

Responsive Schools: Building a Trauma Responsive Learning Community for All Children

Cohort:
2018-2021



Team Members:
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Location:
Indianapolis, Indiana

Focus Areas:
Behavioral and Mental Health
School-based Health Care
Violence & Trauma

Short Project Summary

In March 2020, the novel Coronavirus 2019 pandemic rapidly spread across the U.S., leading to national, state, and city-wide emergency measures, including the closure of all in-person schools. U.S. citizens became ill, were hospitalized, and were dying. While astonished by this occurrence, school administrators and school personnel scrambled to determine how teaching and learning for their students would occur virtually from their homes and were suddenly forced to adjust to an unfamiliar life outside of school. Due to the school closures and the University halting of all in-person projects, our project pivoted to a virtual descriptive quantitative study that will describe K-12 public school personnel's lived experiences during the first five months of the pandemic.

Wicked Problem Description

While school administrators and personnel developed and implemented a transition to virtual teaching and learning process, they were suddenly forced to adjust to an unfamiliar life outside of school. They had to learn to work from home while assisting their children in navigating virtual learning if they had school-aged or college-aged children who suddenly were home all the time. Additionally, other household members, family, or close friends may have lost their jobs or experienced decreased work hours leading to a loss of income. This financial loss affected their ability to manage their basic needs, became housing or food insecure, and unable to pay their other household bills. Some school personnel had to allow others to move into their homes. All U.S. citizens were no longer able to visit their elderly family and friends, attend faith-based services, eat, and socialize at restaurants or bars because of the risk of infection. They missed attending important family celebrations such as birthdays, graduations, weddings, and or being able to grieve together at funerals. U.S. citizens could no longer travel for work or pleasure and had to adjust to wearing facial coverings, washing their hands frequently, and socially distancing at least 6 feet from others.

Typically, when crises occur, families and friends are encouraged to pull together for support and be together socially for celebrations, rituals, and other types of gatherings, all of which help regulate and act as emotional protective factors in crisis times. During the COVID-19 pandemic, families and friends have been encouraged to separate, isolate, and quarantine. Although this approach helps contain the disease's spread, the unintended consequences of inhibiting usual coping strategies may diminish individual and family resilience and increase the potential for adverse reactions such as stress, anxiety, depression, and even death because of loneliness. It is known that teaching and learning best occur when teachers and students are fully engaged and emotionally regulated. School administrators need to learn their employees' experiences during the COVID-19 school closures to determine their social and emotional needs to acquire appropriate resources for them.

Strategies Your Team is Undertaking This Year

Current

- Analyze the survey data
- Develop reports for two of the school districts involved in the study about their findings
- Disseminate the reports to two individual school districts

Future

- Analyze all of the data collected in the study
- Develop and disseminate a collective report of the project
- Conduct a multivariate analysis of the data

- Write and submit for publication one article regarding some of the findings of the study
- Submit an abstract to present at a local or state conference

Outcomes

- Develop and disseminate reports for two of the school districts involved in the study about their findings
- Develop and disseminate a collective report of the project
- Project tool kit
- One article submitted for publication
- One abstract submitted for conference presentation

Timeline

- Sept – November 2020: Analyze Data
- November 2020 – January 2021: Prepare specific school district reports and disseminate to them
- November 2020: WPIP Poster Presentation
- December 2020: WPIP Showcase Presentation
- January 2021 – February 2021: Prepare a report of all study data
- February 2021: Work with Indiana University PR department to disseminate the report to educational organizations and media outlets of school administrators and school personnel as the audience
- February 2021 – April 2021: Create toolkit
- February 2021: Submit an abstract to present at a local or state conference
- March 2021 – April 2021: Conduct a multivariate analysis of the data
- June 2021 – August 2021: Write and submit for publication one-two article regarding some of the findings of the study

Partnerships

- School personnel from multiple school districts and schools in Indianapolis, IN
- Two social work Ph.D. students as interns to assist with the project
- Certified Clinical Research Professional to manage and analyze the project data

Evaluation Strategies

Descriptive quantitative study

Contact Person Information

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