

**How Do Trauma-Informed Interventions Influence the Atmosphere Inside and Outside of
the Classroom?
A Research Proposal**

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Introduction and Background

Mental health disorders among youth are described as serious changes in the way children learn, behave, or handle their emotions (Perou et al., 2013). These disorders may be a result of trauma, which is defined simply as an emotional response to a terrible event (Rowell & Thomley, 2013). Consequently, the education system is seeing an increasingly high number of cases involving school violence, bullying, suicide, and other at-risk behaviors .

With the high level of mental health needs of children, schools have been implementing trauma-informed interventions. For instance, results from the 2018 National Survey on Drug Use and Health show that 3.4 million students, ages 12-17, receive mental health services from a school social worker, psychologist, counselor, or a special program. From that same age group, 3.5 million children disclosed that they had experienced a major depressive episode within the past year (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018).

In 2019, U.S. Secretary of Education Betsy DeVos announced \$71.6 million in funding would be given to schools to enhance safety and provide students with access to mental health services through four grant programs. The Trauma Recovery Demonstration Grant Program provided \$6.7 million to five states to fund programs for low-income families. The Mental Health Demonstration Grant Program funded \$11 million to school districts in 27 states to support partnerships with school-based mental health services. Project Prevent was designed to break the cycle of violence by providing \$11.3 million to 15 school districts and the School Climate Transformation Grant Program gave aid to 69 districts to support a multi-tiered system for improving school climate (U.S. Department of Education, 2019). With millions of dollars

being sent to schools not just nationwide but worldwide as well, it is evident that the status of children's mental health has become an issue for concern in schools. Indeed, Satcher (2000) said, "The burden of suffering experienced by children with mental health needs and their families has created a health crisis in this country."

In fact, trauma is the largest public health issue facing children today. Research suggests that 68% of children will experience some form of trauma by the time they are 16 (Pappano, 2014). Children who suffer from trauma and mental illness have difficulty interacting in social situations, are unable to express themselves appropriately, and partake in negative thoughts (Cavanaugh, 2016; Minahan, 2019). These challenges could also lead to delayed development, aggression, anger, depression, attendance concerns, and anxiety, thus negatively impacting the atmosphere in the classroom and school building (Cavanaugh, 2016).

Statement of the Problem and Significance

Many studies have addressed the different forms of intervention, but so few discuss the atmosphere surrounding the students and staff. Most studies provide statistics about increased academics, lower bullying and suicide rates, or greater levels of screening for early intervention (von der Embse et al., 2018). There appears to be a deficiency in the amount of research regarding the quality of the atmosphere both in and outside of the classroom. Whether the implementation of trauma-informed interventions has a direct, positive effect on a school's atmosphere, however, remains to be an open question.

A study on the atmosphere of a school after implementing trauma-informed interventions is important for several reasons. First, it provides school leaders with data to improve practices. School leaders will be able to identify research-based interventions that improve the school's atmosphere in similar demographics as their own. Second, this study will benefit policy and

decision making at a state and national level. Currently, money is being allocated to schools to provide students with access to mental health services. By identifying the significant, positive changes in a school's culture, policymakers can better distribute money and fund programs that have proven results.

Purpose of the Study

The intent of this case study will be to explore the influence of trauma-informed interventions on the atmosphere inside and outside of the classroom for students and staff at a variety of K-12 schools. At this stage in the research, the atmosphere will be generally defined as the behavior and support (or culture) to promote success in and out of the classroom. It is important to note here that participants may have different views about what defines a positive or negative atmosphere in a school setting. This variable should be considered when conducting interviews.

Literature Review

The purpose of this literature review is to research how trauma-informed interventions influence the student and staff atmosphere inside and outside of the classroom. The following sources are a collection of journal articles, studies, and books found through searches on the University of Missouri Libraries databases and Google Scholar. Key descriptors used were trauma, anxiety, post-traumatic stress disorder, mental health, classroom, and variations of school, student, teacher, and educator. Excluded from the research were terms such as hospital and doctor. The annotations from the sources were synthesized by trends starting with what has the greatest effect on mental health, why there is a need for intervention, the importance of early screening for mental health issues, and ending with current intervention programs in schools. This sorting by trends illustrates the process of identifying the need for trauma-informed schools.

Socio-Economic Status

Trauma does not discriminate against age, gender, or socio-economic status (SAMHSA, 2014). Minahan (2019) and Lacoe (2013) cite Maslow's Hierarchy of Needs in relation to student academic performance. Students need to feel safe, known, and cared for in order to perform. According to Lacoe's research, a majority of those who reported feeling unsafe at school qualified for free or reduced-price lunch and were living in poverty, qualified for special education services, and were African American males.

Fink et al. (2015) took it a step further with their research among students aged 11-13 years old and collected within a five-year gap. This sample population participated in a Strengths and Difficulties Questionnaire and as a result, the data reflected that overall, the number of mental health difficulties remained relatively the same within the five-year difference. However, Fink et al. did note that social inequality led to increased levels of depression and emotional problems. Finally, in 2013, the U.S. The Department of Health and Human Services estimated 67,000 children were victims of neglect and physical, sexual, or psychological abuse - trauma that is common in high-poverty areas (Honsinger & Brown, 2019).

The Need for Interventions

It is the teachers' beliefs that they do not have the skills necessary to meet the mental health needs of their students (Reinke et al., 2011). From their research, Reinke et al. identified that 97% of the teachers who completed the online survey reported that their main concern from students were disruptive behaviors/acting out, followed by 91% of defiant behavior, and 78% of aggressive behavior. 32% of the teachers surveyed indicated that they are underprepared and there is a need for intervention-specific training. Ingersol et al. (2018) argue that teachers are more likely to leave their building or district due to school working conditions, staff-to-student

relations, and lack of collective efficacy. Minahan (2019) echoed that argument and associated the lack of appropriate training to manage these issues with students shutting down, misunderstandings, ineffective interventions, serious behavioral concerns, and, ultimately, permanent departures - both from faculty and students. Rosenbaum (2018) indicated that students who have received just one suspension are less likely to earn a high school degree and even more likely to have been arrested and in prison than their non-suspended peers.

Franklin et al. (2012) stated that it is becoming more common for schools to serve as the delivery point for mental health services for children. Although over 50% of students attending urban districts may have learning, emotional, and behavioral deficits, it is also important to understand that not all of these problems require a medical diagnosis. However, it is true that providing these services is necessary for the improvement of social and emotional learning. The authors conducted a study focusing on the frequency that teachers are involved in delivering interventions for mental health. Qualitative, descriptive case and single-case design studies were excluded from this study. According to their results, out of the 49 studies analyzed, teachers were involved in 40.8% of the interventions evaluated, with 18.4% being the sole providers of those interventions. As a result of these unknowns and lack of support, the authors identify the need for intervention-specific training.

Early Screening

There is a high need for screening of mental health issues and early intervention. Guzman et al. (2011) conducted a study to determine if mental health problems identified through screenings with first graders related to poor academic performance in fourth grade. This study was performed in the country of Chile and used the following instruments: Teacher Observation of Classroom Adaptation-Revised (TOCA-RR), Pediatric Symptom Checklist (PSC-CI), and the

Education Quality Measurement System (SIMCE). As a result of the study, it was determined that students' mental health and educational achievement is comparable to that of socioeconomic status, native ability, and parental education. Students that were identified as having mental health problems in first grade were predicted and proven to have significantly poor academic performance in fourth grade.

A study analyzing the effectiveness of a training program for the purpose of identifying students at risk of behavioral and/or emotional trauma was completed by von der Embse et al. (2018). The given research stresses the importance of teachers receiving quality training of universal screening instruments in order to receive more accurate data. Several instruments were used for this quantitative method: Social, Academic, and Emotional Behavior Risk Screener-Teacher Rating Scale (SAEBRS-TRS), Usage Rating Profile-Assessment (URP-A), Mental Health Needs and Practices Survey (MHNPS), and a collection of school-specific data including the number of in-school suspensions (ISS), out-of-school suspensions (OSS), absences, and minor and major disciplinary infractions. The results showed that teachers who received training in the screening measurements showed higher responses of acceptability and feasibility. Similar to the research conducted by Guzman et al., von der Embse et al. expressed the necessity of identifying students with possible mental health risks in order to provide them with early intervention services.

Intervention Programs

Teachers who understand the impacts of trauma have a better chance of addressing inappropriate behavior in the classroom (Honsinger & Brown, 2019). Goodson (2019) highlights her ability to cultivate strong relationships with her middle and high school students. She also notes that her personal trauma affects who she is and how she interacts with everyone else,

including the inside of the classroom. As a result of her experiences, Goodson identifies the importance of using one's own trauma in order to help students with trauma better succeed. Goodson, Hosinger and Brown identified a few key interventions which would better prepare educators in assisting those impacted by trauma: (1) creating safe environments, (2) building relationships and connections, and (3) being aware of one's emotional state. It is also important to note that Hosinger and Brown found that traditional methods (loss of privileges, removal, calls home, and suspensions) are not a solution to the underlying problem.

The collaboration of pediatric health care professionals, educators, and mental health specialists are necessary in order to successfully implement preventive programs in schools through counseling, cognitive behavioral therapy, and other therapeutic approaches (Neil & Christensen, 2009; School-based mental health services, 2004). The authors of this study recommend a 3-tiered model, the first of which being preventive programs to target all children in all settings. Preventive programs include extracurriculars, a feeling of "connectedness," and decreasing risk factors. The second-tier targets students who have one or more identified mental health needs but can still function in the school setting. These services would include individual or small group settings or individual health service plans. The third and final tier targets the smallest population of students - those who have severe mental health diagnoses. These students require a team of professionals both in and outside of the school setting.

Many trauma-intervention programs have been researched and tested for their effectiveness. For instance, Bradshaw et al. (2012) found significant changes as a result of the School-Wide Positive Behavioral Interventions and Supports (SWPBIS) system, noting that 33% of the students in SWPBIS schools were less likely to receive a discipline office referral. SWPBIS, as defined by Hortner et al. (2010), is "a set of intervention practices and

organizational systems for establishing the social culture and intensive individual behavior supports needed to achieve academic and social success for all students” (p. 4). It is important to note here that SWPBIS is not a curriculum, but rather a 2-3 year process of leadership team training (Horner et al., 2010). Relating this back to early intervention, Bradshaw et al. found a trend in the effects being the strongest with students who were introduced to SWPBIS in kindergarten. Another program, Animating Learning by Integrating and Validating Experience (ALIVE), is designed to increase individual engagement based on students’ needs (Frydman & Mayor, 2017). The ALIVE program consists of three tiers. The first tier is Psychoeducation that focuses on conversations with all students across social, emotional, cognitive, and academic areas (Frydman & Mayor, 2017). The second tier is an informal process that identifies students who would benefit from further support. Finally, the third tier is individualized support through counseling.

Conclusion

While many positive elements were discovered upon researching, it became quite clear that there are also many gaps. Minahan (2019) lists eight best practices when it comes to fostering a sense of safety in the classroom. Although the strategies provided are useful, they are overplayed and stale. Minahan did not provide research-based, proven effective interventions to properly address trauma in schools. Also, Neil and Christensen (2009) identified and described prevention intervention programs from 27 controlled trials. The overall quality of these studies was poor, and the results needed to be interpreted with that in mind.

To reiterate, the purpose of this literature review was to research how trauma-informed interventions influence the student and staff atmosphere inside and outside of the classroom. Through my research, I struggled with identifying scholarly journals and studies that identified

how the classroom and school environment were affected by specific trauma-informed interventions. Moving forward, more research would need to be conducted and different descriptors would need to be included and/or eliminated. “Atmosphere” and “environment” are two such descriptors that it would be necessary to add to the database searches.

Methodology

This qualitative study will use a multiple case study design. Mack et al. (2005) explains qualitative research to be effective for collecting information about opinions and behaviors of particular populations. The qualitative approach allows for data collection in a natural setting, the use of the researcher as the key instrument, and multiple sources of data. In this instance, a case study would be the preferred design due to its in-depth analysis of a specific program or process and variety of data collection procedures for a group of participants (Creswell & Creswell, 2018)

Research Questions

The central research question that this study aims to answer is: how do trauma-informed interventions influence the student and staff atmosphere inside and outside of the classroom? The study will also address the following research sub-questions:

1. What are the qualities and/or characteristics of a positive school atmosphere?
2. How do teachers feel regarding the current interventions and the effect on the atmosphere?
3. Do teachers believe they have the support in place to handle a variety of behavior problems?

It is the intention of this study to prove the hypothesis that specific trauma-informed interventions have a positive influence on a school’s atmosphere.

Population and Variables

A benefit of a qualitative study is the researcher's ability to purposefully select the study's participants or sites as opposed to random sampling for a quantitative study (Creswell & Creswell, 2018). For this study, a Title I elementary school and its feeder middle and high schools will be the independent variable. These three buildings implement the Positive Behavioral Interventions and Supports (PBIS) program. The control group will be a Title I elementary and its middle and high school that does not implement a specific trauma-intervention program. The dependent variable will be the change in atmosphere as recorded with the various data collection methods.

There are extraneous variables that need to be examined prior to the study. Trauma-informed interventions are not the only variable that could lead to a positive school culture. Leadership, staff morale, social events, and demographics also need to be considered.

It is the intention of this study that the participation be school-wide. With that said, demographics for the population of students will be collected from Missouri's Department of Elementary and Secondary Education website (Missouri Department of Elementary and Secondary Education [DESE], 2020). Demographics for staff members (to include teachers, paraprofessionals, and administrators) shall be collected through a survey (see Appendix A1).

Recruitment

The independent variable population will be from a Title I elementary, middle, and high school. Title I schools are designated by their large concentrations of low-income students. For this study, it is desired that all three of the schools have a free and reduced meal status of 80% or greater. These schools will be identified through the School Data webpage (DESE, 2020).

Permissions

When working with and observing minors, it is necessary to receive permissions from the necessary adults. It is also important to determine if any background checks will need to be completed prior to being in the same proximity as children. For this study, six schools from a large district will be the focus, thus, obtaining permissions from the principal may not be sufficient. A visit to the Central Office will be necessary to ensure all proper guidelines are followed to ensure the safety of the students and staff. Staff members will also need to consent to the study as they will primarily provide the data. Finally, it will need to be determined if the guardians of the students need to provide consent for their child to be observed by the researcher.

Ethical Considerations

The well-being of participants of a study should always be the top priority. According to Mack et al. (2005), there are three core principles to take into consideration, the first being respect for participants. People are not to be used simply as a way to achieve the research objectives. The second principle is beneficence which involves minimizing the psychological and social risks of all participants. This principle is particularly important to note with this study and will be discussed more in the following paragraph. Finally, the third principle is justice. This is defined as a fair distribution of the risks and benefits.

There are a few ethical considerations that need to be regarded. This study focuses on trauma and the behaviors of students in grades K-12. Bringing specific and traumatic events to the forefront of anyone's mind has the potential to cause psychological and emotional damage. It is necessary that all identifying data of the students be left out of the data collection and reports. This is to ensure the mental and physical safety of the participants. The second ethical issue to consider is informed consent. As previously discussed, it is the intention to have schoolwide

participation for this study, but that is not to say that staff and students will not have the option to opt out of participating. Should participants decide to opt out, there still needs to be participation of 80% or greater for the school to remain part of the study.

The following safeguards will be implemented to protect the rights of the participants:

1. The research objectives and procedures will be clearly identified both verbally and written. This includes the research question, data collection tools, and data analysis.
2. Written consent will be collected through all proper channels (district-level, building-level, staff, students, parents).
3. All necessary steps will be taken through the Institutional Review Board.
4. All rights and interests of the participants will come first.

Data Collection Tools and Procedures

A multiple-method approach will be taken for the data collection of this study. Creswell et al. (2018) explains the benefits of qualitative research data collection as participants sharing ideas freely without constraints.

For this study, data will be collected in three methods: (a) interviews, (b) reflection journals, and (c) formal documentation. Interviews will be conducted between the researcher and individual participants. It is the aim of these interviews to identify the current trauma-informed interventions already in place and the perceived atmosphere of the building. The second form of data collection, reflection journals, will contain structured, pre-determined questions for staff members to complete at the end of each day when there is a behavior issue. Questions for these reflection journals may change based on the responses from the interviews; however, as of now, the questions are as follows: (a) Provide a brief overview of the incident, (b) Did you have the support in place to deal with this problem?, and (c) What would have worked better? Finally, the

researcher will collect formal documentation of current district/school policies in place for the handling of behavior incidences.

Data Analysis Procedures

Creswell et al. (2018) describes data analysis as “(like peeling back the layers of an onion) as well as putting it back together” (pp. 191-192). Data collection will begin with the interviews. While conducting interviews, the researcher will be analyzing previously conducted interviews and will begin formulating the narrative for the final report. Also, at this time, the researcher will be revising (if necessary) the questions to be answered for the reflection journals. Reflection journals will be submitted digitally to a database as they are completed. This will allow for the researcher to continuously analyze the written data as it is submitted. Finally, qualitative computer software will be used to assist with analyzing the staff demographic survey distributed at the beginning of the study.

Timeline for the Study

The proposed timeline of this study is as follows:

- September-October: present proposal and request approval from Institutional Review Board
- November-December: review and select sampling population; receive permission and consent from stakeholders
- January: meet with participants to review objectives and procedures
- January-March: collect and analyze data
- April-May: continue to analyze data; finalize report

Conclusion

The intent of this case study will be to explore the influence of trauma-informed interventions on the atmosphere inside and outside of the classroom for students and staff at a variety of K-12 schools. The results of this study will provide school leaders and government policymakers the data needed to make informed decisions regarding best practices and the allocation of funds.

Trauma is a result of emotionally harmful situations. It is widespread and costly (SAMHSA, 2014). School and government officials, as well as the public, are continuing to take a proactive approach to providing students with the mental health support they need. As a result of numerous studies, it is evident that trauma-informed interventions have a positive effect on academics (Bradshaw et al., 2012; Cavanaugh, 2016; Frydman & Mayor, 2017; Horner et al., 2010). What remains to be discovered is if they positively influence the school's atmosphere.

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Appendix

A1

Staff Member Demographic Survey

Staff Member Demographics

* Required

1. What is your gender? *

Mark only one oval.

- ☐ Male
☐ Female
☐ Prefer not to say

2. Which best describes your race? *

Mark only one oval.

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

3. What is the highest level of education you have completed? *

Mark only one oval.

- ☐ High school diploma or GED
☐ Associate's degree
☐ Bachelor's degree
☐ Master's degree
☐ Education specialist
☐ Doctorate

4. Which best describes your current role? *

Mark only one oval.

- ☐ Classroom Teacher
- ☐ Specials Teacher (Art, Music, PE, Library, etc.)
- ☐ Administrator
- ☐ Paraprofessional
- ☐ Other: _____

5. Counting this school year, how many years have you been employed by a school district? *

Mark only one oval.

- ☐ 1-4 years
- ☐ 5-9 years
- ☐ 10-14 years
- ☐ 15-19 years
- ☐ 20+ years