Evaluation of The Night Before: Results from a Trauma-Informed Professional Development Program

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Evaluation of The Night Before

Trauma-informed approaches are gaining prominence as a way to create compassionate, inclusive learning spaces. Research has consistently shown that trauma exposure is prevalent among students and correlates with academic struggles, behavioral challenges, and mental health concerns (Felitti et al., 1998; Perry, 2006). Adverse childhood experiences (ACEs), including abuse, neglect, and exposure to violence, have been linked to a range of negative outcomes, such as chronic stress, difficulty trusting authority figures, and social isolation (Overstreet & Chafouleas, 2016). Children who experience trauma often face long-term disruptions in cognitive development, impacting memory, attention span, and executive functioning. Consequently, they may underperform academically and display higher rates of absenteeism and dropout.

The prevalence of these experiences is startling; nearly half of children in the United States report at least one ACE, with a significant subset experiencing multiple ACEs (Child Trends, 2018). These statistics underscore the need for school environments that are not only sensitive to trauma's effects but also actively work to counter them.

Trauma-informed approaches acknowledge trauma's impact on students' ability to succeed academically, maintain relationships, and engage in school activities (Craig, 2016; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). They prioritize understanding the impact of trauma on students, emphasizing safety, trust, and empowerment. Moreover, they help establish emotionally safe classrooms where students feel supported and valued (Berger et al., 2019).

By adopting trauma-informed practices, educators can mitigate the challenges posed by trauma, fostering resilience and promoting students' academic, social, and emotional well-being. The implementation of such practices has demonstrated considerable promise in enhancing student engagement, reducing disciplinary actions, and improving overall school climates (Blodgett & Dorado, 2016). However, effectively embedding trauma-informed principles in educational systems requires dedicated training and support for educators, which is the focus of this study.

Professional Training for Trauma-Informed Approaches in Schools

Professional development programs for trauma-informed practices typically encompass several key components. Educators are introduced to trauma awareness, including understanding how trauma affects brain development and manifests in classroom behavior. This awareness provides the foundation for discussing trauma within school teams. Skill-building modules focus on equipping educators with practical strategies for creating safe and supportive environments, including techniques for de-escalating conflicts, fostering positive student-teacher relationships, and implementing self-regulation supports (Brunzell et al., 2015). Training also addresses educators' well-being by including modules on self-care, which is critical for managing secondary traumatic stress and compassion fatigue (Newell & MacNeil, 2010).

Despite its potential benefits, schools often face challenges in implementing trauma-informed training. Time and resource constraints can make it difficult to prioritize comprehensive training amidst competing professional development requirements (Anderson et al., 2015). Inconsistent understanding and buy-in among staff further hinder

cohesive implementation. Sustainability remains another concern, as schools risk losing momentum without ongoing support (Thomas et al., 2019). Additionally, the emotional toll on educators highlights the importance of organizational support for preventing burnout.

The evidence supporting trauma-informed training is robust. Studies report improvements in student outcomes, such as academic performance, reduced behavioral issues, and increased emotional resilience (Blodgett & Lanigan, 2018). Educators report enhanced confidence in managing classroom behaviors and improved teacher-student relationships (Cavanaugh, 2016). Furthermore, schools implementing these practices often experience a shift toward more supportive and equitable disciplinary approaches (Berardi & Morton, 2019). Despite these promising findings, gaps remain in understanding the long-term effects of training.

This study sought to evaluate improvements in teachers' knowledge, confidence, and preparedness related to dealing with trauma after participating in a structured trauma-informed professional development program. The training was structured around Problem-Based Learning (PBL) exercises delivered in three distinct modules. These modules focused on developing participants' ability to identify critical facts, form hypotheses, and recognize student strengths in trauma-related scenarios. The modules also provided instruction on identifying and reducing bias. Facilitators employed tools such as PowerPoint presentations, handouts, and worksheets to guide participants through the material. Each module built upon the previous one, facilitating cumulative skill development. Additionally, debrief sessions were conducted to help participants process their learning and connect it to their professional practices.

Methods

Recruitment was conducted via email invitations and professional networking, and all participants provided informed consent. A total of approximately 950 training participants were recruited from schools targeted by the Illinois State Board of Education's Disciplinary Equity project (Illinois State Board of Education, 2021), and through regional offices and social-emotional learning hubs across the state. Of this group, 323 completed both a valid pre-test and post-test survey. The participant sample was diverse in terms of educational backgrounds, years of teaching experience, and demographic characteristics, which enhanced the generalizability of findings. Most participants identified as female (84.5%), with 13.6% identifying as male, and 1.9% were categorized as "other" or had missing data. Regarding race/ethnicity, 84.2% of participants identified as White, 8.4% as Black, 2.8% as Latino/Hispanic, 0.9% as Asian, and 3.7% were categorized as "other" or did not have information. For education level, 5.3% of participants reported having an associate degree, 31.2% held a bachelor's degree, 49.5% held a master's degree, and 1.2% held a PhD or other doctoral degree. An additional 12.8% reported other educational qualifications, such as high school diplomas, certificates, or specialist degrees.

Data collection occurred through an online survey administered using Qualtrics. Participants were provided with initial QR codes to access the online survey to complete a pre-training survey before training and a subsequent QR code to access the post-training survey. Only participants with valid pre- and post-training surveys were included in the analyses. The survey was designed to assess participants' familiarity with trauma-informed principles, their confidence in implementing trauma-informed practices, and their

understanding of trauma's impact on students. The survey consisted of 26 Likert-scale questions and open-ended responses. The Likert-scale items are listed in Table 1. The items varied: some were statements about participants' confidence in dealing with trauma or familiarity with aspects of trauma, some were true or untrue factual statements about trauma, and some were attitudinal statements that were supportive or unsupportive of a trauma-informed response. On these items, participants rated their level of agreement on a 7-point scale ranging from 1=strongly disagree to 7=strongly agree. Paired sample t-test were computed to measure improvement on these items from pretest to posttest. In the analysis, individual items were reverse scored as necessary to make this possible.

Results

The paired samples t-tests assessing changes in trauma-informed practices revealed significant improvements with large effect sizes for several questions (see Table 1). For example, participants reported an increase in familiarity with trauma-informed care or practice (pretest M = 4.60, posttest M = 5.81), with a significant effect $t(318) = 15.89$, $p < .001$), and a large effect size, $d = .99$. Confidence in applying trauma-informed principles with students who have experienced family violence also improved substantially (pretest M = 4.46, posttest M = 5.54, $t(320) = 14.25$, $p < .001$, $d = .81$). Likewise, confidence in the ability to identify traumatic response in students improved markedly (pretest M = 4.39, posttest M = 5.51, $t(320) = 16.72$, $p < .001$, $d = .98$), as did participants' understanding of the potential impact of secondary trauma for themselves and their colleagues (pretest M = 5.06, posttest M = 6.00, $t(318) = 12.81$, $p < .001$, $d = .80$). The last significant increase with a large effect size was participants reporting they had the knowledge needed to work with

students experiencing trauma-related issues and handle difficult behavior related to traumatic experiences (pretest M = 4.34, posttest M = 5.41, $t(317) = 13.40$, $p < .001$, $d = .80$).

A medium effect size was detected on participants' increased scores on understanding the difference between trauma and adverse childhood experiences (ACEs) (pretest M = 4.34, posttest = 5.39, $t(319) = 13.49$, $p < .001$, $d = .72$). Several smaller changes were noted that were also statistically significant. The belief that trauma can be addressed and managed at school improved (pretest M = 5.26, posttest M = 5.56, $t(318) = -5.12$, $p < .001$, $d = .28$), as did understanding of children's traumatic responses (pretest M = 6.23, posttest M = 6.46, $t(320) = -4.65$, $p < .001$, $d = .29$).

No significant change was observed in the perception of trauma's impact on students' ability to function in a mainstream classroom (pretest M = 2.90, posttest M = 3.14, $t(318) = 2.93$, $p = .004$, $d = .15$), or in participants' belief that students should try harder to separate trauma from school (pretest M = 2.64, posttest M = 2.58, $t(319) = 0.69$, $p = .489$, $d = .04$). On both of these items, most participants entered the training with trauma-informed responses.

Most of the open-ended responses provided positive feedback and endorsed the training; additional selected quotes from the open-ended responses are listed in Table 2. One particularly detailed response suggested discussing different scenarios, such as the child being in preschool or pre-K, or the setting of the school varying (urban vs. rural):

> Very interesting training. I do think it would be helpful to pull together, after the exercise, the trauma piece. I think we got so involved with processing the steps and the incident, that we lost the trauma effect on the child and family. Also if the other younger children are in preschool or pre-k, how would the school respond. It would also be good to discuss different scenarios, such as the setting of the school (urban vs. rural). In rural areas, a lot of the kids will know what happened and what goes on.

> This may cause additional trauma through bullying. How is that addressed? Also, the scenario if mom doesn't contact the school, the school doesn't find out, or that the child does not move schools. Maybe also consider what happens if the child is placed in protective custody that night or put on safety plan to another home for a short time. There are just so many factors that go into these events from all angles. It would also be interesting to see what the different parties who are on the trainings, believe their roll would be and how they can come together to help the child/children and family deal with the trauma.

Another especially detailed and thoughtful open-ended response praised the training while also stating the need for more training on specific best practices and proactive methods:

> The material is valuable and the presenters were clearly knowledgeable and responsive. They showed great flexibility in following the conversation where it led today, and they elicited a conversation that wasn't always easy but got some important needs out in an open discussion.
>
> My greatest concern when it comes to providing a trauma-responsive environment at school is that we seem to get a lot of training that's geared toward informing people of what trauma is and what it's like, but so far, not much training or practice that would teach us about specific best practices and proactive methods. I understand that it can take time to get everyone on the same page, especially when a lot of staff may be coming in with biases against the idea of trauma-informed practices itself, but I feel ready to learn more about what I can do on a practical level from day to day. From previous conversations we've had among staff at my school, I think that's a common need.

A third response suggested incorporating more opportunities for peer-to-peer interactions, movement, unpacking the twelve concepts of trauma, and music:

> Please incorporate more opportunities for peer to peer interaction, movement, unpacking the 12 concepts, and music.

These results suggest a positive response to the training and meaningful increases in confidence and understanding of trauma-informed care The lack of improvement on two items about the effect of trauma on students probably represents a ceiling effect: most of the teachers began the training with trauma-informed responses on these items, so there was little room for improvement on the Likert scale.

Discussion

The findings of this study highlight the potential of trauma-informed professional development and training in equipping educators to address the needs of trauma-affected students. The significant improvements in participants' knowledge, confidence, and preparedness underscore the value of structured training programs. By fostering greater understanding of trauma's impact and equipping educators with actionable strategies, these programs contribute to healthier, more inclusive learning environments.

Nevertheless, the study also revealed areas for growth. One participant mentioned the need for learning how to deal with trauma in different school contexts and one the need to learn one specific best practices and proactive methods. While the program effectively provided foundational knowledge, additional training focused on different contexts and specific best practices could further enhance its impact.

Future research should explore the long-term effects of trauma-informed training on both educators and students. Studies are needed to assess the sustainability of these practices and their adaptability across diverse educational settings. Additionally, research examining the intersection of trauma with systemic inequities, such as racism and poverty, could provide valuable insights into how training can be tailored to meet the needs of all students.

Appendix: Tables

Table 1 Pre-Training and Post-Training Paired Samples T-Test Results

Question	df	Pretest Mean / Posttest Mean	Change	t value	Significant Change (p value)	Effect Size (Cohen's *d*)
1. Exposure to trauma is common among students at my school	318	5.74 / 5.71	-0.03	0.51	No, p = .609	Negligible, d = .03
2. Trauma impacts children's brain development	318	6.62 / 6.49	-0.13	1.72	No, p = .087	Negligible, d = .13
3. Traumatic responses in students can be addressed and managed at school	318	5.26 / 5.56	+0.30	-5.12	Yes, p < .001	Small, d = .28
4. Children who are impacted by trauma cannot function in a mainstream classroom	318	2.90 / 3.14	+0.24	-2.93	Yes, p = .004	Negligible, d = .15
5. I am familiar with the principles of trauma-informed care or trauma-informed practice	318	4.60 / 5.81	+1.21	-15.89	Yes, p < .001	Large, d = .99
6. I am confident in my ability to apply trauma-informed principles with students who have experienced family violence	320	4.46 / 5.54	+1.08	-14.25	Yes, p < .001	Large, d = .81
7. I understand the difference between trauma and adverse childhood experiences (ACEs)	319	4.34 / 5.39	+1.05	-13.49	Yes, p < .001	Medium, d = .72
8. Children's traumatic responses can range from withdrawn and compliant to violent acting out	320	6.23 / 6.46	+0.23	-4.65	Yes, p < .001	Small, d = .29

9. Even though trauma is very real, students should try harder to separate that from their time at school	319	2.64 2.58	-0.06	0.69	No, $p = .489$	Negligible, $d = .04$
10. I am confident in my ability to identify traumatic responses in students	320	4.39 5.51	+1.12	-16.72	Yes, $p < .001$	Large, $d = .98$
11. When kids bring their trauma to the classroom, it poses a threat to other students	320	4.44 4.45	+0.01	-0.14	No, $p = .886$	No, $d = .01$
12. Aspects of the school environment may trigger trauma reactions in students	320	6.00 6.23	+0.23	-4.28	Yes, $p < .001$	Small, $d = .27$
13. Mental health services and support at my school are adequate for children exposed to trauma	319	3.95 4.53	+0.58	-6.97	Yes, $p < .001$	Small, $d = .36$
14. I would like to receive more training on trauma and its impact for children and families	320	5.89 5.78	-0.11	2.04	Yes, $p = .043$	Negligible, $d = .10$
15. It's not my role to address trauma in the lives of students at school	320	2.24 2.23	-0.01	0.11	No, $p = .909$	No, $d = .01$
16. I understand the potential impact of secondary trauma for me and my colleagues	318	5.06 6.00	+0.94	-12.81	Yes, $p < 0.001$	Large, $d = -.80$
17. I have the knowledge I need to work with students experiencing trauma-related issues and handle difficult behavior related to their traumatic experiences.	317	4.34 5.41	+1.07	-13.40	Yes, $p < .001$	Large, $d = .80$

18. Trauma is no excuse for disruptive behavior in the classroom	318	2.93 2.57	-0.36	4.83	Yes, $p < .001$	Small, $d = .27$
19. Exposure to domestic violence isn't as traumatic for students as child abuse	318	1.79 1.75	-0.04	0.63	No, $p = .529$	Negligible, $d = .04$
20. Students who have experienced trauma have strengths that can help them succeed in school	318	5.47 5.67	+0.20	-3.18	Yes, $p = .002$	Negligible, $d = .17$
21. My school should do more to incorporate trauma-informed principles in our classrooms	317	5.45 5.63	+0.18	-2.90	Yes, $p = .004$	Negligible, $d = .16$
22. I feel anxious about working with students experiencing trauma-related issues	318	3.48 3.42	-0.06	0.80	No, $p = .423$	Negligible, $d = .04$
23. If trauma is disrupting a student's ability to participate at school, they need a higher level of service than schools can offer	318	4.85 4.67	-0.18	2.05	Yes, $p = .041$	Negligible, $d = .12$
24. I should do more to practice self-care because of my exposure to secondary trauma	318	5.20 5.72	+0.52	-7.86	Yes, $p < .001$	Small, $d = .40$
25. I am committed to creating a more trauma-informed environment for students at my school	316	6.09 6.22	+0.13	-2.77	Yes, $p = .006$	Negligible, $d = .14$
26. I would like to learn more about how to design and implement trauma-informed teaching strategies	318	5.93 5.94	+0.01	-0.13	No, $p = .899$	Negligible, $d = .01$

For Cohen's *d*, the general interpretations are:
±0.2 = small effect
±0.5 = moderate effect
±0.8 = large effect

Table 2 Additional Selected Quotes from the Open-Ended Responses

- The resources provided are wonderful.
- The overall conversations were excellent. I liked having different aspects of educational positions involved. It provided a deeper understanding and made me think more. It is easy to get centered in "your own world" and aspect of work and not think broad enough. Thank you for having different educational roles represented.
- Facilitators and content were appropriate and informative. All people who work with families should receive this training.
- It was really well presented. The presenters were very knowledgeable and went into great depth with the information.
- I would love to learn more about the steps to take to help resolve "issues." I am taking more classes this summer, but am open to more training.
- We need to get this to teachers and staff.
- I found today' s presentation to be inspiring and enlightening. Thank You.
- Thank you for the PBL training. I'm afraid nothing will change in the schools until the adults with the training to give students the higher level interventions they need are available and/or academic expectations are more developmentally appropriate so teachers have time to work on this themselves.
- Great training that allowed discussion which was good.
- Thank you for coming! The information was very enlightening.
- Presenters were great! Down to earth and very approachable during conversations.
- Thank you, this was very helpful and I have a lot to think about tonight.
- Thank you for sharing your time and expertise. What an impactful couple of hours!
- This training is helpful to aid in reacting accordingly to assist students who may need assistance.
- The training relates a lot to the "what happened to you?" Book by Oprah and Bruce Perry.

References

Anderson, R., Blitz, L. V., & Saastamoinen, M. (2015). Exploring a school–university model for professional development with classroom staff: Teaching trauma-informed approaches. *School Community Journal, 25*(2), 113-134.

Berardi, A., & Morton, B. M. (2019). Trauma-informed school practices: Building expertise to transform schools. *Journal of Educational Leadership in Action, 6*(1).

Berger, E. (2019). Multi-tiered approaches to trauma-informed care in schools: A systematic review. *School Mental Health: A Multidisciplinary Research and Practice Journal, 11*(4), 650–664. https://doi.org/10.1007/s12310-019-09326-0

Blodgett, C., & Dorado, J. (2016). A selected review of trauma-informed school practice and alignment with educational practice. *Washington State University CLEAR Trauma Center.*

Blodgett, C., & Lanigan, J. D. (2018). The association between adverse childhood experience (ACE) and school success in elementary school children. *School Psychology Quarterly, 33*(1), 137-146. https://doi.org/10.1037/spq0000256

Brunzell, T., Waters, L., & Stokes, H. (2015). Teaching with strengths in trauma-affected students: A new approach to healing and growth in the classroom. *American Journal of Orthopsychiatry, 85*(1), 3–9. https://doi.org/10.1037/ort0000048

Cavanaugh, B. (2016). Trauma-informed classrooms and schools: Perspectives and responses of educators. *The Handbook of Urban Education,* 151-166.

Child Trends. (2018). *The prevalence of adverse childhood experiences, nationally, by state, and by race/ethnicity.* Retrieved from https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity

Craig, S. E. (2016). *Trauma-sensitive schools: Learning communities transforming children's lives, K–5*. Teachers College Press.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, *14*(4), 245–258. https://doi.org/10.1016/s0749-3797(98)00017-8

Illinois State Board of Education (2021). *Illinois Partnership for Disciplinary Equity 2021-2022 information guide*. Retrieved January 29, 2025, from https://www.isbe.net/Documents/IPDE-Information-Guide.pdf

Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practices in Mental Health, 6*(2), 57-68.

Overstreet, S., & Chafouleas, S. M. (2016). Trauma-informed schools: Introduction to the special issue. *School Mental Health, 8*(1), 1–6. https://doi.org/10.1007/s12310-016-9184-1

Perry, B. D., & Dobson, C. L. (2013). The neurosequential model of therapeutics. In J. D. Ford & C. A. Courtois (Eds.), *Treating complex traumatic stress disorders in children and adolescents: Scientific foundations and therapeutic models* (pp. 249–260). The Guilford Press.

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach.* HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration,

Thomas, M. S., Crosby, S., & Vanderhaar, J. (2019). Trauma-informed practices in schools across two decades: An interdisciplinary review of research. *Review of Research in Education*, *43*(1), 422-452. https://doi.org/10.3102/0091732X18821123