

CLEAR
End of Year Staff Survey Results
2017-2018

CLEAR Program Staff
Washington State University
October 2018



Summary:

CLEAR (Collaborative Learning for Educational Achievement and Resilience) is a three-year long educator support model designed to address childhood trauma as a common challenge in schools. In the 2017-18 school year, CLEAR was implemented in 15 schools: 13 elementary schools, one comprehensive high school, and one alternative high school. Schools represented six communities across five states. Because we had several clusters of schools in communities, the present results reflect a range of experiences across schools reflecting the quality of implementing conditions across communities.



The Child and Family Research Unit works with community systems to address the public health challenge of adverse childhood experiences (ACEs) and resulting trauma. Specifically, CAFRU has developed an extensive body of works addressing these public health consequences through several systems-change efforts.

Since 2008, CAFRU faculty and staff have delivered complex trauma training to more than 30,000 professionals, including those in the K-12 education system, early learning, juvenile justice, social work, mental health, primary health care, and communities across Washington, Oregon, Alaska, and California.

CLEAR implementation report 2017-18 School Year

CLEAR Program Staff
Washington State University
October 2018

CLEAR (Collaborative Learning for Educational Achievement and Resilience) is a three-year long educator support model designed to address childhood trauma as a common challenge in schools. CLEAR's goal is to shift skills and attitudes among adults to produce more effective practices for all students but particularly for students struggling with trauma. CLEAR places a trauma specialist in a school for two days each month to provide formal training, consultation to individual staff, and consultation on systemic changes to adopt trauma-informed educational practices. CLEAR is a P-12 education support program.

In the 2017-18 school year, CLEAR was implemented in 15 schools: 13 elementary schools, one comprehensive high school, and one alternative high school. Schools represented six communities across five states. Because we had several clusters of schools in communities, the present results reflect a range of experiences across schools reflecting the quality of implementing conditions across communities.

In this year, nine of the 13 elementary schools completed their first year in CLEAR, one elementary school was in its second year, and three elementary schools were in their third year. As a consequence, this report focuses on the results for the nine Year One elementary schools and three schools who completed the full three years. The remaining schools' results are shared with the districts individually in order to not inadvertently disclose individual or site information given small participant pools (5 alternative high school participants, 16 Year Two elementary participants, and 27 comprehensive high school participants).

Part of our practice is to conduct anonymous re-consent votes in schools at the end of years one and two. For CLEAR to continue, the yes vote needs to be greater than 75% of participants. At the end of the 2017 school year, 11 of the 13 schools in either Year One or Year Two of implementation voted for CLEAR to continue. One elementary school at the end of Year One did not vote to continue CLEAR, and the comprehensive high school discontinued CLEAR due to a funding decision.

CLEAR emphasizes voluntary engagement with trauma-informed practice changes as a core element of interventions. Individual staff members have to invite the CLEAR consultant to provide support. We have found in past years that the decision to engage the CLEAR consultant is associated with distinct staff concerns and relatively greater gains with respect to adoption of CLEAR principles. In the present analyses, we continue to use consultant engagement as a principal way to describe differences in staff report.

The end of year survey has principally served as a monitoring tool for the CLEAR team to understand how the program is being implemented and what areas of process improvement are indicated. However, in the five years that we have conducted the survey, we also have found that staff report significant gains in understanding of trauma practices and adoption of school practices aligned with trauma informed care. Because so little is currently known about how

trauma informed practices impact schools, we present these preliminary findings for CLEAR as one approach to trauma informed school practices.

End of Year Survey Methodology

As a matter of routine monitoring for implementation progress, staff in CLEAR schools are asked to complete an anonymous online survey addressing their participation in CLEAR. The survey addresses level of participation in CLEAR, perceptions of CLEAR's value, and staff's self-report of dimensions such as work stress, relationships with staff and students, and school climate. The practice and staff adjustment questions were chosen to reflect characteristics of teachers and schools that are intermediate predictors of long term academic success in schools.

Change over time is assessed by a retrospective baseline change strategy. We have found that until people are introduced to trauma-informed practice concepts, they cannot use the concepts to describe their practice. In a retrospective baseline study, the respondent reports where their practice was before the start of the CLEAR intervention and compare it to where their practice is now using what they have learned. At the end of each program year, staff reflect back on their progress since before CLEAR began. In a previous CLEAR end of year survey report, we examined the risk of a response bias using this reporting strategy and concluded that there was no evidence of a response bias among survey participants.

The present report is based on the surveys from 342 educators in the Years 1 and 3 elementary schools implementing CLEAR. Year One participants were 265 professionals including 171 certificated teachers and 94 classified staff. Seventy-seven staff (14 classified, 63 certificated) in the three Year Three elementary schools completed the survey.

Engagement with CLEAR

Three types of engagement with CLEAR are open to staff in each visit: individual or small group consultation supports, participation in the monthly professional development (PD) trainings, and participation in the 'CLEAR Team' which is a staff/leadership team that co-designs changes in practices with the principal and the CLEAR consultant based on mutually agreed to needed areas of work. The monthly PD sessions are mandatory for all staff, but other elements of the intervention are voluntary. For this report, we focus on: (1) the perceived value of the PDs and (2) participation in and perceived value of the CLEAR coaching. While the CLEAR team is a key program component, it is typically an administrative assignment and the primary value is for CLEAR's smooth and targeted implementation rather than individual staff change.

While attendance at the professional development presentation is mandatory, attendance will vary. Also, in the 2017 school year, CLEAR only provided six professional development trainings in Year Three compared to nine in Years One and Two. With up to nine PD sessions possible in the first year, 80% of Year One respondents reported they attended six or more sessions in the year compared to 20% attending less than six sessions. This result indicates that we are effective in supporting broad participation in the formal training component of CLEAR.

While we view the professional development all-staff training as a core program component, our theory of change would argue that the individual and small group staff consultation is not only the greatest part of our effort but also where we anticipate having the greatest impact on practice.

Because the voluntary nature of CLEAR consultations is a core principal of our program, tracking success with invited consultations and reported benefit are core indicators of program success.

In Year One, 67% of the staff reported that they used the CLEAR consultant at least once for consultation supports. The range across schools was between 40% of staff and 80% of staff using the consultant. The school with 40% utilization was the elementary school that opted out of CLEAR at the end of this year. Low use of the consultant is indicative of significant implementation concerns.

Among the Year One staff who used the consultant, 68% reported the consultation involved three or more planning discussions. However, 32% of staff who used the consultant only did so 1-2 times. Moving forward, one of our objectives is to understand if the staff with fewer contacts received what they needed or were dissatisfied with the support. By contrast, in the Year Three elementary schools, the percent of staff who used the consultant was comparable at 70% but about half of the staff using the consultant did so for 1-2 consults. This result is consistent with our implementing experience that the nature of consultation shifts to refinement of practices rather than exploration and adoption of changes in practices which likely requires longer discussions.

Among the staff who utilized the CLEAR consultant, 69% of Year One respondents report that the consultation was either 'a great deal' or 'completely' helpful. In Year One, classified and certificated staff rated the benefit of the CLEAR consultation as equivalently helpful. However, in the three Year Three schools, classified staff rated consultation benefit higher (70% a great deal or completely helpful) than certificated staff (46% a great deal or completely helpful; $F(1, 53) = 4.9, p < .03$). This result may reflect a concern with implementation in these schools but we instead suggest that this may indicate that after three years the nature and focus of work in the schools shifts from individual student and classroom strategies to more systemic solutions (e.g., practice at recess, lunch) that impact classified staff more directly.

In the survey, we ask a series of questions about work burden and the impact of student trauma on the staff member. The questions include:

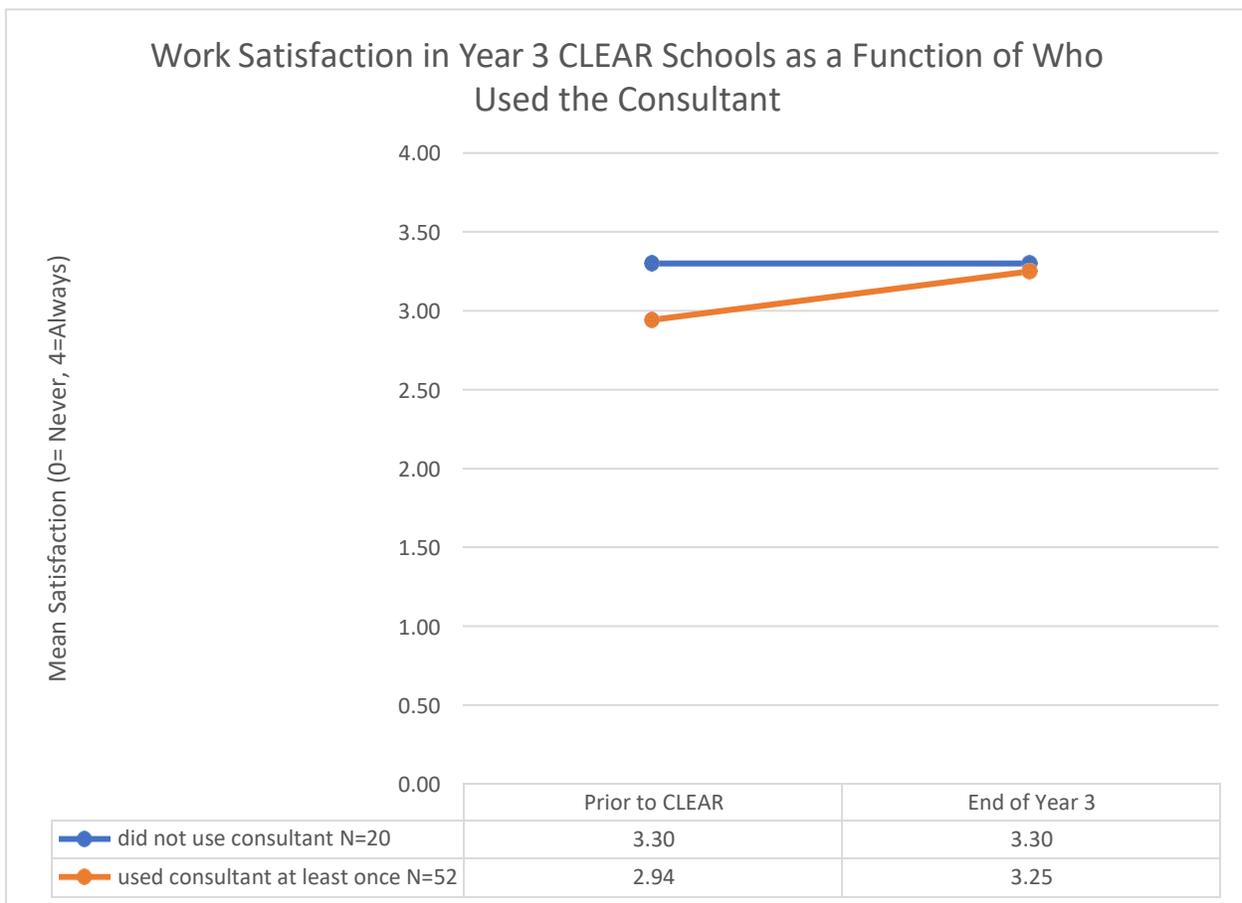
- I get satisfaction from my work.
- I believe I can make a difference through my work.
- I feel worn out by my work in ways that interfere with other parts of my life.
- I think that I might have been negatively affected by the traumatic stress of the students in our school.
- Because of the traumatic stress of the students in our school, I find it difficult to separate my professional life from my personal life.

The response scale ranged from 0 equaling 'never' to 4 equaling 'always.'

We compared staff using the consultant or not on these questions in the nine Year One and three Year Three elementary schools. Change could be analyzed for all staff over time or by comparison of staff who did or did not use the consultant. A finding that has been consistent over several years of CLEAR surveys is that staff who utilize the CLEAR consultant are less satisfied in their work and feel under greater stress. As a result, there appears to be a significant

motivation among staff using the CLEAR consultant to get to a more satisfying place in their work lives. Based on our experience in schools, this drive is a mix of staff who are strong in their practice but working to be better and staff who are struggling with aspects of their work. Particularly in Year One, certificated staff engage the consultant most often because they are being particularly challenged by the needs of one or more challenging students. Similarly, staff who do not engage the CLEAR consultant include a mix of highly capable and comparatively unengaged staff.

With respect to ‘satisfaction from my work’, we did not find reported changes in Year One either overall or based on who used the consultant. By contrast, in Year Three schools, we did see that satisfaction with work increased among staff using the consultant



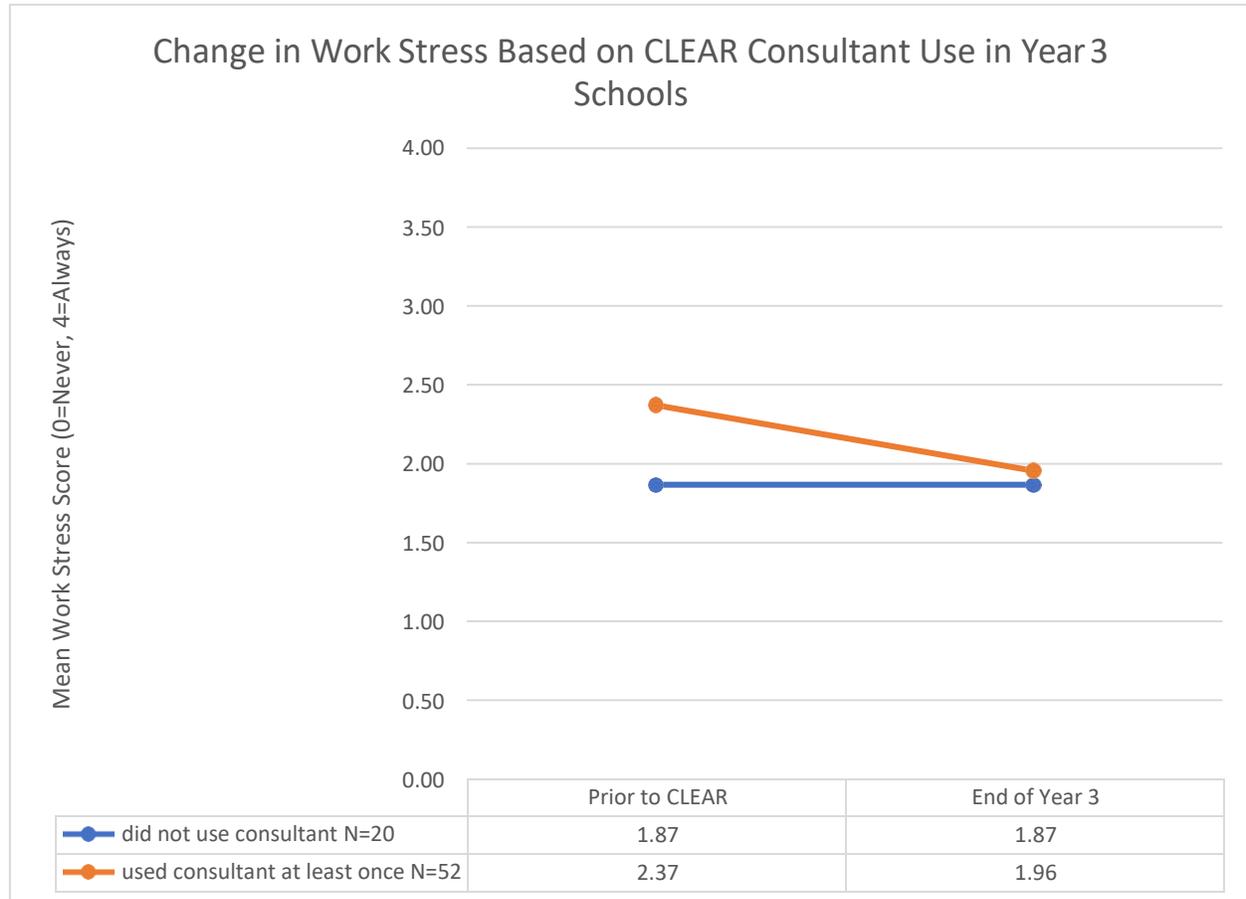
$F(1, 70) = 3.1, p < .08$

Please note: we report findings that near statistical significance ($p < .05$) given the intent of this report is principally to provide information for program refinement.

In examining reports of being able ‘to make a difference in their work’, we did not find changes in Year One but again in Year Three found that overall staff report positive change over time as a consequence of CLEAR [$F(1, 70) = 13.9, p < .001$; Prior to CLEAR, $M=3.3$, End of Year Three, $M=3.6$).

We asked about elements of work stress- being worn out, being negatively affected by students’ trauma, having difficult separating personal and professional life because of students’ trauma. Because these questions were highly correlated ($r > 0.65$), we combined the three questions into a work stress summary mean score for comparison over time.

In Year One, we found that there is a modest overall reduction in reported work stress [$F(1, 230) = 3.0, p < .05$; Prior to CLEAR, $M=2.3$, End of Year Three $M=2.1$). In the Year Three schools, we found that there was a significant overall reduction in reported work stress at the end of CLEAR but that this change was principally among staff who used the CLEAR consultant.



$F(1, 70) = 3.8. p < .06$

This finding suggests that work stress and burden may have an important motivational effect on educators’ decision to engage the CLEAR consultant. Asked about being ‘worn out’ and ‘affected by student trauma,’ staff using the consultant report significantly greater strain than staff not using the consultant.

Staff Adoption of CLEAR Practices

In this year’s survey, six conceptual and practice principles central to CLEAR were assessed. The questions included:

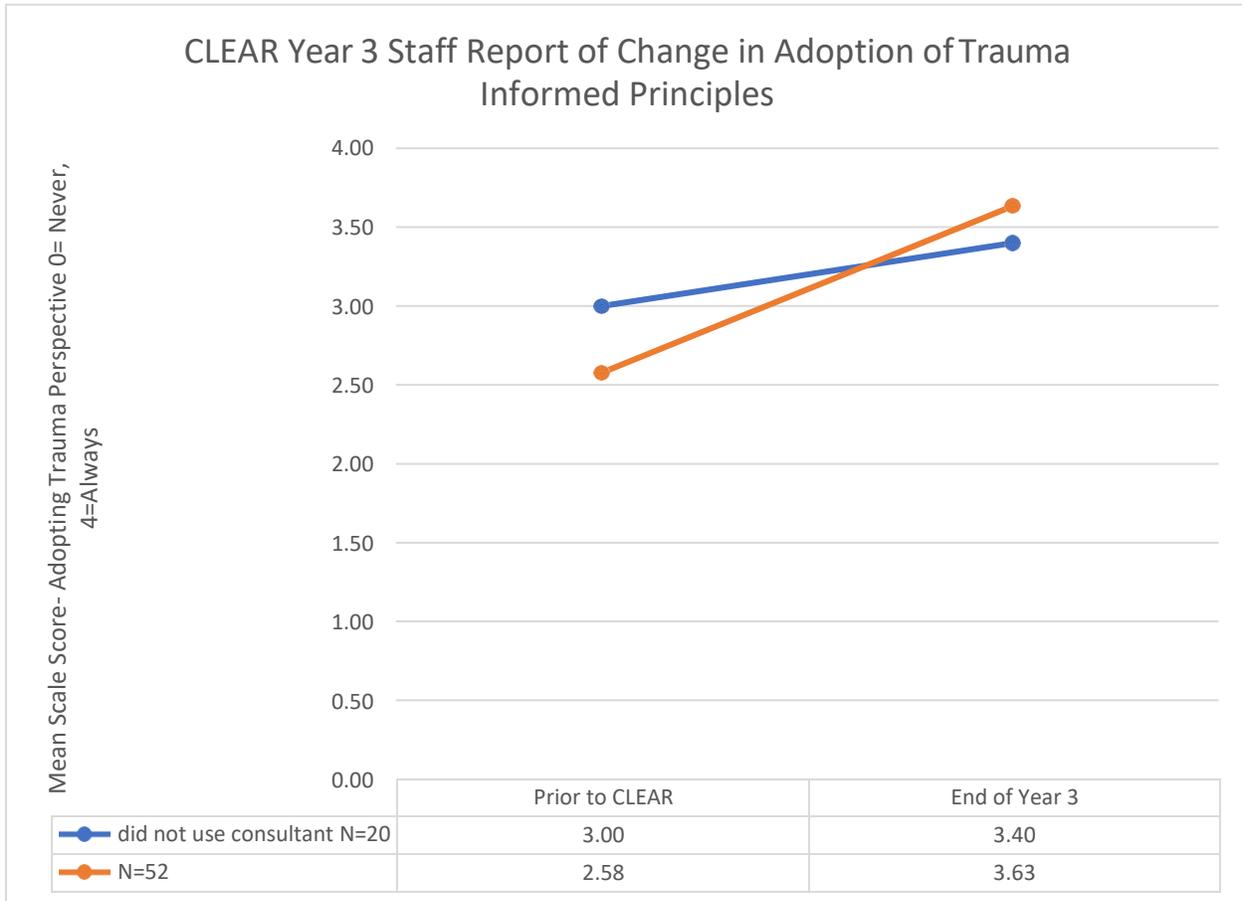
- In my practice, I understand that exposure to trauma impacts learning and school readiness.

- In my practice, I understand student need versus behavior.
- In my practice, I understand that working collaboratively around students is critical and not the responsibility of only one person.
- In my practice, I design student interventions based on strength and not problem identification.
- In my practice, I understand the importance of repair following rupture with a student.
- In my practice, I understand the importance of teaching students about their own regulation and ways to manage it.

The response scale ranged from 0 equaling 'never' to 4 equaling 'always.'

While not all of these principles and practices are unique to trauma informed practice recommendations, these are core concepts introduced in the first year of CLEAR and are what we consider to be foundational trauma informed practice skills.

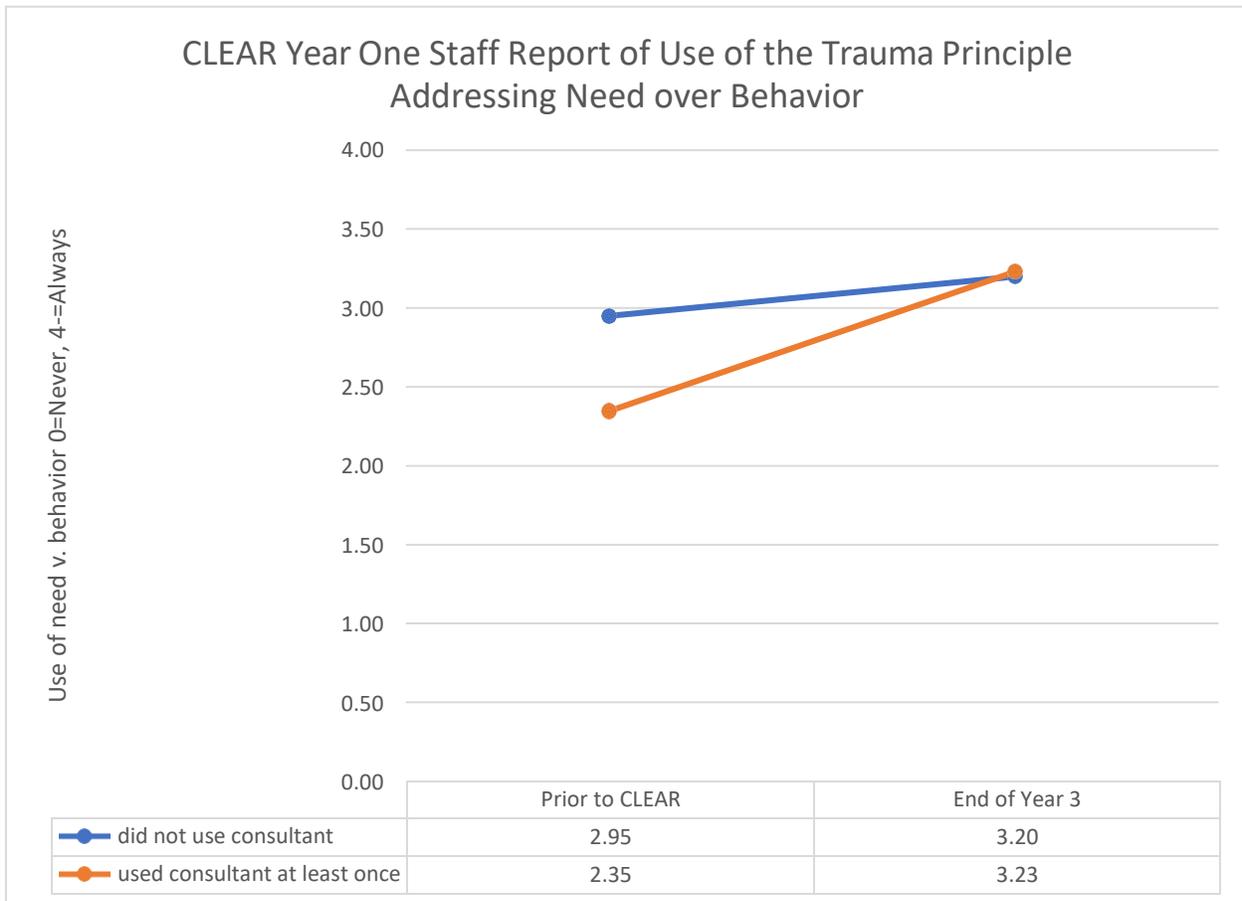
Recognition of the role of trauma in compromised learning is the fundamental starting point for trauma-informed class and individual educational strategies. In both the Year One and Year Three schools, there was a significant overall increase in understanding trauma as part of their practices. In Year One, the Pre-CLEAR mean response was $M=3.01$ while the end of year response was $M=3.48$, with a significance test of $p<.001$. However, in Year Three schools, we found that not only did overall staff adoption increase with CLEAR but that engagement with the consultant was associated with greater gains. Please see the next figure.



Change over Time: $F(1, 70) = 41.6, p < .001$

Use of Consultant X Time: $F(1, 70) = 8.7, p < .005$

In trauma informed practice, the concept of addressing underlying need rather than focusing on managing the behavior is a core concept. The results indicate that in Year One there is a general reported increase in adoption of this planning focus regardless of utilization of the consultant. In Year One, the Pre-CLEAR mean response was $M=2.63$ while the end of year response was $M=3.01$, with a significance test of $F(1, 70) = 76.6, p < .001$. Year Three staff report an overall staff gain in use of this principle but again the reported level of adoption was greatest among staff who utilized the consultant. Please see the next figure.



Change over Time: $F(1, 70) = 30.23, p < .001$

Use of Consultant X Time: $F(1, 70) = 8.7, p < .005$

Addressing the need for collaborative response to trauma in students, we found an overall significant change from baseline to the end of the year such that adoption of a collaborative approach was more common in CLEAR schools both in Year One (Pre-CLEAR $M = 3.20$, End of Year $M = 3.60, F(1, 230) = 35.93, p < .001$) and Year Three (Pre-CLEAR $M = 2.93$, End of Year $M = 3.61, F(1, 70) = 21.71, p < .001$). We also found in both groups of schools, staff who used the CLEAR consultant were initially significantly less likely to use collaborative strategies overall. Finally, we observed again that staff who use the consultant in Year Three schools showed significant gains in use of collaborative practices over time similar to the differentially significant gains we described above for adopting trauma informed principles and attention to the driving need.

Rather than present repetitive findings, we note here that we found the same pattern of results for each of the trauma practice principles we tracked (student interventions are strength-based, the importance of repair following rupture, teaching student self-regulation skills). In both Years 1 and 3, we observed statistically significant overall gains in use of the principle and in Year Three we see indications that the use of the consultant leads to greater gains in the adoption of the practice.

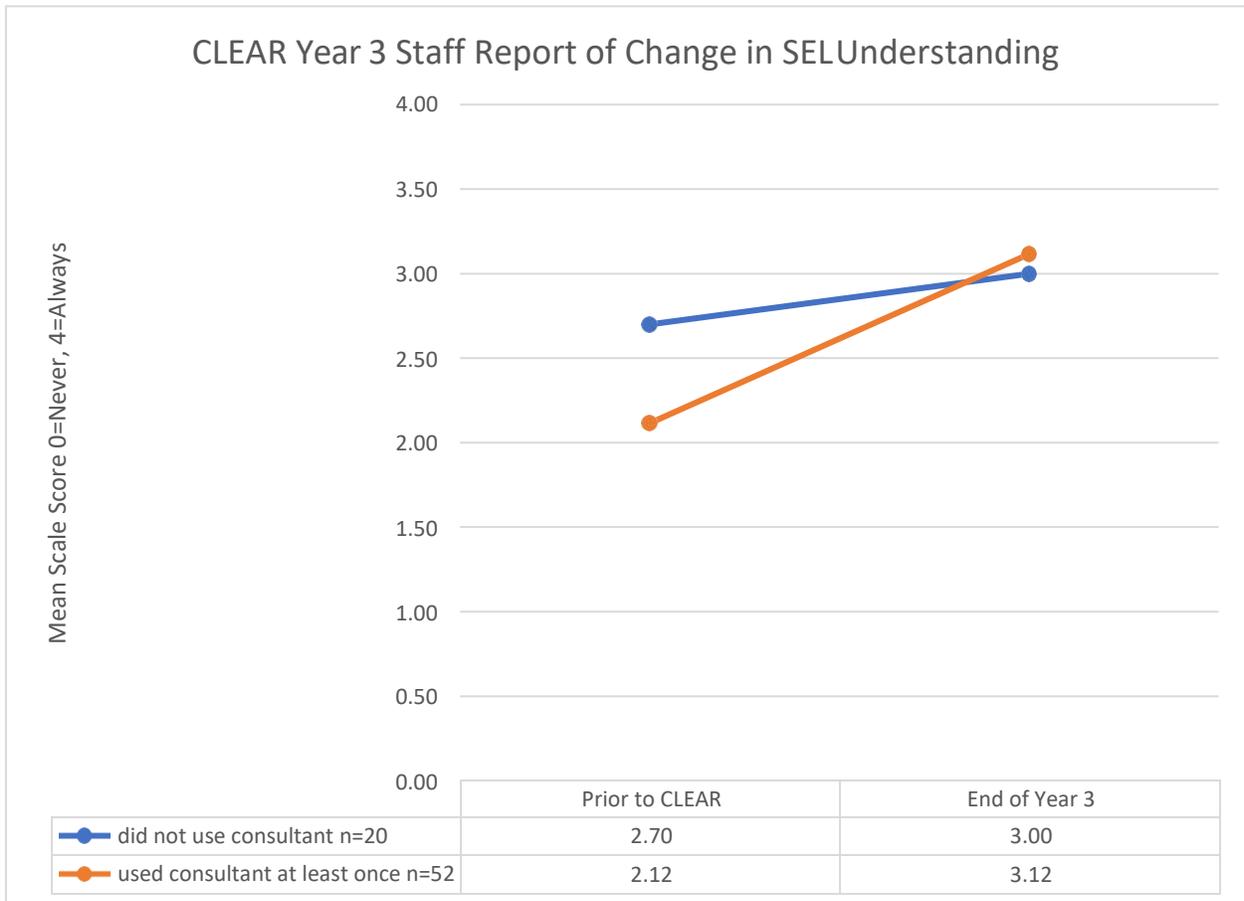
CLEAR Impact on Social Emotional Learning Practices

We ask staff to reflect on their practice with respect to social emotional learning (SEL) as a foundation for trauma informed care, and. Our emphasis on SEL practice as a component of trauma informed response reflects the typical development goals placed at risk due to trauma. The questions include:

- I am satisfied with my understanding and utilization of social emotional teaching techniques.
- I am confident in my ability to set a positive social-emotional example for our students.

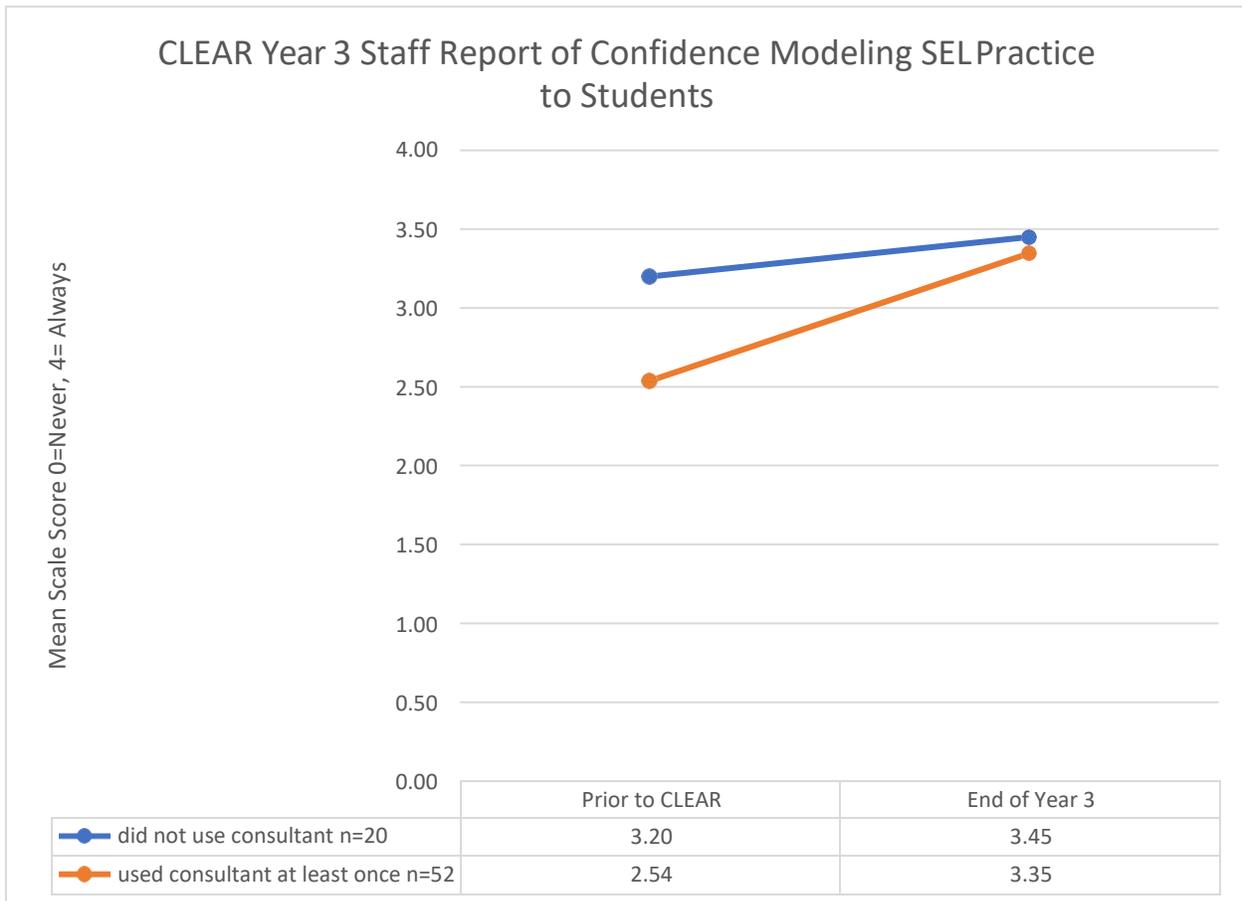
Staff responded using a scale where 0 indicated never and 4 indicated always.

For SEL practice comprehension and confidence in modeling SEL practices, we found the same pattern of results described above for uptake of CLEAR trauma informed response principles. In Year 1, we see an overall statistically significant increase in understanding of SEL practices Pre-CLEAR M= 2.40, End of Year M=2.60, $F(1, 230) = 62.79, p < .001$) while in Year Three schools staff report significant gains overall (Pre-CLEAR M= 2.28, End of Year M=3.08, $F(1, 70) = 35.45, p < .001$) with greater gains among the staff who utilized the CLEAR consultant as shown in the next two figures.



Change over Time: $F(1, 70) = 35.45, p < .001$

Use of Consultant X Time: $F(1, 70) = 10.28, p < .001$



Change over Time: $F(1, 70) = 25.81, p < .001$

Use of Consultant X Time: $F(1, 70) = 7.18, p < .009$

CLEAR’s Impact on Staff Perceptions of the School Community

In the end of year survey, our outcome measures address staff peer relationships, relationship with school and district leadership, relationship with students, and adoption of educational practices foundational to trauma informed practice. We consider these to be interim outcomes that are associated in the greater educational literature with overall academic success and success of the school as a community. We examined change from pre-CLEAR positions to status at the end of CLEAR’s current implementation year. The questions included in the survey are organized into three categories: students, colleagues/school leadership, and trauma informed school characteristics. Educators responded on a scale where 0 equaled ‘not at all’ to 4 equaling ‘completely.’

Students

I have positive feelings about the students in our school

I have positive feelings about the students in our school who struggle with behavior and/or self-regulation

Students in this school show respect for one another

Colleagues and Leadership

I have positive feelings about the adults working in our school

I feel supported by people I work with

I feel supported by the principal and assistant principal leadership at this school

I feel supported by district leadership

School Environment and Trauma Response

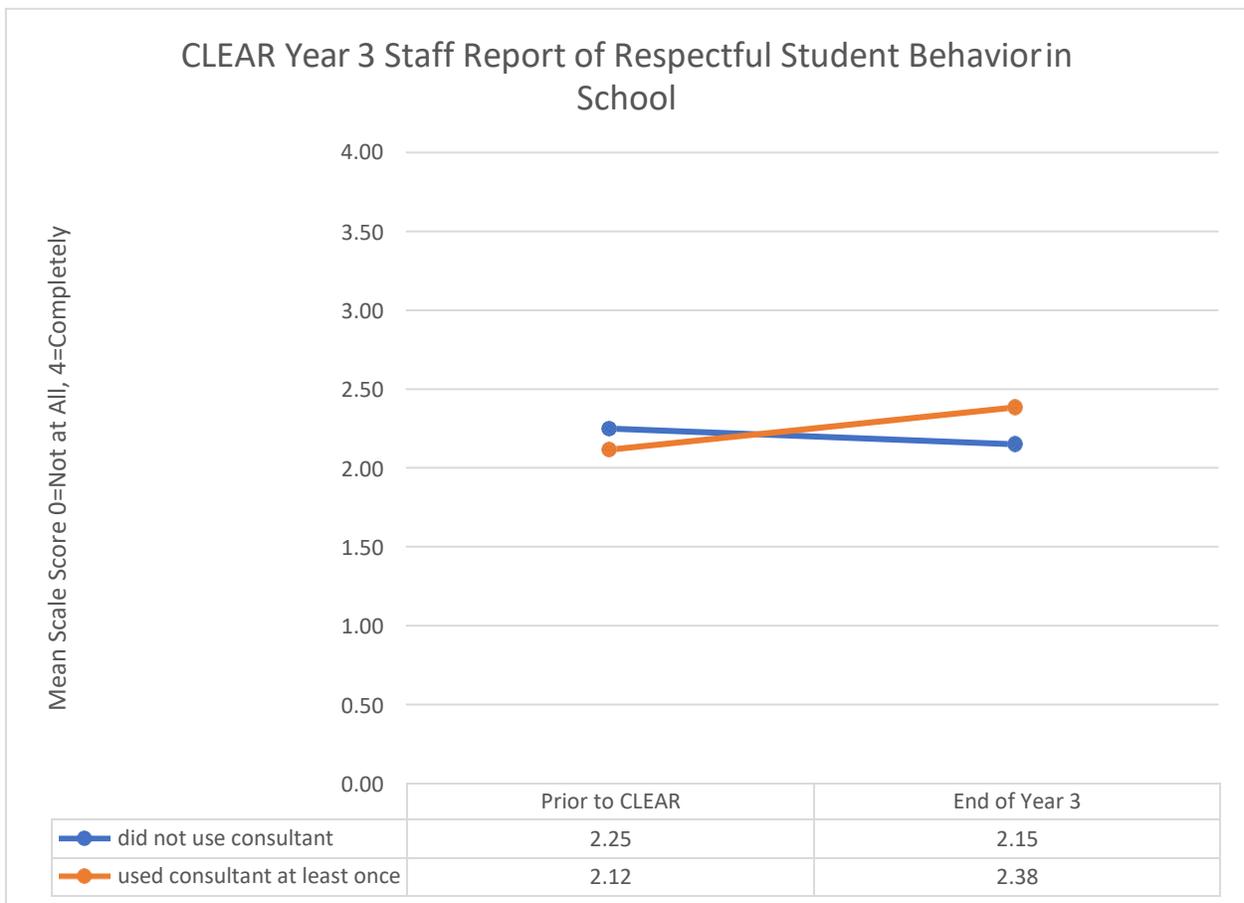
My school is an emotionally safe place for students and staff

My school is a physically safe place for students and staff

In our school, disciplinary alternatives to office referrals are made available to students

In our school, office referrals result in trauma-informed responses

Asked about their feeling toward all students in their schools, we found no gains in reports of student respect. However, by the end of Year Three, staff who utilized the CLEAR consultant report modest gains in student support while staff who did not use the consultant report lower levels of student respect. Please see the next figure.



Change over Time: Not significant

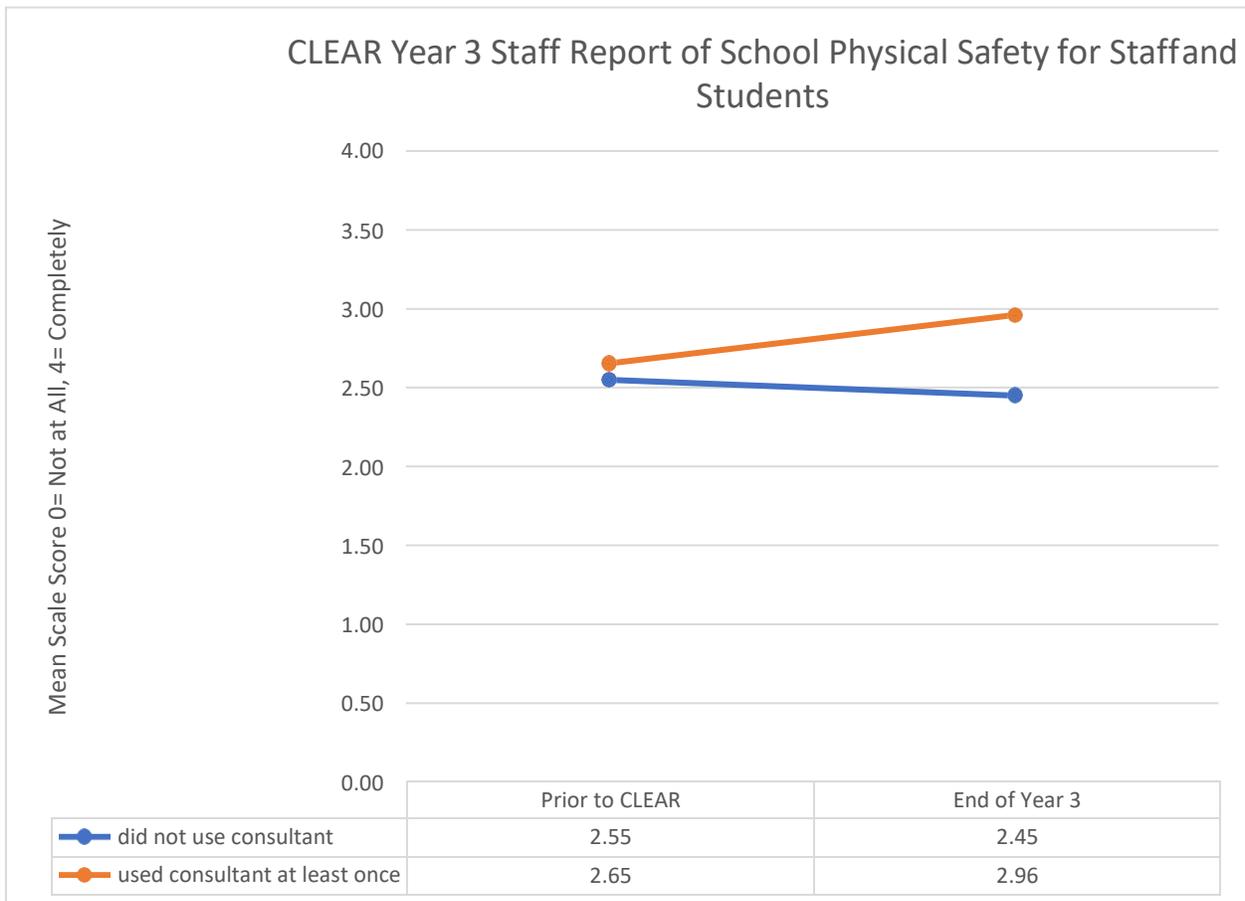
Use of Consultant X Time: $F(1, 70) = 6.26, p < .02$

A more pronounced gain was made in both years regarding more positive attitudes towards students who struggle (Year One Pre-CLEAR $M=2.83$, End of Year $M=3.06, p < .001$; Year Three Pre-CLEAR $M=2.68$, End of Year $M=3.11, p < .001$). A positive shift in staff perceptions of students, particularly students who have behavioral struggles, is confirming of CLEAR’s goal of increasing sensitivity to and understanding of student behavior.

Feeling towards colleagues (I have positive feelings about the adults working in our school) and perceived support from colleagues (I feel supported by people I work with) were high across the CLEAR schools as the program was adopted and did not change in either year.

Perceptions of school leadership and district support did not change meaningfully as a consequence of CLEAR program activities.

Asked if the schools were emotionally safe places for staff and students, educators in CLEAR schools report relatively low levels of safety (Year One schools Pre-CLEAR M=2.6; Year Three Schools Pre-CLEAR M=2.47. Staff report no changes in emotional safety for either Year One or Year Three Schools. Similarly, when asked if schools were physically safe places for staff and students, Year One staff reported no change over time but in Year Three schools staff who used the consultant report increased physical safety compared to their colleagues who did not use the consultant. Please see the next figure.



Change over Time: Not significant
 Use of Consultant X Time: $F(1, 70) = 6.76, p < .01$

Educators reported on the degree to which disciplinary alternatives were part of school practice. Staff in both years report that after adopting CLEAR there was a statistically significant increase in the schools' use of alternatives to punitive disciplinary practices. In Year One, the Pre-CLEAR mean score was M=2.41 compared to the End of Year M=2.53 ($F(1, 70) = 9.34,$

$p < .003$). In Year Three schools, the Pre-CLEAR mean was $M = 2.31$ compared to the End of Year $M = 2.53$ ($F(1, 70) = 19.96, p < .001$). A similar pattern of results was observed for staff reports of the use of trauma informed responses in management of disciplinary office referrals. We note that even with CLEAR, staff are reporting fairly modest use of accountability practices. This suggests that overall CLEAR may need to extend efforts to shift practice away from punitive and exclusionary practices.

Key Findings

Because CLEAR is a three-year program, our expectation is that change is incremental over the three years. The constraint on the present report is that we look at progress within implementation years. This is a function of the anonymity of staff report which make tracking individual responses over time not possible. While the Year Three schools are different from our Year One schools in this report, the results are consistent with the proposition that there are progressive gains in adoption and use of core trauma informed principles as schools progress in CLEAR.

The results in this report demonstrate high acceptance of CLEAR among participants, high ratings of and participation in CLEAR implementation components, and evidence on several indicators that CLEAR has an overall positive effect in schools that is accelerated among the staff who utilize the consultant in discussions about improving practice. Highlights from this report include:

- High levels of program acceptability.
- High levels of utilization of the CLEAR consultant on a voluntary basis.
- High levels of reported satisfaction with the consultation process. However, brief consultation contacts need to be better understood to determine if brief contacts are indicative of any type of implementation concern.
- Indications of high levels of adoption of trauma informed principles introduced in CLEAR and associated overall gains on several measures of staff adjustment and staff perceptions of students.
- Evidence that staff who use the consultant are more willing to be self-critical or express performance concerns but that the staff using the consultant show greater gains than colleagues who do not.