Assessing Administrator Attitudes and Beliefs About the Trauma-Informed Care Model

and Their Perceptions of the Implementation of Restorative Practices

by

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ABSTRACT

Childhood trauma has a profound effect on students' academic, behavioral and social-emotional growth and development, negatively affecting their success in school and adulthood. Students who have had a traumatic past may have extreme difficulties functioning in the school setting, culminating in disciplinary reactions that include office referrals, detentions, suspensions, and in many cases expulsion. With over 50% of children reporting being exposed to traumatic events and its effects, educators need to be more sensitive in how they handle these situations and deal with these students. Strategies and interventions need to be implemented at schools to help students overcome the effects of trauma.

Much of the research has been on defining trauma, trauma effects, and trauma informed care. There is a gap in the literature that examines educational leaders' capacity for trauma-informed care and their ability to implement effective practices. This study provides the foundation for future research on administrators' attitudes toward the trauma-informed care model and the impact it has on their readiness to implement intervention strategies such as restorative practices.

The researcher used the Attitudes Related to Trauma Informed Care (ARTIC-45) scale and five qualitative questions to survey principals in the first ring districts of northeast, Ohio to determine their level of trauma informed care and perceptions of restorative practices. Overall, administrators had favorable attitudes about trauma-informed care. The findings reveal racial factors that impact Black students and Black administrators. The findings also reveal the need for systemwide supports, collaboration,

resources, training, and personal support for the implementation of restorative practices. Best practices for implementation of restorative practices are included in this study.

Keywords: trauma, traumatic event, trauma-informed care, adverse experience, education, educational leadership, restorative, restorative practices, ACES, cultural responsiveness, student-centered leadership, mental health

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CHAPTER I

INTRODUCTION

Educational leaders are at the forefront of combatting a current epidemic in schools: the prevailing effects and influence of childhood trauma and adversity on children in the academic setting. Children impacted by trauma are especially likely to be given negative consequences due to behaviors associated with their traumatic pain and circumstances (Rainbolt et al., 2019). Students who have been subjected to traumatic events are more likely to receive office referrals, detentions, suspensions, and expulsions (Crosby, Day et al., 2018; von der Embse et al., 2019). They are also more likely to be labeled with learning disabilities, mental disabilities, and behavioral disabilities (Weist-Stevenson & Lee, 2016) and to have academic deficits that can ultimately lead to dropping out of school (Porche et al., 2011). These consequences can have a lifelong impact on social, emotional, and physical outcomes: there is strong evidence to support the "links between mental health and well-being, academic success and future life opportunities" (Danby & Hamilton, 2016, p. 90; see also Taylor & Barrett, 2018). However, the negative effects associated with trauma can be alleviated with the proper interventions and support (National Child Traumatic Stress Network [NTCSN], 2020); therefore, appropriate interventions are necessary to mitigate the negative effects of trauma on children.

The effects of trauma expand beyond the school setting, affecting other areas of a person's life. For example, trauma studies have shown that severe, life-threatening medical conditions can develop as a result of trauma caused by traumatic stress. The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) study of 1998 was a

landmark study that put a spotlight on the risks associated with exposure to negative experiences during childhood. This study proved that a child's encounters with adverse experiences is a major predictor of risky behaviors and future illnesses that could lead to death (Felitti et al., 1998). According to the Substance Abuse and Mental Health Administration [SAMSHA] (2014a), "Trauma is a widespread, harmful, and costly public health problem" (p. 2). Trauma can also have developmental implications for growing children, affecting brain growth and functioning. Early intervention for these students is key in helping them to resolve these issues. Schools can become the best place to provide these interventions. However, schools also need leaders who have the capacity to deal with these issues and are willing to incorporate the appropriate interventions.

Many school districts have adopted the strategy of Restorative Practices to become more trauma informed. These practices can decrease or prevent student misbehaviors and exclusions, thus promoting positive relationships between staff and students (Short et al., 2018), improving school climates (Bevington, 2015), and strengthening relationships between individuals in the school setting (Bevington, 2015). Although the foundation for restorative practices can lead to improved school culture and combat the effects of trauma, educational leaders' attitudes, beliefs, and behaviors also contribute to the effectiveness of any type of intervention. Leaders should have an understanding of the principles of trauma-informed care and the ability to effect change in their organization.

Problem Statement

Childhood trauma has a profound effect on students' academic, behavioral, and social-emotional growth and development (National Scientific Council on the

Developing Child, 2014), negatively affecting their success in school and adulthood. Students who have had a traumatic past may have extreme difficulties functioning in the school setting, culminating in disciplinary reactions that include office referrals, detentions, suspensions, and in many cases expulsion (Anyon et al., 2018). Educators are learning that these exclusionary practices do not remediate behaviors and have a negative impact on students well into adulthood (Anyon et al., 2018; Buckmaster, 2016).

Alisic (2012) reported that trauma affects the academic, social, emotional, and physical well-being of 10% to 30% of children that experience it. That means that in a class of 20, as many as six students could be suffering from the symptoms of trauma exposure, and a school population of 300 could have up to 90 students experiencing post-trauma symptoms. As educators become aware of the number of students exposed to traumatic events and the influence on the students' social-emotional, behavioral, and academic growth, they need to be more sensitive in how they respond to students and deal with situations (Perry & Daniels, 2016). Without proper knowledge and training, intervening and helping students with traumatic experiences can be overwhelming for educators (Alisic, 2012; Alisic et al., 2012; Brunzell et al., 2019).

Recognizing the necessity of incorporating effective interventions for students who have been exposed to trauma, many school leaders have revamped their strategies for positive-behavior-intervention and support to include strategies such as restorative practices. Although restorative practice is fairly new to the school setting, it is quickly emerging as an alternative to negative disciplinary outcomes (Vaandering, 2014). School personnel realize that past practices of discipline and exclusion of students are ineffective at improving student behaviors and remediating the effects of trauma. According to

Hollingsworth (2019), school personnel can benefit from recognizing the effects of trauma on students; however, just understanding the problem is not enough. Attitude, beliefs, and behaviors must show support for strategies that ameliorate the effects of trauma and aid in student recovery (Hoover, 2019; Reinbergs & Fefer, 2018; von der Embse et al., 2019). Short et al. (2018) posited that consistent implementation of restorative practices is essential to an effective program, however, achieving consistency is a major challenge. Therefore, educational leaders need to be aware of these challenges, prepare to resolve issues that arise, and hold themselves accountable for leading the change in behavior necessary for successful implementation of interventions. A review of the current literature shows that it does not address educational leaders' capacity for trauma-informed care. This study will add to the literature on leader attitudes as it relates to the trauma-informed care model which can be used to predict preparedness and readiness to implement a trauma-informed care model such as restorative practices.

Purpose of the Study

This quantitative study examined educational leaders' attitudes, beliefs, and behaviors about trauma-informed care as well as their perceptions about restorative practices. Attitudes are effective drivers of behaviors (Baker et al., 2016); therefore, leaders having a positive attitude toward trauma-informed care can lead to implementation and support of such care. Understanding how leaders' attitudes, beliefs, and behaviors are related to their gender, age, race, years of experience, community type, building level, and building size may also provide a foundation for future research. It is my hope the data obtained for this study will provide an understanding of educational leaders' attitudes toward the trauma-informed care model.

Significance of the Study

The significance of this study was to address the gap in research pertaining to leaders' attitudes, beliefs, and behaviors around students who have been exposed to traumatic events. "Developing a trauma-informed approach requires change at multiple levels of an organization and systematic alignment with the six key principles of a trauma approach" (SAMHSA, 2014a, p. 12). The current literature does not provide an objective way to determine an educator's readiness for trauma-informed care. This study will add to the literature by providing an understanding of educators' attitudes about how trauma affects students in the educational setting and the use of restorative practices. By utilizing a restorative approach, educators can levy stakeholder support and achieve improved results for students.

Theoretical Framework

Theories about cultural responsiveness, student-centered leadership, and adverse childhood experiences provide the theoretic framework for this study. Combined, along with an overview of stress and brain development, these theories help to understand how trauma impacts the educational system and what is necessary to alleviate these effects. The aforementioned theories will assist the reader in conceptualizing the study and gaining additional knowledge in the understanding of trauma, trauma effects, and interventions in the school setting.

Adverse childhood experiences can negatively affect children socially, emotionally, and academically throughout their lives. Vincent J. Felitti and associates (1998) studied the relationship between unfavorable experiences in childhood and health-risk factors and disease in adulthood. "The adverse childhood experiences (ACE) study is

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one of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being" (Centers for Disease Control and Prevention [CDC], 2020). Through this research, Felliti et al. came to one main conclusion: early encounters of abuse and household dysfunction can lead to severe health problems and death in adults. Continual exposure to these adverse experiences can affect brain development, produce toxic stress, and increase the likelihood of academic problems.

Constant childhood exposure to toxic stress impairs brain structure and function, affecting the brain's ability to regulate stress physiology, learn new skills, and adapt to future stress and adversity (National Scientific Council on the Developing Child, 2014; Shonkoff & Garner, 2012). "Learning how to cope with mild or moderate stress is an important part of healthy child development" (National Scientific Council on the Developing Child, 2014, p. 1). However, if stress is constant or perceived as constant, the brain is always on alert, leaving minimal room for other functioning capacities. Persistent exposure to stress can lead to elevated cortisol levels, which also affects the structure and architectural parts of the brain that are crucial for learning and memory (National Scientific Council on the Developing Child, 2014). As a result, students experiencing chronic stress are likely to have academic deficiencies that detract from school success.

Additionally, students with a history of trauma are more likely to be disengaged, withdrawn, inattentive, anxious, and depressed (Perfect et al., 2016; Phifer & Hull, 2016) and/or hyperactive, aggressive, defiant, and oppositional (Perfect et al 2016; Souers & Hall, 2016). Together, these behaviors can lead to poor grades, poor test scores, lower IQ, poor attendance, and increased likelihood of dropping out of high school (Blodgett & Lanigan, 2018). Students who are experiencing childhood adversity thus experience

cognitive, academic, and social-emotional dysfunction that contributes to their lack of success in the school environment (Yohannan & Carlson, 2019).

Students are more likely to succeed in a culturally responsive environment; however, school leaders must support and sustain such responsiveness. Khalifa (2018) described critical behaviors that school leaders must exhibit to sustain cultural responsiveness:

> culturally responsive school leadership (CRSL) is characterized by a core set of unique leadership behaviors, namely: (a) being critically self-reflective; (b) developing and sustaining culturally responsive teachers and curricula; (c) promoting inclusive, anti-oppressive school contexts; and (d) engaging students' Indigenous (or local neighborhood) community contexts. (p. 13)

Leaders with an understanding of student differences and their own personal beliefs are better able to serve students and garner support from key stakeholders.

In an effort to combat the effects of childhood adversity on students in the academic setting, student-centered leadership is also necessary. This involves the ability of a leader to put the needs of students first and to work with the necessary people to identify these needs, create a plan of action and execute the plan. Student-centered leadership theory (Robinson, 2011) provides an analytic framework that will be needed for school teams to work together to effect change. Robinson (2011) identified five aspects of student-centered leadership: establishing goals and expectations, resourcing strategically, ensuring quality teaching, leading teaching learning and development, and ensuring an orderly and safe environment. Leaders can build on these components to make effective change in the school environment and better prepare for students.

The theoretic framework of culturally responsive leadership, student-centered leadership and adverse childhood experiences are strong theories that can stand on their own merits. However, together along with an overview of stress and brain development, they can expand understanding of trauma, trauma effects, and interventions that can support student success in the academic setting.

Research Questions and Hypotheses

Due to the effect trauma has on children, there has become a necessity for educational leaders to be prepared to implement trauma-informed practices in the public-school setting (Dorado et al., 2016; Graham et al., 2017; Gubi et al., 2019). However, several factors affect implementation of strategies and interventions in an organization to support trauma-informed care; one of which is an educator's attitudes toward the trauma-informed care (Baker et al., 2016; Gubi et al., 2019). This study aims to identify educators' attitudes, beliefs, and practices related to trauma-informed care. This study will add to the literature and provide a basis of understanding in research in regard to educational leaders' beliefs and their relation to demographic and building-level factors. The study's research questions are as follows:

1. Where do administrators' attitudes toward trauma-informed care fall on the trauma-informed care scale?

2. In what ways does building level, race, typography, and poverty levels affect administrators' attitudes toward trauma-informed care?

3. How do administrators' attitudes toward trauma-informed care influence their perceptions about the implementation of restorative practices?

The hypotheses are as follows:

Hypothesis 1: There is a relationship between administrators' attitudes toward trauma-informed care and school building level, race, typography, and poverty levels.

Hypothesis 2: There is a relationship between administrators' attitudes on the Trauma-Informed Care Scale and their perceptions about restorative practices implementation.

Hypothesis 3: There is a relationship between school building level, race, typography, and poverty levels and administrators' perceptions of restorative practices implementation.

Overview of Research Methodology

The purpose of this study was to explore educational leaders' attitudes for trauma-informed care and perceptions about restorative practices. This study used a quantitative, descriptive design to assess attitudes regarding key principles in the trauma-informed care service-delivery model and incorporated five qualitative open-ended questions to ascertain perceptions about restorative practice. The Attitudes Related to Trauma Informed Care (ARTIC-45) scale was utilized as the assessment measure for this study (Traumatic Stress Institute of Klingenberg Family Centers & Baker C., 2015), with permission from the researcher. This measure along with demographical information, school factors, and open-ended survey questions served as a basis for the outcome of the study.

The ARTIC-45 consisted of 45 questions that measured seven constructs using a bipolar Likert scale, where respondents had to make a selection on a continuum in favor of the response that best fit their personal attitudes, beliefs, and behaviors. Each item was scored based on favorable responses being highly rated and unfavorable responses being

rated low. There were five open-ended questions that were included at the end of the survey to ascertain participant views on restorative practices.

The target population of principals in the first ring districts of Cleveland, Ohio were sent an invitation letter along with an embedded link to the voluntary online survey, from the researcher's YSU email address. The survey was hosted by a secure, confidential online platform for surveys. Respondents were asked to complete the 45-item questionnaire (ARTIC-45) and to report on demographic and school factors including gender, experience, race, building level, typography, student race, and student poverty level. The self-reported survey was estimated to take 20 minutes. Data from the ARTIC-45, demographic factors and school factors were organized and analyzed in SPSS for descriptive purposes. Open-ended questions were read, coded, and analyzed for patterns.

Limitations

There are several possible limitations of this study. First, the sample of leaders consisted of principals from a few districts in the northeast region of Ohio. Their views may not be representative of other leaders in the region, state or country, which may decrease the generalizability of the study. The second limitation is the use of an online survey, which may not garner the response needed for representative samples. The third limitation is the self-reporting aspect of the survey, which can lead to responses that are socially desirable as opposed to valid. The final limitation is that the ARTIC-45 measure is new and has had limited use in the literature, making it more difficult for the researcher to compare study findings with those from other studies and offer interpretations based on such comparison.

Definition of Terms

Childhood adversity - a widespread of negative incidents or events that threatens the physical or psychological well-being of children (Felitti et al., 1998).

Cultural responsiveness - The ability to relate to and respect various cultures, especially those that are different (Newcomer & Cowin, 2018).

Educational leader - The person who is responsible for gathering, supporting, and guiding personnel to implement effective educational programming (Grogan, 2008). In this study, the school principal is the education leader.

Exclusionary practices - describes actions taken, such as suspension and expulsion, that removes a student from the academic setting or disallows them from participating in the school environment (Anyon et al., 2018)

Readiness – Being prepared to participate in any way, shape or form to carry out a plan or sequence of actions (Merriam-Webster, n.d.).

Restorative justice - facilitates healthy dialogue by enabling those who have been harmed to express the impact of the harm to those responsible, and for those responsible to acknowledge this impact, take responsibility and make steps to make it right (Vaandering, 2014). It encourages healthy, kind communication and promotes nurturing relationships.

Restorative practices- a social science that studies how to strengthen relationships between individuals as well as social connections within communities. It promotes inclusiveness, relationship-building, and problem-solving through such restorative methods as circles for teaching and conflict resolution to conferences that bring victims,

offenders and their supporters together to address wrongdoing (International Institute for Restorative Practices, 2020).

Student-centered leadership – a leadership approach that causes change in individuals and social systems by focusing on the needs of the students. It requires being able to apply relevant knowledge, solving complex problems, and building relational trust (Robinson, 2011).

Trauma – "The experience of severe psychological distress following any terrible or life-threatening event" (Psychology Today, 2020).

Traumatic events – A traumatic event is an incident that causes physical, emotional, spiritual, or psychological harm, resulting in a person's feeling frightened, threatened, or anxious (National Child Traumatic Stress Network, 2020).

Trauma-informed care – "an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma" (SAMHSA, 2014b, p. 1). "Trauma-Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize" (SAMHSA, 2014b, p. 1).

Summary

Trauma-informed systems of care have become the key strategy in schools for resolving student socio-emotional issues and creating a better environment for students to thrive; however, barriers exist in implementing this type of strategy in schools today. Educational leaders must take the lead in creating more trauma-informed environments for students. To accomplish this, they must understand their own knowledge, beliefs, and

attitudes toward trauma-informed care and how they can use this knowledge to implement strategies that support student success. This study strives to provide information to educational leaders about restorative practices, a strategy used to improve school climate and increase student success.

CHAPTER II

LITERATURE REVIEW

"Create a safe nest for students so that they learn and thrive and, when they

eventually fly, they soar" (Souers & Hall, 2019).

In a survey of 1,400 children, over 65% reported that they had experienced at

least one form of adverse event before they were 16 years old and over 35% reported

multiple occurrences of traumatic events (Greeson et al., 2014). These events have a

profound effect on students in their everyday lives, especially in the school setting. In a

memorandum from the safe and supportive schools commission, students who have

experienced trauma expressed their disdain in response to how they are treated in schools.

One student stated, "Sometimes there's kids that are like mad, and you can tell when a

kid's mad and will still be on them and on them and right when the kid pops off, they get

suspended" (Education Law Clinic of Harvard & Trauma and Learning Policy Initiative,

2019, p. 14). Another student stated, "I just feel like, sometimes administration thinks

that someone is going through something as an act to be out of class, to not attend a class,

to not just be in school at the moment, when, sometimes, something is really going on

with the person" (Education Law Clinic of Harvard & Trauma and Learning Policy

Initiative, 2019, p. 14). On any given day, students come to school with the burden of

their trauma and have to learn how to cope.

School administrators and school personnel are faced with the question of how

best to deal with the effects of trauma on students' social and emotional well-being. The

consequences of experiencing trauma can be long-lasting for anyone, regardless of race,

ethnicity, gender, geography or socioeconomic status. Trauma and trauma effects do not discriminate; however, there are particular factors that predispose students to developing lifelong problems as a result of experiencing trauma. The traumatic stress associated with experiencing trauma can disrupt neurodevelopment and the immune-system response, resulting in chronic physical or behavioral-health disorders as well as academic developmental disorders (SAMHSA, 2014a). For children, trauma can result in academic and social-emotional deficits that make it difficult to thrive in a traditional school environment (SAMHSA, 2014a).

Trauma not only affects students but can have severe implications for the classroom and school environment as a whole: a crucial realization for school personnel across the globe. Although they may have no control over the trauma students are forced to deal with, sometimes on a daily basis, school staff must understand how they can mitigate the effects of trauma on students, develop environments that foster students' growth and development, and alleviate the long-lasting effects of traumatic stress (SAMHSA, 2014a). To alleviate trauma's effects, a crucial first step for educational personnel is to understand that organizational policies such as secluding students, excluding students (e.g., through suspension or expulsion), restraining them, or other harsh disciplinary procedures can result in re-traumatization of those fragile students (Loomis et al., 2019). School personnel must also adopt and develop processes and procedures that resolve or reduce the effects of trauma, creating environments that are conducive to learning for all students. As a result, many school personnel are implementing restorative practices as a means of not exacerbating trauma effects.

This study examined restorative practices used in today's educational institutions and effective ways to implement such practices. This chapter also describes this study's theoretical framework and provides an overview of childhood adversity, trauma in schools, and trauma-informed care in schools.

Theoretical Framework

Culturally Responsive Leadership Theory and Student-Centered Leadership Theory both provide the theoretical framework to examine leadership responsibilities in understanding student diversity and supporting strategies or processes that help all students succeed in the school setting, particularly those students who have encountered obstacles such as childhood adversity and trauma. Culturally Responsive Leadership theory is the capability of the leader to support practices and policies that create an inclusive school setting for all students. Student Centered Leadership Theory is the leader's ability to prioritize student needs and position resources, personnel, programs and practices to support these needs, transforming the school environment. Together, these theories will aid research by reinforcing the important role a leader has in putting structures in place to support students who have experienced traumatic events, which will lead schools to become more trauma-informed and support the incorporation of restorative practices.

Culturally Responsive Leadership

Culturally responsive leadership involves the ability of a leader to utilize practices that are attuned to and respectful of the unique needs of a diverse student population. Students' backgrounds and home cultures are positively acknowledged and recognized. Similarities and differences among various groups or individuals are embraced and

accepted. Each student and their families are considered assets. These practices promote equity and fairness, while maintaining high expectations.

According to Khalifa (2018), culturally responsive leaders have many responsibilities. As those who are accountable for promoting and maintaining a positive school climate, leaders must acknowledge their impact on the school environment and their duty to address the cultural needs of the school community (Khalifa et al., 2016). Leaders must also have awareness of their roles in relation to the communities they serve. "Culturally responsive leaders develop and support the school staff and promote a climate that makes the whole school welcoming, inclusive, and accepting of minoritized students" (Khalifa et al., 2016, p. 1275). The leader fosters a positive school climate by consistently encouraging and promoting inclusivity and accountability, which not only benefits minority students who are at risk, but all students (Khalifa et al., 2016).

Leaders who are culturally responsive not only have an understanding of the needs of their community and knowledge of relevant social constructs, but they are diligent in learning about the community and providing opportunities to celebrate various cultural aspects of the community (Khalif et al., 2016). Leaders also need to be flexible and accommodating to the needs of the community. Culturally responsive leaders understand that they must constantly take the pulse of the community and make adjustments accordingly. Leadership practices and behaviors must shift to accommodate the needs of the population and demographics served (Khalifa et al., 2016).

Finally, culturally responsive leaders are conscious of their own values, beliefs, and dispositions. They ensure teachers and staff exhibit behaviors that are sensitive to the needs of students. Leaders also encourage staff to reflect on their own beliefs and actions,

confront their own biases, and understand the complexities of diverse student populations (Newcomer & Cowin, 2018). Through the development of effective training programs and hiring practices, leaders can ensure that schools are staffed with culturally responsive teachers who are capable of seeing the inequalities and inconsistencies experienced by disenfranchised students (Khalifa et al., 2016). Further, a culturally responsive leader promotes an inclusive school environment by ensuring equity in discipline, academics, and finances (Newcomer & Cowin, 2018). Using resources appropriately can also help ensure an inclusive, positive school climate (Khalifa et al., 2016). Collaborating with the community, teachers, parents, and students to ascertain what type of environment helps students feel safe and welcome is crucial for a culturally responsive leader.

Student-Centered Leadership

Student-centered leadership can also have a positive impact on students' academic, social-emotional, and behavioral outcomes. To create conditions in which all students can achieve a higher standard of learning, student-centered leaders seek to align important learning outcomes with appropriate leadership and administrative procedures. These leaders must also have an in-depth knowledge of how to use various leadership traits to solve important school problems. The student-centered leader has the keen ability to create conditions and develop an environment that facilitates active learning and participation among students, teachers, and the school community (Harris & Zipperlen, 2011). However challenging as it may be, students need to show progress toward learning regardless of their circumstances.

According to Viviane Robinson (2011), "there are five dimensions of student-centered leadership: establishing goals and expectations, allocating resources

strategically, ensuring quality teaching, leading teacher learning and development, and ensuring a safe and orderly environment" (p. 1); together, they provide a platform or framework for leaders to become student-centered. With state measures calling for academic accountability and the pressure to see all students succeed, leadership capabilities have increasingly been emphasized. "A new wave of research on educational leadership has shown that the quality of leadership can make a substantial difference to the achievement of students, not just on low-level standardized tests" (Robinson, 2011, p. 3). The five dimensions are concrete leadership practices, as opposed to leadership styles (e.g., transformational, authentic), which are abstract concepts (Robinson, 2011). Shifting away from the ideology of leadership styles to concrete concepts can encourage more flexible and inclusive leadership (Robinson, 2011). Student-centered leadership is leadership that puts students' needs first.

Establishing Goals and Expectations

Dimension one of student-centered leadership is developing goals and expectations that are focused on improving outcomes for students. It is important that leaders work collaboratively with all members of the school community to set and implement goals and expectations. Furthermore, it is important for the goals to be clear and specific; the leader must be committed to the goals and have the capacity to achieve them (Marzano et al, 2005). Appropriate goal setting allows leaders to focus attention and efforts on what can be done to improve student outcomes while motivating students to behave in ways that are relevant to those goals (Marzano et al, 2005). Examining problems and setting goals provide opportunities for leaders to see the discrepancy between current reality and desired outcomes. In turn, effective goal setting leads to

increased achievement, improved feeling of purpose and priority, increased enjoyment of task, and higher sense of efficacy (Robinson, 2011)

Allocating Resources Strategically

Dimension two of student-centered leadership is strategically allocating the resources of people, money, time, artifacts, and systems. Leaders must ensure that resources are used effectively and appropriately, aligned to the established goals and expectations of the school, and allocated to provide optimal support to student learning (Robinson, 2011). Appropriating funds for student-centered learning is costly, yet necessary. For example, ample resources must be made available for professional-learning opportunities for teachers and staff to enhance and support their professional knowledge (Parrett & Budge, 2012). School resources can be limited; therefore, it is imperative for leaders to leverage and disburse responsibly. Strategic use of resources is essential in maintaining a focused approach to student improvement and overall school success (Parrett & Budge, 2012).

Ensuring Quality Teaching

Dimension three of student-centered leadership is ensuring quality teaching. "In a student-centered school, quality teaching involves the ability to personalize learning to ensure that the content and pedagogical approaches engage and meet students' learning needs" (Dix, 2012, p. 7). Leaders need to understand the importance of effective teaching and work collaboratively with teachers to ensure quality and consistency of this pedagogy (Schmoker, 2016). They also need to provide the opportunity for teachers to reflect on their teaching, assess their teaching practices, and make improvements in a cyclical fashion that is a key factor to the success of the model (Robinson, 2011). Leaders must

make a concerted effort to keep children as the main focus, which can be a difficult endeavor in schools today, but very well worth it (Dix, 2012).

Leading Teacher Learning and Development

Of the five dimensions of student-centered learning, leading teacher learning and development has the largest impact on student outcomes (Robinson, 2011). Closely linked to ensuring quality teaching, this dimension calls for leaders to view everyone in the school community as learners. Leaders facilitate opportunities for professional growth and development by maintaining a focus on continuous learning and improvement of everyone, including themselves (Schmoker, 2016). They work collaboratively with members of the school community by participating in formal and informal professional learning (Robinson, 2011). Professional learning communities can promote the utilization and assessment of varied pedagogical practices to improve student success. It is the responsibility of the leader to facilitate these professional learning communities; promote the use of effective, evidence-based, data-driven practices; and establish collaboration that supports professional learning (Robinson, 2011).

Ensuring a Safe and Orderly Environment

The final dimension of student-centered leadership is ensuring a safe and orderly learning environment. Students who feel safe and supported at school are more likely to have a positive outlook on school and themselves and are more engaged and motivated to learn (Dix, 2012; see Robinson, 2011). Leaders must develop and maintain an atmosphere in which all members of the school feel comfortable and supported, facilitating mutually trusting relationships among leaders, staff, parents, and students (Parrett & Budge, 2012).

These five dimensions work together to provide a framework which leaders can use to effectively increase student outcomes. Dix (2012) stated:

> it is a set of attitudes, skills, and considerations that affect the way an educator or school will approach learners. It recognizes the individuality of each student and, by extension, the primary importance of the relationship between learners and teachers. (p. 21)

Robinson believes that school leaders need to utilize the five dimensions of student-centered leadership along with three capabilities in order to be effective with the student-centered approach to learning. By just having a minimal understanding of these capabilities, leaders will have positive outcomes.

Three Capabilities for Student-Centered Learning. The three capabilities are "applying relevant knowledge, solving complex problems, and building relational trust" (Robinson, 2011, p. 3). To demonstrate student-centered leadership, one must be directly involved with teachers and have a connection with the teaching and learning process (Schmoker, 2016). Leaders don't have to be strongly versed in these three capabilities but should at the least have a minimal level of capabilities (Robinson, 2011).

The first capability, applying relevant knowledge, supports the idea that leaders need to have a basic understanding of what it takes for teachers to teach well. Leaders need to know and understand basic teaching pedagogy, content knowledge, and student learners. With this knowledge and understanding, leaders will be able to assist teachers in developing strategies to meet a variety of learner needs as these relate to the content area (Schmoker, 2016). Leaders who have this basic knowledge can also make better decisions about curriculum and assessments.

The second capability, problem solving, supports the idea that leaders need to be able to resolve problems effectively and efficiently. Robinson (2011) stated that expert principals actively facilitate discussions, focus on reaching a shared solution, and welcome feedback" (p. 307) when solving problems. Often, they work with a team to identify the problem, lead the problem solving, and create a satisfactory solution. All the while, they remain focused on the wider school value and the benefits of finding a solution. By taking a strategic approach to problem solving, leaders can better tackle problems head-on.

The third capability, building relational trust, is considered the most important capability, one that benefits teachers and students equally.

> In schools with higher levels of trust, teachers experience a stronger sense of professional community and are more willing to innovate and take risks. In addition, students in high trust schools make more academic and social progress than students in otherwise similarly low trust schools. (Robinson, 2011, p. 307)

An appropriate level of trust is critical to the success of schools. When members of the school community can work together, build relational trust, and maintain that trust through conversations that are open to learning, everyone benefits (Robinson, 2011). Having these conversations can be an effective way to approach and tackle tough issues in school leadership, especially teacher performance.

These three capabilities often overlap and operate in congruence with the other. They also serve as the foundation for aligning administrative procedures with important learning outcomes. Although it may be a tough task to apply knowledge to solve

important school problems while building relational trust, it can be done by the most unheroic leader (Murphy, 2013).

Leaders' pedagogical understanding is an important factor in how they run schools and conduct evaluations. Understanding constructivist pedagogy, the leader is able to observe and evaluate how well teachers extend students' thinking and make connection with students. Understanding student-centered learning, leaders can also provide meaningful feedback to teachers so they can effectively reflect on their own practices.

Adverse Childhood Experiences

A child's encounters with adversity early in life can have lasting effects. In order for schools to intervene, they must understand the effects of stress and adversity on children. This overview of childhood adversity explains the health risks associated with adverse experiences and effects on brain development as a result of stress reactions.

Adverse childhood experiences can negatively affect children socially, emotionally, and academically throughout their lives. Vincent J. Felitti and associates (1998) studied the relationship between unfavorable experiences in childhood and health-risk factors and disease in adulthood. The study asked questions about seven categories of social, emotional or physical abuse, and neglect experienced as a child. These categories were psychological abuse, physical abuse, sexual abuse, substance abuse, mental illness, mother treated violently, and criminality. Felitti et al. (1998) found a high statistical association between the number of ACEs reported and health issues, such as alcoholism, drug abuse, depression, and suicidal attempts. Furthermore, "high levels of exposure to

ACE's would expectedly produce anxiety, anger and depression in children" (Felitti et al., 1998, p. 253).

Since ACE's have long-term health consequences, a solution would be to prevent the occurrence of ACEs. Felitti et al. (1998) suggested that we work to reduce the occurrence of ACEs in children through forming relationships with caregivers, medical providers, and social-service organizations. However, this is a large feat and, thus, many do not attempt to use this approach. Understanding and increasing recognition of ACE occurrences and coping devices used to deal with them is a great start. Felitti et al. (1998) also suggested the use of psychosocial assessments to identify the needs of those affected and to provide intervention as soon as possible. The focus needs to be on increasing communication and collaboration among agencies (social services, government, medical, educational), improving the understanding of the effects of exposure, and increasing training on how to serve those who have been exposed (Perry & Daniels, 2016).

Overview of Stress and Brain Development

Stress can severely affect brain development. There are three types of stress response: positive stress, tolerable stress, and toxic stress (Shonkoff & Garner, 2012). Positive stress is short-lived and mild. During encounters involving positive stress, the body's heart rate increases briefly and the body releases small amounts of stress hormones. Tolerable stress can be longer lived than positive stress but occurs over a limited time period. It may include one incident such as a car accident or death of a loved one. A person experiencing tolerable stress recovers over time, allowing the brain to recuperate (National Scientific Council on the Developing Child, 2014). The final form of stress is toxic stress. "Toxic stress refers to strong, frequent, or prolonged activation of

the body's stress management system" (Shonkoff & Garner, 2012, p. 236). Events that trigger toxic-stress responses are chronic and uncontrollable, leaving the victim helpless.

The brain is very sensitive during developmental periods in a child's life. In particular, three parts of the brain are severely affected by stress-related incidents: the prefrontal cortex, amygdala, and hippocampus (Shonkoff & Garner, 2012). When exposed to outside influences, the brain is susceptible to such alterations as hypertrophy, overactivity in the amygdala and orbitofrontal cortex, and neuron deficits in the hippocampus (Shonkoff & Garner, 2012). When these areas' brain architectures are in disorder and under-developed, this can severely disrupt brain function and the child's ability to function, leading to greater anxiety, hyperactivity, impaired memory, and difficulty with mood control (Souers & Hall, 2019). These impairments combine in multiple ways, creating a fragile foundation for learning, behavior, and health from childhood on (Perry & Daniels, 2016). "Many adult diseases should be viewed as developmental disorders that begin early in life" (Shonkoff & Garner, 2012, p. 232).

The prefrontal cortex is in charge of the executive functions of the brain. It processes information received from other portions of the brain and then makes decisions about what to do with the information (Shonkoff & Garner, 2012). The prefrontal cortex controls thoughts, regulates emotions, and manages actions. Working memory, judgment, planning, sequencing of activity, reasoning and attention are also controlled by the prefrontal cortex. The skills associated with the prefrontal cortex are extremely important during the early years of a child's life. "Behavioral neuroscience research in animals tells us that the prefrontal cortex is highly sensitive to the detrimental effects of excessive stress exposure and that its developing architecture is vulnerable to the negative effects of

chronic fear" (National Scientific Council on the Developing Child, 2014, p. 3). The prefrontal cortex is also extremely important in suppressing non-essential information; therefore, when it is not functioning correctly, it can have grave effects on the individual.

The amygdala processes emotions. When provided with a stimulus, the amygdala takes cues from senses and internal organs to determine whether the stimulus is a threat and then decides how to react to the situation. This portion of the brain controls the fight, flight, or freeze response in humans. In response to situations, the amygdala may trigger such emotional responses as anger, fear, sadness, and aggression. During the process of clarifying emotions, the amygdala also stores these emotional responses and stimuli for future reference. Unfortunately, this process of storing information and responses to recall at a later time affects those who have encountered threatening situations (National Scientific Council on the Developing Child, 2014).

Finally, the hippocampus is in charge of forming new memories. It makes the connection between fear and the event that caused it, and then converts short-term memories into long-term memories. Thus, if people have experienced an incident that evokes fear, they will remember it more easily and possibly forever. This can often lead to re-traumatization, which is the conscious or unconscious re-experience of a traumatic event. Consistent re-exposure causes the brain to focus all its attention on the trauma which shifts its operation from the necessary developmental functions (Shonkoff & Garner, 2012). Since the hippocampus is responsible for making new memories, this can also be detrimental to a growing child's brain if it has not developed properly.

In short, stress-level responses affect brain functioning. "Frequent or sustained activation of brain systems that respond to stress can lead to heightened vulnerability to a

range of behavioral and physiological disorders over a lifetime" (National Scientific Council on the Developing Child, 2014, p. 2).

Learning how to cope with stress is a natural part of life and necessary to function as a human. Given stable and supportive relationships, children recover from stress without long-lasting consequences (Shonkoff & Garner, 2012). Unfortunately, children who do not have these relationships or who have many experiences of toxic stress have a more difficult time recovering (Crosby, Howell et al., 2018). Toxic stress alters brain development, causing long-lasting consequences. Shonkoff and Garner (2012) stated, "Persistent health disparities associated with poverty, discrimination, or maltreatment could be reduced by the alleviation of toxic stress in childhood" (p. 232).

Review of Literature on Trauma

Students who have experienced traumatic events can have a difficult time functioning at school. Therefore, school personnel need to adopt strategies that will positively affect students. This review of literature will explain trauma, how it affects students, and the role educators play. The review will also look at restorative practices in the educational setting.

Trauma Exposure and Reactions

"Trauma is a widespread, harmful and costly public health problem" (SAMHSA, 2014, p. 2) that can have a profound effect on the emotional, physical, behavioral, social, and academic well-being of students. One of the main indicators of whether experiencing trauma will have an impact on a person's well-being is a measurement of what Felitti et al. (1998) termed Adverse Childhood Experiences (ACES), which measures the extent to which a person's encounters with abuse, neglect, or household challenges have an impact

on their life. Felitti et al. first coined the term ACES through a study conducted for Kaiser Permanente in the late 1990's. The questionnaire was sent to over 13,000 adults and yielded a 70% response rate. The study examined the connections between adversity experienced in childhood and medical conditions later in life, including chronic, life-threatening illnesses (Felitti et al., 1998), to see if experiencing these incidents as a child could have a major impact on overall health and wellness into adulthood.

The ACES research studied seven sub-categories of abuse, household dysfunction and neglect listed below: [recent research has expanded categories, added adolescent ACES]

1. <u>Abuse:</u> psychological, physical, sexual;

2. <u>Household Dysfunction:</u> substance abuse, mental illness, criminal behavior, violence toward mother or mother figure;

3. <u>Neglect</u>: emotional, physical,

People who have experienced adversity in childhood may rely on drugs, food, sex, and smoking as a way of getting relief from the emotional toll this abuse has had on them. Felitti et al. (1998) posited that these issues created conditions that led to risky behaviors that ultimately cause severe health problems and disease. Risky behaviors include: "smoking, severe obesity, physical inactivity, depressed mood, suicide attempts, alcoholism, any drug abuse, parental drug abuse, a high lifetime number of sexual partners, and a history of having a sexually transmitted disease" (Felitti et al., 1998, p. 248) and can be related to heart disease, stroke, cancer, lung disease, hepatitis and diabetes.

Of those surveyed in the study, 50% reported at least one ACE category; 25% reported two or more ACE's, and almost 10% reported four or more (Felitti et al., 1998). Exposure to one category increased the likelihood of being exposed to more categories, Blacks reported more categories of exposure than Whites or Asians, and younger persons more categories than older persons (Felitti et al., 1998). Those that experienced adversity in childhood were highly likely to develop diseases such as heart disease, cancer, chronic lung disease, skeletal fractures and liver disease. As the number of ACE exposures increased, risk factors increased substantially compared to those with none or few exposures (Felitti et al., 1998). Those with multiple categories of experience tended to have multiple health-risk factors concurrently.

The initial ACES study found a positive relationship between experiencing these risk factors and leading causes of death and adult diseases later in life. There is also a link between adverse childhood experiences and risk factors that can have an impact on brain development in growing children (Shonkoff & Garner, 2012). When a person experiences such traumatic events the brain's response to this toxic stress can interfere with brain circuitry and other organ and metabolic systems (Shonkoff & Garner, 2012). "Such disruption may result in anatomic changes and/or physiologic dysregulations that are the precursors of later impairments in learning and behavior as well as the roots of chronic, stress-related physical and mental illness" (Shonkoff & Garner, 2012, p. 236). Children who are exposed to traumatic events are more likely to develop chronic psychological problems, including posttraumatic stress disorder.

Traumatic Events

In today's society, many children are exposed to various events that can be categorized as traumatic, or causing emotional, physical or sexual harm. "Traumatic events include sexual abuse, physical abuse, domestic violence, community and school violence, medical trauma, motor vehicle accidents, acts of terrorism, war experiences, natural and human-made disasters, suicides, and other traumatic losses" (American Psychological Association [APA], 2008, p. 2). A traumatic event can be a one-time occurrence, an ongoing situation or chronic circumstance such as neglect and domestic abuse (SAMHSA, 2014a). Additionally, a person doesn't have to directly witness or experience the traumatic event to be affected (SAMHSA, 2014a). "Individuals may experience the traumatic event directly, witness an event, feel threatened, or hear about an event that affects someone they know" (SAMSHA, 2014a, p 7). Trauma can also involve a sense of shock. Weist-Stevenson & Lee (2016) defined trauma as "incidents that are perceived as terrifying, shocking, sudden or that potentially pose a threat to one's life, safety, or personal integrity" (p. 499).

Response to Traumatic Events

These events lead to severe behavioral and emotional problems that affect the way children function in school or at home. Blodgett and Lanigan (2018) reported that 50% of students under the age of 12 reported having at least one traumatic event in their life and over 10% reported at least three trauma events. Responses to traumatic events can be complex (Table 1), involving emotional, physical, cognitive and behavioral domains.

Physiological and metabolic reactions can be temporary, lasting only immediately after the event, or prolonged and leading to posttraumatic stress, anxiety disorders or

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mood disorders (SAMHSA, 2014b). The way someone perceives trauma depends on the

person; however, some factors may heighten or reduce the effects of trauma such as

Table 1

Reactions to Trauma

Physical reactions	Emotional Reaction	Cognitive Reaction	Behavioral reactions
Nausea Gastrointestinal Appetite changes Fatigue Extreme exhaustion Hyperarousal Elevated cortisol Elevated heartbeat High startle response Somatization	Anxiety Sadness Irritability Depression Detachment Helplessness Grief Fear Guilt Anger	Difficulty concentrating Rumination Self-blame Indecisiveness Trigger generalizations Memory problems Suicidal thinking Magical thinking Distortion of time Intrusive memories	Use of drugs/alcohol Argumentative Withdrawal Apathy Avoidance behaviors Social relationships disturbed Decreased activity level Startle reaction

Note: SAMHSA (2014b) p. 13

"individual history and characteristics, developmental factors, sociocultural attributes,

and available resources" (SAMHSA, 2014b, p. 13). These factors have led educators to

wonder what can be done to address the needs of these students and help them succeed in

school.

Trauma at School

Trauma exposure can influence students' learning, relationships, and behaviors at

schools. There is a positive association between a student's ACE score and success in the

school setting. For example, Iachini et al. (2016) found that students who reported an

adverse event also experienced "changes in grades, repeated or skipped grades, skipping

school, or suspension or attendance problems" (p. 5) directly after the exposure. Blodgett

and Lanigan (2018) also reported that trauma was associated with poor attendance,

behavioral issues and academic deficits, which can contribute to the negative outcomes these students face early in their academic careers. In fact, "children who are exposed to four or more traumas are 32 times more likely to be labeled learning disabled" (Weist-Stevenson & Lee, 2016, p. 498). These students often make poor choices in school that can increase the behavioral discipline issued.

Students who experience traumatic events are more likely to become easily annoyed, highly distracted and have difficulty retaining new knowledge (Goodwin, 2018). These students are in a constant state of alert, which can be evidenced by increased jumpiness, fidgetiness, sleep disturbance, moodiness, anger and social withdrawal, which makes it difficult to concentrate, contributing to inattentive and distractible behaviors (Souers & Hall, 2016). In the school environment, these characteristics make it challenging for these students to effectively access the curriculum and succeed academically. Students who experience trauma may exhibit acting out or shutting down (Souers & Hall, 2016). Unfortunately, school personnel could view these behaviors as defiant, disobedient, disrespectful and inattentive, and, in turn, react negatively (Danby & Hamilton, 2016).

Disciplinary consequences are common for these students, largely due in part to children's physical, emotional, and behavioral reactions as a result of trauma. Students who experience trauma are more likely to have consequences that exclude them from school (Flannery et al., 2013). School performance can be greatly affected as evidenced by decreased reading readiness, lower GPA's, low attendance, increased suspensions, and high drop-out rates (Weist-Stevenson & Lee, 2016). There is an immediate need for schools to work with students and families to resolve this problem. "There is a need to

provide both broad-based and individualized support that seeks to comprehensively ameliorate the social, emotional, and cognitive consequences on early adolescent developmental milestones associated with traumatic experiences" (Frydman & Mayor, 2017, p. 9).

Minority students and students living in poverty are disproportionately represented among those that experience trauma (National Scientific Council on the Developing Child, 2014). Due to circumstances that coincide with poverty and being a member of a racial minority, these groups have a higher chance of exposure and increased incidents, as well as the risk for repeated victimization (Blitz et al., 2016). Unfortunately, resources to support the recovery of trauma in these students are slim or non-existent in the communities in which they live. Research shows that early intervention is an important factor that can help to ameliorate the effects. This may be out of reach for this population of students. "Implementing a culturally responsive trauma-informed approach to understand and respond to students can address the impact of disparities, teach resiliency skills, and promote the wellbeing and achievement of all students" (Blitz et al., 2016, p.520). Schools are in the best position to offer such supports.

Trauma-Informed Care at School

Overcoming the effects of trauma is not easy, students will need substantive support and resources. Students will need to build resiliency that will help them quickly recover from traumatic events (Souers & Hall, 2016). Schools can serve as that vehicle of support for students and their families. Herrenkohl et al. (2019) suggests that schools prioritize their efforts to better understand and compassionately serve students that have

been traumatized. These students are vulnerable; therefore, schools need to be better prepared to serve them; unfortunately, schools are often not prepared to address their needs (Herrenkohl et al., 2019).

Principles of Trauma-Informed Care

According to SAMHSA (2014), six key elements must be woven into a trauma-informed system of care: safety, trustworthiness, choice, collaboration, empowerment, and culture (Table 2). These principles are critical to schools' moving to become more trauma informed (Carello & Butler, 2015). "Developing a trauma-informed approach requires change at multiple levels of an organization and systematic alignment with the six key principles of a trauma approach" (SAMHSA, 2014a, p. 12).

Table 2

Six Key Principles of a Trauma Approach

Six Key Principles of a Trauma Approach	
Safety	Creating spaces where people feel culturally, emotionally, and physically safe as well as an awareness of an individual's discomfort or unease.
Trustworthiness	Providing full and accurate information about what's happening and what's likely to happen next.
Choice	Recognition of the need for an approach that honors the individual's dignity.
Collaboration	Recognition that healing happens in relationships and partnerships with shared decision-making.
Empowerment	Recognition of an individual's strengths. These strengths are built on and validated.
Culture	Responsive to racial, ethnic and cultural needs without bias or discrimination

Note: From SAMHSA (2014a) p. 10.

Adoption of trauma-informed care models that are commonly known as trauma sensitive schools can benefit both students and teachers. After completing a study with primary and secondary teachers, Brunzell et al. (2019) noted that teachers were more willing to change their strategies and practices after learning about trauma and the trauma-informed care model. "These findings argue for the new development of trauma-informed pedagogies that both (1) enable teachers to redress the complex and unmet needs of students and (2) incorporate domains of meaning that teachers bring to their trauma-affected work" (Brunzell et al., 2018, p. 116).

There are many strategies schools can adopt to help support students who have experienced trauma. Critical first steps include: increasing school-personnel's awareness and understanding of trauma effects, incorporating effective strategies to use in the school environment and developing identification and referral procedures (Labroche et al 2016). Moreover, schools need to adopt trauma-informed programs and multi-tiered interventions of support to address the varying needs associated with student trauma (Phifer & Hull, 2016).

Assessment. The first step towards a trauma-sensitive school is the incorporation of effective screening measures to assess trauma. These assessments can become important tools for the academic setting, helping not only to identify who may need such a support but what type of supports they may need. "Respondents indicated that conducting trauma-informed assessments often led them to more consciously think about and develop programming recommendations targeting the specific mental health needs of juveniles with trauma, thus beginning to correct the intricate processes propelling the youths' behaviors" (Ezell et al., 2018, p. 516). These screening measures can also help to

identify trauma early enough to be able to begin prevention measures, such as resilience-based treatment plans.

Blodgett and Lanigan (2018) report that schools can improve the academic trajectory of students who have experienced trauma and eliminate academic risk factors by understanding the students' trauma. Understanding the prevalence of ACE factors in children today and the impact it has on student achievement and success, is essential for educators to be able to help students. Students who have experienced a traumatic event exhibit some type of disengagement behavior shortly after the event. Understanding this component or aspect of trauma exposure can help to be able to identify these students and intervene (Iachini et al., 2016).

Furthermore, developing methods that identify these students will allow schools to intervene early on and detect and treat students that are at academic and behavioral risk. Schools have the ability and access to provide prevention, early intervention, and intensive treatment. (Kataoka et al., 2018). Providing services and support early via early intervention is critical to helping students overcome these barriers and ultimately having school success (Iacbini et al. 2016; Conradi, Agosti et al., 2011; Conradi, Wherry, et al., 2011).

Coordinated Approaches. The need has also risen for more coordinated approaches to trauma-informed practices along with concurrently building a strong evidence base regarding trauma-informed service delivery models in schools (Champine et al., 2018). Providing today's educators with trauma-informed practices is essential: "Schools as learning environments should be on the frontline as advocates for the use of Trauma-informed Practices" (Banks & Meyer, 2017, p. 63). Such practices consist of a

framework of interventions that facilitate the understanding of trauma, its effects on individuals, and tools to assist victims in developing resilience that will empower them to gain control and strategies for living a successful life with trauma (Banks & Meyer, 2017). Often schools are not equipped with the proper resources to address the needs of children with traumatic histories (Herrenkohl et al., 2019). However, when school systems look at students through a trauma-informed lens, they are more apt to provide the educational and social-emotional support necessary to help students thrive in the academic setting (Phifer & Hull, 2016). "Adopting a trauma-informed approach involves system-level changes across the entire school, which requires changing mindsets, policy, and classroom practices" (Phifer & Hull, 2016, p. 204).

Creating Safe Schools. Another effective strategy for reducing or eliminating the effects of trauma is developing a positive school environment that is a safe place for students (Crosby et al., 2017). Due to the link between social-emotional development and academic success, educators and society need to respond differently to children who have experienced trauma (Perry & Daniels, 2016). By alleviating toxic stress in children, schools can improve academic outcomes, reduce behavioral incidents, and improve attendance (Shonkoff & Garner, 2012). Using trauma-sensitive strategies, schools can establish a culture in which at risk students can feel connected, become engaged and dare to succeed (Crosby, Howell et al., 2018).

By creating trauma-sensitive learning environments, educators are creating safe places not only for students that have experienced trauma but for all students (Souers & Hall, 2016). Much more emphasis needs to be placed on the development of these types of environments for students (Crosby et al., 2017). When schools implement trauma-

informed practices, they see benefits not only for the student individually, but for the entire school community.

Characteristics of Schools. While trauma does not discriminate in its effect, there are certain characteristics of a school that makes their school populations more vulnerable to the effects of trauma. Characteristics such as poverty, race, typography, and school levels may be determinant factors on the percentage of students that are impacted by trauma and experiencing trauma related effects.

Children living in poverty are at greater risk to encounter trauma due to the risk factors associated with living in poverty. Environmental factors impact and contribute to the vulnerability and increased exposure of children to toxic stress, traumatic events, and retraumatization (Blitz et al., 2016). Substandard housing, inadequate education, accessibility to proper health care and exposure to violence can create an environment that is subpar for proper child development and growth (Greeson et al., 2014). Blodgett et al. (2018) found a positive correlation between student eligibility for free and reduced meals and the number of adverse childhood events encountered. Greeson et al. (2014) contends "child maltreatment occurs more frequently in the context of poverty" (p. 548). Disadvantages created by poverty increases the possibility of encountering trauma inducing situations.

Student's racial identity is another key factor that may increase the risk of trauma exposure. Students of color are at higher risk due to factors such as systemic racism, racial bias, and racial oppression (Blitz et al., 2016). Disproportionality in minority communities creates a backdrop for inadequate resources and increased exposure to

violence, which can contribute to and increase the likelihood of exposure to adverse situations (Blitz et al., 2016).

Although the effects of trauma can impact anyone at any age, outcomes worsen as students age. Younger students may have more supports and are more apt to make improvements due to early interventions and available resources (Alisic, 2012). As students become older, the effects of trauma may become more detrimental, negatively affecting them socially, emotionally and behaviorally. Behaviors as a result of trauma effects can lead to suspensions, expulsions, and arrests. The juvenile court system is plagued with youth that have been impacted by trauma. According to Ezell et al. (2018), 70 -92% of children in the juvenile court system report having experienced at least 1 ACE. As youth age, they are more likely to become detached from school, apathetic about academics, and socially disconnected from peers (Crosby, Day et al., 2018). Although exclusionary discipline can happen at all grade levels and ages, school disciplinary reports show that suspensions and expulsions are more prevalent at the high school levels, which may be attributed to zero tolerance policies (Crosby, Day et al., 2018).

Furthermore, Blitz et al., 2012 report findings from a district that recently transitioned from a wealthy predominantly white community to a more diverse, economically challenged community. The study found that the number of students exhibiting challenging behaviors significantly increased as the community became more diverse. "Poverty, poor living conditions, and environmental and family stressors" were identified as contributing factors to student behaviors (Blitz et al., 2012, p. 524).

Role of Teachers. Teachers should also consider their role in the lives of students when working with them to alleviate the effects of trauma.

> Exposing teachers to what the new face of trauma may look like in the life of urban students and how it can manifest in school settings cannot be understated in its importance in changing the lens by which an untrained eye learns to see what is important. (Banks & Meyer, 2017, p. 67)

It is also essential for teachers to understand student behaviors, create safe predictable environments, and believe in their capacity to make a difference.

Carello and Butler (2015) present domains for teachers to consider when implementing trauma-informed principles in the classroom; "individual characteristics of students, the content and context of what is taught, the requirements of assignments, aspects of both instructor and student behavior and interaction, characteristics of the classroom setting, and the instruction on and practice of self-care" (p. 16). Teachers can also help children develop better coping skills.

> Teachers play a valuable role in scaffolding students' awareness of and responses to everyday challenges. Teachers' involvement can help the emerging student learn regulatory skills such as showing how to anticipate bumps in the road, manage them adaptively, and reach their destination (goal). (Sotardi, 2018, p. 16)

Children benefit from developing skills that will help them cope with trauma and obtain relief from trauma symptoms (Salloum & Overstreet, 2012)

In a study of middle-school students, the students also attributed "positive outcomes and less victimization from physical and cyber bullying" to their teachers'

actions (Acosta et al., 2019, p. 886). Understanding their role in working with traumatized students is important for teachers.

Yet a study conducted by Alisic et al. (2012) found that teachers did not feel confident in their understanding of student issues and their ability to provide support to students who've experienced trauma.

The main finding was that they struggled with providing support to children after traumatic exposure. They searched for a clear role definition as well as a good balance in answering conflicting needs of the exposed children and classmates, wished for better knowledge and skills, and experienced difficulties related to the emotional burden of their work. (Alisic, 2012, p. 57)

Alisic (2012) also reported that teachers felt it was difficult to provide support to students who had experienced trauma because of their own lack of knowledge, exposure, expertise, and confidence, as well as their ability to maintain their own health and well-being (i.e., secondary trauma). Teachers also found it difficult to balance the needs of the trauma-exposed student with the needs of the class (Alisic, 2012).

Venet (2019) suggested teachers maintain appropriate and safe boundaries with students. Unfortunately, so many teachers have little self-assurance when working with students. Although some teachers were confident in their ability to work with students exposed to trauma, referencing a supportive school atmosphere as a benefit, others were still uncertain about their capacity to provide optimal support to these students (Alisic, 2012). Sotardi (2018) found that even experienced teachers who were confident in their ability to relate to students and reduce student stress were frustrated with the systems in place and the pressures to improve classroom practices.

Teachers need to work collaboratively with school social workers and psychologists to develop and provide interventions to students. Students benefit from this collaboration (Banks & Meyer, 2017). In addition, teachers can work with school social workers to better understand the signs of trauma and develop strategies to identify students and ensure that students get the support they need as soon as possible (Iacbini et al., 2016).

Building Relationships at School. Souers and Hall (2019) have reported that student behaviors are driven by four areas of need, and that effectively bonding with students helps them feel healthy, safe, engaged, and supported. When looking at strategies to reduce negative outcomes for students, Anyon et al. (2018) also noted that relationship building was key:

> Strategies such as: home visits, greetings, morning meetings, advisory periods, increased adult visibility and positive contact with families are factors that can have a positive impact on student behaviors and thus results in decreased behavioral incidents and out of school suspensions. (Anyon et al., 2018, p. 221)

How an educator self-identifies is important in building relationships. They need to be able to think of themselves as having such characteristics as: "wisdom, patience, humor, acceptance of where young people are at, being young at heart, being sensitive, caring, tolerant, compassionate and empathetic" (Morgan et al., 2015, p. 1048). They also need to show that they are human and regular people, this will help facilitate student teacher relationships and engage students (Morgan et al., 2015).

> Genuinely listening to young people in order to focus on their individual learning needs supported the development of learning choices that were young person-

centered, trauma-informed and relational in nature. Relational pedagogy can

redress the impact of trauma and social exclusion experienced by young people.

In flexi schools educator identities are challenged and changed by a willingness to

explore and understand the impact of trauma on young people's development and

capacity to learn. A commitment to trauma-informed practice and relational

pedagogy requires educator identities to be co-constructed and negotiated in

relationships with young people and colleagues. (Morgan et al., 2015, p. 1048)

Students can better relate to teachers if they feel they are people, too. Relationships

between students and teachers are important factors that contribute to the success of

trauma-invested practices.

Benefits to Students. School climate also affects students who have experienced

trauma. In a study of outcomes for court-involved female youth, Crosby et al (2017)

concluded that "higher school attachment was associated with lower trauma symptoms

among students" (p. 2544). Positive peer interactions can help in not retraumatizing

victims by use of words and actions (Crosby et al., 2017). School involvement and school

social support (from peers, teachers, and other staff) also helped improve outcomes.

Additionally, "a model of optimal development can be used to understand how to

support and protect boys and men of color through nurturing environments, rather than

use a deficit model" (Graham et al., 2017, p. 105). School, law enforcement, and

communities have the potential to make a positive impact on this population through the

use of evidence-based programs and practices that address trauma (Graham et al., 2017).

Unfortunately, the reactions of the prementioned entities are not that of compassion or

understanding, which can be detrimental to students' recovery, causing triggers that can

push them further into isolation (Terrasi & de Galarce, 2017). "Implementing a culturally responsive trauma-informed approach to understand and respond to students can address the impact of disparities, teach resiliency skills, and promote the wellbeing and achievement of all students" (Blitz et al., 2016, p. 520).

<center>**Restorative Practice**</center>

The International Institute of Restorative Practices defines restorative practice as "the use of informal and formal processes that precede wrongdoing, those that proactively build relationships and a sense of community to prevent conflict and wrongdoing" (Wachtel, 2016, p. 1). Restorative practice creates a healthy and positive environment that fosters a sense of relationship and community (Hulvershorn & Mulholland, 2018; Wachtel, 2016). Respectively, Hulvershorn and Mulholland (2018) contended "restorative practices provide an alternative to the "punitive school disciplinary policies" that have been shown to be ineffective and racially discriminatory" (p. 112).

Restorative practice is an emerging social science born from the criminal-justice practice of acknowledging how others are affected by actions, repenting for those actions, and restoring relationships (Wachtel, 2016). This method is reactive in nature, only occurring after a crime has been committed.

It is a collaborative process requiring the interactions of all involved. In a restorative-justice model, participants engage with each other with the assistance of a facilitator to figure out the best way to restore the person after the harm done by the wrongdoing. It requires "meaningful emotional exchange and decision making" (Wachtel, 2016, p. 3) from stakeholders to meet the needs of all involved.

Restorative practice can also become a "vehicle to develop students' SEL skills and improve school culture" (Hulvershorn & Mulholland, 2018, p. 111), in contrast to zero-tolerance discipline policies. The initiation of zero-tolerance policies in schools began in the late 80s and early 90s as an answer to the violence that was overtaking schools (Hulvershorn & Mulholland, 2018). Unfortunately, this method of extreme disciplinary actions proved harmful to students and the school culture (Buckmaster, 2016; Hulvershorn & Mulholland, 2018), and disproportionately affected students of disadvantaged groups, those who were in special education, minorities, or poor (Hulvershorn & Mulholland, 2018). Moreover, zero tolerance did not resolve school violence or make schools safer; it just created a barrier between students and school faculty (Skiba, 2014), facilitating negative academic and social outcomes for these students (Hulvershorn & Mulholland, 2018). Skiba (2014) contended that a more proactive strategy should be utilized to resolve misbehaviors and infractions, preventing them from escalating into more serious problems.

In the school setting, many have begun to implement restorative practice both as a reactive practice in the form of conferences and circles, and as a proactive practice in the form of groups and circles in an attempt to provide an alternative solution to continuous exclusionary practices.

> The aim of restorative practices is to develop community and to manage conflict and tensions by repairing harm and building relationships. This statement identifies both proactive (building relationships and developing community) and reactive (repairing harm and restoring relationships) approaches. Organizations and services that only use the reactive without building the social capital

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beforehand are less successful than those that also employ the proactive.

(Wachtel, 2016, p. 4)

Restorative practices help participants express their emotions freely, building emotional

bonds with others and compassion toward others without shame. Benade (2015) said

there is no place in the educational system for shame. "What characterizes shame is not

only a sense of personal failure in the eyes of oneself and others, but also in the steps one

takes to recover a sense of moral worth" (p. 672). Restorative practice eliminates this

burden of shame.

Many researchers have reported on the positive outcomes of utilizing restorative

practice in the school setting. In a recent study, Mansfield et al. (2018) followed the

implementation of restorative practice at a high school over a 5-year period; it was found

that

RP was having a positive impact on historically persistent discipline gaps through

a significant reduction in office referrals, also a decline in both in school and out

of school suspensions over the 5 years of implementation and decreases in

exclusionary practices of minority groups were also noted. (Mansfield et al.,

2018, p. 214)

Additionally, the findings of a study conducted by Hopson et al. (2014) suggested that

environments that promote supportive relationships and safe, prosocial behaviors result in

students having better grades and behaviors. Another study conducted by Ingraham et al.

(2016) noted that after implementation of restorative practices over a 2-year period in a

high school with a high dropout rate, there was a significant "decrease in parent concerns

about graduation, increase in teacher embracement and utilization of restorative practices

and strategies, decrease in behavioral referrals, and increase in student engagement" (p. 354).

Educators see the benefits to utilizing restorative practices in improving school climate and student-teacher relationships. Gregory et al. (2016) reported teachers who utilize restorative strategies have more positive relationships with their students and are perceived by students as being more respectful and approachable. Teachers who implement restorative practice issue fewer disciplinary sanctions to minoritized students (Gregory et al., 2016). Rainbolt et al (2019) found that restorative practice is a meaningful strategy that strengthens relationships and reverses the disproportional impact of school discipline on some groups. There are two practices that are most effective in schools: circles and conferences (Mirsky, 2011).

Restorative Circles

In a restorative classroom, students and teachers collaboratively create a positive classroom culture in which they find solutions to problems and resolve them. (Smith et al., 2015). One common strategy is the use of restorative circles. Restorative circles can be used for "conflict resolution, healing, support, decision making, information exchange and relationship development" (Wachtel, 2016, p. 8). Circles create a safe forum where participants can actively listen to one another and provide their own perspective without judgement (Wachtel, 2016). Although circles commonly have a facilitator or leader, they do not control the circle; there is not a hierarchical component to circles; everyone has equal say. This creates an environment of collaboration and togetherness.

As schools continue to embrace restorative practices as a means of transforming school climate and student behavior, circles can be used to actively create a safe

space where children feel seen, heard, and understand, and as such are

acknowledged as inherently worthy. (High, 2017, p. 532)

The four-step process of "greeting/focusing moment, feelings check-in, activity,

and closing" (Evanovich et al., 2020, p. 31) provides an easily replicated structure for

implementation. However, the factor that most contributes to the success of the circle is

the relationship between the facilitator and the students. In an observational study of

teachers' implementation of 22 circles across grade spans, Wang and Lee (2019) reported

that having a positive, trusting relationship between students and facilitators seems to be

a key component in successful implementation. Teachers who had better rapport with

students led circles without incidents whereas teachers who lacked a relationship showed

inattention to acting out behaviors and had numerous problems in their circles.

Mirsky (2011) reported that restorative circles contributed to the end of gang

violence at a middle school in Baltimore. Silverman and Mee (2018) reported how the

utilization of restorative circles in an internship program helped to engage teacher

candidates and prepare them for working with middle-school students.

Restorative Conference

Restorative conference differs from circles in that it is a response to an action,

which means that there must be an admission of guilt (Mirsky, 2011). In a conference,

facilitators use scripts and prompts to lead the meetings. Mirsky (2011) provided a list of

questions that can help to facilitate meetings and help students reflect on their behaviors.

Questions for wrongdoers include: What happened? What were you thinking about

at the time? What have you thought about since the incident? Whom do you think

has been affected by your actions? In what way? And what do you think you need to do to make it right?

Questions for those affected by wrongdoers include: What did you think when you realized what had happened? What effect has this incident had on you and others? What has been the hardest thing for you? What do you think needs to happen to make things right? (Mirsky, 2011, p. 48)

Although these questions require an admission of guilt and some level of shame, they also help everyone involved come to terms with the incident and hopefully move on.

In the school setting, a restorative conference consists of the perpetrator, victim, their families and a facilitator, at minimum. They work together to "deal with consequences of the crime or wrongdoing and decide how best to repair the crime" (Wachtel, 2016, p. 6). In this structured meeting, victims are provided the opportunity to confront the person who hurt them and explain how they were harmed. The perpetrator is provided the opportunity to explain why they did what they did and remediate it. Essentially, this process provides a voice for both parties in an effort to build community and understanding that will eventually lessen the instances of wrong doings. "Conferencing can be employed by schools in response to truancy, disciplinary incidents, including violence, or as a prevention strategy in the form of role-plays of conferences with primary and secondary school students" (Wachtel, 2016, p. 7). The expected outcome from conferencing is that everyone walks away feeling heard, respected, and equipped with a plan to make things right.

Implementation of Restorative Practices

"The relationship between students and educators has been thoroughly studied and determined to be a chief aspect of schooling" (Buckmaster, 2016, p. 2). The implementation of restorative practices can help create moments for students to bond with teachers and others in the academic setting. Teachers should look at students through a humanistic lens whereby they understand that although students may make mistakes; they are not defined by these mistakes and they have the capacity to make good choices. With the proper support students can thrive in a setting where strategies are incorporated into the school day and their teachers have faith in them (Hulvershorn & Mulholland, 2018).

Advocates of restorative reform are majorly concerned with the fidelity of the implementation of restorative practices. Achieving consistency with educator implementation throughout the school, or in educator training or professional development, are at the top of the list of concerns (Popescu et al., 2017, Short et al., 2018). To ensure consistency with implementation it is crucial to have full support of the organization's leader as well as systems to monitor and track fidelity (Popescu et al., 2017). It is also crucial to have buy-in from staff and students who are involved in the implementation and follow-through or restorative interventions.

Ezell et al. (2018) also noted the importance of professional development to build educator capacity. It is important for school personnel to have the necessary training and support to facilitate confidence and help them to become proficient in the utilization of this practice (Wang & Lee, 2019). Setting clear guidelines for implementation is needed as well as modeling of appropriate behaviors from leadership (Rainbolt et al., 2019).

Finally, staffing is another important factor to consider when implementing restorative practices. Funding and staffing needs are always a concern in schools. Therefore, schools should "seek out collaborative relationships with available mental-health professionals to best meet the needs of the school" (Phifer & Hull, 2016, p. 204). Taking these factors into consideration during the planning process can help to mobilize ongoing support and maintain sustainability.

Findings From Restorative Practices Research

A review of the literature discovered several key findings in the research of restorative practices. Short et al., (2018) found that the use of restorative practices in secondary schools improved student and teacher engagement and increased fairness in disciplinary procedures through non punitive communication that was perceived as empathetic by both staff and students. Bevington's research found that implementation is successful when there is aligned values of trust, honesty, responsibility, and fairness along with consistent and similar expectations of staff and students (Bevington, 2015). Perception is essential to the process where all parties involved must believe they are benefiting from the practice; A true give-and-take process (Bevington, 2015).

Vaandering (2014) discovered that certain conditions need to be met for successful implementation of a restorative justice program in schools. There needs to be a safe space for staff and student discourse, dedicated and consistent use of the practice, willing participants, and restructuring of the authoritarian system of discipline. Unfortunately, the current disciplinary systems in schools today can be a huge barrier to implementation, largely due to its emphasis on obedience and conformity (Vaandering, 2014). One way to overcome this obstacle is to develop a system in which both

philosophies support each other. Buckmaster's findings stated that "implementation of restorative practices does not generally replace a traditional policy, but instead one supports the other; either restorative practices supplement the traditional, or the traditional discipline practices supplement the new restorative philosophy" (2016, p. 5). Congruency of policies can create an ideal learning environment and optimal conditions for the success of all students.

Through an examination of the racial makeup and other factors that contribute to the utilization of restorative practices, Payne and Welch (2015) found that the racial composition of the school contributed to the likelihood and consistency of restorative justice utilization as a response to student misbehaviors. "Schools with proportionally more black students are less likely to use such techniques when responding to student behavior" (Payne & Welch, 2015). Odds for use also decreased for students with disabilities, students of low socio-economic status, and student with deviant behaviors (Payne & Welch, 2015). To remedy these barriers, Vaandering (2014) and Mansfield et al. (2018) suggest a change in staff attitudes, school policies, time allocations, resource allocation and training as key contributors to improving implementation of restorative practices.

As it stands, school personnel are unaware of their own attitudes, beliefs, and behaviors to effect change. "There is little awareness of the need to reflect deeply on how personal and professional actions and beliefs are enmeshed in the broader systemic social and institutional contexts in which power relations are negotiated" (Vaandering, 2014, p. 77). Subsequently, findings from Hulvershorn and Mulholland (2018) indicated the crucial role a leader has in shifting staff attitudes to alternative models of school

discipline. This shift begins with an understanding of their own attitudes and beliefs (Khalifa, 2018). Therefore, assessing leaders' understanding and beliefs about trauma and the integration of restorative practices and principles is a critical approach to implementation.

House Bill 410

Trauma-related factors such as poverty, homelessness, neglect, abuse, and familial substance abuse or mental illness can negatively influence school attendance (Morgan et al., 2015). Many families experiencing these situations are overwhelmed, which can manifest into absenteeism. Excessive absences and truancy can affect student achievement and graduation rates. Students who do not show up in school are more likely to have poor grades, failed subjects, and deficits in academic areas which interferes with their likelihood to graduate high school (Iachini et al., 2016). These students are at risk of becoming school dropouts (Iachini et al., 2016), therefore, it is crucial for them to attend school.

In Ohio, House Bill 410 (HB 410) was passed in 2016 to "encourage and support a preventative approach to excessive absences and truancy" (Ohio Department of Education, 2018, p. 1). This law prohibited schools from suspending and expelling students who violate attendance requirements. Before HB 410 schools developed their own policies and procedures for student truancy that often included reactive consequences such as detention, suspension, and expulsion. Unfortunately, these consequences did not get to the root of the problem or resolve attendance concerns. HB 410 sought to change that by mandating schools to provide supports and interventions to students and families that are excessively absent from school (Ohio Department of

Education, 2018). The Bill intends for families and schools to develop a partnership and work together to improve student attendance. Districts can no longer cite excessive truancy as a disciplinary infraction, making them responsible for engaging students and families before filing truancy with the courts or contacting children and family services. Schools are required to develop a team that will actively communicate with the student or family, create an action plan for improvement, and provide interventions that support the student. This approach may drastically improve the outcomes of students whose poor attendance is a result of trauma effects.

Under House Bill 410, schools had to amend or develop policies that outlined their role in reducing barriers that interfere with attendance. They were tasked with the responsibility to provide supports, such as parenting classes, counseling, mediation, and other supportive services to students and families (Ohio Department of Education, 2018). As schools become more sympathetic to their students' needs and the situations that contribute to poor attendance, they should become more likely to provide sufficient supports to the entire family.

Attitudes Related to Trauma-Informed Care – ARTIC

Baker et al. (2016) felt there was a deficit in current research as a result of the lack of a clear operational definition for trauma-informed care as well empirical studies that provide a quantitative approach to reviewing trauma readiness. This led to the development of the ARTIC (Attititudes Related to Trauma-Informed Care) scale, as a way to fill this void and provide a reliable, cost effective tool that can measure trauma-informed care. Since the goal was to develop a nonobjective instrument to assess agency readiness for trauma-informed care, the researchers conducted a confirmatory item

analysis of about 75 question and reviewed each domain for model fit, chi square, validity, and reliability (Baker et al., 2016). This research led to the development of the ARTIC 45, ARTIC 35 and ARTIC 10 to empirically measure trauma-informed care attitudes of staff working in the human services, healthcare, and educational fields.

"The current study has implications for accelerating research on TIC and facilitating data-based decision making related to the adoption and implementation of TIC" (Baker et al., 2016, p. 61). This greatly differed from the qualitative research conducted in which interviews and self-analysis were the main basis for calculating results. Variations in principles, implementation drivers, and practices that are necessary to lead to changes in behaviors in relation to trauma-informed care attitudes and beliefs are outcomes that can be explored by the ARTIC (Baker et al., 2016).

Goodwin-Glick (2017) stated:

An important finding that school leaders can use to advocate for TIC PD is the correlation between the first three subscales, which address employee understanding of and behavioral response to trauma symptoms, and personal and system-wide understanding of and support for TIC. (p. 101)

Staff attitudes are essential to the rise or fall of any trauma initiative; therefore, it is important to have a tool that effectively measures this mindset.

The ARTIC's capability can be far reaching in research today. Baker et al. (2016) posited that organizations can use the ARTIC "to determine the extent to which their culture is trauma-informed, and the findings can then inform data-driven decision making about the need for trauma training and other TIC interventions" (p. 73). This tool can support organizations that have already incorporated trauma-informed practices through

the continued evaluation of staff attitudes and the assessment of potential staff as a pre-screening tool. Most importantly, it can determine readiness for implementation and acceptance of trauma principles (Baker et al., 2016). Researchers agree that it is the next step in informing schools of trauma readiness (Chafouleas et al., 2016; Goodwin-Glick, 2017)

Summary

Educators can become more trauma-informed by incorporating restorative-practice strategies, such as circles and conferences into the school day. These strategies can help to alleviate the negative effects of trauma on students. Educators may see that students benefit immensely when emphasis is made to create an environment that is understanding and compassionate to·students' needs. Educators can take advantage of their influence in the school setting. They can utilize trauma-invested strategies to foster resilience in students. By looking at behavior through a different lens, understanding how trauma affects students, and understanding how their perceptions affect the way they respond to students, educators can help students become successful in the school environment (Souers & Hall, 2019). Educational leaders are crucial in setting the tone for change and ensuring that school environments are positive and conducive to optimal learning for the students they serve. This study explored leaders' attitudes and beliefs about care to quantitatively explore their preparedness to implement trauma-informed practices in the school setting, such as restorative practice. This research will add to the literature and provide educational leaders with an understanding of how their leadership capabilities can support a trauma-informed approach and the implementation of

restorative practices in the school setting. This will be a comfort to children who have experience trauma and the overall cultures of the building.

CHAPTER III

METHODOLOGY

The purpose of this study was to quantitatively examine educational leaders'
attitudes toward trauma-informed care and their perceptions about the implementation of
restorative practices in their school setting. Educators should have an awareness of how
trauma affects students, their own capacity to deal with trauma in the school setting, and
how to utilize strategies to help alleviate the negative effects of trauma on students. This
study sought to investigate the extent to which educational leaders' attitudes are favorable
toward the trauma-informed care model and their perceptions about implementing
trauma-informed practices in their schools.

This study was an investigative study that surveyed principals in Northeast Ohio's
first ring school districts. The survey was broken down into three parts. The first part
consisted of demographic and school factors. In the second part, the instrument used was
the ARTIC-45 for education, co-created by Dr. Courtney Baker of Tulane University and
the Traumatic Stress Network. Through this tool, the researcher investigated seven
factors that can determine educator attitudes toward trauma-informed care. The third part
of the survey consisted of five open-ended, qualitative survey questions to give
participants the opportunity to share, in their own words, their opinions about the
implementation of restorative practices at their schools.

Principals were given the online questionnaire that was used to assess their
attitudes toward trauma-informed care and perceptions about the implementation of
restorative practice. The data from part one and two were collected from the online

questionnaire and transferred to the SPSS program for analysis. The data from the qualitative survey questions were coded to look for recurring themes and data trends.

This methodology section describes the steps taken to test the research questions and hypotheses. It includes the research design, target population, sampling characteristics, instrumentation, data analysis and validity. Limitations of the study and a summary are also included in this section.

Research Questions

1. Where do administrators' attitudes toward trauma-informed care fall on the trauma-informed care scale?

2. In what ways does building level, race, typography, and poverty levels effect administrators' attitudes toward trauma-informed care?

3. How do administrators' attitudes toward trauma-informed care influence their perceptions about the implementation of restorative practices?

Three hypotheses were generated in relation to the study:

Hypothesis 1: There is a relationship between administrators' attitudes toward trauma-informed care and school building level, race, typography, and poverty levels.

Hypothesis 2: There is a relationship between administrators' attitudes on the Trauma-Informed Care Scale and their perceptions about restorative practices implementation.

Hypothesis 3: There is a relationship between school building level, race, typography, and poverty levels and administrators' perceptions of restorative practices implementation.

Variables

The dependent variables in this study were the administrators' attitudes related to trauma-informed care as measured by the ARTIC-45 questionnaire. The questionnaire has seven domains:

1. underlying causes of problem behavior and symptoms

2. responses to problem behavior and symptoms

3. on-the-job behavior

4. self-efficacy at work

5. reactions to the work

6. personal support of trauma-informed care

7. system-wide support for trauma-informed care

The independent variables in this study were demographic factors that included school factors: building level, race, typography, and poverty level; and participant factors: gender, race, and experience.

Research Design

The research design chosen for this study was a cross-sectional, quantitative, descriptive survey. Through the cross-sectional study design, the researcher examined "current attitudes, beliefs, opinions, or practices" (Creswell, 2013, p. 377). Through the descriptive study design, the researcher described educational leaders' attitudes toward trauma-informed care and related it to their perceptions of restorative practices. Descriptive studies "are designed primarily to describe what is going on or what exists" (Trochim & Donnelly, 2008, p. 5). Using a quantitative, descriptive survey design, the

researcher also sought to relate beliefs about trauma informed to building level, race, typography, and poverty level.

Although experimental research is important in social science because it can manipulate variables to predict phenomena, explain causation, and change the world by eliminating major problems, non-experimental research can be just as beneficial when looking at the relationship between variables (Trochim & Donnelly, 2008). This cross-sectional study design used a non-manipulatable variable, educator's preferences, and examined its correlates in order to inform educational decision making and to improve or initiate practices in the field. Through this research the researcher can ascertain the prevalence and connection of educators' varying attitudes toward trauma-informed care and their school demographics. Predictions can be made from current data. This study provides a basis for further research in the field of trauma-informed care in education.

Target Population

The target population in this study was elementary, middle-school and high-school principals in the first ring districts of Cleveland, Ohio. The first ring school districts include Bedford City Schools (Bedford, Bedford Heights), Berea City Schools (Brookpark, Middleburg Heights, Berea), Brooklyn City Schools (Brooklyn, Brooklyn Heights), Cuyahoga City Schools (Cuyahoga Heights, Valley View, Brooklyn Heights), Parma City Schools (Parma, Seven Hills, Parma Heights), Lakewood City Schools, Cleveland Heights-University Heights City Schools, Fairview Park City Schools, Garfield Heights City Schools, East Cleveland City Schools, Euclid City Schools, Shaker Heights City Schools, South Euclid-Lyndhurst City Schools, Maple Heights City Schools, Warrensville City Schools. First ring districts are districts that border the urban

city of Cleveland and experience some of the same hardships that urban districts

experience, such as truancy, economic disadvantage, and crime.

Sampling Method and Sample Size

The participants were selected using non-random purposeful sampling of a

convenience sample. This method was inexpensive, with a quick turnaround, but took

time due to the likelihood of a slow response rate (Trochim & Donnelly, 2008). The

researcher took the slow response rate into consideration, allowing time for several

follow-up reminders to be sent to prospective participants. The survey should have taken

the respondent about 20 minutes to complete. This was explained in the survey request.

All principals in the 16 school districts that comprise the First Ring School

Collaborative were contacted to participate in this study, except one, the researcher. The

researcher is a principal in one of the schools, therefore, will not participate in the study.

After omitting the researcher, there were 96 principals in the target population. The

sample size needed for the study is 77 respondents (Taherdoost, 2017). With this sample

size, the expected error rate is 5%, according to Taherdoost's (2017) sample-size table.

This number will ensure that 95 out of 100 times the sample mean will have a 5% chance

of differentiating among the population 95% of the time (Taherdoost, 2017). The

variance of the population is 50% with a confidence interval of 95%.

Participants were those who were recruited and consented to participate in the

study. The consent form is given in Appendix D. It promised confidentiality, minimal

risks, and privacy.

Instrumentation

Utilization of an effective instrument that measures the intended variables in a study is a common research practice. Through a search of the literature one instrument was identified and chosen for its ability to measure an educator's readiness for trauma-informed care. The ARTIC-45 (attitudes related to trauma-informed care) is an inexpensive tool that garners immediate results. The survey was computer-generated and emailed to selected participants. This method was chosen because it is a practical, economical, and ethical way to gather data. The survey also included five open-ended qualitative questions to ascertain administrator perceptions about restorative practices and implementation of restorative practices. Demographic data were collected as well.

To provide a better analysis of the research, personal and school demographic data (Appendix F) were collected about the participants. Personal demographic questions included gender, race, and years of experience. School demographic questions included building level (elementary, middle, high), race (White, Black, Hispanic, other), typography (urban, suburban, rural), and poverty levels (below 25%, 25%-50%, 51%-75%, and above 75%). The demographic questions assessed generalizability of the results as well as assisted the researcher in ascertaining if the participants were a representative sample.

Through an extensive review of the literature, the researcher developed five questions related to restorative practices (Appendix G). These open-ended, qualitative data questions were added to the end of the survey. The purpose of the questions was to provide participants the opportunity to share, in their own words, their opinions about

restorative practices, strategies being used, and the barriers of implementing restorative practices at their schools.

The ARTIC-45 (Appendix E) was given to measure educational leaders' attitudes, beliefs, and behaviors toward trauma-informed care. The ARTIC-45 looks at several factors related to trauma-informed care and was developed to aid in data-driven decision making about trauma-informed care, as opposed to conceptualization about care, as in the past (Baker et al., 2016). Through the use of this instrument, organizations can effect real change and make a real difference in the lives of those who have experienced trauma (Baker et al., 2016). Documenting educators' attitudes toward trauma-informed care and describing factors that relate to these attitudes will inform future research and investigation.

Development of the ARTIC-45

A person's attitude is an important factor in or predictor of their moment-to-moment behaviors and interactions with others. Therefore, for the successful implementation of trauma-informed care, it was important to explore these attitudes and gain an understanding of how interventions could affect beliefs. The ARTIC-45 was co-developed by Dr. Courtney Baker of Tulane University and the Trauma Network. This measure was developed to determine the extent to which an organization or individual is trauma informed (Baker et al., 2016). This instrument was selected because of its ability to measure attitudes toward trauma-informed care.

The ARTIC-45 is a 45-item self-reporting survey that consists of five core subscales and two supplementary subscales for a total of seven subscales. Subscales one to five measure the educators' understanding of trauma, response to students, self-

efficacy, self-awareness, and self-care. The final two supplementary subscales measure

supports and implementation for trauma-informed care. There are seven items in each of

the core subscales and five items in each of the supplementary subscales. These subscales

are described in the following sections (see Table 3). Appendix E includes a full copy of

the ARTIC-45. "Items for the ARTIC were generated by content experts via a

community-based participatory research approach and tested on a sample of 760 service

providers in human services and education" (Baker et al., 2016, flyer). Item analysis

resulted in a 45-item version with seven subscales (ARTIC-45).

Table 3

Summary of ARTIC-45 Subscales

Subscale	Emphasis	Number of Items
Underlying causes of problem behavior and symptoms	Emphasizes behaviors and symptoms as adaptations and malleable versus behavior and symptoms as intentional and fixed	7
Responses to problem behavior and symptoms	Emphasizes relationships, flexibility, kindness, and safety as the agent of behavior and symptom change versus rules, consequences, and accountability as the agent of change.	7
On the job behavior	Endorses empathy focused staff behavior versus control focused staff behavior.	7
Self-efficacy at work	Endorses feeling able to meet the demands of a traumatized population	7
Reactions to the work	Endorses appreciating the effects of secondary trauma/vicarious traumatization and coping by seeking support versus minimizing the effects of secondary trauma/vicarious traumatization and coping by ignoring or hiding the impact.	7
Personal support of trauma-informed care	Endorses being supportive of, and confident about, the implementation of trauma-informed care vs concerns about implementing trauma-informed care.	5
System wide support of trauma-informed care	Endorses feeling system wide support for trauma-informed care versus not feeling supported by colleagues, supervisors and administration to implement trauma-informed care.	5

Note: From ARTIC-45 survey

Scale and Scoring System

Educational leaders' perceptions of knowledge, dispositions, behaviors, and attitudes were measured through The Attitudes Related to Trauma-informed Care survey. The survey used a bipolar Likert scale ranging from 1 to 7 in which respondents make a selection between two options, along a dimension that best represents what they believe.

> The bipolar scale is a particular type of rating scale characterized by a continuum between two opposite end points. A central property of the bipolar scale is that it measures both the direction (side of the scale) and intensity (distance from the center) of the respondent's position on the concept of interest. (Lavrakas, 2008, p. 1)

Items are then scored. Higher scores are considered more favorable and lower scores less favorable. In each of the seven subscales, two questions are reverse scored to align with the favorability of other questions in the subscales. The final two subscales also have an option of N/A for organizations that have not implemented trauma-informed care. These items will be scored as missing. An average mean score was computed for each subscale. The average can range from 1 to 7. An average was taken for each participant's subscale granted they completed at least four questions in the first five subscales and at least three questions in the last two subscales.

Dr. Courtney Baker and the Traumatic Stress Network (Baker et al., 2016) created the ARTIC measure because of the need for a nonobjective way to determine readiness for trauma-informed care. The questionnaire consists of seven subscales that in conjunction can determine readiness for trauma-informed care.

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The developers used a confirmatory factor analysis to test the constructs of this study. The factor analysis verified that the constructs were in alignment with the researchers' understanding of what the construct was intended to measure. In this questionnaire, constructs are represented by subscales; therefore, construct and subscale are interchangeable. Goodness of fit for the model was determined by using various methods: "Chi-square (X^2), ratio of Chi-square to degrees of freedom (X^2/df), the rootmean-square error of approximation (RMSEA) with confidence intervals, the standardized root mean residual (SRMR), the comparative fit index (CFI), and the non-normed fit index (NNFI)" (Baker et al., 2016, p. 67). Goodness of fit is used to determine the strength of the model as it relates to the data and how well the model supports the predicted values of the data (Field, 2015). The fit statistics support the seven scale model: "Satorra-Bentler scaled X^2(919) = 1867.77, p < .001, X^2/df = 2.03, RMSEA = .037 [.034, .039], SRMR = .049, CFI = .894, and NNFI = .885" (Baker et al., 2016, p. 67). The goodness of fit was verified by the appropriate cut scores of the X^2, which supported the claim that the seven-factor model suited that data well (Baker et al., 2016).

Scale Reliability

Cronbach's alpha was used to assess reliability of the subscales and overall instrument. Cronbach's alpha measured the internal consistency reliability of the subscale to determine how the seven subscales are related as a group. Cronbach's alpha is determined by the number of questions in the survey, multiplied by the average covariance between questions divided by the total of all the elements in the matrix (Field, 2015). Since the questionnaire uses a Likert scale, the Cronbach's alpha is a good measure of scale reliability. The internal consistency is determined by analyzing the

alpha values. The minimum acceptable alpha value is .70; anything below this value is

considered to have low internal consistency. The maximum expected alpha value is .90;

anything above this value is considered high and superfluous. The ARTIC-45 has a very

strong internal consistency reliability (.91). The subscale alphas all fit within the range to

show good to very good internal consistency reliability (see Table 4). Subscale 5

"reactions to work" yielded the lowest reliability score (.71), and subscale 7 "system

wide support of trauma" yielded the highest reliability score (.81). Moreover, "Test-retest

reliabilities were calculated using Pearson's product moment correlations. Test-retest

correlations were strong, with correlations of .84 at B120 days, .80 at 121–150 days, and

.76 at 151–180 days for the ARTIC-45" (Baker et al., p. 76).

Table 4

Internal Reliability of ARTIC- 45 and Subscales

Subscale	Items	Cronbach's Alpha
1	1, 6, 11, 16r, 21, 26r, 31	.78
2	2r, 7, 12r, 17r, 22r, 27, 32r	.76
3	3r, 8, 13r, 18, 23r, 28, 33r	.72
4	4, 9r, 14, 19r, 24r, 29, 34r	.79
5	5, 10r, 15r, 20, 25r, 30, 35r	.71
6	36r, 38recode, 40r, 42r, 44recode	.80
7	37recode, 39r, 41r, 43recode, 45r	.81
Overall ARTIC-45	1 – 45	.93

Note: From ARTIC-45 survey

Data Collection Procedures

Using a secure online data collection platform, the data were collected through surveys that were emailed to school administrators in the first ring suburban districts of Cleveland. Included in the email was an introduction of the researcher, an overview of the research, and a link to the survey. The researcher agreed to follow the terms-of-use guidelines set by the company. Participants who clicked the link were led to the online survey. The first page of the survey was an informed consent, where surveyors had to click "I agree" to be able to move forward with the survey. Surveyors were informed that "I agree" means that they authorized their results to be included in the study. The willing participants were then asked about demographic characteristics, such as gender, educational level, years of experience in education, number of students in school, building level, and community type before moving on to the ARTIC-45 questionnaire. The results of the study are confidential and no identifying information was included in the study.

After data collection, the data were uploaded into SPSS, a statistical analysis platform. Data will be stored in accordance with Youngstown State University's data storage policy. These procedures are aligned with the guidelines set forth by both the American Psychological Association and Youngstown State University.

Data Analysis

The data from the survey were analyzed using quantitative and qualitative methods. Upon completion of the survey through the secure online platform, the data were downloaded to an excel spreadsheet.

The quantitative data were then uploaded to the SPSS statistical analysis program to be analyzed using descriptive statistics. Descriptive statistics make data pliable and

understandable, reducing them into a simpler format for analysis (Trochim & Donnelly, 2008). Measures of central tendency were conducted in order to summarize the mean, median, and mode of the data set. The personal demographic questions were used to gather information, provide context to the study, and provide implications for the practice and future research.

All scales were scored from 0 (lowest) to 7 (highest). Items were averaged into subscales and frequencies were run to obtain means, standard deviations, and ranges for each subscale and the total. Two-tailed Pearson's correlations were also run between scales and the demographic items to examine the relationship between the administrators' attitudes toward trauma-informed care and demographic factors. The items for subscales 6 and 7 had an N/A option for those whose schools did not have a trauma-focused program. A variable was also computed for whether principals said their schools had a trauma-focused program (0 = no, 1 = yes), and the item was correlated with demographic items using Pearson's two-tailed correlations.

After analysis of the ARTIC-45 survey results, participants were divided into one of three levels according to their mean scores on the trauma- informed scale. Mean scores between 1-3 were placed in the low level of trauma informed. Mean scores of 4-5 were placed in the medium level of trauma informed. Mean scores of 6-7 were placed in the high level of trauma informed. Mean scores were computed for each of the subscales, as well as for the overall instrument.

When Cronbach's alphas were computed for scales in the present study, they were acceptable ($\geq$ .60) for subscale 2 (alpha = .72), subscale 5 (alpha = .64), subscale 6 (alpha = .66), and subscale 7 (alpha = .84). Three subscales did not have alpha of $\geq$ .60, and so

subscales were built using as many items as possible to create subscales with alpha > .60. Subscale 1 had alpha of .60 when item 6 was deleted. Subscale 3, on the job behavior, had two subscales with alpha ≥ .60 and one near .60: items 18 and 23r (Healthy accountable relationships with students, alpha = .91), items 8 and 13r (Don't take things personally, alpha =.69) and items 28 and 33r (Tolerate student upset, alpha =.57). Subscale 4 had alpha of .64 for items 4, 9r, and 19r. To compute the total alpha, all items were used and alpha was .82.

The qualitative data were analyzed and compared using inferential statistics. Inferential statistics allowed the researcher to draw conclusions from the data set (Trochim & Donnelly, 2008). Systematic coding was used to synthesize the responses from the open-ended survey questions. The coding assisted with finding patterns, categorizing information, and linking them to concepts (Merriam & Tisdale, 2016). These categories were then reviewed to identify common themes and data trends. Items from qualitative coding of restorative justice questions were also coded for each theme (0 = theme not present, 1 = theme present). Percentages for each theme were computed, and two-tailed Pearson's correlations were run among the qualitative themes and demographic items. Relevant themes to trauma informed and restorative practices were extracted and listed.

Limitations

The newness of the measure is one limitation of the study. As the ARTIC Scale is a relatively new measure, norms based on a large national representative sample have not been established (Baker et al., 2016). The survey is also a self-reporting of the educator's perception. This can lead to problems with external validity as perceptions are dependent

on the individual and may not accurately reflect actual practices. This study is descriptive. As a result, it does not permit causal conclusions about the impact of the inquiry-based process on short- and long-term outcomes. However, it does permit identification of areas of strengths in the domains that schools can draw from when developing their plans.

Summary

The purpose of this chapter was to describe the methodology for this research study and state the research questions and hypotheses for the study. This quantitative, descriptive survey design was used to assess educators' attitudes toward trauma-informed care. Qualitative survey questions were added to the end of the survey to further explore principal's preparedness to lead staff to meet the needs of their students. This chapter clarified the research design, sampling procedures, intended participants, and data collection procedures used in this research. It also described the instrument used and listed the limitations of the study. Finally, demographic and school factors were used on the survey to assist with data analysis. The data collected from this research will add to the literature on leader's beliefs about trauma-informed care and restorative practices.

CHAPTER IV

RESULTS

This quantitative, descriptive study assessed principals' attitudes toward the

trauma-informed care model and their perceptions about the implementation of

restorative practices. The researcher used a web-based survey to collect data. This chapter

describes the school and the demographics of respondents, responses to the ARTIC-45

Trauma Informed Survey, and responses to open-ended questions. Furthermore, findings

are presented as they relate to all three research questions.

The survey was emailed to 96 prospective participants in the First-ring school

districts of Northeast Ohio. According to Taherdoost (2017), 77 respondents were needed

to have a confidence interval of 95% and an error rate of 5%. The researcher received 19

responses to the survey, which resulted in a 20% response rate. The low response rate

decreases the generalizability of the research findings (Trochim & Donnelly, 2008). The

small sample size, low response rate, and homogeneity of sample may result in a Type II

error. Type II errors are common in survey research and may cause an acceptance of the

null hypothesis even if it is false (Trochim & Donnelly, 2008).

Participant Response

Principals in the First-ring districts of northeast Ohio were the target population

for this study. The First-ring District Consortium consists of 16 school districts that

border the greater Cleveland municipal school district. A voluntary survey was sent

electronically to participants along with three follow-up emails. The survey remained

open for 3½ weeks to provide ample response time.

An embedded link in the invitation email took participants to the confidential survey. The survey began with a consent form that outlined confidentiality measures and informed participants of risks associated with the survey. After consent, participants completed school and personal demographic questions. They were then led to the ARTIC-45 survey that asked questions pertaining to their attitudes and beliefs about trauma-informed care. Finally, participants responded to five open-ended questions about restorative practices. These data were used to answer research questions for the study.

Demographic Summary

Demographic questions in the survey provided context about the participants' gender, race, and number of years as an administrator. Table 5 shows the demographic characteristics of the respondents. School demographic questions in the survey provided context about the characteristics of schools. Table 6 shows the grade-level of the building, geographic area, and poverty level of the school. Table 7 shows the racial makeup of schools. State and national percentages for demographic characteristics are represented in this study for comparison. Comparisons can be used as a reference point to make an assessment of whether or not the sample is representative of the population. A representative sample is essential in research to ensure all types of populations are included which reduces bias (Trochim & Donnelly, 2008).

Participant Demographics

Table 5 shows that of the 19 respondents, 68% were female and 32% male. The national average is 54% female and 46% male (NCES, 2020b). The majority at 79% of principals were White and the minority at 21% were Black. No Hispanic administrators completed the survey. The national average for principals is 78% White and 11% Black,

with Hispanic principals and Other principals making up 12% of the principal population

(NCES, 2020b). This indicates that the sample is not representative because of the lack of

representation of Hispanic principals and the disproportionate number of Black

principals. The percentage of White principals that completed this study (79%) was

similar to the national average (78%) (NCES, 2020b).

Of the administrators that responded to the survey, over half (53%) had 20 or

more years of experience as an administrator, whereas 5% of administrators had 5-10

years of experience, 16% had 11-15 years of experience, and 26% had 16-20 years of

experience. The national average is 6.8 years as an administrator (NCES, 2020b), so this

sample had more experienced administrators.

Table 5

Demographics of Participants

Characteristic	N	%	State %	National %
Gender				
Male	6	31	67	46
Female	13	68	33	54
Race				
White	15	79	87	78
Black	4	21	10	11
Hispanic	0	0	#	9
Other	0	0	#	3
Number of years as administrator				
0-4	0	0	#	#
5-10	1	5	#	#
11-15	3	16	#	#
16-20	5	26	#	#
20+	10	53	#	#

Note: This table reports the characteristic of participants (gender, race, experience). State and national percentages are included for comparison. Source: National Center for Education Statistics & Ohio Department of Education. # = non reported number.

School Demographics

      Table 6 shows that administrators of elementary or elementary/middle schools

comprised 58% of respondents. Administrators of middle, middle/high or high schools

comprised respectively 11%, 16%, and 16% of respondents. The majority (63%) of

administrators identified their school districts as urban, 37% as suburban. Of Ohio's 609

school districts, 9% are urban districts (with 25% of Ohio students) and 20% are

suburban districts (with 34% of Ohio students; NCES, 2020b). Thus, urban districts were

overrepresented in this study. With regard to the poverty level of their schools, 42% of

principals identified it to be 25% or less; 47% to be 51%-75%; and 11% to be higher than

75%. In Ohio, 49% of students are classified as economically disadvantaged (ODE,

2020), similar to the 58% reported in this study.

Table 6

Characteristics of Schools

Characteristic	*N*	%	State %	National %
Grade level of building				
Elementary	9	47	#	#
Elementary/middle	2	11	#	#
Middle	2	11	#	#
Middle/High	3	16	#	#
High	5	16	#	#
Geography of school district				
Urban	12	63	28	19
Suburban	7	37	33	45
Rural	0	0	15	22
Poverty Level				
25% or less	8	42	#	#
26% - 50%	0	0	#	#
51% - 75%	9	47	#	#
Higher than 75%	2	11	#	#

Note: This table reports the characteristics of the schools (building level, typology, poverty level). State and national percentages are included for comparison. Source: National Center for Education Statistics & Ohio Department of Education. # = non reported number.

The final school-factor question sought to identify the racial makeup of the schools (Table 7). Of the study's 19 respondents, the majority (79%) said they had a majority of White students, and 42% said the school's population was more than 70% White students. Principals from six of seven suburban schools reported a majority of White students. About one fifth (21%) of respondents reported their school's Black students to be the majority, whereas other principals estimated Black student percentages from 1-20%. Hispanic students reportedly ranged from 0-25% of students in the school: 0% to 8% in the majority of schools, and 10%-25% in five schools. Students in the Other ethnic category made up a small portion of students, at most 10% in two schools. The Ohio Department of Education reports average student makeup as 69% White, 17% Black, 6% Hispanic, and 8% Other.

Table 7

Racial Makeup of Schools

School	% White	% Black	% Hispanic	% Other
1[a]	80	10	5	5
2	87	7	4	2
3[a]	94	4	1	1
4	1	97	1	1
5	75	7	12	6
6	7	93	0	0
7[a]	75	20	4	1
8[a]	2	96	1	1
9	85	12	3	0
10	93	1	3	3
11	90	5	4	1
12	80	8	2	10
13	60	15	15	10

14[a]	72	7	13	8
15[a]	76	15	8	2
16	12	87	1	0
17	56	20	15	9
18[a]	90	2	4	4
19	55	15	25	5
State %	69	17	6	8
National %	49	15	26	9

Note: [a] Schools in suburban districts. State and national percentages are included for comparison. Source: National Center for Education Statistics and Ohio Department of Education. # = non reported number.

The researcher also used Pearson's two-tailed correlations to measure the relationships among the demographic factors (Table 8). White principals all said they had a majority of White students, and Black principals all said they had a majority of Black students. Coding system was used for urban and suburban schools. When there is a positive correlation with this variable, it means a positive correlation with suburban (the higher numbered code). When there is a negative correlation with this variable, it means a positive correlation with urban (the lower numbered code). There was a negative correlation between reports of school location and school poverty level, $r(N = 19) = -.47$, $p = .04$; principals in urban schools (coded 1) reported higher levels of school poverty than principals in suburban schools (coded 2) did. There was also a negative correlation between reported percentage of White students and school poverty level, $r(N = 19) = -.47$, $p = .04$.

Table 8

Correlation of Demographic Factors

	Variable	1	2	3	4	5	6	7	8	9	10	11	12
1	Gender												
2	Race	.07											
3	Years as Administrator	-.18	.13										
4	Elementary	.11	-.08	.36									
5	Middle	.05	.14	-.22	_								
6	High	-.03	.2	-.32	_	_							
7	School Location	-.19	-.13	-.1	-.23	.1	.19						
8	Poverty Level	-.14	.34	-.12	.11	-.28	.14	-.47*					
9	Lo Hi Poverty	-.12	.18	-.22	.14	-.23	.12	-.45*	_				
10	% White	_	-.94*	-.13	.01	-.21	-.14	.17	-.47*	-.33			
11	% Black	.02	.99*	.16	-.09	.16	.22	-.12	.38	.22	-.97		
12	% Hispanic	-.05	-.45*	-.09	.38	.09	-.3	-.14	.25	.38	.14	-.38	
13	% Other	-.11	-.48*	-.29	.16	.08	-.43	-.11	_	.1	.25	-.44	.6

Note. $N = 19$. *$p < .05$.

Research Question 1

Where do administrators' attitudes toward trauma-informed care fall on the trauma- informed care scale?

The Attitudes Related to Trauma Informed Care (ARTIC-45) Scale was used to assess administrator's attitudes toward the trauma-informed care model. The seven subscales for attitudes were: (1) underlying causes of problem behavior and symptoms, (2) responses to problem behavior and symptoms, (3) on-the-job behavior, (4) self-

efficacy at work, (5) reactions to the work, (6) personal support of trauma-informed care, and (7) system-wide support for trauma-informed care. The questionnaire utilized a bipolar 7-point Likert scale (1 = least favorable, 7 = most favorable). For the final two subscales, respondents whose schools did not have trauma-informed care could check N/A. The averages or mean scores were used to determine ratings on the ARTIC scale. Low scores are shown by mean scores of 1-3, medium scores by mean scores of 4-5, and high scores by mean scores of 6-7. An administrator's overall attitude toward trauma-informed care was determined by averaging the subscales.

There are seven items in each of the core subscales and five items in each of the supplementary scales. An internal consistency measure was run to measure scale reliability. When Cronbach's alpha was computed for scales in the study, they were acceptable. Subscale 3, on the job behavior, was broken down into smaller subscales: healthy accountable relationships with students (items18 and 23), don't take things personally (items 8 and 13), and tolerate student upset (items 28 and 33).

On average, respondents had favorable attitudes about trauma-informed care, $M = 5.56$, $SD = 0.42$, range = 4.60 to 6.16 (Table 9) and about responses to problem behavior, have healthy accountable relationships with students, and reported self-efficacy at work. Moderately favorable attitudes were reported for underlying causes of problem behaviors and symptoms, reactions to the work, receiving personal support for trauma-informed care, and system-wide support for trauma-informed care. Subscale items with the lowest scores (about 3, or below neutral) were those about tolerating student upset, and reports of reactions to the work or of system-wide support for trauma-informed care.

Table 9

Descriptive Statistics of Subscales

Subscales	N	M	SD	Range
1. Underlying causes of problem behavior/symptoms	19	5.26[b]	0.66	3.50-6.50
2. Responses to problem behavior and symptoms	19	6.03[a]	0.62	4.86-7.00
3. On-the-job behavior				
Have healthy accountable relationships with students	19	6.74[a]	0.54	5.00-7.00
Don't take student behavior personally	19	6.29[a]	0.79	4.50-7.00
Tolerate student upset	19	5.71[a]	0.83	3.00-7.00[c]
4. Self-efficacy at work	19	6.07[a]	0.85	4.00-7.00
5. Reactions to the work	19	4.82[b]	0.65	3.31-5.55[c]
6. Personal support of trauma-informed care	15	5.45[b]	0.70	4.00-6.40
7. System-wide support for trauma-informed care	14	4.73[b]	1.19	2.80-6.60[c]
Total	14	5.56[a]	0.42	4.60-6.16

Note: Trauma-informed-care items rated 1-7, least favorable =1, most favorable = 7. Means rated [a] Favorable (6-7); [b] Moderately favorable (4-5). [c] Subscales with lower scores (3, below neutral).

Two-tailed Pearson's correlations showed that reporting more favorable attitudes about underlying causes or symptoms of problem behavior correlated positively with reporting more favorable attitudes about responses to trauma, $r(N = 19) = .73$, $p < .001$, and about favoring healthy, accountable relationships with students, $r(N = 19) = .61$, $p = .01$. More favorable responses about trauma also correlated positively with reports of tolerating student upset, $r(N = 19) = .65$, $p < .001$. Respondents were also less likely to report taking student problem behaviors personally if they reported more personal support for trauma-informed care $r(N = 15) = .62$, $p = .01$ and more system support for trauma-informed care $r(N = 14) = .59$, $p = .03$. Personal and system support for trauma-informed care were also positively correlated $r(N = 14) = .59$, $p = .03$.

Research Question 2

In what ways are building level, race, typography, and poverty levels associated with administrators' attitudes toward trauma-informed care?

The researcher also ran Pearson's two-tailed correlations to determine if there were significant correlations between administrators' attitudes toward trauma-informed care (ARTIC scale score) and building level, race, typography, or poverty levels (Table 10). Correlations showed less favorable attitudes about underlying causes of problem behavior and symptoms among Black principals, $r(N = 19) = .51, p = .03$, and among principals with a higher percentage of Black students $r(N = 19) = .48, p = .04$. Principals with a higher percentage of Hispanic students tended to report more favorable attitudes about problem behaviors and symptoms in schools, $r(N = 19) = .49, p = .03$. Principals were more likely to say they didn't take student behavior personally if they were less experienced, $r(N = 19) = -.45, p = .05$, or in schools with a higher percentage of students of Other ethnic backgrounds, $r(N = 19) = .53, p = .02$. Principals in schools without a trauma-informed focus tended to be from suburban schools, $r(N = 19) = .53, p = .02$, and to report less school poverty, $r(N = 19) = -.46, p = .05$.

Table 10

Correlations Between ARTIC Scale and Demographic Factors

Variable	Underlying cause of problem behaviors or symptoms	Responses to problem behaviors or symptoms	Tolerate student upset q28 and q33	Don't take things personally q8 and q13	Healthy accountable relationships with students q18 and q23	Self-efficacy at work	Reactions to the work	Personal support for TIC	System support for TIC	TOTAL
School No TIC	.13	.03	.06	-.07	.07	.24	.11	-.18	_	_
Gender	-.19	-.15	-.09	.03	-.34	-.03	.07	-.4	.01	-.18
Race	-.51*	-.42	-.19	-.36	-.36	.32	.11	-.05	.09	-.22
Years as Administrator	-.31	-.37	-.1	-.45*	-.13	.02	-.23	-.28	-.33	-.52
Building Level	.35	.19	-.15	-.1	.42	.1	.27	.19	-.05	.12
Elementary	-.37	-.11	.32	.04	-.43	.03	-.34	-.15	-.02	-.15
Middle	.22	-.04	-.36	.21	.28	-.28	.07	.14	.3	.22
High	.25	.26	.09	-.26	.34	.08	.19	.11	-.03	.11
School Location	.17	.04	.12	_	.18	.29	.26	.04	.18	.44
Poverty Level	-.07	.23	.23	-.37	-.15	-.02	-.37	-.2	-.38	-.38
LoHiPoverty	.04	.37	.32	-.23	-.02	-.1	-.35	-.11	-.29	-.22
% White	.43	.31	.16	.3	.35	-.34	-.07	.06	-.12	.13
% Black	-.48*	-.4	-.19	-.38	-.34	.33	.1	-.08	.09	-.21
% Hispanic	.39	.49*	.32	.3	.14	-.07	-.3	-.02	-.08	.26
% Other	.21	.19	-.13	.53*	.02	-.04	.17	.32	.29	.51

*Note. N=20. *p<.05*

Research Question 3

How do administrators' attitudes toward trauma-informed care influence their perceptions about the implementation of restorative practices?

Administrators who completed the survey were also given five open-ended questions to ascertain their perceptions about restorative practices and implementation of restorative practices in their schools. All respondents completed the questionnaire. Tables

11, 12, 13, 14, and 15 summarize the responses to the questions and identify several themes that emerged after analysis.

Responses to the first question (Table 11) indicated the extent to which respondents' schools implement restorative practice: not at all (21%); minimally: just beginning or limited (26%); on a case-by-case basis (16%); progressing: have specific practices or programs (26%), or full implementation (16%). Almost half of respondents said their school did not use restorative practices or implemented them at a minimal level as they were only just beginning to implement these practices. One participant responded that, "Restorative practices are implemented on a limited basis. This is something that we want to implement on a larger scale." Two respondents also said they implemented restorative practices on a case-by-case basis. For example, one participant responded that implementation "depends on the infraction and the adult working with the child." Respondents whose answers indicated that implementation was in progress mentioned use of restorative practices with teachers, small groups, as community service and an alternative to suspension, or as a response to specific events. Respondents noting full implementation mentioned restorative practices in place for more than one year, schoolwide and in all classrooms, or on a daily basis.

Table 11

Summary of Open-Ended Survey Item About Extent to Which School Uses Restorative

Practices

Extent that school uses restorative practice	Responses to question "To what extent does your school implement restorative practice?"
Not at all	• Currently we do not use restorative practices • Not much at all • I'm new here, I'm unsure • We need to focus more on restorative practices and implement more examples
Minimally: beginning or limited	• Just beginning to with counseling department and special programs • We started by training intervention specialists, but nothing beyond • In the beginning stages • Restorative practices are implemented on a limited basis. This is something that we want to implement on a larger scale • Awareness of the practice is there but there are consistent inconsistencies with implementation.
Case-by-case basis	• Depends on the infraction and the adult working with the child • Whenever possible or appropriate
Progressing: Specific practices and programs	• Beginning stages. Students that are assigned an OSS or ISI because of inappropriate behavior or conflict with an adult go through a restorative process meeting with the teacher that is facilitated by the administrator or counselor. • Restorative practices and small groups • Have held this belief as a school for a few years and are now implementing more structurally • Through community service and alternative to suspension programs • We implement restorative practices in an informal manner when specific events occur
Full implementation	• We have practices in classrooms and school-wide • Used daily • To a great extent. Restorative practices have been implemented consistently for no less than two full years

Note. This table organizes themes from survey question 1, extent to which school implements restorative practices.

The second open-ended survey question asked about barriers to successfully

implementing restorative practices (Table 12). Four themes emerged. More than half of

the principals mentioned (a) lack of resources (58%), including time (37%), staffing

(26%), money (16%), organizational resources (11%), and ideas (5%); also mentioned

were (b) concern about adequate training, including booster training and time for reflection (37%); (c) lack of teacher support/buy-in (37%), and (d) lack of parental support (11%). With regard to proper training, one principal mentioned, "being trained to fully implement and also reflective time to make adjustments." With regard to lack of staff buy-in, one participant wrote:

> Getting staff to be understanding of the need for restorative practices vs. the need to ensure students are covering the curriculum. Many lack the understanding that if a student isn't in a good place mentally, it doesn't matter what you are teaching them. Some students need the mental health support time put before the curriculum learning time.

Another respondent wrote that the biggest barrier is "teacher perceptions that the response is not sufficient." Finally, lack of parent support was mentioned, but not as a major theme.

Table 12

Summary of Open-Ended Survey Item About Barriers to School Use of Restorative Practices

Theme	Responses to question "What are some barriers to successfully implementing restorative practices in your school?"
Resources	• Time, staffing, ideas. • Personnel and money • Time - enough time to implement • Time, funds, personnel, and adequate materials • Time and people resources. Competing needs. • Limited resources available to administration in regard to implementation of restorative practices • Time and personnel to hold restorative circles. Mental health resources. • Time, organization • Manpower • Time • Reflective time to make adjustments

Teacher support/ buy in	• Teacher perceptions that the response is not sufficient • Teacher understanding, buy-in and capacity were a barrier. Our school has had some extraordinarily disruptive and dangerous behaviors over the last several years. These extreme behaviors sometimes cause staff, students or parents to want "punishment" and "consequences." Working through these responses has been a challenging task that I believe we have led successfully • Getting staff to be understanding of the need for restorative practices vs. the need to ensure students are covering the curriculum. Many lack the understanding that if a student isn't in a good place mentally, it doesn't matter what you are teaching them. Some students need the mental health support time put before the curriculum learning time. • Teacher attitudes towards restorative practices. Overcoming past practices • Teacher buy-in • Adult buy-in to learning about and implementing the practices. • 100% buy-in from staff.
Training	• Training, understanding, and aligning. • Training • Ongoing and booster training • Proper training. • Being trained to fully implement and reflective time to make adjustments. • Training, revisiting and refreshing • Lack of training
Parent support	• Parent perceptions that the response is not sufficient • Parent and family partnership

Note. This table organizes themes from survey question 2, barriers to implementation.

The third open-ended survey question sought to identify strategies that are currently being utilized in respondents' schools, with principals mentioning student-centered strategies (68%) or staff professional development (26%; Table 13). Student-centered strategies (in which students were the focus of the intervention or program) included counseling services, supportive services, mentoring programs, implementation of research-supported curriculum, and positive-behavioral interventions and strategies. Principals mentioning student-centered resources were especially likely to be women, $r(N = 19) = .57$, $p = .01$, and to note lack of resources for restorative practices in the question above, $r(N = 19) = .57$, $p = .01$. Staff-centered strategies for developing restorative practices focused on professional development and developing understanding in staff that work with students. One respondent wrote, "ongoing professional development has

occurred for both classified and certified staff." Another stated the importance of

"ensuring that staff has the capacity and mindset for this work." The respondent shared:

> The elements of Restorative Practices are the foundation of our work to Build
>
> Resilient Learners. This started with ensuring that staff has the capacity and
>
> mindset for this work. Clarifying this message and remaining aware of our status
>
> in this regard is an ongoing effort.

People mentioning staff-centered resources, such as professional development, were

especially likely to be men, $r(N = 19) = .65$, $p < .001$. Men also were more likely to note

lack of staff buy-in for restorative practices, $r(N = 19) = .53$, $p = .02$, in the question

above.

Table 13

Summary of Open-Ended Survey Item About Current Strategies For Using Restorative

Practices

Theme	Responses to question "What strategies are you currently using to support the implementation of restorative practices at your school?
Student - centered	• Follow up with counselors and social worker. Reflection. Mediation. • We have formally implemented Restorative Circles. We utilize (and have utilized for two full years) Second Step in every classroom K-4. • Implementing school-wide coping procedures and strategies to minimize school issues discipline. • PBIS programming using consistent expectations and language so all students know and learn the same expectations; guidance department improvement plan to teach strategies to help improve behavior and success, conferences and meetings with students, teachers, counselors, and home liaisons. • Community service, credit recovery, advisory • Restorative circles/meetings • Admin Respectfully supports the student to follow through and checks in periodically to provide feedback on their progress • apology - written and spoken • student developed ways to "fix" the problem, situation • restorative social stories, and scripts • Have scheduled morning meeting times. • Mentoring programs • Processing events, actions, and behaviors with students and connecting them to outcomes.

	• Consequences involve apologies of actions, care for victim, logical consequences • Daily morning messages, discussion circles • Principal uses restorative circles for conflict related issues. • Conflict resolution
Staff professional development	• The elements of Restorative Practices are the foundation of our work to Build Resilient Learners. This started with ensuring that staff has the capacity and mindset for this work. Clarifying this message and remaining aware of our status in this regard is an ongoing effort. • Ongoing professional development has occurred for both classified and certified staff. • PD for all • Focusing conversations/faculty meetings and PD opportunities. • Mentoring programs. Providing limited PD.

Note. This table organizes themes from survey question 3, current strategies used.

When asked which restorative practices strategies they prefer to use in the school setting (Table 14), 26% each of respondents listed conferences, circles, and/or meetings, and 37% stated "all." Administrators with fewer years of experience were more likely to say "all," $r(N = 19) = -.82, p < .001$. According to one respondent, "There are different approaches needed for different situations." Another respondent stated that, "We need to find a way to understand where the student is coming from, the barriers and obstacles that they face, and a starting point to help them."

Table 14

Summary of Open-Ended Survey Items About Preferred Aspects of Restorative Practices

Supported restorative practices	Response to question "What aspects of restorative practices do you support (i.e., conference, meetings, circles)? Why?"
Conference	• Conferences - because it is personal, individualized and allows opportunities for the student to develop their own ideas on how to improve • Conflict resolution, conferences
Circles	• We have successfully implemented Restorative Circles and have found this work to be impactful. With empowered, passionate and trained staff, this can be a wonderful support. Our response to misbehaviors is always grounded in restorative practices, which simply seems non-negotiable now that we understand what that means and the consequences of failing to do so.
Meetings	• Meetings- to ensure that all parties are working towards a common goal, progress monitoring of that goal, adding (for areas of improvement) strategies and becoming

	aware of what needs to improve and making changes to the process (as improvement occurs).
	• Working one-on-one or with small groups with admin or home liaisons- building relationships and listening to students processing actions and discovering their why
Multiple	• Conference, circles. I have had previous experience in my last district with both of those and we have found them to be effective
	• Conferences, circles and meetings
	• Conferences, meetings, have the most effectiveness
	• Circles, morning meetings
All	• All. It has a more lasting impact and can change behaviors.
	• All of them. We need to find a way to understand where the student is coming from, the barriers and obstacles that they face, and a starting point to help them. If we don't have healthy relationships, respect and trust, the students will not open up to us causing us to try to solve a puzzle without the majority of the pieces.
	• All of the above as there are different approaches needed for different situations.
	• All of the above
	• All, with some punitive consequences when it comes to safety of others
	• All
	• Research supports Restorative Practices

Note. This table organizes themes from survey question 4, aspects of restorative practices supported and Why.

The final open-ended survey question asked participants to identify supports

needed to effectively implement restorative practices in their schools (Table 15). The

most often mentioned support needed was training (53%). Respondents wrote that

ongoing specific training, district-wide professional development and support for staff

were necessary. The second support identified was resources (42%), such as time, staff,

funding (e.g., for staff stipends), programs, and materials. One respondent wrote, "A

minimal amount of funding would enable us to continue/grow the Restorative Circles."

According to respondents, the final support needed was buy-in to the idea of restorative

practices (26%). One respondent stated that it is important for "staff to continue to grow

in their understanding and acceptance of restorative practices instead of traditional

punitive strategies."

Table 15

Summary of Open-Ended Survey Items About Supports for Implementing Restorative

Practices

Theme	Response to question "What additional support do you need to implement more Restorative Practice strategies at your school?"
Training	• District wide pd • Ongoing specific training for those staff members that facilitate the Circles is critical. • Appropriate training for staff • Training (mentioned twice) • Time, Training, Professional Development • TIME for PD • Continued PD, support in the curriculum to stop and teach restorative practices, • More manpower and PD where adults here can witness other Restorative Practices in real time. • Additional time to professional develop staff on restorative practices that can be used not only during conflict but incorporate these practices in daily instruction.
Resource	• A minimal amount of funding would enable us to continue/grow the Restorative Circles (of course, this is an "off year" in terms of funding and access to students). • A variety of resources and or programs that can assist in the implementation restorative practice • Time, training, funds, materials, and personnel. • Additional time to professionally develop staff on restorative practices that can be used not only during conflict but incorporate these practices in daily instruction. • Scheduling and stipend/staff or planning time support to be able to have a time during the day and personnel for restorative practices. • Personnel • Time, training, funds, materials, and personnel. • People resources to assist during lunch and recess.
Buy-In	• We are doing this as a district, but need ongoing clarity and reinforcement of these topics. • Resolving conflicts, practices as they relate to students' behaviors vs. consequences. • Staff to continue to grow in their understanding and acceptance of restorative practices instead of traditional punitive strategies. • Collective understanding • District-wide support

Note. This table organizes themes from survey question 5, additional supports needed for implementation.

Summary

This study sought to explore school leaders' attitudes toward the trauma-informed care model and their perceptions about the implementation of restorative practices. Participants completed an online questionnaire which consisted of personal and school demographic questions, trauma-informed care questions and open-ended questions about restorative practices. This chapter presents the results from this study. The target population for this study were principals in the first ring districts of the greater Cleveland area of northeast Ohio. There are 16 school districts in the first ring with 96 Principals. Each principal received an invitation to participate in the survey, sent to their school email address. Of the 96 surveys that were sent, 19 were returned with valid responses, for a return rate of 20%. The data collected from these respondents were used to answer the research questions. The researcher used descriptive statistics and inferential statistics to analyze the results of this study.

The first research question sought to document administrators' attitudes toward trauma-informed care. Respondents showed favorable attitudes toward trauma-informed care as a whole with reported responses for subscales: responses to problem behavior, have healthy accountable relationships with students, and self-efficacy at work showing mostly favorable responses. Less favorable responses were reported for tolerating student upset, reactions to the work, and system-wide support for trauma-informed care,

The second research question sought to establish a relationship between school demographic factors and administrators attitudes toward trauma-informed care. Race of students is an important factor. Black principals and principals with higher percentage of Black students showed less favorable attitudes about underlying causes of problem

behaviors and symptoms. Conversely, principals of Hispanic students reported more favorable attitudes about problem behaviors and symptoms in schools. Furthermore, less experienced principals in schools with higher percentages of minority students were more likely to state that they don't take student behavior personally than more experienced principals in schools with lower percentages of minority students.

The third research question sought to analyze administrators' perceptions about restorative practices implementation. Participants answered five open ended questions. Inductive coding was used to analyze the survey questions in order to search and identify concepts and find relationships between them. The researcher analyzed each response to identify similar themes. Almost half of respondents indicated that they are just beginning to or are minimally implementing restorative practices. Lack of resources including time, staffing, money, and organizational resources; as well as concerns about adequate training and lack of teacher support/buy in were mentioned as barriers to successfully implementing restorative practices. Student-centered strategies such as conferences, circles, and/or meetings were identified as the most preferred strategies. Ongoing specific training, effective professional development and staff support are necessary to effectively implement restorative practices in schools.

Out of the 19 respondents that completed the survey, 68% were female, 79% were White, and 53% had more than 20 years of experience, which is disproportionate demographic makeup of principals according to national averages. Principals in urban districts (63%), principals in elementary and elementary/middle schools (58%), and principals in high poverty areas (58%) were more prevalent in this sample. Furthermore,

White student populations were reported at a higher rate (79%) than other racial

categories of students.

CHAPTER V

SUMMARY OF STUDY

This study sought to understand principals' attitudes and beliefs about trauma-informed care and their perceptions of the implementation of restorative practices. Developing a proactive approach to help students who are affected by trauma has become a major focus of many schools across the country (Taylor & Barrett, 2018). However, it is critical for school officials to understand the impact of trauma and the essential elements of a trauma-informed care approach (SAMHSA, 2014a). By understanding principal awareness toward trauma-informed care school officials may become better equipped to ameliorate the effects of trauma on students and the school environment (Baker et al., 2016).

The participants of this study were principals in the first ring districts of northeast Ohio. The first ring consists of 16 school districts that surround the city of Cleveland and face some of the same challenges related to poverty, transiency, diversity, and achievement as the larger urban Cleveland Municipal School District. The challenges faced by students in the first ring districts are risk factors for trauma exposure, making them susceptible to the effects of trauma. Principals need to have a better understanding of their own attitudes and beliefs toward trauma-informed care to ameliorate the effects of trauma in students and create learning environments that are safe for all students. This study provides a foundation for future research into understanding principals' attitudes and principal perceptions of restorative practice as a way to ameliorate trauma.

Additionally, the study looked at the relationship between demographic factors and principals' attitudes toward trauma-informed care. The demographic and school

factors explored were building level, race, typography, poverty level, gender, race, and years of experience. Furthermore, the study analyzed principals' perceptions of restorative practices in their schools. Restorative practice is a strategy that is used in schools to help students learn how to cope with their emotions, solve conflict, and restore relationships (Gregory et al., 2016). Analyzing the correlation of these factors can provide further insight into this area of study.

The target population for this study was principals in the first ring districts of northeast Ohio. The researcher sent 96 surveys to the identified principals. There were 19 participants who responded to the survey, resulting in a 20% response rate. Although the response rate of 20% is acceptable for online research, the low sample size of 19 respondents may not allow enough variation to evaluate differences (Taherdoost, 2017). The descriptive and inferential statistics were recorded, analyzed, and presented in the previous chapter in reference to demographic and school information and their relationship to attitudes about trauma and restorative practices.

This chapter closely analyzes the findings from the research data and the connections to the literature. Interpretation of findings are reported with caution due to low sample size. This chapter includes a summary of the findings, discussion of the findings, significance of the study, recommendation for future practice, recommendation for future research, and conclusion.

Summary of Findings

The summary of findings section discusses the results of the study and highlights its meaning. This section also discusses how the findings are supported in the literature and connected to the theoretical framework. This section presents findings related to (1)

demographic data, (2) research question 1, (3) research question 2, (4) research question 3, and (5) threats to conclusion validity.

Demographic Information

The researcher emailed 96 surveys to principals in the first ring district of northeast Ohio. Of the 96 surveys sent, 19 were completed resulting in a 20% response rate. In order to have a 95% confidence interval with a 5% error rate, 77 respondents were needed for the study (Taherdoost, 2018). The low response rate decreases the generalizability of the study. Interpretation of findings are reported with caution due to the small sample size. Demographic questions were obtained from the participants asking their gender, race, and number of years as an administrator. School factor questions were also obtained that asked grade levels of building, geographic area, poverty level, and racial make-up.

Characteristics of Respondents

In this study, females had a higher response rate (65%) than males (35%), with urban females representing the majority of the female responses (68%). This is contradictory to research that report that males are more likely to complete electronic surveys (Mulder & Marika, 2019). However, this research also states that the topic of the study may entice or thwart responses, which could be the case for this study (Mulder & Marika, 2019). The topic of this research is very specific and linked to feelings and emotions. Therefore, it is possible that the emotional aspect of the research may be more appealing to women. According to Meshkat and Nejati (2017), women have higher emotional IQs than men. Emotional intelligence is the ability to understand your own feelings and emotions and how they interact and impact others. A person with high

emotional intelligence is compassionate and empathetic in their interactions with others which results in building relationships that are positive and mutually respectful (Meshkat & Nejati, 2017). This is a strength and asset for female leaders.

Principals from urban districts represented the majority of responses (63%) for this survey with urban female respondents (68%) being the majority of female responses. Urban principals may have a higher interest in this topic because students in urban areas are disproportionately impacted by trauma (Khalifa et al., 2018). Urban areas are conflicted with environmental factors such as substandard housing, inadequate education, unemployment, low wages, accessibility to proper health care, and exposure to violence, which directly or indirectly impacts student growth and development (Greeson et al., 2014). Banks and Meyer (2017) reported that "nearly 35 million children in the United States are living with emotional and psychological trauma" (p. 68). Most of these students reside in poverty-stricken, urban districts. Therefore, these schools must intervene with students and provide direct resources to students, families, and staff. Urban principals understand first-hand the ramifications of trauma impacted students from early childhood into adulthood and may have more of a vested interest in this topic and the desire to provide further insight.

The representation of White principals in this study (79%) are representative of the national average for White principals (78%). However, the national average for Black principals (11%) and Black principals who completed the study (21%) is not representative. This could be attributed to the geographic area of the study. The first ring districts consists of schools that have student populations that are either majority white or majority black. These districts also employ mostly White principals, so it is inevitable

that the majority of principals who completed the survey were White. Of the principals who completed the study, White principals all said they had a majority of White students and Black principals all said they had a majority of Black students. This could be the result of the hiring practices that exist for school principals.

Hiring committees tend to select principal candidates who reflect the racial and ethnic composition of the students they serve (Bailes & Guthery, 2020). In general, White managers tend to hire more White people and fewer Black people than do Black managers (Bailes & Guthery, 2020). These hiring practices reinforce the gap that exists between White and Black principals and hinders Black candidates from rising to the principalship. With fewer Black candidates obtaining principal positions, even fewer naturally accede to central office, thus diminishing the ability to influence or improve hiring practices. Currently, White principals outnumber Black principals by over 60% (NCES, 2019). These *disparities will continue to impact the racial makeup of principals*.

Characteristics of Schools

The research found a negative correlation of school location and school poverty, with urban principals reporting higher levels of poverty. This is not surprising information as the prevalence of poverty in urban areas is not a new phenomenon. Urban school districts have always been plagued with high poverty, low performing schools. The National Center for Educational Statistics (2017) reported that 19% of children under the age of 18 live in poverty and nearly 25% of students attend high poverty schools. The conditions created by poverty puts students at higher risk of encountering traumatic incidents (Blitz, 2016). Of the schools in the first ring districts, 56% are classified by the Ohio Department of Education as urban districts.

Intersectionality of poverty and race creates several dimensions of disadvantage for families, including low wages, insufficient health care, unemployment, and low educational attainment. As minority populations increased in the first ring districts so too did the poverty levels, which was a change for many of these. The shift in population and socioeconomic status can be attributed to white flight or white exodus, in which Whites migrated out of these areas as minorities (Black or people of color) moved in. The first impact of these migrations came after World War II and only affected the urban districts; recently, suburban districts are facing the same white flight or in some cases middle class flight (Key, 2017). As more minorities or people of lower socio-economic status move into suburban areas, White people and those that can afford it move out. This either increases the minority population or reduces the socioeconomic status of the cities or both.

As diversity increases in districts and schools, so too does the number of students who exhibit problem behaviors (Blitz et al. 2012). This change requires principals to create environments that are trusting and accepting of all students. They must focus on building trusting relationships with students, staff, and the community. Principals' mindset needs to adapt in order to make the necessary improvements in their skill set. Predominantly White principals in diverse districts may have difficulty making these adjustments. White principals say they are not prepared to handle the needs of diverse student populations, which in many instances, includes students who have experienced trauma (Johnston & Young, 2019). Therefore, principal preparation programs should better equip principals with the tools necessary to work in these environments.

Findings Related to Research Questions

Data collected from the survey were used to analyze results for this study. The researcher performed various statistical analysis pointed out in chapter III. This information provided the researcher with useful findings that will inform conclusions and provide further information for future analysis and study. The interpretation of findings is reported with caution due to the small sample size.

Research Question 1

This first research question focused on principals' attitudes and beliefs about trauma-informed care. Participant responses to the Attitudes Related to Trauma Informed Care (ARTIC-45) survey were analyzed using descriptive and inferential methods. The researcher used the Statistical Package for Social Sciences (SPSS) software to analyze results for this research question. The researcher calculated the averages or mean scores to determine principal's rating on the ARTIC scale. Both subscale ratings and overall ratings were recorded.

Research Question 1: Where do administrators' attitudes toward trauma-informed care fall on the trauma informed care scale?

The prevalence of trauma in school-aged children has become a growing concern for educators. School administrators are working tirelessly to create environments that resolve the effects of trauma on students and the entire school community. To understand how prepared administrators are to combat trauma in the educational settings, there must first be an understanding of their attitudes, beliefs, and behaviors toward trauma-informed care (von der Embse et al., 2019). This first research question investigates

where administrators fall on the trauma informed care scale. The research findings for research questions 1 are explained below.

Lowest Scoring Items

When analyzing subscale scores, those with the lowest scores of 3 or below neutral on individual items per analysis of range variability were tolerating student upset (3.00), reactions to the work (3.31), and systemwide support for trauma-informed care (2.80). Value scores of 3 or below neutral in a bipolar Likert scale means those items fall on the negative side of neutrality (Cacioppo et al., 1997). In this research study, these scores are considered unfavorable for trauma-informed care.

Tolerating student upset is the capability of administrators to accept student responses to traumatic events, even if the responses are not agreed upon. For students who experience trauma, these responses can be physical, emotional, cognitive, or behavioral (SAMHSA, 2014a). A low rating on this subscale emphasizes the belief that administrators are responsible for controlling student behaviors; and if behaviors are not controlled, then bad things will happen. There is the belief that students in a state of upset will cause harm to themselves, others, or property if something isn't done to stop the outbursts.

Reactions to work is the administrator's physical and mental response to the task or tasks associated with working with students that experience trauma. A low rating on this subscale emphasizes the belief that in order to effectively do their job administrators must be invulnerable and insusceptible to the effects of working with students who experienced trauma. Many administrators may not seek help or support from colleagues for fear of being seen as weak or incapable. Instead, these administrators may take on too

much without an outlet or plan to take care of themselves and acknowledge their own feelings and emotions (Brunzell et al., 2018).

Systemwide support for trauma is the interconnected networks in place to support the implementation of trauma-informed care. A low rating on this subscale emphasizes the belief that trauma-informed care is a passing phase that is not supported by administration. The low rating on the subscale indicates that respondents from this study may not feel supported by colleagues or supervisors in their efforts to implement trauma-informed practices.

These findings may suggest schools lack the necessary systemwide support to combat trauma. School personnel are frustrated with the current systems in place and the pressures they are faced with on a daily basis (Sotardi, 2018). SAMHSA (2014b) contends change is needed at multiple levels of an organization for development of a trauma-informed approach. Students benefit from the collaborative efforts of social workers, counselors, school psychologists, teachers, and administrators within the school setting (Banks & Meyer 2017; Iacbini et al., 2016).

Herrenkohl et al. (2019) suggested schools prioritize their efforts to better understand and compassionately serve students who have been traumatized. Fostering collaborations with community, parents, students, and teachers are critical first steps. Perry and Daniels (2016) supported the notion that concerted effort to increase the communication and collaboration among social service, government, medical, and educational agencies will improve schools 'ability to combat trauma.

This finding may also mean there is a need for principals to practice self-care. Principals need to be aware of the possibility of developing compassion fatigue and

vicarious trauma and secondary traumatization (Alisic, 2012). Working day in and day out with trauma impacted students, witnessing their emotional distresses, and tirelessly trying to help them resolve these issues can have a huge toll on principals. Alisic (2012) reported that intervening with students that experience trauma is overwhelming. Therefore, principals need to develop coping skills and work to seek support. It is important for principals to take care of themselves by adopting self-care strategies. These self-care habits will reenergize principals and help them stay motivated to help students.

Highest Scoring Subscales

Subscales with highest scoring means were responses to problem behavior and symptoms (6.03), healthy accountable relationships with students (6.74), and self-efficacy at work (6.07). The higher scores mean that respondent attitudes and beliefs were more positive along the bipolar continuum for these subscales (Cacioppo et al., 1997). The higher score from participants ranks these items as more favorable in this research study.

Responses to problem behavior emphasizes relationships, flexibility, kindness, and safety as the instruments of shaping behaviors and changing symptoms. This subscale emphasizes the belief that focusing on student strengths, helping them feel safe and cared for, and treating them with respect and kindness are important characteristics of an effective administrator. Favorable responses indicate that administrators in this study feel that focusing on healthy healing relationships is the best approach when working with students who have experienced trauma. A high rating on this subscale indicates a belief that positive relationships help students who have experienced trauma function more productively in the real world.

Having healthy accountable relationships with students is the belief that administrators are responsible for forming favorable bonds with students. A high rating indicates that administrators take ownership of their behaviors with students and are not afraid to admit to mistakes and faults. Answering favorably to this subscale emphasizes the belief that supportive and encouraging relationships formed with students lead to positive student outcomes.

Self-efficacy at work is an administrator's belief that they are able to meet the needs of traumatized students. A high rating on this subscale indicates that each day is treated as a new day with the possibility to make better decisions and choices. Favorable responses to this subscale indicate that administrators feel they have the skills and desire to do what it takes to help students. Favorable responses indicate an understanding that ups and downs are part of the work and not a result of abilities, therefore, difficulties related to the work are accepted and not taken personally. Effective student educator relationships are formed when educators have a positive view of their capabilities and a belief that they can do what is necessary to help students (Morgan et al., 2015). It is important to note that how an educator self identifies is important in building relationships (Morgan et al., 2015).

These findings may indicate that administrators understand the importance of building positive relationships with students and the impact these relationships have on ameliorating the effects of trauma. Research shows that stable and supportive relationships help students recover from trauma without lasting effects (Shonkoff & Garner, 2012). Effectively bonding with students helps them feel safe and secure (Souers & Hall, 2019). Anyon et al. (2018) reported that utilizing strategies to bond with students

positively impacts behaviors, resulting in decreased behavioral outbursts. Students thrive in environments that are promote supportive relationships and safe behaviors (Hopson et al., 2014).

Research Question 2

This second research question focused on school demographics and their relationship to principal attitudes. Participant responses to the demographic section of the survey were analyzed using descriptions and correlated to responses from the ARTIC-45. The researcher used the Statistical Package for Social Sciences (SPSS) software to analyze results for this research question. The researcher sought to determine the relationship between ARTIC rating and school building level factors. To investigate this question, the researcher ran Person's two-tailed correlations and analyzed results. The findings for research questions 2 are explained below.

> **Research Question 2: In what ways does building level, race, typography, and poverty levels effect administrators' attitudes toward trauma-informed care?**

The consequences of adverse childhood experiences can be long lasting for anyone, regardless of race, ethnicity, gender, geography, or socioeconomic status (Felitti et al., 1998; SAHMSA, 2014a). Although no one is immune to adversities, risk factors such as poverty, race, and geographical location increase the possibility of trauma exposure, thus making certain groups of people more vulnerable to the effects of traumatic experiences. (Blitz et al., 2016; Greeson et al., 2014). Research question number 2 examines if there is a relationship between administrators' attitudes toward trauma-informed care and building level, race, typography, and poverty levels.

The results from this study showed that Black principals and principals in schools with higher percentages of Black students (which were one in the same for this study) had less favorable attitudes about underlying causes of problem behavior. Underlying causes of problem behaviors emphasize behaviors and symptoms as adaptable and malleable versus intentional and fixed. The results may mean that Black administrators and administrators of predominantly Black school populations view student behaviors as deliberate and permanent. By rating this subscale low, Black administrators from this study may feel that students are responsible for their own behavior and change needs to happen at the student level, not the administrative level. If things are not going well, it is because students are not doing what they need to do. A low rating may emphasize a belief that behavior problems are rooted in students' behavioral or mental condition and is a result of their upbringing.

This finding may indicate a need to improve or increase the understanding and compassion for Black student populations. Culturally responsive leadership theory supports the necessity for leaders to be culturally responsive to the needs of minority students. Culturally responsive leaders are conscious of their own values, beliefs, and dispositions to ensure they are not bias in their interactions with minority populations. Disparities between the rates in which Black students are disciplined compared to White students persist in schools today. "Black students are more likely to be seen as problematic and more likely to be punished than White students are for the same offense" (Riddle & Sinclair, 2019, p. 255). The National Center for Educational Statistics reports that 13.7% of Black students received out of school suspensions compared to 3.4% White

and 4.5% Hispanic. The disproportionality in punitive punishment further isolates students, making it difficult for them to recover from adversities.

According to Khalifa et al. (2016), effective leaders ensure minority students feel welcome, included, and supported. The needs of the population and demographics of the community should be taken into account during decision making and planning. Providing all students with necessary supports should be top priority for administrators. Taking an extensive look into their own bias and beliefs can be a critical first step. Administrators who are cognizant of their own bias and the lens in which they view students are better able to support students and encourage staff to understand the complexities of diverse student populations.

Participant responses indicate the need for changes to occur in the role and self-identification of Black administrators. To understand the complexities of the role of Black administrators and how it impacts the way they self-identify in schools, we must first understand the roles they played as teachers. According to Sandles (2018), "Black teachers are inordinately tasked with addressing disciplinary challenges brought by Black students" (p. 2). The implicit pressures they face to serve as teacher, caregiver, disciplinarian, psychologist, and race educator creates a divide between themselves and their students (Sandles, 2018). This juxtaposition of self-identity and role demands carries over as these teachers are promoted to the principalship. The challenges faced by Black administrators are unique in comparison to challenges encountered by White administrators. The finding indicates a need for culturally relevant mentoring and peer coaching. Through mentoring, Black principals can learn to balance a lot of different roles (Echols, 2018), thus seeing themselves as more than a disciplinarian.

Further analysis also revealed two other findings: (1) principals with higher percentages of Hispanic students reported more favorable attitudes about problem behaviors and symptoms in schools and (2) less experienced principals and principals in schools with higher percentage of Other ethnic backgrounds were less likely to take students' behavior personally. These findings could be a result of Type II error, due to the low sample size and variance of population. This is common in survey research where the data set is hard to test resulting in drawing conclusions that are false. In this study, the Hispanic student populations was not the majority in any of the schools, making up 15% or less of the racial makeup of students in all the school except one where it was 25%. Also, less experienced teachers only made up 21% of the responses to the question of number of years as an administrator. These results provide little variance in the sample which could result in a Type II error.

Research Question 3

The third research question focused on principals' perceptions about restorative practices in their schools. To investigate this question, the researcher analyzed five open-ended questions to determine the common themes in participant responses. The researcher also ran Pearson's correlation to compare demographic factors to the themes. The findings and interpretations for research questions 3 are reported with caution due to the small sample size.

Research Question 3: How do administrators' attitudes toward trauma-informed care influence their perceptions about the implementation of restorative practices?

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Developing a trauma-informed approach that emphasizes safety, trust, choice, collaboration, empowerment, and culture are critical first steps in ameliorating trauma effects in students (SAMHSA, 2014b). It is important for educators to not only understand what trauma is, but how it impacts students in the academic setting, as well as how to develop environments that facilitate optimal student growth and development. Restorative practices can be implemented to support these students and improve student outcomes. Respondents were asked five questions that provided their perspectives of the implementation of restorative practices in their schools.

Extent of Use

There were five themes that emerged related to the extent to which schools use restorative practices: (1) not at all, (2) minimally, (3) case-by-case basis, (4) progressing, and (5) full implementation. Interestingly, the results show that schools are split 50/50 with half implementing and half not implementing restorative practices. Although research does not report the percentage of schools that are utilizing restorative practices, research does support the need for more schools to implement restorative practices (Bevington, 2015; Buckmaster, 2016; Vandering, 2014). This finding could suggest that schools are moving toward implementation of restorative practices, which could mean administrators see value in utilizing these practices in the school setting.

It is important to note that principals in schools that are progressing or fully implementing restorative practices spoke about the wholistic approach to implementation where all stakeholders are involved in the process. This could mean there is a need for administrators to foster collaboration among school personnel, parents, and community agencies. Perry and Daniels (2016) reported that communication and collaboration

between organizations is critical to ameliorate the effects of trauma exposure in children. By facilitating wrap around supports in which social service, government, medical, and educational organizations work collaboratively, administrators can ensure schools are in positions to meet the individualized needs of students.

Barriers to Implementation

There were three barriers that were listed by principals who completed the survey: (1) resources, (2) teacher support and buy-in, and (3) training. This may indicate that administrators lack key elements needed to effectively implement restorative practices. Therefore, measures should be taken to overcome these barriers and provide administrators with the necessary supports.

In this study, more women noted lack of resources as a barrier. The most common resources indicated were time, staffing, money, and organization resources. Effective resources are necessary for schools to have the ability to adopt and maintain programs that will help students (Parrett & Budge, 2012). Appropriating funds to improve student outcomes is costly, yet necessary; therefore, it is imperative for administrators to strategically and purposefully leverage resources (Parrent & Budge, 2012; Robinson, 2011). This finding indicates there may be a need for administrators to work collaboratively with internal and external organizations to obtain funding for programs and initiatives.

In this study, more men noted the lack of staff buy in as a barrier. Teachers' hesitation to implement new programs is understandable and supported by research. New initiatives are constantly being thrown at them every few years (Perry & Daniels, 2016). With the constant implementation of new programs, strategies, and curriculum, some

discomfort and uncertainty are surely likely. Teachers are overburdened and have too

many things on their plate at once (Hulvershorn & Mulholland, 2018)). The stress of

always having to initiate the latest new thing can be a difficult pill for some teachers to

swallow. Alisic (2012) reported that some teachers are concerned about their capacity to

provide optimal support. Even the most experienced teachers are frustrated with the

systems in place and the expectation to continuously improve classroom practices

(Sotardi, 2018).

Interestingly, lack of parent support was not a major concern. However, parent

perception of the practice itself may be worth exploring. Partnerships with families are

needed to continue to make progress in this area and maintain buy in and support. Parents

want to do what is best for their children and they want to see them making progress.

Sometimes, they just do not have the knowledge or tools to do this; therefore, providing

families with the necessary resources and supports to help their students at home is

important (Parrett & Budge, 2012). Principals should lead focused conversations and

opportunities for families to receive training should be considered.

Current Strategies

Student-centered strategies and staff-centered strategies were the major themes in

response to which strategies are currently used by administrators. The strategies in which

students were the focus of the intervention of program were classified as student-centered

strategies. Counseling, mentoring, research-based curriculum, and positive intervention

strategies were mainly identified by participants. This could mean that administrators

understand the importance of student-centered resources in the school setting. Staff-

centered strategies focused on professional development of staff and developing

understanding in staff that work with students. It is important to note that women mostly mentioned student-centered strategies whereas men more likely mentioned staff-centered strategies such as professional development.

Strategies Preferred

In response to which strategies are preferred, conferences, circles, and meetings were equally mentioned with the majority of candidates agreeing that all were preferred in the school setting, just depending on various factors. Conferences and meetings are important for analyzing and following up on one-on-one behaviors (Mirsky, 2011). Circles are important strategy for passionate response, creating a judgment free environment with free expression (Wachtel, 2016). One research participant wrote:

> We have successfully implemented restorative circles and have found this work to be impactful. With empowered, passionate, and trained staff, this can be a wonderful support. Our response to misbehaviors is always grounded in restorative practices, which simply seems non-negotiable now that we understand what that means and the consequences of failing to do so.

These practices improve student and teacher relationships and increase fairness in the disciplinary process (Short et al., 2018). The results may mean that administrators see value in utilizing restorative practices, even if only parts and pieces of it.

Additional Supports Needed

Several themes emerged in response to the additional supports needed to implement restorative practices: (1) training, (2) resources, and (3) buy in. It is important to note that these were the same themes in response to barriers to implementation. One participant reported:

A minimal amount of funding would enable us to continue/grow the Restorative

Circles. Ongoing specific training for those staff members that facilitate the

Circles is critical. We are doing this as a district, but ongoing clarity and

reinforcement of these topics, as well as ongoing professional development, is

key.

Furthermore, training was the most often mentioned support needed. Wang and Lee

(2019) stated the importance of receiving training to build confidence and proficiency in

the utilization of restorative practices. The lack of proper knowledge and training makes

intervening and supporting students who have experienced adversities overwhelming for

educators (Alisic, 2012; Alisic et al., 2012; Brunzell et al., 2019). Achieving consistency

and clarity in educator training or professional development are at the top of the list of

priorities (Popescu et al., 2017, Short et al., 2018).

The findings may mean there is a need for administrators to work collaboratively

with teachers to establish clarity and develop clear goals and objectives for

implementation. According to Robinson (2012), goal setting is an essential characteristic

of a good leader (Robinson et al., 2012). Appropriate goal setting allows leaders to focus

attention and efforts on what can be done to improve student outcomes while motivating

students and staff to behave in ways that are relevant to those goals (Marzano et al.,

2005). Popescu et al. (2017) reported the importance of buy-in for the success of the

program. Bevington's research found that implementation is successful when there are

aligned values of trust, honesty, responsibility, and fairness along with consistent and

similar expectations of staff and students (Bevington, 2015).

The findings could also support how administrators can effectively provide school staff with the tools necessary to combat trauma. Having an understanding of effective research-based strategies that can be used in the school setting is a great starting point. Training programs or professional development efforts need to be strategic and targeted with goals put in place for sustainability. Student-centered leaders work collaboratively with teachers and staff to ensure quality and consistency of school programs are accomplished. It is important for them to provide opportunities for reflection of practices, assessment of progress, and plans for improvement. "Ongoing clarity and reinforcement of these topics, as well as ongoing professional development, is key," according to one of the surveyed principals.

Finally, these findings may mean that females and males have different perspectives on the supports for and barriers to implementing restorative practices. These differences in perspectives may impact the way they prepare staff, approach students, and garner support. This finding warrants further exploration.

Discussion

The expectations of school principals have shifted over the last few years. With the changing needs of students, principals have had to adjust how they interact with students and immerse themselves in the societal aspects of school. Principals are no longer expected to sit at their desks and tend to the managerial side of schools. Students are coming to schools with all sorts of impairments that make it difficult for them to achieve optimal learning. Mental illness, depression, suicide, and trauma are serious issues that plague students in today's society. Attention-deficit/hyperactivity disorder (ADHD), anxiety, and behavior disorders are common mental illness diagnoses for

children. The Center for Disease Control and Prevention (2021) reported the diagnosed mental disorder of children aged 3-17 as follows: ADHD (9.4%), behavior problems (7.4%), anxiety (7.1%), and depression (3.2%). Reports show that 1 in 6 children aged 2-8 has a mental, behavioral, or developmental disorder (CDC, 2021). These figures can be daunting for administrators.

Along with childhood mental illness, administrators also have to deal with students who have experienced trauma. Traumatic events can affect the way students learn, behave, or handle their emotions, causing distress and problems that can persist into adulthood. The adversities students encounter make it difficult for them to access all the educational environment has to offer without proper supports and interventions. School personnel, especially principals need to have awareness of this and adopt strategies to help support students. An awareness of principal attitudes, beliefs, and behaviors about trauma-informed care provides a foundation for how they can adopt schoolwide strategies and interventions that create optimal environments for student success and improve the culture of the school. Robinson (2011) believed this can be accomplished through student-centered leadership in which leaders work tirelessly to create school cultures that facilitate student growth and development. If school systems prioritize student needs, they can ensure programs, resources, and strategies are in place to help students thrive.

The literature emphasizes the importance of recognizing signs of trauma in students (SAMHSA, 2014a). Administrators must view students through a trauma sensitive lens, in which behaviors are understood and dealt with as manifestations of the adversity they have encountered and not personality traits. Looking at students through

this trauma-sensitive lens can aid in the implementation of the necessary educational and social emotional supports. Administrators need to understand that students' behaviors are malleable, thus benefiting from early intervention and strategies geared toward resolution. By understanding how students are impacted by traumatic events, the triggers of undesirable behaviors, and strategies that resolve trauma, principals can help to prepare teachers and other school personnel. This is important in order to provide more individualized support to students and families impacted by trauma.

Race and poverty are key determinants of trauma exposure and negative student outcomes. Minority students in high poverty schools are at greater risk of having negative school experiences and non-resolved trauma. Inconsistencies in disciplinary practices toward minority students is a continued concern in the educational arena. Students' behaviors are viewed negatively even if they are not intentional or malicious. The disproportionality of Black students being sent to the office over White students begins in kindergarten and becomes more profound as students get older. Research shows that Black students are referred to the office at a higher rate than other students (Ingraham et al., 2016; Mansfield et al., 2018), oftentimes leading to detentions, suspensions, and expulsions (Crosby et al., 2018; von der Embse, 2019). These exclusionary practices further isolate students and help to facilitate the school to prison pipeline.

Effective strategies are needed to overcome these issues within this population, but they are not readily available or accepted within the context of the environment. One of the barriers that may impact the level of resources is budget cuts and appropriations. School districts that are in financial strife often cut programs of non-necessity to focus on the essentials. When prioritizing needs, basic academics comes first when operating

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schools. In order for these districts to effectively support students, they need to understand the importance of programs and strategies such as restorative practices and ensure they use available resources more effectively.

In this study, Black principals who worked in high poverty, Black majority schools were less sensitive to the needs of Black students affected by trauma even though students in these schools are more heavily impacted by the effects. This finding, however surprising, may be the result of the lack of effective resources available to schools in high poverty areas. High poverty schools need more resources, effective programming, and supports to students and staff in order to put them on an even playing field. The much-needed resources are not always available in these districts, making it difficult to provide supports to students. This can be frustrating and overwhelming to administrators as they try to work with students and families.

In order for this to be resolved, there needs to be a better balance of and accountability for spending money and allocating funds. According to Hanushek (1997), who has done extensive research on the relationship between school funding and student achievement, it is not about what you spend but how you spend it. Funding and resources should be earmarked or targeted to specific programs and services that will maximize student outcome. This calls for the prudent and productive use of funds by local districts as well as incentives to meet performance measures (Hanushek, 1997).

Inequities in discipline can be resolved by working with staff and community organizations to create an environment that provides students with the supports they need wholistically. The literature supports the idea of building community partnerships and working collaboratively with students, teachers, families, and community entities to

provide supports students. The Ohio Department of Education (2018) state, "the effective educational leader develops and sustains partnerships with families and the community by acknowledging the school as a community resource and understanding the context of its existence within the larger community" (p. 6). Principals are evaluated yearly for their ability to build and sustain these partnerships.

Along with community partnerships, principals are expected to build and maintain healthy relationships with students and families which is critical to the success of the implementation of practices such as restorative practice. This study found that there was a positive correlation between underlying causes of symptoms of problem behavior and responses to trauma, healthy accountable relationships with students. This means that as healthy relationships are formed with students, principals become more understanding of their behaviors and respond with care and sensitivity. Restorative practices can be used to strengthen relationships and provide staff and students with the tools to combat trauma.

The literature emphasizes the importance of recognizing signs of trauma and the physical, emotional, cognitive, and behavioral reactions students may exhibit as a result. This research lays the groundwork for helping educators understand how knowledge of adverse childhood experience and its effect on students can transition into the utilization of best practices to help ameliorate the effects of trauma. Looking at students through a trauma-sensitive lens can motivate educators to appropriate funds and implement programs that help students succeed, creating a positive and accepting school culture.

Significance of the Study

This study attempts to address the gap in the literature regarding school leaders' attitudes, beliefs, and behaviors about trauma-impacted students and the trauma-informed

care model. The research findings support the position that understanding adverse childhood experience is a critical component in a leader's ability to provide supports to students and implement strategies in the school setting. By understanding, recognizing, and appropriately responding to trauma, leaders may be more apt to promote environments that facilitate healing and recovery rather than policies and procedures that can lead to re-traumatization (SAMHSA, 2014a). Effective strategies and supports will help to ameliorate the effects of childhood trauma and create positive outcomes for students.

This research attests that two leadership theories, student-centered leadership and culturally responsive leadership, combine to create an optimal learning environment for students where they can feel safe. These leadership theories along with an understanding of adverse childhood experiences embrace students who have experienced trauma by putting students' needs first and respecting their background and experiences (Figure 1). This framework is significant to supporting children who have experienced trauma. Principals' understanding of this relationship will help to improve student outcomes.

Figure 1

Conceptual Framework

Figure 1. The relationship between constructs. Leaders who model student-centered leadership and culturally responsive leadership provide understanding and support to students who have experienced trauma.

Results of this study also confirm that students benefit from principals' ability to leverage stakeholders support in the implementation of school-based strategies like restorative practices. Principals must understand the importance of maintaining healthy connections with both internal and external entities, and they must work tirelessly to build these relationships. They are the catalyst that brings these entities together for the benefit of the students and school community. No longer are principals expected to stay in their offices. Their work extends past the office and into the halls, classrooms, and homes of students.

Many students are coming to school impacted by trauma; therefore, principals must create environments that are trauma sensitive and take a trauma approach with every student. An understanding that education is more than just academics is a critical mindset for educators to adopt. They have to look at students through a lens of sensitivity and support, implementing programs that help students succeed in the schools setting.

Continued research in this area is needed to determine the best leadership practices to effectively work with trauma-impacted students. Principal training and preparatory programs need to encompass this ideology to ensure they include courses that focus not only on understanding trauma and how trauma impacts students but on strategies and best practices for educating these students. "Implementing a culturally responsive trauma-informed approach to understand and respond to students can address the impact of disparities, teach resiliency skills, and promote the wellbeing and achievement of all students" (Blitz et al., 2016, p. 520). Incorporating this ideology in college preparatory programs can substantially improve the fabric of the educational system.

Recommendation for Practice

The results of this study show the importance of understanding trauma, recognizing how trauma impacts students, and adopting strategies that helps student form healthy relationships in efforts to alleviate the effects of trauma. The findings also stress the importance of recognizing and eliminating the barriers to adopting trauma-informed approaches such as restorative practices in order to alleviate trauma and create avenues for schools to fully implement effective processes and procedures.

Through this research it is clear that the principals have a general understanding of trauma-informed care. Having this understanding is a great start; however, it is crucial that principals also understand their role in transforming the school culture to a more trauma-focused environment. Principals must work collaboratively with school staff to establish priorities, create a shared purpose, and develop a plan. They must then ensure that all staff is prepared with the necessary training and tools to implement the plan.

Finally, principals must provide opportunities to consistently monitor, review, and reflect on the plan, making changes appropriately.

School leaders must also develop a system of support where partnerships are formed with parents, schools, and community. Through this partnership, community agencies and organizations can work with schools to engage parents in different ways, providing them with the necessary tools and resources to actively support their child's growth and development. Building and nurturing this partnership is an important aspect of a principal's role. Principals can initiate these partnerships by connecting with leaders of community agencies, sharing the vision and goals of the school, and working collaboratively to provide resources. Community resources can be utilized to provide services and support to families such as mentoring, counseling, and referrals to outside agencies.

Appropriate resources are necessary to successfully incorporate trauma practices in schools and become more trauma informed. One participant from the study stated, "limited resources are available to administration in regard to implementation of restorative practices." Time, staffing, money, and resources were identified as the main sources lacking in the schools to ensure they are able to provide appropriate programing for students. Therefore, local districts need to use available funds more effectively.

Principal preparation programs should include coursework that focus on trauma, trauma-invested practices, and strategies to support trauma impacted students. Preparation programs should ensure aspiring administrators have the leadership capabilities needed to meet the needs of trauma-impacted students. Clinical experiences should be incorporated into preparatory programs to allow room for learning and growth

and provide a foundation for aspiring principals. It may also be a good idea to develop mentoring programs in which aspiring administrators can be paired with current administrators to be able to collaborate on best practices and participate in shared learning.

The final recommendation for practice is for school leaders to establish personal systems of supports. To be effective and stay emotionally connected principals need to take time for themselves through self-care. Self-care is the actions one takes to stay mentally and physically fit. Understanding the need to take care of themselves is necessary to reduce the effects of secondary trauma and vicarious traumatization. It can be extremely painful and emotionally draining to be immersed in trauma on a daily basis. Appropriate self-care is needed to stay connected and provide supports to everyone else. School systems can ensure there are outlets for all school personnel to get personal support and practice self-care routinely to be effective with students and stay emotionally connected to the work.

Recommendation for Implementation of Restorative Practices

The implementation of restorative practices can transform school culture creating a safe space where students and staff feel welcome and valuable. Successful implementation requires system level changes and whole school collaboration involving shifts in mindset, policy, and classroom practices (Phifer & Hull, 2016). However, fidelity of implementation is a major concern for many proponents of the practice. Proper planning, funding, collaborating, training, implementing, and reinforcing are crucial for schools to successfully implement a restorative program (See Figure 2). This section provides recommendations for implementation and best practices for educational leaders.

Before implementation, it is important for schools to assess the readiness of the organization to implement restorative practices. School leaders need to believe in the practice, have a vision for, and commitment to the process, as well as the capability to communicate expectations to staff. Staff need to have a general understanding of restorative practices and a willingness or motivation to support and engage in the process. Districts need to be committed to ongoing and consistent professional development. Schools needs to formulate a restorative practices committee consisting of staff, families, and community. These measures can be foundations for an effective implementation process.

Figure 2

Restorative Practice Framework for Implementation

Figure 2. The restorative practice implementation framework. This framework shows the cyclical elements for implementing restorative practices in schools.

Planning

In the planning stages of implementation, teams should assess the needs of the school and create a vision for restorative practices in their locations. Teams should take these needs and the vision established into consideration when developing an action plan for implementation. Action plans need to outline specific steps or actions that will be taken, who is responsible for taking the action, how it will be measured, and the timeline. It may be best to organize the timeline of action steps by months, quarters, and semesters. Teams must meet consistently and decide how they will communicate, clarify, monitor, and reinforce action steps and expectations to all stakeholders.

Funding

Teams should ensure resources are in place to implement and sustain programming. This requires securing funding from grants, federal programs, state and local funding sources, fundraising, and community partnerships. This also requires strategic allocation of resources, prioritizing needs, and shifting funds if possible and if necessary. Ensuring funding is in place to obtain and maintain resources is challenging but necessary for program consistency and fidelity. Think long term when securing resources because sustainability of programming is essential.

Community Collaboration

Community collaboration is a necessary and crucial component for restorative practices. Micro community (friends, family, and significant others), macro community (neighborhood, churches, local businesses, social service organizations, clubs, and/or associations), along with the school community (teachers, principals, and counselor) are integral to implementation (Gerkin, 2012). Each plays a role in the remediation and

support of students going through the restorative process. Therefore, it is important for school leaders to facilitate community involvement early in the process, first at the planning stages then again at the implementation and ongoing phases. Engaging the community can be challenging, but it is necessary for a successful restorative program (Gerkin, 2012).

Training

Restorative language and culture must be taught; therefore, professional development should be provided to all staff, including those in non-teaching roles. School leaders must allocate a significant amount of time for training throughout the year. Ongoing and intensive training should include role playing of scenarios, practice with restorative dialogue, and coaching opportunities. Training protocols need to include observation, feedback, and reflection time for educators to discuss strategies they are struggling to implement and strategies that have been most effective.

Developing, maintaining, and utilizing highly skilled facilitators is needed for districts to successfully implement restorative practices. Schools may need to get creative in who is assigned the role of facilitator, depending on funding available. In an ideal situation, a school will hire a designated coordinator; however, if there are funding concerns, schools can solicit a volunteer from the community or split the responsibilities between multiple staff members. The facilitator can be responsible for the dissemination of restorative practice philosophy, procedures, and protocols to students, families and the community which will promote a common understanding of the vision and facilitate community buy-in and support.

Implementation

The implementation of restorative practices should follow the action plan created by the team. The action plan must be communicated to all entities, as well as expectations for implementation. Implementation should be schoolwide, utilizing common language, protocols, and processes. Some common implementation processes include a beginning of the year introduction to staff, students, parents, and community. The agreed upon action steps must be followed by staff and students. For example, staff members must utilize restorative protocols in and out of the classroom as well as common restorative language throughout the building. Coaching can occur at this stage in which students and staff learn how to participate in the restorative practice process. Communication protocols should be established to ensure two-way communication is happening between the action team and members of the school community so concerns can be addressed.

Reinforcing

Fidelity checks are important to the longevity of any school program. Guidelines for monitoring the implementation of restorative practices should be established by the action team and can include reviewing student data, assessing procedures and protocols, monitoring schoolwide implementation, observing classrooms implementation, and evaluating the process or plan as a whole. Through checklists, protocols, and referrals, the team can assess how things are going and make changes as necessary. An essential component to reinforcing the use of restorative practice is ensuring that an onboarding process for new employees and new families is established and initiated. Many schools develop handbooks or procedural guides that encompass the important information which can be provided to incoming participants.

The restorative practice implementation framework shown in Figure 2 can be used by any school district in the first ring consortium. It is important to understand that the implementation is a continuous and fluid process. Sustainability of the program is critical for the longevity of positive student outcomes and community support. The implementation of restorative practices is a process that can take years to fully develop. However, the benefits to students, staff, and the school community makes the time spent worth it.

Partnering With Mental Health Agencies

Restorative practice is a great intervention to use with all students; however, it is important to understand that some students may need additional social, emotional, or mental health support. Establishing partnerships with mental health agencies can be pivotal to student success. Mental health agencies can work with schools to provide support to students individually in the school setting or at home. These agencies can provide support and resources to the entire family, working to empower families to aid in the support of students.

School social workers are trained to provide evidence-based interventions to students. Working within the school setting gives them access to students and opportunities to collaborate with teachers and staff for improved student outcomes. Individual and group counseling can be conducted within the school setting minimizing the amount of instructional time being lost. School social workers are better able to provide evaluation and assessment of student needs and develop crisis prevention and response plans if needed.

Recommendation for Future Research

This study explored principals' attitudes and beliefs about the trauma-informed care model and their perceptions about the implementation of restorative practices. This study examined the relationship between personal demographics and school factors on principal attitudes and beliefs of trauma-informed care. Additional questions for research emerged as findings were revealed from the study.

The researcher sampled a small population of principals in a specific geographical location of northeast Ohio. There was a low response rate of 20% which can impact the generalizability of the study. Also, ARTIC measure is a new tool that can be used to determine preparedness for trauma-informed care. There is limited use of this measure in literature to date, making it difficult to compare results and findings. Therefore, replication of the study using The ARTIC measure with a larger sample may be necessary in order to generalize results and add to the literature on trauma readiness.

This research also has implications for the impact of racial factors on trauma readiness and the ability to develop positive school environments. Correlations between a principal's race and student racial factors can be explored in future research. It would be interesting to see how principals' race impact attitudes and beliefs about students based on student race. Furthermore, diversity of districts may also play a role in the relationships that are able to be formed between students and principals.

Future research can also explore the relationship between community and schools as it relates to trauma-impacted students. The community has always played an active role in education. The question of how community resources can be organized and

coordinated with schools to provide resources and supports to families of trauma-impacted students can be explored.

Finally, there is a need to understand how practices such as restorative practices can have longevity in schools. It goes beyond initial implementation to more ongoing supports. Research can explore what is necessary for schools to maintain such programming.

Conclusion

Although findings cannot be generalized to an entire population of principals, this study sheds light on factors relevant to attitudes toward trauma-informed care and perceptions about restorative practices. This study also provides a stepping-stone for future studies on restorative practices and implementation in the school setting.

Trauma has become more prevalent in the lives of students. Many students are coming to schools impacted by adverse childhood experiences that affect them physically, mentally, socially, and emotionally. Building principals have to treat all students with care and compassion, having the understanding that they may be going through something. The way students are seen in the school setting can impact their success; therefore, principals must view students with a trauma-informed lens and take a trauma approach when working with students.

When implementing restorative practices, problem solving, and decision making is a continuous process. Establishing a shared understanding of what is expected from implementation and collaboratively developing a plan are great first steps. Funding and resources must be secured and allocated strategically to provide teachers, students, and the community with proper support. The entire school community needs to work together

to develop and distribute resources and services. Administration must ensure that teachers, staff, students, and parents receive the necessary training and professional development. Everyone must collectively utilize agreed upon language and strategies inside and outside of the classroom. The team must consistently monitor progress and be willing to make adjustments if needed.

It is important for schools to take steps to ameliorate the effects of trauma on students in the school setting. Beginning with ensuring everyone understands trauma and how it impacts students is a great start. This will increase compassion and empathy for students, as well as a shared understanding of school personnel of the necessity to do something. Next, policies and procedures must be developed collaboratively to allow for buy in and support. Finally, resources must be strategically allocated to provide necessary resources and tools for implementing programs.

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APPENDICES

APPENDIX A

IRB APPROVAL LETTER

Youngstown
STATE UNIVERSITY

One University Plaza, Youngstown, Ohio 44555
www.ysu.edu

December 9, 2020

Dr. Jane Beese, Principal Investigator
LaShonda Abdussatar, Co-investigator
Department of Teacher Education and Leadership Studies
UNIVERSITY

RE: HSRC PROTOCOL NUMBER: 027-2021
        TITLE: Assessing educator knowledge and beliefs about the trauma informed care
                      model to determine preparedness to implement restorative practices

Dear Dr. Beese and Ms. Abdussatar:

The Institutional Review Board of Youngstown State University has reviewed the above
mentioned Protocol via expedited review and determined that it meets the criteria of an expedited
protocol, Category #7. Therefore, I am pleased to inform you that your project has been fully
approved for one year. You must submit a Continuing Review Form and have your project
approved by December 8, 2021, if your project continues beyond one year.

Any changes in your research activity should be promptly reported to the Institutional Review
Board and may not be initiated without IRB approval except where necessary to eliminate hazard
to human subjects. Any unanticipated problems involving risks to subjects should also be
promptly reported to the IRB. Best wishes in the conduct of your study.

Sincerely,

Dr. Severine Van Slambrouck
Director, Office of Research Services, Compliance and Initiatives
Authorized Institutional Official

SVS:cc

c: Dr. Marcia Matanin, Chair
       Department of Teacher Education and Leadership Studies

Youngstown State University does not discriminate on the basis of race, color, national origin, sex, sexual orientation,
gender identity and/or expression, disability, age, religion or veteran/military status in its programs or activities. Please visit
www.ysu.edu/ada-accessibility for contact information for persons designated to handle questions about this policy.

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APPENDIX B

CITI CERTIFICATE

This is to certify that:

LaShonda Abdussatar

Has completed the following CITI Program course:

Social & Behavioral Research - Basic/Refresher (Curriculum Group)
Social & Behavioral Research - Basic/Refresher (Course Learner Group)
1 - Basic Course (Stage)

Under requirements set by:

Youngstown State University

Completion Date 08-Sep-2019
Expiration Date 07-Sep-2022
Record ID 33183616

Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wc68cb3cf-a703-4fcf-9404-05056f88de44-33183616

APPENDIX C

RECRUITMENT E-MAIL

Dear Principal,

I am a doctoral student at Youngstown State University. I'm conducting a study on how principals prefer to handle situations in which students have experienced significant trauma in their lives that appear to be affecting their academic performance and behavior in school. The study is titled Assessing Educator Attitudes and Beliefs About the Trauma Informed Care Model and Their Perceptions About the Implementation of Restorative Practices.

You were asked to participate in this study because you are a principal in one of the first ring school districts in Northeast, Ohio. This survey will take approximately 20 minutes to complete. Your responses will help us better understand Principals attitudes and beliefs about trauma-informed care and their perceptions about the implementation of restorative practices.

Should you elect to participate, please click <u>here</u> and you will be directed to the online survey that begins with a consent form. Your participation is completely voluntary, and you can withdraw at any time without penalty.

If you have any questions or need assistance, please email LaShonda Abdussatar at xxxx@xxxx.

Sincerely,

LaShonda Abdussatar
Youngstown State University
Doctoral Candidate

APPENDIX D

CONSENT FORM

My name is LaShonda Abdussatar and I am a doctoral student from Youngstown State University. I would like to invite you to take part in a research study titled *Assessing Educator Attitudes and Beliefs About the Trauma Informed Care Model and Their Perceptions About the Implementation of Restorative Practices.* You were selected to participate in this study because you are a head principal in one of the First Ring School District of the Greater Cleveland area.

The purpose of this study is to explore school leader's attitudes about trauma-informed care and their perceptions about the implementation of restorative practices. If you agree to take part in this study, you will be asked to complete the online survey consent form, a set of 7 demographic and school information questions, a 45-question survey on trauma-informed care and 5 open ended questions about restorative practices.

The survey should take about 20 minutes to complete.

We believe this study has no known risks; however, as with any online activity the risks related to confidentiality are always possible. To the best of our ability, we will minimize this risk to keep your responses confidential by using, a secure password protected platform. The online survey will not collect personal information such as names, emails, or IP addresses. The data collected will not be shared with anyone, will be stored in a secure location with password protection, and will only be reported in the dissertation and any publication/presentation that might result from the study in aggregate form. Personal demographic data will be gathered as part of the survey but will not be analyzed or reported for this study. Furthermore, all demographic or identifying information will be generalized to reduce the potential for participants to be identified and to enhance confidentiality.

You do not have to be in this study. There are no compensations for participating in this study. **Your participation in the survey is completely voluntary and you can withdraw at any time without penalty or consequence.**

The online survey link will remain open for 2 weeks. If you have questions about this research project or have problems with the survey, you may contact the researcher, LaShonda Abdussatar at xxxxx or the Doctoral Chair, Dr. Jane Beese at xxxxx. If you have questions about your rights as a research participant, please contact the Office of Research Services at YSUIRB@ysu.edu or 330-941-2377.

Thank you for your participation!

Please complete the electronic consent below:
ELECTRONIC CONSENT: By clicking "I agree" button you are indicating that you are an adult who is at least 18 years old, have read and understood this consent form and voluntarily agree to participate in this study.

I Agree   I do not Agree

APPENDIX E

ARTIC - 45

ARTIC *Attitudes Related to Trauma-Informed Care Scale*
VERSION: ARTIC-45 EDUCATION

DEMOGRAPHIC AND SCHOOL INFORMATION ADDED

TO THE SURVEY BY THE RESEARCHER

1. What is your gender?
   a. Male
   b. Female

2. What is your race
   a. White
   b. Black
   c. Hispanic
   d. Other

3. How many years have you been in Administration?
   a. 0 – 4
   b. 5 – 10
   c. 11 – 15
   d. 16 – 20
   e. 20 +

4. What is the grade level of your building?
   a. Elementary
   b. Middle/Junior High
   c. High School

5. Which best describes the location of your school
   a. Urban
   b. Suburban
   c. Rural

6. Please describe your student population (in percentage)
   a. % White
   b. % Black
   c. % Hispanic
   d. % Other

7. What is the poverty level of your building?
   a. 25% or less
   b. 26% - 50%
   c. 51% - 75%
   d. Higher than 75%

APPENDIX G

RESTORATIVE PRACTICES OPEN-ENDED SURVEY QUESTIONS

Restorative practices is a social science that studies how to build social capital and achieve social discipline through participatory learning and decision-making. It is the practice of restoring justice by putting the wrongdoer, the harm and the repair of that harm at the center of the problem shifting mindset from retributive to restoring justice. Please answer the following open-ended questions about restorative practices in your school.

1. To what extent does your school implement restorative practice?

2. What are some barriers to successfully implementing restorative practices in your school?

3. What strategies are you currently using to support the implementation of Restorative Practices at your school?

4. What aspects of restorative practices do you supports (ie. Conference, meetings, circles)? Why?

5. What additional support do you need to implement more Restorative Practice strategies at your school?
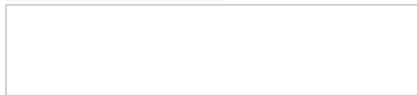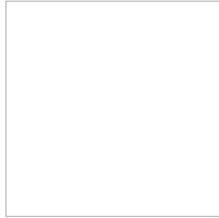
APPENDIX H

ARTIC PERMISSION TO USE

Receipt for ARTIC Purchase - 04/07/2020

Traumatic Stress Institute <tsisupport@klingberg.com>
Tue 4/7/2020 2:26 PM

To: LaShonda Abdussatar <labdussatar@student.ysu.edu>

Receipt

PAYEE
TSI of Klingberg Family Centers
370 Linwood Street
New Britain, CT 06052

LICENSED TO
LaShonda Abdussatar
Youngstown State University
One University Plaza

Youngstown, Ohio 44555 United States

Please find attached the ARTIC Scale in all its standard versions, along with scoring spreadsheet and instructions. You are licensed to use the ARTIC for multiple administrations with the 200 respondents outlined in your request for a waived fee.