THE RELATIONSHIP BETWEEN PROFESSIONAL DEVELOPMENT

IN SOCIAL-EMOTIONAL LEARNING

AND

SYMPTOMS OF COMPASSION FATIGUE IN MIDDLE SCHOOL EDUCATORS

A Record of Study

by

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ABSTRACT

This study aimed to explore the influence of professional development (PD) in social-emotional learning (SEL) on symptoms of compassion fatigue (CF) in middle school educators. A mixed methods approach was utilized in this study.

Quantitative data were collected using a study-specific measure via a Google form. The measure consisted of three related to self-efficacy and eleven items related to compassion fatigue. Qualitative data were collected through open-ended questions included with the quantitative measure. Three focal participants were chosen from the twenty-four Pre-PD respondents for interviews at three- and seven-weeks post-PD. Focal participants represented three levels of CF – low, middle, and high – and were chosen based on Pre-PD survey quantitative responses. A fourth and final data collection took place eight weeks after the full-day in-service. This collection consisted of a repeat of the Pre-PD survey. At this time, eighteen of the original participants completed the form.

Using SPSS for Statistics, a paired samples *t*-test was run to determine the effect of the PD on self-efficacy and compassion fatigue. Qualitative data were first analyzed using a Start List Method in which the codes reflected known symptoms of compassion fatigue. The second iteration of qualitative analysis employed emergent coding. This final iteration used axial coding.

While results of the quantitative analysis were not found to be statistically significant, likely due to being underpowered to detect anything except very large effects, they do hint at a relationship between the PD and both self-efficacy and CF. Scale means for both items moved in the expected direction: self-efficacy rose while CF declined. Only one area showed an unexpected result. The scale mean for negative emotional symptoms increased. Analysis of the qualitative data provided a more nuanced understanding of the influence of the PD on CF. While some participants,

both in the survey and interviews, expressed increased self-efficacy and improved well-being, these results were not universal.

Taken together, analysis of the qualitative and quantitative data suggests while the PD did have a positive influence on self-efficacy and CF was reduced, the findings of this study are not definitive, and more study is needed to understand the phenomenon fully.

DEDICATION

"Many other women have kicked higher, balanced longer, or turned faster. These are poor substitutes for passion."

- Agnes De Mille

This Record of Study is dedicated to my children, Ian and Andrew. May they find their passion in life and pursue it to their heart's content.

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Contributors

This Record of Study was overseen by a committee consisting of Dr. Michelle Kwok (chair), Dr. Karen Rambo-Hernandez (co-chair), Dr. Susan Fields (committee member), and Dr. Robert Jay Woodward (committee member). Additionally, data analysis support was provided by Dr. Kwok (qualitative data) and Dr. Rambo-Hernandez. All other work for this Record of Study was completed independently by the student

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No outside funding was used to conduct this study.

NOMENCLATURE

CF   Compassion Fatigue

EE   Emotional Exhaustion

MBSR   Mindfulness-based stress reduction

PD   Professional Development

PERMA   Positive emotion, Engagement, Meaning, and Accomplishment Program

SEL   Social-Emotional Learning

STS   Secondary Traumatic Stress

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CHAPTER I

LEADERSHIP CONTEXT AND PURPOSE OF THE ACTION

The Context

"Competent, caring, and concerned, we bear witness to the suffering of our students. Because we are human, we may also bear the burden." (Fowler, 2015, p.31)

Over a decade ago, then Secretary of Education Arne Duncan said in a speech at the Teacher's College, "Teaching has never been more difficult..." (Duncan, 2009). At the time, Secretary Duncan was referring to the pressure on teachers to foster significant growth in their students in an increasingly diverse population with ever more complex needs (Duncan, 2009). Since then, the load on teachers has continued to increase. From differentiating instruction to multiple skill and understanding levels to supporting students' social-emotional and mental health to helping students navigate their personal lives, teachers are constantly stretching themselves to meet the needs of their students. Teachers care deeply for their students. Our students are our kids. This caring, though, comes at a personal cost. When our students suffer, we suffer, and this suffering is taking its toll on our well-being.

National Context

There is a crisis in our nation's schools. Educator well-being is suffering. Information about this crisis can be found on the news, in newspapers, and on social media. In May of 2020, the EAB, previously known as the Education Advisory Board, found 80% of teachers reported feeling worried, anxious, depressed, and exhausted (EAB, 2020). This crisis results from many factors: job stress, increasing demands on teachers, the COVID-19 pandemic, the increasing number of students in emotional and mental distress, and a decrease in teacher sense of self-efficacy. While through my ROS, I specifically examined teachers' well-being related to

supporting student mental health, it is necessary to understand the larger national context in which my ROS is situated.

In a 2017 Educator Quality of Work Life Survey by the Badass Teachers Association (BATs) in conjunction with the American Federation of Teachers (AFT), almost a quarter of teachers and school staff reported they found their work "always" stressful (BATs, 2017). Furthermore, sixty-one percent of respondents indicated it was "often" or "always" stressful (BATs, 2017). This response rate is nearly double that of workers in the general population (BATs, 2017). More recently, the Organisation for Economic Co-operation and Development's (OECD) 2018 Teaching and Learning International Survey (TALIS) found 26% of lower secondary teachers in the United States reported high amounts of job stress. This number is higher than the TALIS average of 16% and the OECD average of 18% (NCES, 2018). US teachers experience high amounts of stress at reporting rates higher than thirty-five of the surveyed countries and lower than only three (NCES, 2018). Among the sources of stress, survey respondents reported both "keeping up with changing requirements" and "maintaining classroom discipline" created "quite a bit" or "a lot" of stress (NCES, 2018).

The COVID-19 pandemic has only worsened the crisis. In March 2020, the Yale Center of Emotional Intelligence, in conjunction with the Collaborative for Social Emotional and Academic Learning (CASEL) surveyed more than 5,000 educators about the three most common emotions they felt each day (Cipriano & Brackett, 2020). The study revealed sadness, worry, fear, anxiety, and sense of being overwhelmed as the five most mentioned feelings (Cipriano & Brackett, 2020). By far, the most noted emotion was anxiety (Cipriano & Brackett, 2020). By examining the underlying causes of reduced educator well-being, researchers found concern for students in terms of absenteeism, student basic needs, and access inequities near the top of the

list (Bintliff, 2020). As school shifted in the spring of 2020, teacher concerns about students grew (Bintliff 2020). Researchers warn the increased stress on teachers could lead to secondary traumatic stress thereby hurting teacher well-being (Bintliff, 2020).

Finally, the last piece to the national context at play in teacher well-being relevant to this ROS is educators' sense of self-efficacy. An educator's sense of well-being is closely tied to their sense of self-efficacy (Acton & Glasgow, 2015). Given that as many as 1/3 of all adolescents have dealt with anxiety while perhaps 2/3 of children in the United States have suffered trauma, teacher self-efficacy in supporting student mental health needs can be considered a stressor (Minahan, 2019a; Minahan, 2019b). The social isolation resulting from mitigation efforts to contain the COVID-19 has only made the situation more urgent (Loades et al., 2020). However, teachers do not feel a positive sense of self-efficacy when it comes to supporting students in mental distress. According to a survey done by the Education Research Center in 2019, 78% of participants felt helping students develop strong social and emotional skills was part of their job but only 40% believed they had adequate strategies and solutions to use when students were lacking those skills. When it came to respondents' feelings of confidence, only 14% of respondents were "very" or "extremely" confident in their abilities to meet student mental health needs (Schwartz, 2019). Forty-eight percent felt "somewhat" confident (Schwartz, 2019). Furthermore, 38% felt they were either "Not at all" or "A Little" confident (Schwartz, 2019). Teacher confidence in supporting students dealing with trauma is even lower. While nearly all of the 8,054 educators surveyed between November 2018 and March 2020 believe training in trauma-informed teaching practices (TITP) is needed, only seven out of ten reported feeling sufficiently ready to implement those practices (Ezarik, 2020). Moreover, just half of participants believed they could recognize signs of trauma in students

(Ezarik, 2020). This lack of positive self-efficacy is hurting teacher well-being in the United States. Teachers are witnessing their students suffering, and without tools to support those students, teachers suffer too.

Situational Context

The Town and the District

The district is located in a town just outside of a major metropolitan city in the northeastern part of the United States. Although there are several smaller districts in the state that combine resources at the middle school and high school level, school districts are primarily entities of individual cities and towns. This district fits into the latter category.

The school is in a town among the more affluent communities in the area; a so-called "W" town. The median household income in town is $128,813 per year (Best Places. 2021). The median listing price for homes in March 2021 was $995,000 (Realtor.com, 2021). The town has five elementary schools, one middle school, and one high school. Either in the town, or in neighboring towns, there are no fewer than five private schools most of which serve grades seven through twelve. It is not uncommon for parents to send their children to the town's public schools through sixth grade and then move them to an independent one.

The School

The middle school in the district feeds from the five neighborhood elementary schools. In the 2021-2022 school year, the school served between 660 and 666 students in grades six through eight. Over the last sixteen years, the student population has ranged between 650 and 800 students. The town is currently in a low point in terms of its middle school population; however, enrollment data suggest this trend may not last (Westwood School Committee, 2021). The school employs approximately 100 staff members consisting of sixty teachers, seventeen

instructional aides, and other related services personnel. There are currently one adjustment and three guidance counselors supporting student emotional and mental health needs.

Student Mental Health in the District

Given the problem of practice addressed in this ROS, any understanding of the situational context must also include an understanding of the work done in supporting student mental health by the district as a whole. Student mental health has been the focus of the district for more than fifteen years and started with the creation of a specialized program at the high school followed by a program at the elementary school and finally, eight years ago at the middle school (A. Hanscom, personal communication, March 13, 2021). These programs were created to support students on Individualized Education Programs who also required mental health services and support to access curriculum at school (A. Borchers, Personal Communication, March 12, 2021).

Beginning in the spring of 2018, the district began in earnest to look at SEL with a curriculum review that included an explicit SEL goal in the district's improvement plan (A. Borchers, personal communication, March 12, 2021). As part of the improvement plan, the district hired a K-8 SEL coordinator beginning in the 2019-2020 school year (A. Borchers, personal communication, March 12, 2021). At the time of my ROS, the SEL coordinator was on an indefinite medical leave. Also in the spring of 2018, work began with Responsive Classroom at the elementary schools (A. Borchers, personal communication, March 12, 2021). While some work has been done at the middle school around SEL, this work has consisted of hour or two-hour long professional development (PD) sessions. The opportunity for more extensive and deep explorations of SEL and TITP had not occurred.

The middle school houses the Therapeutic Learning Center (TLC). The TLC has been in the school for eight years (A. Hanscom, personal communication, March 13, 2021). The students

in this program are considered part of a full inclusion program at the school. At present, the TLC consists of two classroom teachers up from one supported by four instructional aides. In the budget presentation for the 2021-2022 school year, the superintendent requested money to hire an additional teacher for the TLC in anticipation of an increase in students requiring the support of the program (Westwood School Committee, 2021). In addition to the work in the specialized program, the middle school has conducted the Signs of Suicide (SOS) program for the seventh-grade students starting with the 2014-2015 school year.

The Problem

Teacher well-being in the school is tenuous at best. In conversations around the building, teachers, when asked how they are, reply with, "I'm okay, but…". Even prior to the COVID-19 pandemic, many team meetings around the school included the voicing of concerns over student anxiety levels and the educators' ability to support those students without formal training in SEL. In the current context, this worry is compounded by feelings of being exhausted, overwhelmed, and frustrated. Some faculty express feeling disconnected from their students because of the limitations of social distancing. Some teachers talk about difficulty sleeping. Some have sought out therapy to deal with their stress. There also exists an undercurrent of fear among the entire staff related to COVID itself. This fear increased as the district moves back into a full in-person model first in April 2021 and then again in the fall of the same year. Coupled with these stressors is the knowledge there will be an increased need to support student social-emotional and mental health resulting from the trauma of living through a global pandemic. Many teachers describe themselves as barely holding it together.

Relevant History of the Problem

Teacher Well-Being

People have been writing about teacher well-being for more than a century. Searches of Education Source's database reveal articles concerning teacher welfare in SAGE Publishing's Journal of Education as far back as the 1880s. In a 1903 article, the author writes about "The duty of rest!" (The Duty of Rest, 1903, p.114). The author came across the idea while speaking with a teacher one day, as she (the teacher) lamented the world did not well understand this duty (The Duty of Rest, 1903).

In the 1940s, teacher well-being, as a concept, was viewed as important only so far as it impacted students (Symonds & Ford, 1952). At the National Education Association (NEA) Representative Assembly of 1949, the NEA adopted the point of view "Teacher welfare is a valid cause only when it will result in better educational service to youngsters" (Huggett, 1949 in Symonds & Ford, 1952, p. 206). Much of the work from this time would not pass scientific scrutiny today as it was highly subjective (Symonds & Ford, 1952). Very few researchers had attempted to look at teacher welfare using objective instruments and those that did found the mental health of teachers to be relatively good (Symonds & Ford, 1952).

Concern over teacher well-being has shifted considerably since the 1950s. In the 1980s, researchers began looking at teacher well-being by examining teacher stress. For example, Litt and Turk (1985), sought to understand the stressors leading to teacher attrition. A decade later, research expanded to look at the relationship between stress and teacher well-being (Sheffield et al., 1994). As we moved into the twenty-first century, concerns have moved to include how to improve teacher well-being through mindfulness programs. For example, Sharp Donahoo et al., (2018) and Turner and Theilking (2019) found the use of mindfulness programs reduced teacher

stress. Other researchers examined the impact of PD on mindfulness on teacher well-being (Keonig et al., 2018). These ideas will be expanded on in the review of relevant literature found in Chapter Two.

Today, amid a global pandemic, ideas about teacher well-being have in many ways returned to ideas of the 1940s. When considering whether it is time for the United States' students to return to classroom full time or the potential return to remote learning, it is the well-being of students that is often cited as why we must return. Conversations about how this impacts teacher well-being inevitably turn to criticisms of teachers for not caring about the mental health of their students. It seems we are returning to the notion teacher well-being only matters in so far as it impacts students and student well-being outweighs that of teachers It is in this context, in which we return to concerns about student mental health over teacher well-being that I have situated my ROS.

Further History. To further understand the relevant history of the problem, it is helpful to look back at the origins of the concepts of happiness and subjective well-being. It was the ancient Greeks who first pondered the concept of happiness (Campbell, 1976). They described happiness as having two forms: hedonism and eudaimonia (Lomas, 2018). Eudaimonia refers to happiness achieved through things such as personal development, relationships, self-acceptance, autonomy, life meaning, and mastering one's environment (Lomas, 2018). Psychologists refer to this as psychological well-being (Lomas, 2018). On the other side, there is hedonic happiness, or what psychologists call subjective well-being, referring to positive affect and general life satisfaction (Lomas, 2018).

This notion of subjective well-being is over two hundred years old. In 1798, Sir John Sinclair, in what is considered among the earliest mentions about the topic, wrote about the level

of happiness experienced by the people of Scotland (Campbell, 1976). Well-being, as a cognitive concept in which individuals measured their current state by comparing it to their desired state was first described by Henry Cantril in the 1960s (Campbell, 1976). At the same time, Norman Bradford was researching the affective facets of experience in his studies of psychological well-being (Campbell, 1976). From Bradford's work, there emerged two measures of affect: positive and negative (Campbell, 1976). The first nationwide study of well-being was conducted by researchers in conjunction with the Joint Commission on Mental Illness and Health in 1960 (Campbell, 1976). In this study, researchers were primarily concerned with emotional and psychological stress (Campbell, 1976).

In the late 1990s, Diener et al. (1999) conducted a meta-analysis of three decades of research on well-being. In their review, researchers identified four theories explaining determinants of people's senses of well-being (Diener et al., 1999). In the final theory, adaption and coping, Diener et al. (1999) posit humans adapt to both good and bad situations in order to remain in a state of emotional balance. It is this theory that can be used to understand teacher well-being.

Teacher Well-Being in the District

The topic of teacher well-being has been of interest in my district and school even before the current global pandemic. The district employs an Employee Assistance Program (EAP). Through this program teachers have access to confidential mental health support. Additionally, the district has provided PD opportunities in mindfulness either through the district's yearly course offerings or during full day in-services. Beginning with the 2020-2021 school year, the district partnered with RestoreResilience to provide free telehealth support. As a program, RestoreResilience centers on what they call four main pillars of heath- sleep, stress, nutrition,

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and exercise (Zillion, 2021). While the district is clearly concerned with the well-being of their teaching staff like much of the existing research on teacher well-being, it is focused on managing stress after it has occurred. The district has yet to embark on work to mitigate the stressors of teaching.

Significance of the Problem

As frontline workers, teachers play a vital role in supporting student social-emotional and mental health (Flett & Hewitt, 2013). The number of students requiring this type of support is increasing (Balázs et al., 2013; Flett & Hewitt, 2013; Merikangas et al., 2010; Twenge, 2011). However, knowledge in adolescent mental health, and SEL, is lacking (Frauenholtz et al., 2017; Minahan, 2019b; Schwartz, 2019). This lack of training increases a teacher's risk for compassion fatigue (CF) in that their self-efficacy is reduced. Caprara et al. (2006) have shown self-efficacy is tied to teacher well-being. Ergo, it follows if teachers without adequate training in SEL have a reduced sense of self-efficacy, their well-being is poorer. The need for SEL is guaranteed to rise as schools return to full in-person instruction in the Spring and Fall of 2021. As this stressor on teachers increases, so does the risk to teacher well-being.

A great deal of literature exists on teacher well-being. In Chapter Two, I will examine studies examining the factors that influence, positively and negatively, teacher well-being (Caprara et al., 2006; Cassidy et al., 2019; Cenkseven-Onder & Sari, 2009; Frauenholtz et al., 2017; Grahan et al., 2011; Litt & Turk, 1985; Loades & Mastroyannopoulou, 2010; Reinke et al., 2011; Schwartz, 2019; Sheffield et al., 1994; Skaalvik & Skaalvik, 2018; Webb et al., 2009; Ylitapio-Mäntylä et al., 2012; Ziaian-Ghafari & Berg, 2019). Other studies explore the impact of mindfulness programs on reducing stressors (Sharp Donahoo et al., 2018; Turner & Theilking, 2019). All of the studies explored in my literature share one important trait: the studies examine

poor teacher well-being after it has led to stress. Research examining how to prevent teacher stress and poor well-being is less prevalent to find. This fact presents a gap in this literature. It is this gap that I have addressed in this ROS.

Research Questions

The purpose of this study was to examine the impact of PD in SEL on symptoms of compassion fatigue (CF) in middle school educators. To explore this relationship, I sought to answer this research question and its embedded sub-questions:

1. How does professional development in SEL influence educator experiences of CF as measured by pre- and post-professional development assessments (QUAN) and as corroborated by open-ended survey responses and semi-structured interviews (QUAL)?

    a. What is the relationship between PD in SEL and teachers' sense of self-efficacy?

    b. What is the relationship between self-efficacy and symptoms of CF?

Personal Context

I have always been a sensitive person. As a child, I was often told I was a cry-baby. I feel deeply and these feelings are not just about what is happening to me but also to others. I am extremely reflexive thinker, able to imagine myself in other people's situations even if I have never experienced them. This ability to both empathize, and sympathize, is a blessing and a curse. It allows me to feel the joys of my students when they beam with pride from their work; it also means that I feel their struggles personally and because of that, I am at greater risk for secondary traumatic stress (STS), especially compassion fatigue (CF).

Researcher's Roles and Personal History

I did not always want to become an educator. When I was pre-adolescent girl, I wanted to the first female President of the United States. Sometime in my teens, my dream shifted; I hoped

to be a professional ballet dancer. When I graduated from high school, I moved to Charleston, South Carolina to dance for a company named Charleston Ballet Theatre. While my time in Charleston was short, I spent the next eight years living my teenage dream, first there and later on in Boston, Massachusetts. It was not until I returned to college after my dance career was over that I decided to become a teacher.

My first teaching job was in a blue-collar city on the Massachusetts-Rhode Island border. There, I taught social studies and science to seventh- and eighth-graders. Currently, I am sixth-grade social studies teacher in suburb south of Boston, Massachusetts. I have been at this school for sixteen and a half years. While I did spend three years as a team leader, most of my teaching career has been as a classroom teacher. Something about being in the trenches feeds my soul in a way being an administrator could not. I need to be with students, to see their highs and lows, to feel deeply with them and for them.

My role in my ROS was that of a researcher-participant. As teacher in the school, I took part in the school-wide PD in social-emotional learning (SEL) and its subsequent follow-up session. I have experienced with my colleagues the impact of the PD on my interactions with students as well as any amelioration of symptoms of compassion fatigue.

Journey to the Problem

My journey to my ROS topic started in the fall of 2014. It was the weekend before my youngest child started kindergarten. I received a phone call from the director of student services at my school. The unthinkable had happened; a student had died suddenly. They died by suicide. As a team leader, it was my task to call my team and share the tragic news. It also meant that my plans to take my child to his first day of school were not going to happen.

I did not personally know the student. I had taught an older sibling and I recognized the face in their picture in the school's student information system. Yet, in January of that school year, as I sat at my kindergarten child's initial IEP evaluation meeting, I realized I was more deeply impacted by the student's death than I knew. When my son started kindergarten, he fell apart. My happy, go-lucky, occasionally obstinate child was sullen and quick to melt down. He spent part of his first Thursday afternoon of kindergarten in the principal's office because he, my child, had spit on another kid in PE. My child was afraid to go the bathroom in our house by himself. As part of the evaluation, we were asked to fill out the parent version of the Behavior Assessment for Children (BASC) form. As I listened to the school psychologist go over the BASC results, I realized I had been projecting my anxiety about my child onto my responses to the prompts. Losing a student to suicide, even one I did not have, made me fear for my child's well-being. I felt deeply.

Fast forward to the beginning of my time at Texas A&M in 2019. When I started my doctoral work, I was planning on looking at interventions to make historical content more accessible to more students regardless of reading ability; however, among my students that year were several who had paralyzing anxiety about school. I watched one student be so convinced they were not capable of doing a reading task they were in fact not able to do it. I had watched this same student do the same task the day before but somehow this day, they could not. I told them I had faith in them because I had seen them do it. I told them to persevere. It was to no avail. They were stuck. And then, I worried. Did I do the right thing? Was telling them to stick to it the best way to help them? What if I made it worse? As time went on, I realized I was not alone in my worries. Many other teachers in my school lived with this nagging concern they

were not helping their students in mental distress. At the time, I did not have a name for what we were experiencing. Then, COVD-19 hit.

Before the beginning of the 2020-2021 school year, the district invited an expert in trauma-informed teaching to speak to district's staff. In the first one-hour session, the expert spoke about signs of trauma in students. In the second session, we learned about secondary traumatic stress. As the fall progressed and I began reading for my literature review, my thoughts went back to this expert. What if what my colleagues and I were experiencing as we tried to support our students' social emotional health needs could be understood in the context of STS, more specifically CF? In our desire to help, we were witnessing the suffering of our students and felt unprepared to support and help them. We were suffering CF. The question is what can be done about it?

Significant Stakeholders

The primary stakeholders for this ROS were the classroom teachers in my school. These were the educators directly involved in the experiences studied. Additionally, it is these teachers who took part in the PD offered and provided the data for the quantitative portion of the study. A smaller portion of these stakeholders provided qualitative data. Participation in the study was completely voluntary.

Additional stakeholders include the school and district administration, the students at the school, and the community at large. For the building and school administration, information gleaned from this study can be used to inform future efforts to improve teacher well-being. The students at the school potentially benefit in two ways: from a staff trained in SEL and from the improved teacher well-being and its impact of student experience. Finally, the community as a

whole benefits from increased knowledge and understanding of the relationship between PD in SEL and teacher well-being.

Important Terms

Compassion Fatigue – The "stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1995, p. 7)

Professional Development – Explicit instruction in social-emotional learning and trauma-informed teaching practice organized by a school or district

Social-Emotional Learning – The "process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions" (CASEL, 2021)

Secondary Traumatic Stress – The "emotional distress that results when an individual hears about the firsthand trauma experiences of another" (The National Child Traumatic Stress Network, 2021)

Closing Thoughts on Chapter I

In her March 28, 2021, podcast *Truth for Teachers,* Angela Watson asked Byron McClure of Lessons for SEL what schools needed to do to provide for the social-emotional wellness of their teachers. As part of his response, McClure expressed his belief that school administrators must do more than simply talk about supporting teacher well-being; they must

advocate for teacher needs (Wilson, 2021). It is this idea that is at the center of my ROS. Teachers' needs are not being met. Teachers are being asked to support student social-emotional health without training and equipping them with the necessary tools. Their self-efficacy is damaged and ergo, their well-being suffers.

In this ROS, I explored whether we could mitigate the impact of this lack of self-efficacy on teacher well-being through PD in SEL and TITP. Using quantitative data from a survey before and after the PD, I measured the impact of the PD on symptoms of CF in middle school educators. Additionally, I complemented these findings with qualitative data exploring the experiences of educator participants during the research period. In Chapter 2, I examine the relevant histories and research literature in well-being, teacher well-being, and SEL and TITP. Chapter 3 includes discussion about the interventions and methods employed as part of this study followed by Chapter 4 where I present the findings from my study. Finally, in Chapter 5, I speak to the conclusions that can be drawn from my study and its implications for the district and the school where the study takes place.

CHAPTER II

LITERATURE REVIEW

Introduction

The COVID-19 pandemic has brought teacher well-being to the forefront of educational issues. Teachers across the United States are being asked to not only learn new technologies and pedagogy but also essentially reinvent the practice of teaching itself. In addition to this pressure, teachers are being tasked with supporting the social emotional health of their students during a collective shared trauma. For this reason, issues surrounding teacher well-being are even more important. Through my ROS, I examined this intersection between supporting student mental health needs and the emotional well-being of teachers.

When considering teachers' well-being associated with their support of students in mental health crises, it is essential to review literature across several disciplines. First, through the literature review in this chapter, I look at the very notion of subjective well-being as well as that specific to the well-being of teachers. Embedded within the concept of teacher well-being, I searched the prior literature concerning teacher self-efficacy and the impact of teacher well-being on student achievement. Next, I examine literature on compassion fatigue to provide a lens through which to understand the current phenomena. Finally, I review literature related to the increase in adolescent mental health struggles providing evidence of what teachers face, while literature supporting the use of SEL rounds out the necessary works to review.

Teacher Well-Being

When thinking about teacher well-being, it is crucial to understand the origins of ideas surrounding well-being. The concept of well-being, or subjective well-being (SWB), was first written about by Sir John Sinclair in 1798 (Campbell, 1976). In his Statistical Account of

Scotland, Sinclair sought to measure the amount of happiness enjoyed by the people of Scotland (Campbell, 1976). Two decades later, Diener et al. (1999), in their meta-analysis of three decades of progress in subjective well-being, described four theories to explain the origins of one's sense of well-being: bottom-up, discrepancy, goal, and adaptation and coping theories. In bottom-up theories, personality acts as the most substantial predictor of subjective well-being (Diener et al., 1999). Discrepancy theories suggest individuals' senses of well-being is tied to comparisons, positive or negative one makes between themselves and other people (Diener et al., 1999). Goal theories assert behavior can best be understood by examining people's goals and whether they can attain them (Diener et al., 1999). Adaptation and coping theories center on the notion we adjust to some degree to both positive and negative events in order to remain emotionally balanced (Diener et al., 1999). It is this last set of theories, adaptation and coping, that apply to teacher well-being.

Definition

In addition to understanding the origins of ideas related to subjective well-being, any understanding of teacher well-being must also start with a definition. To this end, Acton and Glasgow (2015) examined how the concept was articulated, explained, and investigated in recent literature. They wrote teacher well-being could be defined as "an individual sense of personal professional fulfillment, satisfaction, purposefulness, and happiness" (Action & Glasgow, 2015, p.102). Furthermore, it is a collective process done by teachers and students that creates teacher well-being (Acton & Glasgow, 2015). For teachers, their well-being is also married to their sense of self-efficacy (Acton & Glasgow, 2015). Liu et al. (2018), in their exploration of teacher well-being, examined the relationship between the phenomena and national contexts. By comparing Chinese and English publications, Liu et al. (2018) found teacher well-being is shaped by

individual attributes and factors such as environment, social, and national contexts. For teachers in the United States, concepts of individualism impact teacher well-being through autonomy, motivation, and goal orientation (Liu et al., 2018). Whereas in Chinese contexts, the collective aspects of collegial relationships and professional support were more prominent (Liu et al., 2018). Therefore, teacher well-being is not a static concept but rather is highly dependent on context.

Literature

Literature addressing teacher well-being primarily addresses three main areas of study: the elements of teacher well-being, causes of teacher stress, and research studying the impact of efforts to improve teacher well-being.

Factors Influencing Teacher Well-Being

Teacher stress works against teacher well-being. Studies addressing teacher stress go back for several decades. Litt and Turk (1985) surveyed more than 300 Connecticut high school teachers to identify strain and frustration sources leading to teachers leaving the profession. Stress was noted as a significant factor in the decision to leave teaching (Litt & Turk, 1985). Other factors included inadequate salary and low status (Litt & Turk, 1985). Furthermore, the role teachers perceived for themselves appeared particularly salient in predicting job stress (Litt & Turk, 1985). Litt and Turk found, "… the degree to which teachers feel overloaded with work…" contributed significantly to their intention to leave the profession (p. 183). In their study of secondary school teachers, Sheffield et al. (1994) evaluated the relationship between social support, stress, and psychological well-being indices. They discovered an association between measures of life or work stress and several aspects of mental and physical well-being (Sheffield

et al., 1994). Furthermore, low levels of social support were associated with high stress levels (Sheffield et al., 1994). Hence, a relationship exists between teacher stress and their well-being.

More recent studies have corroborated the findings of Sheffield et al. (1994) and Litt and Turk (1995). In one such study, Cenkseven-Onder and Sari (2009) examined how teachers' subjective well-being is influenced by their perception of their quality of school life and burnout levels. Among the factors explored were students, administrators, school administration style, colleagues, and the general culture of the school (Cenkseven-Onder & Sari, 2009). The main reason for poor well-being was the conflict between expectations and reality (Cenkseven-Onder & Sari, 2009). In 2012, Ylitapio-Mäntylä et al. examined the essence of teacher well-being among early childhood educators to discover how childcare centers in Finland could promote well-being. Understanding teacher well-being requires knowledge of internal and external demands on teachers (Ylitapio-Mäntylä et al., 2012). Internal demands included concerns about child well-being. These concerns result in teachers setting too high demands for their work, thereby reducing their well-being (Ylitapio-Mäntylä et al., 2012). Furthermore, teacher well-being is enhanced when teachers are cared for by others (Ylitapio-Mäntylä et al., 2012). Finally, these more recent studies add to the literature on teacher well-being by connecting it to the particular contexts educators find themselves in.

While Litt & Turk (1985) and Ylitapio-Mäntylä et al. (2012) sought to further identify factors leading to teacher stress, other studies have explored those factors that influence teachers' senses of well-being related to job demands and resources. Webb et al. (2009) completed a comparative analysis of the policy and practice of Professional Learning Communities (PLC) in England and Finland to understand the phenomenon better. Teachers in the study had identified key factors influencing their well-being: morale, practice, and attitudes towards their work.

Additionally, Webb et al. (2009) found that continued PD helped to sustain teacher motivation, commitment, and enjoyment of their work. The work of Skaalvik and Skaalvik (2018) supports this idea. Their exploration of how teacher perception of job demands and resources are related to teacher well-being, engagement, and motivation to leave teaching, found job demands significantly forecasted poorer teacher well-being (Skaalvik & Skaalvik, 2018). In contrast, job resources led to high levels of well-being (Skaalvik & Skaalvik, 2018). Access to job resources acted as a mitigator for the impact of job demands (Skaalvik & Skaalvik, 2018). Much like Webb et al. (2009) found, PD positively influences teacher well-being (Skaalvik & Skaalvik, 2018). In other words, providing teachers with the resources they need to perform their jobs leads to higher levels of well-being.

   Teacher Knowledge and Self Efficacy. Studies exists suggesting self-efficacy represents a vital facet of teacher well-being. Caprara et al. (2006) examined teacher self-efficacy beliefs and their role in determining job satisfaction and student academic achievement. In their study of over 2000 Italian junior high school educators, Caprara et al. (2006) found teachers who believe in their self-efficacy reported higher job satisfaction and were more certain about their abilities to manage the tasks, obligations, and challenges required in their roles as teachers. Conversely, when one's self-efficacy is poor, commitment to the profession suffers (Caprara et al., 2006). Tied to self-efficacy is access to PD (Cassidy et al., 2019). Their research examines circumstances and personal challenges of early childhood education teachers. Cassidy et al. (2019) found, "barriers to teacher well-being include low compensation, lack of support for education and PD" (p. 288). Additionally, education acted as a protective factor for teacher emotional well-being mitigating the stress educators felt (Cassidy et al., 2019). Thus, high levels of self-efficacy are paramount in supporting teacher well-being.

As educators, teachers play a vital role in identifying students in need of mental health support. However, they do not always feel armed to provide support to struggling students. Frauenholtz et al. (2017) explored the challenges faced by school staff due to limited mental health knowledge. Among school-based focus groups, Frauenholtz et al. (2017) found a recurring theme: the lack of adequate training in children's mental health was a contributing factor explaining limited knowledge. In a 2019 Education Week Research Center survey, 23% of a nationally representative sample of educators felt their biggest challenge was finding ways to support students in mental distress (Schwartz, 2019). Additionally, only 14% of survey respondents had full confidence in their readiness to support students suffering from mental health issues. So, while teachers are tasked with supporting student mental health needs, they lacked the training to do so with confidence.

Other studies have shown teachers can recognize student behavioral and emotional disorders but face barriers to supporting mental health needs in schools (Loades & Mastroyannopoulou, 2010; Reinke et al., 2011). Outside of the home, teachers find themselves in the position to not only identify students but also to refer those students for professional help (Loades & Mastroyannopoulou, 2010). Other studies have shown for classroom-based universal interventions to be effective, teachers must feel adequately trained (Reinke et al., 2011). As part of their study investigating teachers' perspectives on student mental health and mental health education, Grahan et al. (2011) examined participants' senses of self-efficacy concerning supporting children's mental health. As a result of this disconnect between knowledge and practice, educators' self-efficacy is damaged (Grahan et al., 2011). Their survey findings highlighted the complex interplay between teacher confidence and well-being (Grahan et al., 2011). In 2019, Ziaian-Ghafari and Berg explored the experiences of educators supporting

students with "exceptionalities" (p.32). In Canada, students in need of Individualized Education Plans are referred to as having exceptionalities (Ziaian-Ghafari & Berg, 2019). General education teachers must balance the needs of a wide range of learning styles, and the challenge associated with differentiation can put teachers at risk for burnout and CF (Ziaian-Ghafari & Berg, 2019). Without sufficient training, this risk increases,

> ...teachers who lack effective training for the vagaries of working with students with exceptionalities are at risk of reduced self-efficacy in classroom management and significant challenges that emerged from the absence of adequate preparation to support the individual and group needs of students with exceptionalities. (Ziaian-Ghafari & Berg, 2019, p.34-35)

Inadequate training to support students undermines teacher self-efficacy.

Improving Teacher Well-Being

Some of the research on teacher well-being explores mindfulness methods designed to improve well-being. Mindfulness can be characterized as "the awareness that arises from paying attention, on purpose, in the present moment and non-judgmentally" (Dave et al., 2020, p. 646). In 2018, Sharp Donahoo et al. examined the impact of prayer and mindfulness on the well-being of special education teachers. Participants attended a three-hour session on social support, mindfulness, prayer, compassion satisfaction (CS), and stress (Sharp Donahoo et al., 2018). Evidence from the study suggested mindfulness and prayer are useful in moderating stress and CF (Sharp Donahoo et al., 2018). Turner and Theilking (2019) also examined the impact of mindfulness programs on educator well-being. This study of Australian educators utilized a qualitative phenomenological approach to examine educator perspectives on the impact of the intentional use of a positive psychology program (Turner & Theilking, 2019). They found,

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"compared to other professional occupations, teachers' [*sic*] rate their well-being lower" (Turner & Theilking, 2019, p. 938). Through the use of aspects of the Positive emotion, Engagement, Meaning, and Accomplishment program (PERMA), educators in the study reported feeling more positive and better able to address feelings of being overwhelmed (Turner & Theilking, 2019). In 2020, Dave et al. measured the effect of a mindfulness-based stress reduction (MBSR) program on Miami-Dade County educators' lives in Florida. Utilizing pre- and post-intervention surveys given to 263 K-12 educators, these researchers examined the change in positive (mindfulness, self-compassion, isolation) and negative (anxiety, fatigue, and emotional exhaustion) elements after participating in an eight-week MBSR program. Participants reported improvement in the positive elements and reduction in the negative elements. So, it appears mindfulness programs can mitigate the impact of stress on educators.

Not all studies examining improving teacher well-being depend on mindfulness programs. For example, Koenig et al. (2018) explored the role PD plays on teacher burnout and CF. Researchers hypothesized knowledge about burnout and compassion fatigue would positively influence teacher well-being (Koenig et al., 2018). Results supported the PD's efficacy in helping teachers understand the elements of their well-being (Koenig et al., 2018). More significant though were the findings related to secondary traumatic stress (STS) and compassion fatigue (CF); nearly half of the participants reported experiencing moderate to significant CF (Keonig et al., 2018). Through their research on the impact of a series of wellness workshops on teacher well-being, Reynolds et al. (2020) found educators confront numerous stressors at work: burdensome workloads, challenging student behaviors, and a dearth of collegial and administrative support. By providing explicit strategies to improve teachers' mental, emotional, and physical health, school administrators can bolster teacher well-being (Reynolds et al., 2020).

Like much of the other work on teacher well-being, these authors look at how to ameliorate or improve educator well-being after the stress has manifested; however, little research exists addressing how to prevent educator stress in the first place.

Teacher Well-Being and Student Achievement

There is an adage that one must take care of themselves before they can take care of others. For education, this means in order for teachers to support students effectively, their well-being must be addressed first. Several studies support this idea. Klusmann et al. (2008) examined the association between four self-regulatory types and the quality of classroom instruction. Teachers exhibiting positive self-regulatory types -had positive notions of their well-being- experienced a greater sense of self-efficacy (Klusmann et al., 2008). In turn, teachers with high self-efficacy fostered more a supportive environment, which, in turn, improved instructional quality (Klusmann et al., 2008). In 2016, Klusmann et al. researched the impact of teacher emotional exhaustion (EE) on student mathematic achievement. There existed a negative correlation between EE and student test scores (Klusmann et al., 2016). Furthermore, a self-fulfilling prophecy may exist in which low student achievement leads to emotional exhaustion in teachers, which contributes to low student achievement (Klusmann et al., 2016). Also writing in 2016, Zee and Koomen, in their meta-analysis of forty years of teacher self-efficacy research, reviewed 165 research articles from 1976 to March 2014. They found evidence linking positive student academic adjustment with high teacher self-efficacy. Additionally, more experienced teachers with high self-efficacy are more sensitive to students' signals and needs, and therefore, they can provide students with adequate support for learning (Zee & Koomen, 2016). If positive ideas about one's self-efficacy are tied to well-being, it follows positive notions of teacher well-being positively influence student academic achievement.

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Teacher Well-Being and Student Well-Being

It is likely unsurprising there exists a connection between teacher well-being and student well-being. Oberle and Schonert-Reichl (2016) examined the relationship between teacher burnout levels and the morning cortisol, the primary stress hormone, levels in their students in seventeen Canadian elementary classrooms. The study found higher levels of teacher burnout predicted high levels of morning cortisol levels in students (Oberle & Schonert-Reichl, 2016). While Oberle and Schonert-Reichl (2016) emphasize the predicative nature of teacher burnout does not equate causality, the influence of teacher well-being on student well-being cannot be discounted.

Compassion Fatigue

The anxiety educators feel when faced with supporting students with mental health needs can be understood through the concept of secondary traumatic stress (STS), more specifically, compassion fatigue (CF). Figley (1995) defined compassion fatigue as the "stress resulting from helping or wanting to help a traumatized or suffering person" (p.7), or what he referred to as "the cost to caring" (p.1). For professionals in caring jobs, empathy is a major resource, a resource that makes them more at risk for CF (Figley, 1995), and numerous studies have supported this claim. Tehrani (2007) studied the impact of working with traumatized clients on carers' assumptions, values, and beliefs. Tehrani (2007) found carers with the largest capacity for empathy were at the greatest peril for suffering from STS. Nearly 60% of these carers experienced negative beliefs due to their position supporting suffering people (Tehrani, 2007). Additionally, carers described the contrast between feeling emotionally exhausted in their attempts to support clients and the exhilaration of helping (Tehrani, 2007). In a 2012 study, Motta studied secondary trauma in children and school-based mental health personnel. Motta

(2012) found mental health workers in schools were increasingly called upon to support children suffering trauma. These providers can experience symptoms similar to those of the children they work with (Motta, 2012). Furthermore, these providers are at risk of having previously held views of oneself and their environment shaken or altered by continuing interaction with suffering people (Motta, 2012). Clearly, for those in caring professions, there is a real risk for developing CF or STS.

While Tehrani (2007) and Motta (2012) wrote about the experiences of mental health professionals, other researchers have shown teachers are also subject to this secondary traumatic stress (STS). Fowler (2015) wrote, "Teaching is a helping professional" (p.30). When teachers witness suffering in their students, they suffer too, and this personal impact could lead to helplessness and hopelessness (Fowler, 2015). Hydon et al. (2015), in their meta-analysis, examined existing literature to elucidate how compassion fatigue or secondary traumatic stress manifested in educators. These researchers found, "because teachers often reach out to help students and can be at a heightened sense of emphatic awareness, they may also be vulnerable to STS" (Hydon et al., 2015, p.324). The impact of STS or CF on teachers' personal and professional life can be devasting (Hydon et al., 2015). Furthermore, the teachers' unmet psychological needs are significant predictors of working life quality (Bozgeyikli,2018). Specifically, as feelings of autonomy and self-efficacy decrease, levels of burnout, and CF rise (Bozgeyikli,2018). Teachers who feel unprepared to support students lack self-efficacy and therefore are not having their psychological needs met.

The "cost of caring" results in teachers suffering CF, and teachers suffering from CF are at risk of developing Posttraumatic Stress Disorder (PTSD). Criterion A in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V) includes stressors related to

witnessing in person traumatic events as it occurred to others (DSM-V, 2013). Thus, while not directly defined in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V), STS is now considered a legitimate Criterion A stressor for PTSD (Roden-Foreman et al., 2017). Therefore, addressing CF in educators must become a priority

Adolescent Mental Health and Trauma

The need for SEL has been growing in schools. Studies show the number of adolescents suffering from mental health disorders is on the rise. In their 2010 study, Merikangas et al. found slightly more than one in four or five adolescents in the general population had experienced severe impairment due to mental disorders. One in ten children experiences severe emotional disturbance (Merikangas et al., 2010). Furthermore, more than 22% of the 10,123 adolescents surveyed suffered from severe impairment or distress (Merikangas et al., 2010). Twenge (2011) found evidence to suggest a sharp rise in anxiety and depression among Western youth in the lead up to the twenty-first century. While incidences of suicide were on the decline at the time of this study, reports of being overwhelmed continued to rise, with anxiety disorders remaining at historically high levels (Twenge, 2011). More troubling is the finding the age of onset of mental illness has been decreasing from middle age, and now people of all ages are more likely to report anxiety and neuroticism (Twenge, 2011).

Further complicating this issue is the increasing prevalence of children exhibiting signs and symptoms of mental illness but not meeting the diagnostic criteria for a full diagnosis, a so-called subthreshold condition (Balázs et al., 2013; Flett & Hewitt, 2013). Flett and Hewitt (2013) found adolescents are likely to try to "fly under the radar" (p.1) to affect a "perfectionist self-presentation" (p.13). Thus, the actual levels of distress and dysfunction are underrepresented, leading to relatively few of these children receiving formal treatment for their mental health

issues (Flett & Hewitt, 2013). Additionally, children with subthreshold conditions are more likely to develop full-blown mental disorders if they do not receive interventions (Flett & Hewitt, 2013). In 2013, Balázs et al.'s analysis of the Saving and Empowering Young Lives in Europe study found 32% of participants suffering from subthreshold anxiety while 29.2% suffered from subthreshold depression. In both cases, an increase in suicidal ideation results in the need for professional intervention (Balázs et al., 2013). Students with subthreshold anxiety are three times more likely to experience suicidal ideation than non-anxious peers (Balázs et al., 2013). For students with subthreshold depression, the risk rises to nine times greater than non-depressed peers (Balázs et al., 2013). More recently, Minahan (2019b) suggested as many as one-third of adolescents have struggled with anxiety. Clearly, the number of students arriving at school in need of mental health support is rising.

An additional source of student mental health struggles comes from trauma. The American Psychological Association (2020) defines trauma as an emotional response to a horrific event. Traumatic experiences include abuse and neglect and result from living through natural disasters (Minahan, 2019a; Tweedie et al., 2017). According to the Centers for Disease Control (2018), nearly one billion children in Asia, Africa, and North American have experienced trauma, making up nearly half of the world's children. In 2017, adolescents between the ages of twelve and eighteen experience nearly a million total victimizations at school and almost half a million out of school (Alliance for Excellent Education, 2019). Two-thirds of children in the United States have suffered from least one type of childhood trauma (Minahan, 2019a). In addition to all this, today's students are living through the shared trauma of the COVID-19 global pandemic.

Social-Emotional Learning (SEL)

At the heart of the CF educators are experiencing is the sense they do not have the required SEL strategies to support a student in emotional distress. A 2009 Institute of Medicine report indicated the inclusion of SEL in schools could serve as not only a foundation for treatment but also the prevention of mental, emotional, and behavioral disorders schools (Durlak et al., 2011; Taylor et al., 2017). Studies have shown SEL programs can effectively support student mental health needs, and the need for SEL has been growing in schools (Durlak et al., 2011; Taylor et al., 2017). Building from Waters and Srofufe's 1983 description of confident people as those able "to generate and coordinate flexible, adaptive responses to demands" (in Durlak et al., 2011, p. 406), Durlak et al. (2011) examined research studies looking at thirteen school based, universal SEL programs. School-based programs in the studies included classroom-based curricula and school-wide programming in SEL (Durlak et al., 2011). Compared to peers in control groups, participants in SEL demonstrated significant improvement in their academic performance, attitudes, behaviors, and social-emotional skills (Durlak et al., 2011). Additionally, findings indicate SEL programs with positive results include lower emotional distress levels (Durlak et al., 2011). While Durlak et al.'s (2011) metanalysis looked at studies in which measurements were taken immediately post-intervention, Taylor et al. (2017) explored studies with a follow-up component in some cases as far as 936 weeks or 18 years post-intervention. While post-intervention effect for positive social behaviors and conduct problems were not statistically significant, participants in the studies did fare better in terms of emotional distress (Taylor et al., 2017). These results were consistent across demographic groups, including diverse populations and socioeconomic groups (Taylor et al., 2017). Accordingly, incorporating

SEL into schools is necessary to support the growing number of students in mental health distress.

Conclusion

Through this literature review, I examined the relationship between teacher well-being both looking to define it and understand factors influencing it. Teacher well-being, a form of adaptive and coping subjective well-being, is a multifaceted concept that can be defined as "an individual sense of personal professional fulfillment, satisfaction, purposefulness, and happiness" (Action & Glasgow, 2015, p.102). Among the factors that influence teacher well-being are stress, quality of school life, job demands, job resources, and self-efficacy (Caprara et al., 2006; Cassidy et al., 2019; Cenkseven-Onder & Sari, 2009; Frauenholtz et al., 2017; Grahan et al., 2011; Litt & Turk, 1985; Loades & Mastroyannopoulou, 2010; Reinke et al., 2011; Schwartz, 2019; Sheffield et al., 1994; Skaalvik & Skaalvik, 2018; Webb et al., 2009; Ylitapio-Mäntylä et al., 2012; Ziaian-Ghafari & Berg, 2019). Additionally, I examined prior literature related to improving teacher well-being finding much of the work centered on the use of mindfulness programs and PD on teacher well-being (Dave et al., 2020; Keonig et al., 2018; Reynolds et al., 2020; Sharp Donahoo et al., 2018; Turner & Theilking, 2019). I followed that examination by exploring prior literature on the impact of teacher well-being on student achievement. These studies illustrated how teachers with positive sense of their well-being have a positive impact on student achievement through instructional practices (Klusmann et al., 2008; Klusmann et al., 2016; Zee & Koomen, 2016). Next, I looked at literature to understand the concept of compassion fatigue as a way to define the stress educators feels when supporting student mental health needs. As defined by Figley (1995), compassion fatigue refers to the stress that comes from helping or trying to help a person in distress. Other prior literature on compassion fatigue in

caring profession supports the notion educator stress resulting from supporting student mental needs can be viewed through this lens (Bozgeyikli, 2018; Fowler, 2015; Hydon et al., 2015; Motta, 2012; Tehrani, 2007). Then, I looked at prior literature examining the growing number of adolescents in emotional or mental distress. This literature showed the number of adolescents presenting with mental health disorders, including subthreshold anxiety and depression is increasing (Balázs et al., 2013; Flett & Hewitt, 2013; Merikangas et al., 2010; Twenge, 2011). Finally, I examined prior literature on impact of SEL programs on student emotional distress. Programs in SEL have been shown to improve student mental health and reduce emotional distress (Anderson et al., 2015; Crosby et al., 2019; Durlak et al., 2011; Taylor et al., 2017; Tweedie et al., 2017).

As evidenced by this review, there exists a growing number of students who are suffering emotional and mental distress. These students would benefit from SEL programs. Furthermore, teacher well-being is tied to their sense of self-efficacy; however, teachers do not feel equipped to support student mental health needs. This lack of a sense of self-efficacy is a factor impacting teacher well-being and leading to CF. Additionally, extant research while looking at factors impacting teacher well-being and improving it through mindfulness programs does not look at how to mitigate those factors. This presents a gap in the research. Through my ROS, I have attempted to fill that gap by researching the impact of professional development on CF symptoms and whether PD in SEL by improving participants' sense of self-efficacy improves their well-being.

CHAPTER III

SOLUTION AND METHOD

Outline of the Solution

Teachers in my building are suffering from compassion fatigue. This fatigue is the result, in part, of a lack of self-efficacy in supporting student emotional and mental health. The stress of caring for students who are suffering is negatively impacting teacher well-being. This suffering represents a problem of practice. The proposed solution to this problem was to provide PD in SEL to improve teacher self-efficacy. Through this knowledge in SEL, it was believed teacher sense of well-being would improve and as a result their symptoms of compassion fatigue would be reduced. In my study, I observed and evaluated the effectiveness of a PD provided by an outside consultant along with a follow-up building based session on feelings of self-efficacy and symptoms of CF in participant educators.

The PD took place during a full-day in-service taking place just after Thanksgiving of this school year on November 29, 2021. In the morning, Jeffrey Benson presented, virtually, to the entire district. The content of the presentation was related to incorporating explicit SEL goals in lesson planning in the content areas as well as the ways in which teachers were already supporting the SEL needs of students. A primary focus of the presentation was on making the work educators were already doing explicit to students. In the afternoon, educators had the opportunity to attend workshops SEL-related workshops. Among the offerings were workshops on using trauma-informed practice to support SEL, fostering and building resilience, and tools for understanding and regulating emotions.

A follow-up session was presented to the faculty in place of the December faculty meeting. At this session, six teachers in the building shared the work they were already doing to

support student social-emotional needs. Some of this work pre-dated the PD on November 29, 2021. Some of it was new since the PD. I was among these six presenters. Additionally, one of the teachers in charge of the therapeutic learning center for students with documented emotional needs shared information about the Crisis Prevention Institute's (CPI) Verbal Escalation Continuum.

Justification of Solution

The number of students requiring support for emotional and mental distress is increasing. In their 2010 study, Merikangas et al. found between twenty-five and thirty-three percent of children were experiencing a mental disorder. What's more, the age of onset for serious mental health disorders has decreased (Twenge, 2011). To further complicate adolescent mental health issues is the rise of sub-threshold conditions: students are in mental distress but do not meet the diagnostic criteria for a medical designation (Flett & Hewitt, 2013).

Teachers can recognize when their students are in emotional and mental distress (Loades & Mastroyannopoulou, 2010). However, overwhelmingly, educators do not feel confident in their ability to deal with significant mental health needs in their students (Grahan et al., 2011; Reinke et al., 2011). Additionally, teacher instruction in SEL does not match this increased need (Frauenholtz et al., 2017; Minahan, 2019b; Schwartz, 2019). As a result, teacher self-efficacy is hurt. Since teacher well-being is tied to their sense of self-efficacy, taking steps to improve their self-efficacy should improve their well-being (Caprara et al., 2006).

The proposed solution aimed to improve teacher well-being through PD in SEL. It was my belief, through this PD, teacher self-efficacy in supporting student mental health needs could be bolstered. This improvement in self-efficacy would, in turn, reduce CF in participants. As a result of this reduction, teacher well-being would be improved.

Study Context and Participants

Context

The study context was a suburban middle school in the northeastern part of the United States. According to the Massachusetts Department of Elementary and Secondary Education's School and District Profile (2021) for the town, the district serves just under 3000 students Pre-Kindergarten to twelfth grade. Eighty percent of the student population was white (Massachusetts School and District Profiles, 2021). At the time of the study, the middle school served 666 students in grades six through eight (Massachusetts School and District Profiles, 2021).

Participants

The participants for the quantitative segment included as many faculty members as possible in the school who were willing to take the quantitative measure. There were sixty faculty members employed at the middle school at the time of this study. In total twenty-four educators completed the pre-PD survey and nineteen completed the post-PD survey. Of the nineteen who completed the post-PD survey, eighteen had also completed the pre-PD survey. One survey participant was unique to the post-PD survey.

The qualitative segment of the study included 3 purposely selected teachers to represent at least three distinct levels of compassion fatigue using the pre-intervention survey results (See Table 1). I took efforts to select a sample with maximal variation. The final sample represented all three grades at the school with one sixth, seventh, and eighth grade teacher participating. Additionally, focal participants taught three of the five core content subjects of Math, English Language Arts, Science, Social Studies, and World Languages/Culinary Arts and Consumer Education/Health. The participants for this segment were selected from volunteers.

Table 1

Focal Participants

Teacher	Level of Pre-PD Compassion Fatigue
Teacher A	Higher than the Mean
Teacher B	Near the Mean
Teacher C	Lower Than the Mean

Researcher Role

During the study period, I was employed as a classroom teacher in my school. I was one of six social studies teachers in the building. While I did not have a formal leadership position with the district, I was the Professional Standards Committee (PSC) Representative for my building. As the PSC, it was my responsibility to help teachers when there are classroom environment issues in the building. For example, there existed a moisture issue in my wing of the building. The level of moisture was so great students and teachers alike were suffering from headaches and sore throats due to the musty smell permeating our space. It was the job the PSC to bring this problem to the attention of building administration, and, if the issue was not solved, to union leadership. My decision to join the PSC came from my work on this ROS in that my interest in teacher well-being led me to becoming an advocate for adequate and healthy working conditions in the building.

In terms of my ROS, my role in the study was that of a researcher-participant. I took part in the PD offered on November 29, 2021, and the follow-up session in which I was both a presenter and participant. Additionally, other educators in the building were aware of my

research. They were eager to help in any way they could. I do not know if this impacted how other participants interacted with me, however, it is possible it might have.

Researcher Subjectivities

Because a portion of my study is qualitative, it is imperative to acknowledge my personal subjectivities as I collect and analyze the narrative data. As I wrote in Chapter One, I am and always have been a sensitive person. This sensitivity has the potential to influence how I perceived participant responses to questions about their own feelings. Additionally, this empathetic nature also impacted my analysis of qualitative data. One way I mitigated the impact of this subjectivity is by having study participants create unique identification numbers so that, other than the focal participants, I did not know the identity of the writer of the narrative response to the open-ended questions.

The other aspect of my personal subjectivity important to acknowledge is related to my role as a participant-researcher. As a teacher in the school, I shared many experiences with my colleagues related to supporting student social-emotional health. As I analyzed qualitative data, there existed the potential I recognized some of the experiences being shared by my colleagues. It was on me to acknowledge these moments and work to prevent my previous conclusions about these instances from coloring my analysis.

Finally, my work on this ROS has required me to learn about social-emotional learning and compassion fatigue. This knowledge led to predispositions about these topics and has undoubtedly informed my analysis of the qualitative data. In part, this likely bias played a role in my decision to conduct a mixed methods study so that I might mitigate some of the impact of my knowledge on analysis.

Research Paradigm

The research paradigm I employed in my ROS was a concurrent mixed methods study (see Figure 1). The purpose of mixed methods research is to examine phenomena utilizing a combination of quantitative and qualitative methods (Creswell & Creswell, 2018; Creswell & Plano Clark, 2018; Salkind, 2010). Epistemologically, mixed methods researchers espouse a pragmatist world view and as such believe it is possible to examine experiences from both postpositivist and constructivist world views (Creswell & Plano Clark, 2018; Salkind, 2010). Mixed methods research also allows for the collection of both narrative and numerical data as researchers using this design hold the assumption both qualitative and quantitative data have value (Creswell & Plano Clark, 2018; Salkind, 2010).

As a researcher, I hold a constructivist world view. Constructivism posits one's understanding of the world is constructed or influenced by one's environment (Bhattacharya, 2017, Creswell & Creswell, 2018). In my ROS, I will examine how educators' sense of well-being as measured by symptoms of compassion fatigue can be influenced by increasing self-efficacy in SEL through PD. This world view is most associated with qualitative studies (Creswell & Creswell, 2018). At the same though, though, I am measuring change over time, a concept that fits into a quantitative paradigm (Creswell & Creswell, 2018). Additionally, it is my belief it is not adequate when examining human emotions to depend solely on either qualitative or quantitative data. It is for these reasons, my world view and the world view espoused by mixed methods research are complementary.

Further, the rationale for this paradigm is triangulation of multiple data sources. By exploring both convergence and/or divergence between the quantitative and qualitative data, I was able to discern a more complete picture of the impact of the intervention. Through any

corroboration of the data sets, I was able to draw more meaningful conclusions and enhance

understanding of the phenomena.

Figure 1

Visual representation of research paradigm
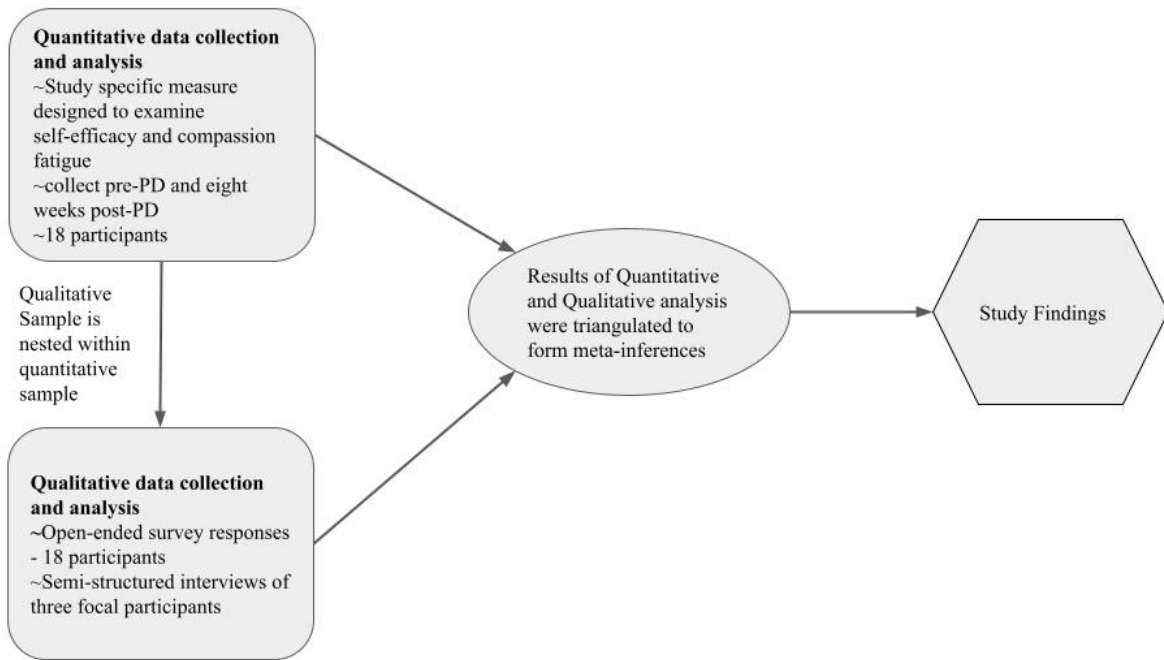
Data Collection Methods

Quantitative Data Collection

Quantitative data was collected through a specially designed measure using existing

measures of STS and CF that will be adapted for school-specific scenarios. Existing measures of

CF do not fit this study's design, so it was necessary to adapt a measure to examine the specific

stressor -a lack of self-efficacy in supporting student emotional mental health. Additionally, a

measure was needed to get at symptoms of CF for teachers.

The existing measures utilized to create the study specific measure include Staum and

Figley's (1996) Compassion Fatigue/Satisfaction Self-Test. This measure was designed to

measure levels of compassion fatigue for people in helping professions in general (Staum &

Figley, 1996). Additionally, The Professional Quality of Life Scale (ProQOL 5) was used to

supplement the Compassion Fatigue/Self-Satisfaction Self-Test in designing the measure items.

The ProQOL 5 examines not only CF but also work satisfaction and burnout in the helping

professions (NovoPsych, 2021). Only items related to CF were adapted for the study measure.

Finally, the Nursing Executive Center's (NEC) 2019 The Compassion Fatigue Assessment Tool

provided the last measure from which items were adapted. This self-rating tool is designed to

measure CF in nurses (Person, 2019).

In adapting the measure, items were taken from the three existing measures and language

was added to make the statement study specific. For example, item twenty of the ProQOL 5

reads, "*I have happy thoughts and feelings about those I [help] and how I could help them.*"

(ProQOL, n.d.). In the study measure, the adapted item reads "*I have happy thoughts and

feelings because of my work as a teacher related to student social-emotional health and the

associated skills and competencies.*" From the Compassion Fatigue Assessment Tool, the item

referring to avoiding interaction mentions patients and colleagues, whereas the study measure

refers to avoiding thinking about interactions with students when students were suffering

emotionally (Person, 2019). In only one case was language directly used from an existing

measure; Item seventeen in Staum and Figley's (1996) measure reads "*I am a sensitive person*."

This exact item will be used in the study measure.

The measure included eleven items related to symptoms of compassion fatigue and three

items related to self-efficacy in supporting student mental and emotional health (See Appendix

B). The items related to CF symptoms were be broken down into physical and emotional

symptoms. Several items were reverse coded. For example, item 1 under physical symptoms

reads "*I feel invigorated…*". Furthermore, the measure utilized a 7-point Likert Scale to measure how often item statement are true for participants. I used a Google Form to collect this data. Quantitative data was collected twice: pre- and post-PD. The pre- collection occurred in the two and half weeks leading up to the PD. The Post PD data collection took place between 8 and 10 weeks after the full-day in-service.

Qualitative Data Collection

The qualitative data was collected from all participants through open-ended questions on the same Google Form as used for the quantitative data. Participants were asked to narratively answer two questions. The first question asked participants to comment on their belief in the importance of the work in the PD as well as their sense of self-efficacy in supporting student social-emotional health and the associated skills and competencies. Following that question, the next question was designed to gauge sense of self-efficacy. The second question sought to get at levels of compassion fatigue through inquiring about educator experiences supporting student social-emotional health and the associated skills and competencies (See Appendix B).

Additional qualitative data was collected from the smaller embedded sample through semi-structured interviews done three weeks and seven weeks post PD. These time frames were chosen to allow for three weeks of implementation of the PD between measures. Interview questions were designed to target participants feelings of self-efficacy and CF (See Appendix C).

<div align="center">

Justification of Use of Instruments in Context

</div>

Existing measures of STS and CF are designed to measure symptoms in a general setting. The CF felt by study participants is specific to the support of student mental health needs. Ergo, the measure specifically addressed the issues faces by classroom teachers. Because this ROS is measuring items related to human emotion, the use of just a quantitative measure was not

sufficient. Open-ended questions on the survey provided a more detailed and deeper understanding of the experiences of participants. Additionally, through the semi-structured interviews, I could measure changes over time to the experiences of participants concerning their sense of self-efficacy and when supporting student social-emotional and mental health needs to understand both how and why changes occur.

Data Analysis Strategy

Quantitative Data Analysis

Quantitative data was analyzed using both descriptive and inferential statistics using IBM SPSS Statistical Software. I calculated descriptive statistics for both the pre- and post-intervention survey responses. For the pre-intervention responses, this analysis took place immediately after the survey. During this analysis, I created six different scales: self-efficacy, negative emotional symptoms, positive emotional symptoms, negative physical symptoms, positive physical symptoms, and a CF scale combining both the emotional and physical symptoms. I used the same scales in calculating the pre-intervention descriptive statistics.

I used information gleaned from the first analysis to purposefully select participants for the semi-structured interviews using the mean derived from the CF scale. As part of the survey, I asked for volunteers for this participant role and matched only those names to quantitative survey results. Once focal participants were selected, the volunteer question was deleted from the form as well as the spreadsheet. I then deleted the original spreadsheet to protect the identities of the focal participants.

At the end of the study period, I reran descriptive statistics for all pre- and post- scales to include skewness and kurtosis of the scales (see Table 1). Based on these statistics, I ran a paired samples t-test with responses from both surveys to compare mean levels of self-efficacy and

incidence of symptoms of CF pre- and post-intervention for the self-efficacy, compassion

fatigue, positive emotional symptom, negative emotional symptom, positive physical symptoms,

and negative physical symptoms scales. The levels of self-efficacy and incidence of symptoms of

CF acted as dependent variables of the independent variable, PD in SEL. A paired *t*- test is the

appropriate inferential statistic in that it is designed to measure repeated measures within the

same sample (Morgan et al., 2020). Since the N < 20, I used Hedge's g to determine effect size

(Stephanie, 2020).

Qualitative Data Analysis

For the qualitative data, I employed both emergent and a priori coding to analyze the

data. I began with an *a priori* coding, also known as a "Start list method" (Curry, 2015). These

codes will come from known symptoms of compassion fatigue as identified in the existing

measures (NovoPsych, 2021, Person, 2019, ProQOL, n.d.). I used these codes as an organizing

framework to analyze participant responses for symptoms of CF (Curry, 2015) (See Table 2).

Table 2

Qualitative Codes: Start List Method

Iteration	Codes
Start List Analysis	Sense of Self-Efficacy
	Loss of Sleep
	Avoidance
	Feeling Run Down
	Preoccupation
	Anxiety
	Hopelessness
	Sadness

In addition to the "Start List" coding, I utilized emergent coding to leave myself open to

other possible codes that might emerge. This emergent coding is necessary given the "Start list

method" codes were not designed to measure CF exclusively in educators but rather were primarily meant for the medical field (NovoPsych, 2021; Person, 2019; Staum & Figley, 1996). This emergent coding was the result of an iterative process in which I read through open-ended survey responses and interview transcripts multiple times at the conclusion of the study period. As I read, I looked for patterns within the data to chunk the information (Bhattacharya, 2017; Curry, 2015). From these patterns, I developed themes and codes (Bhattacharya, 2017). Finally, I utilized axial coding to look for patterns across all post-PD data. From this analysis, I developed axial codes, categories to tie my codes together.

Timeline

The timeline for my ROS is outlined in Table 3

Table 3

Timeline for my ROS

Date	Activity	Data Collection	Data Analysis	Product
October 2021	Defended Preliminary Exams and Study Proposal			
November 2020	Pre-PD Survey Measure Selected Interview Participants		Ran IBM SPSS statistics for descriptive statistics to help select focal participants	
December 2021	3 weeks post PD: Semi-Structured Interviews	Transcribed Interviews Send for member checks		
January 2022	7 Weeks post-PD: Semi-Structured Interviews 8 Weeks Post-PD repeat survey measure	Transcribed interviews and send for member checks Prepared for Quantitative Data for Analysis		

Table 3 Continued

Date	Activity	Data Collection	Data Analysis	Product
February 2022	Data Analysis		Ran IBM SPSS Statistics for descriptive and inferential statistics Begin coding process for qualitative data	
March 2022	Data analysis Drafted Chapters 4 and 5 of ROS Began Executive Summary for District		Completed analysis of qualitative data Combine qualitative and quantitative data to generate meta-inferences	
April 2022	Completed drafts of chapters 4 and 5 to share with chairs			Shared Executive Summary with District Shared draft of chapters 4 and 5 with chairs
May 2022	Completed edits of chapters 4 and 5			Shared final draft of ROS with full committee

Reliability and Validity Concerns or Equivalents

Quantitative Strand

Reliability of the quantitative portion of the survey instrument was determined by calculating Cronbach's alpha for each of the constructs in the scales. Cronbach's alpha measures the internal consistency of Likert-types items (Morgan et al., 2020). Additionally, it is possible to use the alpha during a study from just one survey session (Morgan, et al., 2020). I will use IBM SPSS for Statistics to calculate the α for the items measuring self-efficacy and symptoms of CF.

The α for the Compassion Fatigue construct of the ProQOL has been measured at 0.8; therefore, the measure will be considered a valid if the α ≥ 0.70. An α ≥ 0.70 is generally considered an indicator the measure is valid for a construct (Morgan et al., 2020; Stamm, 2005).

After collecting the post-survey data, I calculated an α for each of the scales and sub-scales of the measure: self-efficacy, compassion fatigue, positive and negative physical symptoms, and positive and negative emotional symptoms. For all scales except the negative emotional scale, α ≥ 0.70 (see Table 3). According to SPSS, to achieve an α ≥ 0.70 for the negative emotional scale, it was necessary to drop the sensitivity item (*I am a sensitive person*). Furthermore, it made sense to drop this item as it describes a personality characteristic rather than an emotion. The item was left in the compassion fatigue scale as it did not prevent that scale from being reliable (see Table 4).

Table 4

Cronbach's Alpha for Scales

Scale	Cronbach's Alpha
Post Self-Efficacy	0.92
Post Compassion Fatigue	0.82
Post Positive Physical Symptoms	0.70
Post Negative Physical Symptoms	0.87
Post Positive Emotional Symptoms	0.87
Post Negative Emotional Symptoms	0.73

Qualitative Strand

For the qualitative strand, I employed several methods to ensure trustworthiness of my analysis. First, I utilized member checks to determine faithfulness of interview transcripts to participant experience. Next, I used the codes from the a priori coding to measure faithfulness of the emergent codes to symptoms of compassion fatigue. Finally, I utilized an external audit to check the trustworthiness of the emergent and axial codes. The audit was completed by a fellow researcher knowledgeable in qualitative analysis.

Closing Thoughts on Chapter 3

In my ROS, I utilized a mixed methods approach to examine the impact of PD in SEL on the symptoms of CF experienced by educators in a suburban middle school. It was my theory PD in SEL would improve the sense of self-efficacy in participants related to supporting student emotional and mental health. This improvement in self-efficacy would in turn improve teacher well-being through a reduction in CF.

The data collection and analysis methods outlined in this chapter were designed to generate meaningful and robust conclusions related to impact of the PD provided by the district. By concurrently collecting quantitative and qualitative data, I was able to examine the phenomena deeply allowing for a deep, nuanced understanding of the influence of the PD on both self-efficacy and CF.

CHAPTER IV

ANALYSIS & RESULTS/FINDINGS

Introducing the Analysis

In this mixed methods study, I began my analysis with the quantitative data collected from the pre- and post-intervention surveys. First, I utilized SPSS to calculate new variables: the scales I used for analysis. Initially, I had planned to use self-efficacy, compassion fatigue, physical symptoms, and emotional symptoms scales; however, as I began to read over the survey and interview responses for my qualitative analysis, I realized it was necessary to sub-divide the physical and emotional symptoms into positive and negative scales for more nuanced analysis. Once the scales were established, I compared the means of each scale pre- and post-intervention using a paired samples *t*-test to determine the effect of the PD on the scales.

While working with the quantitative data, I began my qualitative analysis. As stated in Chapter Three, I first looked at all the data sources - pre-PD survey responses, 3-weeks post-PD interviews, 7-Weeks post-PD interviews, and post-interventions survey response – using the Start List Codes I had established. Following that, I analyzed each of the data sources separately for emergent codes. Lastly, I used the codes from the post-PD sources to complete axial coding, looking for larger codes or categories that I could group the emergent codes into.

Finally, once I had both quantitative and qualitative data analyzed, I studied all the results together to see what could be gleaned from the data. This process of triangulation was at the heart of my mixed methods process and served to produce a more complete picture of the problem and the influence of the intervention.

Presentation of Data

Research Question

1. How does professional development in SEL influence educator experiences of CF as measured by pre- and post-professional development assessments (QUAN) and as corroborated by open-ended survey responses and semi-structured interviews (QUAL)?

    a. What is the relationship between PD in SEL and teachers' sense of self-efficacy?

    b. What is the relationship between self-efficacy and symptoms of CF?

Quantitative Data

Descriptive Statistics

At the end of the study period, I ran descriptive statistics on all twelve of the scales I created for analysis (see Table 5). In this process, I was looking for information about the N value, means, standard deviation, skewness, and kurtosis of each scale.

Table 5

Descriptive Statistics

Scale	N	Mean	Standard Deviation	Skewness	Kurtosis
Self-Efficacy (Pre-PD)	24	3.40	1.18	0.75	0.40
Self-Efficacy (Post-PD)	19	3.61	1.38	0.25	-0.79
Compassion Fatigue (Pre-PD)	24	2.91	0.71	-0.67	-0.13
Compassion Fatigue (Post-PD)	19	2.71	0.88	-0.20	-0.45
Positive Physical Symptoms (Pre)	24	3.33	1.34	-.13	-0.68
Positive Physical Symptoms (Post)	19	3.58	1.30	0.11	-0.35
Negative Physical Symptoms (Pre)	24	2.83	1.37	0.30	-0.33
Negative Physical Symptoms (Post)	19	2.54	1.56	0.49	-0.26

Table 5 Continued

Scale	N	Mean	Standard Deviation	Skewness	Kurtosis
Positive Emotional Symptoms (Pre)	24	3.31	0.96	0.41	0.25
Positive Emotional Symptoms (Pot)	19	3.67	1.14	-0.06	-0.87
Negative Emotional Symptoms (Pre)	24	2.92	1.34	0.36	-0.57
Negative Emotional Symptoms (Post)	19	3.10	1.30	0.13	-0.26
Valid N (listwise)	19				

Means. At the beginning of the study period, means for the six different scales ranged from 2.91 to 3.40. On the survey, a response of "3" indicated participants experienced the described item somewhat often, while a response of "4" indicated often. From this, results show participants experienced survey items on average between somewhat often and often. However, the means of the different scales and sub-scales only present part of the picture. When looking at the minimum and maximum statistics, a more nuanced picture is presented (See Table 6). For example, the minimum and maximum statistics for the self-efficacy scale do not change from pre- to post-data collections. Likewise, the pre- and post- minimum and maximum means of the negative emotional and positive physical symptoms scales are the same (See Table 6).

Table 6

Minimum and Maximum Scale Means

Scale	Minimum Statistic	Maximum Statistic
Self-Efficacy (Pre)	1.33	6.00
Self-Efficacy (Post)	1.33	6.00
Compassion Fatigue (Pre)	1.36	3.91
Compassion Fatigue (Post)	1.00	4.18

Table 6 Continued

Scale	Minimum Statistic	Maximum Statistic
Positive Physical Symptoms (Pre)	0.50	5.50
Positive Physical Symptoms (Post)	1.00	6.00
Positive Emotional Symptoms (Post)	1.67	5.67
Negative Emotional Symptoms (Pre)	0.50	5.50
Negative Emotional Symptoms (Post)	0.50	5.50

Inferential Statistics

To determine the impact of the PD, the independent variable, on the compassion fatigue and self-efficacy scales, I used a paired samples *t*-test. I compared means of all the scales sub-scales pre- and post-intervention. For example, I compared the mean value of Positive Physical Symptoms (Pre) to the mean value of the Positive Physical Symptoms (Post). Because of the small sample size, N = 18, I utilized Hedge's g as the measure of effect (See Table 6).

Table 7

Inferential Statistics

Pair	Hedge's g	Two-Tailed Significance
Post Self-Efficacy Scale - Pre Self-Efficacy Scale	0.19	0.44
Post Compassion Fatigue Scale – Pre Compassion Fatigue Scale	-0.41	0.09
Post Positive Emotions Scale – Pre Positive Emotions Scale	0.30	0.21
Post Negative Emotions Scale – Pre Negative Emotions Scale	0.10	0.68
Post Positive Physical Scale – Pre Positive Physical Scale	0.30	0.21
Post Negative Physical Scale – Pre Negative Physical Scale	-0.33	0.17

Effect Size. As was expected, given the small sample size, the results are not statistically significant (Bullen, 2022*)* (See Table 7). However, except for the Negative Emotions Scale, the effects are moving in the expected direction (See Table 7). By this, I mean the scales I predicted would increase – Pre to Post Self-Efficacy, Pre to Post Positive Emotions Scale, and Pre to Post Physical Emotions Scales – did so, and those I wanted to see decrease – Pre to Post Compassion Fatigue and Pre to Post Negative Symptoms Scales – decreased (See Table 7). With the Negative Emotions Scale, I found a small increase in the means from Pre- to Post-Intervention (See Table 7). The effect sizes for each of the pairs fell solidly between smaller than typical and typical. Typical effect size for Hedges' g is g = |0.50| (Morgan et al., 2020). The range of effect sizes was from g = 0.10 for the negative emotions scale to g = -0.41 for Compassion Fatigue Scale (See Table 7).

Qualitative Data

At the end of the study period, I began my analysis by looking at each of four qualitative data sets – Pre-PD Survey Responses, Three-Weeks Post Focal Participant Interviews, Seven-Weeks Post Focal Participant Interviews, and Post-Intervention Survey Response. Eighteen participants responded to both the pre- and post-intervention surveys. Of the eighteen, fifteen participants responded to all questions. Three focal participants participated in interviews at the three- and seven-week point. It was the same three participants for both sets of interviews. For this first iteration of qualitative analysis, I used a Start List Method. I chose to begin with this method, given my knowledge surrounding the symptoms of CF. My knowledge meant that I was likely to see the data from the lens of CF.

In addition to the Start List coding, I utilized emergent coding to further analyze the Pre-PD survey responses. From this, I developed nine codes to understand the data (See Table 8). Four of the nine codes -levels of confidence/comfort (self-efficacy) and feelings of overwhelm, anxiety, and exhaustion - correspond to the symptoms of compassion fatigue utilized in the start list method. The other five codes that emerged were unique to this iteration of coding (See Table 8).

Table 8

Pre-PD Emergent Codes

Iteration	Codes
Pre-Survey Analysis	Levels of Confidence/Comfort
	Feelings of Overwhelm
	Feelings of Anxiety
	Feelings of Exhaustion
	Feelings of Empowerment/Satisfaction
	Lack of Support for Teacher Well-being
	Increase in Student Needs
	Lack of Time
	Lack of Follow-Up/Need for more Training

Self-Efficacy. For self-efficacy, participant responses in these areas show a variety of levels of self-efficacy prior to the full-day in-service. For example, participant seven stated, "The normal day to day connections pertaining to student SEL I feel confident…". Other participants expressed less confidence, as with participant thirteen, "I don't feel particularly confident – especially this year." A similar pattern is seen with level of comfort. Participant twenty-one responded they felt "very comfortable and confident" in their ability to support student SEL, while participant five reported feeling only somewhat comfortable. What's more, some

participant responses mention specific factors that are impacting their sense of self-efficacy. Participant eleven stated they "do not feel comfortable or trained in this very sensitive counseling matter (separation anxiety diagnosis of a student)."

Feelings of Exhaustion, Being Overwhelmed, Anxiety. Several participants responded to the survey questions by stating feelings of being overwhelmed, anxious, and feeling run down or exhausted, due to their work supporting student social-emotional needs. Participant ten wrote despite feeling they are doing the best they can, they "often leave work physically and emotionally drained." Additionally, participant eight responded they felt "drained by the end of the day." Participant eight is also among the participants who expressed feeling overwhelmed. They stated, "The relentless demands on teachers… leaves me feeling often defeated and underwater." Finally, two participants replied to questions citing feelings of anxiety or anxiousness. For example, participant eleven stated they often feel anxiety starting the school day with SEL in advisory classes.

Feelings of Empowerment/Satisfaction. It is important to recognize, not all participants expressed feelings related to symptoms of CF in responding to the survey questions. In fact, several participants wrote about the positive feelings they had when they supported student social-emotional health and the related skills and competencies. Participant twenty-one wrote about feeling "empowered" after supporting a student. What's more, participants eight and ten describe the work, while difficult, as ultimately rewarding. Participant eight stated, "When this process (successfully supporting a student) takes place, I feel like I have won in terms of my goal as an educator." Finally, participant twelve goes so far as to describe themselves as "positive, competent, and self-actualized" when supporting student social-emotional health.

Increase in Student Needs. The issue of an increase in student needs was prominent in participant responses as well. Participant seventeen described the increasingly complex needs of students as being a factor in their feelings of being overwhelmed. Additionally, participant seven responded the needs of students are "often too challenging" for them. Participant eighteen wondered if it was a decline in their own confidence and resilience due to the COVID-19 Pandemic or an increase in student needs, or both that was impacting their ability to support student social-emotional health.

Lack of Support, Time, Follow-up. Finally, the theme of what was lacking was prevalent throughout the pre-PD survey responses. Many participants stated they felt it was important to address teacher social social-emotional needs and trauma before they could support students. Participant six stated,

> I also find it challenging when I myself have SEL needs because of the trauma we have
> been through over the past 2 years. Our field of work has changed tremendously and
> there are days I struggle to support myself. I'd love to address teacher needs before
> thinking about how I can support students. (6)

What's more, participants spoke about the lack of time available to address student needs given curriculum demands and pressure to improve test scores. Time to follow up with guidance counselors was also noted as lacking. For example, participant nine wrote in their response they "often feel afraid I don't have time to follow-up with parents, counselors, or whomever." Lastly, participants in the pre-PD survey commented on the lack of follow-up that typically occurs with PD topics. Participant five characterized the support and PD for SEL as "sporadic."

Post PD Data

Following my analysis of the Pre-PD responses, I utilized emergent coding to examine

the data gleaned from the 3- and 7-Week Post-PD interviews and the Post-Intervention Survey

responses. I chose to complete this additional step to ensure I did not miss any additional themes

outside of the Start List Coding. For this step, I analyzed each set of data separately to look for

codes (See Table 9). Once I had completed this iteration, I continued to examine the data to look

for themes or axial codes that the emergent codes fit into (See Table 9).

Table 9

Post-PD Emergent and Axial Codes

Iteration	Codes
3 Weeks Post Interview Analysis	Impressions of PD (Full Day and Follow-Up) Strategies Used from PD Sessions Level of Confidence/Comfort Skepticism Use of Modeling Negative Emotions Positive Emotions Needs of Students
7 Weeks Post Interview Analysis	Strategies Using from PD Sessions Level of Confidence/Comfort Skepticism Use of Modeling Positive Emotions Negative Emotions Needs of Students Takeaways

Table 9 Continued

Iteration	Codes
Post Survey Analysis	Levels of Confidence/Comfort
	Feelings of Overwhelm
	Feelings of Anxiety
	Feelings of Exhaustion
	Feelings of General Well-Being
	Lack of Support for Teacher Well-being
	Other Positive Feelings
	Increase in Student Needs
	Lack of Time to/Support for Students
	Lack of Follow-Up/Need for more Training
Axial Coding	Sense of Self-Efficacy (*Levels of Comfort, Level of Confidence, Skepticism*)
	Experiences with SEL (*Experiences supporting students, increase in student needs, Impressions of PD sessions, strategies gleaned from the full-day PD and follow-up sessions, modeling*)
	Needs (*Need for teacher well-being support, need for additional PD, need for more time*)
	Compassion Fatigue (*Feelings of Anxiety, Being Overwhelmed, Well-being, exhaustion, negative emotions*)
	Positive Emotions (*empowerment, happiness, satisfaction, positive emotions*)

Sense of Self-Efficacy. Responses related to self-efficacy fell into three categories: level of comfort, level of confidence, and skepticism about their abilities and understanding of SEL.

Level of Confidence/Comfort. Participants in the three sets of post-PD data spoke or wrote about their levels of self-efficacy in terms of confidence and comfort. Teacher A, one of the three focal participants, indicated they felt more "empowered" and "confident" about dedicating time in class to SEL after the PD sessions. While they acknowledged, using the strategies outlined in the PD was outside of their comfort zone, they believed it would get easier as time went on. Teacher C described their confidence as growing three weeks after the PD sessions.

Seven weeks after the PD session, Teacher A shared they were finding ways to incorporate SEL more "seamlessly instead of being a separate thing" and that when comparing this year to previous years, they were "more comfortable pausing and giving myself a chance to think about what might be behind a student's behavior." When they were asked about any changes to their level of confidence, Teacher C stated the work with SEL brought them back to why they wanted to become a teacher in that, to them, SEL fosters greater connections to kids.

Responses to the Post-Intervention survey mirrored the responses of the focal participants. Some participants expressed they felt a better sense of self-efficacy in supporting students. Participant five, for example, stated their "level of confidence pertaining to the work of supporting students is getting better everyday (sic)" Participant eighteen echoed this sentiment, sharing they felt more confident than they used to. Additionally, participant thirteen wrote as students came out of their shells more, they, the participant, felt more confident working with and supporting students.

Skepticism. While only two out of three interview participants expressed ideas related to comfort and confidence when asked about their work in SEL, all three of them responded to questions with a measure of skepticism. Skepticism fits into self-efficacy as it points to how confident the participants were the strategies used would be efficacious. Teacher A was concerned students would not take SEL seriously. Teacher C was nervous students would resist SEL strategies in yet another class since they, students, were doing a lot of this work in health classes. Teacher B was the most skeptical. They stated, "I still feel like I don't know what I don't know."

While survey participants expressed, in some cases, increasing levels of confidence and comfort, the levels were limited by several factors. For instance, participant one felt confident

only to an extent, while participant seven stated they felt confident and comfortable supporting

general education students, those students not on Individualized Education Plans (IEP).

Additionally, participant seven indicated they felt "more limited and constrained when working

with students that have more anxiety or emotional needs." Participant three was comfortable with

mild concerns raised by students. In addition to feeling limited by the level of need, some

participants expressed their level of self-efficacy was impacted by the level of support in place to

fully support students. Case in point, participant eight responded they felt confident but felt

restricted and limited in their ability to support students by what they perceived to be this lack of

support and protocol in place to support students more fully. In some ways, these limitations

shared allude to a sense of skepticism participants have about their self-efficacy.

Experiences with SEL. Both survey and interview participants shared experiences with

social-emotional learning in their responses to questions and interview prompts. These responses

fell into several large categories: impression of PD sessions, experiences supporting students,

modeling, and an increase in student needs.

Impression of PD Sessions. Because they were specifically asked about their impressions

of the PD session, focal participants shared their feelings about both the full-day and follow-up

sessions. For the full-day session, participants shared they were able to glean some concrete

examples of how to support student SEL in classes. Case in point, Teacher C shared they took

notes about three to four strategies Jeffrey Benson spoke about that they, Teacher C, felt they

could apply in their classes. On the other hand, Teacher A indicated they did not feel there were

enough concrete examples given during the full-day PD session. Teacher B required prompting

to recall specific of that day.

Supporting Students. Focal participants also shared specific experiences supporting students with SEL. This included examples of using SEL strategies learned during both the full-day in-service and the building-based follow-up session. Teacher B reported implementing strategies from the PD session into the opening and closing of their classes. For example, they shared, "I tried to be more conscious with my closers… trying to be more direct with things that went well and if possible, call out some students about things that (I felt) went well during the day." Teacher C stated they had been added to their closers an opportunity for students to share with them what they, the students, were grateful for as part of an exit ticket. Finally, Teacher A responded by describing a shift in their thinking when dealing with students who appear obstinate. They stated,

> "Even just from those two minutes (of colleague sharing information about how to identify, deescalate students working into crisis), I am starting to be able to identify kids who are starting to escalate, kids who are shutting down. It helps me see them differently. I wouldn't say I normally see kids who shut down as obstinate, but it really kinda gives me a new perspective about; there is definitely something going on with this kid, like 99% of the time, it is some kind of emotional struggle that they are dealing with and not a decision to simply not just doing work."

In their second interview four weeks later, Teacher A continued to talk about their use of SEL strategies in terms of the lens through which they looked at individual interactions with students. Teacher B shared they continued to implement "subtle and even passive steps" into their classroom practices, such as playing music during class, turning the lights off in the classroom, and having more casual conversations with students. Finally, Teacher C noted continuing the practice of having students reflect on what they are grateful for at the end of class

and was looking at including time to activate prior knowledge, although Teacher C was less certain of how this would work in their class.

In the Post-Intervention survey, respondents shared examples when they supported student SEL needs. Participant one noted they have been inviting students to eat lunch with them to connect with students more. Participant thirteen wrote about taking a student aside and chatting with them about recent decision-making that was negatively impacting their behavior in class. Several participants noted instances when they helped students with self-awareness. For example, participant eighteen shared an experience supporting a student after a sibling had tested positive for COVID. They stated, "I was able to do some reflective listening with the student and help them identify their feelings and use a calming strategy."

In addition to sharing experiences supporting student SEL health, survey respondents shared instances where they sought help for a student from the school's mental health team. Participant eleven indicated they have been referring students more often to guidance to set a boundary for themselves to protect their well-being. Participant two shared referring a student to the adjustment counselor related to an incidence of academic integrity. Additionally, participant six responded the "the most recent time I was able to support a student was by putting them on the guidance counselor's radar."

In some cases, participant responses to seeking support from the mental health team touched on frustrations surrounding supporting student SEL health and well-being. Participant six offers a clear example of this. They shared that after referring the student to the guidance counselor they had no way of knowing what the outcome was. Participant seven echoed this frustration that after emailing guidance they felt their hands "were tied and a really great SEL moment for us (the student and teacher) to bond was lost by infrastructure."

Modeling. Teacher A spoke about times when they modeled healthy social-emotional behaviors at the three- and seven-week post-PD mark. In their first interview, while sharing how they utilized a mood meter in their classroom, the participant explained how they modeled using it to support their social-emotional health. Four weeks later, Teacher A went further. They stated they focused on reacting to student behavior with compassion, "sort of modeling what I want to see them doing with their peers."

Increase in Student Needs. Another common thread through the post-PD data sets noted the increase in student needs requiring more SEL practices in the classroom. In both the three- and seven-week post-PD interviews, Teacher B shared they saw more students needing SEL support than in the past. For example, in their first interview, they noted their students exhibited behaviors that were generally "much younger than their grade level would indicate. Furthermore, Teacher B continued to note this issue in their second interview, saying, "They are in eighth-grade bodies, have eighth-grade hormones, and a lot of eighth-grade attitudes but don't have a lot of the same maturity in a lot of ways."

Respondents to the post-intervention survey shared similar concerns. Participant one commented on the increase in the extremity of cases and situations requiring SEL support, while participant ten responded the sheer volume of students with social-emotional needs often left them tied and physically and emotionally drained. In some cases, participants expressed this concern in less direct ways. Participant seven wrote about struggling to support students with more significant needs and the difficulties in making connections with those students. Participant nineteen echoes this sentiment stating, "… I wish I knew more about how to help some serious struggles these students face and how to best support them."

Needs. Needs, or what participants perceived as lacking something, represented another theme found in the post-PD qualitative data.

Teacher Well-Being. For some participants, this need was expressed in the necessity of taking care of their well-being. For example, participant eleven, when writing about referring students in need of support to guidance more often shared this was done to "help place boundaries and support my own compassion fatigue." For others, such as focal participant Teacher A expressed the importance of "collaboration and sharing of best practices" played in their well-being around supporting student social-emotional health.

Additional PD or Training. Participants also shared the need for additional PD in the topic to help them feel more self-efficacious in SEL. Participant nine wrote while they could read off a slide in advisory, they did not feel well-trained enough to talk about social-emotional health at length with their students. At the same time, participant six expressed they need more training in the area to feel more successful. Among focal participants, there existed a similar thread. Teacher A shared their skepticism there would be any meaningful follow-up to the PD as they shared how much they enjoyed and wished to see continue, the practice of having colleagues share the strategies they are using in their classrooms.

More Time to Support Students. Finally, the last area of need participants spoke or wrote about is related to a lack of time to support student social-emotional health fully. For example, several participants referred to how the need to cover content got in the way of fully attending to student social-emotional needs. Teacher A lamented how they felt they did not have enough time to make better connections with kids because of the focus on academics. In the survey responses, participant six wrote due to content they are required to teach, "emotional health often falls by the wayside." Additionally, participant seven responded they felt "more limited and constrained"

when it came to supporting students with greater needs because, as a content teacher, they had responsibilities to so many individuals they did not have the "needed time to connect with and build the relationships needed to make connections" with the neediest students.

Compassion Fatigue. As with the pre-PD responses, survey and interview participants expressed ideas related to the symptoms of compassion fatigue when describing their experiences supporting student social-emotional health; however, the number of instances when participants mentioned these symptoms was notably smaller.

Anxiety. In the post-intervention survey, only one participant expressed feelings of anxiety over supporting student social-emotional health and well-being. Participant eighteen described continuing to feel anxious about supporting SEL even though they felt more confident than they used to.

Being Overwhelmed. Feeling overwhelmed by this work represents another CF symptom only one participant continued to write about post-PD. In their post-intervention survey response, participant sixteen shared, "Between trying not to get sick and preparing/running lessons, I feel overwhelmed and exhausted."

Exhaustion. A small number of participants expressed concerns about exhaustion or a lack of sleep post-interventions. Teacher A spoke about how, in the past, when they have had a "kneejerk" reaction to unexpected student behavior, thinking about their (the teacher's) reaction has kept them up at night. As for survey responses, like participant eighteen, participant ten expressed a feeling of exhaustion when supporting students. They stated, "… I often feel tired and physically and emotionally drained…".

Poor Well-Being. In addition to the instances when specific symptoms of CF were mentioned in post-intervention responses, interview respondents also mentioned other negative

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emotions tied to supporting student social-emotional health and well-being. Interestingly, these responses were made at the seven- but not the three-week post-PD mark. Teacher A shared they had been struggling with their sense of competency in everything recently at the seven-week mark. Teacher B's poor sense of well-being was more marked. They shared they were finding the work "hard" because they did not feel they were "seeing a lot back from the kids." Additionally, they were frustrated at what they felt was a lack of progress in the community. Finally, Teacher B stated the work may have had a little bit of a negative effect on them and their sense of self-efficacy. They expressed a feeling they were doing something wrong, and that might be why they are not seeing a difference in their students.

Positive Emotions. As with the pre-PD data, participants shared positive feelings associated with supporting student social-emotional needs.

Empowerment. Empowerment is a theme seen in both survey and interview responses. Teacher A shared they felt "empowered" to spend more time on SEL because of the PD. In the survey responses, participant thirteen explained they felt as students came out of their shells more, they, the participant felt more confident supporting and working with them.

Happiness. A second positive emotion seen in the post-PD data is happiness. In their three-week post-PD interview, Teacher C described this school year as one of their favorite years teaching. Teacher A shared they were "glad" to be making time at the beginning of their classes for SEL-based work because it was "making class better, more productive, and just more joyful. Additionally, at the seven-week mark, Teacher C spoke about experiencing positive feelings when they see happy students. At the same point in time, Teacher A felt that although the progress was slow, they did feel "good." At the end of the study period, participant nine, in their survey response, wrote, "I feel good when I can encourage a student."

Satisfaction. Participants also expressed feelings of satisfaction or fulfillment when supporting student social-emotional needs. In their first interview, Teacher C shared they were "getting back so much more" from students in their responses to what they are grateful for than Teacher C expected and that being able to read student responses was "really fulfilling."

Positive Emotions. Not all positive emotions shared in survey and interview responses fit into the aforementioned three categories. Several participants remarked they felt like more effective educators because of their growing confidence. For example, participant five shared supporting students made them feel like a "better teacher." Participant ten explained how they felt a "number of positive feelings" with supporting a specific student. Focal participants shared similar feelings. Teacher A spoke about "riding that wave" of inspiration seeing what their colleagues are doing in their classroom, while Teacher C felt "renewed" as a teacher because of the SEL strategies they had implemented.

Results of Research

Research Question

1. How does professional development in SEL influence educator experiences of CF as measured by pre- and post-professional development assessments (QUAN) and as corroborated by open-ended survey responses and semi-structured interviews (QUAL)?

   a. What is the relationship between PD in SEL and teachers' sense of self-efficacy?

   b. What is the relationship between self-efficacy and symptoms of CF?

Answers Yielded By Data

Self-Efficacy

Quantitative Data. Results of the quantitative analysis suggest, while not statistically significant, the PD has influenced both the levels of self-efficacy and compassion fatigue for the

participants. An examination of both the descriptive and inferential statistics provides insight into this assertion. For this scale, an analysis of the descriptive statistics shows the means of the pre- and post-PD responses are moving in a direction implying the mean level of self-efficacy increased after the PD and the eight weeks that followed. While the effect size is small or smaller than typical ($g = 0.19$), the direction of the effect hints PD is positively related to self-efficacy.

Additionally, an analysis of the minimum and maximum statistic suggests the change was limited to those participants in the middle of the scale. In other words, those participants at the extremes did not see a change in their sense of self-efficacy. For those at the top of the scale, this finding is not necessarily indicative the PD was not effective; however, for those at the bottom of the scale, those with the lowest levels of self-efficacy, this finding could indicate the PD was less than effective.

Qualitative Data. Analysis of qualitative data leads to a deeper and more nuanced understanding of the influence of the PD on CF. At the beginning of the study period, respondents shared varying amounts of confidence and comfort in supporting student social-emotional health and well-being. Some participants had great levels of confidence and comfort, while others wrote they had little to no confidence or comfort.

At the three-week post-PD mark, two out of three focal participants implied their levels of self-efficacy had improved. Teachers A and C remarked using the strategies from the PD and the follow-up session had made them feel more comfortable supporting students social-emotional well-being. Teacher B, the more skeptical of the focal participants, spoke about how the PD had positively impacted his classroom.

Four weeks later, for Teachers A and B, some of the luster of the PD had worn off. Teacher B lamented their students' maturity level, while Teacher A admitted to dedicating less

time to SEL than they had done closer to the PD. Only Teacher C, the participant with the lowest level of CF at the Pre-PD mark, reported they were still eagerly and confidently implementing strategies from the full-day PD session.

In the post-intervention survey, participants continued to share a variety of levels of self-efficacy in supporting student social-emotional health and well-being. Participants who in the first survey expressed high levels of confidence and comfort continued to do so. Some participants expressed no change in their feelings of confidence or comfort. Other participants did state they felt more comfortable and confident.

When looked at, the qualitative data suggest while self-efficacy improved for some participants, it did not improve for others. Therefore, the influence of the PD on self-efficacy is not certain.

Triangulation of Data. Taken together, analysis of the quantitative and qualitative data suggests while, in general, the level of self-efficacy increased because of the PD, the level of increase varied greatly from participant to participant. While quantitative data showed an increase in the mean level of self-efficacy, qualitative data suggested the increase was not universally felt. Additionally, due to the small sample size, the quantitative findings were not statistically significant. Therefore, even though the PD appears to have positively influenced levels of self-efficacy, this finding is not definitive.

Compassion Fatigue

Quantitative Data. Descriptive statistics for the full compassion fatigue scale indicate the mean level of compassion fatigue decreased over the study period. For this scale, the effect size was larger than that of the self-efficacy scale ($g = -0.41$) and was the largest of the effect sizes but still smaller than typical. In concert with the increase in the mean level of self-efficacy,

this fact suggests the increase in self-efficacy is negatively related to compassion fatigue, meaning the higher sense of self-efficacy results in a lower level of compassion fatigue.

Physical Symptoms Scales. Looking more closely at the physical symptoms sub-scales of the compassion fatigue scale provides more insight into the influence of the PD on CF. Both the positive and negative physical symptoms scales moved in the expected and hoped-for direction: the mean level of positive symptoms increased while the negative scale decreased. For the positive symptoms scale, the effect size ($g = 0.30$) indicates a relatively small effect size. The effect size for the negative symptoms scale ($g = -0.33$) is similar in size. Additionally, for both physical symptoms sub-scales, a change is seen in the minimum and maximum mean statistics. Although for the maximum mean is higher for the pre- and post-Negative Physical Symptoms scales, the difference is less than half a point. Despite this anomaly, taken together, this data supports the assertion the PD did influence levels of CF in respondents by reducing it.

Emotional Symptoms Scales. The analysis of emotional symptoms sub-scales yields murkier results. The means for in the expected direction for the positive emotions scale: there is an increase. The effect size ($g = 0.30$) is identical to that of the positive physical scale. However, the negative emotions scale saw an increase in its mean level. This increase hints that participant anxiety and preoccupation grew worse over the study period. While this finding contrasts with the hoped-for results, the effect size is very small ($g = 0.10$). As to why this discrepancy exists, it is plausible the study setting played a factor here. This issue will be addressed in the next section of this ROS.

As with the self-efficacy scale data, analysis of the minimum and maximum means for the emotional symptoms scales shed more light on the influence of the PD on CF. For both these scales, the pre- and post-minimums and maximums are identical. This result would suggest the

changes to levels of emotional symptoms occurred not at the extremes but among participants for whom their levels of emotional symptoms were closer to the mean.

Qualitative Data. Responses to the pre-PD survey indicate participants are experiencing a variety of feelings associated with the symptoms of CF. Feelings of anxiety, overwhelm, and being run-down were found in the responses of many participants.

Three weeks after the PD, while focal participants did mention experiences when they experienced CF symptoms while working with students, these experiences were not recent. Instead, Teachers A and C shared experiences when they had positive emotions associated with utilizing the strategies outlined in the two PD sessions. While Teacher B did not share much in the way of positive feelings, it was not necessarily because they did not feel them; it was because, in their words, they were still not sure of what SEL was.

At the seven-week mark, the responses were similar. Teachers A and C continued to use strategies and expressed hope for the impact of these strategies on student well-being. Teacher C went so far as to say this school year was one of their best. Additionally, even though Teacher A admitted they were struggling in many areas, they expressed a desire to continue with their strategies and felt those strategies were benefiting their students. Ever the skeptic, Teacher B was not ready to say how helpful the PD had been. They felt not enough time had passed for a definitive response.

The post-intervention survey responses offer more promise. While several participants in the pre-PD survey shared emotions associated with symptoms of CF, the number of instances where participants shared similar feelings in the post-intervention survey was noticeably smaller. In fact, in the post-intervention survey, there existed, in general, fewer responses that spoke of

emotion than in the pre-PD survey. This fact suggests the feelings associated with supporting student social-emotional health were not as salient at the end of the study period.

Together, the qualitative data suggest an improvement in CF among participants. However, like the responses related to self-efficacy, there continued to be participants who suffered some symptoms of compassion fatigue. Hence, the influence of the PD on CF, as seen in the qualitative data, is also uncertain.

Triangulation of Data. The triangulation of the quantitative and qualitative data around CF leads to a similar conclusion as the data around self-efficacy did. While quantitative data suggests the PD led to a reduced incidence of symptoms, the qualitative data implies this reduction was not ubiquitous. Furthermore, a more immediate impact was felt in the first few weeks after the PD, and this impact waned as participants got farther in time from the PD and the follow-up session. Thus, while the influence of the PD on symptoms of CF seems to be a negative one, in that symptoms decreased, this finding is also not definitive.

Questions Still Unanswered

While data suggest there exists a negative influence of the PD and symptoms of CF, there remain questions unanswered. For example, why exactly did participants, on average, experience higher levels of negative emotional symptoms at the end of the study period? In other words, were there internal or external forces not measured that resulted in survey participants feeling worse at the end of the study period than at the beginning? Furthermore, the findings raise the question whether there exists underlying factors that influenced the impact of the PD for some participants and not others. Additionally, data does not fully explain why some of the minimum and maximum means remained the same. While qualitative data adds insight into the emotional and physical symptoms experienced, it does not entirely answer this question. The qualitative

survey responses are so varied in their topic, they do not always directly address the emotional state of participants. Finally, given that quantitative results are not statistically significant, it cannot be definitively known if the results found are due to chance or because the PD had the hoped-for influence.

<div align="center">**Interaction between the Research and the Context**</div>

The Impact of the Context on the Results

Sample Size

The small sample size of this study meant it was unlikely any of the quantitative findings would be statistically significant. For a study to produce results that cannot be attributed to chance, the minimum sample size is generally understood to be 100 participants (Bullen, 2022). Only 18 people participated in this study. This number is far below the number required to produce statistically significant results. What is more, the size of the faculty at the school limited my ability to get 100 participants as there are only sixty educators employed in the building.

Timing

Several issues with the timing of the study impacted not only participation in the study but also the general emotional state of teachers in the school. Regarding participation, the post-intervention survey collection time coincided with the end of the first semester for educators in the building. This timing issue may have resulted in a few original participants not completing the second survey due to grading obligations. Emotionally, January was a difficult month in the building. The month began with over fourteen teachers being out of the building due to COVID-related issues. In addition to the teachers dealing with COVID, many students in grades seven and eight were out with COVID. The Omicron wave was less impactful on the sixth grade because COVID had impacted the grade in the weeks immediately after Thanksgiving. This

increase in COVID cases added to the general stress that educators felt and may have clouded their responses. It is possible this increase in cases is why the negative emotional symptoms scale increased rather than decreased.

COVID

The ongoing COVID-19 pandemic and the impact of the pandemic on education is another potential issue that may have influenced results. The level of needs among students in the building is at an all-time high. Some of these needs are related to the changes in schooling over the last two years. Students are coming to school less equipped social-emotionally. For example, during the 2020-2021 school year, student movement was severely limited; there was little to no unstructured time due to the need to prevent the spread of COVID. This school year, there is more freedom and more unstructured time, yet, developmentally, students are younger than their ages in terms of how to act. As a middle school, we lack the structure to support these students. This fact has led to a record number of office referrals and increased teacher stress. This increase in stress might have resulted in participants feeling more anxious and stressed and unable to compartmentalize these feelings. In other words, it is possible the increase in levels of emotional distress was not strictly the result of CF.

Participant Interest

One area in which the context aided this study was participant interest. I am one of the veteran teachers, having started in the school in 2005. I am well-liked and admired by my peers. They have been incredibly supportive of my doctoral journey and were eager to help with my research in any way they could, including taking time out of their lives to fill out the survey and be interviewed. This reception to my study served to help get the level of participation that I did. I estimate, as the exact number of educators can vary throughout the year, my survey response

rate was 30%, typical for a survey. In fact, my pre-PD survey had a response rate of almost 40%. This ability to get such a high participation rate from my colleagues adds to the depth of the qualitative data, aiding in the nuanced and deeper understanding of the data I was able to glean.

The Impact of the Research on the Context

District

The district has been supportive of this study. In addition, to granting permission to conduct the study, the district allowed time at a faculty meeting for me to introduce the study to educators in the building. Additionally, within the building, the follow-up session is partially the result of the fact the study was happening. The follow-up session took place in lieu of the December faculty meeting. While there exists the desire to have follow-up sessions to the November full-day in-service within the district, it is not guaranteed. As part of my study, I pushed for there to be at least one follow-up session.

Results of the study were shared with the district through an executive summary of the research (see Appendix G). The summary included a description of the problem of practice, the findings of the study, recommendations for further study, as well as additional PD opportunities. After the summary was shared, I met with the assistant superintendent to discuss the results. The assistant superintendent was not surprised at the waning of excitement about the PD I found as the study period progressed. Additionally, as one of my recommendations to the district, I suggested the creation of a flow chart to help teachers determine when student needs should be referred to mental health staff. The assistant superintendent was receptive to this idea.

School

The impact of the study on the school has been to increase awareness of teacher well-being. Several participants in the post-intervention survey spoke about prioritizing their well-being when supporting students. Educators in the building are being more intentional about taking care of themselves in ways not present prior to the study. In some ways, the study has fostered a sense of agency among educators. By this, I mean educators are using their agency to advocate for their own and their colleagues' well-being.

Additionally, the work in SEL has given a new understanding of the behavioral challenges we are facing as a school. Educators are better able to take a step back when a student is exhibiting unexpected behaviors to look for the root cause rather than react negatively. This new understanding had prompted teachers to reach out to the mental health staff before referring students to the office.

Finally, the knowledge gleaned from the full-day PD and the follow-up session has led educators in my building to be more forgiving of themselves. Teachers are prioritizing their well-being with the understanding they must take care of themselves first to be able to support students. In the past, educators may have felt guilty about prioritizing themselves. Work on student social-emotional well-being has empowered educators to take care of themselves.

Summary

Overall, while results suggest a relationship exists between the PD in SEL and the levels of CF in participating educators, these results are not conclusive: quantitative results were not statistically significant, and qualitative results were mixed. Exactly what accounts for these mixed results is not known. Some possible explanations include the sample size, timing of the study, the impact of COVID-19 and the Omicron wave, and participant interest. However,

despite these limitations, the suggested relationship is that PD in SEL can improve symptoms of

CF. So, even though the data does not allow me to conclude PD in SEL will definitively reduce

CF in middle school educators, there does exist sufficient evidence to merit continued study of

the phenomenon.

CHAPTER V

DISCUSSION

Summary of Findings from Chapter Four

In this ROS, I examined the influence of professional development in social-emotional learning on symptoms of compassion fatigue in middle school educators. Utilizing a mixed methods approach, I analyzed quantitative data collected through an online survey and qualitative data collected through open-ended questions in the survey and interviews with three focal participants to determine not only the influence of the PD on symptoms of CF but also the relationship between the PD and feelings of self-efficacy and the relationship between feelings of self-efficacy and symptoms of CF.

Results of the quantitative analysis suggest a relationship exists between the PD and both self-efficacy and symptoms of CF. The means of five of the six scales and sub-scales moved in the expected direction: means for the self-efficacy, positive physical and emotional scales go up while those for compassion fatigue and negative physical symptoms go down. One sub-scale, negative emotions, moved in the opposite direction than expected, with that mean rising during the study period. While these findings are not considered statistically significant due to the small sample size, they suggest the PD increased self-efficacy while reducing compassion fatigue.

A deeper, more refined answer to the research question appears through qualitative analysis. While there is a change in how survey respondents and focal participants write and speak about their sense of self-efficacy and experiences supporting students, their responses are not uniform. In the post-study period survey, some survey participants continued to express a lack of confidence and comfort in supporting student social-emotional health, while others felt more confident. Furthermore, for two out of three of the focal participants, Teachers B and C, the

enthusiasm for the work was tempered at seven weeks post-PD compared to their feelings three-week post-PD. Only Teacher A continued to express a significant amount of optimism regarding the work. So, while quantitative data suggests the PD increased self-efficacy while reducing compassion fatigue, qualitative data implies the exact nature of this relationship is multifaceted and, therefore, more difficult to ascertain definitively.

Discussion of Results in Relation to Extant Literature

The purpose of this study was to fill a gap in the extant literature. An analysis of the current literature revealed literature exploring the factors that go into teacher well-being. Case in point, Acton and Glasgow (2015) wrote teacher well-being could be defined as a sense of "personal fulfillment, satisfaction, purposefulness, and happiness" (p. 102). In 2018, Skaalvik and Skaalvik examined the role job demands and resources had in influencing teacher well-being. Additionally, numerous studies exist examining how to improve teacher well-being using mindfulness programs, such as the work of Sharp Donahoo et al. (2018) and Turner and Theilking (2019). In another study related to improving teacher well-being, Reynolds et al. (2020) explored the impact of wellness workshops on teacher burnout. Missing from these earlier studies is an examination of how we might mitigate the factors that lead to poor well-being in the first place. In this ROS, I have attempted to fill this gap in extant work studying teacher well-being by including compassion fatigue as a worthy area of study related to teacher well-being and that compassion fatigue in teachers is related to supporting student social-emotional health and well-being.

In addition to filling this gap in extant literature, the findings of this study also add to current literature. Studies exist examining both the impact of self-efficacy on teacher well-being and the impact of PD on teacher well-being. In 2016, Caprara et al. found teachers with higher

levels of self-efficacy reported they were more satisfied with their jobs. Cassidy et al. (2019) found that PD acted as a protective factor for mitigating teacher stress. While the findings of this ROS are not statistically significant, the differences in means of the main scales and three of the sub-scales support the notion teacher well-being can be improved if self-efficacy is improved. This study adds to literature about factors influencing teacher well-being by broadening the discussion to include the work of supporting social-emotional learning and well-being of students.

In this ROS, I also add to the literature concerning the increasing need for student social-emotional support. Studies show the number of adolescents suffering from and requiring support for social-emotional and mental health needs has grown over the last ten years. For example, in 2010, Merikangas et al. observed slightly more than one in four or five teenagers had encountered mental disorders severe enough to result in impairment. Minahan (2019b) suggested nearly one-third of all adolescents have dealt with anxiety. Additionally, the number of children enduring trauma numbers close to one billion (CDC, 2018). Participant responses in this study support these facts. Several participants commented in their survey responses about the growing need of their students. Teacher B stated they saw more need in students when they shared their observation students were less socially-emotionally developed than in the past. These observations support the notion the need for SEL is increasing in schools.

The findings of this study could also be seen to support the assertion work in SEL can improve student well-being. Taylor et al. (2017), in their meta-analysis of studies examining the influence of SEL on student social-emotional well-being, found study participants did better in terms of emotional distress after SEL programs were implemented in these schools. In this study,

participants remarked on the impact of utilizing strategies gleaned from the full-day in-service and follow-up PD sessions. In this way, results of this study have added to extant literature.

This study not only adds to literature on teacher well-being but also adds to current literature on compassion fatigue as it relates to educators. Hydon et al. (2015) wrote educators have a "heightened sense of emphatic awareness" (p.234). This ability to empathize with students means that educators are more susceptible to secondary traumatic stress or compassion fatigue (Hydon et al., 2015). Furthermore, Bozgeyikli (2018) asserted the importance of having one's psychological needs met. In this study, I explored the connection between CF and social-emotional well-being in students. As such, it augments current literature by offering a different lens through which to understand CF in educators.

 Lastly, while this study centers the experiences of educators, it could serve to augment other studies exploring the incidence of CF in other caring professions, such as mental health workers. Earlier studies of these groups of caring professional shows for those in these professions, the risk of developing secondary traumatic stress or compassion fatigue is greater (Motta, 2012; Tehrani, 2007). This study suggests CF can be improved through PD, resulting in improved self-efficacy in SEL. The questions are: Is this also true for other caring professions? Can STS or CF be improved through greater self-efficacy? Is CF preventable?

Discussion of Personal Lessons Learned

When I began my doctoral journey, I thought I would research making complex text accessible to students at a wide variety of reading levels. This was in 2019. At the time, I had several students in my classroom who could suffer from debilitating anxiety related to schoolwork. Around the same time, I began to look at educator experiences supporting students with anxiety. I saw and felt how painful it was to watch students suffer emotionally and not

know what to do. Thus, my focus shifted to teacher well-being. Then, COVID-19 hit, and with it, this need to support teacher well-being became urgent. Through all of this, I kept in mind a lesson I had learned from Jessica Minahan in 2015 when she spoke to educators at my school in the wake of a student death by suicide: people suffering from anxiety are less able to think and act clearly. So, the first lesson that I took from my work on this ROS is not new but rather a reinforcement of something I already knew but now believe to be ever more critical. Because what Jessica Minahan taught me about students is true for all people, teachers cannot support student well-being if they, the teachers, are not well.

The second lesson I have learned through the process of working in this ROS is tied to the first. This lesson is related to adopting a trauma-informed lens when looking at student behavior. As part of my internship, I learned not only about SEL but also Trauma-Informed Teaching Practice (TITP). This new-to-me-lens allowed me to see the disruptive behavior of a student in a new light. I saw their avoidance and impulsiveness in the vein of a trauma response, so when I witnessed them exhibiting unexpected behaviors, I called for the guidance counselor instead of calling for the assistant principal. This new light has made me a better teacher for not only that student but for all my students.

I do not just apply a trauma-informed lens to my students. I apply it to myself and my colleagues as well. When I saw I was overly anxious about a lesson plan, I realized it was a reaction to an irate parent's reaction to a lesson in the fall of 2020. Knowing this fact helps me to push back at these feelings to not let my trauma-response impact the quality of instruction I am giving my current students. Additionally, I have shared this knowledge with teachers on my team, helping them be more forgiving of themselves and advocate for their well-being. Finally, I also use this new lens to understand and be more empathetic to administration when they take

steps to avoid parent pushback. I can only imagine how many irate parents have been badgering building and district administration over the past two years. Looking at the reactions or lack of action on the part of the district from a trauma-informed lens helps me to be more forgiving of administration when their actions negatively impact my work as a teacher.

Of course, my knowledge of SEL has grown as well due to my work on this ROS. Prior to this work, I had a basic understanding of SEL and the CASEL competencies. I had read about it and had used it in the past. This ROS has required that I learn more. This learning occurred as part of my internship and the district's work this year. From this, I feel I have a solid understanding of how to teach students these skills and competencies. Additionally, as we struggled with students' behavior, especially during unstructured times earlier this year, this knowledge helped me see what my students needed to be more successful. I have actively used this knowledge in my classroom when I ask students to reflect on what they need to be doing to have a successful class. I use this knowledge when I start with the guidance counselor instead of referring a student to the office for a behavioral issue. This issue of unexpected behaviors is part of my student learning goal for my evaluation. Additionally, my work in SEL has allowed me to connect with all my students using a Mood Meter at the beginning of almost every class. Students log their emotions, and I can then able to go into the documents containing their logs and ask questions or make comments on their emotions from any given day. Like my work with TITP, my work with SEL makes me a better educator, but it also reduces my stress: it improves my compassion fatigue. So, the lesson here is not just about student well-being but that increasing my self-efficacy in SEL improved my well-being as a teacher.

Next, I learned from this work I am a capable writer. I have not always had confidence in my writing abilities. This insecurity results from years of struggle in my English classes

culminating in my junior year in high school when my English teacher referred to my ideas as commonplace, trite, banal, and vulgar. When I started this process, I would avoid writing except when conditions were "ideal." It would not be inaccurate to say I was suffering from some imposter syndrome. However, as I moved through the process, I realized the analytical writing required in an ROS is precisely the type of writing at which I can excel.

My analytic nature leads to the final lesson I take from my work on this ROS. This lesson relates to my choice of a mixed methods approach to the study. I have always been highly analytical. I am also very reflexive in my thinking. Mixed Methods, the combination of quantitative and qualitative methodologies, is a perfect analogy for who I am. Through my work with this methodology, I have learned how to explain this seemingly dichotomous aspect of my personality. Like the need to explore human emotions through words and not just numbers, I understand and function in the world through the seeming concreteness of quantitative data and the words of qualitative data.

Implications for Practice

From this study, there arise several implications for practice. The first set of implications applies to the context. The second set applies to further research.

In Context

The first implication for practice in the context is related to the increased awareness of student social-emotional needs. This implication does not imply teachers in the building were unaware of student social-emotional needs prior to the study. Instead, the PD that was part of this study has increased educator understanding of how these needs play out in their classrooms. For example, Teacher B's observation of the developmental gap in their students related to social-

emotional learning offers a prime example of how this new knowledge impacts practices within the building.

The second implication for practice in the context is related to the increased awareness of the connection between student social-emotional needs and student behavioral concerns. Both survey and interview respondents noted times when they approached unexpected behavior from a social-emotional lens. This lens allowed them to see beyond the behavior in the moment to see the behavior as communication of an unmet emotional need. For example, participant thirteen shared their experience supporting a student who had recently "adopted some concerning behavior." In lieu of seeking disciplinary action, the participant took the opportunity to talk about responsible decision-making with that student.

The final implication of this study on the context is an increased awareness of teacher well-being. I am not suggesting the district and the school did not care about teacher well-being prior to this study. I would argue the study required the district to consider ways to improve educator well-being beyond the support of the Restore Resilience program. The study also allowed participants to feel more comfortable advocating for their emotional health. This agency has manifested itself in teachers taking time off to take care of themselves and to look elsewhere for employment if the school and district are not meeting their needs.

In Field of Study

In the field of study associated with teacher well-being, the primary implication for practice is related to improving teacher well-being. This ROS and its results assert the importance of finding ways to support teacher well-being outside of access to wellness programs. While wellness programs have been shown to be beneficial to teacher well-being, they alone will

not solve this problem of practice. Work needs to be done to mitigate the stressors in educators rather than simply looking to ameliorate this issue after it has occurred.

A second implication is related to methodology. Given that teacher well-being deals with emotional experiences, the methodology chosen must fit all parts of whatever exact phenomenon is being studied. This requirement means that quantitative data alone will not suffice; qualitative data is needed to corroborate, support, and deepen our understanding of teacher well-being. Additionally, if the study is looking to see how something changes, a quantitative approach can add scientific rigor to the work. For this reason, this study supports the notion researchers working on teacher well-being should consider a mixed methods approach to understand and address their questions fully.

Recommendations

Recommendations stemming from this ROS fall into two categories: at the setting and further research.

At The Setting

Three recommendations for the setting arise from this work. The first recommendation is related to work in SEL. As results show, educators in the building are interested in continuing to work on SEL. Educators in both the survey and interviews expressed an interest in more PD on the topic. To act on this recommendation, the district will need to continue prioritizing SEL work at the secondary level the way it has been prioritized at the elementary level. This requires making time in the PD calendar to continue this work. Loucks-Horsley et al. (2010) tell us for PD to be effective, teachers need time for "in-depth investigation, reflection, and continuous learning" (p. 112).

This need for PD to be continuous leads to the second recommendation. There exists a need for more consistent follow-up to the full-day in-service for the PD on SEL to be effective. Studies have shown continuous and iterative PD are necessary to be effective (Brandisauskiene et al., 2021; Saleem et al., 2021). Again, participants in their survey and interview responses expressed a desire for continued learning about SEL. The middle school should adopt a similar approach like to of the elementary schools in the district by setting aside consistent and regular PD opportunities for teachers to learn more about SEL. One possible way to approach this without costing the district additional monies is by using the model of the one follow-up session where current teachers shared their SEL practices with the rest of the faculty.

The final recommendation for the setting arising from this study taps into the continued need to prioritize teacher well-being. As results suggest, the influence of the PD on both self-efficacy and compassion fatigue is mixed. While the general trend was for self-efficacy to be improved and CF reduced, this was not the experience of all participants. Furthermore, in a few cases, participants felt worse after the study period than they did before. For these reasons, the district must continue to prioritize teacher well-being. Part of this need relates to the well-being of students. After all, teacher well-being is student well-being. It is more than just that, though. For the teachers themselves, work must continue to support their social-emotional and mental health. This work must go beyond access to support systems. It must also include work to mitigate the stressors on educators.

Further Research

The second area of recommendation is related to a suggestion for further research. This study represents a start, a beginning of work looking at the influence of PD on CF. Limitations to sample size and setting mean the findings cannot be generalized outside the setting. However,

the findings suggest PD on SEL can improve self-efficacy while reducing symptoms of CF. For this reason, it is recommended this study serve as a pilot for a more extensive study examining the same phenomenon. This larger study should not only include a larger sample size but also take place over a longer period of time. Meaningful change takes time (Loucks-Horsley, 2010). As such, a larger and longer study could produce more definitive results.

Closing Thoughts

This study has provided a starting point for work ameliorating CF in teachers. By examining the influence of PD in SEL on symptoms of CF in educators, through this study, I have suggested a new lens from which to explore avenues to improve teacher well-being and emotional health: mitigating stressors. Additionally, in this ROS, I have illuminated the challenges associated with researching this phenomenon and suggested an approach, mixed methods, to mollify these issues. Finally, through this study, I have provided a template to use in examining this phenomenon.

It has been a tumultuous two years for humanity. Between the COVID-19 pandemic, increased racial tensions, a deep political divide in our country, an election whose outcome led to an attack on the US Capitol, economic struggles associated with COVID restrictions, and now a war in Eastern Europe exacerbating the economic stress, everyone's well-being has suffered. A focal point of this stress has been schools. It began with the closing of school buildings in the spring of 2020 and continues in the fight over curriculum in communities all over the country, including the study setting.

In addition to the impact on adults, the current state of the world is impacting students. Students are arriving at school less equipped to navigate their emotional needs and states than prior to the last two years. This developmental gap is resulting in an increased need for SEL

instruction in schools, and this need is falling on the back of teachers. As we ask more of teachers, we increase their burden and, therefore, increase their stress levels and CF. These factors are further eroding teacher well-being.

Kofi Annan, former Secretary-General of the United Nations, once said, "Education is a human right with immense power to transform. On its foundation rest the cornerstones of freedom, democracy, and sustainable human development" (Annan in GPE Secretariat, 2018). In January 2022, the National Education Association surveyed approximately 3,600 of its members and found nearly fifty-five percent of respondents indicated they were likely to leave or retire early from the profession due to the COVID-19 pandemic (Will, 2022a). Furthermore, according to the most recent Merrimack College Teacher Survey conducted by Education Week, as many as forty-four percent of respondents indicated they are likely to quit teaching in the next two years (Will, 2022b). Among the factors cited by respondents was the increased burden of supporting student social-emotional health (Will, 2022b). The education Secretary-General Annan speaks of cannot happen in the absence of educators. For this reason, examining teacher well-being and how to mollify stressors is imperative. Without it, we risk losing too much.

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APPENDIX A

SURVEY MEASURE

Quantitative

Items: Self-Efficacy

1. I am confident in my ability to support student social-emotional health and related skills and competencies.
2. I feel prepared to support, instruct, and develop student social-emotional health and related skills and competencies.
3. I feel I have adequate training in supporting, instructing, helping students develop their social-emotional health and related skills and competencies.

Items: Symptoms of Compassion Fatigue

Emotional Symptoms

1. I am a sensitive person.
2. I am preoccupied by thoughts pertaining to student social-emotional health and the associated skills and competencies.
3. I have happy thoughts and feelings because of my work as a teacher related to student social-emotional health and the associated skills and competencies. (Reverse Coded)
4. I experience anxiety related to working with students on their social-emotional health and associated skills and competencies.
5. I have felt hopeful after working with students on their social-emotional health and associated skills and competencies (Reverse Coded)
6. After supporting a student struggling with their social-emotional health and associated skills and competencies, I leave work feeling effective at my job. (Reverse coded)

Physical Symptoms

1. I feel invigorated after helping a student with their social-emotional health and the associated skills and competencies (Reverse Coded)
2. I find myself avoiding thinking about interactions with students when students were struggling with their social-emotional health and the associated skills and competencies.
3. I have difficulty falling or staying asleep because of experiences supporting student social-emotional health and the associated skills and competencies
4. I find myself seeking interactions with students about their social-emotional health and the associated skills and competencies. (Reverse Coded)
5. I have felt rundown because of my work as a teacher with students about their social-emotional health and the associated skills and competencies.

Likert-Scale

0	1	2	3	4	5	6
Never	Rarely	A few times	Somewhat often	Often	Very Often	Always

Qualitative

1. Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional health and the associated skills and competencies
2. Tell me about an experience and describe how you felt when you supported a student with their social-emotional health and the associated skills and competencies.

APPENDIX B

SEMI-STRUCTURED INTERVIEW QUESTIONS

FOR FOCAL PARTICIPANTS

3 Weeks Post-PD

1. Overall Impression of PD Session

   a. Tell me about your experiences during the PD session.

2. Implementation of PD

   a. Tell me about a time you used something you learned or gleaned from the PD. Reflect on those experiences

      i. When thinking about these times, what worked? What surprised you? What was challenging for you?

      ii. [If a certain strategy is mentioned) Are you planning on continuing to use this strategy with your classes? Why? Why not?

3. Personal Impact (CF)

   a. How do you feel when you are supporting student social-emotional health and related competencies now as compared to before the PD session? Have you noticed any changes in how you feel?
      i. Any changes in your confidence?
      ii. Any changes in how you react to situations?

7 Weeks Post-PD

1. Now that you have had more time to implement and practice using the strategies outlined in the PD, what are your perceptions and feelings about supporting student social-emotional health and related competencies?
   a. What has changed overtime?
      i. Any changes in your confidence?
      ii. Any changes in how you react to situations?

QUANTITATIVE DATA

Table 10

Participant Scale Means

Participant #	Self-Efficacy (Pre)	Self-Efficacy (Post)	Compassion Fatigue (Pre)	Compassion Fatigue (Post)
1	3.33	3	3.36	3.09
2	3.67	5	2.91	2.55
3	3.67	3.67	3	2
4	3.33	3	2.36	1.73
5	3.33	5	1.91	1.36
6	2.67	2.67	2.82	3.09
7	3	3.33	3.82	2.18
8	2.33	3.33	3.45	3.18
9	3	1.33	3.73	4.18
10	5	5	2.45	2.82
11	1.33	2	3.82	4.18
12	6	6	1.55	1.73
13	2	1.67	3	2.55
14	4.67		1.82	
15	2.67		3	
16	3	2.33	3.55	3.36
17	4.67	5	3.27	3.45
18	4	3.67	3.91	3.45
19	2.67	3.67	2.73	3
20	3.67		2.82	
21	6	6	1.36	1
22	2.67		3	
23	2		2.82	
24	3		3.36	
25		3		2.64

Table 10 continued

Participant #	Positive Physical Symptoms (Pre)	Positive Physical Symptoms (Post)	Negative Physical Symptoms (Pre)	Negative Physical Symptoms (Post)
1	2.5	3.5	3.33	3.33
2	2.5	5	2.33	1.67
3	1.5	2.5	1.67	1.33
4	4	4	2.67	1.33
5	3	3.5	0.33	0
6	3.5	2.5	2.67	2.33
7	3.5	5.5	5.33	2.67
8	3.5	3.5	3.33	3
9	3	2.5	4	4.67
10	5	4	3	3
11	0.5	1	3	4
12	5	5	1.33	1.33
13	1.5	2	1.33	0.67
14	4.5		1	
15	3.5		3.33	
16	5	3.5	5.67	4
17	5	5	4.67	6
18	3	3.5	4.33	4.33
19	2	2.5	1.33	2
20	2		1.67	
21	5.5	6	2.33	1
22	3		2.67	
23	5		4	
24	2.5		2.67	
25		3		1.67

Table 10 continued

Participant #	Positive Emotional Symptoms (Pre)	Positive Emotional Symptoms (Post)	Negative Emotional Symptoms (Pre)	Negative Emotional Symptoms (Post)
1	3.33	4	3.5	4
2	3	3.67	2.5	4
3	1.67	4.67	1.5	2
4	4.33	4.67	2.5	2
5	4	4.67	2	1.5
6	3.33	2	2.5	2
7	4.67	4	5.5	2.5
8	3	3	4	3
9	2.67	2.33	4	5
10	3.33	3.33	2.5	3
11	2	1.67	2.5	3.5
12	4.33	4.67	1	3
13	2	2.33	2	2
14	4		1.5	
15	3.33		3	
16	4.33	4.33	5	5
17	3.33	5.33	5	5.5
18	3	3	5	4
19	3	3	2	3
20	2.67		2	
21	5.67	5.67	0.5	0.5
22	2.67		3	
23	3.67		4	
24	2		3	
25		3.33		3

QUALITATIVE DATA : SURVEY RESPONSES

Table 11

Pre-PD Survey Responses

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
1	I feel moderately confident in dealing with specific SEL skills and building them into my lessons and activities. I feel less confident in dealing with students who really seem like they are in crisis lately or are showing larger deficits than their peers.	We've had some great discussions about respect and self management in our advisories. When I've had individual conversations with students about these skills (particularly students who struggle with them) and about what strategies they can use to help themselves make good choices, it is awesome to see them put these practices into action (and to see how proud they are when they do). It's great to feel like you've made a connection with a student and that you are in it together (I like it when they see us as partners vs us telling them what to do).
2	I feel fairly confident. I'm pretty good at observing and reading teens, and I think that helps, partly due to my experience as a parent.	Helping a kid figure out why he was so angry and acting out, deescalating the situation
3	I feel the pace and stress of academic performance interferes with positive SEL opportunities	Student who expressed negative self confidence around academic and helping to identify strengths. I felt proud of his ability to shift some thinking
4	I work as the advisory coordinator so I should be more prepared than most to support SEL skills. Still, I have not received any formal training in CASEL. Overall, I feel that I have done an adequate job, but still have room to grow.	decline to answer

Table 11 Continued

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
5	I feel the support or PD we get for this topic is sporadic. For this reason, I am only somewhat comfortable.	I generally connect better with female students bc I don't want any mixed messages sent to a young male student (I am females). Usually the issues I deal with have to do with self esteem and confidence and in those cases when I can make a difference I love my job best.
6	I want to help students who are stuggling in this realm, but sometimes have no clue where to start. It's challenging to find time to dedicate to this when we have standards to cover and pressure from administration to implement a variety of new things/improve test scores. I also find it challenging when I myself have SEL needs because of the trauma we have been through over the past 2 years. Our field of work has changed tremendously and there are days I struggle to support myself. I'd love to address teacher needs before thinking about how I can support students.	Decline to answer
7	The normal day to day connections pertaining to student SEL I feel confident and have strong bonds and relationships with kids. This is better now after forming relationships (so November is far easier than Sept). Students already in our emotional SPED groups, I find SEL a lot more challenging in context to connect to and work with students. There needs are often too challenging so I just try to keep structured and safe environment.	I usually feel comfortable with these type of conversations. However, there has been several times I've had to request the follow-up go to guidance or sped and that's when I feel out of the loop and anxious because there's no solution or positive reinforcement to the underlying stressor or need. Also, the time we have to actually connect with students in non-academic situations is limited so building rapport and having opportunities to address needs can be challenging - I wish we had moving advisory for these foundations to be made

Table 11 Continued

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
8	I feel confident in the topics, understanding them associated with SEL, however I am often experiencing feelings of being overwhelmed, high levels of stress and anxiety in finding the TIME along with the curriculum demands, pace of the day, logistical restrictions/limitations of the day to effectively work with students on SEL needs in order to help them feel successful and empowered as individuals and learners. I also struggle with not feeling genuinely supported as an educator to truly support our students both with curriculum and SEL needs. There is a lot of talk about being supportive, but the lack of actions and concrete support has had a tremendous negative effect on my mental health and how much I am drained by the end of each day because I refuse to let it carry over into my work with students. The relentless demands on teachers with decreasing support and increasing needs of students leaves me feeling often defeated and underwater.	So much of my work involves 1:1 or small group work with students where we really focus on reflecting on work, strategies, etc... to help them realize how to navigate difficult work and empower them to take risks. Through this work, I often pause and ask how the student is feeling about their work we just worked on. I often get "good", but then I respond with something like, "I am really proud of you how you _____. That is the sign of a great reader/writer like yourself. I hope you take a minute to think about the work you just did and start to feel proud of yourself as well! If not, I"ll hold that pride for you and we can continue to work on it!" The more students get used to hearing that from me, the more they open up about something they are proud of or feel good about; thus leading to the discussion of something that may be tricky for them (a perfect segway into how I can continue to support them and their ability to identify for themselves how they can help themselves - my ultimate goal). When this process takes place, I feel like I have won in terms of my goal as an educator. Especially in middle school, I don't always look for big wins (although they are nice) but rather as educators we lay the groundwork for increased independence, self awareness, self, regulation, etc... those "small" victories are MAJOR wins! If I can have a time in the day where that happens at least once, I personally am working on finding time to pause and bring that moment to the forefront of my mind to help me gain perspective on the progress made that day/week/month...in an effort to keep the good work going, but to also help my mental health as an educator.

Table 11 Continued

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
9	I feel like we are trained in PD strategies, but they then fall by the wayside to another PD, which eclipses the previous one.	I try to do this during Advisory, and have felt helpful, but often feel afraid I don't have enough time to follow up....with parents, counselors, or whomever.
10	I feel generally confident and comfortable in my work supporting student social-emotional well-being and associated skills that come with it. My work is specifically trained in this area. However, in recent years, that work has become much more complex and challenging and I now work a lot with student(s) who are significantly challenged in those core competency skills. The work still is rewarding and I am confident I am doing as good a job as I can do, but I often leave work physically and emotionally drained as a result.	At the core of my work, I love helping students improve in their overall relationship and communication skills. When I see students able to take the work I do with them and apply it to their social lives, conversations with their teachers and other parts of their lives outside of school, it is very rewarding.
11	I am often feeling anxious about starting the work day with SEL in daily Advisory groups, this year. I feel a below average comfort level with this work due to my own feelings of overwhelm in my own pandemic/post-pandemic life.	A student has been having difficulty with diagnosed separation anxiety (and has self-reported anxiety about her parents dying, contracting Covid, etc.) and frequently breaks down in tears during class. I have worked with the guidance counselor to help triage this situation and have also joined her for part of counseling sessions. I do not feel comfortable or trained in this very sensitve counseling matter and will continue to let the guidance counselor take the lead. I have anxiety wondering if teachers will now be expected to handle these types of situations on their own/once we have all been "SEL trained"?
12	I have a very high level of confidence.	I feel positive, competent and self-actualized.

Table 11 Continued

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
13	I don't feel particularly confident - especially this year! Generally, I only interact meaningfully with my advisory students, as I'm not a classroom teacher.	I recently spoke with a student about what seemed to be his transition from participating in class to become very reserved. I felt as though the student absorbed what I was saying and felt invited and valued, though he was relatively quiet during our chat.
14	I appreciate our school focusing on this area of education. I think it's very important and helps students and teachers feel more connected, respected, and prepared for our academic activities and assignments. I am confident in my ability to support students's social-emotional well-being and I've heard from guidance counselors, ABA specialists, and administrators that they think I am skilled in this area.	I supported a group of students in advisory. We recently had activities and discussions related to empathy. I guided our advisory as we talked about the meaning of empathy. We shared examples in school and our culture when people show empathy towards others or elicit empathy from others. Some empathy-related connections I made included: * The debate over the Franklin Delano Roosevelt statue in which he is in a wheelchair being added to his memorial in Washington, D.C. And the media's coverage of FDR and his disability (they wouldn't film him below the waist).

Table 11 Continued

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
14		* I mentioned that self-deprecating comedians are effective because they elicit empathy from others when they tell jokes. In addition, I said that protagonists in movies, books, etc who are sympathetic characters elicit empathy from others. I told my advisory that young people (and adults) often try to hide their flaws or shortcomings, but these are the things that make audiences root for characters in films and stories. * Another example I shared with them is the China's Got Talent winner from 2010 . He ost his arms as a kid and he played the piano with his toes while singing the song "You're Beautiful." This individual was able to turn a negative into a positive and show that overcoming adversity can often make us stronger. He elicited empathy from our advisory.
15	I have felt good at times and not so good at other times. If I felt I was beneficial in helping my student, then I did feel cofident and good. However, if I did not feel that what I did really helped the student, then I walked away upset and not confident.	Decline to answer.

Table 11 Continued

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
16	I struggle with "where to begin" and finding the appropriate time to do so. Often the biggest help I can give is providing time to listen, but again, finding appropriate times to do so are difficult. I also struggle with what to do next.	Just yesterday a student was taking a quiz. They had their head down on the desk making me think they were tired or unprepared (or probably both). Instead of approaching with anger, I decided to approach with curiosity, asking whether they were all right, and inquiring about what specifically they were stuck on. This helped spur the student in to action, completing the question. It felt good that instead of starting a battle that may have gotten us further away from the desired result, I was able to help us both get where we wanted.
17	I feel that the emotional needs of students are increasingly more complicated. I always try my best to handle each student the best I can. However, there are just so many more needs and responsibilities being added to teachers' plates. It is often times overwhelming.	Earlier this year, a student really was having a tough time on a quiz. There were tears. So we talked it out. I had him come back at WIN, we talked about it some more and and had him try it again. He ended up doing great. Overall, I feel like his work has improved and he his more confident. I feel like this experience has really paid off and he has not had another experience like this again.

Table 11 Continued

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
18	I feel like my ability to support student social-emotional well-being has definitely declined since the pandemic, although it may just be my confidence and resilience that has declined, or that the needs of the students have increased with the student, or both. I often feel burnt out and resentful that I spend so much time outside of work thinking about work, instead of focusing on my family and their needs. I feel pretty unsupported with my own emotional well-being here at school, which makes it difficult to be a good model for my students. Despite all that I think I am a good model for my students, and I do work really hard to help them with their social and emotional well-being, even though it takes all of my energy and there's very little energy left at the end of the day.	The other day I had a student request to get new seat and a new partner because they were having difficulty being productive with their current table partner. Instead of switching the seat, we discussed strategies for communicating with the peer. In the end I tried to faciliate a conversation with both students, but it did not go well. The student who was requesting the seat change was unwilling or unable to communicate his concerns to his partner, and I had to communicate on his behalf. The problems persist and the student continues to email me asking for a seat change. I do not feel great about this situation, but I will continue to try different strategies to help the students manage this conflict.

Table 11 Continued

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
19	I feel somewhat confident because of my previous work in the elementary school implementing the Zones of Regulation curriculum. Additionally, I took a course of the Trauma of Poverty a few years ago that really helped with my understanding and perspective around mental health overall and with students.	Last year, a student was out for a couple of weeks due to their mental health and I got on a zoom call with them to check in and support them with their social studies work. It was a pleasant interaction and I did not think much of it rather than helping clarify some questions for school and chat about life. A week later, the VP came out to tell me that this student (who was cross-teamed at the time so it needed to be adjusted) wanted to stay in my class because they felt supported by me, which the VP allowed. This was gratifying because something as simple as giving the time to meet with students, connect on a personal level, and check in on them made a difference so I know some small interactions can have a big impact on student's mental health. I continually greet every student every day by name and check in every-so-often with things unrelated to school and while it seems minuscule, I can see it has an impact.
20	I am fairly comfortable in the context of the classroom and content. However, I would also say that SEL is not a great concern or consideration of mine. I have not been trained, per se, and am still am not entirely sure what exactly it means.	I am not sure I can recall such an incident.

Table 11 Continued

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
21	I feel very confident and comfortable in my ability to support student social-emotional wellbeing as well as explicitly teaching skills that students can utilize to empower their own social-emotional health.	I once helped a student integrate into the public classroom setting for their first time in a year after several hospitalizations and stays in specialized facilities. After having a very difficult time entering the school on the first day of school (the student hid under the desk of an administrator for an hour before being released for the day), they were assigned to my classroom. On the second day of school, I supported the student by helping them with self-management and social awareness skills with the sole objective of helping them feel safe enough within the classroom environment in order to stay for a half day. This took a fair amount of effort on my part, but my work didn't even compare to how hard the student worked. They were able to manage the half day without incident and it was the start of a very solid relationship that grew throughout the year. I left that day feeling effective in my profession, empowered, and impressed with the student.
22	I have been given and told tools required for this job, and different deescalating techniques. However, in each moment, due to the demands of being a teacher, it is difficult to put myself in a place to be fully present with the student in need.	When a student was acting out in his Math class and he walked out on the teacher trying to help him. When deescalating in the hall, I provided wait time and a caring approach until he admitted he didn't understand the work and he became frustrated.
23	I know that I support my students on a social-emotional level, but I do not have a fully developed plan, or understanding, on how to do so.	I routinely talk with students that are stressed out due to the amount of responsibilities they have taken on (between schoolwork, outside activities, sports, etc...). Usually I feel great about having helped that student.

Table 11 Continued

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
24	I don't feel have the appropriate training or competence to engage with a student related to their psychological problems. Instead, I refer students exhibiting psychological struggles to guidance counselor or special ed teacher, or other SEL specialist (if that person is available).	I usually do not engage with a student related to their personal psychological problems. Instead, I refer students exhibiting psychological struggles to guidance counselor or special ed teacher, or other SEL specialist (if that person is available).
25		

Table 12

Post-Intervention Survey Responses

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
1	I feel like I am confident to an extent in helping to support students. I'm finding, however, that this year, we have more extreme cases and situations where I do not know how to help. I could use more support in these more extreme cases.	I love been able to help support students. Something small I do is inviting students in for lunch (esp ones that seem 'off' or who are having trouble with connections). These small interactions are low-key, fun, and a great way to connect. I'm always so happy after I've done it.
2	I feel like I have deep pockets when it comes to supporting student's with social-emotional well-being. Part of that is because of the caseload I have had in my years at Thurston, and part of that is having raised three children who have all struggled emotionally (in different ways).	A student who thought that I hated her because my name was on an email (as team leader) to her parent because an academic integrity issue. Student was referred to the adjustment counselor, and I sent an email last night to keep her from perseverating about this. I will be checking in with her in person before class this morning to talk about her ability to assess relationships.

Table 12 Continued

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
3	I feel comfortable with mild concerns raised by students.	I have been supportive when a student was upset with a potential positive Covid test situation.
4	decline to answer	decline to answer
5	My level of confidence pertaining to the work supporting students is getting better everyday. Working with students makes me feel like a better teacher.	One example I have is when I had a student completely shut down during some in-class practice. When I was able to reassure her (one-on-one) that she could do it and went though the procedure again with her, she was able to get the correct answers and was on fire!
6	I am still not super comfortable supporting student's SEL needs. I feel that I still need more training in this area to feel more successful.	I feel like the most recent time I was able to support a student was by putting them on the guidance counselor's radar. The downside to this is that there wasn't much follow through and I don't know how the situation/problem was solved.
7	For general ed students, I feel very confident and comfortable supporting his or her needs pertaining to connecting and building rapport and acknowledging individual needs. I feel more limited and constrained when working with students that have significant anxiety or emotional needs because I feel that, as a content teacher, I have to support needs of so many individuals and don't have the needed time to connect with and build the relationship needed to make connections with our neediest kids.	I had a kid get frustrated when doing some spiral back work. The child showed immediate physical reaction to being overwhelmed and so I offered a walk break (get water, go for a walk) and the kid just sat still staring through me. I wanted to intervene and offer to talk to me in the hallway, work on self-awareness, but I did not have the or space (away from peers) to get this child into a better mind space. I was so frustrated by it - I did email guidance and sped teacher and they were able to give support but I felt like my hands were tied and a really great SEL moment for us to bond was lost by infrastructure.

Table 12 Continued

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
8	I feel confident in supporting students and their well-being, but still feel very restricted and limited by the level of support and protocol in place to fully support students.	The team and I have advocated for a student due to academic and behavioral challenges and despite having data, a record of supports, etc... we are still going through protocols that are delaying investigation in learning more about what the student needs. This process has been very frustrating and stress inducing.
9	I don't feel well trained to talk about SEL with my students. I am able to read off of a slide, but am by no means competent to talk about it at length.	I often feel our reactions to students can help guide them into feeling competent enough to complete things that are overwhelming. I feel good when I can encourage a student. Since I have a content to teach, their emotional health often falls by the wayside.
10	Generally, I feel confident in my abilities and confidence in supporting students with their social emotional well being. However, I often feel tired and physically and emotionally drained by the sheer volume of students with those needs.	Recently, I began to work with a student who is struggling to manage their friendships during the transition to a new school. In working with this student, we were able to process their feelings and identify the need for a direction of support. After beginning this work (which will continue), I felt comforted by the fact that the student was willing to share so much about their experiences. I also felt a number of positive feelings associated with the student sharing that the conversation helped and they were willing to keep talking about how to move forward in a positive way.
11	No chance since last time...I am feeling mildly confident in this work.	I am referring students to guidance counselor more often in order to help place boundaries and to support my own compassion fatigue.

Table 12 Continued

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
12	This is the most important part of my job in the middle school. I'm well-trained, skilled, and experienced.	Active, empathic, listening from a supportive non-judgmental position is key. Recognizing and monitoring my own distress tolerance. Helping them identify their strengths, what they need and existing supports to empower them. Provide developmentally appropriate psycho-education. Avoiding the impulse to fix the problem for them.
13	In the last few months, our students have begun "coming out of their shells" a bit more. Students who were troublingly quiet now speak up much more often which can give the perception that they are doing a bit better with certain social-emotional skills, even if it's not true! As we get to know each other better, I feel more confident working with them/supporting them.	A student who was previously very quiet started to not only get more talkative during class, but also decided to adopt some concerning behavior including lying to teachers and coming late to class. I took the student aside and chatted with him about some of the decisions he'd been making and how - although it was great to hear from him more often - he may need to be more selective about the changes he was making to his school persona. The student seemed reflective and has appeared to adopt some of the advice I gave...we'll see!
14		
15		
16	Not very confident. I feel like I came into this year with no understanding of the level of needs students would face. Between trying not to get sick and preparing / running lessons, I feel overwhelmed and exhausted.	At the start of our genetics unit, we have a brief discussion about the differences between sex / gender according to genetic code and sex / gender as a social construct. I think it helps students know whatever they know and feel about themselves is normal.

Table 12 Continued

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
17	I do feel confident supporting students' well being. I have taken a lot of outside classes about this and we have also had some PD pertaining to this.	A student is going through a rough time at home. I really feel that with hard work, I have made a great connection connection with this student and their family. I strongly feel like this has really gone a long way. The student freely talks to me and we have a very good understanding. He has told me that he feels like I am the only one who is nice to him and understands him.
18	I feel more confident than I used to about supporting SEL. I continue to feel anxious and dissatisfied about it but it's getting better.	I had a student who expressed concern that his sister may test positive for COVID. I was able to do some reflective listening with the student and help them to identify their feelings and use a calming strategy. It seemed to help and I felt good about the interaction afterwards.
19	I feel okay listening to students and trying to help them in the moment / getting them with other adults who can help, but I wish I knew more about how to help with some serious struggles these students face and how best to support them.	
20		

Table 12 Continued

Participant #	Pre-Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional well-being and the associated skills and competencies	Pre-Tell me about a recent experience and describe how you felt when you supported a student with their social-emotional well-being and the associated skills and competencies.
21	I feel very confident and comfortable supporting student social-emotional well being as well as the associated skills and competencies. I understand that I may not always hit the mark perfectly, but have faith that my skillset and intentions will always, if nothing else, convey care and respect to all my students. In addition, I reflect on the success of my interventions and brainstorm with my colleagues on how to improve my practice regularly.	I recently supported a student who said that they were having difficulty focusing on their academics both in school and at home due to challenging family dynamics. I first listened and validated their feelings as normal and highlighted their empathy as a strength. I then spoke to them about how empathy is important, but our first obligation as people is to be empathetic and understanding of ourselves. In this situation, that meant the student listening to their own needs and putting their own needs first as they care about their academics very much. As the student is not able to support their family in school, and worrying about school at home may get in the way of being there for their family, I pointed out that there is a difficult cycle involved in this. I then asked the student to respect their greatness by doing their best to compartmentalize the two spaces with the understanding that it would not be clear cut, but that focusing on our power within the moment and setting we are in is the best way to be there for ourselves and our loved ones.
22		
23		
24		
25	Somedays feel better than others in supporting students.	decline to answer

INTERVIEW TRANSCRIPTS: THREE-WEEKS POST-PD

Teacher A

December 20, 2021
2:53 PM

Overall Impression of PD Session

Interviewer:
Tell me about your experiences during the PD session on the 29th.

Teacher A:
I had the keynote speaker which I was able to get a couple of little strategies from him but not really a lot. It was hard to follow, to know what he wanted us to be doing and his time constraints were a little hard to keep up with which was a little ironic, I felt like because we were talking about how having proper wait times was better for students (social) emotional health. I did pick a couple of little things from him which for some reason, I cannot remember right now…oh… checking for what students remember from the previous day something that I have been doing since then… little simple strategies. I definitely wanted to get more of that from him. I wish the whole thing had been strategies about little things you can do to improve student emotional health. I feel like we talk about pedagogy, why these skills are important, the wheel of self-management, and all of the skills that go into SEL. I would have preferred if stuck to the concrete things. I feel like we are ready to move on to that. I have taken a whole course on SEL online so I have the basics. I am ready for the intermediate course.

In the afternoon, it was like building resiliency in ourselves and our students. There were some helpful things but really it was more of the same problem: not a lot of concrete things.
I honestly cannot tell you any concrete things I got out of that …well… we did have to identify people we go to to get support when we are having a hard day and having a good day. I really should be reaching out to people when I have had a good day. I feel like I am always going to be people in crisis. I have people I go to. I realized it was more important to debrief with a colleague (not just my husband) when I have a good lesson. I got that out of the afternoon session. We also had to make a wordle that had our big sort of aspirations, to get back in touch with the things that brought us into teaching to begin this. Words that describe our mission as a teacher and they were able to print out the wordles and put them in little frames for us. I still have it. I put it on my desk and I look at it on occasion. But really, nothing revolutionary, nothing that really kinda changed my teaching, but I guess PD isn't really supposed to do that; it's more about small incremental changes. And it was nice to have a little downtime to connect with colleagues
For me, I was in a kinda low place that day. So, it was helpful to talk to colleagues about the struggles of year two of pandemic teaching, and just kinda getting some support and some resources from colleagues; learning I am not alone, and learning some people are in worse shape.

I think that it is pretty much it for that day
Implementation of PD

Interviewer: So you talked about using some of the check-ins. Can you describe in a little more detail how you are using things you learned from the full-day PD? (Tell me about a time you used something you learned or gleaned from the PD. Reflect on those experiences)

Teacher A:
We always had a DO NOW, but now have a sort of transition activity before the DO NOW. So, it always starts with a "check-in with your partner to see if they have the things they need for class, we need this, this and this". Next, usually, a question that helps them to build a connection with their lab partner. It's some type of question to check in…a "Would you rather?" type question or a throwback Thursday question…some of the stuff I used on remote Wednesdays to build connections. I started incorporating those. Then it's usually open up this assignment and tell me one thing you remember about it…sort of easing them into class a little bit more. I am actually noticing they are really ready to go when we are ready to go. That can sometimes take ten minutes which I never thought I would be the type of person to do something like this because it is costing me to not be able to cover as much content, but I am glad I am doing it because it is making class better more productive and just more joyful, I think, we will start with... my favorite one: tell your partner your favorite joke and everyone was telling everyone a joke and I just felt like the vibe in class after that was really great. But today, since we have a quiz tomorrow, it was: "Out of these four topics which one do you think you need to focus on the most when you are studying tonight?"

Also, last week on Thursday and Friday, my kids, I am not sure about yours, were really not doing well at all so we did a Mood Meter check-in. I have tried to do that more. And I am actually using, this wasn't from the 29th, this was from your (my) "how does this impact your learning? And what can you do to take care of yourself, to learn today given your mood?" I am doing a lot of modeling with that: "Here is how I am feeling. Here is how it will impact my teaching. Here is what am I going to do for myself to make sure that I am still a good teacher even though I am feeling this." It is really outside of the box for me, really outside of my comfort zone. I am not much of a sharing when it comes to sharing my feelings with students but it has been a really good thing. I am hearing them take what I said and applying to their situations, some of them. Some of them are not really taking it seriously.

I have also started doing movement breaks in the middle class like today we did find someone, find two who have the same number of siblings as you, and stand next to them. Find somebody who has the same birthday as you and stand next to them. Kinds of things to take a break, especially when we are doing something that has a really heavy cognitive load like today we are doing a science conclusion so I was like, "We are going to stop and give ourselves a little break and then do something fun. Then, we will maybe come back to the writing." I am noticing a lot better results with the products, with what they are making in class.

And then just a lot more of paying attention to kids, seeing where they are at emotionally. Like it, if a kid is showing signs of anxiety, I am trying to notice more and not just checking in but seeing

and kinda ask what we can do to help them access the lesson even though they are having trouble and giving them ownership of that piece.

Umm, is it just stuff I am doing about that PD or…

Interviewer:
I will also write about Wednesday afternoon so, go ahead and talk about it.

Teacher A:
I really loved the Wednesday afternoon session. I liked that one even more. I wish we had a whole day on that. I really feel like people who are on the front lines for teaching are the ones that know the best and if we all just shared our best practices, we would all be the best at everything. It just seems like a no-brainer for me. It is just frustrating that we do not get more of it. I mean, B had to explain how to identity, deescalate… so many things in two minutes. I would have really loved a whole PD from B about just identifying kids. She has such a good eye for identifying kids who are struggling emotionally and the warning signs. Even just from those two minutes, I am starting to be able to identify kids who are starting to escalate, kids who are shutting down. It helps me see them differently. I wouldn't say I normally see kids who shut down as obstinate but it really kinda gives me a new perspective about there is definitely something going on with this kid… like 99% of the time, it is some kind of emotional struggle that they are dealing with and not a decision to simply not just doing work. So that was helpful and M's was good too. I am trying to think about what she talked about…

Interviewer:
It was the PRIDE

Teacher A
Oh yeah, for me, I really lean on the Thurston Keys to Success. So, "here's what aiming high looks like on this assignment. I actually refer back to the Keys a lot and I have been really giving kids specific ways to help each other and trying to create more of a collaborative atmosphere in my classroom. Like they are not allowed to move on until their partner understands which is tough and leads to a lot of clashes and a lot of people requesting a new partner but it is where I think the real growth comes from, you know working through those situations… really having your own success tied to other people's success, not just you. So, yeah, it has also made it more of a team atmosphere where I am a coach which is when I feel like where I am doing my best is when I am encouraging and facilitating rather than constantly redirecting, reprimanding.

It's messy. Doing more SEL stuff makes the class seem like it is less controlled and structured but it is it; it just feels a little bit from my perspective but it's okay. I am just trying things that don't feel comfortable right now but it's going to get easier, I think. And, of course, all of this has to be seen through the lens of I am in a really tough place right now and have been in a really tough place for a while now. I am trying not to make any big changes or draw any big conclusions about where I am professionally because I feel like I am still in survival mode. Not in a place to make any sweeping changes or conclusions.

Interviewer:
So, you have mentioned what worked and what was challenging for you in doing this work, what has surprised you?

I think what surprised the little warmups are actually making the beginning of class when we get down to work more productive. Where I was thinking it was going to make the kids get out of academic mode and be less focused, it has actually increased their focus which it really shouldn't be that surprising because it is all about how your social-emotional needs to be at a certain place to access higher-level thinking of the brain. It was a surprise for me…just thinking about kids coming in for lunch; they are really off the wall and now we are going to be socializing in class is it going to create a scenario but not, it was quite the opposite so that was really surprising. Also, surprised how I could be honest about my mood because I feel like if I was going to use something like the Mood Meter I needed to show how all moods are okay. In order to do that, I had to be totally genuine and transparent. If I am not doing it why should they do it? Why should they take it seriously? I didn't think I was going to be able to do it. Like, what if I am in the blue zone? Would I be able to talk about it? Should I talk about that? But I think we should, at some point, I should have a talk about what you should do if you constantly find yourself in the blue zone. Is it an indicator that you need support? What can you do to get that support? These are things that I guess I am surprised that I, as a science teacher, doing all of this stuff. I never saw this stuff as part of science but it really is. It is part of being human. It took a pandemic, and kids really struggling for me to take it seriously and to have me make it a priority.

Interviewer:
So, I guess the other question related to implementation, is are you planning on continuing these things in the future?

Teacher A:
Yes, definitely. I want to do more too. I want to find better ways of doing things. It is something I have honestly have been sort of sad about for a long time. I don't have enough time to make better connections with kids; we are always so focused on academics. And, I am pretty highly structured. No downtime in my class. I have always been like that so I don't get a chance to get to know kids like I want to. I think that is more important than I realized. I have always been kinda sad about it on a personal level. Obviously, work time is better when you are making connections with the people you are around. Now, I am kinda seeing it is a significant part of what I need to be doing. Just as much as all the other stuff. I am hoping I will get slowly get better at letting go of that perceived control… start to be able to connect more with the kids but also keep my classroom managed. Saying that out loud feels like a lot right now. That's hard to get. You hear about teachers who just know everything about kids…what they are doing…what they do outside of school…what they like. I want to get to be more like that. From a selfish standpoint but I also think I will be a better teacher because of it.

Personal Impact (CF)

Interviewer:
So, the last set of questions is related to how you are doing…about your feelings and sort of asking how you feel when you are supporting student social-emotional health and related competencies compared to before the PD session(s) and have you noticed any changes in how you feel.

Teacher A:
Umm, I guess I feel a little more empowered to spend time doing that. Just because, there are mixed messages about it. Let's focus on SEL but also make sure they do well on MCAS. So, when we dedicate an entire day regardless of what else we are doing that day I feel more confident about dedicating time in my class… So, I feel more empowered. I feel like it's okay to tell kids how I am doing, that it is okay. That's not something I would have thought was okay except maybe in advisory. And, just kinda it making me feel there are a lot of little things I can do to incorporate into my classes every day. It doesn't have to be this big separate lesson about how to get along with your lab partner. I can give them little tidbits, little mini-practice exercises. I am seeing more of the possibilities. I guess I am feeling a little more hopeful about it.

I am feeling a little bit skeptical about the follow-up. I am hoping that it continues. Having the PD session after school that Wednesday was helpful. But a lot of times, we will do a thing and then a follow-up and then nothing more. I am hoping and I put it on every feedback form we do for PD. It doesn't have to be a whole PD but let's spend a chunk of every PD with our colleagues talking about what we are doing with SEL and how it is working so we can learn from each other. It does not need to be this big prepared thing.

I am also feeling like I need to be gentle with myself because I am having a hard time with everything right now. I am also trying to be forgiving if I am not being the best SEL teacher right now. I know that I will get there but it will be slow. I am also a little sad too that i am not just able to just take off and run with it. That's usually how I feel after PDs, "Yes, I can do this. I am going to make a whole lesson…" This time I am going to try one or two things and try to keep thinking about it.

Interviewer:
So, are there any changes in your confidence level?

Teacher A:
Yes, I would say I am a little more confident, more so from trying it and feeling a little more confident every time and just kinda seeing how students are reacting to it. A lot of the strategies for SEL I had it in my mind kids would not take it seriously. There is a little bit of that but some of the wonderful things students have been doing with the changes I have made have made me feel more confident about this is what we definitely need to be doing…most of the time…other times I hate this, I don't want to talk about my feelings, I don't want to hear about with feelings…it just kind of depends on the day.

Interviewer:
Any changes in how you react to students?

Teacher A:
I don't know if it is really different compared to the PD but the PD maybe kinda jumpstarted something that was already happening with me because of the pandemic like to pause if or when a student is doing something unexpected or misbehaving in some way. I definitely pause and try to listen a little bit more, try to approach with more compassion rather than just coming out, and I definitely when I don't do this I feel really guilty which is the other side of the coin. I used to be able to say, "You need to be doing this" and just be more matter of fact, now when I react that way, I beat myself up about it because I know I need to be approaching it more from a place of listening and compassion…that's the type of teacher I want to be. It's hard when I don't do that because I am human and sometimes I react impulsively. There was a scenario, don't know it was the keynote speaker, where a teacher responded to a student "Why are you wasting time like that?" and I was like oh yeah that is bad but I definitely have done that as a kind of kneejerk reaction. And that's hard when I do that's the stuff that keeps me up at night. Compared to two years ago I am reacting to things really differently.

Interviewer:
Is there anything else you would like to share?

Teacher A:
I am just glad that you are doing this. It feels really good to be listened to about this. I feel like there needs to be more opportunities for listening not just about our feelings, listening to teachers talk about SEL…collectively we really know what works and it's frustrating to know that it is all there and that we need it so badly and we need just need more time for it.

Teacher B

December 21, 2021
3:00 PM

<u>Overall Impression of PD Session</u>

Interviewer:
So, can you start by telling me about your experiences during the November 29th professional development session?

Teacher B:
Hmm… Okay, November 29th, I can't actually recall the morning too well. I'd need a refresher on that. My afternoon session was about micro-aggressions. I don't think it was one of the ones that I chose but it did do, it was okay. It's part of something that I am interested in to begin with, so, we are talking about race and assumptions around race and how we can deal with those and recognize those. It was interesting. I don't know if I found it incredibly useful, however, I did find it interesting to talk about. I would be interested in seeing some of those materials again, listening to the slide show and the materials again. Gosh now, for the life of me…

Interviewer:
It was Jeffrey Benson. We saw him on Zoom

Teacher B:
Ah, yes, We had him on Zoom. There were some interesting things there. I would have to go back and refresh myself. One takeaway I got from that: he said a couple of times how many kids, how many of us, of people around schools are trying just to get through the day and go home. That struck me because it was contradictory or at least at odds with the whole message and atmosphere we are trying to create.

Interviewer:
What about the fifteenth (the follow-up)? Last week?

Teacher B:
Some of that was okay. Again, there were some interesting things to try to incorporate into the classroom. Umm, I am trying to do openers, trying to have music and things at the beginning. It seems that other people must be having more success with it than I am, but that's neither here nor there. I do think what was good about the last one (the 15th) was we actually did have some demonstrations of what people actually do: "here is what I do for the first five minutes, here is what I do in the next ten minutes". It was a much more practical guide than we often get. Things sound good but are often more difficult to practice. It is part of an ongoing definition of what we actually mean by SEL. That is something that has been gradually coming into focus during these last few years, but at the beginning, it was not particularly well-defined. Not that it is particularly well-defined but things that encourage SEL development seem to be becoming a little bit clearer, simpler than first impressions implied.

Implementation of PD

Interviewer:
So, is there anything that you have used since either of those in your classroom? (Tell me about a time you used something you learned or gleaned from the PD. Reflect on those experiences)

Teacher B:
I tried from the all-day development. I tried to be more conscious of my closers. Where I usually do try to close but what I have been trying to do is be more direct with things that went well and if possible call out some students about things that went well during the day. Since the 15th incorporate, I think I am going to be trying to incorporate some small things like maybe if having the music at the beginning and end of class will make things more sedate helps with kids and get them a little more calmer.

Interviewer:
In terms of being more direct with your closers, have you found that there are things that work better than others? (When thinking about these times, what worked? What surprised you? What was challenging for you?)

Teacher B:
I don't there is enough time to assess that yet. I really don't because I am still working on making it a habit for the kids. You still have the kids who want to get out, who start packing. I need to keep doing it, to be more consistent, so they know I am not going to keep them. They are going to have time to pack up. They have to stop and pause for those, the minute and a half, those two minutes while we do some sort of closer. Eventually want to work in more, the one that he suggested, to turn to a classmate and tell them what your homework is going to be or how you going to prepare for the next class. That has actually worked a couple of times. I would also like to transition the thing that compliment the thing that went well over onto the kids. So, if do it enough times and make this a habit, I can say, "So, Robin (me), what do you think went well today?"

Interviewer:
Is there anything that surprised you when you have done the closing?

Teacher B:
Again, I don't know if there is anything yet. I don't know if it's been long enough to make any kind of definitive statement.

Interviewer:
Would you describe this as a challenge for you? Is there anything, in particular, you are finding challenging in doing this?

Teacher B:
There is a challenge because we are facing, we are dealing with a habitual and an instinctual behavior among kids who want to leave. What we want to do is reestablish a routine where, yes

you want to be able to leave, yes you will be able to pack up -we just have this one thing to take care of, this one thing to do before then. The challenge is to make it a habit and part of the routine.

Interviewer:
So, are you…you are planning to continue to use this? ([If a certain strategy is mentioned) Are you planning on continuing to use this strategy with your classes? Why? Why not?)

Teacher B:
Yes, I am going to try to. I do like having closures. At the very least here's what we did today. It's been lovely and go and have a fine day. It has always been a part of my routine. It is changing what we do in that space.

Personal Impact (CF)

Interviewer:
How are you feeling then about supporting student social-emotional health and those related skills and competencies compared to before the PD?

Teacher B:
Umm…alright, I still feel like I don't know what I don't know. In the sense, we have this idea of social-emotional learning, social-emotional health. We are going to be caring about it and paying lots of attention to it and feeling like it was a big thing. We had some things to learn more about it, about its development, about tactics and strategies, and when I say, I don't know what I don't know, it seems that when we go to a development like that on the 29th and 15th, I walk away sometimes thinking, really, is this all there is to it? To having these closures where we call out and compliment each other, where we have some music and connection with each other, we talk about weekends, we talk about personal life. Umm, I walk away wondering is that really all there is to it? This is something I have always done. I just don't know if I am missing something. And, "pleases and thank yous". We have always done "pleases and thank yous".

Interviewer:
Are there any changes in how confident or comfortable you feel in doing this work?

Teacher B:
Yes, I was just speaking to a colleague about our general student population this year. I think another challenge, an area where I am not so good at is handling the level where our kids are at developmentally. I think they are younger than we have had in the past in all kinds of ways and they get younger every year. That was something I noticed before COVID world. But, now with what we have this year, our kids are exhibiting behaviors that are generally much younger than their grade level would indicate. So, even, having had 7th and 8th grade in the past, I am. dealing with behaviors that strike me as much younger and maturity that is not where it used to be or where we are used to it. So, it is a little bit of a challenge to deal with these behaviors that I don't have a lot of patience for.

Interviewer:
Have you noticed any changes in the way you are reacting in those situations since we have done this PD?

Teacher B:
No, not really. I am using strategies that I have in the past where there is a lot of wait time; there is a lot of staying as calm as possible there is a lot of sacrificing some instruction and not wanting to gallop ahead until we have a modicum of attention. I am using some strategies that we had in the past. I just need to use them more often.

Interviewer:
What are those strategies?

Teacher B:
Again: patience and waiting, repeated consistent instructions, repeated consistent routines, repeated consistent holding the line on expectations.

Interviewer:
Is there anything else you would like to add?

Teacher B:
I don't think so. They are very young this year and it is challenging to work with. Kids who do have gaps in their social development. That's it at least socially. Academically there are gaps as well. Probably better at dealing with the academic gaps than I am dealing with the social-emotional, relationship gaps.

Teacher C

December 21, 2021
6:45 AM

<u>Overall Impression of PD Session</u>

Interviewer:
Tell me about your experiences during the PD.

Teacher C:
On the 29th?

Interviewer:
Yes

Teacher C:
I started with in the math/science room and there was the zoom going on and I couldn't hear him and it was just a lot. As I started taking notes and he started talking about different things, small things that he did, I thought "Oh I can apply that". I actually took four of his tips that I have been using. Do you want to hear them? **(Yeah)**. *So, I have been consciously slowing down pausing, when I take notes I count to ten and I can still see the kids writing so I think I was going a little too fast. Even after asking a question, I will pause to wait for more hands to go up. Another little tidbit I used and it takes no time at all, I will ask them to take ten minutes in their mind, so I don't want to hear them talking, and think about the last class we were in together: what do you remember. It puts them back into that frame of mind. What did we learn about? Oh, we learned about multiplying fractions or we, in one class they talked about a certain girl who does not like the show Hamilton, so it brings you back, and then it helps you go forward. The other thing I do, before I give them the reflection at the end of the day, which is usually a mathematical problem, I tell them here's what I noticed in class. I want to thank so and so for giving a pencil to someone, and they probably didn't even know I noticed that. I want to thank so and so for being brave and volunteering to answer a question when no one else did. I might say thank you, I was walking, for such nice need notes. Then I will proceed to give them the reflection, you know, a problem and then something they were grateful for. I thought there were four things but there were only three.*

Interviewer:
What about the follow-up that we did in the faculty meeting? What were your impressions of that?

Teacher C:
Oh, I thought that was great too. I liked hearing from other teachers. I liked hearing their little tips, the different things that they do in their classroom. I think it was H who gives them choice and she kinda levels it. I tried that this week. Didn't go as well as I thought so I just have to fine-tune that. I like M's tips on the PRIDE and I want to… maybe after winter break, I will work on that. I want to revisit that. I mean those are all good suggestions. I thought they were all really

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nicely done. J had done something with gratitude so I felt connected to that suggestion. I liked the cookies and the hot chocolate. I liked they gave us a random number to sit with someone we wouldn't really sit with and I really liked the postcard. Your interpretation of that was really quite interesting because two people can look at the same card and get really different interpretations.

Implementation of PD

Interviewer:
You have been talking about some of the things you have used, gleaned from the PD. Can you talk about these times and what worked, what surprised you, and what was challenging?

Teacher C
Let's talk about the gratitude. What am I putting out and what I am getting back is so much more than what I thought. Where the kids are being, it started out with the typical, "I am thankful for my parents and my home and my dog" now it is about school and the teachers and now nice the teachers are. I am getting a lot of personal satisfaction when I hear them say how much they like math, how much they enjoy me as a teacher. So, it's like, you don't really get that from anywhere else. Kids don't really say that but being able to read that is really fulfilling.

Interviewer:
Has there been anything about it that has been really challenging?

Teacher C:
In the beginning, was a little challenging.. I was nervous about it how they were going to be. Okay, now we have to do this in math, We do it in this class. We do it in health. They have actually been very receptive to it so, it has gotten easier and easier. I don't know whether I was…I was nervous on my own part.

I did have a challenge yesterday when I did the different levels. It was a little more chaotic than I had anticipated so I have put in my planning book for the next time I try that to reevaluate that and think about how I can… I like the different levels. I saw the higher kids working on some really hard problems but I think because the seats are not in groups it was hard to channel it. I have done something in the past that was similar but because the kids aren't in groups it did not work the same.

Interviewer:
So, are you planning on continuing to use these things?

Teacher C:
I love it. Yes, I am. Part of my new routine.

Personal Impact (CF)

Interviewer:
So, my next set of questions is about how you are feeling? How you are feeling supporting student social-emotional health and related competencies now as compared to before the PD session? Have you noticed any changes in how you feel?

Teacher C:
I almost feel with the reflection, because we do it in paper form I get to do it every day, I almost feel like there is this little communication going on, where someone will say, for example, someone will say they are nervous about the quiz and I will communicate back if you are nervous come and see me. Some of them, not all of them, will express some more emotion there. We talked about one particular student the other day in team who was saying she had nothing to be grateful for. I put a note on that. There is this back and forth communication. I also feel like I am really starting to bond with all of them, whereas, last year, I couldn't get that.

Interviewer:
Would you say that your confidence in supporting their social-emotional health has increased?

Teacher C:
Yes, definitely

Interviewer:
Can you elaborate on that?

Teacher C:
I think also the team because of the team we have this year, the red team. I think that is a really supportive team and supportive of the students so I feel that's a strong support for me. So, if I have an issue with one of the students we can collaborate, or if someone else has an issue, we collaborate well to support and look out for these kids.
Interviewer:
Are there any changes in how you react to situations where students are struggling social-emotionally compared to before?

Teacher C:
I think I am just more aware of it especially through this writing prompt. This small writing prompt. I am picking up more there. I am more receptive to it.

Interviewer:
Is there anything else you would like to share with me related to this?

Teacher C:
It's just… I am really having a great year. I know a lot of my colleagues are not feeling the same way. I would put this on my top two years, one of my favorite. I wish I could see their faces.

Interviewer:
Do you think there is any connection between the professional development and having such a great year?

Teacher C:
I think it's too early to tell. I think I was already having a great year just with having the kids come back in September. Definitely coming into December, it definitely…the "bondness" -I am not sure that is a word- that I feel with the kids is a lot stronger. I like'em and, you know what, I know that they like me…it's that back and forth.

INTERVIEW TRANSCRIPTS: SEVEN-WEEKS POST-PD

Teacher A

January 21, 2022
2:55 PM

Interviewer:
Now that you have had more time to implement and practice using the strategies outlined in the PD, what are your perceptions and feelings about supporting student social-emotional health and related competencies?

Teacher A:
Okay, I have not changed my attitudes all that much. I think I was very gung ho about it, to begin with. I think I have already started to slip a little bit with the time I am spending in class but I think that it is a good thing. It is starting to balance out a little bit. I am still incorporating SEL and some of the things I was doing but am not devoting as much time to it. I am finding ways to do it more being more seamlessly instead of being a separate thing that we do and incorporating it into what we are learning in terms of the science stuff. Really just looking at individual interactions with kids, with individual students through the lens of SEL. I am really focusing on pausing and trying to perspective-taking and reacting to student behavior with compassion sort of modeling what I want to see them doing with their peers. So starting to incorporate some more subtle and indirect strategies like that. I haven't really changed my attitude has not changed just maybe not as (inaudible) as I was. But, that sort of makes sense. The climate is getting a little bit better for kids. The last time we spoke things were pretty dismal around here in terms of moral related to COVID. I think I reacted to that by incorporating more SEL and now I am sort of backing off a little bit, but things are still pretty tough. I am trying to feel where the kids are at and being flexible. I have my go-to strategies. If people seem like their energy, motivation is low I have different things I try. That I have ready to do. Things I might do with some classes but might not do with other classes. I don't know if that answers all of your questions.

Interviewer:
It answers the question about perceptions. How are you feeling about supporting students?

Teacher A:
I guess… sometimes I feel pretty good about it. I feel like we are making progress. But it is two steps forward one step back. The more I focus on the positives, the good changes that I am seeing, the better I am able to see the benefits of what I am doing but as soon as I stop doing that as soon as I start looking at the negative behaviors and start focusing on that, I feel pretty discouraged. So, it's like an internal battleground, but when I do think about the positives, about the progress we are making, I do feel good. But, it's slow. The hard thing about being a middle school teacher is that a lot of the progress does not show up for months or years in the future, so, try to remember, I try to remind myself of that and it makes me feel a little bit better too sometimes.

Interviewer:
Are there changes in your level of confidence supporting students?

Teacher A:
Yes, like to compared to last year or to the last time I talked with you? **(Both)** *Definitely compared to last year and to 2019. I feel like the whole pandemic has kickstarted my competency with SEL. Since we last spoke, maybe not any noticeable increase in competency. I was out for a week with COVID. I was out for a week of vacation. Just kinda been struggling with everything thats going on so haven't really improved my competency to be honest, in anything recently...in anything recently. But, the seeds have been planted, and I made a lot of progress right off the bat. Now, I am just kinda riding that wave and looking for more opportunities ot learn from my colleagues definitely. I think that is the most inspiring thing. The thing that really gets me to try to new things and get me to improve my competency is hearing about what other people do and learning from them.*

Interviewer:
I think you may have already answered this question but I want to ask it again in case there is anything different related to this? Were any changes in how you react to situations where students were struggling?

Yeah, definitely, again, definitely compared to last year and 2019. I am more comfortable with just pausing and giving myself a chance to think about what might be behind a student's behavior or what they said. Asking students more questions before I respond in any way. Trying to learn more about what it going on with them. Also, I am doing a much better job assuming students did not have any kind of negative intentions even if their behavior or speech was damaging to someone in some way, assuming they did not have that intention. That is something I have definitely gotten better at...not reacting right away. I even sometimes will be like "I need to think about this. Let's talk about it later during WIN block. Before, I don't think I would have given myself permission to do something like that.

Interviewer:
Is there anything else you would like to share with me about your experiences through this process?

Teacher A:
Just that I definitely have learned that SEL development for teachers cannot and should not happen in a vacuum and the more collaboration and sharing of best practices we can get the more likely I am going to be to try it and to get good at it.

Teacher B

January 20, 2022
2:54 PM

Interviewer:
So, I have a big question for you today and then I have three other embedded questions that if you don't answer in your initial response, I will ask you.

Teacher B:
Okay

Interviewer:
Now that you have had more time to implement and practice using the strategies outlined in the PD, what are your perceptions and feelings about supporting student social-emotional health and related competencies?

Teacher B:
Well, I think it is still kind of a battle. I think that it is taking a long time to see some results and I don't know what those results are going to be, what exactly to look for. I am not seeing a lot of changes in the kid even as we are trying to implement the strategies to meet them where they are…as we are trying to be understanding even as we try to implement subtle and even passive steps like the music thing, the lights thing, like the casual conversations things trying to make connections. At least with the group that we've got, we are not seeing a whole lot of change with that. We have been trying to do things increasingly to draw them out, to make them closer to each other, to get them to share a little more, and there is not a whole heck of a lot of change, unfortunately.

Interviewer:
Who are we?

Teacher B:
I am thinking about myself but also our team and my advisory partner.

Interviewer:
How are you feeling on a personal level about this work?

Teacher B:
I am thinking that it is hard because we are not seeing a lot back from the kids. That feels like blaming the kids and as an educator, you know you feel a little guilty about that because we are not supposed to, but it seems as if we still have a younger group and group that is not particularly reflective. So, it feels like we are giving and they are happy to be taking. If they have been resistant they have gotten their hackles up when we have challenged them on it… made a suggestion, for instance, "you come in and we are talking or your classmates are talking or we are trying to share yet you are still with your back turned or you are still talking with your friends. What kind of message does that show?". Instead of saying well, hmm, maybe it looks like

I am not paying attention like I'd expect for me. It's more you don't like to be called out. "Don't scold us" It is frustrating in the sense that usually by this point we would have made a little more progress, made a little more of a sense of community. There are places that are proving to be very resistant to that.

Interviewer:
So, in terms of…so are you saying that you haven't seen any change or very little change?

Teacher B:
I've seen very little or if any change

Interviewer:
So, are there any changes in your own confidence in supporting student social-emotional health and well-being and the related competencies?

Teacher B:
I guess there is a little negative effect. It feels like or makes me feel like I am not connecting or maybe it feels like maybe should I be caring more? I should be trying more? Maybe there is something wrong with the way I am approaching things, with my attitude. There is a point where I am going to draw the line. I am here to teach not to be a big buddy, friend.

Interviewer:
If you see a student who is struggling social-emotionally, is there any change in how you react to those situations after the PD? After the things, we have learned…

Teacher B:
I don't think so much. I try to approach things in the same way: to try to be sensitive, to be understanding, to hear them, and to meet them where they are. If they are struggling and they are sincere I am going to do my best to be sympathetic to work with them and help them. And that also means kids that you see but don't approach you necessarily. I don't want to imply that they have to approach me and be clearly in distress. If there is a kid who seems to be having a difficult time, a genuinely having a difficult time, I will speak to them and talk to them and try to help them to see what we can do.

Interviewer:
How are you feeling? Describe your feelings related to being with kids every day and supporting kids every day.

Teacher B:
I have to admit we are doing an incredible amount of babysitting. It is frustrating because I suspect a great deal to do with COVID and our mixed-up years. We are doing a lot of babysitting. Our kids are younger emotionally. Our kids are not developing habits at the same pace as they used to. It's requiring more patience and thought to my approaches. They are in 8th-grade bodies, have 8th-grade hormones, and a lot of 8th-grade attitudes but don't have a lot of the same maturity in a lot of ways.

Interviewer:
Is there anything else you would like to add?

Teacher B:
I think that's it. We have…there's more babysitting going on.

Teacher C

January 18, 2022
6:46 AM

Interviewer:
Now that you have had more time to implement and practice using the strategies outlined in the PD we took part in, what are your perceptions and feelings about supporting student social-emotional health and related competencies?

Teacher C:
What are my perceptions of how…what is it again?

Interviewer:
Your perceptions and feelings about supporting student social-emotional health and related competencies.

Teacher C:
So, I am still not sure…is it my perceptions of how they see it?

Interviewer:
No, how you see it.

Teacher C:
So how it changed?

Interviewer:
So, how are you seeing it now in terms of…here are some things that might help: what has changed over time? Any changes in your confidence? Any changes to how you react to situations?

Teacher C:
Hmm…any changes in my confidence? I would say yes, more my…umm.. sort of comes back to what I became a teacher. I am feeling that… when I can support them not academically when I can support them emotionally. That's why I wanted to become a teacher. It was not all about math. It was about connecting with kids. It was about having them have greater confidence, especially in math. Just liking math. Seeing that they are doing well. Encouraging them to do better and making the subject exciting and fun so they can get more from it. Does that answer your question **(Yeah)** *That's the feeling I am getting.. I am feeling really renewed this year as a teacher.*

Interviewer:
Can you elaborate on that?

Teacher C:
I would say this is one of my best years. I really enjoy coming to work. I walk in here. I am excited to be here. I know there are issues with some of the kids but it is such a great energetic positive culture here. That's what I feel with my students.

Interviewer:
Is there anything about the work that we've been doing on SEL that is adding to those feelings?

Teacher C:
I think I had mentioned this before about the reflection. Before I give them the reflection at the end of class, which is usually a (math) problem for part A and for part B is something they are grateful for. I have been noticing what they are grateful for can range from anything or anywhere from their puppy to their family to and especially when they are grateful for something about school. Grateful for math. They just seem to so it's with that reflection I am getting the positive feelings where they are happy.

Interviewer:
Will you continue to do this?

Teacher C:
I absolutely will. I love it. It doesn't take any longer. It benefits me and I feel like it benefits them.

Interviewer:
Is there anything else you are interested in trying from the PD?

Teacher C:
Let me look at my notes. There are some things that I… I have been trying the prior knowledge. I have been liking that…so, anything that interested me that day I have been trying whether it makes a lot of sense. One of them was using the wheel of names or wheel with numbers when I am calling on people. I think that's just another strategy for picking kids. I don't think there is a lot to elaborate on there. I have been pausing more when I take notes. I count to ten, making sure that everyone has finished their notes. I did have comments that I go too fast not I get comments that I go too slow. So, I am trying to narrow that gap. Just consciously trying to be mindful of them finishing their notes… I am enjoying this class. I love this class.

Interviewer:
Have there been any changes to how you react to situations where students are struggling socially-emotionally?

Teacher C:
Any changes? Maybe some smaller changes. I think I always reacted very calmly. I am not an overreactor. Sometimes now, if I try something and they are pulling back, I am more apt to bring it up at team meetings. I think the kids are a little more, this year, more willing to ask for help. They seem a little more willing to open up. Last year, it was a blur. It was just hard to make connections. This year is a lot easier.

Interviewer:
And, how are you feeling?

Teacher C:
Today? **(In general)** *About the school year* **(Yes)**. *Everyone, people say to me all the time,
"When are you retiring? When are you retiring?" I am getting a little offended by that question.
I am not that old. And, when I tell everyone I am having a great year, everyone is surprised. It is
just a great year and I am loving this year. Maybe I would not have loved it so much if we didn't
have the year we had last year. I am just appreciating it much more. Feeling good.*

APPENDIX G

ARTIFACT

SUMMARY REPORT FOR DISTRICT

The Influence of Professional Development On

Symptoms of Compassion Fatigue

In

Middle School Educators

A Summary Report

Created for Allison Borchers, Assistant Superintendent

Westwood Public School

By

Robin R. Bova

Texas A&M University

Executive Summary

The purpose of this study was to examine the influence of professional development (PD) in social-emotional learning (SEL) on symptoms of Compassion Fatigue (CF) in the educators at Thurston Middle School. Embedded within this examination was an exploration of the relationships between PD and feelings of self-efficacy and feelings of self-efficacy and compassion fatigue. The study was completed utilizing a mixed methods approach. For the quantitative portion, a study-specific measure was designed to look at feelings of self-efficacy and symptoms of CF. Data were collected using a Google Form before the full-day in-service in November 2021 and eight weeks later in January 2022. The qualitative portion consisted of four sets of data collection: open-ended questions on the surveys collected in November 2021 and January 2022 as well as interviews of three purposefully selected participants in December, three weeks after the full day PD and one week after the building-based follow-up session, and in January, one week prior to the survey being sent out for the second time. Findings suggest while the effect of the PD on self-efficacy and compassion fatigue is small, the direction of the effect, as evidenced by analysis of the means was as expected in that levels of self-efficacy increased while levels of compassion fatigue decreased.

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Introduction

The research study summarized in this report represents the work I completed in partial fulfillment of the requirements for the degree of Doctor of Education. When deciding on a topic of research, I was tasked with identifying a problem of practice in my educational setting. It just so happened I was finalizing my ideas as we returned to school in the fall of 2020 as the COVID-19 pandemic, increased racial tensions, and a deepening political divide among other issues further eroded teacher well-being. As such, when it came time to finalize the problem of practice I would research, I chose teacher well-being.

Background

Before I begin to share the details of my study, I feel it is important to share three pieces of background information to help you understand more of the context in which this study was completed. First, I will give a brief description of the history of work on teacher well-being. This history will include information about how teacher well-being has been not only viewed in the past but also how it has been studied. Next, I provided information on the current state of teacher well-being. Finally, I will share some background on compassion fatigue.

History of Work on Teacher Well-Being

Work addressing teacher well-being has been done for centuries. In a 1903 edition of the Journal of Education, an author wrote about the importance, the duty, of educators to rest (The Duty of Rest, 1903). In this article, the author bemoans how the world did not understand this duty. By the 1940s, work on teacher well-being centered on student well-being. In 1949, the National Education Association adopted a viewpoint in which teacher well-being was only a "valid cause" when it led to better instruction for students (Huggett, 1949 in Symonds & Ford, 1952, p. 206). With the advent of the 1980s, work on teacher well-being shifted to explorations

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of teacher stress including the stressors leading to teacher attrition (Litt & Turk, 1985). More recently, this work has grown to include research on the impact of mindfulness programs on teacher well-being (Sharp Donahoo et al., 2018; Turner and Theilking, 2019).

State of Teacher Well-Being

As COVID-19 pandemic was beginning, researchers at the Yale Center for Emotional Intelligence and the Collaborative for Social Emotional and Academic Learning (CASEL) conducted a survey in which they asked more than 5,000 educators about the three most common emotions they, survey respondents, experienced everyday (Cipriano & Brackett, 2020). The five most common feelings cited were sadness, worry, fear, anxiety and sense of being overwhelmed with anxiety being the most noted emotion (Cipriano & Brackett, 2020). By September of 2020, Bintliff warned the increased stress of teachers created by the COVID-19 pandemic could harm teacher well-being and lead to secondary traumatic stress (STS). Almost two years, with no real end to the added stressors of the last two years, teacher well-being is even further threatened. It is in this context this study took place.

Compassion Fatigue

At the heart of the issue I am researching is the stress teachers feel when supporting student social emotional needs. This stress manifests itself in a form of secondary traumatic stress known as compassion fatigue. Figley (1995) defined compassion fatigue as the "stress resulting from helping or wanting to help a traumatized or suffering person" (p. 7). For teachers, the suffering we are witnessing is in the form of social-emotional struggles. By witnessing these struggles, educators suffer too (Fowler, 2015). What's more, as caring professionals, educators are at greater risk of developing secondary traumatic stress (Hydon et al., 2015). This risk is

significant because the well-being of teachers is the well-being of students. Educators who are suffering from compassion fatigue will struggle to support students.

Research Questions

The research outlined in this summary attempted to answer the following research question:

2. How does professional development in SEL influence educator experiences of CF as measured by pre- and post-professional development assessments (QUAN) and as corroborated by semi-structured interviews (QUAL)?

   a. What is the relationship between PD in SEL and teachers' sense of self-efficacy?

   b. What is the relationship between self-efficacy and symptoms of CF?

Research Methods

To answer the research question, I employed a mixed methods approach to examine this phenomenon. A quantitative approach makes sense because the question is seeking to see if there is a difference between levels of compassion fatigue over time; however, since the issue at hand deals with human emotion, quantitative data alone is not sufficient. To fully understand the phenomenon, it is necessary to hear about the experiences of participants through words as well as numerical data. Furthermore, the triangulation of the qualitative data with the quantitative data yielded a deeper, more nuanced understanding of the results.

Findings

To measure the effect of the PD on CF in participants, I used IBM SPSS For Statistics to calculate the means of six different scales and sub-scales of the pre- and post-study measure: self-efficacy, compassion fatigue, positive physical symptoms, negative physical symptoms, positive emotional symptoms, and negative physical symptoms. From here, I ran a paired

samples *t*-test comparing the pre- and post-study scale means to determine the effect size. Due to the small number of participants (n = 18), I chose Hedges g as the measure of comparison (see Table 1). The g is the appropriate statistic for studies with fewer than twenty participants (Stephanie, 2020).

Table 1

Hedges g

Pair	Hedge's g	Two-Tailed Significance
Post Self-Efficacy Scale - Pre Self-Efficacy Scale	0.19	0.44
Post Compassion Fatigue Scale – Pre Compassion Fatigue Scale	-0.41	0.09
Post Positive Emotions Scale – Pre Positive Emotions Scale	0.30	0.21
Post Negative Emotions Scale – Pre Negative Emotions Scale	0.10	0.68
Post Positive Physical Scale – Pre Positive Physical Scale	0.30	0.21
Post Negative Physical Scale – Pre Negative Physical Scale	-0.33	0.17

Given the small sample size, it was not expected results would be statistically significant (Bullen, 2022). Despite this fact, the results are promising. For all but one of the scales measures, the mean is moving in the hoped-for direction (see Figure 1). For example, the average level of self-efficacy rose while the average level of compassion fatigue dropped. The one scale to not move in the expected direction was the negative emotional symptoms scale. Exactly why this one scale rose is not certain, however the second iteration of the survey measure took place at the end of January and January was a difficult month at the middle school related to COVID and the Omicron surge. These two issues may help to explain the rise in negative emotions (anxiety and

preoccupation) in that it may have been difficult for participants to parse out exactly what was causing their anxiety.

Figure 1

Pre/Post Mean Comparison Graph
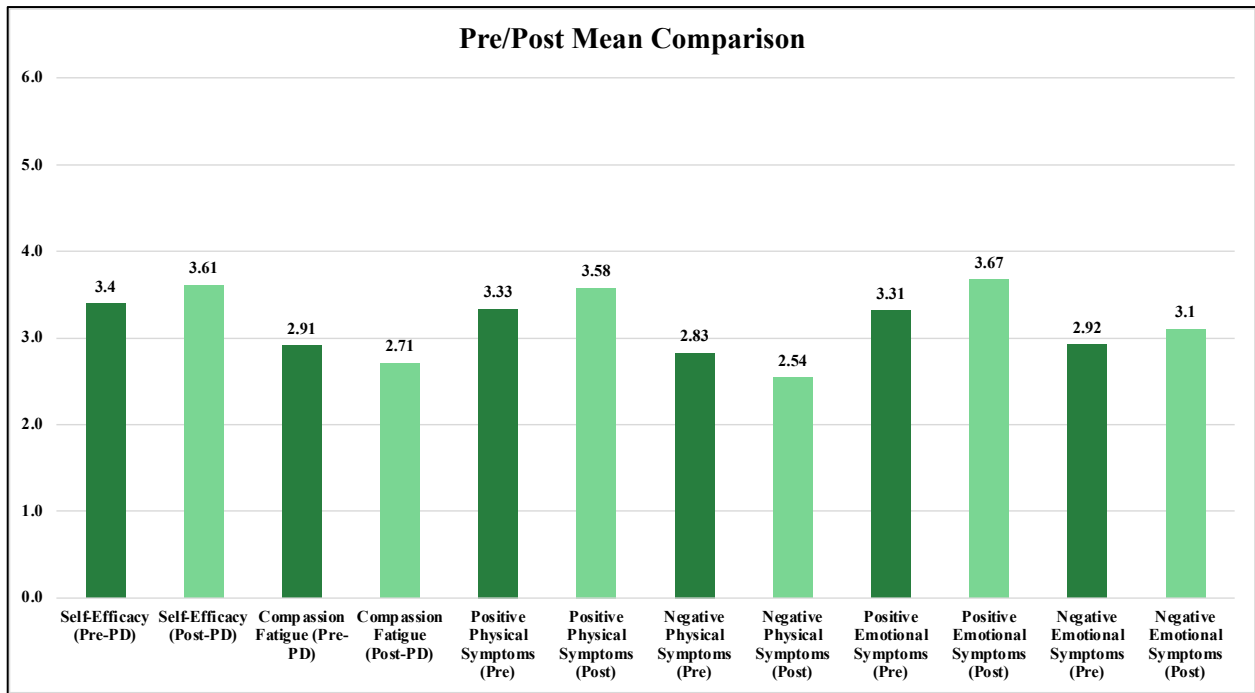
I analyzed qualitative data using an iterative process. I began with a Start List or a priori method using codes based on the known symptoms of compassion fatigue. I followed this analysis with a second one where I employed an emergent coding method, allowing codes to appear based on what I saw in the data. Lastly, I took the emergent codes from the post-PD data collections and analyzed those looking for larger themes those codes fit into. This is called axial coding. It was those themes that I used to develop findings from the qualitative data.

Analysis of the qualitative data provided a deeper and more nuanced understanding of the impact of the PD. At the beginning of the study period, prior to the full-day in-service, participants shared a variety of feelings related to self-efficacy and supporting student social-

emotional well-being. Some participants expressed feelings of confidence and comfort, while other expressed little to no confidence. Additionally, while some survey respondents shared positive feelings associated with supporting student social-emotional well-being, many responded shared feelings of anxiety, being overwhelmed or exhausted from this work.

Three-weeks post-PD, two out of the three focal participants, Teachers A and C, when responding to the more detailed interview questions, shared positive experiences with utilizing strategies gleaned from both the keynote speaker from the full-day in-service and the building-based follow-up the week before. The other focal participant, Teacher B was more reserved in their responses although despite their skepticism were willing to continue to work with the strategies shared at the two PD sessions. Four weeks later, Teachers A and C continued to be optimistic about the work of supporting student social-emotional well-being, although Teacher C was more so. Teacher B continued to be somewhat skeptical of the process and expressed they did not feel enough time had passed to fully see the impact on their practice of the PD.

Finally, in post-intervention survey, while respondents continued to share varying levels of self-efficacy in supporting student social-emotional well-being, some participants expressed a growing level of confidence and comfort with the work. Furthermore, fewer participants wrote about negative feelings when describing experiences supporting student social-emotional health. In fact, the feelings of anxiety, being overwhelmed, and exhaustion were mentioned only one time each in the post-study survey. Lastly, in the post-study survey, several participants remarked they had referred struggling students to mental health staff at the school.

Taken together, the quantitative and qualitative data suggests, an influence of the PD in SEL on symptoms of compassion fatigue does exist. In general, participants experienced higher levels of self-efficacy and lower levels of compassion fatigue after the study period. It should be

noted, however, as evidenced by the qualitative data, this experience was not universal, nor can the findings be generalized beyond the study setting due to the small sample size and the lack of statistical significance for the quantitative findings. Despite these limitations, the findings show promise that we can mitigate stressors on educators through professional development designed to increase their levels of self-efficacy in supporting student social-emotional health and well-being.

Recommendations

From the findings of this study, I have developed five recommendations for the district. The first recommendation is to continue to work implementing SEL practices at the middles school. Study findings suggest continued work might not only improve teacher well-being, but it is also something teachers in the school are interested in learning about. The district has begun the process of prioritizing this work at the secondary level in that way SEL work has been a focus of PD at the elementary level.

My second recommendation is the district when planning next year's PD calendar include space for continuous and iterative work on SEL at the middle school. In addition to participant desire to continue this work and have more follow-up to the November full-day in-service, studies have shown effective PD is PD that is continuous and iterative in nature (Brandisauskiene et al., 2021; Saleem et al., 2021). This follow-up work could simply use the model of the follow-up session in December at the middle school where educators in the school who are already using SEL practices successfully with their students shared their practices.

Third, the district should continue to make teacher well-being a priority. While we are, hopefully, moving towards a post-COVID world that may reduce some of the stressors on teachers and students, we are still amid a deeply divided society. Educator stress is likely to

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continue to grow as we work through the conflicts in society. This prioritization should go beyond the continued use of Restore Resilience and include opportunities for educators to learn about students and educator social-emotional health.

My fourth recommendation stems from responses in the post-study survey touching on referring students to mental health staff within the building. I believe it would be beneficial for teacher to have some sort of flow chart, separate from the CST process, to help them know when issues are within their purview and when to refer to guidance. This flow chart would include information about what types of things to look for in classroom that are signs student needs are beyond the scope of classroom teachers. Additionally, the existence of this flow chart would empower teachers to feel okay about referring students and not feel they have failed their students by not being able to help their students themselves.

I imagine my first four recommendations are items that are already in the minds of district administration, whereas my fifth and final recommendation may not be. My fifth recommendation is that the district embark on a larger scale, longer duration study of compassion fatigue and the influence of PD to improve educator self-efficacy on the compassion fatigue. In this recommendation, my study would serve as a pilot from which the larger study could take root. Understanding the factors that influence teacher sense of well-being can only serve to help this district better support it.

Conclusion

I want to conclude this summary by assuring the district I believe the district cares about teacher well-being. The continued use of Restore Resilience as a resource for faculty in the staff is just one of many pieces of evidence the district is concerned about its employees. With this study, my aim is to provide a new lens from which to consider how we might ameliorate poor

teacher well-being: we can improve teacher well-being as it relates so supporting through PD

designed to improve teacher self-efficacy

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APPENDIX A

NOT HUMAN RESEARCH DETERMINATION

February 22, 2021

Type of Review:	Initial Review Submission Form
Title:	The Impact of Professional Development in SEL and TITP on Compassion Fatigue in Middle School Educators
Investigator:	Mary Margaret Capraro
IRB ID:	IRB2021-0156
Reference Number:	121623
Funding:	N/A
Documents Received:	IRB Application (v1.0)

Dear Mary Margaret Capraro:

The Institution determined that the proposed activity is not research involving human subjects as defined by DHHS and FDA regulations.

Further IRB review and approval by this organization is not required because this is not human research. You have indicated that the results of the activities described in the application will not be generalized beyond a single school system and will not be published. This determination applies only to the activities described in this IRB submission and does not apply should any changes be made. If changes are made you must immediately contact the IRB about whether these activities are research involving humans in which the organization is engaged. You will also be required to submit a new request to the IRB for a determination.

Please be aware that receiving a 'Not Human Research Determination' is not the same as IRB review and approval of the activity. IRB consent forms or templates for the activities described in the determination are not to be used and references to TAMU IRB approval must be removed from study documents.

If you have any questions, please contact the IRB Administrative Office at 1-979-458-4067, toll free at 1-855-795-8636.

APPENDIX B

Quantitative Measure

Items: Self-Efficacy

4. I am confident in my ability to support student social-emotional health and related skills and competencies.
5. I feel prepared to support, instruct, and develop student social-emotional health and related skills and competencies.
6. I feel I have adequate training in supporting, instructing, helping students develop their social-emotional health and related skills and competencies.

Items: Symptoms of Compassion Fatigue

Emotional Symptoms

7. I am a sensitive person.
8. I am preoccupied by thoughts pertaining to student social-emotional health and the associated skills and competencies.
9. I have happy thoughts and feelings because of my work as a teacher related to student social-emotional health and the associated skills and competencies. (Reverse Coded)
10. I experience anxiety related to working with students on their social-emotional health and associated skills and competencies.
11. I have felt hopeful after working with students on their social-emotional health and associated skills and competencies (Reverse Coded)
12. After supporting a student struggling with their social-emotional health and associated skills and competencies, I leave work feeling effective at my job. (Reverse coded)

Physical Symptoms

6. I feel invigorated after helping a student with their social-emotional health and the associated skills and competencies (Reverse Coded)
7. I find myself avoiding thinking about interactions with students when students were struggling with their social-emotional health and the associated skills and competencies.
8. I have difficulty falling or staying asleep because of experiences supporting student social-emotional health and the associated skills and competencies
9. I find myself seeking interactions with students about their social-emotional health and the associated skills and competencies. (Reverse Coded)
10. I have felt rundown because of my work as a teacher with students about their social-emotional health and the associated skills and competencies.

Likert-Scale

0	1	2	3	4	5	6
Never	Rarely	A few times	Somewhat often	Often	Very Often	Always

Qualitative

3. Describe your feelings and level of confidence (comfort) pertaining to the work supporting student social-emotional health and the associated skills and competencies
4. Tell me about an experience and describe how you felt when you supported a student with their social-emotional health and the associated skills and competencies.

APPENDIX C

Semi-Structured Interview Questions for Focal Participants

3 Weeks Post-PD

4. Overall Impression of PD Session

    a. Tell me about your experiences during the PD session.

5. Implementation of PD

    a. Tell me about a time you used something you learned or gleaned from the PD. Reflect on those experiences

        i. When thinking about these times, what worked? What surprised you? What was challenging for you?

        ii. [If a certain strategy is mentioned) Are you planning on continuing to use this strategy with your classes? Why? Why not?

6. Personal Impact (CF)

    a. How do you feel when you are supporting student social-emotional health and related competencies now as compared to before the PD session? Have you noticed any changes in how you feel?
        i. Any changes in your confidence?
        ii. Any changes in how you react to situations?

7 Weeks Post-PD

2. Now that you have had more time to implement and practice using the strategies outlined in the PD, what are your perceptions and feelings about supporting student social-emotional health and related competencies?
    a. What has changed overtime?
        i. Any changes in your confidence?
        ii. Any changes in how you react to situations?