



Research Consortium

UCLA Center for the Transformation of Schools



LAUSD MONARCH Room® Pre-Post and Satisfaction Training Survey Report

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Introduction to the MONARCH Room® Intervention

The MONARCH Room® intervention uses a three-tiered approach to address trauma and improve academic and social outcomes of students exposed to complex trauma:

- (1) Professional Development for Champions
- (2) MONARCH Room® Implementation
- (3) Trauma-Informed Social and Emotional Learning (SEL) Coaching and Consultation

Professional Development training is structured around an adapted version of The Heart of Learning and Teaching Training (Wolpow et al., 2009). The principles of compassionate teaching require teachers, staff, and administration to create trauma-informed environments where *all* students are empowered and given unconditional positive regard. Teachers and staff are taught, for example, to refrain from making assumptions about students and instead to observe and ask questions. Throughout these interactions, effective communication is modeled and students are guided on how to engage in helpful participation. This serves as the foundation for successful growth and development in youth. To accomplish this, staff were trained on seven modules:

- (1) Getting Started: The What and Who of Trauma: This module reviewed the characteristics of high-risk youth populations, the ways in which academic achievement is impacted, and policies that support youth. Trauma and its types are defined.
- (2) The Nature and Impact of Trauma: In this module, the impact of childhood trauma on youth functioning is explored. The prevalence and types of adverse childhood events are presented. In addition, a review of attachment and emotion regulation, trauma symptoms, and impact of trauma on academic performance are described.
- (3) Neurobiology of Trauma: This module reviews how trauma impacts neurobiology. A review of how trauma affects brain development, regulation, and emotional development is provided.
- (4) Responding to the Traumatized Brain: This module includes cognitive, physical, and behavioral responses to trauma. The impact of behavioral responses to trauma on learning is reviewed. The process of self-regulation is defined and how this process is impacted by trauma is explored. Techniques to address trauma in the classroom are presented.
- (5) Social and Emotional Learning: This module reviews the five social and emotional core competencies as identified by the Collaborative for Academic, Social, and Emotional Learning (CASEL): self-management, self-awareness, social awareness, relationship building, and responsible decision-making. How these SELs can be practiced and encouraged in the classroom is reviewed.
- (6) Creating a Trauma-Sensitive School Culture: This module presents the current trends of the “school to prison pipeline.” A review of school culture and its impact on the student are explored. Techniques the school can adopt to become trauma-sensitive are presented. Discussion of discipline and the need for alternatives such as a MONARCH Room® occurs. Further explanation of how to implement the MONARCH Room® intervention, as well as tools to assist youth in identifying triggers and reaching self-regulation, will be discussed.
- (7) Self-Care: In this module, compassion fatigue, burnout, and vicarious (secondary) trauma are defined, and the importance of self-care and self-care planning for teachers and other school staff is discussed.

On the last day of the in-person training, teachers and staff were given a final survey to gauge their overall confidence to assist in implementing the MONARCH Room® model at their schools (MONARCH

Training Survey: Day 3). After the initial training, teachers and school staff received virtual coaching sessions to receive direct feedback related to implementation of the MONARCH Room® model and the dedicated MONARCH Room® space. The current project employed four independent trauma consultants to assist with training and to help teachers and other school staff implement the training material in their classrooms and/or build a MONARCH Room®.

The MONARCH Room® (Multifaceted Approach Offering New Beginnings Aimed at Recovery, Change, and Hope), named after the mascot of the school that developed the model and as an acronym that reflects the true spirit of the model, is a sensory integration and de-escalation room situated within the school and facilitated by behavioral interventionists and paraprofessionals and is designed to be an alternative to exclusionary school discipline strategies that are often counterproductive. Based on the principles of cognitive processing and sensory integration therapy, the MONARCH Room® provides opportunities for student exposure to sensory stimulation that is conducted in a structured, repetitive way. The theory behind the model is that the students' brains will adapt and allow them to process and react to sensations (i.e., trauma triggers) in a more efficient and socially desirable way. It is designed to be a nonpunitive safe place where students who become dysregulated in class can self-select to use the MONARCH Room® to process a trauma trigger when it manifests. In the MONARCH Room®, students can explore which sensory stimulation techniques best help them regulate, with support from MONARCH Room® facilitators. The self-discovery process is carefully documented, and MONARCH Room® visits are tracked and monitored. On average, students spend about 15 minutes in the MONARCH Room® before returning to class. Additionally, the MONARCH Room® sensory tools are used within all classrooms via a "sensory box"; thus, students are encouraged to use tools outside the MONARCH Room® as well, thereby increasing instructional exposure and learning time. The MONARCH Room® is designed to function as an alternative to exclusionary school discipline strategies that are often counterproductive. Embedded within the professional development training (i.e., Module 6), school staff were trained on how to develop and implement a MONARCH Room® at their respective schools.

Trauma-Informed Social and Emotional Learning (TI-SEL) is a skill development curriculum designed to support students in improving their academic and behavioral outcomes. To promote SEL skills in students, it is critical that teachers and staff self-assess their own skills and are given the support they need to model effective social and emotional skills. Teachers and staff then engage students in the development of six primary SEL soft skills:

- (1) Ownership
- (2) Organization and planning
- (3) Motivation
- (4) Teamwork
- (5) Helping others
- (6) Respect

Training

In September 2023, the MONARCH Room® team convened at Bret Harte Preparatory Middle School for a three-day intensive training on the MONARCH Room® trauma-informed teaching model. Participants who were unable to participate in person were offered a shorter, one-day online virtual training alternative in October 2023.

During the training, staff were provided with a sample social-emotional learning (SEL) training that they could use in their schools. Many of the schools identified several other training curricula they already were using. Each school had the option to adopt the provided SEL training or maintain their existing SEL training.

Sample Description

A total of 63 participants completed either a demographic survey, pretests, and/or posttests. Most participants who answered the demographic questions identified as women (41%), African American or Black (29%), nonteaching staff (30%), had one to four years of experience (35%), and half had been exposed to trauma training in pre-service or in-service before participating in the MONARCH Room® training. See Figures 1 and 2 and Table 1.

Figure 1. Gender

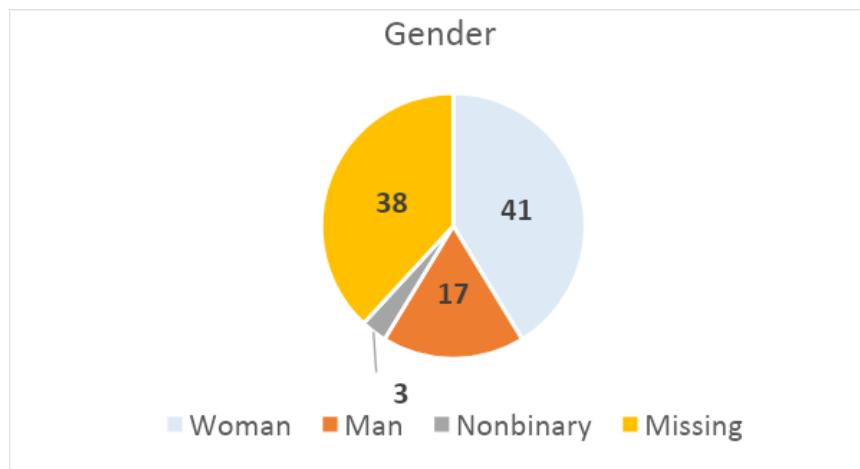
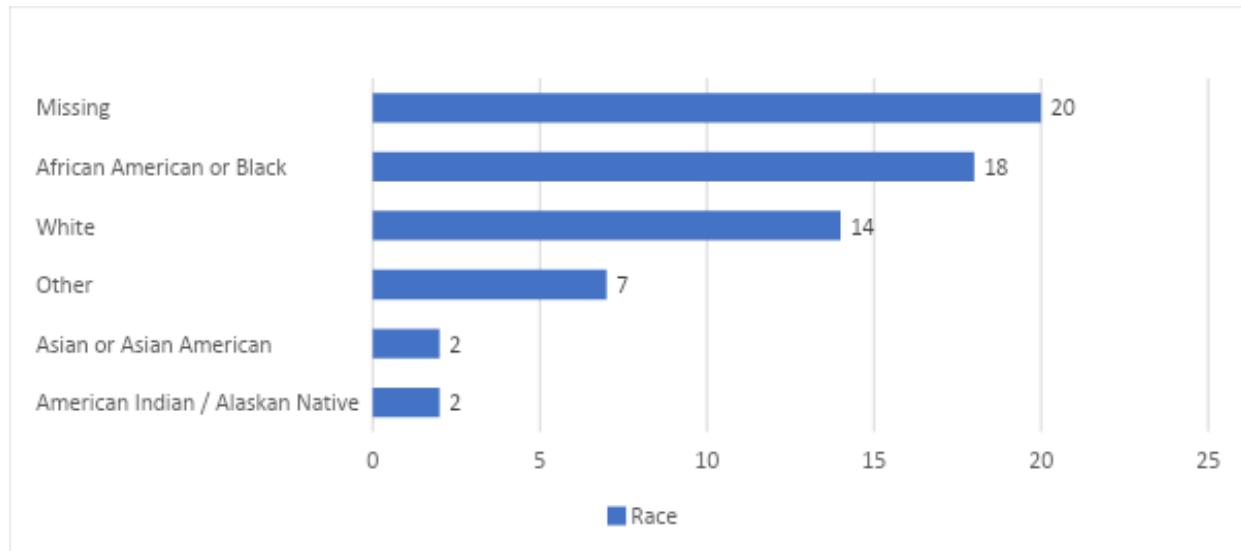


Figure 2. Race



“Other” included: Hispanic (4), Mexican American (1), Pacific Islander (1), and Pipil Native of El Salvador (1).

Table 1. Demographics of participants

Role	N	%
Teaching Staff	10	16
Nonteaching Staff	19	30
Administration	4	6
Missing	30	48
Length in Current Role		
Less than 1 year	10	16
1 to 2 years	16	25
3 to 4 years	6	10
7 to 8 years	4	6
9 to 10 years	1	2
14 to 15 years	1	2
Over 15 years	2	3
Missing	23	37
School		
Boys Academic Leadership Academy	2	3
Crenshaw High School	7	11
Susan Miller Dorsey Senior High School	3	5
Thomas Alva Edison Middle School	3	5
Samuel Gompers Middle School	6	10
Hamilton High School	3	5
Bret Harte Preparatory Middle School	3	5
Marina Del Rey Middle School	0	0
Edwin Markham Middle School	2	3
Palms Middle School	2	3
Daniel Webster Middle School	5	8
Westchester Enriched Sciences Magnets	4	6
Missing	23	37
Previous exposure to trauma-informed teaching		
Yes, through pre-service	13	21
Yes, through in-service	18	29
No previous exposure to trauma training	9	14
Missing	23	37

Methodology

Participants attended MONARCH Room® training either in person or online. Participants who attended in person in September 2023 took a paper pretest survey before the start of the training and a paper posttest survey after each module.

The pretest survey contained 35 multiple choice questions (see Appendix A). The in-person group received post-tests at the end of each module. Each post-test contained five knowledge

questions (same multiple-choice questions on the pre-test), nine satisfaction questions, and two open-ended questions.

The satisfaction questions asked participants their level of agreement on whether the module was relevant and helpful, interactive, and used techniques to keep their attention. Participants were also asked their level of agreement on whether the facilitator answered questions, encouraged participation, was culturally respectful, and stayed on topic (see Appendix B). Each satisfaction question was rated using a six-point Likert scale with 1=strongly disagree and 6=strongly agree.

Open-ended questions included “What aspects of the module did you like the most?” and “What aspects of the module could be improved? How?” Participants were asked to write their responses.

Please note that for those who attended the makeup online MONARCH Room® training in October 2023, an electronic pretest survey was administered before the start of training and an electronic version of the posttest was administered after training was complete. Both the pretest and posttest surveys were electronic and the same as the in-person surveys. The posttest survey contained 35 multiple choice questions, one set of satisfaction questions, and open-ended questions.

Results

Pre-posttest Knowledge Gains

Those who completed both a pre- and posttest survey were included in the analysis. The tables of findings report the mean (M) and standard deviation (SD). The pre- and posttest scores include the five knowledge questions for each module. The survey questions can be found in Appendix A. On average, 34 participants completed both the pre- and posttest surveys in person and 21 completed the online pre- and posttest surveys. The sample size varied due to the numbers participating in each module. Significance testing was conducted using a paired samples t-test between the means of the pretest (combined) and the posttest (combined) with 21 online participants and 23 in-person participants. There was a statistically significant increase in the online participant test scores from pretest ($M=71$, $SD=18$) and after training ($M=82$, $SD=12$) with a p value less than 0.001. There was a statistically significant increase in in-person participant test scores from pretest ($M=77$, $SD=15$) and after training ($M=89$, $SD=13$) with a p value less than 0.001. Overall, we observed improvements in all modules for both online and in-person participants from pre to post. However, greater growth in learning occurred among the participants who attended the training in person. We may be observing this difference because the in-person training was more in-depth and covered content over a three-day period, while the online attendees participated on only a single day. (See Table 2).

Table 2. In-person and online implementation pre-posttest findings

Module	In-Person Implementation of Training				Online Implementation of Training			
	Number of Completed pre/post paired	Pretest Average Percent	Posttest Average Percent	Difference	Number of Completed pre/post paired	Pretest Average Percent	Posttest Average Percent	Difference
Getting Started: The What and Who of Trauma	34	84	96	12**	21	80	88	8
The Nature and Impact of Trauma	34	76	91	15**	21	59	72	13*
Neurobiology of Trauma	38	77	91	14**	21	79	84	5
Responding to the Traumatized Brain	33	83	94	11**	21	79	87	8
Social and Emotional Learning	33	79	88	9	21	76	83	7
Creating a Trauma-Sensitive School Culture	32	81	90	9*	21	62	86	24***
Self-Care	34	67	79	12**	21	65	71	6

*=p<0.05, **=p<0.01, ***=p<0.001

Satisfaction

Participants selected their level of agreement with statements regarding their satisfaction with the training and the facilitator. A six-point scale ranging from 1 - *strongly disagree* to 6 - *strongly agree* was used to indicate the level of agreement. A score closer to 6 indicates greater satisfaction. The standard deviation (variance from the mean) — an indicator of how measurements for a group are spread out from the mean — was also calculated. A low standard deviation means that most of the numbers are close to the average, while a high standard deviation means that the numbers are more spread out. The sample size (n) varies due to variation in responding to the post-test. A sample of the survey questions can be found in Appendix B.

Figure 3 provides a visual of the two satisfaction categories. “Module Satisfaction” indicates how much participants felt the training was relevant and helpful, interactive, and used many techniques to keep their attention. The average rating for “module” was 5.2 for both online and in-person, corresponding to “Agree.” “Facilitator Satisfaction” indicates how satisfied participants were with the facilitator encouraging participation, staying on topic, being culturally respectful and answering questions. The average rating for “Facilitator” was 5.5 for both online and in-person, corresponding to “Agree.” Table 3a provides the averages and standard deviation of the two satisfaction categories.

Figure 3. In-person and online overall module and facilitator satisfaction

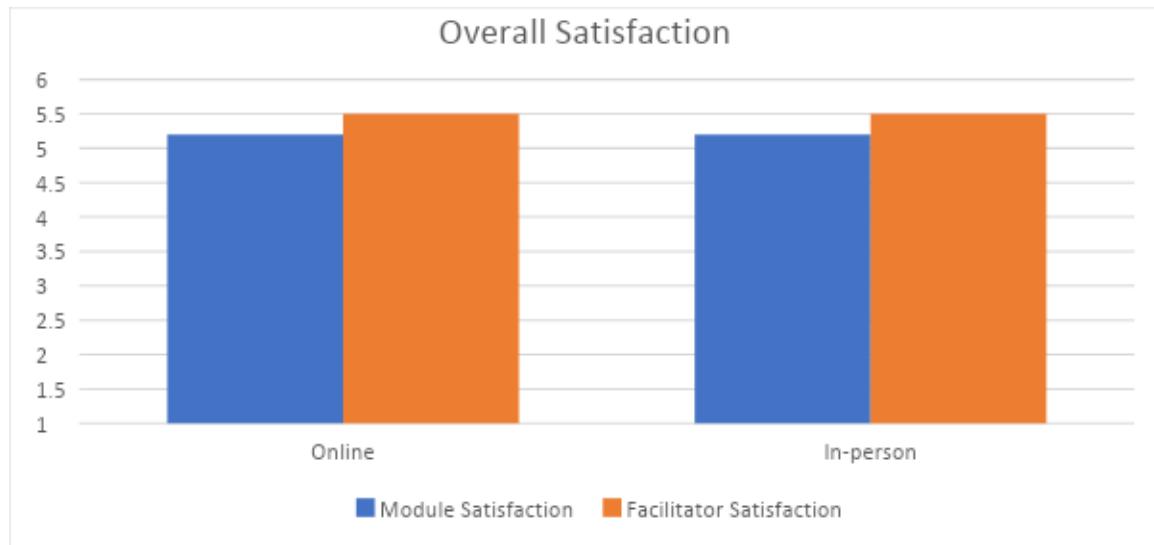


Table 3a. In-person satisfaction by module and online satisfaction overall findings

Module	The module was relevant and helpful, interactive, and used many techniques to keep my attention.		The facilitator encouraged participation, stayed on topic, was culturally respectful, and answered questions.	
	M	SD	M	SD

Getting Started: The What and Who of Trauma	5.1	1.1	5.4	0.9
				9

The Nature and Impact of Trauma	5.1	0.9	5.4	0.6
Neurobiology of Trauma	5.3	0.8	5.5	0.5
Responding to the Traumatized Brain	5.3	0.9	5.4	0.7
Social and Emotional Learning	5.1	0.9	5.5	0.5
Creating a Trauma-Sensitive School Culture	5.2	0.8	5.5	0.5
Self-Care	5.4	0.7	5.6	0.5
Online satisfaction rating	5.2	0.7	5.5	0.5

Because the online training was condensed, questions were added to the survey for online training participants to assess readiness and comfort level in implementing the MONARCH Room® model in each of the participants' schools.

Table 3b: Online training implementation questions

	M	SD
I am confident in my ability to train my school on the MONARCH Room® model.	4.8	0.9
I am confident in my ability to integrate the MONARCH Room® model in my school.	4.7	0.9
I am comfortable asking for help from the trainers.	5.2	0.8
I have support in my school to successfully implement the MONARCH Room® Train the Trainer.	4.9	0.9
I have been invited by my colleagues who attended the in-person training to participate in implementation planning meetings on how to integrate the MONARCH Room® model in my school.	4.9	1.0

Qualitative Data Responses

Getting Started: The What and Who of Trauma

Thirty of 34 participants (88%) answered the question "What aspects of the module did you like the most?" (see Table 4) and 23 out of 34 participants (68%) answered the question "What aspects of the module could be improved? How?" (see Table 5).

Table 4. Module 1: What participants liked the most (n=30)

Category	Example Quote	N	%
Videos	“The videos - it really helps put things in perspective”	21	62
Engagement/Group Discussion	“I enjoyed the engagement-based learning – presentation and debriefing with colleagues”	13	38
Student Voices	“Featuring student testimonials is extremely powerful! This humanized the work we do and prompts me to think about specific students I support.”	6	18
Real World Application	“Data and real-world application to practice”	4	12
Reflection / Growth	“[The module] challenged my thinking and made me reflect on the way I interact with my students.”	1	3
Handouts	“Handouts”	1	3
Trauma	“Explaining the types of traumas”	2	6

Table 5. Module 1: What could be improved (n=23)

Category	Example Quote	N	%
Nothing	“I thought it was amazing! Challenged my thinking.”	11	32
More examples / activities	“More activity based”	2	6
More time to process / discuss	“More time to process and understand”	3	9
Less reading from PowerPoint	“Less reading straight from PowerPoint slides. Present info not on slides.”	1	3
More breaks / movement	“Movement and stretch breaks”	3	9
More slides on the 5 R's	“I am very interested in the 5 R's - want more on what that looks like 'Q's,' dialogue sample”	3	9
More on the foster care system and trauma	“Flesh out in more detail of the foster care system, and the traumas commonly experienced in it.”	1	1

The Nature and Impact of Trauma

Twenty-six out of 34 participants (76%) answered the question “What aspects of the module did you like the most?” (see Table 6), and 23 out of 34 participants (68%) answered the question “What aspects of the module could be improved? How?” (see Table 7).

Table 6. Module 2: What participants liked the most (n=26)

Category	Example Quote	N	%
Videos / Ted Talk	“The TED video and talking about how trauma is more than just a social or mental issue, but a physiological one.”	11	32
Engagement/Group Discussion	“Examples and discussion to reinforce information presented”	3	9
Brain functions	“The anatomy and physiology of the brain and how it relates to trauma”	7	21
Everything	“Everything was very informative”	4	12
N/A	“N/A”	1	3

Table 7. Module 2: What could be improved (n=23)

Category	Example Quote	N	%
Nothing	“Nothing”	9	26
More examples / activities	“More examples of the impacts of trauma and the window of tolerance. The examples are more of what we see at school site.”	4	12
More time to process / discuss	“More time to talk and regulate between modules”	5	15
More connections to the classroom	“More participation of connections to the classroom/ academic setting”	2	6
More breaks / movement	“More movement”	4	12
Larger visuals	“Larger diagrams. I would have liked to see the labels on diagrams better.”	1	3

Neurobiology of Trauma

Thirty-one out of 38 participants (82%) answered the question “What aspects of the module did you like the most?” (see Table 8), and 26 out of 38 participants (68%) answered the question “What aspects of the module could be improved? How?” (see Table 9).

Table 8. Module 3: What participants liked the most (n=31)

Category	Example Quote	N	%
Videos / Moonwalking bear / Attachment	“Interactive Videos”	17	45
Engagement/Group Discussion	“Discussing behaviors observed and schools and connecting to attachment and way of communicating”	4	11
Attachment Theory	“Learning about attachment theory”	4	11
Different Domains	“Learning the difference amongst domains”	3	8
Emotional Regulation	“The examples of what dysregulation looks like in each domain were very helpful.”	3	8
Presenters analogies	“Presenter’s examples / analogies make concepts clearer.”	1	3
All	“The entire module was informative”	1	3
N/A		1	3

Table 9. Module 3: What could be improved (n=26)

Category	Example Quote	N	%
Nothing	“It was balanced”	16	42
More movement / activities	“More participation / group work (but I know we are time limited)”	3	8
More time to process / discuss	“Lots of information - more time to process”	4	11
More variety	“More variety from what we did in the other modules”	1	3
Stop reading PowerPoint	“If you were going to read the slideshow, [t]his could have been an email”	1	3
Redundant	“This module felt slightly redundant and overlapped on conversations held in modules 1 and 2”	1	3
More examples	“Slow down, more examples of each domain”	1	3
Need to refer to module 2	“Module 2 is the foundation for the other modules. This module should be referenced”	1	3

Responding to the Traumatized Brain

Eighteen out of 33 participants (55%) answered the question “What aspects of the module did you like the most?” (see Table 10), and 19 out of 33 participants (58%) answered the question “What aspects of the module could be improved? How?” (see Table 11).

Table 10. Module 4: What participants liked the most (n=18)

Category	Example Quote	N	%
Practical application / Strategies / Examples	“Concrete examples of trauma - longer instruction in the classroom”	4	12
Engagement/Group Discussion	“The opportunity to share with others”	7	21
Activities	“Group activity”	3	9
Co-regulation / Self-regulation	“Learning about co-regulation skills”	2	6
All	“Great module”	2	6
N/A	“N/A”	1	3

Table 11. Module 4: What could be improved (n=19)

Category	Example Quote	N	%
Nothing	“None”	8	24
More time	“More time to process, reflect and or practice the presented information”	5	15
More movement	“More movement”	3	9
Too much paper	“Too much paper - send us the slides and let us make notes directly on them so we can be prepared to present at school.”	1	3
More engagement	“Interactive parts could be more engaging.”	1	3

Social and Emotional Learning

Twenty-three out of 33 participants (70%) answered the question “What aspects of the module did you like the most?” (see Table 12), and 23 out of 33 participants (70%) answered the question “What aspects of the module could be improved? How?” (see Table 13).

Table 12. Module 5: What participants liked the most (n=23)

Category	Example Quote	N	%
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Engagement/Group Discussion	“I love hearing what other schools have to say and what practices they implement to help their school.”	11	33
SEL	“I liked discussing the 5 soft skills.”	6	18
Chalk Talk	“Chalk talk”	1	3
Examples	“Concrete examples of the 4 soft skills”	1	3
Motivational Interviewing	“Communication Skills, Motivational Interviewing”	1	3
All	“Found information valuable”	1	3
N/A	“N/A”	1	3

Table 13. Module 5: What could be improved (n=23)

Category	Example Quote	N	%
Nothing	“N/A, it was great!”	10	30
More examples	“More practical examples of how to apply info”	5	15
Breakout	“More interactive / discussion based; less lecture”	3	9
More time	“More time for connection of participation with partners”	2	6
Videos	“Video examples”	2	6
Larger font	“Larger font on some of the denser slides”	1	3

Creating a Trauma-Sensitive School Culture

Nineteen out of 32 participants (59%) answered the question “What aspects of the module did you like the most?” (see Table 14), and 15 out of 32 participants (47%) answered the question “What aspects of the module could be improved? How?” (see Table 15).

Table 14. Module 6: What participants liked the most (n=19)

Category	Example Quote	N	%
MONARCH Room®	“The breakdown of the Monarch room was helpful”	10	31
Videos	“The videos where the teacher modeled how to use the calming space”	6	19
Engagement/Group Discussion	“Interactions with peers”	4	13
Topics	“Sensory Integration” “Info about building relationships”	2	6

Table 15. Module 6: What could be improved (n=15)

Category	Example Quote	N	%
Nothing	“N/A”	7	22
Larger font	“Make PowerPoint slides on paper large or able to read”	3	9
Practical application	“Acknowledgment that most LAUSD classes have 30-36 kids, which makes it feel difficult to implement a calming corner. How to handle 3 or 4 kids who want to use it at once...”	2	6
Discussion	“More time for in depth discussion around certain topics”	1	3
MONARCH Room®	“More lists of items we might purchase for the Monarch room”	1	3
Movement	“More movement / interactive activity (standing)”	1	3

Self-Care

Twenty-five out of 34 participants (74%) answered the question “What aspects of the module did you like the most?” (see Table 16), and 18 out of 34 participants (53%) answered the question “What aspects of the module could be improved? How?” (see Table 17).

Table 16. Module 7: What participants liked the most (n=25)

Category	Example Quote	F	%
Self-Care	“I am a firm believer in self-care. Thank you for the reminder.”	12	35
Engagement/Group Discussion	“The discussion on self-care”	6	18
All	“All of it”	3	9
N/A	N/A	2	6
MONARCH Room®	“MONARCH Room® setup”	1	3
Video	“The video on radical self-care”	1	3

Table 17. Module 7: What could be improved (n=18)

Category	Example Quote	F	%
Nothing	“Everything was informative”	11	32
Examples	“Examples being provided for what self-care looks like at the workplace”	2	6
Larger font	“Larger font on ppt notes”	1	3

Talking	“People talking during coaching for extended period of time”	1	3
Activities	“More variety of activities that … discussion or moving around”	1	3
Music	“Maybe play music while doing eval. (self-care)”	1	3
Interaction	“More group interaction”	1	3

MONARCH Room® Training Survey: Day 3

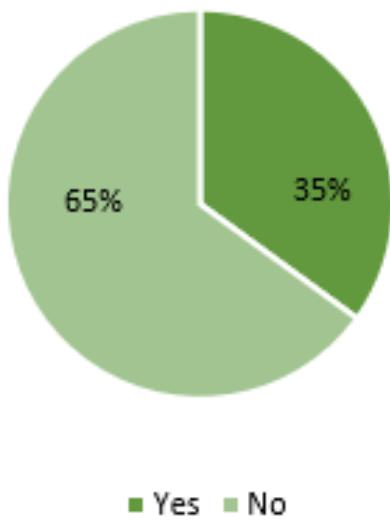
Twenty-one respondents completed the final training survey on Day 3 of the in-person training. The instrument given was a mix of Likert Scale responses and open-ended questions. The scale range was: Strongly Disagree (1), Disagree (2), Somewhat Disagree (3), Somewhat Agree (4), Agree (5), Strongly Agree (6).

Table 18. MONARCH Room® Training Survey: Day 3 (n=21)

Question	Response Average	n	%
I am confident in my ability to train my school on the MONARCH Room® model.	5.48	2 1	10 0
I am confident in my ability to integrate the MONARCH Room® model in your room.	5.62	2 1	10 0
I am comfortable asking for help from trainers.	5.81	2 1	10 0
I have support in my school to successfully implement the MONARCH Room® Train the Trainer.	4.95	2 1	10 0
I am confident in my ability to present the implementation plan to your school.	5.15	1 9	90

Overall, the responding teachers and staff expressed confidence in their ability to train their school on the MONARCH Room® model, as well as their ability to integrate the model in their individual classrooms. They also expressed confidence in their ability to present a plan for implementation to their other staff, teachers, and administrators at their school. There was, however, some hesitation in strongly agreeing to having the support within their school to successfully implement the MONARCH Room® train-the-trainer program.

Do you need additional support in building your implementation plan?



When asked what additional support they would need to implement the MONARCH Room® training in their school, most of the responses indicated that they would need administrative buy-in, but additional resources such as funding and staff time would be helpful. Similar responses were given when asked what they would need to implement SEL and the MONARCH Room® at their school. They reported that in addition to financial support to fully equip the space, a “one-page summary highlighting important SEL tools that can be shared with teachers” would be extremely helpful to relaying the mission of the MONARCH Room® model. Lastly, when asked if they needed additional support in building their implementation plan, 65% indicated that they did need additional support, and again, listing financial support and training as the forms of support they needed the most.

Appendix A – Pre-test Survey

Pretest

Participant ID questions

Please enter the first letter of your first name		Please enter the first letter of your last name	
Please enter the first letter of your mother's first name		Please enter your birth year (example: 1970):	
What month were you born in (example: 01)			

Please circle the letter of the best answer option for each of the following questions.

1. Which statement best defines trauma?
 - a. Exposure to actual or threatened death that has short-term emotional impact.
 - b. Witnessing a serious injury or sexual violence with no impact on the individuals' functioning or well-being.
 - c. Exposure to an incident or series of incidents that are emotionally disturbing or life-threatening with lasting adverse effects on the individuals' functioning and well-being.
 - d. Learning about actual or threatened death, serious injury, or sexual violence.
2. Which type of trauma occurs with prolonged exposure to traumatic stress or adverse events?
 - a. Complex trauma
 - b. Traumatic grief
 - c. Collective trauma
 - d. Racial or racism-based trauma
 - e. Intergenerational trauma
3. Physical or emotional danger that is created by existing or perceived racial discrimination is referred to as:
 - a. Complex trauma
 - b. Traumatic grief
 - c. Racial or racism-based trauma
 - d. Collective trauma
4. Trauma-informed practices are important in schools because...
 - a. Students impacted by trauma are more likely to fail a grade, score lower, and be suspended or expelled.
 - b. Students impacted by trauma are more likely to have higher grades and more disciplinary problems.
 - c. Students impacted by trauma are more likely to build relationships with school staff.
 - d. Students impacted by trauma have the same outcomes as students not impacted by trauma.
5. What are the 5 R's of restorative practice?
 - a. Relationship, respect, responsibility, repair, and reintegration
 - b. Respect, reciprocity, regulation, relationship, and regenerative
 - c. Regulation, respect, reciprocity, realistic, and relationship

- d. Radical, regenerative, regulation, respect, and relationship
- 6. A neurodevelopmental lens asserts...
 - a. The body remembers all physical feelings and physiological states and emotional feelings associated with the traumatic experience even when the conscious mind does not remember.
 - b. The body only responds to the physical feelings, physiological states, and emotional feelings of the conscious mind.
 - c. The body does not remember trauma.
 - d. The body responds to the physical feelings, physiological states, and emotional feelings in the moment the event occurs and not beyond.
- 7. What part of the nervous system is referred to as "fight or flight"?
 - a. Sympathetic Nervous System
 - b. Parasympathetic Nervous System
 - c. Peripheral Nervous Systems
 - d. Somatic Nervous System
- 8. Which symptoms best describe the impact of trauma on a developing brain?
 - a. Low threshold for sensory input, mood dysregulation, suppressed higher cortical function, and depressed executive functions
 - b. Executive dysfunction, mood regulation, and damaged brain structures
 - c. High executive function, mood regulation, and higher cortical function
 - d. Mood dysregulation, high executive function, and higher cortical function
- 9. When a person is outside their window of tolerance, they experience...
 - a. Hyperarousal or hypoarousal
 - b. Regulated emotions and tolerance
 - c. Hyperarousal and anxiety
 - d. Hypoarousal and dissociation
- 10. What does neuroplasticity mean?
 - a. The brain's ability to form and reorganize synaptic connections, especially in response to learning or an experience
 - b. The brain's inability to form new synaptic connections
 - c. The brain's ability to regulate new neuronal pathways
 - d. The brain's ability to remain unimpacted by experiences or injury
- 11. Poor self-concept and attachment difficulties are examples of what domain?
 - a. Emotional
 - b. Cognitive
 - c. Social
 - d. Behavioral
- 12. Poor impulse control is an example of what domain?
 - a. Emotional
 - b. Cognitive
 - c. Social
 - d. Behavioral
- 13. What is self-regulation?
 - a. The ability to understand and manage one's behavior and reactions to feelings and events in the environment
 - b. The ability to control others' emotions during an event
 - c. The ability to control impulses
 - d. The ability to act as if everything is OK even when experiencing adversity

14. Memory problems, learning disabilities, executive functioning, and engagement and motivation are all a part of what domain?

- a. Emotional
- b. Cognitive
- c. Social
- d. Behavioral

15. What is an example of behavior observed in the classroom with students who have experienced trauma?

- a. Attention seeking
- b. Language
- c. Healthy relationships
- d. Learning skills

16. What is a trigger?

- a. A smell, sound, touch, visual, or emotion reminder of an overwhelming past experience
- b. A recurring traumatic event
- c. An event that closely resembles the initial trauma
- d. An unwanted experience

17. What is neuroception?

- a. The automatic neural process of evaluating risks in the environment and adjusting one's physiological response to deal with potential risks subconsciously
- b. The automatic neural process of evaluating risks in the environment through conscious mind
- c. The manual process of evaluating risks in the environment and adjusting our physiological response to deal with potential risks
- d. The manual and conscious process of evaluation risks in the environment and responding to them

18. What are some ways to improve emotional and behavioral regulation?

- a. Mindfulness, relaxation, and psychoeducation
- b. Storytelling, timeouts, and distraction
- c. Testing, strength focused, and supports
- d. Timeout, avoiding triggers, and discipline

19. How can a teacher support a student during dysregulation?

- a. Engage in co-regulation
- b. Remove the student from classroom
- c. Switch lesson plan to provide a distraction
- d. Ignore the dysregulation

20. When working on de-escalating a student, what do you need to do first?

- a. Make sure you are regulated yourself.
- b. Make sure the student stops escalating.
- c. Go get help.
- d. Remove the trigger.

21. Social emotional learning is the process of developing:

- a. An increase in frustration tolerance and academic success
- b. Knowledge of how others respond to internal and external stimuli
- c. Self-awareness, self-control, and interpersonal skills
- d. An understanding of how events cause a physiological expression that impact academic outcomes

22. Why is self-awareness an important component of trauma-informed teaching?

- Understanding how your emotions and thoughts impact your behavior is necessary for self-management.
- It allows you to talk through your own traumatic experiences with the student.
- Understanding how your emotions and thoughts are not connected to your behavior is necessary for responding well in crisis.
- It allows you to avoid people or things that trigger you in the school environment.

23. Why is “change talk” a critical component of trauma-informed teaching?

- It provides students with an understanding of what they are doing wrong.
- It helps the student feel like you understand them, which is the first step in relationship building.
- It allows teachers/staff to clearly state their concerns and ensure the student understands the teacher’s point of view.
- It focuses on close-ended questions to keep it simple.

24. Motivational interviewing can be used to...

- provide an understanding of why rules and policies exist and why students need to comply.
- communicate teacher/staff perception and how the students impact the teacher/staff.
- change student behavior by telling the student the consequences of their actions and/or attitudes.
- assist students in exploring the importance of self-efficacy around a person’s goals and values in order to build a change plan.

25. Why is modeling social emotional skills a good tool to teach students?

- It provides opportunities for teachers to lecture on social emotional skills throughout the day.
- It tells students how they need to behave and treat their teachers and classmates without relying on teachers to show them how it is done.
- It provides students with positive examples of how to navigate stress and frustration, build and maintain healthy relationships, expand perspective taking, and reflect on how their decisions impact others.
- Modeling provides written instructions on how to improve social emotional skills.

26. Which statement best describes techniques to build relationships with students?

- I mirror the students’ behavior and language to show I can meet them where they are.
- I wait for students to approach me to give them space.
- I use students’ names and show respect even when they are disrespectful.
- I do not make eye contact with students as this may be triggering.

27. A critical component of trauma-informed discipline is...

- Policies/rules
- Consequences
- Relationship/rapport
- Unsympathetic

28. Which statement is *true* about trauma-informed practices? Trauma-informed practices...

- excuse behavior and allow kids to act inappropriately because something happened to them.
- are strictly a social emotional intervention.
- are just about students.

- d. help us to understand the behavior – not excuse it.

29. The MONARCH Room® is designed to be...

- a. a safe place where students can spend the day.
- b. a safe place where students can regulate themselves and return to class within 10 minutes.
- c. a safe place where students can work on difficult academic activities.
- d. a safe place where students can be sent as a consequence for problematic behavior.

30. Which statement is most true? Sensory items can be used to...

- a. increase or decrease arousal.
- b. Increase arousal.
- c. Decrease arousal.
- d. Increase dissociation.

31. Why is teacher/staff self-care an important part of trauma-informed practices?

- a. Self-care provides a reason to remove oneself from a difficult situation.
- b. Implementing trauma-informed practices does not require teacher/staff self-care.
- c. In order to implement trauma-informed approaches, teachers and staff need to have their own equilibrium or homeostasis.
- d. Self-care allows teachers and staff to ignore their emotions and feelings.

32. Which statement contains protective and supportive factors for personal bandwidth?

- a. Boundaries and self-compassion
- b. Multitasking and lack of movement
- c. Online too much and overextending
- d. Rest and increase effort to read nonverbal behaviors

33. Which statement best describes vicarious (secondary) trauma? Exposure to a traumatic event...

- a. Experiencing a traumatic event which impacts your ability to function.
- b. Working with someone who experienced a traumatic event which then impacts your ability to function.
- c. Experiencing a traumatic event which has no impact on your level of functioning.
- d. Working with someone who experienced a traumatic event which has no impact on your ability to function.

34. A symptom of compassion fatigue is:

- a. Enthusiasm to care for others
- b. Confidence in ability to care for others
- c. Exhaustion with a desire to continue to care for others
- d. Cynical or indifferent toward those we care for

35. What best mitigates the impact of burnout and compassion fatigue?

- a. Recognition of symptoms and self-care
- b. Relationship building and reduced stressors
- c. Administrative support and increased stressors
- d. Improved student behavior and administrative support

Appendix B – Example Post Test

Module 1: Getting Started – The What and Who of Trauma

Post-training questionnaire

Participant ID questions

Please enter the first letter of your first name		Please enter the first letter of your last name	
Please enter the first letter of your mother's first name		Please enter your birth year (example: 1970):	
What month were you born in (example: 01)?			

Please circle the letter of the best answer option for each of the following questions.

1. Which statement best defines trauma?
 - a. Exposure to actual or threatened death that has short-term emotional impact.
 - b. Witnessing a serious injury or sexual violence with no impact on the individual's functioning or well-being.
 - c. Exposure to an incident or series of incidents that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and well-being.
 - d. Learning about actual or threatened death, serious injury, or sexual violence.
2. Which type of trauma occurs with prolonged exposure to traumatic stress or adverse events?
 - a. Complex trauma
 - b. Traumatic grief

- c. Collective trauma
- d. Racial or racism-based trauma
- e. Intergenerational trauma

3. Physical or emotional danger that is created by existing or perceived racial discrimination is referred to as:

- a. Complex trauma
- b. Traumatic grief
- c. Racial or racism-based trauma
- d. Collective trauma
- e. Intergenerational trauma

4. Trauma-informed practices are important in schools because...

- a. Students impacted by trauma are more likely to fail a grade, score lower, and be suspended or expelled.
- b. Students impacted by trauma are more likely to have higher grades and more disciplinary problems.
- c. Students impacted by trauma are more likely to build relationships with school staff.
- d. Students impacted by trauma have the same outcomes as students not impacted by trauma.

5. What are the 5 R's of restorative practice?

- a. Relationship, respect, responsibility, repair, and reintegration
- b. Respect, reciprocity, regulation, relationship, and regenerative
- c. Regulation, respect, reciprocity, realistic, and relationship
- d. Radical, regenerative, regulation, respect, and relationship

Please fill in the number that indicates your level of agreement with the following:

<i>The module was...</i>	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree
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Relevant and helpful

Interactive

Used many
techniques to
keep my attention

What aspects of the module did you like the most?

What aspects of the module could be improved? How?

<i>The facilitator(s)</i>	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree
Answered my questions						
Encouraged participation						
Was culturally respectful						
Stayed on topic						