom management" subscale was that the TBRI training was most likely to influence skills for classroom management. The other two subscales and the broader aggregate efficacy scores were also calculated for all participants.

Teachers' Preparedness in Dealing with their Students' Stress (Onchwari, 2010). The second quantitative tool used was a Likert-style scale tool adapted with permission from Onchwari (2010). The adaptation included eight questions (e.g. 'Rate your degree of preparedness in helping children that are affected by family-loss related stressors'.) Answers ranged from (1) 'Very poorly prepared' to (9) 'Very well prepared.' All data were collected before the intervention (in August, 2018), and after (in May, 2019).

Participants

The study included 25 treatment and 28 control participants. Of the 55 training participants from Schools A and B that included teachers, administrators, and school support staff, 38 teachers joined the study in August, 2018. Of these, only 25 also provided post-intervention responses in April, 2019. There were 92 teachers from other schools that initially joined the control group in August, 2018. However, only 28 of these control participants provided post-intervention responses in April, 2019. The post-intervention surveys came to teachers during a busy time of the academic year, which the researchers presume as the explanation for the discrepancy in pre-/post-intervention participation.

Demographic data were collected from each participant, which included gender, age, ethnicity, years of experience teaching, ethnicity, an adverse childhood experiences (ACEs) score (CDC), n.d.), a Symbolic Racism Scale score (Henry & Sears, 2002), and the amount of previous "trauma-informed teaching" training exposure (Table I). The rationale behind collecting such a wide swath of demographic data is explained by the initial intention of the study. The researchers had planned on sample sizes of more than 50 participants for both treatment and control groups, which would have allowed for quasi-experimental statistical analysis that could reduce threats to the study's internal validity, including selecting treatment and control groups with similarities on the above-listed demographic measures. Demographic data are only reported for those teachers who participated in both pre- and post-intervention surveys. The number of participants did not allow for statistical analysis that could compare demographically similar participants. However, the researchers have

included the demographic tools and data here as a potential pathway for researchers who may consider conducting a similar study with a higher number of participants.

Table I. Demographic Data

	Treatment	Control
Number of Participants	25	28
Number of TBRI training hours received		
Mean, (Median)	7.98, 9	.93 (0)
Years of Experience	12.9	14.9
Gender		
Female	20 (80%)	21 (75%)
Male	5 (20%)	7 (25%)
Age		
Under 25	2 (8%)	3 (10.7%)
25-35	7 (28%)	6 (21.4%)
35-45	6 (24%)	5 (17.8%)
45-55	5 (20%)	9 (32.1%)
55-65	5 (20%)	4 (14.2%)
Ethnicity		
American Indian or Alaskan Native	0	1 (4%)
Black/ African American	2 (8%)	1 (4%)
Hispanic	3 (12%)	2 (7%)
White/ Caucasian	20 (80%)	25 (89%)
Prefer not to answer	1 (4%)	0
ACE Score (Maximum = 10)		
Mean (S.D.)	1.6 (2.4)	2.3 (2.4)
Symbolic Racism Scale Score (Maximum = 31)		
Mean (S. D.)	15.0 (3.5)	13.9 (3.0)
Previous “Trauma informed” training received*		
Mean (S.D.)	10.4 (1.1)	8.1 (1.1)

“Controlling” the control group by keeping them from learning about trauma-informed teaching was neither possible nor desirable. During the 2018-19 year, other schools within the school district were emphasizing trauma-informed teaching apart from the six-session TBRI training series. Furthermore, teachers whose schools were not emphasizing trauma may have been reading trauma-related books or attending trauma-related workshops on their own. Finally, some teachers from schools A and B occasionally missed training sessions for reasons ranging from illness to participation in other district events, so it did not make sense to include infrequent attendees within the treatment group. For these reasons, the researchers decided to make a

cutoff point for "full dosage" at four sessions (6 hours). Teachers from School A and School B who received four, five, or six sessions were included in the treatment group. All study participants who three or fewer sessions (≤ 4.5 hours) were included within the control group. The mean number of TBRI training hours for the treatment group was 7.98, with a median of 9, while the mean number of TBRI training for the control group was 0.93 hours, with a median of 0 (Table I).

Results

Qualitative data: Feedback on the professional development series

Qualitative feedback on the TBRI professional development series was provided from 41 of the treatment group participants. The responses were evaluated using open coding, an analytical method concerned with identifying, naming, categorizing, and describing phenomena found in the data (Strauss & Corbin, 1998). Creating a color code for key words or concepts—called clustering and thematizing (Moustakas, 1994)—allowed the separation of themes from one another. The statements of opinion gathered from the TBRI training were analyzed and significant statements, sentences, and quotes were categorized to provide an understanding of how the participants experienced the TBRI professional development series. "Clusters of meaning" (Moustakas, 1994, p.121) from these significant statements were categorized into themes to uncover the essence and meaning of the experience. The second co-investigator conducted the open coding procedure, which led to the determination of six themes for the two questions. Common categories of responses (codes) for both questions are found in Table II. For the aspects of the training that the participants and their colleagues found beneficial, responses from 41 training participants were segmented into 57 nodes, which were then organized around individual 14 categories.

Table II. Common codes and number of nodes for open-ended feedback questions.

1. What are some aspects of the TBRI training that you and your colleagues found beneficial?		2. What are some ways that you and your colleagues thought the TBRI training could have been better?	
Benefits from individual lessons*	25	Positive Response/No Change*	13
Implementation strategies*	14	Individual Suggestions (non-categorical)*	5
Conversations*	6	More time to talk*	4
Role playing	5	Sessions closer together	3
Hearing the same thing with other staff/faculty	3	More community involvement/outside resources	3
Seeing through a new lens/perspective	2	Help for quiet/ non-aggressive students	3
Opportunities for self-check	1	TBRI content more geared to educators	2
Learning what a child goes through	1	Critique of videos/visuals	2
Total number of nodes	57	Total number of nodes	35

Note. Major themes indicated with asterisk.

The most common theme that arose from this question was titled "benefits from individual lessons." This theme contained descriptions of how participants appreciated specific topics addressed within the six-session training, ranging from understanding what may be triggering students (*n*=5), understanding trauma (*n*=5), the importance of relationships/connectedness (*n*=4), calming procedures (*n*=2), new information on neuroscience (*n*=2), along with seven miscellaneous, session-specific comments. One participant stated,

> I found the (session) dealing with sensory issues very interesting because I work with students with sensory needs. Additionally, I found the one on infant attachment very enlightening and sad at the same time. It truly made me think about how children are affected by what we as parents may say or how we may interact with them.

This response was scored with two distinct "Benefits from individual lessons"; one benefit that came from Session 3: Empowering, and another benefit from Session 6: Infant Attachment.

Another example of a benefit from individual lessons is:

> I found it beneficial to find a balance between being firm yet supportive. Sometimes my firm discipline can be considered cold and not received well by the child. I have to learn to be firm yet more understanding of situations.

This response was related to the specific content addressed within Session 4: Correcting, Part I.

Another prominent theme (14 out of 57 nodes) was that participants found "implementation strategies" beneficial. One respondent exemplified this statement by sharing that beneficial aspects of the series were, "... the practical strategies given for interacting and connecting with students with trauma." Another theme that participants found beneficial was "conversations," with six of the statements expressing appreciation for the space to discuss trauma informed training with colleagues. For example, one respondent commented, "... there is so much range in what trauma our students are dealing with. To hear from other teachers' experiences has been very helpful."

The second question elicited critique of the TBRI training. Of the 35 coded statements, 13 either stated that there were no changes to recommend, or responded with positive feedback. In the words of one participant, "We were glad to just have training in general on TBRI." Five of the comments were very specific, providing feedback for future instructors, but which did not fit well with other suggestions. For example, one participant offered the following reaction:

> At times, things got very 'wordy.' Sometimes, especially on these half days when we are often already spent, we just have to keep it simple. At times, I felt myself trying to tie the wordy stuff...the "anxious-avoidant," "anxious-ambivalent," and other stuff to real classroom life.

Another four respondents shared that they would have appreciated "more time to talk with colleagues."

Quantitative data: Perceptions of veteran school teachers about the trends in mental health in schools over the last 5 years

Responses to the two questions regarding teachers' perception of trends in mental health in schools over the past five years are displayed in Table III. The perception that there is a higher incidence of mental health

instability at the time of survey (May, 2019) than five years prior was held by 49 out of 50 respondents (98%), with 40 (80%) selecting a perception of significantly higher mental health instability, nine (18%) a perception that of "slightly higher" mental health instability, and one (2%) not reporting a perceived change. The mean score was 4.78%, showing that on average the participants agreed that there was between slightly higher and significantly higher incidence of unstable mental health. For the question regarding secondary trauma in teachers, 26 of 51 (51%) reported that they are experiencing significantly more secondary trauma than they did 5 years ago, 16 (31%) reported slightly more secondary trauma, eight (16%) reported no change, and one (2%) reported slightly less secondary trauma.

Table III. Responses to two questions regarding teachers' perceptions of changes in mental health instability and teachers' own secondary trauma of from 2014- 2019.

In your opinion, how has the incidence of students with unstable mental health changed over the last five years?		How has your personal experience with secondary trauma changed over the last 5 years?	
Likert Option	Number of Responses (%)	Likert Option	Number of responses (%)
(5) There is a **significantly higher incidence** of students with unstable mental health	40 (80%)	(5) I have experienced **significantly more secondary trauma** than I did 5 years ago	26 (51%)
(4) There is a **slightly higher incidence**…	9 (18%)	(4) I have experienced **slightly more secondary trauma**...	16 (31%)
(3) No Change	1 (2%)	(3) No Change	8 (16%)
(2) There is a **slightly lower incidence**…	0	(2) I have experienced **slightly less secondary trauma**…	1 (2%)
(1) There is a **significantly lower incidence**…	0	(1) I have experienced **significantly less secondary trauma**…	0
Mean Score	4.78	Mean Score	4.31

Teacher efficacy and preparedness

The quantitative scales were completed by 25 treatment participants and 28 control participants. A dependent-samples t-test found that there was no statistically significant impact between treatment and control participants for either the Teacher Sense of Self Efficacy for Classroom Management or the Teachers' Preparedness in Dealing with their Students' Stress scales. Neither was there an impact on the other components of the efficacy scale (i.e., efficacy for instructional strategies, efficacy for student engagement). There was modest relative growth in the treatment group in the areas of preparedness for dealing with students' stress (ES = .26), but negligible effect size (.05) for efficacy for classroom management. As with the quantitative questions, there was very little difference between the two groups before and after the intervention.

The researchers believe that the lack of demonstrable growth among treatment participants reflects a flaw in the research design rather than with the TBRI intervention. While the treatment and control groups did not share the TBRI training in common, all participants did share a common experience of working in the same

high-poverty district, within the same milieu of district culture and policies as influencers. These commonalities likely contributed to the similarity of outcomes. Other factors, such as participants' teaching experience prior to the 2018-19 year likely also contributed to this similarity in outcomes. Treatment participants had an average of 12.9 years of experience, while control participants had 14.9. This is important because researchers have found that teacher efficacy is an attribute that is malleable early in teacher careers, but that stabilizes with experience (Hoy & Spero, 2005). As such, it is not surprising that a group of veteran teachers did not grow in their efficacy for classroom management. A larger group of participants would have allowed for a subgrouping of study participants, based on any of the demographic data that were gathered. Of particular interest would have been the relative growth/stagnation among novice teachers from both treatment and control group. Unfortunately, groups of 25 and 28 were too small to subdivide and yield any meaningful statistical analyses.

Discussion

The primary conclusion to be drawn from this study is that the TBRI professional development series was both socially acceptable and valuable for the participants. Changes in teacher behavior were not measured by this evaluation, but teachers' responses provide clues for their changes in behavior and outlook. At the conclusion of the year-long training, there were 25 responses that pinpointed specific lessons from the TBRI series that the participants found beneficial. One respondent shared:

> The research regarding various attachments and building relationships was helpful. For me and a few others I talked with, it was extremely beneficial to practice and be reminded of how to listen fully - with our whole bodies. This has helped me become a better listener in the classroom and in my personal relationships.

Another 14 participants discussed "implementation strategies" as most beneficial, remembering "... (self-regulation) activities to help students cope and come back to a balanced state." Statements like these are indicators that the teachers found the trainings relevant and consequential to their daily work.

There were six participants who mentioned the conversations that flowed from the training sessions as most beneficial, while one of the principal critiques of the TBRI series was that there wasn't enough time to discuss the information shared and how it pertained to teachers' day-to-day experiences. Considering the findings from RQ2—that teachers perceive a rising frequency of unstable mental health among students, and higher degrees of secondary trauma in themselves—it stands to reason that the opportunity to discuss these changes was both beneficial and insufficient.

Beyond addressing the four discrete research questions, this paper also aimed to consider whether or not trauma informed teaching has the staying power of other long-lasting reforms. While the data provided in this evaluation of the TBRI intervention does not encapsulate the trauma-informed movement as a whole, the evaluation of the training in two CPSD schools does provide a window into how teachers are responding to one particular trauma-informed Personal Development series. Table IV presents Cohen and Mehta's five characteristics of reforms that stick, with the relevant data from the present study compared against those

attributes. Four of the five attributes are partially supported by participant responses. Most notably, participants reported strong appreciation for the time and space to learn about and discuss the impact of trauma, to learn discrete and practicable tools, and in their responses to the mental health and secondary trauma questions, demonstrate that the topic is of particular pertinence. These findings lead the authors to conclude that trauma-informed teaching shows promise as a reform that may have staying power.

Table IV. Attributes of reforms that succeed paired with data from present study.

Attributes of reforms that succeed (Cohen & Mehta, 2017)	Relevant data from present study
1. Reforms highlight a problem of practice that schools already recognize and desire to solve	RQ1: Teachers were eager to discuss trauma, and mentioned benefits from specific TBRI lessons RQ2: Teachers reported high levels of secondary trauma in themselves.
2. Educators themselves embrace the reform as beneficial	RQ1: Both post-intervention questions indicated that the TBRI training sessions were beneficial
3. Reforms are externally motivated	None
4. Reforms become established and practicalized through educational tools, materials, discrete techniques, and practical guidance for educators	RQ1: Study participants frequently pointed to the specific tools and "practical techniques" as the "most beneficial"
5. Reforms align with values represented by the population the educators, parents, and students they affect.	RQ2: Teachers reporting that unstable mental health and their own secondary trauma are pressing concerns.

Limitations

The researchers are aware of several limitations to this study. First, all teachers were volunteers in the study, which meant that submitting survey responses both pre-and post-intervention depended largely on teachers' availability during the data collection window. Next, a training regimen of greater than nine hours may have resulted in increased gains in efficacy for classroom management or preparedness for dealing with students' stress. Some treatment participants did not receive all nine hours of training (the average was 7.98 hours), and some of the control participants did receive a small amount of TBRI or other trauma-informed information over the course of the year. Clearly, greater numbers of respondents for both the quantitative and qualitative portions of the evaluations would have yielded more robust results. Another limitation is that the primary author was also the trainer who provided the six-session TBRI professional development series. While the trainer/researcher did not write the TBRI content, a study that involved independent evaluators would have mitigated the threat of confirmation bias. Finally, the question about teacher perceptions of changes in the incidence of student mental health should be interpreted with care. Teachers are not trained to evaluate mental health stability, and their responses are only to be interpreted as their perceptions.

Further Research

The question that asked teachers about their perceptions of changes in mental health instability is ripe for further consideration. Future researchers may consider asking the same or similar questions to teachers in an array of districts with a wide range of student demographics. It may be beneficial to consider the similarities and differences of teachers' perceptions of students' mental health, and the relation of this perception to localities' characteristics, such as urban vs. rural, and economically robust vs. economically depressed.

The question in which 81% of teachers indicated an experience of greater levels of secondary trauma also begs for further exploration. Is this trend particular to the study's context, or is it consistent in other districts as well? Is this number explained by a small sample (n=52), or does it hold steady with a larger sample responding? What about the nine (18%) teachers who are not experiencing an increase in secondary trauma? What attributes or tools are helping these individuals find resilience in the face of increased levels of anxiety? Future research should take up these questions.

Finally, this project was incapable of gathering enough responses to disaggregate data based on demographic characteristics of teachers. Researchers with access to larger samples may follow the trail marked by the present article in order to study the relative impact of trauma-informed training on efficacy and preparedness for dealing with students' stress for teachers with varying levels of experience, Adverse Childhood Experiences scores, or symbolic racism scores. Future researchers, teacher trainers, and teacher educators would likewise benefit from learning how sub-groups of teachers would respond to students with histories of trauma in authentic, classroom situations.

Conclusion

When the data for this paper was collected in May, 2019, three themes that the participating teachers were eager to discuss, were the neurophysiological hardships wrought by trauma (with special eagerness to discuss practical tools for helping students who were carrying chronic stress), the perceived increasing levels of trauma in their students in recent years, and the perceived higher levels of secondary trauma in themselves. Since that time, the world has suffered from a pandemic that has destabilized society, including the education offerings of our schools. For school districts like CPSD that serve a high percentage of minority students, the suffering brought by COVID-19 have been particularly acute. The widespread pain of the early 2020 is layered upon the shaky foundation of a society in which large numbers of adverse home experiences are already common (Bethell et al., 2014, 2017). How will schools respond? Will schools and teachers be deployed to use the conceptual understandings and the tools offered through the trauma-informed teaching movement to help heal students' wounds, or will the movement be yet another educational movement du jour? Cohen and Mehta (2017) show that the answer lies in whether the movement toward trauma-informed teaching has enough political force to change norms within schools. The present study highlights the voices of teachers and indicates that we may be nearing that point.

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