ABSTRACT

Jodi LaFeldt, YOU CAN'T GIVE WHAT YOU DON'T HAVE: A COMMUNITY OF CARE AMONG SPECIAL EDUCATION SUPERVISORS (Under the direction of Dr. Matthew Militello). Department of Educational Leadership, March 2019.

Purpose: The caring professions, including those working in the field of special education, are at increased risk of compassion fatigue and burnout. As they take care of vulnerable students and adult providers, it is critical that they take care of themselves and that their organizations do the same. Limited research explores the practices of self-care and care of others in rural school districts or communities. The participatory action research (PAR) study engaged a group of six co-practitioner researchers, all special education supervisors, as they examined how they could improve their leadership practices and self-awareness to cultivate safe, supportive, and collaborative environments for themselves and others.

Research Methods: Participatory action research methodology included three iterative cycles of inquiry in which we, as co-practitioner researchers, collected and analyzed these data: written correspondences, surveys, meeting minutes, agendas, artifacts, and group member checks. Data were coded using the existing frameworks for community of practice (Lave & Wenger, 1998) and the Guiding Principles of Trauma-Informed Care (SAMHSA, 2014) as well as open codes that emerged from the evidence (Saldaña, 2016).

Findings: Three key claims emerged: (1) trauma-informed guiding principles foster a community of care; (2) emotional safety is cultivated among a team where community and connections are valued, and colleagues and the leadership provide support and encouragement; and (3) consistency and predictability on the part of a supervisor support emotional safety and increase mutual engagement.

Implications: Potentially, the PAR project provides a way forward for many school districts. Focusing on trauma-informed guiding principles of safety, trustworthiness, voice and choice, empowerment, and collaboration helped to create spaces for leaders to be reflective and understand themselves as they lead others. Equipping leaders with the skills to ask the right questions, create safe spaces for dialogue, and promote equitable practices is essential to promoting connectedness in organizational settings and schools. Schools can support key front line staff by attending to policies and practices that support continuing reflection and learning. Finally, those in organizations can use the PAR methods with staff to interrogate their practices and better engage as collaborative teams of adults who care for themselves and others.

YOU CAN'T GIVE WHAT YOU DON'T HAVE: A COMMUNITY OF CARE AMONG SPECIAL EDUCATION SUPERVISORS

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by

Jodi LaFeldt

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YOU CAN'T GIVE WHAT YOU DON'T HAVE: A COMMUNITY OF CARE AMONG SPECIAL EDUCATION SUPERVISORS

by

Jodi LaFeldt

APPROVED BY:

DIRECTOR OF DISSERTATION: _____
Matthew Militello, PhD

COMMITTEE MEMBER:_____
Lynda Tredway, MA

COMMITTEE MEMBER:_____
Martin Reardon, PhD

COMMITTEE MEMBER:_____
David Siegel, PhD

COMMITTEE MEMBER:_____
Edward McFarland, EdD

CHAIR OF THE DEPARTMENT OF EDUCATIONAL LEADERSHIP:

_____
Marjorie Ringler, EdD

DEAN OF THE GRADUATE SCHOOL:

_____
Paul Gemperline, PhD

DEDICATION

To my family, I dedicate this work. You believed in me and supported me through the challenges and achievements of my doctorate program. A special thank you goes to my husband, Michael, who gave me the time and space needed to accomplish this dream. His encouragement, support, and positivity not only helped me complete a doctorate program but helped me grow as an individual and leader. Thank you for the countless hours you spent engaging in dialogue and listening to me reflect about my leadership actions and the participatory action research project. Most importantly, thank you for your unwavering love, support, and persistence that I take the time for self-care.

My parents, Barb and Gale, deserve a special thank you for their constant words of affirmation and for modeling the values and beliefs that drove me to do this work. You taught me the importance of hard work and perseverance, which were critical to the completion of my doctorate program. You are selfless individuals who have contributed to my desire to care for others. My children, Lauren and Hunter, are the sparks that ignite my desire for social change. Both devoted to serving in the human-service field, my wish is that you take care of yourselves so that you can care for others. Thank you for our countless hours of conversation regarding trauma-informed care. I am so proud of the young adults you have become and the work you do for our youth, families, and community.

ACKNOWLEDGEMENTS

In 2015, I was hired as the Associate Superintendent for Special Education and lacked many of the skills needed to successfully lead a team. The co-practitioner researchers mentioned in this study have been a large contributing factor to my leadership growth. You each bring such unique strengths to our team and organization. I would like to acknowledge the team for their steadfast dedication to the students, families, and staff of Hope County. Watching this team grow as reflective leaders and compassionate team members through our work together inspires me to be persistent in bringing trauma-informed practices to our organization, community, and state.

For the short time that Lynda Tredway has been in my life, she has had such a substantial impact on my leadership practices, equity focus, and desire for social and organizational change. When I told Lynda that I had no idea how I would ever repay her for the support she provided me through this program she responded, “You already have. You are doing the work.” Lynda, thank you for your guidance, support, and wisdom throughout this PAR project. You have been my coach, mentor, and model of equitable practices. You will always have a very special place in my heart.

Finally, I would like to acknowledge Dr. Matt Militello for his vision. I am grateful to have come across East Carolina University’s international doctorate program. The program was skillfully designed to create a gracious space for learning and reflection. In three short years, I now think like a researcher and utilize many of the Community Learning Exchange axioms presented to us and practiced throughout this doctorate program. My growth as a leader for equity is largely a result of ECU’s program and Matt’s vision.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1: INTRODUCTION TO STUDY

"By making time for self-care, you prepare yourself to be your best so you can share your gifts with the world. You cannot serve from an empty vessel". ― Eleanor Brownn (2017)

Having served as a special education teacher, primarily working with students with behavioral difficulties, I empathize and understand the challenges that educators face. Special education was my career of choice because I had a true desire to positively impact students with disabilities. Not only was my student caseload high, but I lacked the resources and skills to manage, support, and positively impact my students. Because of the challenges that I have faced during my time working in special education, I came to realize that self-care is crucial. I strongly believe that it is important for special education supervisors and educators to take care of themselves and be taken care of by their colleagues and the organization in which they work--just as much as they take care of their students. Having been impacted by trauma while serving as a special education director, I can relate to the sense of hopelessness that may come from life circumstances. How I have learned to handle life's hardships has not only been empowering but has changed my perspective on life. Developing resiliency is the key to optimism, gratitude, and happiness. The participatory action research (PAR) focus of practice was devoted to understanding how I could support others and what I needed to change as a leader of leaders.

The position I occupied during the PAR was the Associate Superintendent for Special Education. I was responsible for supervising seven special education administrators, who, in turn, supervised staff who work with the students who are medically fragile, socially and/or emotionally challenged, or developmentally/cognitively delayed. Special education program supervisors work long hours supporting their staff, students, and the families in which they serve. As they struggle with work-life balance, they or others often overlook their needs. The frequent

reminder we hear from flight attendants applies: “Put your oxygen mask on first before helping others.” In order to take care of others, we must first take care of ourselves.

I have had the opportunity to work in Hope County as a special education teacher, teacher consultant, local district special education director, and now Associate Superintendent for Hope Area Intermediate School District (HAISD). In this position, I hoped to create a culture of safety, care, and understanding of our students and faculty members within Hope County. I was certain that by becoming a trauma-informed community, we could better respond in more thoughtful ways to our most vulnerable students and families.

Seven special education administrators work for HAISD. They supervise programs, services, and staff within the organization as well as respond to HAISD program referrals from seven local school districts and one public school academy. Local district teams, exhausted and overwhelmed by the level of resources and supports required to meet the needs of students, often resort to referring students with medical, behavioral, and learning challenges to HAISD’s alternative special education programs. Program supervisors, overwhelmed by growing classrooms already at caseload capacity, viewed themselves as gatekeepers. They saw themselves as the deciding factor between whether a child was appropriate for a more restrictive program and, therefore, as a child removed from their local school district and community.

As HAISD programs met the maximum caseload with children who required a high level of care, staff became more and more strained. Their attendance was sporadic, sick time was exhausted, and staff morale was impacted which, in turn, affected their ability to sufficiently support students. Staff themselves became at-risk for burnout, which The Adolescent Health Working Group defines as “the state of physical, emotional and mental exhaustion caused by long-term involvement in emotionally demanding situations, which is often associated with

feelings of hopelessness and difficulties in dealing with work or doing one's work effectively" (St. Andrews, 2013, p. 7). These negative results had detrimental ramifications on the supervisors, the staff they supervised, the students whom they served, and the organization as a whole.

Chapter 3 provides a more in-depth description of the individuals represented in the participatory action research (PAR) project. In this chapter, I provide a description of the focus of practice, examine the assets and challenges in the context, and detail the elements of the study, including the improvement goal, research questions, and the key drivers of the project. Finally, I present the research questions and discuss the significance of the FoP and the PAR project.

Focus of Practice

The focus of practice is intended to address a dilemma or challenge that we see in our daily practice as leaders in education. Instead of framing it simply as a problem, we name it as a focus of practice so that we can draw on the assets of our practice to inquire together about how to tackle the dilemmas we face in fully serving schools and the community. The focus of practice (FoP) for the participatory action research project developed from my belief and experience that the special educators whom I supervise needed more consistent attention to self-care if they were to be optimally successful with children and the families they serve. Educators are often drawn to the profession because they want to make a difference. "Central to our ability to maintain compassion is how we look after ourselves and those in our teams" (Baverstock & Finlay, 2016, p. 170). In addition, the demands of working as a special education supervisor requires a dual level of care that meets the needs of self and others. More recently, the education profession and special education has added the responsibility of being trauma-informed as a prerequisite for

effectively working with students and families (Bath, 2008; Berger & Quiros, 2014; Cole, Eisner, Gregory, & Ristuccia, 2013; Malik, 2013; Menschner & Maul, 2016; Prosci, 2016).

Becoming trauma-informed, even when the main purpose of an organization is not to treat trauma, became my area of focus (Berger & Quiros, 2014). Becoming trauma-informed means that we needed to provide a system of care. We needed to meet the needs of self and of others through self-awareness and deliberately act upon that knowledge in a supportive way. Everyone within the organization needed to act in concern, and my supervision was a conduit through which organizational change could occur (Prosci, 2016).

My intent was to build a community of practice (CoP) that incorporated self-awareness and a focus on care, both of self and of others. The CoP structure provided a venue for special education supervisors to improve their leadership practices while supporting their individual needs, focusing on a supportive, safe, and collaborative environment where learning and decision-making could take place collaboratively. The focus of practice was to support them to enhance their leadership practices through a community of practice framework with primary attention to self-awareness and self-care. I discuss the assets and challenges related to the focus of practice (FoP), the theory of action I developed for the FoP, the primary goals and expected outcomes of activities of the team and I as the primary drivers, the improvement goal and purpose of the study, and the research questions for the PAR project that address the focus of practice.

Assets and Challenges

The PAR project depended on harnessing the many assets at the macro (policy), meso (organizational), and micro (team) levels, while attending to the challenges we faced at each of those levels. As I present the assets and challenges and summarize them in the fishbone diagram,

I was fully aware that the core of the work would be within the micro level on our team in our community of practice.

Assets. At the macro level, the reauthorization of the Individuals with Disabilities Education Act (2004) affords all students with disabilities a free, appropriate public education through an Individualized Education Plan (IEP). One tenet of IDEA requires that students be placed in the least restrictive environment. (LRE). A national push for policy that focused on practices of care supported our direction. Additionally, legislation regarding seclusion and restraint and amendment to the zero-tolerance law offered flexibility for determining when a student is suspended or expelled so that we could make decisions about preventing students from being traumatized or re-traumatized in the school setting.

At the meso or organizational level, HAISD employed well-prepared, qualified staff who supported students who require special education services. We provided 24 programs for students with significant impairments who are not otherwise successful within their local district. We had sufficient time structured for the CoP and a budget for professional learning. The evaluation tool for administrators and staff fostered growth and development; rather than judging practice. As a supervisor, I used a coaching model that supported the five persons in the PAR project to reflect on their practices.

At the micro level, HAISD employed individuals who deeply cared about the students and families they served, as well as the success of the organization. My area of expertise was at the micro level, organizing and coaching. The staff, in general, operated on a growth mindset (Dweck, 2016).

Challenges. However, significant challenges influenced the project design and had potential to influence the outcome. At the macro level, IDEA mandates that students are

provided special education programming and services that provide educational benefit. The primary system of ensuring that we meet the needs of students and families is through the Individual Education Plan (IEP), and local districts rarely have the full set of resources to comply with all IEP supports and services for our most vulnerable population. While the law supports students with disabilities, funding structures do not fully support schools to address the mental health, educational, and medical needs of our student population. Not only are schools underfunded, silos exist that prevent general education, special education, and community agencies to coordinate funding and resources. These funding structures foster a system that segregates students with extreme needs.

The meso level brought an added layer of challenge. HAISD's organizational culture was disjointed and lacked trust among individuals and teams, likely a result of complete turnover in the administrative team. In addition, existing relationships with the seven local school districts were strained. The organizational policies did not fully support staff wellness. Although staff were offered health insurance to cover health-related supports outside of the regular work day, policies and practices were not focused around the staff's physical and mental well-being. Little support for coaching and mentoring was provided. Finally, the current form of the leadership team structure was not fully functioning to meet the needs of the supervisors or their staff. That structure sat within an organizational culture at the county level, which had micropolitical issues and did not support self-care within the structure.

At the micro level, support systems were nonexistent for staff to meet all the needs of our most vulnerable populations. Staff turnover created added stress to the system and finding quality substitutes to fill the gaps was difficult. Beyond job related stress, life demands, and personal struggles, the supervisors at the start of the PAR lacked full trust in one another,

creating a barrier to collaboration. Special education supervisors managed programs that were at full capacity, with incidences of staff and student harm a regular occurrence. They processed and reviewed student referrals, torn between protecting the full classroom of students already receiving services from an HAISD program, but also recognizing that the student referred deserved and required intensive supports. The stress of the teachers they supervised, as well as the pressure from the local school districts to take on their students, created added stress. Figure 1 is a fishbone diagram, used in the improvement sciences to support thinking about root causes of action research before starting cycles of inquiry (Bryk, Gomez, Grunow, & LeMahieu, 2015).

Theory of Action, Improvement Goal, and Purpose

To embark on a focus of practice and the PAR project, I developed three ways to clarify what the team and I would do. First is a theory of action stated as a hypothesis; next, I further clarify by stating an improvement goal and the purpose of the project.

Theory of action. The theory of action for the PAR project: if I engage the special education supervisors as a co-practitioner research (CPR) group that carries out a plan of care for self and others, they will transfer their understanding and application to their leadership practices and, as a result, my leadership practices will change. Finally, we will be able to impact the team, their leadership practices, and those they serve. We would intentionally build our capacity for wellness and resiliency by capitalizing on the existing strengths and assets of ourselves and our organization. This would mitigate the negative effects of existing challenges and provide opportunities to improve our relationships and our leadership practices with the intent of having a positive effect on the organizational structures, including policies and practices.

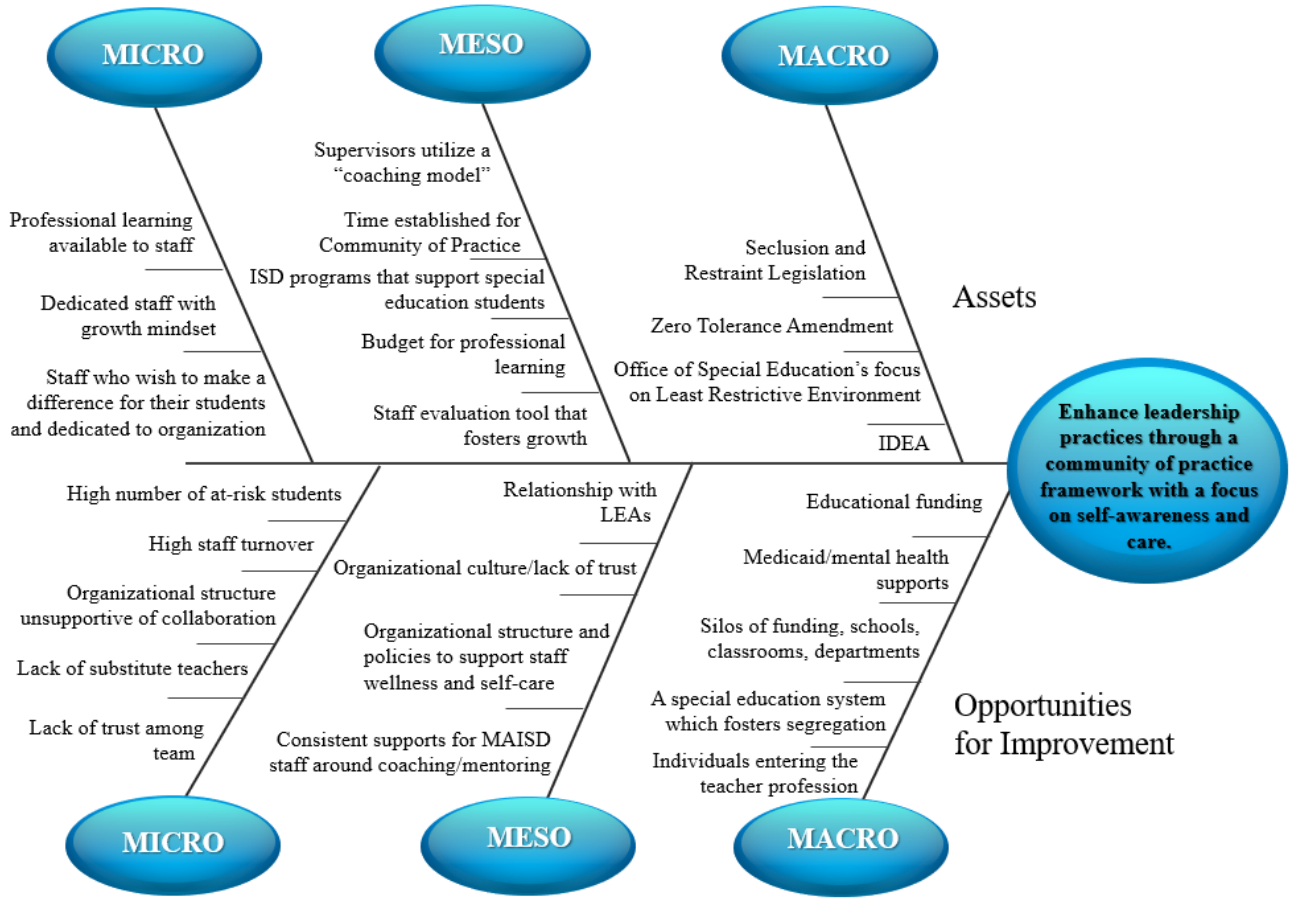

Figure 1. Assets and challenges of the PAR project.

Improvement goal. In discussing the overall improvement goal, I describe how the project unfolded. The goal of the participatory action research (PAR) project was to enhance leadership through a community of practice (CoP) framework with a focus on increased self-awareness and strategies to support wellness and resiliency. The project began with a focus on myself and extended to those within the special education supervisor CoP. A focused group of special education supervisors co-created a shared understanding of trauma-informed practices and focused on self-awareness as a conduit to responding to self and others with care. Figure 2 identifies the primary drivers and intended outcomes of the micro level group that moved this project forward (Bryk et al., 2015).

Research Questions

The overarching question of the PAR project was: How does a focus on care used among special education supervisors in a school district impact the team, their leadership practices, and those they serve? To best answer this question, the research sub-questions were:

1. How do special education program supervisors carry out a plan of care for self and others to become more thoughtful and supportive leaders?
2. To what extent do the supervisors transfer their understandings and application of care to their leadership practices?
3. To what extent do my leadership practices change through the development of a community of practice with a focus on care?

Significance of the FoP

Hope County, comprised of many children and families impacted by poverty and the effects of trauma, is a prime example of a rural county and school district that experience severe

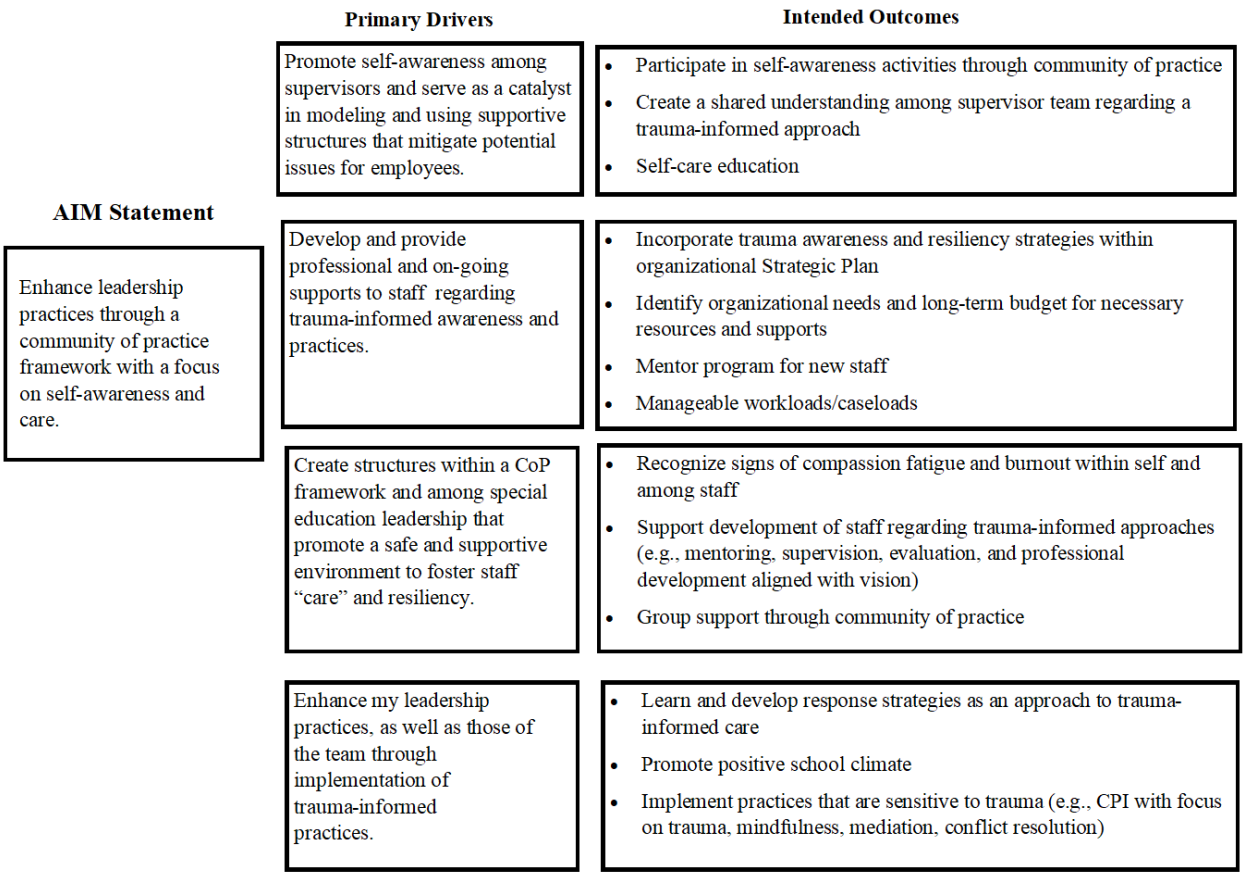

Figure 2. Driver diagram: Aim, primary and intended outcomes for the PAR project.

economic challenges and the negative effects of poverty. The traumas of childhood abuse and household dysfunctions that include physical, sexual, and emotional abuse, neglect, parental substance abuse, and violence or mental illness in the home affect children at school. We, as educators, need social empathy and strategies to increase resiliency for both supervisors, teachers, and support staff because their work impacts the children and families in our community. The PAR project focused on the special education supervisors who managed all special education staff and students within HAISD. By bringing together their voices, to best serve our staff and student population, we expected to have an influence on our micro level in schools, at the institution or meso level on the school district and raise awareness in our county. Potentially, the project can provide a way forward for many school districts in similar situations.

Action Research Design Overview

The details of the participatory action research design are discussed in Chapter 4; in this section, I provide an overview. The co-practitioner research group was comprised initially of six special education supervisors, and, after the PAR Cycle One, five CPR members. The individuals were best suited for the research study due to the impact they could have on our organization. Although we met regularly before the project, we had not fully embraced the community of practice framework. My role as their direct supervisor, as well as the CoP facilitator, supported us to focus on our needs as a supervisory team and work to improve our leadership craft.

The PAR study involved the five CPR group who worked to identify what supports positively affected team dynamics, leadership practices, and a care approach to self, team members, and those they served. Through a process of inquiry using qualitative data, CPR group answered the research questions (Shevalier & McKenzie, 2012). We engaged in three cycles of

inquiry from August 2017 to October 2018 that are further discussed in detail in Chapter 4 and Chapters 5, 6, and 7. I used analysis of evidence from each cycle to adjust my leadership actions and to inform team decisions. The PAR project had the potential to be significant to each of us as professionals and to the school district as a model of how a group of educators can change the ways they relate to each other so that they support each other. As a result, we believed that by persisting using research-based processes that we could offer guidance to other teams of teacher and educational professionals about how to change from the inside-out and be more effective as leaders (Grubb & Tredway, 2018).

Study Limitations

As indicated above, while my position as facilitator of the CoP provided a platform to engage in the work, my position as the supervisor of the co-practitioner researchers brought with it a power dynamic of which I needed to be fully aware. To prevent my own biases through the research process, the CPR members were encouraged to support the development of the CoP and co-analyze data throughout this research study. Another study limitation involved the ethical responsibilities of the researcher to "do no harm" (Principles of Research Ethics, 2012; Hunter, Emerald, & Martin, 2013). While extensive data were collected to support our understandings, that evidence was used by the team for increasing our capacity. However, making the iterative data public was intended to boost team and organizational trust. We believe that the evidence presented in Chapters 5-7 is sufficient to support the changes we made as a team and offer direction to other educators who seek to understand their professional work and make changes in team interactions. Finally, the study was limited by the sample size. While there may be conclusions drawn that provide useful implications for future studies, the study is specific to the context and specific to a department within a larger organization.

Summary

Recently, on a returning airline flight home, the stewardess demonstrated what to do in an emergency. As usual, at the end of her demonstration she stated: “Be sure to adjust your own mask before helping others”. There is a reason this practice is encouraged in the event of an emergency. If you are unable to take care of your own basic needs, there is no way you can take care of the needs of others. The airline directive rings true for those in education. We must take care of our own needs so that we have the energy, patience, and empathy to take care of those we serve. Staff have a much better chance of supporting teachers, families, and students when they become more aware of their emotions, are able to balance the demands of life along with activities they enjoy, and are connected to others (Aguilar, 2016). Once they could recognize and acknowledge their triggers and identify healthy ways to respond to them, they have an increased ability to manage the stress of their work and demonstrate improved effectiveness as individuals and as a team supporting mutual understanding and reciprocity.

In looking forward, Chapter 2 provides an in-depth review of literature, beginning with the rising need for trauma-informed care. Identifying barriers to care, including compassion fatigue, burnout, and organizational factors that negatively impact those in the helping professions, is the second section the literature reviews. Finally, the remaining section focuses on hope, with a review of promising practices of self-care, organizational supports, and leadership practices that mitigate the effects of trauma and burnout.

Chapter 3 highlights the context of the participatory action research (PAR) study, providing a picture of Hope County, including its assets and opportunities for improvement. By introducing the people and place and the political environment, I provide a better understanding

of why the PAR project was chosen and designed as it was. Finally, I explain my role as researcher.

Chapter 4 provides a research design for answering the overarching research question: How does a focus on care used among special education supervisors in an intermediate school district impact the team, their leadership practices, and those they serve? It defines the research design approach, the research questions, and the participants in the study. Finally, I explore three cycles of research inquiry, identify the data collection instruments and methods, and describe the data analysis process.

Chapters 5, 6, and 7 report emerging findings, themes, and then claims. Each chapter describes what happened, what evidence I collected and analyzed, and what the implications are for the study. Chapter 8, the final chapter, summarizes the key claims and offers major implications and limitations of the study.

CHAPTER 2: LITERATURE REVIEW

Introduction

Many, like myself, enter the educational field because we wish to make a difference. Many of us desire to promote the kind of social change that occurs when individuals collectively commit to change (Souers & Hall, 2016). By creating a sense of hope in the workplace, we promote action for social change (Malik, 2013). Duncan-Andrade (2009) posits three forms of hope that should exist holistically: material, Socratic and audacious hope are necessary for creating possibility and fostering resiliency. Educators can provide material hope by organizing a quality and relevant education. We do not have to ignore the toxic environments that exist for many of our students and staff, in fact, we should acknowledge them, but focus on providing rigorous, high quality experiences. Socratic hope is the examination of one's life with and among students as a method to humanize one another. Through self-sacrifice, love, and support, educators can hold high expectations for students, who do not deserve less simply because of their life situations. Audacious hope fosters healing; this comes with sharing not only in the successes of our students, but also working through their pain. It is our choice to either ignore and eliminate the pain or address it and support through a healing process. A classroom of students observes how we respond to the pain of a child in need. Our actions strengthen or diminish the hope of others. If our response is supportive, they may gain hope that we will care about them in their time of need. If our response is unsupportive, they likely fear that we will treat them in a similar way when they need us the most. Those who are "more optimistic, are hopeful, have a sense of worth, and are resilient may be more equipped to meet the demands of the changing and uncertain environment confronting most organizations today" (Slatten, Carson, & Carson, 2011, p. 332).

Those who work in caring professions want to remain hopeful but may be impacted emotionally and psychologically. Some of the negative effects are not solely a result of supporting those in need. The organization itself may be a factor that contributes to an individual's overall well-being (Bell, Kulkarni, & Dalton, 2003). The persons experiencing primary trauma often transfer the effects of trauma to their caregivers as secondary trauma. How that affects our collective abilities as caregivers and supervisors; and how I, as the supervisor of site supervisors within the Instructional Services Division of our county office, can support them in their work are the subjects of the PAR project and study.

The effects of primary or secondary trauma on an individual's health and well-being has been researched extensively (Conrad & Kellar-Guenther, 2006; Harrison & Westwood, 2009; Lee, Veach, Macfarlane & Leroy, 2015; Potter, Pion & Gentry, 2015; SAMHSA, 2014). The Adverse Childhood Experiences (ACE) study identified how primary trauma impacts individuals later in life (Centers for Disease Control and Prevention, 2016). Menschner and Maul (2016) posit that "exposure to abuse, neglect, discrimination, violence, and other adverse experiences increase a person's lifelong potential for serious health problems and engaging in health-risk behaviors" (p. 1). One in three individuals are raised in an environment or are exposed to a number of ACEs that breed toxic stress, which, in turn, impacts brain development and quality of life (Felitti, 1998; Souers & Hall, 2016). Certainly, understanding the effects of working with traumatized youth is becoming more important than ever.

Trauma has been found to negatively impact student success (SAMHSA, 2014), and it impacts the ability of those in caregiving positions to fully engage in their work. When caregivers continually focus on the needs of those in which they serve without acknowledging their own needs, they may fall into patterns of self-destructive behavior (Bonczyk, 2016). Some

individuals have experienced trauma or encountered trauma through the eyes of those whom they serve (Bell et al., 2003). Substantive research has been conducted on those working in aiding professions who provide services and support to those who have or are experiencing trauma, such as counselors, social workers, nurses, and child protection workers (Conrad & Kellar-Guenther, 2006; Harrison & Westwood, 2009; Lee et al., 2015; Potter et al., 2014). There is, however, less research on those working in the educational field, especially long-term supervisory professionals serving special education teachers, students, and families. "Schools are a microcosm of society; within its walls vulnerable students spend their days, some of whom have preexisting psychiatric disorders or history of neglect, in addition to at-risk students living in poverty, with unstable housing situations and extreme economic challenges" (Hydon, Wong, Langley, Stein, & Kataoka, 2015, p. 322). Because the traumatic events that students experience lead to emotional difficulties and subsequent academic struggles, the teachers often make them known to the supervisors, who are the CPR members in this research project. The supervisors then are absorbing layers of trauma and need.

The purpose of this chapter is to review literature on issues for educational professionals and how those issues, including trauma, affect performance. We need to understand the promising practices for self-care and the ways that supervisors can support the teams they supervise. The analysis of the literature responds to the overarching research question: How does a focus on care used among special education supervisors in a school district impact the team, their leadership practices, and those they serve? I am terming this a plan of care, in which care is meeting the needs of self and of others through self-awareness and deliberately acting upon that knowledge in supportive ways.

The literature analysis related to the effects of trauma in helping professions is divided into four areas, which are, of course, related to each other, but provide key elements of the topic:

- Understanding the issues for service-oriented professionals, such as compassion fatigue and burnout, is the first step in self-awareness (Menschner & Maul, 2016).
- Becoming trauma-informed and creating a culture of self-awareness promotes wellness and resiliency (Salloum, Choi, & Stover, 2018).
- Promising practices of care can transform an organization, creating a culture that embodies trauma-informed care (Purvis, Cross, Jones, & Buff, 2012).
- Mitigating the effects of working in a caring profession are possible through supportive leadership (Purvis et al., 2012).

The dramatic rise in trauma incidences causes an increase in the need to support those working with traumatized students in the educational profession, although there is insufficient empirical literature on this topic (Hydon et al., 2015). We can, however, draw from two areas of the general literature: self-awareness and strategies that can promote a culture of "care." Understanding my responsibility as a supervisor of leaders, I had to facilitate, coach, and model a culture of "care" with the five special education supervisors who are CPR members in the PAR project.

Issues for Service-Oriented Professionals Impact Performance

Many factors affect an individual's relationships, happiness, and work performance. For those working in a caring profession, these factors can result in lost opportunities throughout a lifetime (Souers & Hall, 2016). This section of the literature review addresses the need for trauma-informed care in educational settings, the barriers that exist to adequate care, compassion fatigue, burnout, and issues related to the work environment.

Trauma-Informed Care: A Requirement for Educational Settings

Students who are referred to special education programs in the Hope Area Intermediate School District (HAISD) are often physically aggressive, depressed, anxious, and/or pose threats of harm to themselves and others. Within the last two years, we have witnessed an increase in students who are referred to our more intensive programs, creating the need to open three new programs for students with autism and emotional impairment. Trauma was prevalent, and no one was immune to it (Souers & Hall, 2016). It not only affected the students whom we served, it showed that trauma had profound effects on those who provide support as well (Collins & Long, 2003; Purvis et al., 2012). I discuss physical reactions to trauma and the detrimental effects of trauma.

According to Souers and Hall (2016), our bodies are naturally designed to respond to situations that appear dangerous. When a child is faced with continuous trauma or feels unsafe due to past traumatic events, he or she experiences a "heightened state of alert," and the response may be to fight, flight, or freeze (Souers & Hall, 2016, p. 21). In an educational setting, a student may seem to be acting out, non-compliant and/or unmotivated. Thus, the educator must observe and recognize the signs of trauma and respond in a supportive way. The role that educators play in a child's life is instrumental because they need to create environments that are safe, predictable, and motivating (Alisic, Bus, Dulack, Pennings, & Splinter, 2012). If the educator can first understand why children behave the way they do, it is more likely they can respond with compassion instead of deepening the trauma with inappropriate or negative responses (Souers & Hall, 2016).

The effects of trauma can be detrimental; however, high quality relationships can repair the damage done (Souers & Hall, 2016). Those in the field of education are charged to build

connections with the children they teach. Educators often take the responsibility of identifying the social and emotional needs of their students in addressing barriers to learning (Hydon et al., 2015). Becoming self-aware of thoughts, emotions, and triggers enable educators to respond to the social and emotional needs in supportive, rather than reactive ways.

Teachers and supervisors first need to be aware of the increase in knowledge and incidence of childhood trauma. The Adverse Childhood Experiences Study (ACEs), implemented by Kaiser Permanente, identified the impact and long-term effects of trauma. The study size was large, addressing 17,337 adults who were predominantly white, middle class, and all with medical insurance. Ten questions were asked of the survey participants, which helped to identify: their exposure to childhood physical, sexual, and emotional abuse, childhood physical and emotional neglect, their witnessing of domestic violence, and if they lived with a substance abusing, mentally ill, or incarcerated household member as a child (Felitti, Nordenberg, Williamson, Spitz, Edwards, & Marks, 1998). One-third of the respondents identified no ACEs; 28% reported physical abuse; 21% had been sexually abused; 27% lived in households that substance abuse took place; 13% lived in homes where the mother was treated violently; 18% lived with a family member that had mental illness; and 5% experienced criminal behavior in the household. This research identified that one in five children have experienced some sort of traumatic event in three or more categories of the study.

With the exception of the child's home environment, the school plays a large role in a child's social environment. Thus, a safe and supportive school environment is critical for children who have experienced trauma. If an educator is unable to meaningfully connect with students, the strategies they employ are ineffective and perhaps have negative consequences (Souers & Hall, 2016). In contrast, when teachers and their supervisors understand the root cause

of a child's behavior, and know how to respond, connections are established and can affect the caregiver's quality of life (Sprang, Clark, & Whitt-Woosley, 2007). However, there are additional barriers to the adult's ability to stay in the profession.

Barriers to Care

A survey conducted with over 1,000 teachers in England identified factors that impacted a person's desire to remain within the profession. Over half of those surveyed indicated they had thought about leaving, primarily because of their workload. Forty-three percent, however, indicated that school leadership was why they were contemplating leaving this profession. In addition, the respondents identified school culture and student behavioral challenges as factors contributing to their unhappiness. When those who are highly trained and experienced in their field abandon their positions, or when job-related circumstances impact an individual's performance in negative ways, it can be detrimental to the students and staff whom they serve (Harrison & Westwood, 2009). Two factors that affect professionals adversely are compassion fatigue and burnout.

Compassion fatigue (CF). A key issue for those in the caring fields is compassion fatigue (CF); a term used to describe the secondary trauma caused by working in a helping profession (Potter et al., 2015; Thieleman & Cacciatore, 2014). Compassion fatigue is stress that results from the intense desire to help someone who is suffering due to a traumatic event or events (Conrad & Kellar-Guenther, 2006; Slatten et al., 2011) and the "natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced or suffered by a person" (Adams, Boscarino, & Figley, 2006, p. 103). Through the process of providing ongoing social-emotional support for persistent issues of primary trauma, individuals become susceptible to compassion fatigue, otherwise known as "secondary traumatic stress"

(Hydon et al., 2015). While service-oriented work itself may be highly rewarding, the effects of compassion fatigue can have far-reaching negative effects (Thieleman & Cacciatore, 2014). Some adult caregivers become dysfunctional, and the onset of compassion fatigue can happen quickly (Slatten et al., 2011).

Those suffering from compassion fatigue (CF) may experience symptoms such as hypervigilance, irritability, anxiety, periods of sadness and depression, intrusive thoughts, insomnia, and nightmares sometimes leading to self-isolation and the inability to access supports (Conrad & Keller-Guenther, 2006; Cummins, Massey & Jones, 2007; Slatten et al., 2011). CF often creates conflict at work, such as relationships with colleagues, attendance, and work performance (Cummins et al., 2007). Beyond impacting work effectiveness, an individual's relationships outside of the workplace and their emotional well-being may be affected (Conrad & Kellar-Guenther, 2006). When experiencing compassion fatigue, individuals may lose their ability to empathize with those whom they are working to help (Lee et al., 2015).

Specifically, compassion fatigue affects individuals in multiple ways: physically, emotionally, behaviorally, cognitively, interpersonally, spiritually, and professionally (Hydon et al., 2015):

- Physical symptoms: low energy, difficulty sleeping; physical complaints
- Emotional symptoms: anxiety; sadness or depression; feelings of low efficacy and inadequacy; hypersensitivity
- Behavioral symptoms: poor sleep; withdrawn; unhealthy coping mechanisms (e.g., drugs, alcohol, eating, gambling); more prone to accidents
- Cognitive symptoms: lack of concentration; low self-esteem; hyper vigilant

- Interpersonal symptoms: withdrawn or isolated from both professional and personal support systems; lack of trust with leadership; low tolerance of others; disinterest in physical touch or intimacy
- Spiritual symptoms: anger or questioning about a higher power; lack of purpose
- Professional symptoms: low work production or performance; school relationships negatively affected

Compassion fatigue may occur suddenly with few warning signs; however, the symptoms are substantial.

The need to address compassion fatigue in the caring professions is significant, as it has a long-lasting negative impact on the individual and those around him or her. It affects an individual's work performance, personal relationships, and ability to support those who need them most. Stress is a major contributing factor to CF, resulting from the high level of care that caregivers often give to others who are in crisis. Individual characteristics, organizational, and demographic factors can increase the risk of compassion fatigue. Oftentimes, those characteristics are the very reason a person chooses to work in a caring profession.

Individual characteristics. Those who are highly empathetic are more likely to internalize the feelings of those in which they come into contact with (Conrad & Kellar-Guenther, 2006), especially when their efforts yield little to no improvement (Potter et al., 2015). Compassionate individuals are able to identify when others need support, empathize with their situation, and then respond by providing support (Slatten et al., 2011). They desire to help and protect individuals who are struggling or have been hurt. Empathy and compassion are important characteristics of those working in a helping profession. However, these characteristics increase

an individual's likelihood to suffer from compassion fatigue, especially when they may have experienced their own primary trauma (Hydon et al., 2015; Slatten et al., 2011).

A study conducted by Lee et al. (2015) identified these characteristics as related to compassion fatigue: locus of control, anxiety, and compassion satisfaction. Locus of control refers to the feeling that individuals believe they have control over events that occur in their lives (Fournier, 2018). Those who believe they can influence events and outcomes in their life are considered to have an internal locus of control, while those who blame outside forces for their decisions and outcomes are considered to have an external locus of control. The study by Lee et al. (2015) revealed counselors with an external locus of control were more likely to be impacted by compassion fatigue, as were those who did not view life optimistically. The researchers also investigated anxiety as a risk factor for compassion fatigue. Those with higher levels of trait anxiety, anxiety that occurs more frequently and with increased intensity, are at increased risk for compassion fatigue, particularly when their self-esteem is threatened. This characteristic leads to feelings of discouragement, inadequacy, and loss of control. Finally, those with higher compassion satisfaction are at greater risk for compassion fatigue. Compassion satisfaction refers to gratification that comes from helping others (Collins & Long, 2003). When the caregiver finds meaning in their work, or compassion satisfaction, but are faced with uncontrollable situations that influence their self-esteem, they are at greater risk for compassion fatigue.

***Organizational and demographic factors*.** Factors that may intensify compassion fatigue include long hours and working with a high caseload of individuals who have experienced traumatic events (Sprang et al., 2007). Compassion fatigue is often more prominent for those providers living in rural communities (Slatten et al., 2011) because of limited resources or availability of resources. Compassion fatigue is less prevalent in those who are older and

experienced (Slatten et al., 2011), because novices have not identified how or what to access for support. Sprang et al. (2007) identified higher levels of compassion fatigue among female mental health providers. Of those participating in that research study, 69.6% of the 1,121 participants were female. They ranged in age from 23 to 81 with an average age of 45 years; the average years of experience was 13.92 years. Compassion fatigue is of concern in helping professions, as it can quickly lead to burnout.

Burnout. Burnout is a state in which the demands put on an individual far outweigh the resources available to do the work (Bell et al., 2003; Potter et al., 2015). Often tied to a person's work environment (Hydon et al., 2015), burnout can be described as "the loss of enthusiasm, excitement, and sense of mission in one's work" (Conrad & Kellar-Guenther, 2006, p. 1,073). While compassion fatigue or secondary trauma and burnout have similar characteristics, such as emotional exhaustion, they are not the same and should be treated differently (Adams et al., 2006; Slatten et al., 2011). Burnout occurs over an extended period of time (Slatten et al., 2011) when stressors are continuous. Characteristics of burnout include cynicism, emotional distress, depersonalization (Slatten et al., 2011), and social functioning, physical, or health related problems (Sprang et al., 2007). Regardless of an individual's profession, burnout may occur (Lee et al., 2015).

Negative effects of burnout. If left untreated, compassion fatigue may lead to burnout, which in turn may lead to staff turnover (Lee et al., 2015). Burnout is often the root cause of turnover, which ultimately impacts an organization from functioning at its highest potential (Conrad & Kellar-Guenther, 2006). Those who work in helping professions are at a heightened risk (Sprang, Clark & Whitt-Woosley, 2007). The desire to make a positive impact on others and the relationships that are built through this process impact the heart.

Burnout has many physical and physiological ramifications, such as fatigue, feelings of isolation, poor work attendance, staff turnover, and decreased work performance (Lindo, Meany-Walen, Ceballos, Ohrt, Prosek, Yousef, Yaites, Ener, & Blalock, 2015; Potter et al., 2015). Burnout is experienced when there is simply nothing left to give. If stress from work is ongoing and relentless, burnout is more likely to occur. Sherman and Thelen (1998) found that when therapists were under heavy stress at work, their personal lives were affected. Those experiencing burnout may not realize that a change in their overall wellness has occurred (Cummins et al., 2007). Several symptoms and signs of burnout include:

- Physical depletion (Slatten et al., 2011)
- Disengagement from friends, family and colleagues (Cummins et al., 2007)
- Chronic stress (Slatten et al., 2011)
- Negative self-talk (Cummins et al., 2007)
- Criticism of work and decreased performance (Slatten et al., 2011)
- Making mountains out of molehills (Cummins et al., 2007)
- Failure to recognize the resources available for support (Cummins et al., 2007)
- Low job satisfaction (Slatten et al., 2011)
- Cynicism, negative behavior and low morale (Slatten et al., 2011), including anger and complaining (Cummins et al., 2007)
- Low self-efficacy (Slatten et al., 2011), feeling as if they lack the skills to accomplish goals (Cummins et al., 2007)
- High turnover rate and absenteeism (Slatten et al., 2011)

For those working in the caring professions, many individual characteristics may influence the likelihood of compassion fatigue and/or burnout. Traits, such as compassion and

empathy, are the primary reason an individual may be attracted to a caring profession; however, these same qualities increase the likelihood of CF or burnout. Individuals with an external locus of control, high levels of anxiety, or pessimistic attitudes are more likely to suffer from the negative effects of working with those impacted by trauma. Compassion fatigue can quickly lead to burnout, which negatively affects an individual's personal and professional life.

Individual characteristics. When an individual is highly involved with those whom they serve and lack necessary supports, burnout may occur (Adams et al., 2006). Women are also more likely to experience the effects of working with traumatized individuals (Hydon et al., 2015). Individuals who work directly with those who have been faced with traumatic events, have their own history of trauma, and are highly empathetic, are more likely to experience compassion fatigue (Hydon et al., 2015).

Those considered rural providers are more likely to have increased levels of burnout (Cummins et al., 2007; Sprang et al., 2007). Rural areas often lack the resources found in urban communities. Based on national survey results, those who are younger and less experienced are more likely to experience both compassion fatigue and burnout (Hydon et al., 2015). Younger and more inexperienced staff are more likely to experience symptoms of burnout (Slatten et al., 2011). "Younger clinicians and those with less than a master's degree are more vulnerable to secondary traumatic stress" (Harrison & Westwood, 2009, p. 4). Bell et al. (2003) contributes this to the lack of opportunity to develop effective coping strategies that more experienced staff may have developed.

Organizational factors that increase risk. An organization can have a tremendous impact on an employee's perspective as it relates to their work, and most especially to those employees who are serving in situations in which there is a high percentage of trauma. The organizational

culture and the individuals in the organization can either promote job satisfaction or increase the likelihood of burnout (Bell et al., 2003). Often, individuals working in a caring profession have been left to address compassion fatigue and burnout on their own. Certainly, like compassion fatigue, there are individual and organizational factors that contribute to employee burnout.

Work environment. Burnout, unlike compassion fatigue, is not always tied to the emotions that result from working with those who have faced traumatic events. It can also be connected to institutional stress, an unsupportive work environment (Lindo et al., 2015), or workload (Cummins et al., 2007; Sprang et al., 2007; Thieleman & Cacciatore, 2014). When those in the field are not afforded opportunities to release their emotions regarding their work, emotional exhaustion and burnout may be prevalent (Conrad & Keller-Guenther, 2006).

An unsupportive work environment can cause burnout that can be reflected in a lack of supervision or ineffective leadership, excessive workload, limited resources, lack of job roles and responsibilities, and disrespectful or abusive colleagues (Slatten et al., 2011). Role overload and role conflict have also been linked to burnout. When an individual is asked to do more than what they are capable of doing, role overload occurs. When individuals need to decide between two very important roles, as a mother attending her son's play or as the supervisor, attending the funeral of a staff member, the conflict creates tension for the employee (Slatten et al., 2011). When the demands of work increase, this often impacts necessary personal time (Miller, 2016).

Finally, the type of responsibility in a work setting and age and experience of the professional influence burnout. Social workers and child welfare workers, for example, often have a high caseload of children who have experienced trauma. This puts them at a much higher risk for secondary trauma and burnout (Hydon et al., 2015). Having a diverse caseload has been found to decrease the negative effects associated with working with this population (Bell et al.,

2003). As an individual matures and/or their education and years of experience increases (Harrison & Westwood, 2009), she is at a reduced risk for compassion fatigue and burnout (Sprang et al., 2007).

This section of the literature review had the potential to inform and support the CPR group in identifying and addressing factors that impacted each member personally and professionally, as well as those they supervise. Through understanding the causal factors of compassion fatigue and burnout, as well as an awareness of organizational factors that contribute to each, the CPR group had the ability to develop a personal and an analytical understanding of the need to address self and organizational care. Their roles in the study are further explored in Chapter 3.

Becoming a Trauma-Informed Organization

Agencies and organizations who wish to be trauma-informed need to look at their organizational culture (Bath, 2008; Hydon et al., 2015; Rheem, 2017). This organizational need requires collaboration with other service agencies, but first and foremost, a focus on physical and emotional safety of all. The Adolescent Health Working has identified three key elements to being trauma-informed: realizing the pervasiveness of trauma, recognizing the impact that it has on students, staff, programs, community and organization as a whole, and responding to the needs as a result (Lee et al., 2015; St. Andrews, 2013). We need to include all members of the organization having an understanding of trauma and how it affects not only those in which we serve, but also within ourselves and our colleagues because anyone at any time may be impacted by trauma or the effects of working with others who are impacted by trauma. Of course, having a personal history of trauma and/or personal stressors greatly impacts an individual's ability to manage stress related to the job (Cummins et al., 2007). Thus, all individuals within the

organization need to collaboratively understand trauma warning signs and then engage in developing and implementing policies and practices that support those who may be impacted by trauma and cultivate a community that focuses on resilience and healing. By identifying guiding principles that support those impacted by trauma, we can change team and organizational cultures (Bath, 2008; National Child Traumatic Stress Network Schools Committee, 2008; Purvis et al., 2012).

The key principles of a trauma-informed organization include:

- Safety: All individuals who work, are served by, or come in contact with the organization feel physically and emotionally safe
- Trustworthiness and transparency: The organization involves stakeholder input in organizational decision making and provides transparent communications
- Collaboration
- Empowerment
- Voice and choice
- Peer support and self-care
- Resilience and strengths-based focus
- Inclusiveness and shared purpose
- Cultural, historical and gender relationship to trauma (Lee et al., 2015; St. Andrews, 2013).

While trauma is prevalent and the effects can have serious implications, organizations have the ability to mitigate the negative effects and provide a level of support that promotes a healthy culture. This section of the literature review addresses the organizational role in becoming trauma-informed and the necessity of creating a culture of self-care.

The Organization's Role in Becoming Trauma-Informed

Becoming trauma-informed has become a national movement, as those in the human services system come to recognize the adverse effects of childhood trauma (Statement from Linda Rosenberg, 2018). Not only have we learned of the pervasiveness of adverse childhood experiences, researchers have identified the long-term effects of trauma and the impact it has on those working in the caring professions (Adams et al., 2006; Adams et al., 2016; Alisic et al., 2012; Bath, 2008; Bonczyk, 2016; Collins & Long, 2003; Conrad & Kellar-Guenther, 2006; Harrison & Westwood, 2009; Hydon et al., 2015; Lee, Veach, Macfarlane, & Leroy, 2015; Malik, 2013; Menschner & Maul, 2016; Newell & MacNeil, 2010; Richards, Campenni, & Muse-Burke, 2010). This section of the literature review offers hope as it uncovers the organizational climate factors that positively impact those who serve and those we serve. It extends beyond supportive leadership, providing insight into a healthy organizational climate, including strategies and supports that encourage a caring, supportive, and safe environment for all.

Organizational Climate

The Adolescent Health Working Group identified trauma triggers that may cause individuals to respond in unsafe or inappropriate ways (St. Andrews, 2013). Triggers may occur when an individual is touched in a certain way, hears, smells or sees something that triggers a memory, engages in a disagreement or a conversation about a topic that brings up past emotions, or is faced with an unpredicted circumstance. The reactions may include but are not limited to: engaging in a fight, becoming angry or anxious, disengagement or withdrawal, and/or participating in unhealthy options such as drinking alcohol or eating (Lee et al., 2015). However, by deliberately addressing the organizational climate that sustains people rather than exacerbates

the personal situation, over which we have limited control, our project had the potential to decrease triggering moments and equip us to become a compassionate, caring, and self-aware organization.

Compassionate and supportive. A compassionate organization should be "expected, recognized, valued and celebrated" (Slatten et al., 2011, p. 329). This extends beyond supportive leadership and becomes a culture in which all members are encouraged to listen and support their colleagues. This support encourages compassion, that in turn fosters resiliency. Cole's (2005) policy agenda highlights how educational organizations can support both students and their staff through policies that emphasize proactive supports, safe and positive school climate, and professional learning for staff that focuses on trauma and secondary trauma and strategies for working with traumatized individuals.

Proactive supports. Organizations often take a reactive approach and provide supports when the signs of burnout are observed, such as decreased productivity and absenteeism; however, a proactive approach is more beneficial for everyone. Two important factors mitigate compassion fatigue and burnout. Those in management positions have the ability to decrease the likelihood of both (Slatten et al., 2011). First, when an organization provides a supportive work environment with adequate supervision (Harrison & Westwood, 2009), employees are less likely to experience the strongest effects of CF and burnout. Secondly, when an organization offers its employees the ability to make informed decisions independently based on their beliefs, as well as have access to supportive resources, the organizational climate is strengthened by more autonomous employees. This offers a sense of control over their work environment, even when some aspects of it are out of their control (Sprang et al., 2007). Finally, by providing regular supervision, early warning signs related to burnout are more easily identified and addressed

(Harrison & Westwood, 2009). A sense of autonomy improves overall well-being (Slatten et al., 2011). This can be accomplished in multiple ways: by providing opportunities for professional growth, encouraging creativity and the development of a shared vision, offering programs that encourage stress management (Slatten et al., 2011), and by providing or supporting continuing education (Lee et al., 2014).

Promoting a safe environment. Using pedagogical strategies that support a safe learning environment in which all voices are honored, leads to dramatic learning; and educators feel supported by a network that shares their values and experiences (Dewey, 1938; Knowles, 1977; Shollen, 2016; Theoharis, 2009). Shollen (2016) affirms the need to establish an intellectually and emotionally safe learning environment that allows individuals to openly share without fear of retaliation from others. It should be an environment in which those involved have opportunities to show care for one another through respect and engagement. Safe environments challenge others to grow both personally and professionally, enhance overall communication skills, and foster self-awareness. It is imperative that ground rules or agreements are established that identify how disagreements are handled and respectful communication is enforced; mutual respect becomes a non-negotiable. The leader/facilitator models supportive communication in which "all voices are equally invited and heard, every comment is respectfully considered, critiques are, constructive, discussions are about being open to perspectives rather than about controlling, and ideas can be tested without overconfident conclusions being prematurely drawn" (Shollen, 2016, p. 4). Transformative learning can exist in environments that are safe.

Supporting adult learning. Paying attention to adult learning or andragogy is critical (Knowles, 1980). Four guidelines for adult interactions differ from the ways children and youth

learn; these are critical when constructing the work environment as a learning organization. The four guidelines are:

1. Rely on adult experiences as a rich reservoir for learning.
2. Trust adults to be self-directed learners.
3. Choose tasks and social roles that enhance readiness and willingness to learn.
4. Ensure that adults can apply learning immediately.

These seem straightforward on the surface but require intentional construction of agendas, activities, and plans for formal and informal communication. If adults experience a highly organized and supportive learning environment that pays attention to individual needs and builds a collective network, they are more likely to fully engage and see the usefulness of the learning.

Organizational spaces that are consistent and provide emotional safety for adults to share their stories of practice, maintain confidentiality, and work through their dilemmas are the backbone of a networked learning community in which adults have a sense of empathy and reciprocity (Dewey, 1938; Theoharis, 2009). Theoharis confirms that offering a social network focused on how adults are supporting inclusiveness and equity for students and teachers reduces the likelihood of compassion fatigue by providing individuals with a support network they can learn from and lean on in times of need. A network focused on the social justice mission that consistently names the importance of their work for a larger purpose improves the employee's sense of value, connects their work to the larger context of creating equitable educational environments, and helps them know they are not alone (Rigby & Tredway, 2014).

Supporting care of self and others. An organizational environment could and should promote health and wellness (Miller, 2016). Adopting policies that incorporate trauma-informed care, as well as the provision of resources and supports for those who serve our students, families

and the organization should be expected (Menschner & Maul, 2016; Miller, 2016). This could include supports that help staff to rejuvenate, including flex time to better allow for self-care practices, mental health days, and encouragement of time away, demanding that it is "guilt free" (Miller, 2016, p. 142). Other supports are of no or little cost, such as small acts of service, which have great impact when done publicly (Slatten et al., 2011). The benefits of these practices go beyond supporting an individual and serve as a positive model of what the organization strives to be, likely to encourage others to act in the same way (Slatten et al., 2011).

Younger and more inexperienced staff have a greater likelihood of burnout; therefore, supports such as mentoring programs for new staff are encouraged (Slatten et al., 2011). Tenured staff gain a heightened sense of autonomy when provided an opportunity to exercise their leadership in this sort of position; therefore, benefiting both the veteran and inexperienced teacher. Mentoring programs have a positive impact on both the mentor and mentee, increasing the mentee's job satisfaction and future ability to lead, and leaves both the mentee and mentor as feeling valued (Slatten et al., 2011).

Evidence from a qualitative study of ten school principals that reviewed and analyzed 20 hours of videotape to identify how leaders demonstrate equity in their practice found that leaders have a special responsibility to be fully aware of the role that they and the staff they supervise play in providing safe and equitable learning environments for children and youth. They need to name the equitable practices they observe, supporting their staff to understand how their work fits in the larger structural context of equity and justice, particularly as special education professionals. They must coach those they supervise to clear next steps that increase the likelihood of equitable practices (Rigby & Tredway, 2014). When leaders attend to naming

equity in the organization and staff realize they are a micro part of the larger structural goals, they are more likely to see their work as a product of a larger effort.

In summary, organizational leaders have an obligation and opportunity to support their staff by creating a community of care. A supportive framework can mitigate the likelihood of compassion fatigue and burnout. Formal mentoring programs, employee training, supportive leadership, and a compassionate organizational culture are all structures and supports that can decrease the likelihood that an individual is negatively affected by their work in a caring profession. Implementation of pedagogical strategies that honor all voices and help to create a community of care, safety, and respect are the foundation of a trauma-informed organization.

Creating a Culture of Self-Awareness

As educational leaders, it is important that we recognize signs of our own physical and emotional needs. To foster a culture of self-awareness and self-care, Miller (2016) suggests that one critical component of our work is to take care of ourselves. Self-care requires attention, and often is counter-intuitive to the caregiver, as she sees that as her primary role. The key elements of adult self-care are similar to the social-emotional learning standards that we employ for children and youth: self-awareness, social awareness, self-regulation, relationship skills, and making responsible decisions (http://www.casel.org/core-competencies/). Thus, becoming self-aware is step one of this process so that as adults one can learn to self-regulate, take care of self so that one can take care of others, and develop the social acuity about situations and relationships that support the best decision-making.

Becoming self-aware. It is crucial that we become aware of our individual limits as well as the limits of others. Recognizing signs of stress is the first step of self-awareness (Hydon, et al., 2015), while identifying the signs of compassion fatigue and burnout are critical in providing

a proactive approach of support. Richards et al. (2010) established that a clear definition of self-awareness does not exist but identifies it as a state in which an individual has an "awareness or knowledge of" their "thoughts, emotions, and behaviors" (p. 250). The CASEL framework for Social Emotional Learning for adults and children specifies self-awareness as "the ability to accurately recognize one's own emotions, thoughts, and values and how they influence behavior. The ability to accurately assess one's strengths and limitations, with a well-grounded sense of confidence, optimism, and a growth mindset" (Retrieved from http://www.casel.org/core-competencies/). In Figure 3, the five components of the SEL framework are identified as the core of forming strong, purposeful, and caring relationships in schools, districts, and community. It is the intention of focusing on self-awareness to ascertain and then improve these outcomes for youth and adults: being able to identify their emotions, having an accurate self-perception, recognizing one's strengths, and exhibiting genuine self-confidence and self-efficacy.

Cummins et al. (2007), through autobiographical summaries, identified the need for counselors to internally monitor changes in their physical, emotional, social, spiritual and intellectual well-being. By recognizing symptoms of stress, such as irritability, forgetfulness, fatigue, inattention and depression, individuals can implement strategies to support their self-care during trying times. The importance of recognizing trauma triggers or extreme stress is an important first step. Becoming aware of one's mood and emotional state, recognizing situations and places that create these feelings, and then identifying specific response patterns is the first step in self-awareness (St. Andrews, 2013).

Gender-based roles. Taking a stance of altruism, caring, and helping requires a look at gender roles and stages of moral development for women (Gilligan, 2016; Noddings, 1984). The five persons in the PAR are all women. As Gilligan suggests in her stages of moral development,

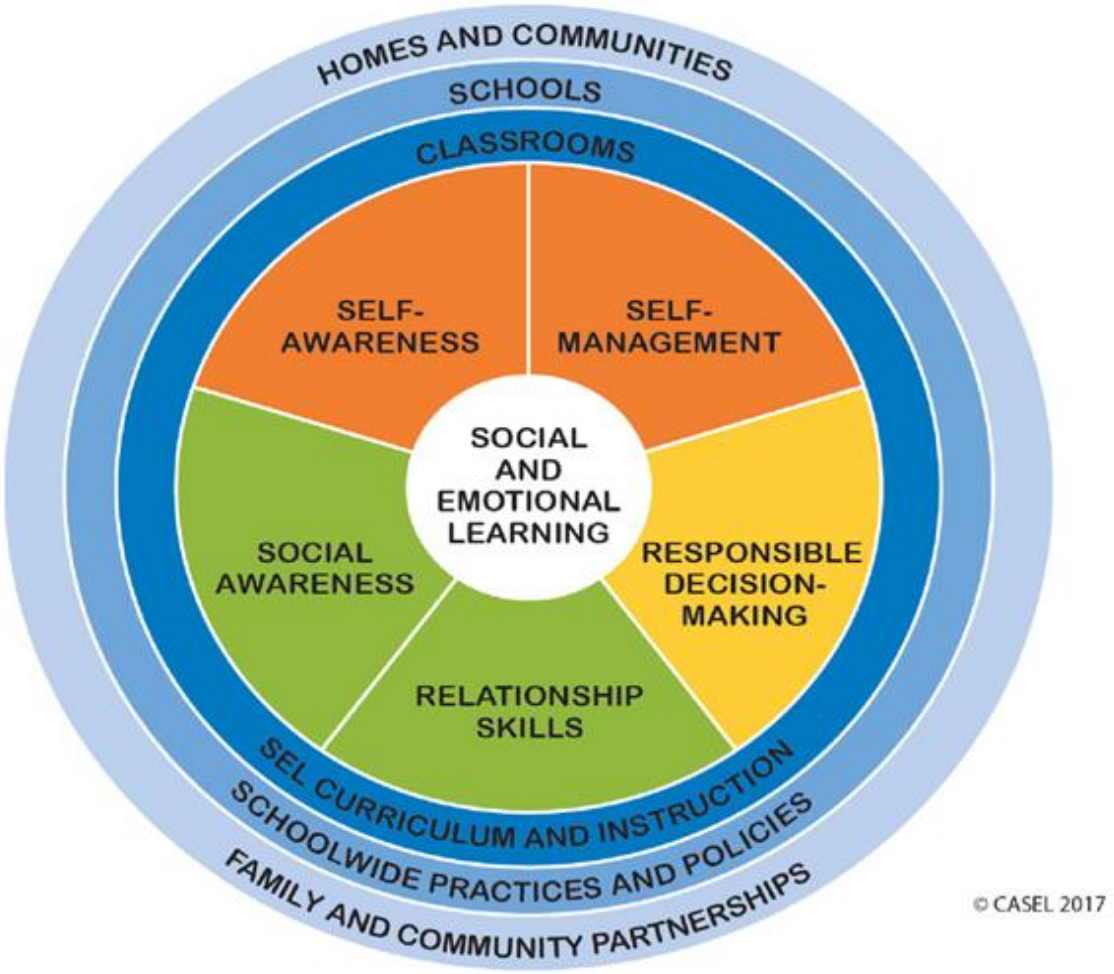

Figure 3. Social and emotional learning competencies for adults and students.

we have all moved from an orientation toward individual survival to self-sacrifice as a positive or good, but at the beginning of the project, we had not transitioned to account for the needs of self as well as others. By the end of the PAR project, the theory of action is premised on our developing of what Gilligan calls a "morality of nonviolence" in which individuals gain an understanding of self and others and "no one is hurt" (Gilligan, 1993, p. 174). Hurting others is clearly not good; however, successful professionals recognize that when they hurt themselves by fully dedicating themselves to others without attending to their needs and care is immoral and can produce results in the caregiver that make it impossible for her to maintain agency and appropriate support for others. That level of self-awareness often is inactive, and supervisors need to ensure that it is present, which is the focus of this research.

While the effects of trauma "bleed into the school environment" (Souers & Hall, 2016, p. 13), organizations have a reason to hope. They have the opportunity and ability to create an environment that supports its staff and students. By adopting policies and practices that enhance positive school climate through mentorship, providing supportive leadership, utilizing pedagogical strategies that promote a safe and caring environment, and encouraging self-awareness practices, a trauma-informed community of care that ensures its members are acting morally for self and others is possible.

Promising Practices for Self-Care

As we have seen in the literature, the demands of teaching and educational leadership impact work-life balance. Individuals in education feel responsible for meeting the needs of their students and/or staff because they have taken on levels of responsibility for others, but they engage in those responsibilities without full attention to self. As Gilligan (2016) indicates, the relationships are built on a genuine desire to impact those whom we serve, but the care for others

can impact the emotional life of the caregiver and can interfere with an individual's own self-care. In contrast, self-care is "the practice of intentionally working to create or maintain a healthy and vibrant life" so that the individual can support herself with stress management as well as improve her quality of life" (Bonczyk, 2016, p. 18). Multiple examples of how to ensure self-care help us to understand that it is simple and complex at the same time. On the surface, saying that self-care has physical, spiritual, supportive, and psychological components is self-evident; however, activating those supports requires multi-layers of leadership care. This includes attention to compassion satisfaction or job satisfaction and knowing how to effectively institute support structures such as coaching and mindfulness, all while maintaining adult learning principles for professional learning that honor experience and wisdom. This the adage is relevant: easier said than done.

Elements of self-care include physical, spiritual, supportive, and psychological components (Richards et al., 2010).

- Physical self-care incorporates any physical activity that lasts beyond 30 minutes. The benefits of physical wellness are far reaching. Physical activity has been shown to decrease symptoms of anxiety and depression, as well as improve the female's ability to manage stress (Richards et al., 2010).
- Spirituality is defined as a "sense of purpose and meaning of life" (Richards et al., 2010, p. 249). Spirituality is a factor that contributes to quality of life, as well as overall physical health and well-being.
- Personal and professional support has been identified as a factor in supporting wellness. A personal support network has been found to improve overall well-being. Having a professional network of peers, colleagues, and a supportive supervisor give

an individual a sense of belonging and reduces the risk of burnout. There is a link between self-care, self-awareness and overall well-being (Richards et al., 2010). Finding a balance is a key factor to overall wellness (Lindo et al., 2015; Theoharis, 2009).

- Psychological self-care refers to an individual who decides to seek out professional help when needed (e.g., counseling). Counseling provides numerous benefits beyond mollification of symptoms. Through counseling, individuals are likely to develop an awareness of their limitations, and through the process, may take action in setting personal and professional boundaries (Richards et al., 2010).

In the next section, I discuss the connection between self-awareness and well-being and the mitigating effects of compassion satisfaction.

The Self-Awareness and Well-Being Connection

As previously discussed, once an individual is consumed by compassion fatigue or burnout, it is much more difficult for them to engage in self-care practices (Slatten et al., 2011). In fact, they are more likely to refrain from or avoid self-care practices that they may have previously found satisfying. In contrast, establishing wellness as a personal goal is an ongoing process. It "involves actively making choices to create and maintain balance and to prioritize health of mind, body and spirit" (Venart, Vassos, & Pitcher-Heft, 2007, p. 62). Self-care is critical when identifying strategies for overall wellness. Myers, Sweeney and Witmer (2000) define wellness as:

> A way of life oriented towards optimal health and well-being in which body, mind, and spirit is integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual

is capable of achieving (p. 252).

Since persons in the caring professions may be suddenly impacted by compassion fatigue, it is important to link self-care to well-being as a regular topic in working with professionals (Richards et al., 2010, p. 248). If self-awareness is a routine, an individual's overall wellness may be positively affected. Richards et al., (2010) recognized the impact that clinical work has on mental health professionals and sought to identify the link between self-awareness and well-being. He found that with an increase in the frequency of self-care practices, overall well-being increases (Richards et al., 2010). Thieleman and Cacciatore (2014) found a direct correlation between self-awareness, self-care, and general well-being. Additionally, when self-awareness increases, so does overall well-being. When an individual sees value in self-care, the frequency of self-care practices increases. Self-awareness and self-care importance are significantly and positively correlated; however, this does not necessarily affect the frequency of self-care practices. Increasing self-awareness and self-care practices are proactive strategies to reduce the likelihood of compassion fatigue and burnout and increase an individual's wellness.

The Mitigating Effects of Compassion Satisfaction

Compassion satisfaction refers to the degree in which individuals find fulfillment or gratification in their work (Slatten et al., 2011), feel supported by their colleagues, and have a sense of success within their roles (Conrad & Kellar-Guenther, 2006). Compassion satisfaction could result from the individual's conviction that despite the challenges of their work, they have an internal desire to keep going. When an empathetic individual sees that the work they do makes a positive impact, for some persons, this reinforces their desire to make a difference (Slatten et al., 2011). In addition, when leaders name how persons are contributing to addressing larger social issues by individual work and identified connections to structural inequities, they

tend to feel part of a larger project and see the role of their work as crucial (Rigby & Tredway 2014).

Those in helping professions identify compassion satisfaction as an integral component of job satisfaction. Conrad and Keller-Guenther (2006), for example, sought to identify if compassion satisfaction impacted compassion fatigue and burnout. A self-report, created to measure the risk of CF and burnout, was administered to 363 child protection care workers. While approximately 50% suffered from CF, over 70% of those surveyed showed great potential for compassion satisfaction. Results indicated that when individuals demonstrated higher levels of compassion satisfaction, levels of compassion fatigue and burnout were significantly lower. Having a deep understanding of compassion satisfaction and providing organizational supports to increase the likelihood that those in the caring fields possess it "may play a key role in mitigating the risk of burnout" (Conrad & Keller-Guenther, p. 1,079). Several structures are necessary for ensuring more professionals have compassion satisfaction instead of fatigue.

Supportive Structures

While those in the caring professions are at an increased risk of compassion fatigue and burnout, organizational supports can decrease the likelihood of burnout and increase compassion satisfaction. Aguilar (2016) has identified supportive structures that many educational environments lack, including being intentional with employees about how to manage workload stress, deal with the multitude of stressors that the educator is confronted with, manage a work-life balance, develop and maintain healthy and positive relationships with students, peers and families, and understand the unique differences between individuals.

Professional learning. As indicated by Knowles (1980), learning for adults must be directly useful to their work, reciprocal, experiential, and interactive. Professional learning

structures that effectively support adults should include workshops that help them keep abreast of new ideas or processes. However, if that professional learning is mostly the traditional "sit and get", adults do not typically transfer that knowledge to practice. Professional learning is both about content – like trauma-informed care elements- and about process –how best do adults take in the information and use it successfully for themselves or their work. For example, specialized trauma training for those supporting those in helping professions is vital to reducing the risk of compassion fatigue and burnout and increasing compassion satisfaction (Sprang et al., 2007). Knowledge and awareness of both risk factors and protective factors, along with the peer support that may come from training opportunities may protect individuals from compassion fatigue and burnout (Sprang et al., 2007). Yet, if that training is non-experiential and fails to include a structured way for adults to express the emotional complexities of their work, the learning evaporates, and professionals tend to feel burdened by new information without practical ways to use the new learning. The caveats about effective learning extends beyond specific trauma training. This may also include continuing education and involvement in professional organizations (Harrison & Westwood, 2009).

Coaching. Aguilar (2016) identifies transformational coaching as a method to support educators in becoming more culturally competent, which in turns promotes resilience. A hallmark of transformational coaching requires professionals to examine their belief systems and connect those to their practices. Addressing "behaviors, beliefs, and being" is a cornerstone of transformational coaching (Aguilar, 2016, p. 2) Getting to know others, whether it be students, families, or colleagues as a way to build relationships, and encouraging behaviors that honor individuals helps to foster a sense of hope that is collective and actionable.

A transformational coach should support the coaches in identifying their level of stress and help to uncover underlying beliefs that those they supervise may have. Since actions are largely based on our beliefs, and if our beliefs do not fully honor individuals, then they are a barrier to effective outcomes (Aguilar, 2016). A coach must first build a sense of trust before exploring beliefs. By recognizing our beliefs and reflecting upon them, the transformational coach is able to "deconstruct and reconstruct beliefs" (Aguilar, 2016, p. 3). This allows individuals to see the perspective of others and can positively influence their behavior.

Noddings (2002) identifies four components of care-based education: modeling, dialogue, practice, and confirmation. As a coach, modeling care is critical. Others watch and take note of how we take care of ourselves and others. What we model is practiced by those we coach. Two-way dialogue helps to build relationships through reciprocity by allowing one another to have a voice and to acknowledge what was said by being an attention listener (Gilligan, 2016). Dialogue "builds on exchanges to generate new meanings" and is the foundation of engagement (Militello, Rallis, & Goldring, 2010, p. 29). Finding opportunity to notice and confirm caring behaviors reinforces a caring culture.

Mindfulness. Mindfulness provides another way to improve an individual's overall well-being as the result of "an awareness that emerges through paying attention on purpose, in the present moment" (Bose, Ancin, Frank, & Malik, 2017; Slatten et al., 2011, p. 329). Mindfulness has been compared to self-awareness; however, mindfulness is the awareness of both internal (emotions and cognition) and the external (surrounding environment) (Richards et al., 2010). Mindfulness practices utilized to reduce emotional distress, anxiety, the symptoms related to burnout, and the negative effects of stress along with increasing empathy, and relaxation require modeling because the use of them can help supervisors, teachers, students, and parents self-

regulate. In helping professions, this practice has been a contributing factor to decreased burnout and an overall improved quality of life (Slatten et al., 2011). Mindfulness has been linked to self-awareness and well-being and provides a collective response to self-care (Richards et al., 2010). Once the practice is fully established in a community of practice, some of the behavior issues that cause the most stress for teachers and supervisors dissipate (Bose et al., 2017).

Richards et al. (2010) investigated the links between self-awareness, well-being and mindfulness. Mental health professionals were surveyed using multiple measures: self-care, self-awareness, mindfulness, and well-being. Surveys were distributed. A majority of those surveyed were white women. Consistent with prior research, self-awareness and mindfulness had a substantial, positive correlation. The study suggested that when an individual recognizes the importance of self-care, mindfulness allows them to receive full benefit toward well-being. However, being mindful did not impact the frequency in which self-care measures were taken. The analysis of information found that increased self-care measures resulted in increased well-being. An increase in self-awareness was also significantly, positively correlated to an individual's well-being. The more an individual identified self-care as important, the more frequently they would practice self-care. Thieleman and Cacciatore (2014) found a significant relationship between the use of mindfulness and an increase in compassion satisfaction. In addition, mindfulness was found to significantly decrease secondary traumatic stress and burnout (Slatten et al., 2011). Mindfulness can serve as an effective self-care strategy. However, mindfulness and other strategies do require opportunities for professional learning so that the staff know the rationale and learn effective strategies.

To address the risk of compassion fatigue and burnout in the caring professions, protective and supportive structures can reduce the risk. Having an awareness of one’s own

emotions is the first step. When a person understands his or her thoughts and feelings, one can better manage emotions. And, in order to take care of others, we first must practice self-care. Responsible organizations support staff in self-care practices and provide supports to promote compassion satisfaction. In this study, I serve as a catalyst in modeling and using supportive structures that mitigate potential issues for employees. The PAR project and research study incorporates self-awareness and trauma-informed practices of care through a community of practice framework with the intention of ensuring self-care for educational professionals from a rural community who serve children and families.

Supporting Those Who Support Others

Supportive leaders show "concern for their followers' health and well-being and create a friendly and psychologically supportive work environment that facilitates their followers' positive relationships with one another" (Sharman & Pearsall, 2016, p. 856). When staff are supported, their overall well-being is improved, they are more likely to remain within the organization, their job performance is enhanced, and psychological factors (e.g., anxiety, depression and stress) are decreased. Those in management positions can reduce the likelihood of compassion fatigue and burnout within teams (Slatten et al., 2011). In the last section, I presented several narrative guidelines for organizations to consider. In this section, I review specific structures that are critical responsibilities for organizations in cultivating a community of care.

Organizational Responsibilities

As a service organization, it is our ethical responsibility to support our staff (Bell et al., 2003) because supportive leadership has been well-established as a benefit for those working in the caring professions (Sharma & Pearsall, 2016). Organizational practices that model and

encourage staff wellness can be preventative or reactionary (Bell et al., 2003) These preventative practices include safety, understanding and care, a manageable workload, a trusting work environment, and supportive leadership with a focus on self-care. With a healthy organizational climate, leadership can promote social cohesion and a sense of community. The first step to increased social cohesion requires positive team relationships built on trust (Byrk, Sebring, & Bender, 2010; Sharma & Pearsall, 2016).

Supportive leadership. "Optimal conditions for teams to thrive require strong, effective leaders at the helm of our schools and districts" who are dedicated to developing strong and functional teams (Aguilar, 2016, p. 277). High-functioning teams welcome feedback, recognize the importance of reflection and risk taking, and value a culture of learning. The supervisor should establish and maintain an environment that embodies the ideals of wellness and self-care among all staff.

***Supportive relationships with a focus on wellness*.** Cummins, Massey and Jones (2007) identified the need for continued dialogue between a supervisor and the staff. Based on a high level of trust between the two individuals, the supervisor has a regular opportunity to monitor staff wellness and provide a supportive and caring environment. Through relationships, leaders facilitate reflective conversations regarding wellness so that staff can proactively and collaboratively develop a plan before any adverse situations arise.

Meany-Walen, Davis-Gage, and Lindo (2016) studied masters and doctoral students' perceptions of a wellness program that focused on supervision. The goal of the program was to support students in recognizing and addressing signs of stress. The intervention-based research study included ten females, all graduate counseling students. Participants spent 1.5 hours per week over fifteen weeks, which included training and weekly check-ins by the course supervisor.

The course provided students with an in-depth understanding of burnout, including but not limited to risk factors, warning signs, and preventative strategies. Students were asked to reflect on identified stresses and barriers to their intellectual, spiritual, emotional, social, occupational, and physical wellness. Each participant set wellness goals and met with the program supervisor for wellness checks. Five study results inform how a leader needs to think about wellness planning for a team:

1. Weekly check-ins provided not only accountability to each participant, but to one another, allowing each participant to support and care for one another.
2. Each participant saw value in identifying self-care strategies that his/her lifestyles could support.
3. Individuals could identify signs that contributed to physical and emotional burnout.
4. Once students could identify symptoms, several indicated the strategies that would help them to relax.
5. Most participants recognized how their responses to stress impacted clients in the counseling process.

The study participants identified growth in all five areas that the training encompassed. In addition, the study participants could focus more consistently with clients; they were attentive to client's self-care needs and the importance of personal self-care as it related to counseling effectiveness.

Modeling of self-awareness and self-care. Leaders need to become more self-aware and understand their emotions, triggers, and strengths (Aguilar, 2016). "To manage relationships, we need [to share our own] self-awareness with those we lead, and we need to understand their values, beliefs, and needs" (Aguilar, 2016, p. 27). Goleman, Boyatzis, and McKee (2002)

"suggest that a leader's emotional intelligence is the key to success for any organization" (p. 34). The leader's emotions extend influence out to those whom they lead, in other words, emotions are contagious (Aguilar, 2016). The group looks to the leader for cues regarding how they should behave, respond, and react. The leader needs to be aware of individual and team feelings and manage those feelings appropriately in order to create a community of care. The leaders establish the "emotional standard" through tone, gestures, and facial expressions. "The more emotionally demanding the work, the more empathetic the leader needs to be" (Aguilar, 2016, p. 35).

It is imperative that the leader model how to achieve balance between taking care of others and meeting our own self-care needs (Cummins et al., 2007). The leader often tells those whom s/he supervises to take care of themselves but does not always practice what s/he preaches (Miller, 2016). The leader is the sounding board. Miller (2016) believes that "to take care of oneself is not selfishness; but a genuine skill that is learned over time" (p. 140). Gilligan (2016) agrees: the moral duty of a leader is to fully model care of self that is in balance with taking care of others. The leader needs to use the moral development levels with leaders as a framework for self-assessment and coaching conversations with individuals. Sharing personal struggles with those whom you lead helps to encourage their own self-care (Slatten et al., 2011).

Self-care must be modeled. When the leader focuses on self-care in a deliberate way, modeling sharing personal struggles with a team (Richardson, 2016), the intentional practice of modeling self-love and self-acceptance requires self-respect and forgiveness when mistakes are made. The leader needs to model self-talk and self-reflection (e.g., setting boundaries, having hard conversations with team members). "You need to model the mind-set you hope to instill in others, and self-appreciation is a part of this" (Knowles, 1977, p. 58). One of the tenets of the community learning exchange pedagogy is creating a gracious space in which participants learn

in public. Leadership modeling of taking care of self, talking positively about self, and forgiving self offers some clear ways to demonstrate learning in public (Hughes, 2010; Guajardo, Guajardo, & Militello, 2016). Key leadership occurs in group professional learning.

Facilitation of professional learning opportunities. A successful organization is not led by a leader who operates in isolation (Militello et al., 2010); leadership involves bringing together others to support in the decision-making process and "might best be defined as an interactive, dynamic process drawing members of an organization together to build a culture within which they feel secure enough to articulate and pursue what they want to become" (p. 29).

Communities of practice. Professional networks help to mitigate the effects of stress that drain educational professionals (Theoharis, 2009). One type of network is the community of practice. This professional learning practice utilizes a model in which growth occurs through the practice and better meets the needs of those being developed (Parker, Patton, Madden, & Sinclair, 2010). The CPR group in this research study support over two-hundred staff, who in turn ultimately support over 350 special education students serviced by HAISD. Their leadership practices extend beyond the walls of our organization and out to seven local school districts and one Public School Academy. The CPR group is visible throughout the county; leading teachers and support staff, supporting families, coaching local leaders, and ultimately serving the students in the county. The community of practice framework (CoP) provides "structure for collaboration," bringing together a group of professionals with a common goal (Militello et al., 2010). Therefore, I have chosen this framework for developing and improving team and individual CPR leadership practices. The CoP framework is a network that offers a vision for building personal and professional relationships that empower others to take action, and to facilitate with care (Parker et al., 2010; Wenger, 2000). Nachmanovitch (1991) expands upon

this idea by identifying that the CoP as a catalyst must "teach, reach, and vibrate the whole person rather than merely transfer knowledge" (p. 177). A strong leader not only creates professional learning opportunities for the team but pays attention to the professional learning of each person. The leader knows from adult learning theory that a strong leader strategically looks for opportunities to informally coach team members and use their learning experiences as a reservoir of learning for others, authorizing their contributions (Grissom, Loeb, & Master, 2013). Adults want to know how they can use what they learn in immediate contexts, and the leader who stays abreast of that can coach and guide from the side (Aguilar, 2012; Knowles, 1977). The goal is to cultivate a culture of collaboration and the communities of practice (CoP) framework is a catalytic agent for teams. I describe the CoP framework, its benefits, and how it links to creating of community of care.

The CoP framework. According to Wenger (2000), "the success of an organization depends on their ability to design themselves as social learning systems" (p. 225). The act of learning is a social process that requires a basic component of Maslow's hierarchy of needs - a sense of belonging. Through the CoP framework, members engage in three means of belonging: engagement, imagination, and alignment. Engagement takes place when members actively do things together: engaging in dialogue, creating artifacts, and participating in activities with one another. Through listening to the stories of others and reflecting on our own experiences, we imagine different ways of acting; new mental images help us to gain a "sense of self" and "of our participation in the social world." Alignment speaks to the actions we take, not from authority, but by "a mutual process of coordinating perspectives, interpretations, and actions so they achieve a higher goal" (Wenger, 2000, p. 228).

A CoP focuses on the overarching concept of a community or team; defined as "a unit of people who convene to work together interdependently for a shared, meaningful purpose" (Aguilar, 2016, p. 2). Three elements or contributions define the accountability measures of the community. When individual and team contributions help the group to reach a common goal, the result is *joint enterprise*. Through team interactions and engagement, norm development and the building of relationships leads to trust, or *mutuality*. When a team co-constructs resources or tools that are of value to the team, the team has a *shared repertoire*. Those tools help to mediate learning as well as offer strategies for work in other settings (Vygotsky, 1978; Wenger, 2000). Some examples include artifacts, established routines, and stories that build knowledge and provide a resource of supports for the team. Through engagement in social opportunities, CoPs examine their own practices, utilize data or evidence to collaboratively make decisions, and through dialogue the team "builds coherence and capacity for change" (Militello et al., 2010, p. 29).

The community of practice framework is a driving force to promote organizational change. Through an inquiry process (Wenger, 2000), the facilitator acts as a catalyst (Parker et al., 2010), as well as an active member of the CoP. It is the responsibility of the facilitator to promote an environment of engagement, mutuality, and trust. Empowerment emerges as the members of the CoP are active participants, engaging in decision making that is tied to a common vision.

Requirements: A catalyst, time commitments, and high-functioning teams that demonstrate emotional intelligence. In order to begin the work of a CoP, key conditions were necessary for success. I acted as a catalyst, with the intent of providing group facilitation (Parker et al., 2010). Each member devoted time to the work as a non-negotiable requirement. I

supported team members in scheduling. The third element was the trickier one. Aguilar (2016) speaks of emotional intelligence and how most high-functioning teams have a strong emotional intelligence. Emotional intelligence, according to Aguilar (2016), "is the foundation of building trusting relationships, interpersonal communication, flexibility, time management, empathy, decision making, collaboration, presentation skills, assertiveness, regulating stress, managing anger, dealing with unexpected change, and resilience" (p. 18). Emotional intelligence includes self-awareness, self-management, social awareness, and social management (Goleman, 2010). Self-awareness is an individual's ability to recognize and state how they are feeling; the way those emotions or feelings are managed and how a person acts on them is the concept of self-management. Responding to emotions in a way that aligns with an individual's beliefs, as well as the social context they are in, is a hallmark of self-management. Social awareness extends beyond this - recognizing the feelings that others experience or empathy. Social-management is how we respond to understanding these factors and offers a gateway for empathy.

Those in high functioning teams, the core premise of CoPs, practice relationship management which "involves the ability to manage conflicts with others, to form healthy relationships, to collaborate, to offer feedback and guidance, and to motivate and inspire others" (Aguilar, 2016, p. 17). Each of these concepts builds on the other. To have the foresight to respond to a team member who is under your skin, one must be aware that you are annoyed.

Benefits. By utilizing the community of practice framework, members have the opportunity to learn from one another through a shared vision, in which decisions are made collectively. Using this framework, participants become more confident in their work and connect their work to larger goals, leading to feelings of empowerment, a notable benefit of CoPs. A cyclical cycle of capacity-building occurs among staff. Members who participate in an

effective CoP together form connections and relationships that extend beyond professional boundaries. “The energy drawn from strong personal and professional relationships [allow team members] to overcome occasional disagreements and conflict, enabling them to learn with and from each other” (Parker et al., 2010, p. 354). “Knowing, learning, and sharing knowledge…are part of belonging,” and the CoP framework offers a platform to build “deep connections with others through shared histories and experiences, reciprocity, affection, and mutual commitments” (Wenger, 2002, pp. 238-239). As a result, a team that moves toward high-functioning does over time cultivate a community of care.

Cultivating a Community of Care

Teams who trust one another thrive, however, it takes time to build this foundation (Aguilar, 2016). The greatest influence on a team is the leader. The leader sets the stage for how the group works together, from how they communicate to how they problem-solve through conflict. A leader who promotes, models, and actively engages others in creating a reciprocal community of care uses reflection to check in, and ensures that members of the group feel safe with one another. Successful learning experiences occur when “members [trust] each other, build community with each other, and [have] overall positive feelings toward each other” (p. 5).

Leaders help to establish trust. Communication between team members is the thread that connects everything. A community of practice framework supports these connections and helps to build relational trust among a team (Bryk et al., 2015; Whitcomb, Borko, & Liston, 2009). Trust and respect are the main components of an effective community. By cultivating and modeling trust and respect, the leaders set the criteria for a supportive environment. Once a community of care is fully established, members are more “likely to take risks and engage in

challenging discussions that push them to deepen understanding and attempt new practices that will reach more learners" (Whitcomb et al., 2009, p. 210).

Relationships and connections deepen by learning about "each other's histories, backgrounds, values, beliefs, hopes and dreams, skills and abilities, and fears and concerns" (Aguilar, 2016, p. 42), within a community of practice. Once the foundation is set, a leader can more effectively harness the team's collective emotional intelligence to mutually create a climate of care. A team's collective emotional intelligence is the key factor in its level of performance. While the leader establishes and maintains the environment, the adults who "feel at ease [in a] psychological climate where they are accepted, respected, and supported" (Knowles, 1977, p. 47), take on the work or joint enterprise.

Dual-role tension and facilitator responsibilities. Despite the best efforts to lead in this situation and be the facilitator of a community of practice that guides the process, inevitably those in leadership positions "have more positional or situational authority" (Aguilar, 2016, p. 2). A leader has to diminish the power of positional authority by systematically allowing those within the team to gain new experiences as a collective group, rather than to "acquire them passively" (Aguilar, 2016, p. 44). Rather than identify the needs of the group as their leader, conditions need to be created which allow for learners to "discover their needs" so they can "apply whatever knowledge and skill they gain today to living more effectively tomorrow (Aguilar, 2016, p. 44). Putting the locus of responsibility on the learner provides opportunity for "self-directed inquiry [which] yield the greatest potential for learning" (Aguilar, 2016, p. 56). The CoP framework provides an opportunity for team members to "grow and develop [as] they accumulate an increasing reservoir of experience that becomes an increasingly rich resource for learning for themselves and for others" (Knowles, 1977, p. 44). To do this, the leader has a role

that Dewey (1938) describes as not throwing away the leader's mature experience but directing the experiences of others in ways that authorize their learning and growth. To put it another way, the leader in the situation has the responsibility for sighting actions or statements from others that resonate with a positive direction forward, emphasizing and expanding on the ideas of others, and using the generative power of the group as an engine for moving the community of practice forward (Dewey, 1938; Freire 1997; McDonald, 1996). Finally, in establishing a climate where all team members feel valued and heard, it is imperative that the leader is willing to accept feedback. "We want to know that the person in charge will listen to us but also that colleagues will listen" (Knowles, 1977, p. 53). This may require the use of protocols and routines to ensure that all voices are heard and there is equitable participation among all group members.

The role of the organization and its leadership team is vital to provide equitable services and supports to all children as well as creating education without boundaries. Those who oversee programs and services for individuals experiencing trauma have an even larger role as they set the tone, the culture, and the expectations for those they employ. While the organization provides these expectations through policies, practices, and procedures, it must go beyond the usual organizational structures to take care of the professionals who work in the organization. Proactive strategies that support the employees' overall wellness, access to supportive leaders, and manageable workloads are vital to professional development.

The supervisory role is substantial in the organization's culture. The supervisor is responsible for developing strong and functional teams, which takes time and focused efforts. Highly effective leaders act as catalysts to relationship building, empowering teams to define purpose and collectively work toward meeting goals. Through this process, the leaders and the team build a community of care, where self-care is practiced, and team members feel an

obligation to support and care for all members of the organization. This community of care embodies true wellness of the organization and those who are driven to fulfill its mission.

Summary

The literature review aimed at recognizing the effects that trauma, both primary and secondary, are having on the caring professions. I identified factors that contribute to a caregiver's inability to care for those they serve. The focus of the literature review was to guide the researcher in answering the overarching question: How does a focus on care used among special education supervisors in an intermediate school district impact the team, their leadership practices, and those they serve?

The first section focused on the need to become trauma-informed, helping the reader to gain a global understanding of the increase in primary and secondary trauma and the need to establish trauma-informed practices and care. The negative effects that come from working in service-oriented fields, and compassion fatigue and burnout are the key factors in addressing trauma. The literature identified individual characteristics of those who experience compassion fatigue (CF) and burnout, as well as organizational factors that exacerbate the likelihood of each.

The second section focused on how to create a culture of self-awareness and become a trauma-informed organization. The key factors included the organizational climate, supportive leadership, and pedagogical strategies that promote empowerment, safety and voice. The first section identified organizational barriers, but this section detailed organizational strategies that reduce the likelihood of compassion fatigue and burnout. This section explored self-awareness and the impact it has on not only the individual, but its implications to team functioning. By understanding the key supports within an organization and the importance of self-reflection, this

led to practices which enhance care within the personal and professional arena of those in the caring professions.

Section three identified promising practices of self-care. Recognizing the importance of self-awareness, I further explored how to respond to recognizing the emotions of self and others. I reviewed compassion satisfaction, the degree to which an individual is satisfied with their work, and structures and pedagogical frameworks that support previous findings. I reviewed coaching and communities of practice (CoP) as two supportive structures to address the PAR focus of practice and became key factors moving forward in the project.

The last section examined the characteristics of supportive leadership, the responsibility of the organization to care for those they employ, and ways to promote and maintain a community of care. I examined the leader's role in modeling self-care practices, empowering others to support in the decision-making process through empowerment and treating all members with "care."

Throughout this literature review, I investigated the idea of "care". The overarching question for the project was how care impacts the team, their leadership practices, and those they serve. I used this definition of care garnered from my analysis of the literature: meeting the needs of self and of others through self-awareness and deliberately acting upon that knowledge in a supportive way.

CHAPTER 3: CONTEXT OF STUDY

Hope in the Midst of Challenge

In this chapter, I more fully introduce the context of a participatory action research (PAR) project and research study. The purpose of the chapter is to paint a picture of the district, school, staff, and community served by the Hope Area Intermediate School District (HAISD), and the key participants who are five supervisors who work with district schools. Highlighting the historical, cultural, and psychological issues that surround the PAR helps to better place the project in the context for the study. The first section identifies the county demographics, the specific socio-economic status, and a scope of the level of impact that HAISD has within the county. I discuss the history of HAISD and the current political factors at the micro, meso, and macro levels. Finally, I describe my dual role as educational leader of the ISD and researcher. As Associate Superintendent for HAISD, I quickly recognized my capacity and ability to impact students, staff, and families at a community level depended on the relationships I had with the key supervisors who work directly with schools and teachers. The goal of the PAR project was to enhance the leadership of special education services throughout the district. During the PAR cycles of inquiry, we used a community of practice (CoP) framework to co-develop practices for our self-care as practitioners and the care of others, to cultivate a community of care.

Painting a Picture of the ISD School District

HAISD is an educational agency in a rural northern state. HAISD covers approximately 720 square miles and is predominantly rural/agricultural, consisting of several small cities and villages. The population of the county is approximately 62,893 people, which reflects a population density of 89.8 people per square mile. The largest employment sector in the county is education. The employment base in Hope County is manufacturing (e.g., motion and control

technologies, shoes, forklifts, and metal stamping dies). In combination with schools and the social services sector, the manufacturing sector constitutes over half of the workforce.

Statistics from the ALICE (Asset Limited, Income Constrained, Employed) Project (Retrieved from www.liveunitedm-i.org) identified the median household income as $40,739, which is well below the state average of $48,273. Hope County residents identified as living in poverty represent approximately 20.4% of the population. Based on 2017 statistics, the national average for poverty was 12.3%, putting Hope County at a much higher percentage. The most recent ALICE statistics reported an additional 28% of families as struggling. ALICE defines "struggling" as those above the poverty level, but whose income is less than the basic cost of living.

The demographics of Hope County play a large role in the PAR project. Hope county is a rural county with limited resources, high rates of unemployment, and mental health and substance abuse issues on the rise. Of the students attending schools in Hope County, 53.7% are eligible to receive free or reduced lunches. The population is 95% white. The day-to-day struggles of middle America are often overlooked. For example, Tan Chen (2016) reports on the rising occurrence of mental health and addiction among whites in America, particularly among those least formally educated. Because whites have been a primary employee in many manufacturing positions and are more likely to live in rural communities that have been impacted by the movement of corporations to other countries, it is believed to be a contributing factor to the increase in substance abuse and mental health issues. In addition to the high needs of our student population that are a result of the economic situation in our county, many of HAISD's support staff make an hourly wage that places them well within the poverty or ALICE statistic range.

HAISD is an educational service agency that has served and supported students and local school districts in Hope County and the surrounding area for the last 56 years. HAISD provides a variety of supports and services that include student programs, professional learning opportunities, school improvement guidance, special education, career and technical education, leadership development, administrative supports, and business and technology services. HAISD employs 282 people who serve seven local school districts, one public school academy, and several non-public schools.

One noteworthy service provided by HAISD is special education programs and supports. There are 2,039 students who receive special education services within the HAISD service area, and 360 of those students attend center-based classrooms operated by HAISD at the Satterlee Education Center or a satellite program located within two of our seven local districts. These programs provide increased opportunities for interaction between students with and without disabilities. The programs serve students with severe and moderate cognitive impairment, autism, emotional impairment, deaf and hard of hearing impairment, early childhood special education, early-on services (birth to age three), and transition programming for students ranging from 18-26 years of age.

By providing general education, special education, career technical education, and business services to our local districts, HAISD works to achieve its vision of being an educational partner in building strong communities. In the seven school districts that HAISD supports, we serve 11,426 students: Charter Area School District (905 students), Clyde Public Schools (1,603 students), Gleeson Public Schools (3,751 students), Langley Community Schools (1,115 students), Miles Community Schools (783 students), Takota County Area Schools (1,957 students), Valley Community School (613 students), and Hickson Academy (120 students).

Because the local school districts often lack the resources (i.e., budget, staff, skills) to support students who are emotionally, medically or cognitively challenged, the HAISD provides educational programming and services to the populations who are considered most at-risk. The CPR members in this research study supported the local districts in their efforts to keep students in the local community schools, supervised staff who worked within the local districts and the ISD programs, and facilitated other staff to best support students and families. However, the special education services at HAISD have always been a part of our larger political context.

Political and Economic Factors

Not until the 1960s were children with disabilities afforded a free education. Presidents John F. Kennedy and Lyndon B. Johnson played a large role in providing a free public education for students who are disabled, not to mention Kennedy's push for state and federal aid and Johnson's signing of the Elementary and Secondary Education Act. However, not until the 1970s were students with disabilities offered support services in the public schools (Goldstein, 2015).

In 1975, the Individuals with Disabilities Education Act (IDEA) required any state receiving federal funding to provide special education services to those who qualify due to a disability. One requirement of IDEA is that students with disabilities are provided a free and appropriate public education in the least restrictive of environments. That legal provision meant that a student with a disability should be educated with their peers in a general education setting to the maximum extent possible. However, history tells us that often students were segregated from their general education peers. The conflicts that exist between HAISD and the local districts often involves interpretation of the law, and efforts over many years to offer inclusive education.

One responsibility of an intermediate school district is to ensure that students with disabilities are provided with a free and appropriate public education. As a sub-recipient of federal funds that support tenets of the IDEA, the ISD has had the added responsibility of ensuring that these funds support positive student outcomes. Because this is a fundamental responsibility, the relationship between HAISD and the seven local school districts can, at times, be adversarial. Local leadership often disagrees with the way funds are distributed by HAISD and how staff are assigned.

HAISD receives its funds from the state, local taxes, and federal grants. These monies are distributed with the intention of providing supports, services, and programs to local districts. While the HAISD responsibility is equitable distribution of funds and resources, districts want more autonomy in how services and funding are provided. They desire immediate access to programs provided by HAISD for students who are "difficult" to educate. Funding and supports have historically been provided based on student population. The funding distribution model has not always provided each district the specific supports they require.

HAISD employs 130 persons in these positions: special education administrators, special education administrative assistants, special education teachers, paraprofessionals, speech language pathologists, school social workers, and bus drivers. We assign 42 persons in these capacities to local districts: consultants, school psychologists, occupational therapists, physical therapists, and certified occupational therapy assistants. While each individual has defined roles and responsibilities, there is room for disagreement among HAISD and local districts about how these individuals can best support the county vision and the unique needs of each local district. Some staff describe this as "feeling like the child in a divorced home". While individuals are employees of HAISD, much of the day-to-day direction comes from local district principals and

superintendents. Using highly trained staff in ways that support the entire county, such as providing professional development and coaching to others, often resulted in frustration from the local districts. They viewed HAISD staff members assigned to their district as essentially "theirs" and requested full autonomy in how they were utilized. Essentially, HAISD is a service organization. The ISD can encourage and provide guidance, but ultimately lacks full authority in the actual implementation. Thus, the relationships between the school districts and HAISD has resulted in distrust. Because resources are always scarce, and special education services are expensive, political and economic tensions persist.

Personal History

As the Associate Superintendent for HAISD, my goal has been to provide exceptional leadership with unmatched service. Therefore, the focus of the PAR was to improve my leadership practices as well as those of the leadership team, the five supervisors who are the CPR team. The challenges during the project were complex but informed how I came to understand how to iteratively and slowly get traction and support the team. Upon reflection, I realized that my challenges in school motivated me to pursue a career in education. As I thought about my organization's mission to lead, collaborate, and serve to create education without boundaries, I chose an organization that aligned with my values and beliefs and allowed me to address challenges. My earliest memories of school are that of a young child full of anxiety and fear. My kindergarten teacher was a firm, cold, and loud woman who lacked the affection that a young child craves. She would send flashcards home so that my parents could drill me on the skills that I was lacking at school. I am still unsure if I struggled with learning letter names because of the method in which they were taught or if I already had started to self-doubt my ability to learn.

My perception of school changed when I entered second grade. Mrs. Eversole welcomed children into her room with her beautiful smile and caring words. She started each day with a song, in which all of the children held hands around a circle and sang these words: "Mrs. Eversole has many kids, and many kids have Mrs. Eversole. I am one of them, and so are you, so let's all clap our hands". Those words are carved in my mind. I was one of Mrs. Eversole's kids. My memories of 2nd grade are limited because Mrs. Eversole was my long-term substitute teacher. I would not have known this if it had not been for a conversation I had in the teacher's lounge with colleagues, in the same school I had once been a student. As I sat eating my lunch, I shared with my peers the importance of relationships in the classroom, and I used Mrs. Eversole as an example. What I wasn't expecting was the response that I received. Karen, a colleague, chimed in: "Mrs. Eversole," she said, "was my long-term sub after having my second child." I was speechless. Karen had been my 2nd grade teacher and I had absolutely no memory of her until this moment. Mrs. Eversole, in only six weeks, established an environment in which I felt safe enough to learn and created a lasting impression on me. My education could have been that of fear, anxiety, and struggles; instead, I was fortunate to have a teacher who showed me the value of relationships. Intrinsically, I knew how important it was as an educator to love my students first. As a special education teacher, I understood that the walls of my classroom were sometimes the only place that children felt safe; their behaviors were proof of that. In my current leadership role in this PAR project, I was dedicated to responding to a basic query: How do I create a safe environment where my team can openly share their celebrations, struggles, and questions? I believed that their responses and actions toward one another were critical to their growth and the forward movement of the organization. As a shy, female student who struggled tremendously in school, the one positive memory I held on to was of the relationships I had with

my teachers and peer groups. I thought that Maslow's hierarchy of needs might help to paint a new picture for us as a team so that we could be more successful in our roles at HAISD and with schools and districts. When an individual has basic and physiological needs met, it is possible to optimize learning and create an intrinsic sense of motivation for adults as well as students (McLeod, 2018) (see Figure 4 for basic physiological and psychological needs).

Learning was difficult for me. My desire to make a difference in the lives of students is what attracted me to special education. My vision as a special education administrator fits the mission statement of HAISD: to lead, collaborate, and serve to create education without boundaries. It must be a priority to cultivate an educational environment where all students and staff feel safe, accepted, and supported. To provide our students with the intellectual and social skills they need to be productive citizens, we must model an environment in which others are honored and respected so that they achieve their full potential.

HAISD services the local district that I attended from kindergarten through 12th grade and obtained my first job as a special education teacher. At that time, I was aware of HAISD but did not fully understand its purpose. I thought it focused specifically on special education compliance. Until I was hired by HAISD as a teacher consultant, I did not see the value of the organization, and I was unaware of the tension that existed between the local districts and HAISD. As a key member of many leadership teams, understanding how I could co-create an environment of collaboration and commitment that fostered care for self and others so that we could better serve students was a major impetus in the research.

The People and Heart of the Participatory Action Research (PAR) Study

When this project began, I supervised seven women, six of whom had been hired to serve in leadership positions within one month of each other. Two team members had worked for

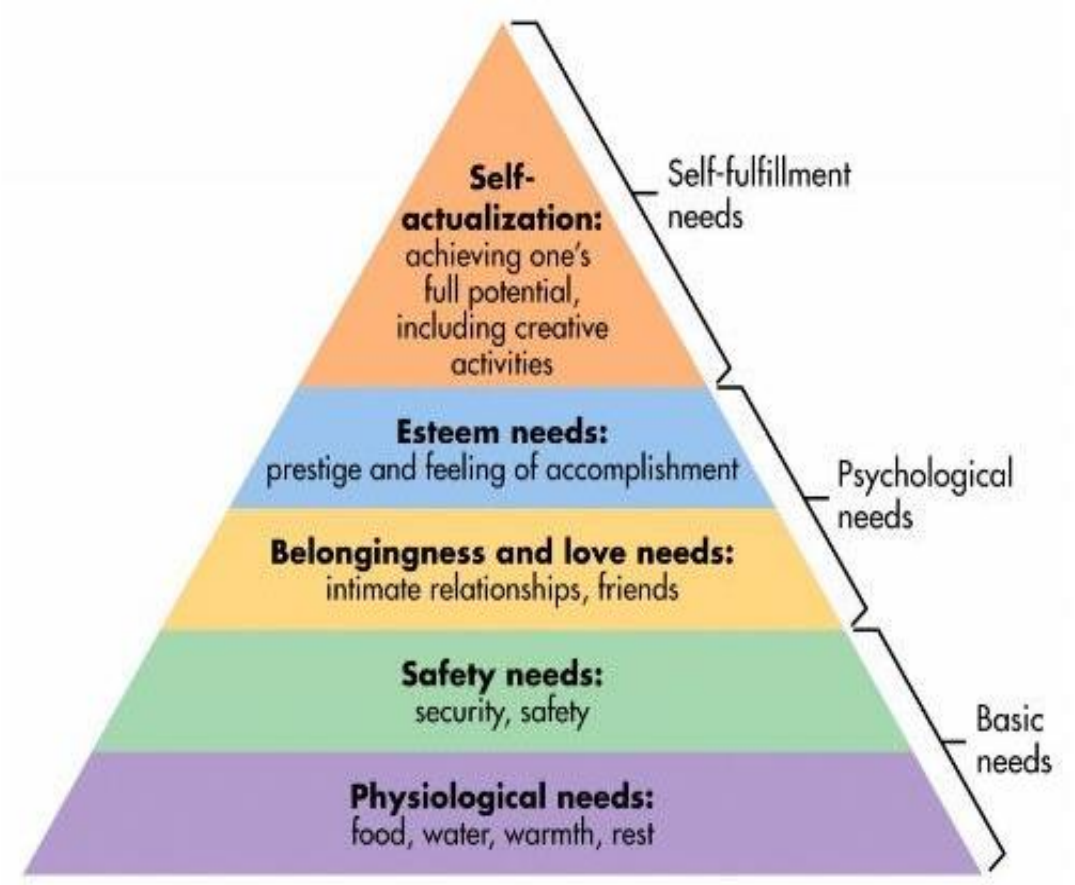

Figure 4. Maslow's hierarchy of needs.

HAISD for over a decade (in other roles), one had been with HAISD for under three years, and the remaining four were new to the area and the organization in 2016-2017. Six of the seven administrators agreed to be part of the PAR project and study. As a leadership team, we had a lot to learn about the job, the staff, the county, our local districts, and especially one another.

Lauren, the youngest supervisor of the group, had two years of experience as a special education supervisor at the onset of this PAR project. During her first year, she served as a supervisor in two of our local school districts. In her second year, she was assigned as principal of Satterlee Education Center, a facility for students with the most severe needs and had responsibility for programs for students with autism. By 2018, Lauren continued to serve as principal and program supervisor. Throughout the PAR project and study, Lauren helped to develop processes and procedures to provide consistency across all special education programs and was a catalyst in bringing conflict resolution strategies to the CPR group and special education staff.

Stacey was hired in July 2015 as a special education supervisor with previous administrative experience in a neighboring school district. She supervised all programs for students with cognitive impairments and HAISD early childhood programming. Stacey was skilled in relationship building and worked hard to develop strong relationships with students, families, staff, and community partners. During the PAR project, Stacey took the lead in developing HAISD guidelines for determining student growth, as well as pushed HAISD staff to utilize the teacher evaluation tool framework to promote growth.

Renee was a supervisor within two of our local school districts, hired in August of 2015. She was the third supervisor to be placed in these districts, and at the onset of this study, we learned that the districts were opposed to an HAISD supervisor continuing to work in that

capacity. By 2018, Renee was supervising most itinerant staff and programs for students with autism and moderate cognitive impairments. Renee was committed to supporting her staff and engaged in regular coaching conversations.

Marilyn was new to HAISD, hired in Fall 2015, but was the most veteran supervisor. She was confident and managed her work stress. She did this by working a typical 8-hour day. Marilyn modeled and encouraged others to focus on work-life balance. She worked to develop personal relationships with those colleagues she enjoyed spending time with.

Hannah supervised programs for students who were deaf and hard of hearing, as well as programs for students with emotional impairments. She had been employed by HAISD for several years, first as a teacher for students with emotional impairments, and at the onset of this research study, was serving her second year as a program supervisor. Hannah was motivated to improve services for this population of students, as well as return them successfully to their local districts. Hannah was integral in bringing trauma-informed practices to HAISD, specifically restorative practices.

Julie had worked for HAISD the longest. She served in many roles throughout her career. She had been an interpreter, teacher for students with emotional impairments, a teacher consultant, special education supervisor, and her current role was that of Homeless Liaison and Community Outreach for HAISD. Julie held a counseling degree and provided counseling services within the community. She had a strength in building partnerships with community agencies and a strong knowledge for how things had always been at HAISD. However, because of medical reasons, Julie was not able to continue on the team in PAR Cycles Two and Three.

While it took time, I found the strength to be vulnerable with the team and to share some of my struggles that have molded me to become the person that I am today. Team members

opened up to me to share personal stories of abuse, death, divorce, and mental illness. None of us were immune to the traumas that existed among our students.

These women served as leaders in their own contexts. Each as a supervisor of staff, supervising special education programs and services for our county. The women were faced with stressful situations daily: low staff attendance, extreme student behaviors, challenging parents, combative adults in our local districts, and strict timelines. However, one of the most stressful things they found in their daily work at the onset of the PAR project was the lack of relational trust they had with one another. We were not finding the way forward to draw on each other's considerable strengths, and doing that, I was convinced would better support the team.

Philosophically, the women were caring and nurturing, wanting to protect staff members and students. With local district leadership pushing for more students to enter HAISD programs daily, the supervisors found it necessary to play a micro-political role as gatekeepers. They requested data to support the removal of children from the home school and community, and these data often did not exist. The local district became angry and frustrated, as they had limited resources and knowledge about how to help some of our most difficult students. Not only did the women advocate for students within the local districts, they monitored programs, which were often bursting at the seams with the county's students who were most at-risk for educational failure because of their learning or behavioral challenges. Individual team members spent countless hours supporting program staff who were burned out, parents who were at a loss about how to support their children, and local districts who required our guidance and supports, all while dealing with the day-to-day responsibilities that came with being a program supervisor. The day-to-day stress affected individual and team wellness. Because of their caring personalities, I was determined to support them by focusing on self-care.

There were benefits and risks in choosing to work in this way. As the supervisor, some may have felt obligated to be a part of this study, while others may have avoided participating due to my role as their evaluator. The project meant we all needed to be more vulnerable, and that alone was a risk. However, despite the risks, the hypothesis for the project was still relevant: if as a team we could develop ways to become more self-aware of our stress triggers, strategies to support with stress management, and an awareness of our team's needs, our potential to grow as leaders and as a team would be significant.

My Role in the PAR Study

At the onset of the PAR project, I had almost two years to observe and learn and to understand the needs of our organization and of the individuals I led. The observation most pertinent to my work was that good leadership is critical to an organization's success and that dysfunctional leadership can be detrimental. At the start of the project, we were not fully functional as a team. The team responses forced me to reflect on my leadership. Specifically, I asked myself: How important is it that my actions are thoughtful and purposeful? How can I facilitate and lead this group in a way that encourages courageous conversations, collaborative work, and collegial learning?

Group members dealt with difficult situations, students, colleagues, parents, and staff daily. They were challenged with classrooms that were full and with local districts wanting them to take challenging students who had not yet been afforded the supports they are entitled to within their local districts. They were constantly balancing long hours, staff who needed their validation and support, and families who were scared and frustrated, all while trying to raise their own families, pursue further education, and have a social life. As their leader, I asked myself:

How can I support them in developing skills and learning strategies for them to take better care of themselves and each other?

Summary

The PAR study extends beyond self-awareness, self-care, and team functioning. It responds to leadership qualities that influence an organization to care for one another to grow. Militello et al. (2010) discusses the role of leaders to ensure that decision making is collective, deliberate and interactive, and takes place within an organization where the members feel secure. With a goal of creating a community of care, using the communities of practice framework, I was initially overwhelmed myself with the thought that my leadership team did not have a sense of safety with one another. My job was to lead, coach, and mentor this group of committed and capable women so that they could do for themselves and each other what they were doing for schools, students, and families. My role was to act as a catalyst in creating a culture of self-awareness and care, to identify supports that enhanced wellness and resiliency, and to collectively build our leadership practices (Parker et al., 2010). I was just as much a part of the research as they were.

CHAPTER 4: ACTION RESEARCH DESIGN

As detailed in Chapter Two, the caring professions are at an increased risk of compassion fatigue and burnout (Harrison & Westwood, 2009; Hydon et al., 2015; Slatten et al., 2011). These phenomena not only affect the individual, but negatively impact those whom they serve, including immediate co-workers and the organization that employs them (Harrison & Westwood, 2009; McNeil, 2015). Individuals who experience burnout or compassion fatigue are typically left on their own to reach out for support (Conrad & Keller-Guenther, 2006). I spent nearly two years observing and learning to understand the needs of our organization and the individuals I supervise. The team of experienced and highly motivated women I supervised exhibited signs of compassion fatigue. In small work groups of two or three, they worked creatively, freely, and with constructive judgement. However, when the whole group worked together, at times, constructive judgement changed to obstructive judgement (Nachmanovitch, 1991), shutting down the flow of creativity and ideas that each had the capacity to give to the group. The observations led me to interrogate the relationship between self-awareness, self-care, and their capacities to work on a team with persons whom they supervised.

The purpose of the participatory action research (PAR) study was to explore the implementation of communities of practice with a focus on understanding how improved self-care for six special education district administrators might change their individual and collective capacities to care for each other and work as a team (Lave & Wenger, 1998; Noddings, 2002). Following PAR Cycle One, the number participating in the research project was five persons, due to one member placed on medical leave. By working collaboratively with the Co-Practitioner Researchers (CPR group), we collaboratively identified organizational supports that positively affect team dynamics, leadership practices, and an approach of care. Through a process of

critical inquiry, we were able to partially transform our working environment and make strides toward self-care and care for each other (Noddings, 2002; Shevalier & McKenzie, 2012).

Through action and reflection of those involved in the research study, three research sub-questions and the evidence we collected and analyzed provided insight on the overarching research question and guided the PAR study: How does a focus on care used among special education supervisors in a school district impact the team, their leadership practices, and those they serve?

To best answer this question, the PAR sub-questions were:

1. How do special education program supervisors establish and carry out a plan of care for self and others to be more thoughtful and supportive leaders?
2. To what extent do these supervisors transfer their understanding and application of care into their own leadership practices?
3. To what extent do my leadership practices change through the development of a community of practice with a focus on care?

Research Design

The chapter describes the participatory action research (PAR) design, including the methods and procedures I used to answer the three research questions. First, I present an overview of qualitative research and why it is central to this study. I then describe the PAR research process and how I chose the participants for the study. Then, the three cycles of inquiry I implemented are outlined. Data collection methods, tools, and processes for analysis of the qualitative sources are reviewed. Finally, I discuss ethical considerations and study limitations.

Qualitative Research Overview

Qualitative data provide "a source of well-grounded, rich descriptions and explanations of processes" within everyday situations in the participants' natural environment" (Miles & Huberman, 1994, p. 1). A qualitative study approach helps the researcher "get as close to the [subjects] of interest as they possibly can, partly by means of direct observation in natural settings, partly by their access to the subjective factors thoughts, feelings, and desires" (Merriam, 1992, pp. 32-33). To respond to the tenets of qualitative research and as the lead researcher in the PAR project, I collected and analyzed data from multiple sources.

Participatory Action Research

Qualitative research uses the words, actions, and artifacts of a group to describe in their own words answers to research question (Miles & Huberman, 1994). The use of narrative data from memos, meeting notes, observations, and written communications tell the story of the CPR group. The stories of the CPR group help to answer "how" and "why" questions. As part of the research study, the CPR group used an inquiry process to "learn from and [act] on" the knowledge they gained through the three cycles of inquiry (Militello et al., 2010, p. 28).

Choosing participants. Philosophically, the women in the PAR study, to a person, are caring and nurturing, with a desire to support students and the staff whom they supervise. However, as their direct supervisor, I witnessed the effects of their positions on their overall wellness. Because our team already met regularly, we had the organizational structures in place to engage in the research process. Stringer (2014) identifies the "fundamental premise of participatory action research" as that of a common interest of the group or organization (p. 14). Hunter, emerald and Martin (2013) describe the participants of action research as active in identifying the problem, gathering and analyzing data, co-generating a plan, and setting a course

of action. The CPR group chosen for the PAR study included a group of six female special education supervisors who supervise programs and services for special education students within Hope Area Intermediate School District. The PAR began with six supervisors; however, as indicated previously, at the onset of PAR Cycle Two, one member was on extended medical leave. The women were chosen because we already had a platform established to meet as a community of practice (CoP), and they were responsible for supporting most of the staff employed by HAISD. They supervised staff who educate the county's student population who are placed most at-risk for having a successful schooling experience and had direct impact on over 200 employees in the district. As a result, the leaders were faced with stressful situations daily that included low staff attendance, extreme student behavior, challenging parents, long hours, and pressing timelines.

Process. Serving as the leader of the supervisory team and facilitator of their community of practice, my role was to act as a catalyst to stimulate change among the team (Stringer, 2014). I took the role as a participant observer in the PAR, recording both my actions and those of the CPR group. I collected and analyzed data. I organized the meetings to include agenda items that would address the research questions. As the project developed, we co-developed agendas for our meetings. My role was to guide analysis of the evidence.

Cycles of Inquiry

The study was non-experimental because the study used participatory action research in three successive cycles of inquiry to drive our actions as a leadership team to care for self and others. Figure 5 offers a logic model that displays the three cycles of inquiry by identifying the goals of the research study, activities required to meet those goals, data collected, and data

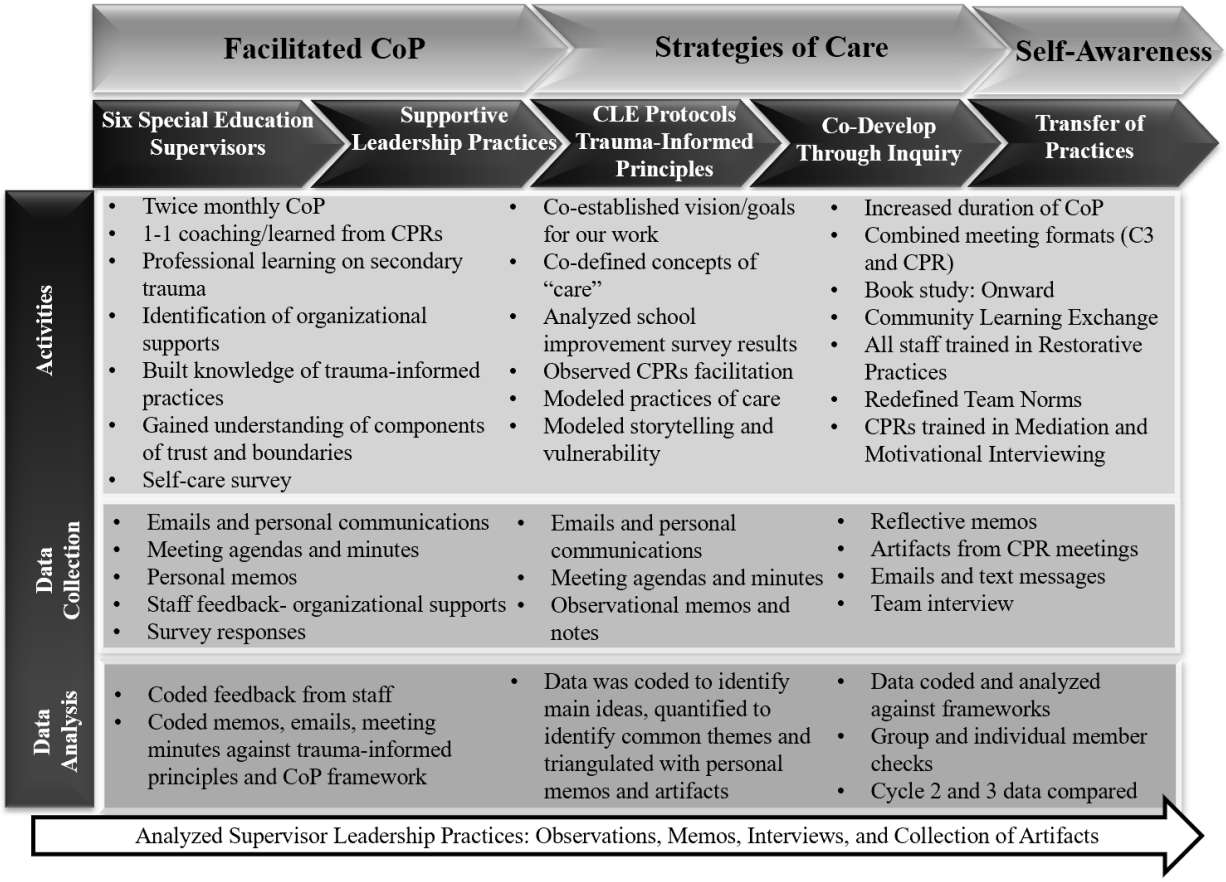

Figure 5. Cycles of inquiry.

analysis methods. The activities in PAR Cycle One continued throughout the project, and emergent findings from the previous PAR cycle informed the next cycle.

PAR Cycle One. I obtained informed consent from special education supervisors volunteering to participate in the research study; the informed consent identified the potential risks and benefits of participating in the study. Special education supervisors participated in regularly scheduled community of practice (CoP) meetings that occurred twice monthly with a focus on: (1) co-developed professional learning opportunities to increase understanding of the effects of compassion fatigue and burnout; self-awareness of signs and triggers; and strategies that support overall wellness; and (2) developing a common understanding of care for self and others. Through the CoP framework, literature review, collaborative learning opportunities, and reflection, the team implemented an inquiry process to implement trauma-informed practices, as well as developed team norms that honored the care of team members. As a component of their CoP, the CPR team reflected on and analyzed meeting artifacts from their work "to inform their planning and decisions; the dialogue resulted in learning that built coherence and capacity for change" (Militello et al., 2010, p. 29). In addition to the twice monthly CoP meetings, I met with each CPR individually. This provided an opportunity to check in, coach, mentor and learn from each team member. Throughout each cycle, I reflected and noted how my own leadership practices were impacted.

I speculated that if supervisors were knowledgeable of the signs of burnout and compassion fatigue, as well as the benefits of self-care and wellness, they would utilize strategies that supported their care and the care of others. Once supervisors could identify stress triggers and signs of burnout, I believed that they would become empowered to practice strategies to support their wellness. Recognizing the positive effects of self-care strategies, I believed that the

supervisors would “work conscientiously and reflexively to cultivate” care for those they worked with and supervised (Shevalier & McKenzie, 2012, p. 1,095). What I wasn’t prepared for was the lack of trust that existed among the team and resistance to a focus on self-care.

PAR Cycle Two. We focused on team functioning and a co-developed vision of “care”. Recognizing the need to build trust among the team and those we lead, there was a focus on consistent and predictable communication among our leadership team. We worked to establish a unified vision and defined what “care” looked like and sounded like within our organization. We began to implement routines and structures that aligned with the trauma-informed guiding principles of safety, trustworthiness and transparency, voice and choice, empowerment, and collaboration. I observed these practices occurring among teams the CPR group led. While I continued to drive the work within our CoP, the CPR group had a desire to implement these practices with their staff, students, and families.

PAR Cycle Three. As a result of PAR Cycles One and Two, PAR Cycle Three brought the CPR team together more frequently and for increased periods of time. The CPR team co-developed department goals, creating a unified vision for our work. An increased focus was put on self-awareness and conflict management. Throughout PAR Cycle Three, I identified through observations and inquiry the trauma-informed practices that transferred across the team and the organization. Through an interview process, the CPR group reflected on how they had implemented practices to make them more thoughtful and supportive leaders. They identified how their leadership practices had transformed as a result of our work together as a leadership team and a focus on trauma-informed practices. Cycle Three included informal observations of supervisors as they led their team meetings. A focus on organizational policies, practices, and supports was also an area of focus during Cycle Three, all co-generated by the CPR group.

Data Collection Methodology

I used multiple qualitative measures to collect data in three cycles: community learning exchange protocols, informal team interviews, observations, memos, written correspondences, survey information, and meeting artifacts. The participants were involved in team interviews and informal observations. In this section, I discuss these in particular: journey lines, focus group interview, memos, meeting artifacts, and member checks.

Journey Lines

The purpose of a journey line is to encourage people to tell their stories and use the stories as a moving force for change in building relationships (Dewey, 1938; Guajardo et al., 2016). In the process, individuals engage in deep conversations to know one another. Participants were asked to respond to a given prompt, plotting events of their life on a timeline, indicating their level of impact or importance. Team members analyzed the journey line evidence by looking for patterns and themes among their journey lines, helping to uncover individual's values and beliefs, further creating shared stories.

Focus Group Interview

I utilized Interviews when specific behaviors or feelings could not be easily observed (Merriam, 1992). Open-ended interview questions were provided to the CPR members at the end of the PAR study to validate research findings. Interviews were recorded, transcribed, and analyzed for common themes.

Memos

According to Guajardo et al. (2016), "taking time to reflect is important; but often ignored" (p. 130). Reflective memos provided an opportunity to reflect on team meetings, activities, and learning opportunities to make future decisions (Saldaña, 2016). My memos

included observations made during team meetings and were coded for common patterns and themes.

Meeting Artifacts

Artifacts were collected from team meetings. These included meeting minutes, meeting agendas, posters, pictures, etc. The artifacts were sorted and categorized to find common themes.

Member Checks

Member checks were used for validation purposes, but just as importantly, to obtain permission from the CPR group to share their stories with others. Much of the research focused on building and maintaining trust, and my role as a researcher was to "do no harm." This validation check allowed participants to identify discrepancies regarding the information presented to the reader.

Data Analysis

Data analysis occurred iteratively as data were collected, providing an opportunity to analyze for future action. Throughout each cycle, the CRP group used content analysis of meeting artifacts to identify themes and determine next steps. For the first level of analysis, CPR members examined similar documents (e.g., surveys, meeting artifacts, memos, and agendas) and identified common ideas, phrases, terms, etc. With a focus on trauma-informed practices through a community of practice framework, I deductively coded qualitative data against the existing frameworks. Triangulated with focus group interviews, observations, member checks, and content analysis (written communications), an understanding was derived from the data. Common patterns (Miles & Huberman, 1994) were then determined and named to identify common themes (Creswell, 2014). Artifacts and documents were compared to the research questions, clustered together to identify commonalities, and documented through memos

(Merriam, 1998). Later, memos were studied for common patterns and themes (Bogdan & Biklen, 1992).

An analysis of qualitative data occurred by identifying common themes to prove or disprove the hypothesis (Creswell, 2014). This convergent experimental design looked independently at each data source and identified commonalities or themes within the datasets. The researcher and CPR group began to "decide what things meant…noting regularities, patterns, explanations, possible configurations, causal flows, and propositions" (Miles & Huberman, 1994, p. 11). Qualitative data analysis was considered very powerful when "assessing causality" (Miles & Huberman, 1994, p. 147). Table 1 provides data sources and methods used to verify common themes.

Role of Reflection/Praxis

Throughout this research study, I, along with the CPR group, reflected upon our learning. Feedback by a university coach guided and informed how information was gathered and analyzed throughout the research study. The reflections are embedded throughout this dissertation. My role was to facilitate learning opportunities; however, through discourse and reflection, the leadership team guided my next steps throughout this research study.

Confidentiality and Ethical Considerations

Data security and participant confidentiality was honored throughout this study. Proper names of the district, schools, and participants of the study are addressed using pseudonyms. Interview tapes, transcripts, memos, documents, and artifacts were all kept in a secure, locked location. Any materials collected from district personnel were not replicated or disseminated in any way. The district had the opportunity to review the executive summary, findings or reports in which all identities were masked prior to submission.

Table 1

Data Collection Sources Used to Respond to Research Questions

Research Question/Sub Questions	Data Source (Metrics)	Triangulated With...
How do special education program supervisors establish and carry out a plan of care for self and others to be more thoughtful and supportive leaders?	Journey lines Meeting agendas and minutes Artifacts of meeting activities	Personal memos Interviews with CPR group
To what extent do these supervisors transfer their understanding and application of care into their own leadership practices?	Meeting artifacts Interview with CPR team	Observation notes Member checks
To what extent do my leadership practices change through the development of a Community of Practice with a focus on care?	Artifacts from meetings Meeting agendas Meeting minutes Video of my facilitation	Personal memos Survey completed by CPR team

A formal application was submitted and approved by the district's superintendent, as well as the East Carolina's University Committee on Research Involving Human Subjects (UCRIHS). A consent letter of participation was signed and filed for each participant of the study (see Appendix A for all consent forms).

Study Limitations

Safeguards were put into place to reduce bias and subjectivity. Surveys did not include identifiable information. The CPR group were from the same department and agreed to being a part of the research study through a signed Informed Consent. Through the Institutional Review Board process, the CPR team members signed an informed consent that explained how confidentiality would be maintained as well, their rights during the research study, and their choice in responding to questions or participating in research activities. The CPR group supported in the collection and analysis of qualitative measures.

There are limitations to all research studies. The first limitation is the small number of participants in this study, who all fall within one department in a large organization. Second, all participants are female and may not be generalized to other leadership teams. Third, specific evidence could not be shared due to the potential negative impact it would have on those participating in the PAR study. Finally, as the leader of this group of women, there were concerns that they may feel obligated to participate or avoid participation due to my role.

Summary

The theory of action for determining the level of impact that communities of practice, emphasizing care, has on team functioning and leadership practices has been established within this chapter. Throughout each cycle of research, the CPR team and I collected and analyzed data to determine common themes and next steps to best determine if this framework met our

organizational goals, as well as built our understanding of a community of care. Upon the completion of this action research study, we were able to make recommendations for future community of practice facilitators and educational leaders regarding a community of care in an educational system.

CHAPTER 5: PARTICIPATORY ACTION RESEARCH CYCLE ONE

A Community of Care Emerges in Pockets

In PAR Cycle One, I invited six persons to become Co-Practitioner Researchers (CPR group) and to form a community of practice (CoP); all six had roles as special education supervisors for the Hope Area Intermediate School District (HAISD). All agreed to become members of the CoP; however, three CPR members responsible for supervising HAISD special education programs offered a team approach that we could draw on by PAR Cycle Three for the entire group. I refer to the group as the Core Three (C3). This chapter tells the story of how we moved forward, haltingly, but steadily. In PAR Cycle One, I gained an in-depth understanding of how the theory of action regarding trust as the foundation of building a community of practice can work and investigated how to build on the strengths of PAR Cycle One to attempt to engage all supervisors in the process. The chapter has four sections: a description of activities, evidence, and processes of analysis; a discussion of emergent themes; prospective implications including how the cycles of inquiry affected my leadership; and a description of projected activities and evidence for PAR Cycle Two. Presented in a narrative fashion, the chapter includes information about the participants and the information collected throughout the study. The overarching theme of PAR Cycle One focuses on how relational trust is foundational to promoting a community of reciprocal care.

PAR Cycle One Activities

Table 2 summarizes the key activities in which I engaged with the CoP and the staff at the HAISD and data collection that occurred during PAR Cycle One. The connections between the community of practice activities and the entire staff are important because the repetition of

Table 2

Fall of 2017 Key Activities and Data Collection (August-December)

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Meetings with CPR (n=6)	♦		♦		♦		♦		♦		♦	
Individual Coaching Conversations (n=5)	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦
Professional Learning	♦											♦
Community Learning Exchange											♦	
Surveys/Written Notes or Memos	♦		♦		♦		♦		♦		♦	

protocols in these meetings was designed to offer an approach to professional learning and relationships among the entire staff, as well as the community of practice. In this section, I introduce PAR Cycle One, specifically discuss three key activities, present the full set of activities for the CoP, discuss the types of evidence I collected, and how I analyzed that evidence.

In PAR Cycle One (Fall 2017) we first identified and gained agreements from the CPR members. My desire had been to have all seven members of HAISD's special education supervisory team engage in this study; however, one team member declined and did not typically attend our team meetings. Seeking input from the team regarding dates, we determined that our bi-monthly meetings would last for 90 minutes. When establishing the meeting time, I indicated that our focus was to build leadership skills and practices, as this core group of women have responsibility for supervising, facilitating, and supporting 200 staff members within our organization. We began our team meetings with activities that were designed to foster increased knowledge of each other in an effort to build trust across all members. I recognized the need to be transparent about the work that was to come and the goal of the PAR project.

Organizational processes and structures are useful for promoting a trauma-informed approach. These include regular communication about the change process, including all in planning for change, training individuals, creating a safe environment, and intentionally using procedures that prevent secondary traumatic stress in staff (Menschner & Maul, 2016). PAR Cycle One included gaining knowledge of the components of trust, building an understanding of trauma-informed practices, participating in regularly scheduled community of practice meetings, and beginning to implement coaching practices. Three events informed the work that was ahead

of us: professional learning on trauma-informed practices, a community learning exchange, and professional learning related to secondary trauma.

Activity One: Trauma Informed Practices

The typical welcome letter at the start of the school year included my vision about becoming a trauma-informed organization and to creating a community of care. At our opening day kick-off, I shared a vision that included our organization's mission to lead, collaborate, and serve to create education without boundaries by supporting our local districts, working collaboratively together, and eliminating barriers for our students. I highlighted the values that drive our work: integrity, compassion, and commitment to continued learning. Prior to students beginning the new school year, we implemented a week of professional learning which included mentoring, staff evaluations and growth mindset, Crisis Prevention Intervention through a trauma-informed lens, and a full day of professional learning on trauma-informed practices.

Dr. Stephanie Grant, developmental psychologist who focuses on infants and children with trauma histories, spoke to the community agencies, educational staff, and parents of Hope County. By developing an understanding of what trauma is and how it occurs, our goal was to help HAISD staff and our community partners identify how signs of trauma may appear in school settings. Because HAISD provides services and supports for the county's most at-risk population, this knowledge was intended to better equip staff to recognize signs of trauma. When educational teams implement the methods described by Dr. Grant, we would expect to see a decrease in student removals, both from the classroom setting and students' local districts. We required all HAISD employees to attend the professional learning session. We believed that having a clear understanding of the effects trauma has on the brain was meaningful information to build upon. We were encouraged by the attendance of community agencies and local district

staff who also attended this event. Over 60 agencies were present, and the event accommodated over 550 attendants. The numbers spoke to the desire to learn more about trauma and how we could best support our students and families in Hope County.

Activity Two: Community Learning Exchange (CLE)

Julie, a CPR member in the PAR project, co-facilitated a day-long exchange for human service field professionals; we collectively discussed how we could have more impact on our families than we would working in isolation. The HAISD superintendent and four of the CPR participants collaboratively created a logic model that focused on trauma-informed practices (see Appendix B).

Activity Three: Secondary Trauma

The third opportunity for staff development was secondary trauma professional learning, spearheaded by requests from the Community Learning Exchange. Two of our staff who are specialists in trauma-informed practices designed the professional learning with these intended outcomes:

- Understand the difference between burnout, vicarious trauma, and secondary trauma
- Understand possible personal, work, and community risk factors
- Recognize the signs and symptoms of vicarious/secondary trauma and burnout
- Identify protective factors in both self and others to help increase resiliency
- Understand the meaning of self-care to identify healthy coping strategies
- Increase self-awareness

By understanding the risk factors and signs of both vicarious/secondary trauma, burnout, and protective factors, we would expect staff to become more aware of these signs and implement self-care practices proactively. This would result in staff retainment and overall job satisfaction.

To identify the level of attention self-care strategies are employed by the special education supervisor team, five of the six CPR group completed a survey. The survey data served as a baseline for self-care practices; I discuss the results in the next section.

Key Activities for Community of Practice (CoP)

PAR Cycle One involved implementation of trauma-informed practices and structures through a community of practice (CoP) framework and professional learning opportunities for all HAISD staff. With a focus on trauma-informed practices and building effective leadership skills, data were collected and analyzed, leading to a set of emerging themes.

Data Collection and Analysis

Throughout PAR Cycle One, I collected and coded emails, meeting agendas and minutes, notes from activities that took place during our bi-monthly communities of practice, survey responses, and memos of my observations. I wrote reflective memos and received this feedback from an ECU professor: "What moves the organization to more proactive work is the development of strong teams. Teams that are comfortable with each other, knows each other strengths and weaknesses, and teams made up of individuals with confidence and capacity, can plan for and work through most scenarios" (McFarland, personal communication, October 7, 2017). The comment rang true as I observed two different meeting formats and the difference between the CPR group of six and a smaller group of three. I coded multiple narrative data sources to identify patterns. Common patterns then served to identify emerging themes.

Emergent Themes

At this point in the PAR process, I used reflective memos and iterative evidence from teams to have individual coaching conversations with the six supervisors. As the cycle unfolded, I became more aware of the need to acknowledge positive practice and attempt to engage all

supervisors in rethinking how to proceed as a full group. The data sources tell the story of four emerging themes: (1) connectedness and teaming; (2) the value of knowing; (3) relationships and trust; and (4) the significance of empowerment.

Connectedness and Teaming

Connectedness is a vital component of effective teaming, without it, team members do not have the level of trust and safety needed to thrive (Aguilar, 2016). Developing relationships helps us to better understand each other and, therefore, support each other's learning (Drago-Severson, 2009). By being intentional about connections on teams, the hope is that we build and sustain trusting relationships among colleagues, which play a large role in adult learning and ultimately student outcomes. Having had the opportunity to work with the CPR group for two years, I recognized that there were varying degrees of trust among the members, which will be further discussed in theme 2. The story of the importance of connectedness and teaming emerged as I observed three of the six special education supervisors build a strong bond, professionally and personally. Three emergent practices provided evidence as the building blocks of cultivating trust: small group team building, the value of a social support networks, and complementing each other's strengths. In section three, I discuss how this learning from the small group affected the ways I then approached the full community of practice.

Small group team building. Three of the CPR members, who I refer to as the C3, developed weekly meetings separate from the full group and displayed many of the qualities that speak to the value of teaming. They became connected, relying on one another as both colleagues and friends. Toward the end of the 2016-2017 school year, the C3 met regularly. They ordered lunch and focused on their work. They had similar responsibilities that were different than the other members. I decided to attend these meetings regularly so that I could remain in the

know and observe and identify practices that might benefit the larger team. The following memo captures my thoughts after attending a C3 meeting:

> This team of ladies is task-oriented. They have built a very strong and trusting relationship with one another and work effectively together. They spend time outside of the school day with one another and have become best friends. They have hard conversations with one another. We were able to get through a laundry list of items that required consideration/feedback, problem-solving, and approvals in a very short time (October 9, 2017).

Observations validated that this smaller team took care of one another, both on a personal level and a professional level. When one had a personal struggle, it was common practice that they supported each other. On a professional level, when there was a need to be out of the district, the other two would step in and take care of meetings, students, parents, and any other crisis that evolved. They knew they could rely on one another, as they to me on many occasions. They trusted that what each committed to would be done. These were all qualities we needed as a full team.

Social network. The C3 relationship provided an increased level of work performance among the team and served as a support system to manage the daily challenges of special education supervision, validating countless studies that identify social networks as the best guarantee for overall well-being and work performance (Anchor, 2010; Churchill & Mishra, 2016; Henttonen, Janhonen, & Johanson, 2013; Zhong, Huang, Davison, Yang, & Chen, 2012). A reflective memo highlights my observations:

> I have truly come to appreciate this group of ladies… I ask myself…how do we move our organization to work in a way that these women work together? How do I encourage

> my own leadership to restructure our leadership, administrative meetings, and superintendent meetings to run in this same fashion?... We are making some progress but still have some work to do (September 7, 2017).

They deliberately chose to spend time together during the work day when appropriate, but also in their personal lives. Upon reading my memos, I received this communication from one of the personal reflections:

> Research tells us that forging positive relationships with the folks we work with is one of the most important elements to achieving success as a team. The behaviors I reference include those that demonstrate warmth and human connection, sensitivity to a person's emotional state and a regard for that person's opinions and perspectives. These three women have established this connection, and therefore, are able to work together in a way that others cannot or will not (McFarland, personal communication, November 5, 2017).

The personal relationship that the C3 established enhanced their ability to work as a team. I recognized that this was the level of trust I wanted for the total group because the benefit of social networking was evident.

Complementing each other's strengths. What I noticed during these weekly meetings was the team's efficiency and interdependence. Each supervisor had a special role assigned to them, aligned with their own individual strengths. Lauren kept the team focused and would remind the others to get back on task when they diverged from the work. Stacey took notes in the "Monday Morning Memo," a weekly newsletter sent to all special education staff to inform them of important information and reminders. Hannah would often agree to follow up with staff.

Lauren kept copious notes and read the list of items to address from the co-generated list of to-dos'.

I observed that they utilized each other's strengths to effectively get the work done again during a staff meeting at our center-based building, a school which houses special education programs supervised by the C3. Stacey facilitated the meeting. A group of 45 sat in a circle and the meeting began with optimisms. Stacey shared that "her boss encourages the team to identify the positives in our work" and asked the group to share what they were optimistic about. She then proceeded by sharing information regarding a phone call she had received from a parent; the phone call identified individuals within the building were behaving in a way that would result in lost trust with parents and portray a negative outlook on our organization. The conversation extended into how we can honor our students, build trust with parents, and help our community better understand our exceptional student population. Lauren sat back; Stacey facilitated the meeting.

When complimenting Stacey on a well-facilitated meeting, she needed me to know that the meeting agenda was Lauren's idea; each had supported the other by focusing on their strengths-Lauren's strength for planning and Stacey's of facilitation. The C3 group approached a discussion that could have been confrontational with their staff but chose to collectively identify ways to promote trust with our families and community. Because the supervisors brought a problem to the attention of staff, collective brainstorming occurred. Rather than telling staff what needed to occur, Lauren and Stacey encouraged the group to identify solutions.

Documenting my observations of the way we functioned became a daily endeavor. The C3 had a level of relational trust and confirmed how we might be able to work efficiently and

with a sense of agency in the full group. These observations led me to the second theme: the value of knowing one another.

The Value of Knowing

Investing the time to truly get to know one another benefits each team member, the team, and the organization. When leaders truly know their team, they are better able to identify necessary supports (Kruse, 2015). A new level of awareness evolved as I recognized the importance of myself knowing the team, and each team member knowing one another. When we can better understand the perspectives of others, we are able to respond and support by knowing what triggers individual emotions, making us more effective as a team. To build a trusting work environment where a true community of practice can exist, the team members must feel safe to express themselves freely without judgement or consequence (Margolis, 2019). The key elements of knowing highlighted in this section include: knowing each other's stories, the willingness to be vulnerable, and the willingness to engage with others to develop a sense of connectedness.

"Knowing about each other's histories, backgrounds, values, beliefs, hopes and dreams, skills and abilities, and fears and concerns is important. This understanding helps cultivate empathy for each other and contextualize the behaviors of group members" (Aguilar, 2016, p. 42). Ensuring that team members "know each other and build a community based on personal and professional appreciation" (Aguilar, 2016, p. 42) became my goal. This was facilitated through our meeting agenda when sharing "optimisms" and "learning lessons." Next, I highlight the value of understanding motivations through the process of storytelling that supports those understandings and how the storytelling sets up the ability to be a better coach.

Storytelling and vulnerability. Through storytelling, positive connections are built and strengthened with others through "sharing, interaction, and conversation" (Guajardo et al., 2016, p. 44). Oftentimes, vulnerability is tied to feelings that we hope to avoid; however, what vulnerability leads to is a sense of belonging and a way to create connectedness with others (Brown, 2015). In my position, I often felt the need to be guarded with my personal life but have come to recognize the importance of vulnerability. On opening day, I shared a personal story with our special education staff of 282. As we moved toward becoming a trauma-informed organization, I shared our organizational goals and what this meant for our staff. Being trauma-informed involves understanding one another, and because of this, I shared some of my journey. My story began with a new position as a special education director, and the struggles I had in learning this new job all while experiencing a personal life challenge - divorce. As I struggled to get out of bed every day, all while leading a district's special education department, I was blessed to have a boss who just asked me to give what I had, coaching me along the way. Recognizing that each of us has a story was the intent of my message, and sharing our stories lends itself to a new lens in which we view others. This became true for me as I learned more about each team member.

When a teacher in Lauren's building was struggling, she shared a story of imperfection with the teacher. She told her personal struggles of her need to be perfect and the impact this had on her personal and work-life balance. Reflecting on this conversation with Lauren, I memoed the following:

> Lauren has truly begun to understand that repairing relationships is far more effective and supportive of staff than simply investigating their behavior and reprimanding. She shared her own self-care practices with Gloria, recognizing that she was battling her own needs

to be perfect on the job and struggling to balance work and personal life (October 9, 2017).

Rather than judging or reprimanding the teacher for creating a difficult work environment, she approached the situation in a supportive way, sharing her struggles with the teacher and giving her grace as she developed a plan for moving forward.

Lauren gained a high level of trust with the staff she supervised. Her lack of judgement and willingness to listen allowed her to have difficult, but crucial conversations with staff and offer a deeper level of coaching support. Recognizing a staff member was in crisis, Lauren shared a book with that person. The book offered strategies to those who have suffered trauma. Lauren did not share with me who she gave this book to but wanted me to hear the message the person sent to her. The message spoke of the individual's traumatic history and how the book helped him/her to help reclaim his/her life. What does this say to me as Lauren's leader? Tears ran down my cheeks as I listened to the words that had been shared with Lauren. She is a leader who knows her staff, listens to their struggles, knows how their work and personal lives impacts them, and offers support in empowering ways. She understands the importance of relationships, trust, and empowerment.

As we are willing to be vulnerable with one another and listen to each other's stories, values, and beliefs, we practice empathy with one another – the same empathy necessary in our work. I was interested in all of us supporting each other in our personal and professional lives. Each member was willing to talk with me in a one-on-one setting, but we still were not completely at a place where we could be a cohesive team.

Coaching team members. Knowing the stories of the CPR group helped to establish relationships and a level of understanding that did not initially exist. By knowing the team, I

became a more effective coach and leader. Learning the best approach to giving feedback is an on-going challenge for me and that learning has evolved by making mistakes, as well as observing and documenting body language, tone, and responses of those I supervise. Understanding why some respond the way they do has come from knowing them as individuals and through their vulnerability in storytelling. During a countywide team meeting, Stacey had been pulled away to support with a crisis. When she returned, she presented information she had been asked to share. Due to her heightened emotional state, when pushed by her colleagues, she became upset. That evening, I chose to write an email. My notes from a conversation I had with Stacey following this email spoke to the need to truly know my team (October 30, 2017):

> Stacey called me on Monday morning to discuss my feedback to her. This phone conversation provided me with insight as she shared her feelings about how I approached this situation. Our conversation helped me to better understand why my approach was unsuccessful…Rather than acknowledging that prior to the presentation she was faced with a difficult situation, which created a substantial level of stress, I immediately provided corrective feedback. My learning lesson: Seek first to understand. Feedback through email was unsupportive and did not provide an opportunity for dialogue. To prompt reflection, I should have used coaching questions instead of providing feedback and judgement.

As the CPR team gained knowledge of colleagues, this validated the need for coaching. A perfect example of how this knowledge transpired into a high-level coaching conversation is reflected in the following memo (October 15, 2017):

> Lauren's phone call tonight was memorable. She has been getting complaints about one

of her teachers. After four individuals have come to her, stating the climate in the room is unbearable, Lauren brought her into her office to talk. She had been talking to individuals one-on-one and had not addressed it with the teacher of concern up to this point. Today she did.

The teacher recognized that she was being short with the staff in her room. They discussed how she can help to repair the climate and the teacher was open to it. Lauren gave her permission to "not be perfect" and talked to her about boundaries. Lauren shared with her about her own self-care practices and the boundaries she has put in place for herself. Lauren took the time to understand why this teacher was so hard on her team and then became vulnerable by sharing her own experiences and need for boundaries, but more importantly that it's okay to not be perfect.

What I've learned about the value of coaching came from my reflection, and from observing the strengths of the team. Their skills, experience, and knowledge provided me with new learning. The art of listening without judgement and opinion is the key to being an effective coach. The act of questioning with non-judgement offers the ability to see things from different perspectives. Most importantly, providing support and encouragement has far more powerful results than simply providing feedback. It is evident that for these coaching conversations to occur, there must be a level of trust and community (Aguilar, 2016).

Relationships and Trust

Recognizing and identifying the key factors that build and maintain trust, and those that create distrust was a focus. During the first month of school, I noted the following (September 7, 2017): My goal was to establish trusting, collaborative relationships among the supervisors. To

work effectively with one another and to grow as leaders, mutual engagement needed to occur (Militello, 2009).

The work to establish trust among our team began in one of the first community of practice meetings during the 2017-2018 school year, where we discussed the components of trust. The team was asked to rate themselves using the seven layers of trust, identified by Brown (2015): boundaries, reliability, accountability, vault, integrity, non-judgement, and generosity. To build trust with the team, I shared what I believed was my weakest area with them. My desire to be a helper and the guilt I experience when asking others to take on more can result in me dropping balls; therefore, I am weakest with accountability. I need to be careful to not take on more than I can handle because I risk losing trust when I don't follow through. The team was silent when asked to share their strengths and weaknesses. While I was willing to expose my faults, they did not yet feel safe enough among the larger group to do the same. In this section, I discuss how willing the CPR members were to engage and the norming processes we used to better establish teaming.

Willingness to engage. The willingness to engage is complex, as past experiences tend to inform present actions. Throughout our CoP meetings, I recorded and coded patterns in routines and team functioning. Team dialogue was not equitable among the group with some members sharing much more than others. While the norms encouraged collaboration and team members were encouraged to share their experiences and expertise in ways that would enhance team productivity and development, we heard from some members more than others.

Initially, the strong bond built by the C3 seemed to be forward movement to building our team; however, it could be viewed as a barrier to growing our team of six. Everyone had initially been invited to join the Friday meetings, however, the C3 seemed to have power over invitation

to the Friday meeting, which meant that the three additional members on the team felt isolated. Their Friday meetings were largely about their supervisory experiences because the time devoted to our bi-monthly CoP meetings did not offer the time needed to collectively address all of our supervisory needs. However, I needed at this point to see how I could use the collective strengths of each to ensure that all could equitably engage.

Relationships and connectedness matter, which is why I changed our CoP agenda and some of our procedures in August (Lambert, Zimmerman, & Gardner, 2016; Lang-Takac & Osterweil, 1992). My hope was to build community and shift the ownership of meeting outcomes from "my" outcomes to "our" outcomes. As I began to implement the use of the circle, some members were uncomfortable. I knew that circles are intended to build community and support or restore relationships (Guajardo et al., 2016), but circles often make participants feel more vulnerable. Holding our meetings in this manner, whether comfortable or not, was a strategy that I knew I needed to continue and extend beyond the simple formation of a circle.

Other changes, based on team input, were incorporated into the agenda. Because we perform at our best when our thoughts are positive (Anchor, 2010), each meeting began with optimisms. My optimisms generally focused on how members of the team had worked together to accomplish a goal, but also incorporated aspects of my personal life. There was an opportunity for team members to ask questions about the work of others, which was shared within the agenda by each CPR member in written form prior to each meeting. An agenda time for learning opportunities supported how we could develop practices through engagement and dialogue with others in the group (Militello et al., 2010). I encouraged CPR members to add agenda items that involved questions they had or learning opportunities they wished to share with the team. Each team member had the ability to bring experiences and perspectives, allowing opportunities to

grow and learn from one another through dialogue. However, I did not request items from the team. Lastly, the agenda included topics that fell under "Creating a Trauma-Informed Organization: Cultivating Trust." Many of the activities and/or conversations that we addressed at this time were intended to build a community among the CPR group.

While my observations confirmed that the CPR team interacted with one another in a more professional manner than they had the previous year, there seemed to be a giant force that prevented connectedness to occur among the larger group. Continuing to watch and be reflective of what was positively impacting the team dynamics, along with identifying what was creating a barrier for the others, became my focus.

Norming. We had established norms early on as a team, but it was evident that they needed to be revisited. I decided to engage the group in setting a new set of norms. Norms set the culture of the team and realizing that we needed to reconsider our existing norms, we engaged in identifying what each member needed from their teammates to feel safe and encouraged to grow together (Aguilar, 2016). Prior to this activity, I provided a list of categories for team members to consider (Retrieved from https://www.mindtools.com/pages/article/newLDR_86.htm). Within each category, they were asked to identify norms that were important to them on sticky notes and then post within each category.

The potential norms that were identified suggested what others needed to do and how they needed to behave, rather than how the team needed to function, identifying a deeper lack of trust among the team and a focus on externalizing behaviors (Aguilar, 2016). Figure 6 demonstrates the norms that were established by team members. Frequency of responses warned consideration for the group.

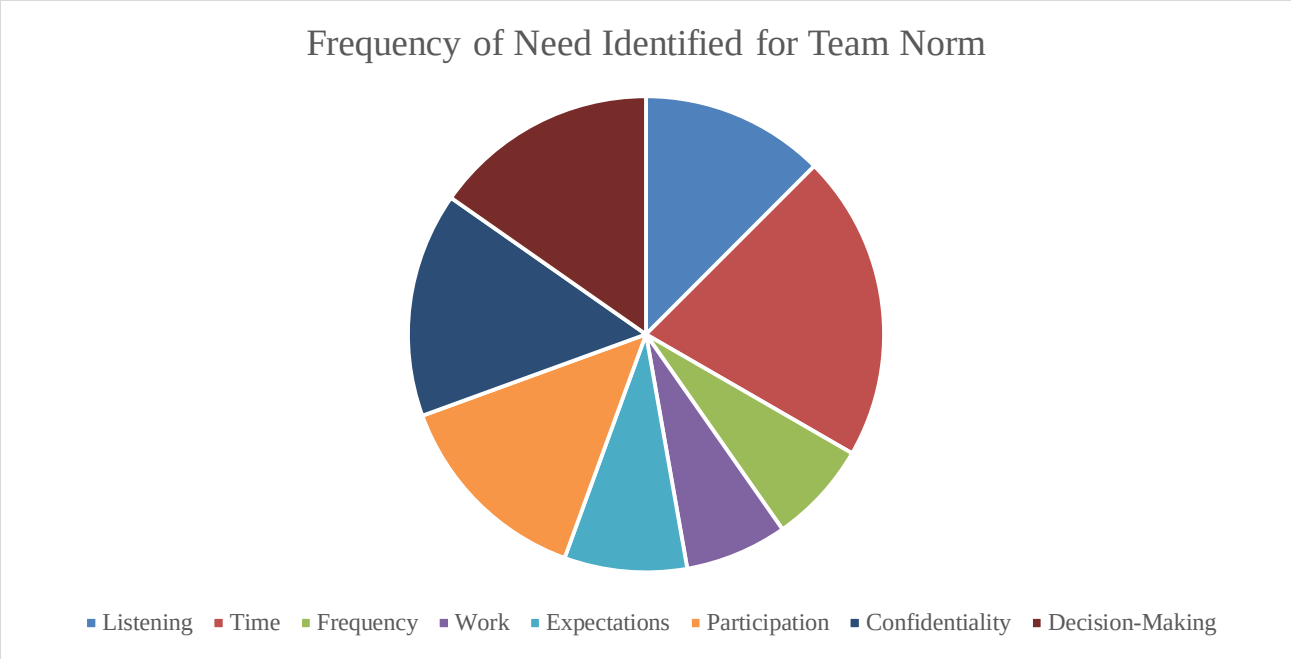

Figure 6. Establishing team norms.

The Significance of Empowerment

Empowerment or agency is complex because it must come from the inside-out, not the outside-in. In a trusting environment, individuals feel safe enough to take risks and recognize the role they can play in creating positive change within themselves and supporting in the development of others. However, for all members to take that level of ownership with peers, "leaders need to feel supported in their own development" (Drago-Severson, 2009, p. 4). I could support the processes individually and collectively by serving as a mentor, participating in or providing professional learning opportunities, and identifying leadership prospects. My question became: How can all members of the team feel a sense of acceptance, usefulness, and empowerment? In this section, I analyze reflection memos as a way to understand how to move forward in one situation of conflict. From that situation, I hoped to broaden my sense of how to engage others in different ways so that they felt safe enough and valued enough to be empowered as a leader.

As I reflected on our organization, the following memo encapsulates the positive changes we had developed as a leadership team (October 1, 2017):

> When I started this role two years ago, standing before a brand-new team of administrators, including my superintendent, we were fragmented. There did not seem to be a structure for the way business was done (or at least we weren't aware of them). Falling into this position, rather than looking for it, I truly was not ready for the level of leadership that I then found myself in. That was then…We are now functioning at limited capacity…. We have been meeting more regularly to discuss how needs within the organization can be supported by our teacher leaders and itinerant staff. There has been a focus on empowering others within our organization. This means that our organization

cannot function in a top-down fashion. Staff have become accustomed to asking for permission and reliant on the upper management to be in control. This can no longer be the norm. Inviting and allowing others to take the lead and participate in change efforts in a collaborative fashion is how sustainability will occur (Lambert et al., 2016). The foundation for this change is trust; trust that the team and those they lead will do the right thing. This is also recognizing that we learn the most from the mistakes we make, and therefore, we must offer grace and support, rather than judgement.

Empowerment

I highlight through a reflective memo how encouraging the team to empower others, as well as watching the team of CPR members encourage the staffs with whom they work to do the same, resulted in employees taking ownership in solving their problems to take care of self and others (November 7, 2017):

> Through our CoP, I asked the team to think about their work and personal boundaries. This needed to be an area in which each team member could reflect on, as many within the team feel the need to do it all (myself included). We are helpers. During one of my coaching meetings with a team member, we discussed her boundaries. What does she plan to do to ensure she is empowering, rather than "saving?" My reflection for the meeting entailed the following: She has found herself dealing with situations that are not her problem; however, she wants to be helpful. Helping her to reflect on her roles and boundaries are critical in preventing burnout. An area of growth for the CPR group that has proven effective is the encouragement of our staff to have hard conversations with one another when there is conflict, rather than engage in venting or requesting that a supervisor take care of the problem. Once staff were encouraged to have real

> conversations with their colleagues, their immediate supervisors, and those whom they supervised, trusting relationships began to emerge. A perfect example of this occurred when a staff member came to me, requesting a change in supervisor… Both parties were listened to, but in the end, they likely weren't going to feel heard if I provided a top-down decision. For days I debated about what to do, and then I reached out to a mentor for help. She gave me a wonderful idea- have the individuals go through mediation.

This was a supervisory moment that worked. The mediation was a success. A third-party mediator facilitated a conversation with both staff members. Commenting on the process, one person said: "I'm ok with him having a different supervisor, but it was important to me that he went through this process and learn that this is healthy, and this is how we handle things." In the end, they decided together that a change in supervisor was in the best interest of both parties - a win for both. This process allowed the individuals to resolve their conflict by engaging in a problem-solving model that prevented dependency and exemplified beginning empowerment. Both parties shared, listened, and decided collaboratively.

As supervisors, we often found ourselves listening to problems. We allowed venting, rather than the identification of solutions; yet, we were tentatively discussing what we needed as a team. During a community of practice meeting in September, Stacey stated: "these relationships that are being built are just leading to really good honest conversations" … and "when [staff] sees you as a person and not just an administrator we're all working together." Following a CoP meeting, I wrote a memo that validated Stacey's sentiment:

> Trust involves many components. Consistency over time builds trust and I have truly identified the need to model trust- trust in all staff to go to their supervisors if they have concerns; trust in the supervisors that they will manage those concerns without

> retaliation; and trust that the supervisors have the knowledge to make good decisions on behalf of staff and students (September 18, 2017).

I did believe that if I consistently modeled the practices that we needed to adopt, there would be change. Encouraging staff member to address their issues before asking me to resolve them was another example of empowerment. Because of the positive outcomes that mediation brought, we encouraged staff members to practice the mediation techniques that supported conflict resolution. Two staff members were struggling to work together, which unfortunately impacted the learning environment for students. Lauren knew that this needed to be addressed and helped to facilitate a problem-solving conversation. She empowered the staff to solve their issues. Lauren saw such value in the mediation process that she chose to attend a professional learning opportunity to become a trained mediator. Encouraging individuals to have the hard conversations and solve their issues, rather than expecting leadership to solve the issue for them, energized others to take action and develop a sense of agency.

Supportive leaders empower those they supervise; this requires a safe environment where individuals are able to take risks and are supported in their growth and development. This includes opportunities that create feelings of usefulness and acceptance, particularly as they relate to change efforts. The memos suggest the importance of a supportive work environment, a mitigating factor for burnout and secondary trauma, where individuals and groups are encouraged to problem-solve and act without fear of judgement or discipline (Bell et al., 2003; Sprang et al., 2007). It solidified that successful leaders do not function in isolation (Militello et al., 2010), but rather encourage individuals to collaboratively address problems.

Implications

In this section, I explore how PAR Cycle One informed the research questions. I discuss how the CoP can enhance leadership practices through a distributed leadership model as a way to become more thoughtful and supportive leaders. I then analyze findings as they related to team functioning and trust. Then, I discuss how this PAR Cycle One impacted my leadership. Finally, I share how analysis from PAR Cycle One informed the actions for PAR Cycle Two.

Enhancing Leadership Practices Through a Community of Practice Framework

The CoP framework, when implemented as intended, can create a "culture of collaboration" (Militello et al., 2010, p. 29). As the leader and facilitator of HAISD's special education supervisor team, I was already meeting regularly with the CPR members prior to PAR Cycle One. Recognizing that the team was struggling to work together effectively and that my own lack of leadership skills could be unwittingly contributing to team issues, I attempted to implement evidence-based practices that had a higher probability of positively impacting team functioning and my leadership. Rather, using a top-down approach, I had engaged the team in activities that failed to move us forward as a leadership team. The desire to function effectively as a community of practice with the six CPR group had been a challenge, but I needed to stick with the CoP framework and the CLE processes long enough to see if these research-based practices could change the team culture. The emerging themes from PAR Cycle One contributed to my understanding of the research questions in the following ways: recognizing the importance of shared leadership and staff empowerment and the need to establish a community.

New understanding as it relates to the research questions. Throughout PAR Cycle One, the question of how a focus on care used among special education supervisors impacts the team, their leadership practices, and those they serve started to emerge. The special education

leadership team began to create a community of care "from the inside out", but in pockets or in isolation (Elmore, 2007). Observations of the CPR members' ability to build connections with each other, their staff, and community partners were prevalent. The small group of three devoted time to their community of practice to attend to their needs, specifically around HAISD programs and staff, while others were working in their own small pockets of influence as well (Drago-Severson, 2009).

While as an organization we provided professional development for our staff on secondary trauma and self-care practices, as a leadership team, we focused little on this area. The day-to-day demands of the job compromised our ability to address the topic during our CoP meetings. However, members of the leadership team shared their own personal stories of how they practiced their self-care and encouraged their staffs to do the same during our one-on-one conversations and C3 meetings. As Gilligan (2016) suggests, we were still "stuck" in level two of our development and found that we still worried about others more than we were able to attend to ourselves. However, the first glimmers of progress emerged; distributed leadership took hold and I observed us becoming more thoughtful and supportive leaders.

Distributed leadership emerges. By focusing on my self-awareness and care within a community of practice framework, my leadership practices were improving. Once feeling like I needed to have all the answers and needed to carry all the weight, I realized that the work cannot and should not be done independently (Bolden, 2011; Spillane, Halverson, & Diamond, 2001). Once I realized that leadership was already distributed among members, my responsibility as a leader was to observe and foster individual and team leadership. The CPR group appreciated the ability and freedom to problem-solve and respond to situations without needing permission and the team members needed conversations and coaching when their decisions did not go as

planned. By valuing the sharing of power and decision-making, they demonstrated a desire to do more (Drago-Severson, 2009). Distributed leadership extends beyond simply sharing responsibilities as leaders, but rather occur through our interactions with one another (Spillane & Diamond, 2007). The team was seeking these interactions with those they supervised.

Becoming thoughtful and supportive leaders. For organizational transformation to occur, a community of learners must exist (Parker et al., 2010). Drago-Severson (2009) speaks to the value of relationships for leaders of change. "Building trusting, generous, helpful, and generative relationships" is what drives student outcomes (Drago-Severson, 2009, p. 13). That type of community had developed among the C3; they established the importance of creating an environment that embodied "physical comfort, mutual trust and respect, mutual helpfulness, freedom of expression, and acceptance of differences", a necessity for high team functioning (Knowles, 1980, p. 57). The change among the C3 and those whom they supervised was obvious; however, the trust and respect did not exist among the larger group of CPR members. According to Parker et al. (2010), this was essential to building a community where risk-taking and action are evident.

Recognizing that solving problems for our staff was not only overwhelming for us, but created distrust among individuals, we committed to encouraging tough conversations among all staff. Rather than solving problems for them, we facilitated conversations in which individuals engaged in problem-solving among themselves. We collectively began to encourage staff to problem-solve issues with one another and have the hard conversations, rather than expect us to solve their problems for them. A controlling culture results in a work environment that limits capacity and growth and the dependency for administration to solve all problems needed to be addressed (Lambert et al., 2016). The leadership commitment began to form stronger

relationships with our staff as we built trust and empowered them to problem-solve and grow with one another.

Analysis of Emergent Findings

While my primary research question focused on building a community of care, the work could not be accomplished in isolation. Rather than doing things "with" the CPR members, I realized I was doing things "to" them, resulting in lack of commitment. There were some encouraging signs and additional areas I needed to address. I briefly analyze team functioning and the continued need to deepen trust.

Team functioning. When comparing the CPR CoP and the C3 meetings, I identified a flattened hierarchy among the C3. Three of the CPR members established a strong bond and were extremely supportive of one another, which impacted their level of team functioning (Harrison & Westwood., 2009). They communicated regularly, provided and accepted feedback from one another, and collaboratively made decisions on behalf of our special education staff, programs, and students. The relationship they shared provided a safe environment which encouraged challenging conversations and opportunities to grow. However, the larger team of six brought unique experiences and strengths that had the possibility of complementing the smaller team, each with the capability of teaching and building on the strengths of each other.

While their jobs were very difficult, the C3 had fun at work. Through play they "[engaged, activated, and built relationships that nourished their] individual and collective development" (Guajardo et al., 2016, p. 21). The C3 were engaged in their work and were committed to the organization, creating the desire to go the extra mile (Kruse, 2015). This was a result of their collective and collaborative work together. Within their small group, they were a community, willing to challenge one another for the common good of those they supervised.

They served as accountability partners for one another, both personally and professionally, impacting their overall wellness. My task moving forward was to re-imagine how flattening the hierarchy and injecting work with some joy might change the relationships on our team.

Deepening trust. Without trust, the probability of a safe and supportive environment that promotes collaboration and dialogue is not likely to exist (Parker et al., 2010). Our CoP format was meant to offer a "safe space" for dialogue, reflection, and learning about leadership practices (Drago-Severson, 2009). The CoP was meant to provide a platform for equitable, engaging, and collaborative conversations around our practices; however, all team members were not equitably participating at the same level (Lambert et al., 2016). Some team members challenged the ideas and actions of others, but this was typically the same one or two people (Drago-Severson, 2009). When these interactions did occur, they were often viewed as judgement versus an opportunity for growth. The structure was framed in a way that others could seek to understand, challenge each other's thinking, and better understand one another's point of view. My role was to figure out how to foster equitable participation and honor the contributions of all.

Impact on My Leadership Practices

Because of PAR Cycle One experiences and the analysis of iterative evidence, my leadership practices evolved. Observing the practices of others, participating in a functional community of practice with the C3, and immersing myself in literature, which focused on adult learning theory, communities of practice, and trauma-informed practices, served as the foundation for my learning. As a result, I put new value on the promise of dialogue and the benefits of ensuring that others took leadership roles.

The value of dialogue. Dialogue helps to establish a common understanding and offers opportunity for new ideas and perspectives; it is the foundation of change in a community that

values the voices of all to address problems of practice (Bryk, 2010; Freire, 1997). I have recognized the need to change my approach and focus during our community of practice meetings to provide more opportunity for authentic dialogue. Bi-monthly meetings evolved from "sit and get" information that could be easily read to dialogue and reflection (Wenger, 2000). The idea that "change begins with us" became a focus of our agenda (Drago-Severson, 2009, p. 22). My leadership practices evolved, not from learning in isolation, but from participating in dialogue with others.

The benefits of distributed leadership. My role was to form and develop a learning community and to establish a commitment to helping one another grow in our leadership (Russ et al., 2016). Recognizing the need to share decision-making authority with agenda and topics during our CoP was one area of growth. "The most appropriate starting point for every learning experience is the problems and concerns that the adults have on their minds as they enter" and therefore, the team needed input into what those needs were (Knowles, 1980, p. 54). If they co-determined the desired outcomes and goals, they were more likely to strive to achieve them (Knowles, 1980). One area of need for our CoP was to "share a common language for development" and "understand how to support and challenge each other" (Drago-Severson, 2009, p. 23). As a leader, I knew I needed to continue to push the group to bring their problems forward and learn together in public. "Leadership is at its best when it is collaborative action" (Guajardo et al., 2016, p. 24), which is why I encouraged others to co-facilitate and/or bring ideas to our meetings. Due to feedback I received, specifically from Lauren and Stacey, our CoP agendas changed substantially during PAR Cycle One.

Planning for Action Research Cycle Two

From this action research cycle, I learned the importance of deeply knowing those with

whom we work. This knowledge resulted in increased opportunities to better understand one another's beliefs and values and to develop shared goals toward a common vision. As a leadership team, however, we were at times missing a shared purpose (Militello et al., 2010) and deeper trust among the group was compromised. Continuing to identify barriers and addressing them collectively became a goal of PAR Cycle Two.

I needed to expand my knowledge base to include emotional intelligence; recognizing that self-awareness and the ability to manage emotions is critical to team functioning and leadership. While an individual's emotional intelligence affects their own leadership practices, a team's emotional intelligence is the difference between a high and low functioning team (Aguilar, 2016). As I recalibrated my view of leadership and more fully understood and practiced the tenets of distributed leadership, the team began to trust that I was changing. In turn, this opened space for their individual and collective agency.

Summary

Holding bi-monthly CoP meetings with the CPR group had not provided the time needed to accomplish all outcomes; however, I continued to hear the team say that they did need more time to meet. To more regularly coach and support my team, I began attending the weekly C3 meetings. However, the two meeting structures created a divide between the larger team. Thus, our plan was to develop a more defined meeting purpose for each team and ensure that shared decisions made by the larger team were offered the time and space. A communication feedback loop needed to be established, as others were feeling alienated. Both meeting structures continued during this cycle, but we needed to better define the purposes.

Encouraging the team to co-facilitate bi-monthly CoP meetings was a more conscious focus area for me as I shifted the ownership from "me" to "we." When I developed the agenda, it

seemed as if topics were forced and irrelevant to the group. Recognizing the need to better develop my facilitation skills, I shared with the group my goals for improved facilitation and asked them to support me by providing feedback on my goals. Further exploration of adult learning theory provided me with the knowledge and structure I needed to move the team forward. Within the small group of three, the team had identified and shared their own boundaries with one another, and they worked to maintain them (Harrison et al., 2009; Lindo et al., 2015). As we moved forward, we needed to work together to define team boundaries by holding one another accountable, and honoring one another's boundaries, but draw more consciously on our assets.

Our work to identify structures and supports that empowered not only the leadership team, but those we supervised remained a focus. The positive outcomes that resulted in staff empowerment were encouraging. We planned to continue CoP meetings and better incorporate storytelling and continue the conversations of self-care, boundaries, and wellness. During Cycle Two, I would focus on empowering those within the CPR group to play a more active role in the development of agendas and facilitation of our CoP meetings. We needed to continue to define the necessary components of a community of care and use revised group norms and decision-making protocols in our meetings to foster trust and equitable participation.

CHAPTER 6: PARTICIPATORY ACTION RESEARCH CYCLE TWO

Trust as the Foundation for Collaboration

The four emerging themes from PAR Cycle One concur with what we know about effective team functioning (Aguilar, 2016; Bergman, 2004; Gilligan, 2016; Parker et al., 2010). The Core Three (C3) team had developed a strong partnership and functioned well because the team demonstrated a flattened hierarchy, with each member contributing to the creation of agenda items and taking shared ownership in decision-making. These were key learnings I needed to take forward to the larger team.

PAR Cycle One uncovered the need to explicitly establish a common vision or purpose for the larger CPR group. We needed to understand the importance of equitable dialogue in establishing relationships, create a common understanding, and address barriers to collaboration (Bergman, 2004; Noddings, 2002). Our focus needed to be on building trust among the team so that we could fully engage in conversations that supported our moving the work forward.

The purpose of the chapter is to analyze PAR Cycle Two as I continue to tell a story, on the one hand, of the uneven trust that existed among the team that presented barriers to team building. The goal of PAR Cycle Two was to identify opportunities and barriers to working effectively as a leadership team by empowering those within the CPR group to play a more active role in developing agendas and facilitating our CoP meetings.

The chapter describes five CPR activities and the data collected and analyzed. I then present the themes for PAR Cycle Two that resulted from coding the evidence. I became more aware in this cycle of the value of qualitative evidence to support change. After I analyze the organizational supports that increased collaboration, I discuss the leadership implications and

connect the findings to organizational theory. Finally, I discuss implications for PAR Cycle Three. The ambient theme of the chapter focuses on building a community of reciprocal care.

The key evidence collected and analyzed throughout PAR Cycle Two included emails, text messages, agendas, meeting minutes, and observational notations and memos from group and one-on-one meetings. I coded the written documentation from emails, texts, and meeting notes to identify main ideas and identified common themes. I triangulated these data with my personal memos and artifacts.

PAR Cycle Two Activities

PAR Cycle Two occurred in January-April 2018. The key leadership actions from PAR Cycle One continued; we had co-established a vision for our work as a leadership team, and, as a result, I chose protocols to drive equitable dialogue and engaged in coaching conversations to establish an awareness of responses that positively or negatively impacted trust among the team.

At the onset of Cycle Two, Julie was placed on extended medical leave; therefore, I continued to work with five special education supervisors as Co-Practitioner Researchers (CPR group) across multiple settings during this cycle. The goal was constant: work collaboratively as a team, enhance our leadership practices, and create a community of care within our organization. Recognizing the time and cost associated with staff turnover and the impact it had on organizational trust, my hope was to retain this team of supervisors in order to continue our work as we all moved into their fourth year as special education supervisors for Hope Area Intermediate School District (HAISD) (Sprang et al., 2007). Table 3 provides a summary of the essential activities in which I engaged with the CoP. Included are key CPR leadership actions as we worked to develop our leadership skills, and the skills of those we supervised.

Table 3

Key Activities with CPR Members January-April 2018

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Meetings with CPR (n=5)	♦		♦		♦		♦		♦		♦	
Individual Coaching Conversations (n=5)	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦
Established team vision	♦											♦
School Improvement Survey	♦											
Define concept of "care"	♦		♦		♦		♦		♦		♦	

Key Activities

We continued to devote 90 minutes, every other week, to meeting as a community of practice. Agenda topics included team updates, learning opportunities, and action items that led to consistent communication and actions across all CPR members. The coaching meetings and two critical activities of the CPR team made a difference in this cycle.

One-on-one coaching meetings. Reflective supervision is a supportive leadership practice (Menschner & Maul, 2016); therefore, I continued one-on-one coaching meetings with each CPR member. This offered an opportunity for me to check in, coach, listen, support, and to learn from them. It allowed for dialogue that may not have occurred in the larger group setting. We kept an on-going "wunderlist" of agenda items, a cloud-based platform used to organize and share our agenda topics. During these one-on-one meetings, there became a focus on doing things "with" others, rather to "to" or "for" them.

CPR key activities. Through PAR Cycle Two, the CPR team continued to participate in twice monthly community of practice meetings and one-on-one coaching conversations. Through the CoP framework, we engaged in activities that helped us to establish a team vision, analyzed our leadership strengths and needs, and defined the concept of "care".

Team vision. Based on the identified emerging themes, the need to establish a clear vision for our work together as a leadership team was evident, along with a continued focus on creating a community of reciprocal care. Our first activity involved us establishing a unified purpose for the scheduled CPR CoPs. Ambiguity existed among the team regarding the difference between the CoP meetings held every other week and those attended by the C3 on a weekly basis. Prior to engaging in this activity, we reviewed data obtained from survey information and notes taken during a secondary trauma professional learning opportunity for all

HAISD staff, where we asked those we supervised to share desired or existing supportive organizational structures. These data guided our discussion. Using a structured protocol, I facilitated a team activity that guided the team in co-creating a vision for our work together.

Defining a "community of care". As part of our school improvement process, we included questions for our staff, students, and community to provide feedback regarding our leadership practices, which helped to guide our work in defining a community of care. We reviewed the guiding principles of trauma-informed care: safety, trustworthiness and transparency, voice and choice, empowerment, and collaboration (SAMHSA, 2014). We defined the concept of what it means to "care" for ourselves and others, and further established our leadership goals as a larger team. Because of this exercise, we adjusted the meeting agendas to include "leadership learning." Leadership learning is engaged learning that takes place within the social context of a CoP (Lave & Wenger, 1998; Parker et al., 2010). The concrete understanding for our work and a defined vision of what we wanted our leadership to look like, feel like and sound like guided the development of future agendas. Each agenda encouraged a shared repertoire, either sharing good things (personal or professional), strategies and resources, best practices, or stories about our leadership learning.

Data Collection and Analysis

I collected and analyzed several sources of data during PAR Cycle Two. Throughout the cycle, I regularly wrote reflective memos. These memos recorded my perceptions, revelations, and reflections of observations and conversations with the CPR group. Emails, text messages, meeting agendas and minutes, and meeting artifacts were sources of evidence. These data were deductively coded using two sources: the guiding principles of trauma-informed care identified by SAMHSA (2014), including safety, trustworthiness and transparency, voice and choice,

empowerment, and collaboration; and Lave and Wenger's (1998) framework for CoPs. Because collaboration is a key to becoming trauma-informed and a hallmark of successful leadership, it seemed logical to code data using the three foundational characteristics of a community: joint enterprise, mutual engagement, and shared repertoire as a starting point (Lave & Wenger, 1998; Militello et al., 2010; Wenger, 2000). I quantified the coding on an excel spreadsheet. Outliers were included in the spreadsheet and represented as part of my data. I consolidated codes into categories and larger themes emerged (Saldaña, 2016). Several sources of data were used to understand the emerging themes. By triangulating observations, conversations, and products, I could validate key themes.

PAR Cycle Two: Findings

The sources of data from PAR Cycle Two resulted in findings that continued to highlight trust and collaboration and overlap with the emergent findings from PAR Cycle One. However, because of the data analysis, I was able to be much more specific about the underlying issues that supported us going forward in a different way. The four findings are: (1) risk factors influence team capacity; (2) trust is the foundation of collaboration; (3) collaboration depends on emotional safety; and (4) organizational supports positively impact emotional safety and increase collaboration. Trust includes emotional safety and the many factors that help to build or compromise trust. Collaboration is complex and is supported by a common vision and shared purpose but must be consistently reinforced in multiple settings to ensure that we establish our work as a collaborative partnership. These connections and how voices are valued impact team functioning, the utilization of trauma-informed practices, the trust necessary for collaboration, and overall job satisfaction.

Addressing Risk Factors: Empathy and Self-Awareness

SAMHSA (2014) identified trauma as a factor which may have profound effects on those in service-oriented fields to successfully do their work (Collins & Long, 2003; Purvis et al., 2012). A large section of the literature review in Chapter 2 highlighted the impact trauma may have on the implementation of self-care practices and the job performance of those working in caring professions. Sprang et al. (2007) identified burnout to be more prevalent with those working in helping professions. These rates decrease as individuals age and further their education. However, increased rates are seen with females, those in rural areas, and those who have experienced trauma or secondary trauma. The CPR members were at an increased risk for burnout simply due to their sex, age, and the rural environment in which they worked. In addition to demographic characteristics, compassion fatigue is identified as a contributor to burnout and overall job satisfaction. Compassion fatigue is intensified from feelings of low self-efficacy, internalizing the feelings of others, and a lack of work-life balance (Adams et al., 2006; Hydon et al., 2015; Lee et al., 2015; Newall & MacNeil, 2010). However, supervisors and organizations can have a positive effect in cultivating a resilient, caring culture. Our bodies are hard-wired to respond to threatening situations (Souers & Hall, 2016). This heightened state of alertness we experience during stressful situations may cause us to fight, flight, or freeze. To know how to respond to others who are experiencing this state of worry, including our personal response to anxiety and stress, we need to understand why these reactions occur (Souers & Hall, 2016). This section relates to the impact of trauma and secondary trauma on the CPR members and discusses how increased empathy, self-efficacy, and self-awareness play out in the work of the team members.

Empathy. Those who are empathetic have a higher probability of internalizing the feelings of others (Conrad & Kellar-Guenther, 2006). Their desire to respond to and support those in need increases the likelihood that they will suffer from compassion fatigue and/or burnout (Hydon et al., 2015; Slatten et al., 2011). Compassion fatigue and burnout can leave one feeling hopeless, lonely, and depressed (Conrad & Kellar-Guenther, 2006). I observed examples of strong empathy for others, compassion fatigue, and burnout among the team throughout PAR Cycles One and Two.

Renee demonstrated empathy and a strong desire to support the staff she supervised. Because this was an area of strength, she was asked to supervise two staff members who struggled to work effectively with others. A memo written during PAR Cycle One describes an interaction I had with Renee (October 14, 2017):

> Today I discussed boundaries with Renee. What does she plan to do to ensure she is empowering rather "saving?" She is placed in a public-school academy because they lack understanding regarding IDEA obligations. She has found herself dealing with situations that are not her problem; however, she wants to be helpful. Helping her reflect on her roles and her boundaries is critical in preventing burnout. She shared she has developed a written plan for how she will take time for herself in the next few weeks.

Renee made a conscious effort to get to know each staff member she supervised; their strengths and areas of need, and the best approach to supporting them; specifically, with two staff members who were on an individualized improvement plan. Renee was familiar with each staff members' personal challenges and advocated on their behalf to be supported, rather than reprimanded when they struggled with their daily tasks. During one CoP, Renee shared the personal struggles of one of the staff members and asked that the CPR members be conscientious

and respectful of this individual who was experiencing trauma in her personal life. Renee shared on numerous occasions that, if these staff members failed, she would have failed as well. Not only did Renee take on complete ownership of their success, she allowed their success to impact her self-efficacy. Empathy is critical, but how does over-empathizing affect our abilities to stay in the work?

Self-efficacy. Self-efficacy "is a person's belief in his or her ability to succeed in a particular situation" (Cherry, 2018, p. 1). Feelings about self-efficacy impacted each of the CPR members as we continued to learn our roles and responsibilities, relate to those we supervised and worked alongside, and became aware of our leadership identities. Hannah demonstrated signs of burnout throughout the year. Negative self-talk, making mountains out of molehills and low self-efficacy, left her feeling as if she did not have what it took to accomplish her goals (Cummins et al., 2007; Slatten et al., 2011). When Hannah perceived herself as having made a mistake, or recognized that others were unhappy with her, she resorted to negative self-talk. One evening, she called me in tears, "I have 65 students, 2 sub teachers, and a new social worker. I can't do anything right. I want a new job" (phone conversation, March 7, 2018). When Lauren shared with Hannah that she may need to move her office to a different location in the building, Hannah responded "My stuff doesn't get recognized. It feels like I get left over things that nobody wants" (personal interaction, March 15, 2018). Her outlook only contributed to burnout. The lack of self-confidence seemed to impact her behavior and caused self-doubt. Low self-efficacy not only can impact the CPR members at a personal level, they can compromise the retention of the leadership team.

Preventative measures. Self-care practices help to create and maintain a healthy life (Bonczyk, 2016). Through spiritual, personal, and/or professional support networks and

psychological self-care practices, the likelihood of over-empathizing resulting in compassion fatigue and burnout, coupled with low self-efficacy, can decrease (Richards et al., 2010). Balance is the key to wellness (Lindo et al., 2015; Theoharis, 2009). Recognizing the benefits of physical exercise, Lauren swam each morning before work; Stacey ran and played on an adult soccer team; and Julie ran. Three of the six CPR members were comfortable to share that they regularly participated in counseling services. The C3 recognized the value in establishing an alliance and found opportunities to practice self-care as friends. We each developed our own self-care practices; however, this was not an area of focus that the team wished to address collectively. There were ways to develop self-awareness, but because we were not engaged together, the team was impacted.

When able to recognize signs of stress, frustration, irritability, inattention, and fatigue, strategies can be implemented to control these feelings, as well as allow us to respond to others in supportive rather than emotionally charged ways (Cummins et al., 2007; Hydon et al., 2015; Richards et al., 2010; Sprang et al., 2007). By making a conscious effort to recognize our own emotions and respond to others in a thoughtful way, our relationships become healthier (Aguilar, 2016). When able to identify symptoms of stress, individuals are more equipped to implement supportive strategies when needed (Cummins et al., 2007). Renee was able to identify feelings of stress, but her strategy was to shut down, impacting her ability to push her colleagues forward and to help them become aware of how their responses impacted her psychological safety. Others offered feedback when it was not appropriate and left teammates feeling as if they were being judged.

The Adolescent Health Working Group's research of trauma triggers contends that certain smells, sounds, touch, and/or sights of something that reminds them of a previous

traumatic event will likely impact the individual's response (St. Andrews, 2013). When an awareness of one's mood and emotions is possible, appropriate responses can be implemented. Renee spoke of the emotional response that her team evoked and how they triggered other emotions within her. She shared how this reminded her of a past traumatic event that triggered negative emotions (Lee et al., 2015). This understanding of her own triggers empowered her to speak up on behalf of those she supervised. When a staff member made an inappropriate comment, Lauren as his supervisor, followed up with him to address what was said. When Renee brought her assessment of the structure to the team's attention and their response only went back to the response he had made, she gave up and stepped back. The unwillingness to dialogue hindered the team's ability to self-reflect and grow. I asked myself on numerous occasions why feedback was so difficult for some members of the team. Does this trigger repressed emotions, create feelings of inadequacy, or elicit feelings of judgement? I made a conscious effort to get to know the CPR members and how to best approach them with areas of necessary growth.

Lack of self-awareness impacts collaboration. A key element of adult self-care includes self-awareness, social awareness, and self-regulation (Retrieved from http://www.casel.org/core-competencies/). Having the knowledge and awareness of our own feelings is the precursor to understanding how our emotions drive our behavior (Aguilar, 2016). Once aware of our own emotions, we are more likely to know our strengths and limitations, and approach situations in a way that honors others. Much of the conflict we faced as a CPR team was a result of how team members managed their emotions, especially when others disagreed or challenged their ideas.

One team member had a self-awareness of how the tone and posture of certain team members made her anxious, and when she became aware of this emotion, she shut down. She

feared saying any more when tone of voice or body language showed disagreement. She was willing to have hard conversations one-on-one, but not in a group setting. When another member was challenged, the tone and pitch of her voice would change. Another responded to disagreement by starting a sentence and not finishing it. When asked to complete her thought, she would respond, "Never mind." "Leaders have a primary responsibility to know ourselves, to understand and manage our emotions, to be aware of our triggers and sore spots, to know our strengths, and to lead in a way that helps the group meet its goals" (Aguilar, 2016, p. 36). However, the team responses to conflict demonstrated stifled collaboration and dialogue.

Lauren recognized the need to create an understanding of how we manage conflict with one another. While the CPR members were not volunteering to co-facilitate our CoP meetings, they were willing to take a lead at our monthly special education coordinator meetings. They appeared more comfortable to take a leadership role among this group. Based on her positive experiences with mediation, Lauren facilitated a series of professional learning opportunities on mediation during our monthly special education coordinator meetings. Through training and coaching, Lauren knew the value of understanding others' perspectives.

> "Relationship management...involves the ability to manage conflicts with others, to form healthy relationships, to collaborate, to offer feedback and guidance, and to motivate and inspire others. These competencies build on one another. You can't manage your emotions effectively if you're not aware of when you're experiencing them, and it's challenging to navigate other relationships when you aren't clear about and managing your own feelings" (Aguilar, 2016, p. 17).

To establish the emotional safety necessary for collaboration, we needed to understand our own strengths, limitations, and personality as this becomes "a gateway for empathy"

(Aguilar, 2016, p. 21); and for focusing on self as a moral responsibility (Gilligan, 2016). Our experiences confirmed the need to continue to better understand ourselves to work effectively with not just one another, but our students, staff, families, and community agencies. As the evidence about trust suggests, I was able to more deeply understand the root causes of why trust continued to be elusive for our team.

Trust is the Foundation of Collaboration

Throughout PAR Cycle Two, data highlighted trust as the foundation of collaboration and an area with which we were still on a learning curve. The organizational trust issues impacted the team. As HAISD leaders, we were integral in setting the tone for organizational trust (Margolis, 2019). However, trust is a big word that means different things to different people. Using the evidence, we were able to further identify the factors that created or hindered trusting relationships vital to our team functioning. A main factor that contributed to the team's willingness to collaborate was emotional safety. A lack of consistent processes, organizational supports, ambiguity regarding roles and responsibilities, and conflict among the team were all factors that hampered emotional safety. Having the opportunity to be heard without judgement and offered a voice in decision making positively impacted team functioning during PAR Cycle Two.

Emotional safety impacts trusting relationships. Lencioni (2002) identifies the need for leaders to establish a safe environment. He indicates that a team's dysfunction is fostered by a lack of trust and contributes to team members' vulnerability and conflict. Team members were unable to count on psychological safety, or the safety that exists when individuals can speak what's on their mind and are free to make mistakes without fear of consequence (Stoddard

Torrey, 2018). They feared conflict, and as a result, lack the commitment to perform at their best. Figure 7 highlights the five dysfunctions of a team.

As leaders, we are essential to establishing trust with those whom we lead. Margolis (2019) contends that to establish a safe and trusting environment, staff must not fear consequences which may affect their self-image and job status and/or create emotional or psychological harm. Expression should be honored without fear of consequence or retaliation. There must be a sense of consideration and care for each employee's needs and consistent, fair treatment must occur across the organization.

The need for emotional safety was highlighted during a CoP meeting where we were identifying our team goals, focused around establishing a consistent approach to staff accountability and discipline (March 15, 2018). We discussed the practice of mediation and how we can best teach this skill by modeling it. Renee responded, "Some don't have the emotional capacity to have the conversation...if you're afraid of the blowback. We need to make sure that staff are emotionally able." The dialogue continued as Stacey shared her concerns about allowing staff to vent about their colleagues. "I feel like this breaks down this team and I struggle with that." Marilyn asked if our staff knew how to resolve conflict and wondered if training them would help. The team began to generate ideas that would bring opportunities for staff to build reflective communication, conflict resolution, and coaching skills. Even with training as an option, if staff did not feel emotionally safe, these skills would go unused.

The data helped us identify some of the root causes that might be affecting trust. I sub-divided emotional safety into two parts: (1) general categories related to emotional safety: connection, emotional support, and mercy or grace; and (2) specific manifestations in individuals: compassion fatigue, defensiveness, organizational stress, trauma, burnout, conflict,

Figure 7. How the absence of trust and fear of conflict affects teams (Lencioni, 2002).

and uncertainty. Figures 8 and 9 show the percentage of occurrence from three data sets: reflective memos, notes from C3 meetings, and notes from CPR meetings.

The evidence indicates the following:

- Emotional safety relies on consistent support and encouragement from colleagues.
- Organizational stress beyond the CPR group played a large role in diminishing emotional safety.
- Compassion fatigue (10%), burnout (13%), and conflict (12%) are large contributors to exacerbating a sense of emotional safety.

Figures 8 and 9 demonstrate the data for these factors that are particular to our team.

Practices that influence trust. Empathy and mutual understanding lay the groundwork for reciprocal care **(**Gilligan, 1988). Paying attention to, listening, and responding without judgement leads to trusting relationships. Encouraging others to have a voice in decisions, practices, and policies shows that you value their ideas and increases commitment to the team. We were seeing that vulnerability played a role in building team trust, and we needed to pay closer attention to this factor if we wanted to impact stronger trust on the team; CPR members indicated transparency, visibility, and fear contributed to them feeling vulnerable and, by inference, the inability to be open or vulnerable in team meetings. Table 4 highlights concerns about vulnerability as a key factor in building trustworthiness among the CPR group and voice as the major factor in individuals' trusting they have a choice in decisions being made.

Voice and choice build trust. Sprang et al. (2007) identified that when an organization allows its employees the opportunity to have a voice in decisions that are based on their core beliefs and values, this creates a sense of control, autonomy and trust (Lee et al., 2015). Bringing together others to make decisions not only positively impacts the organization but helps to

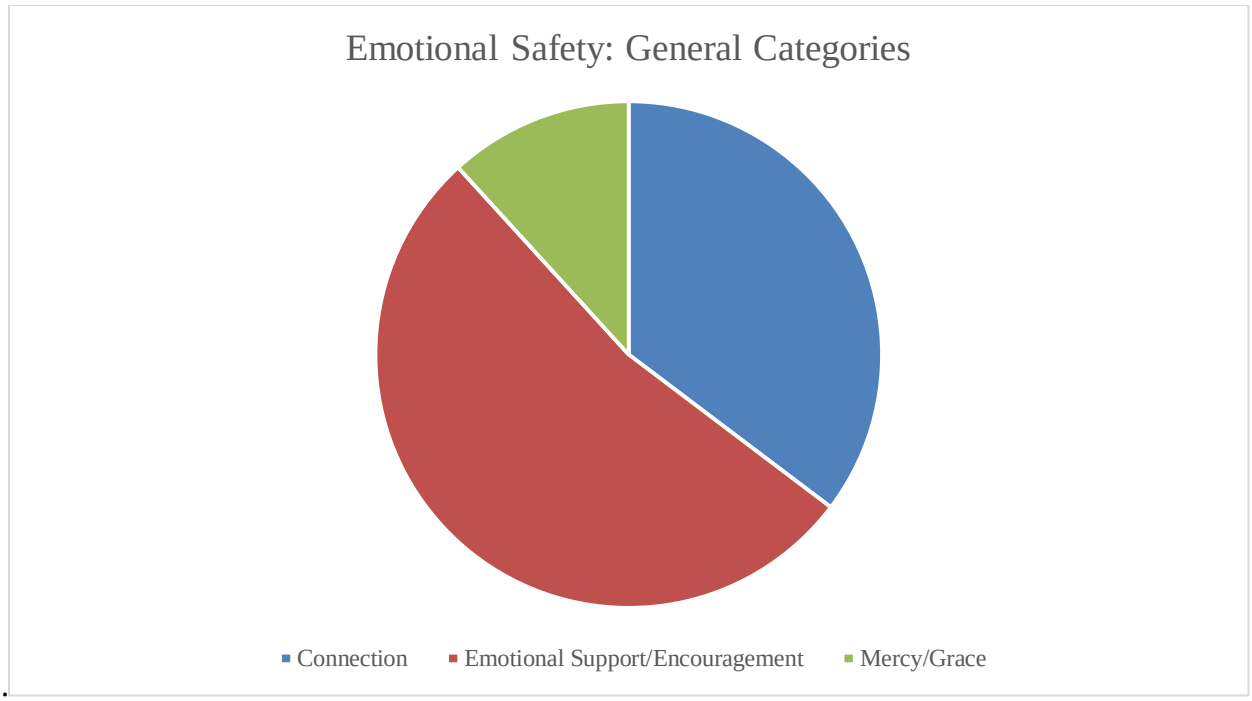

Figure 8. General categories of emotional safety.

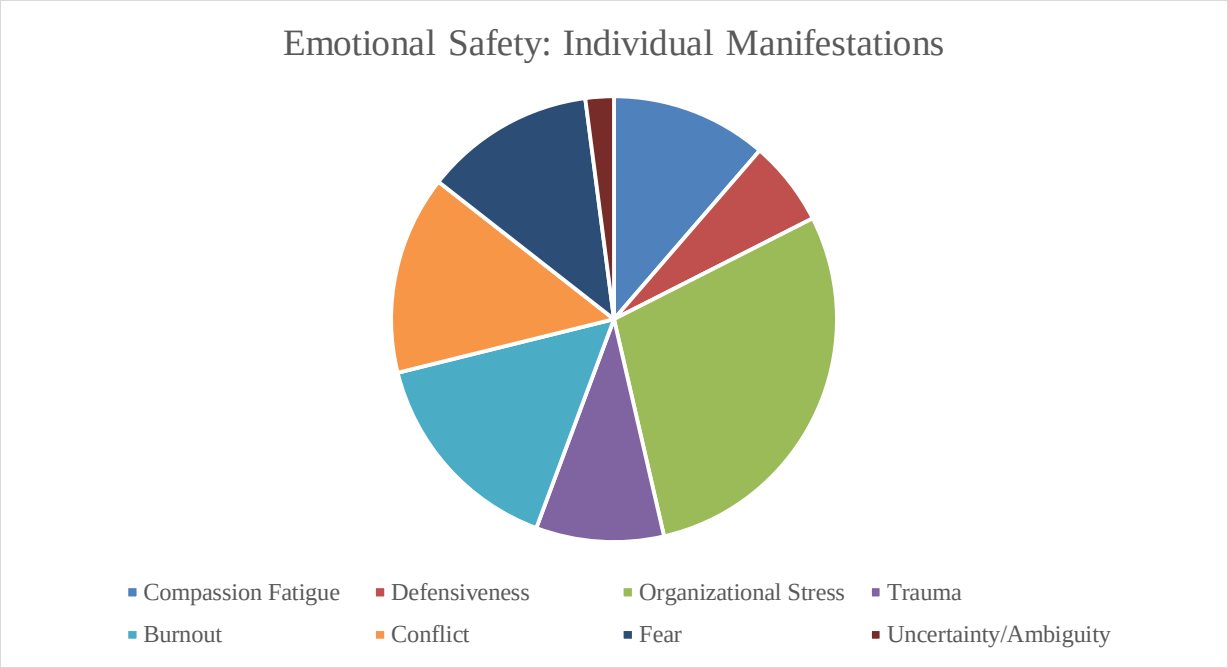

Figure 9. Individual manifestations of emotional safety.

Table 4

Characteristics of Trustworthiness and Choice Impact Team Functioning

Trustworthiness: Sensitive, consistent and reliable interactions and approaches. Trustworthiness may include identified expectations, responsibilities and boundaries in an organization.

Category: code	Memo	C3 Meeting	CPR Meeting	Total
Trustworthiness: Visibility	2			2
Trustworthiness: Vulnerability	10	1	5	16
Trustworthiness: Transparency	3		1	4
SUB TOTAL	15	1	6	22
Trustworthiness: Lack of Communication	2		1	3
Trustworthiness: Fear of Betrayal	1	1		2
SUB TOTAL	3	1	1	5

Choice: Ability of a person to have equitable voice in conversations and decisions; opportunity to advocate for self. Individuals have an awareness of options.

Sub-codes	Memo	C3 Meeting	CPR Meeting	Total
Choice: Voice	11		2	14
Choice: Decisions “With”	1			1
SUB TOTAL	12	0	2	15

develop a culture where individuals feel safe to articulate their ideas (Militello et al., 2010). Creating an environment where all voices may be heard, and when a network exists for individuals to share their values and experiences, a safe environment is more likely to exist (Dewey, 1938; Knowles, 1977; Shollen, 2016; Theoharis, 2009). This was reflected in the vision planning that took place with the CPR members. Once a shared vision was established, the team members began to dialogue more. Through the development of a shared vision and goals, a sense of autonomy (Lee et al., 2015) was cultivated. By establishing common goals for our leadership team, the CPR group was able to connect their work to the organization's larger vision. Creating a community of care begins with allowing everyone to have a voice and attentively listening to what they have to say (Gilligan, 2016). When individuals are affected by decisions, offering them the opportunity to dissent, ask questions, and create an awareness of the positive and negative consequences of the decision helps to create buy-in and consensus (Quaglia School Voice Model, 2016).

Active listening and genuine interest. Utilizing strategies to engage all voices fosters a supportive environment and can dramatically improve learning as well (Dewey, 1938; Knowles, 1977; Shollen, 2016; Theoharis, 2009). Relationships built on two-way dialogue foster new learning (Gilligan, 2016; Militello et al., 2010). A functional team is open to feedback, feels safe to take risks, and values learning (Aguilar, 2016). "We want to know that the person in charge will listen to us but also that colleagues will listen" (Knowles, 1977, p. 53). Trust is cultivated when we listen deeply, in a non-judgmental way (Quaglia School Voice Model, 2016).

Lauren led our school improvement process for HAISD's center-based facility. She modeled transparency, vulnerability, and willingness to accept feedback with those who serve on the team when she openly shared comments from our school improvement student, staff, parent,

and community surveys. Two questions from the staff survey were specifically noteworthy: What do administrators do that makes it easy to talk to them and what can be done to increase your comfort level? The data from this survey served as a springboard for not only the development of school improvement goals but in developing our own vision and goals as a leadership team. Key characteristics identified in the survey confirmed that staff want a leader who genuinely cares about them, listens without judgement, and acknowledges what they heard. The responses from our staff align with the research and data collected through PAR Cycles One and Two of this PAR. Table 5 summarizes key findings provided by HAISD staff surrounding the two questions referenced.

Lack of a common vision and shared purpose impacts trust. Throughout PAR Cycle Two, we identified leadership and organizational characteristics that promoted trust, while at the same time recognized those that negatively impacted our ability to earn and maintain trust with one another and our staff. We began PAR Cycle Two by identifying the key purpose or vision of our larger CPR group, which, in turn, opened a door to uncover some root causes of how our interactions did not fully establish the foundations of trust.

In a conversation with an ECU instructor about the growth and struggles of the team, he shared a protocol that I utilized with the team, entitled "Back to the Future":

> Our desire is to become a trauma-informed organization. The core components of trauma- informed care include: safety, trustworthiness and transparency, voice and choice, empowerment, and collaboration. In order to maintain our employees, and quite honestly, this team, we need to focus on creating a culture that embodies these characteristics. What would this look like, sound like, and feel like? (April 2, 2018).

Table 5

Desired Leadership Characteristics Identified by HAISD Staff

Desired Leadership Characteristics
● Cares about personal lives; knows us as a person; genuine interest (eye contact/undivided attention); checks in
● Listens without judgement; acknowledges
● Be open and approachable
● Respects confidentiality
● Is fair and impartial
● Provides resources and support
● Models transparency
● Is visible and available
● Honors confidentiality
● Does what they say they'll do
● Acts in a friendly manner
● Provides constructive criticism and feedback
● Coaches and empowers
● Positively acknowledges and shows appreciation
● Promotes opportunities outside of work; help staff to connect

I set the stage with what I believed we needed to accomplish as a leadership team. More importantly, I invested the team to define trauma-informed. The protocol offered each team member an opportunity to share her vision and best-case scenario for the future (Murphy, 2002). The protocol guided the team to paint a picture of the way things looked two years prior, when we first began our journey as special education administrators. The team was transparent and honest, identifying the ambiguity, distrust, and lack of support that had existed. Table 6 summarizes characteristics that impacted HAISD organizational culture and trust, identified by the CPR group when discussing our current organizational culture.

We completed the protocol by focusing again on our vision for the future. I set the stage with what I believed we needed to accomplish as a leadership team. Based on our roles as supervisors of staff and our oversight of special education programs for Hope County, we needed to collectively focus on: developing trust with our staff so that they felt safe, heard, empowered, communicated to, and supported. My belief was that we could improve staff retention and the overall organizational climate if we modeled a community of care.

The team identified what this would look like, sound like, and feel like. This picture of a desired future enabled the team to develop their own leadership goals that would be a focus of our future meetings. Table 7 illustrates the vision established by the CPR members. As a result of this goal setting activity, Stacey reflected, “We haven’t built our own leadership skills; we haven't’ attended conferences; I have so many lessons to learn. I want to be growing. I want this to be a standing topic on our agenda” (March 15, 2108). She was ready to learn “with” the CPR team. The work we accomplished during this CoP served as the foundation for what lay ahead. Because the CPR group had been given a voice and were able to collaboratively define

Table 6

CPR Group Description of the Way Things Used to Be

Key Characteristics	Examples
Communication	● Lack communication ● Avoiding conflict ● Easily offended or hurt easily ● Perception that changes occurred without thinking about how they impacted others ● Lack of sharing
Connections	● Lack of comradery ● Relationships not established ● Nothing personalized ● Staff did not want to get to know supervisors-did not believe they would stick around
Confusion	● Staff were unsure about who to talk to or bring concerns to
Low expectations	● Staff did not expect support from supervisors ● Student achievement expectations low
Voice	● Decisions were made in isolation of others
Poor Culture	● Gossip ● Silos ● Lack of positivity ● Distrust
Inconsistency/Inequity	● Different philosophies among leaders ● Inequity among roles (perceived or actual) ● Inconsistent/unwritten processes

Table 7

Key Concepts or Ideas for CPR Group "Vision of the Future"

Key Characteristics	Examples
Empower	● Invest in people ● Provide training and coaching ● Engage in hard conversations
Dialogue	● Solution centered ● Devote time to problem-solve and collaborate ● Share growth and learning
Communication	● Be transparent ● Use feedback
Vulnerability	● Okay to make mistakes
Connections	● Know names ● Know about people ● Need to feel part of a bigger whole ● "Our students" and "our staff"
Comradery	● Fun times outside of work
Care	● "We are people first" perspective
Leadership focused	● Time for dialogue ● Invest in leaders
Approachable	● No wrong door
Supportive	● Knowing and understanding ● Restorative practices ● Flexibility
Focused on student outcomes	● Instructional focus ● Well-developed curriculum ● Child focused
Roles and responsibilities defined for all staff	● Clearly communicate

Table 7 (Continued)

Key Characteristics	Examples
Trust	● Elimination of fear ● Transparency ● Non-judgmental stance

their goals, we had a common vision for moving forward. It felt like our work was finally aligned and connected and the team was ready to move forward collectively. Following the CoP meeting, Lauren said, "I think we can look at meeting weekly if this is the type of work that we do" (April 3, 2018).

With a focus on our own leadership and developing consistent practices that focused on improving the culture of our organization, the CPR members began to more openly dialogue with one another. While I and others had made many attempts at building the trust of the full team, many of those attempts fell flat. I was not sure at this point if the vision exercise would make a difference, but certainly, the staff realized that I was modeling by this point many of the qualities they identified in the vision. I was determined to be persistent until we found a different way forward as a team. There became a new interest in coming together as a team, rather than avoiding this time together.

Collaboration Exists When There is Emotional Safety and Trust

Through observation of the CoP meetings and monthly special education coordinator meetings, I identified the components of effective team functioning. The CPR members were more willing to take a leadership role in the monthly coordinator meetings, demonstrating collaboration with local special education coordinators while the C3 demonstrated the same level of collaboration during their weekly meetings. Both meeting formats exhibited a flattened hierarchy and were informal in nature. Within these frameworks, the CPR members were open and accepting of feedback, and the agendas were co-constructed. There was a sense of "community," where I observed and documented mutual engagement, a shared repertoire, and joint enterprise (Militello et al., 2010), creating an environment in which members felt safe to

share their ideas and dissent. Appendix D identifies the core components of collaboration as they occurred across settings.

As indicated previously, I coded evidence from reflective memos, meeting notes, and one-on-one conversations to determine how the key elements of collaboration were demonstrated or where issues surfaced (Lave & Wenger, 1998) (see Appendix D for a full chart of evidence and coding). Being supportive and sharing common beliefs are general characteristics of mutual engagement. Engaging in dialogue supported 23% of the occurrences of mutual engagement; as CPR members interacted with one another, they did so primarily to come to consensus (17%); solve conflicts (10%), and problem-solve (5%), but slightly less to request feedback and assess actions (11%). Issues that surfaced in mutual engagement included an unwillingness to fully participate (17%) and avoidance or one-way communication (12%). However, the total positive elements of mutual engagement were 71% and the element that interrupted mutual engagement was 29%.

Collaboration involves sharing. The CPR team was comfortable sharing practices (35%) and strategies and resources (25%). They were less inclined to share personal stories (15%), strategies of self-care (6%), or practices that promoted relationship management (13%). As the CPR group worked to establish a vision, we came to a common understanding (18%); identified our vision (15%); developed an agenda (15%); established procedures or plans (23%); identified needs (10%); learned from one another (8%); and requested support from a team member (12%).

Throughout PAR Cycle Two, we gathered input from our staff about the supports we could provide to enhance their success and decrease the probability of burnout. Many of these characteristics embodied the desire to build connections with one another; staff wanted us to know them as people and provide opportunities to connect with one another. While we provided

opportunities for staff to professionally connect through the CoPs, we failed to provide opportunities for them to come together on a personal level. We came to know each other only because some took the initiative to do so on their own.

The CPR team was beginning to see firsthand how time for dialogue and reflection impacted not only relationships and connections with staff, but also promoted learning and outcomes for adults. As we identified our goals as a leadership team, Marilyn stated, "I have found that our communities of practice have really provided an opportunity for staff to jell together. It's been nice to watch." Stacey followed this statement by saying, "We need a true PLC time for data review and learning for our staff." Lauren shared, "Our support staff are craving these opportunities" (March 15, 2018).

PAR Cycle Two uncovered the need to establish emotional safety. By increasing our self-awareness and learning about those we worked with, we were better equipped to respond to conflict in a supportive way. There continued to be an unwillingness to address conflict during our regularly scheduled CoP meetings as trust was not yet built among the team, which impacted collaboration. This cycle highlighted the value of offering a voice to those impacted by decisions.

Organizational Supports Positively Impact Emotional Safety and Increase Collaboration

We had identified organizational stress as one of the main factors impeding emotional safety. Yet, organizations have the ability and opportunity to provide supports that mitigate this stress. By empowering staff, fostering autonomy, and making decisions with the persons most affected by the decision, emotional safety and job satisfaction are improved.

Empowerment and autonomy. Trusting and valuing our employees enough to allow them to grow themselves and lead has far-reaching, positive effects on job satisfaction. The CPR

team members all faced difficult jobs and the everyday challenges of work-life balance but found a substantial gratification in their work, despite the everyday ups and downs. They also recognized that they could not work independently. During a CoP meeting, Lauren said, "We can't do it all and need others to support the change." Stacey added, "We need to empower our teachers to be leaders" (March 15, 2018). When I was hired to lead this team of women, we were all new to our roles. I was forced to make immediate decisions about what each supervisor would be responsible for with little knowledge of the strengths and needs of the team. This resulted in a mismatch for some team members. Rather than focus on the incongruity, by identifying each member's individual strengths, CPR members were given job roles and responsibilities that better matched their strengths.

Professionals value autonomy and the ability to make decisions independently based on core values and beliefs. Providing opportunities for others to use their leadership to the fullest may come from offering professional learning opportunities, encouraging creativity and problem-solving, and collectively establishing a shared vision (Lee et al., 2014). The professional learning that the CPR group attended encouraged them to bring back their learning through training and coaching. This excited them and created a sense of purpose.

When employees are encouraged to make their own decisions based on their beliefs and provided the resources to act on those decisions, the organizational climate is positively impacted. Even when the challenges of the job seem impossible to manage, the sense of autonomy offers a sense of control and has been found to improve an individual's overall well-being (Sprang et al., 2007). Rather than making a top-down decision, Hannah worked collaboratively with her staff to develop a supportive plan for two of her emotionally impaired classrooms. This left her feeling at peace. Empowerment is a trauma-informed guiding principle,

as individuals can build on their existing strengths and generate commitment from those who can support with change efforts (Menschner & Maul, 2016).

Make decisions "with" individuals rather than "to" or "for" them. When individuals are given the opportunity to collaborate on decisions based on their values and beliefs, including decisions about professional learning, we strengthen organizational impact (Menschner & Maul, 2016). I observed a meeting in which Hannah brought together two classroom teams to problem-solve an unsafe situation. Two classrooms of emotionally impaired students were struggling tremendously. Together, the six-classroom staff and Hannah had a conversation about the assets and challenges. Hannah listened and validated their concerns; they co-developed a thoughtful action plan that included input from the team members. Hannah sent a text the following morning which read: "I slept the best I've slept in a long-time last night. I am at peace with the decision and excited about the change" (March 30, 2018). She felt good because she had involved those who were most impacted by the restructuring of the two programs and was confident she had their buy-in. The process demonstrates how we can work with individuals and not make decisions for them.

A similar situation occurred with Hannah. She had too much on her plate. In previous conversations, I had offered to move three of Hannah's programs to Marilyn's work load. While I thought I knew what needed to happen, I recognized that the decision needed to be Hannah's idea. If I made this change and did not have her consent, it could impact her self-efficacy. One evening, she called me with tears of defeat and frustration. We discussed her job duties and ways that I or the team could support her. For Hannah, the thought of giving up something only intensified her feelings of failure. I asked Hannah to reflect on her current job duties and identify those that left her with feelings of positivity and hope. We finished the conversation by

brainstorming some ideas for moving forward. As a result, she decided that the transition programs could be shifted to another supervisor and that she wanted more opportunities to train and coach in restorative practices.

However, there were bumps in the road, and a situation with a staff member underlined the need for consistent and predictable practices that are co-developed. A staff member acted in a way that put our organization and herself at-risk. The disciplinary action that followed impacted relationships, specifically between our union and administration. During the disciplinary meeting, the staff member indicated that we did not seek to understand her perspective and that our actions conflicted with what we had previously shared during the secondary trauma training. This caused me to step back and reflect on our approach and encouraged me to list this as a CoP agenda item.

Recognizing the need to have a consistent process among our team for addressing staff accountability, I brought the scenario to our CoP. We asked ourselves the question: How do we address staff accountability and discipline through a trauma-informed lens? Stacey was confident that she had dealt with the behavior in the manner she needed to and voiced this to the team. We agreed; however, Hannah felt comfortable enough to speak up and say, "It's about the action, not the person. You need to ask the question: How do we repair the relationship?" (April 3, 2018). Just as important, how do we ensure that the individual feels heard? A series of CoP meetings addressed this topic. We developed a protocol that outlined due process procedures through a trauma-informed lens.

As a leadership team, we made it a point to listen to our staff and let them drive the work we needed to do. We listened to what they had to say about our leadership and began to collaboratively address each item one by one. It was important that we, as a leadership team

defined, modeled, and coached others in practices that created a sense of emotional safety, for not only our team but for the larger organization. Honoring the voices of those on the team and within our organization gave a greater sense of collaborative action, and commitment to our work. Providing those who are impacted by decisions an opportunity to ask questions, provide input, and support in action plan development helped to create a shared understanding.

Leadership Transformation

As I reflect on my leadership throughout PAR Cycles One and Two, I have identified growth in many areas. I attribute much of this growth to the team. Each has unique strengths that I have admired and identified as strong leadership practices. If I knew then what I know now, I may have prevented much of the conflict and dysfunction that we had as a leadership team. In this section, I discuss the shifts in my work-life balance and then highlight the key learning I have had about the necessary factors for sustaining effective teams.

Work-Life Balance

Within a three-year time, I witnessed multiple changes in my life: a career change, a divorce, the decision to pursue my doctorate degree, and two children going to college. To prevent my own burnout, I had to rethink work-life balance and schedule time to ensure that I did things that brought me joy: spending time with my family and friends, learning, and exploring new and favorite places. In addition, I needed to continue the activities that kept me healthy: sleep, healthy meals, exercise, and worship. At times, I felt the same inadequacy as the CPR team members. However, by telling myself the story that I was doing the best that I could, I began to replace feelings of inadequacy with feelings of acceptance.

I recognized the importance of modeling balance with my team. When I stopped emailing on the weekends, so did the team. When I came back from a networking day and shared the

learning that came from my colleagues, the team started to request the opportunity to attend these meetings as well. When one of the CPR members shared that they had something special to them occurring, but it landed on a work day, I encouraged them to go. I allowed myself to do the same. Life is too short to miss the things that matter.

Relationship building. Taking the time to truly get to know team members and supporting the team to get to know each other was a boat that I missed, and truly, still have work to do even after three years. I now recognize the tremendous value in learning about each other's values and beliefs, strengths and areas of need, personality styles, approach to managing conflict, and boundaries. Not only is it important to better understand one another as it relates to our professional work together, but also learning about one another as "people first." Knowing and understanding each team member's celebrations and challenges helped me to better acknowledge and support them. Building relationships helps to establish trust, which in turn helps to establish a safe environment. As a result, I began to see the factors that are most important for sustaining a team. I now know that regularly practicing the tenets and protocols of community learning exchanges build and sustain relationships (Guajardo et el., 2016).

Sustaining a team. My leadership focus was the team of six CPR members that became five when one person was on medical leave. By remaining laser-focused on how to build trust and modeling what I valued, I learned using iterative evidence what worked and what did not. I had a clear focus going forward on these key attributes of successful leadership: relationship building, a common vision, the power of vulnerability, the importance of equitable voice, the necessity of network connections, feedback and frequent communication, understanding how adults learn, and establishing a safe environment.

Start with a common vision. Ambiguity existed, creating the need for team members to form subcultures and define their roles. Creating a common vision should have occurred early on, and I should have facilitated that charge. Without a common vision, we were working in isolation or in small pockets. Now with a shared vision established, the time we spent together as a CPR CoP was guided by our vision and became more meaningful. While I was living my vision, I never truly articulated what that was and so the team was not able to build upon it. Although each team member knew her role, there was no true sense of common purpose or direction as a special education leadership team. Determining how they contributed to the whole helped to create a sense of purpose.

The power of vulnerability. Recognizing what I did not know initially created anxiety but understanding that collaborative knowing is a sense of strength, I felt less anxiety and stress. I lead a talented team of women, and I watched and learned from them, living what is meant by distributed leadership: the leadership is already present and distributed, and any supervisor's responsibility is to see each person's assets and cultivate them for the good of the team (Spillane & Diamond, 2007). When I first began this journey as associate superintendent, lacking the skills and experience to do the job, I asked few questions. Sitting quietly, I feared that if I asked too many questions others would truly know how incompetent I was, or at least felt. I have come to understand that a strong leader asks questions, not only for clarification and understanding, but as a way to push the thinking of others. I have also recognized how important this is to model to others. It demonstrates vulnerability and the willingness to seek to understand.

Importance of equitable voice. When a flattened hierarchy exists, there is a stronger desire and willingness to take the lead. Not only have I come to recognize that I don't have to know it all, I do not need to always be in the lead. Others want to be a part of the decision-

making process. When I started to make a more conscious effort to listen to the voices of those impacted by change, I felt much more at peace about the decisions that were made, and others felt valued and appreciated.

During Cycle Two, I saw the impact that making decisions "with" others, rather than "to" or "for" had on the CPR group, our staff, and the culture of the organization. We were short two teachers in our emotionally impaired programs. Our most behaviorally challenged students were being educated daily by substitute teachers because of a teacher resignation and a retirement. Our students deserved high-quality teachers, and there were no qualified candidates. My only option was to look at those who were already HAISD employees, specifically our teacher consultants. This decision would impact one district if we pulled the service for the remainder of the school year. Anxious about the conversation I would be having with our superintendents, I started with the "why." Sharing our dilemma and the attempts that had been made to resolve this situation before making a decision, I sought their ideas and input. That morning, I left with an action plan that all superintendents supported. After two-and-a-half years of resistance and push-back from this group, I understood that they wanted to have a voice and I had not offered that opportunity enough.

The necessity of networks, connections, professional learning, and mentors. All leaders need support networks, opportunities to collaborate and learn from others, and mentors (Theoharis, 2009). Often, I felt alone in my position. I never wanted my staff to feel this way. Great leaders do not work in isolation (Boss, 2017). Taking opportunities to meet with others in my field, spending a day watching and learning how others tackle the job, meeting a colleague over a cup of coffee or lunch to discuss new legislation, finding time to connect after work on a

personal level helps to fill those voids. Being a leader can be very lonely, but there is no reason to feel this way.

There is tremendous value in knowing people-truly knowing people. Because I felt overwhelmed with doing my job well, completing my doctorate and still trying to be a mom, daughter, friend, granddaughter, and fiancé, I believed that every moment at work needed to be spent being productive. Everything that did not get done would have to go home with me, and I could not bear the thought. This prevented me from getting to know those I worked with and distracted me from paying attention to signs and opportunities to acknowledge and celebrate. I continue to focus on this area, as I struggle to get everything done, but have made a more conscious effort to acknowledge and learn about people.

Everyone beginning a new role deserves a high-quality mentor. Trying to figure out the job, getting to know new people, leading a team, and having no one to provide me feedback and coaching support, I have not grown in a way that I could have. This has led me to push for a comprehensive mentor program for our staff at HAISD. Not only do our new staff deserve mentors, they deserve opportunities for coaching, feedback and professional learning, regardless of where they are in their careers.

Feedback and frequent communication. Learning the value of talking less and listening more has helped me to become a more supportive leader. Scheduling a one-on-one with my team members each week offered an opportunity to listen to how they were doing personally and professionally. The time offered me an opportunity to provide support as needed before it was too late, as well as deliver frequent and focused feedback. A memo written on September 21, 2017 sheds light on my learning as it relates to feedback:

> Having conversations that I would have never considered a year ago is my biggest area of growth. Providing specific feedback to my team regarding their leadership has been a primary focus. I have recognized the need to provide a 5:1 ratio of positive vs. constructive feedback. I need to continue to build trust and encourage them to provide the same feedback to me.

Trust is negatively impacted when communication is limited. I've learned the value of frequent, transparent communication. If you aren't telling the story, people make up their own.

Understanding how adults learn. Knowles (1980) offered guidance on adult learning, indicating that the work environment should be a learning environment. One key difference between children and adult learners is that adults are self-directed. They enjoy learning and want to be able to connect what they have learned to their roles or tasks immediately. In order to lead adults in learning, you must be intentional with the agenda, thoughtful about the activities, and plan for methods of communicating. The CoP meeting agendas changed drastically due to input from the team. I listened to their feedback and implemented changes as I came to better understand their needs. As indicated in the findings about collaboration, our learning occurs best through dialogue, whether generated from our experiences or an article on best practices. Through dialogue, we are able to create mutual engagement and develop a shared repertoire, which then becomes a successful joint enterprise (Lave & Wenger, 1998).

Establishing a safe environment. Finally, there are many factors necessary to create a safe environment, and without them, growth is stagnated. Early on, ground rules should have been established that outlined respectful communication. Using protocols to ensure that everyone has a voice helps to establish a supportive communication climate. Establishing norms that honor all people helps to set this stage. By building a self-awareness of my own emotions, I am better

able to keep myself in check when I can feel things going south. Being aware of my feelings, whether I'm angry, anxious or annoyed, I am better able to monitor my tone and body posture. Emotional safety is a key prerequisite for our work in building a trauma-informed community of practice. The data in PAR Cycle Two indicated we were on a strong footing, but we still had work to do.

Analysis: Organizational Theory

In this section, I explore how organizational theory offers a lens to understand team dynamics. First, I describe how the team stratified into two groups. Then I discuss the theoretical perspectives that apply to this particular situation. In the end, the Three-Perspective Theory of Culture (Martin, 2002) helped me understand what was happening and shifted my leadership actions. While the C3 became a subculture independent of our larger team and established a group within a group, they each had a unique role. They thought in terms of a team, and "it is the ability to think in terms of 'we' and 'us,' not just 'I' and 'me' that enables people to engage in meaningful, integrated and collaborative organizational behavior" (Haslam, 2011, p. 17).

Stacey, Hannah and Lauren met weekly to tackle projects, create a common message for those whom they supervised, and engaged in thoughtful dialogue for their own professional growth. This was done in isolation of the other CPR group, who also supervised special education staff and served the larger organization. Renee, Julie, and Marilyn formed their own subcultures – each working independently and, on occasion, reaching out to each other for support. After almost three years of working together as a leadership team, conflict and lack of trust continued to exist among the larger team. When meeting as a larger CoP, the group was often disengaged and unwilling to push each other's thinking.

During a February 2018 CoP meeting, one in which Marilyn and Renee were not present, and Julie was on leave, we planned a summer retreat. The purpose of this retreat was to go off-site and tackle much of the summer work that lay ahead of us. This opportunity would allow us to not only get work done but to have the necessary time to improve our team functioning. We determined a date and place for the summer retreat and a time for establishing our agenda. In addition to our work agenda, we discussed options for team building and relaxation. That afternoon I wrote a memo which reflected the excitement I felt:

> Today, Stacey shared an opportunity with the team that seemed to be a step in the right direction. She has a house on the lakeshore that is available for our team to use as a location for an off-site retreat. Finally, we will have uninterrupted time to establish team boundaries, better understand the values and beliefs that drive each other's work, and establish a plan of action for the upcoming school year.

What felt like a step in the right direction was quickly extinguished when members of the group independently shared their concerns about the retreat. It seemed like every step forward we made as a team, we took two steps back. To identify how team functioning benefited the team members, those whom they supervise, and the organization became important, while also identifying why there continued to be such opposition in working together as a larger, cohesive team. It became important to identify theoretical explanations for their behavior as a guide to approaching this lack of cohesion and active participation among the larger group. How could we work to create an organizational community of care when our small group of six struggled to work collectively together?

Exploring Team Dynamics Through a Theoretical Perspective

I examined multiple theoretical perspectives to help me describe what I was witnessing. The three-perspective framework, related to group identity and behavior, best represented the dynamics of the CPR team dynamics. Because of the subcultures formed on the basis of roles (work and personal), values, age, and past or present experiences, the strong relationships were often exclusive of other team members. While relationship building was necessary for team functioning, the relationships that were built seemed to exclude some, negatively impacting our ability to work effectively as a leadership team. The relationships appeared to be a potential factor that impaired our ability to work collectively as a team; fear, judgement, and distrust were notable reasons shared by team members individually. The Core Three trusted and relied on one another and initially avoided the expertise and experience that others brought to the team. Unless roles intertwined, there was an inability to see the bigger picture and the interconnectedness that we are all leaders within one organization. I explore the team dynamics through Martin's theory on culture and then discuss team integration.

Three-Perspective Theory of Culture

To best describe the phenomenon observed among the CPR group, address the necessary components to becoming a trauma-informed organization, and enhance our leadership practices, the Three-Perspective Theory of Culture (Martin, 2002) helped to explain the team dynamics. As I watched the C3 build a strong relationship both inside and outside of the organization, but further remove themselves from the larger CPR group, the need to better understand why became a focus. There appeared to be at least three different subcultures that had developed among the team.

I refer to these as subcultures, as there are distinctive cultural characteristics that impact and at times divide the team. Table 8 represents the commonalities and differences that existed among the CPR group.

Marilyn's maturity brought a unique perspective to the team. Her life and work experiences were valuable to draw upon. This distinctive difference in the team's maturity and previous experiences impacted their behavioral responses to certain situations. The values and beliefs of individual team members impacted the larger group's ability to understand and respect the boundaries, actions, and focus of each other. Hannah, Lauren, and Stacey were younger and first-time administrators. Additionally, Hannah and Stacey were young parents, raising children and facing the complex challenge of managing both a high-stress career and family. Lauren, newly married, was excited to begin a family. Renee, a single woman, focused on her animals, friends and family, and work. Each brought a unique perspective on work and life, a set of core values and beliefs, and acceptable patterns of behavior.

Not only did subcultures exist, each CPR had roles and responsibilities that drove day-to-day work. The C3 members were all program supervisors, focused on staff and student support and performance. They built a strong connection, likely due to their common age, level of experience, personal priorities, and analogous work focus. Their work occasionally intersected with Renee and Marilyn's involvement with the itinerant staff they supervised and subsequently supported staff who worked in programs. At times, however, those common roles existed as parallel, with CPR members working in isolation of one another. This was observed on many occasions when the CPR group referred to those they supervised as "my staff."

Another common area of focus for the CPR group was that of compliance, where work was driven by laws and guidelines. This was Marilyn's primary role within the organization. She

Table 8

Commonalities and Differences Among CPR Group Which Created Sub-Cultures

	Co-Practitioner Researchers											
			Age			Years as Supervisor			Years at HAISD			
Name	Program Supervisor	Supervisor of Staff	30-40	40-50	50+	4 or less	5 or more	4 or less	1-4	5-15	15+	Parent
Marilyn		*			*		*		*			*
Renee		*	*			*			*			
Stacey	*	*	*			*			*			*
Lauren	*	*	*			*			*			
Hannah	*	*	*			*				*		*

worked to ensure that students were provided supports and services, as the Individuals with Disabilities Education Act and Michigan Administrative Rules for Special Education intended. This intersected with all aspects of our work; however, this work was only done in alignment with the larger group when a need was identified.

The third focus related to treatment of staff: equity, justice, fairness, respect, and empowerment. Organizational culture, both within our organization and with our stakeholder groups, was fragmented and morale was low. While each CPR strived to improve organizational culture, due to a lack of collective and consistent approach to the work, there existed inconsistencies in practices which further promoted distrust among staff and our larger organization. All three identified areas of focus were components of our work; however, a collective and collaborative approach to doing this work, not only by the CPR group but by our larger HAISD administrative team, was disjointed. Organizational leadership meetings were solely used to update one another, rather than address how we could work together toward a common vision. The CPR group worked in isolation or in small pockets to accomplish desired outcomes that had been independently established.

What emerged from conversations with individual team members was an understanding of why this team was dysfunctional. Some shared feelings of frustration and resentment, indicating that others were not doing their fair share or providing the level of quality they believed should be provided. They each had individual strengths, but rather than capitalize on the assets of their team, they expected others to demonstrate strengths in areas they possessed. Even the C3 began to have internal conflict, questioning if each was doing her fair share of the work and struggling with the way in which decisions were made.

It was my hypothesis that the struggles we faced as a team were a bi-product of my own leadership skills and practices as well as HAISD's organizational culture. Taking a deeper look at the organization from a cultural viewpoint helped to provide a rationale for the conflict that existed among the group, the cohesiveness that formed among the C3, and a plan for moving forward as a leader and facilitator of teams. Martin (2002) identifies a Three-Perspective Theory of Culture to describe organizational culture: integration, differentiation, and fragmentation. She suggests that these must all be viewed simultaneously. This aligns with what has been observed among the group, as each subgroup may overlap at times, and at some point, exist in harmony, conflict, or independently (Martin, 2002). By viewing group dynamics through three theoretical perspectives, it was more likely that a broader view of organizational culture would emerge.

Integration

Our original team of seven was disjointed from the start, as one person I supervised did not attend CoP meetings, and, as mentioned, Julie was on medical leave during PAR Cycle Two. Smaller, separate subcultures were developed based on values, beliefs, attitudes, and common interests. While harmony resided in pockets, it was rarely observed among our larger CPR group. Tan Chen (2016) defines group harmony as "the degree to which group members share positive feelings, attribute benign motives to the expression of differences and disagreements, and balance between the needs of member individuality and group unity" (p. 907), or how members of a team relate to one another. She identified two concepts that impact group harmony: cohesiveness and conflict. I discuss cohesiveness as they apply to the CPR team and then address how we might achieve harmony and then discuss differentiation and fragmentation.

Group cohesiveness. Group cohesiveness refers to the level in which team members desire to work together or avoid one another (Tan Chen, 2016). Group cohesiveness seemed to

fit what I had observed among the team. The C3 chose to meet regularly on Friday afternoons, most often in Lauren's office. My phone would "ping" each time a team member added an agenda topic to our collective "Wunderlist." Renee and Marilyn were invited to join this work session but rarely did. Thus, there were conflicts, but potential for harmony.

Conflict. The C3 generally worked together in harmony; however, conflict did exist. Lauren, as the building principal, knew she needed to make changes with office space. On March 15th, Hannah called me upset. Lauren had asked her to move her office to another location within the school building. "My stuff doesn't get recognized. It feels like I get left over things that nobody wants." Hannah viewed this move as much more than a simple swap of space. When I probed deeper regarding her frustrations about the move, she shared feelings of disregard, and she ultimately felt disvalued by her teammate. When Lauren decided to move Hannah's office, conflict ensued. This left Hannah feeling as if she was an unequal partner. Because Hannah shared her feelings with Lauren, an alternative solution was identified. Had she not been willing to be vulnerable and share her feelings, the change would have taken place and Hannah may have felt resentment. From my vantage point, the C3 managed conflict by avoiding it, addressing it head on, or giving in, depending on how important the outcome was to them.

While the C3 was not without conflict, they chose to meet on a weekly basis to dialogue, plan, and complete tasks and projects. They defined a time to work together each Friday on a set of tasks: professional development, staff meeting planning, weekly communication, consistent process and procedures, and special projects. The tasks they worked collaboratively to achieve were co-generated. This team of women shared not only their work hours but found time within their personal lives to share each other's company.

Achieving harmony. Group harmony "is clearly a facilitator in fostering information-sharing, mutual help, and cooperation. If groups want to find ways to curb the negative effects of task conflict, group harmony is helpful, as it reduces not only the level of task conflict, but also the negative effect of high task conflict" (Chen, Ünal, Leung, & Xin, 2016., p. 930). Harmony existed at a group level for the C3 and at an individual level for others. After participating in mediation experiences, Lauren recognized the value of finding solutions that met everyone's needs, especially when the outcome was important to both parties. She attended professional learning on mediation and shared with the full special education coordinator group. However, to achieve harmony across the full CPR group, I realized that I needed to be more explicit about expectations. I knew I needed to enhance what had developed and make space for full team harmony. At the conclusion of PAR Cycle Two, I had the theoretical frame and more practice tools to address the solution, but I had to activate the knowledge and skills while maintaining my goal of including individual and team ideas.

Differentiation. The differentiation perspective of Martin's theory recognizes that each subgroup brings its own set of values and beliefs (Martin, 2002). Only within the subculture does true understanding and consensus exist (Smerek, 2010). Research as it pertains to conflict has focused primarily on task conflict and relationship conflict (Dreu & Weingart, 2003; Jehn, 1995; Tan Chen, 2016). Jehn (1995) identifies "relationship conflict as a significant influence on group processes and outcomes" (p. 258). When groups experience interpersonal conflict with their teammates, they are more likely to have negative feelings such as anxiety, fear, frustration, and withdrawal from the group.

Task conflict. Jehn surveyed 633 employees in a freight transportation firm, focusing on groups who completed routine tasks and groups who performed non-routine tasks, to identify

when conflict is and is not beneficial. He found that the type of task the group is asked to complete is the factor that either helps or hinders group functioning. When performing routine tasks, conflict regarding the task (e.g., disagreement regarding ideas, opinions, and the task itself) impacted performance and team functioning. When completing non-routine tasks, however, disagreement among the group had beneficial outcomes. This encouraged dialogue and critical thinking related to the task. Task conflict is how members of a team approach the work (Tan Chen, 2016). In the case of the CPR team, since different members had different job tasks, they relied more often on those with similar roles to support them. This was evident with the C3, who had similar roles and were more likely to seek advice or input from those who best understood the work they were doing.

Relationship conflict. Renee expressed fear when she was encouraged to share her concerns or ideas with those on the team. When encouraged to have a hard discussion, she would state her fear and anxiety about addressing the issue. Renee supervised two staff members who were highly intelligent but lacked social skills. She had been extremely successful using a coaching model with both individuals, primarily because they accepted her feedback and allowed her to support them. I asked each why they were more successful under Renee's leadership, and they shared that when Renee provided feedback, it did not feel judgmental. When asked to share her approach with her team mates, she was concerned with how they would perceive it. She had something to offer the team, but initially fear hindered her from sharing, and later her perception of how they would respond created a barrier to collaboration.

Jehn's survey identified relationship conflict to have negative effects, impacting dissatisfaction and avoidance of those whom the conflict is with. The research study helps to explain the frustrations that came from group members providing feedback. When those with

similar roles provided feedback, the feedback was accepted. When roles did not intertwine but feedback was provided, some viewed this as outside of the individual's role and their opinions were not valued or accepted. However, when the group was charged with a larger problem or task, there was a willingness to work collaboratively. The subcultures that existed among the CPR group became "us vs them," decreasing team cohesion and further affecting the team's overall performance (Privman, Hiltz, & Wang, 2013).

Fragmentation. The fragmentation in the larger organization created ambiguity and a lack of common focus for our team. Fragmentation emphasizes ambiguity, and how this may shift alliances within subcultures, creating opposing goals (Martin, 2002; Smerek, 2010).

Ambiguity existed in many different areas of HAISD and our team: role intersection and overlap, a common vision for the organization, a common goal for the CPR team, and expectations for team functioning. We were all new to our positions when the research project began. A common vision did not exist for our organization; we were each identifying our roles independently, setting individual goals, and building protocols and guidelines as we identified needs. Within our larger leadership team subcultures began to form, each with their own agenda.

The C3 developed a professional development plan for staff in isolation; during PAR Cycle One Julie and I worked to develop a trauma-informed organization without asking the larger team for input; and organizational communication came from the C3 with little input from the other CPR members. However, the HAISD organization made a commitment to becoming a trauma-informed organization and the CPR team's focus included trauma-informed care. When trauma-informed practices became a focus of the organization without establishing the rationale, the team was confused. Part of our work was sorting that out for our team, while the organization as a whole had not. "If subcultures are acknowledged, relationships among them can be

diagnosed as mutually reinforcing, conflicting with each other, independent, or so ambiguously related that clear congruence or conflict is impossible to diagnose" (Martin, 2002, p. 152).

By looking at the three perspectives, I had much more insight into our organizational culture, team functioning, and important next steps for me as a leader. Martin's three-perspective framework provided a conceptual understanding of why separate subcultures existed among the larger team. As a leader, I needed to change key practices to bring the team together. It helped to identify three common factors: harmony, conflict, and fragmentation, how they were or were not present, and how I might understand the conflict and fragmentation to increase harmony.

Implications for Cycle Three

By analyzing the collected data, necessary conditions for effective team functioning were revealed. Further defining our common vision as a CPR team would continue. I had ideas about how to continue to build relationships and develop trust as we connected the work to the vision of becoming a trauma-informed organization. Although our work together was at times ambiguous and fragmented, we had collaboratively decided vision and established team norms that drove our work as leaders. In PAR Cycle Three, I would strengthen my coaching practices and engage the team in learning more about emotional intelligence.

Transformational coaching. Uncovering and identifying the beliefs and values of the CPR members was a necessary next step in the PAR project. As we worked toward establishing a community of care, we needed to be able to identify our own emotions and see the perspectives of others (Aguilar, 2016). Modeling the practices of transformational coaching was imperative. In addition, modeling in general was key. The team not only watched how I reacted to others, but also how I treated myself (Gilligan, 2016; Noddings, 2002). There were ample opportunities to

notice and acknowledge caring behaviors. It also included acknowledging and naming responses of team members that were in violation of our norms.

Building the emotional intelligence of the team. Continuing to establish a team learning environment where each member felt accepted, respected and supported would continue (Knowles, 1977). Without a foundation of trust, a community of care was unlikely to evolve. It was my hypothesis that sharing my own self-awareness and encouraging others to do the same would lead to self-awareness and understanding of others (Aguilar, 2016). I would focus on practicing what I encouraged others to do, including my own self-care practices. This included self-love, self-acceptance, and self-appreciation (Miller, 2016; Venart et al., 2007).

Summary

We determined as a CoP that the time we designated for bi-monthly meetings did not meet our needs. A more robust meeting schedule was established for the 2018-2019 school year, with the CPR team meeting on a bi-monthly basis but doubling the time that we met. With a focus on leadership practices, there was a stronger desire to meet regularly. The monthly special education coordinator's meeting offered another platform that allowed us to also train, coach and support our local district leaders, while empowering and building our own leadership skills.

I would focus on attendance at the Friday supervisor meetings, one-on-one meetings with the CPR members, and attendance at their facilitated meetings during PAR Cycle Three. Creating time within my schedule to be more visible among our special education programs and within the community would support additional coaching and feedback opportunities.

A goal during PAR Cycle Two was to develop a communication feedback loop among all special education supervisors. This was not developed and needed to be an area of focus to prevent feelings of alienation and distrust. Both meeting structures (CPR CoP and weekly

supervisor meetings) would continue to be better defined. These two conflicting teams would concretely establish the discussions, decisions and information that would be addressed by the larger team.

For the next cycle, I continued to empower those within the CPR group to play a more active role in the development of agendas and facilitation of our community of practice meetings. Continuing to encourage the team to co-facilitate our community of practice meetings was a priority. Our agenda topics would focus on building our leadership skills, developing common language, practices and procedures, and focus on a common vision established through our departmental strategic plan goals. In addition, all supervisors would attend the weekly meeting, once attended solely by the C3, to collaborate, develop weekly communications, seek support from one another, and complete actionable items. Key elements of a successful CoP would be developed, such as a decision-making protocol.

A continued focus during Cycle Three was to develop trust among the team as we built a community. As a leadership team, we worked to shift the ownership from "me" to "we." A shared ownership and a flattened hierarchy needed to be developed. As part of our meeting structure, protocols would be used and shared with the team as a way to encourage all members to have a voice. Continued work around self-awareness and trust would be areas of focus during Cycle Three. This included conflict management strategies and a deep dive into learning about selves and one another.

CHAPTER 7: PARTICIPATORY ACTION RESEARCH CYCLE THREE

With Trust Comes Collaboration

Chapter 7 of the participatory action research (PAR) study focuses on Cycle Three and the collaboration that evolved among the special education supervisor team. The shift from fragmentation to collaborative focus on building community and trust among themselves and those they serve occurred throughout this cycle. The third and final action research cycle took place from June-October 2018. As previously noted, one co-practitioner researcher (CPR) was on an extended medical leave and did not participate in PAR Cycle Two or Three. Julie had been a strong force in bringing trauma-informed and responsive strategies and processes to our organization and county, serving as our Community Liaison.

The purpose of this chapter is to highlight the key leadership activities in which the CPR group engaged during PAR Cycle Three, provide an analysis of evidence used to evaluate how the work transferred from me to we, and to summarize how we addressed the original research questions. This chapter focuses on the transformation of our community of practice (CoP). The CPR members became devoted to our time together, with a shared vision and purpose; they actively participated in co-developing and facilitating our work together. The chapter presents two key findings -- built on the work from PAR Cycle One and Two -- regarding a community of care: (1) emotional safety is the core of relational trust; and (2) relational trust must be complemented by organizational supports and supportive leadership.

The CPR group began to establish relational trust among themselves, and this began to surface across the special education department. We established connections and community through play, and these connections helped to build trust. Recognizing the value each member placed on the support they received from one another and myself as their leader, we identified

supportive leadership as crucial to developing emotional safety. This support took many forms, including affirmations of appreciation. Supportive relationships that highlight strengths and passions further develop emotional safety. As voices were acknowledged and appreciated, we were able to co-establish a more supportive work environment. However, relationships cannot be nurtured without an organizational nest in which they occur. When individuals know themselves, feel emotionally safe, and have the skills to resolve conflict, relationship management is possible. While relationships are a buffer to organizational stress, unless the organization supports its employees, burnout is still possible. To conclude the chapter, I address both the research questions as well as my own leadership development in this process.

This chapter tells the story of how our work together as a CoP transferred across our department and organization in the form of the trauma-informed guiding principles of safety, trustworthiness and transparency, voice and choice, empowerment, and collaboration. The chapter begins with key activities that occurred during PAR Cycle Three using the community of practice framework. I then identify two findings that surfaced through coding of memos, artifacts, and communications among the CPR group. Finally, I share how these data connect to my initial research questions.

PAR Cycle Three Activities

Several key leadership activities during this cycle had a substantial impact on overall team functioning, as well as improved existing relationships within our staff as we co-developed a shared focus on relationship rigor. PAR Cycle Three meetings were no longer facilitated solely by me, but rather the team; as I let go of the reins and advocated for distributed leadership (Spillane, 2007), I shared my desire for the CPR group to lead beside me and assume their roles as co-facilitators. Table 9 illustrates these co-facilitated activities.

Table 9

Calendar of Key Leadership Activities

Activity	Aug 13-17	Aug 20-24	Aug 27-31	Sep 3-7	Sep 10-14	Sep 17-21	Sep 24-28	Oct 1-5	Oct 8-12	Oct 15-19
Leadership Retreat (n=5)	♦									
Meetings with CPR (n=5) focused on building leadership skills				♦		♦		♦		♦
Weekly Meetings with CPR group (n=5)	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦
Countywide Special Education Meetings (n=5)		♦					♦			
Book Study (n=5)				♦		♦		♦		

This section begins with a summary of the activities we participated in during PAR Cycle Three. These activities were similar to previous cycles; however, the time we designated to meet, and the focus of our work was redefined. Utilizing the community of practice framework, we engaged in the following key activities: summer leadership retreat, co-development of strategic plan goals, redefined team norms, professional learning dedicated to conflict resolution, and a book study focused on building resilience.

Summer leadership retreat. The team set aside an entire day to plan for the 2018-2019 school year. Together, they established an agenda and identified the work that needed to be completed for the start of the new school year.

Redefined time for a community of practice. PAR Cycle Three brought tremendous joy to me as an organizational leader. The most impactful change occurred while I was out of the country. Team members decided that the two existing Google team drives, one established by the Core Three (C3) and the other developed by me and designated for the CPR group, were combined. This decision further manifested into the decision to include our entire team in both meeting formats. This step led to increased cohesion among our team members and paved the way for changes that occurred throughout PAR Cycle Three. As a result of team decision-making, we separated our time into two distinct meeting formats, which were distinctly defined as one designated for professional learning and the other for actionable work that involved day-to-day operations.

Bi-monthly CoP. We determined that the time we focused on leadership growth needed to be increased from the previous 90-minute timeframe twice per month to that of 3 hours, twice per month. Two times per month, we would meet to build community among ourselves, grow our individual and collective leadership skills, develop a common language, and discuss current

and necessary organizational and departmental practices and procedures through a trauma-informed lens.

Co-developed department goals: Organizational strategic plan. During this time, we co-developed our departmental strategic plan goals through a more collaborative process because we had newly defined norms in place. What would have been a very time-consuming endeavor one year prior, we systematically defined our goals in under 90 minutes. Using the organization's Strategic Plan goals as a springboard, we co-developed SMART goals as a special education department. Through dialogue, feedback, and problem-identification, we agreed on our core values as a leadership team and a framework of our vision for the next three years.

Weekly meetings with CPR group. Once referred to as the C3 meetings, all CPR group members began to attend this weekly meeting. The weekly supervisor meetings were driven by a co-generated agenda, using the "wunderlist" app to add agenda topics, and would support us in: making collective decisions, drafting our weekly communication (Monday Morning Memo), and establishing a unified voice as a supervisor team. This time allowed us to seek support from one another and to complete actionable items related to staff and program supervision.

Countywide Special Education CoP. On a monthly basis, we continued to meet as a countywide special education CoP. These monthly meetings included the CPR group, as well as local district special education leaders. We devoted 4 hours per month to staying updated on law, best practices, and countywide goals as they pertain to special education.

Empowered to Learn and Share

Two examples of the increased desire to learn trauma-informed practices and share with colleagues contributed to our increased team capacity. During Cycle Two, Hannah and Lauren requested the opportunity to attend professional development on conflict management. With the

understanding that they would bring this information back to their colleagues, I approved their requests. They each facilitated multiple sessions of professional learning with the CPR group and other leadership groups. As part of her Restorative Practices training, Hannah learned about motivational interviewing. This model allows for collaboration and goal-oriented communication and is used when there is a discrepancy between a person's vision, goals, and actions. The framework helps to identify the motivation of one's actions. Hannah's training also focused on the team's understanding of the cycle of an emotion and how we can manage uncomfortable emotions. Lauren's training in mediation was shared with our county-wide special education coordinators and directors. She shared her personal and positive experiences during the training. Both Lauren and Hannah had a passion to learn more about these trauma-informed practices, which further evolved into utilizing these practices to train and coach others. Understanding that relationships are cultivated when conflict can be managed (Aguilar, 2016), much of our focus during PAR Cycle Three was understanding and implementing conflict management strategies and practices which included the use of restorative dialogue, circles, identifying positions versus interests, and tools for resolving conflict (e.g., mediation, restorative practices).

Redefined team norms. Our ability to function as a team had changed, and because of that, we decided it was important to revisit our team norms. Recognizing that consistency and predictability are critical in developing trust (Margolis, 2019), we focused on developing a common language, and practices and procedures from an organizational perspective, as well as among our team. We identified norms that focused on confidentiality, decision-making, attentive listening, participation, and shared expectations. These differed substantially from our first set of norms established during PAR Cycle One, which focused more on individual expectations for

group members rather than team functioning (e.g., attendance policy, not at the table- provide input ahead of time or you don't have a voice; be prepared).

Engaged in a book study, focused on resiliency. With a focus on building resilience among our team and those we serve, Cycle Three began with me leading the team in resiliency building work. The work we do as special education leaders takes an emotional toll and I feared losing the CPR group at a point when we were finally becoming a collaborative team. In July, I learned of Elena Aguilar's newest book, *Onward*, which focuses on building resilience. I shared this book with the leadership team and asked for their interest in participating in a book study. With the exception of one team member, the CPR group agreed that this book was worthwhile and connected to their work. To get our book study started, I agreed to facilitate chapters 1-3, which focused on self-awareness. The team was asked to take the Myers-Briggs personality assessment and then create a 90-second flip grid that described their personality type. All but one CPR participated in this activity. I also engaged the CPR group in identifying their core values. That was the last chapter I facilitated. Soon after, they took ownership and found great passion in learning more about resiliency. Stacey offered to engage our team in the following chapter, and Renee the next. Stacey engaged the team in a community building activity, as well as an impactful affirmation exercise, in which she asked each of us to provide an affirmation about each CPR, and then presented us each with a collection of those affirmations. This book study prompted the team to focus on their resilience and that of others in our organization. Members of the CPR group shared the book as a resource for building resilience and engaged their own teams in exercises identified in Aguilars' accompanying workbook. Our opening circles, now led by the CPRs, began with self-care and resilience topics. Personal goals for resilience were identified and shared, allowing team members to serve as accountability partners. Professional goals for

building resilience and connectedness with others were also shared and implemented (e.g., Stacey scheduled a one-on-one meeting scheduled with the superintendent to share an activity she facilitated with the group, in which she set a goal to learn more about our organization's leader).

Data Collection and Analysis

Data collected during PAR Cycle Three included several forms of evidence: reflective memos, artifacts from CPR meetings, emails and text messages among the group, a team member check, and individual member checks. Using the guiding principles of trauma-informed care (SAMHSA, 2014) and Lave and Wenger's (1998) key components of a CoP, I coded and analyzed this data against these two existing frameworks. During a CoP in October, I shared my research findings and then proceeded to interview the team. I asked the CPR group my initial research questions, transcribed, coded, and triangulated their responses against my findings. Data obtained through Cycle Three was compared to that collected through Cycle Two of this study to validate prior claims and further define the components necessary for a community of care. Finally, I shared sections of this dissertation with each CPR as a member check. This served as a check and balance to ensure that my perspective was accurate, but more importantly, to prevent potential, future distrust among the team (Birt, Scott, Cavers, Campbell, & Walter, 2016). After sharing sections with Stacey, she emailed "WOW. Incredible. I am in awe of what you captured and the growth. I am proud of me. Thanks for writing about it and validating me." Because she was the first to reply to this member check, I was surprised by her response. I expected some resistance and feedback regarding my reflections. When confirming that I understood her correctly, she replied, "100% Comfortable. You inspire me. I hope we can work together to continue to showcase the growth we see in our team." Renee responded, "I think that

you were very honest in your writing. I only had one add and a question. It was very interesting to read some of the things that have happened in the past couple of years and how I have grown…I know I have work to do when it comes to our team and confrontation, but it is no longer fear based. I am truly fine with everything. It is the truth. If there is anything that comes up negatively with the group, I am completely prepared to hand it." Hannah replied, "I'm comfortable with everything. I don't' see a reason to change anything. I do hope that somewhere in your piece you take credit for our growth as leaders. I truly believe you are part of the reason we have all grown." Finally, Lauren emailed, "Completely comfortable with all of it. It was super cool to look back on our journey. Thanks for sharing." These responses not only validated the accuracy of my reflections, but highlighted the personal and professional growth of the CPR group.

Transferring Trauma-Informed Practices

Section two of this chapter focuses on the transfer of practice and policy, as they relate to the initial research questions. The chapter highlights two key findings: (1) emotional safety is the core of relational trust; and (2) a community of care is established when relational trust is complemented by organizational supports and supportive leadership. Figure 10 identifies the key attributes of a caring culture. These two claims are supported by evidence presented in Cycle Two and Three of the PAR study.

Figure 10 highlights the focus of the CPR members' work to build a community, both among ourselves and with our staff members. At the onset of this PAR, I voiced and modeled my core values of kindness, compassion, and equity. This coupled with the CPR group desire to build relationships with one another and those whom we serve, we established an awareness of systems and supports that enhance self-awareness, community building, relational trust, and a

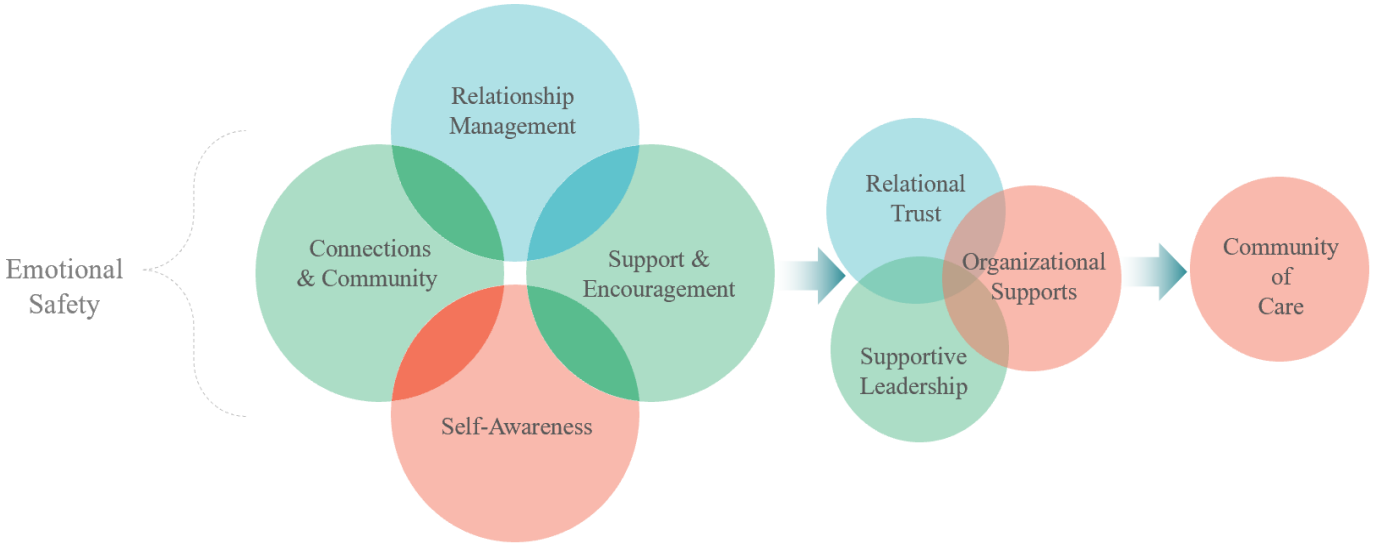

Figure 10. Necessary factors for a community of care.

culture that promotes the care of self and others. The work we did as a CoP evolved into "the way we do business as special education supervisors." With a focus on creating a community of care through the development of our leadership skills, throughout Cycle Three, transfer of the work we focused on as a leadership team began to surface more regularly. Through professional learning and a co-defined vision, we developed a true understanding of the need to implement trauma-informed practices by offering a voice and choice in decision-making, empowering our staff, collaborating with others, establishing a safe environment, and developing trust.

The data from PAR Cycle Three continued to support the emerging themes identified during PAR Cycle Two: emotional safety impacts collaboration, and without trust, true collaboration does not exist. The following section further identifies the key factors to cultivating emotional safety, critical to the development of relational trust among a team. It then highlights individual and team dynamics that help to promote relationships, foundational to collaboration. Finally, identification of leadership and organizational practices that contribute to emotional safety are uncovered.

Emotional Safety: The Core of Relational Trust

Cycle Three highlighted the importance of establishing a community of practice (CoP), focused on relationships. The PAR Cycle Three data differed dramatically from PAR Cycle Two and identified key factors related to establishing emotional safety, which led to increased trust. The factors included self-awareness, connections and community, and support and encouragement from others. Self-awareness is necessary to relationship management and self-care. According to Aguilar (2016), self-awareness means having an awareness of your feelings and emotions, as well as your strengths and limitations. When we are able to recognize our own emotions and empathize with others, we are better equipped to manage conflict in a healthy way

with others. This includes recognizing your own boundaries and honoring the boundaries of others, as identified in Table 10. Support and encouragement help to build community among staff and help to buffer organizational stress. This includes affirmations, supportive relationships, opportunities to highlight strengths and passions, and making decisions "with" one another, rather than "to" or "for" them. We cultivated connections to each other, our community, and the communities we serve by engaging in play and by providing support and encouragement. Table 10 provides evidence of key items associated with the development of emotional safety, both among the team and those whom we lead.

Emotional safety is cultivated through connections and community. Emotional safety among the CPR group increased throughout Cycle Three and was also reflected across the special education department. During Cycles One and Two, the C3 demonstrated a sense of community but this did not extend to our larger team. In PAR Cycle Three, there was evidence of staff having fun within the walls of the school and outside of the school day. Several examples of this transfer are noted in Appendix D, identifying not only the value placed on relationships and community, but also the correlation between connections and emotional safety.

Connections and community are established through play. The C3 recognized the benefits of play, and this transfer was noted on many occasions throughout Cycles Two and Three. The first noted occurrence was during a staff meeting when Lauren, Stacey, and Hannah started the day with the game Hungry, Hungry Hippo (August 31, 2018). Using balloons and laundry baskets, teams comprised of staff members pushed one another on scooters to gather balloons in a competitive fashion. Noted again on October 10, 2018, Lauren called to obtain my feedback regarding her desire to "have fun" with staff. She had planned an afternoon of professional development but recognizing her staff had been through a lot that week, she

Table 10

Evidence Collected and Analyzed throughout Cycle Three Tied to Emotional Safety

Emotional Safety	Cycle Two	Cycle Three
Core Beliefs	0	1
Communication	0	1
Confidence	0	2
Connection/Community	6	49
Play	0	13
Routine	0	2
Support/Encouragement	9	47
Work Satisfaction	0	5
Engagement of Others	0	3
Optimism	0	1
Respected	0	3
Self-Awareness	0	10
Boundaries	0	8
Mercy/Grace	2	4
SUB TOTAL	17	149

understood the importance of building community through play. That afternoon, she led her group of teachers, paraprofessionals and support staff in three activities to build resilience (identified within the *Onward* book), focused on fun and community building. After a very difficult week of extreme student behavior, long days, and failed plans, staff were laughing and engaged in play with one another.

As the leadership team encouraged, facilitated, and joined in on community building activities with staff, staff began to share the community they had established with one another and with their supervisors. In October 2018, we lost a valued employee in a tragic car accident. What this tragedy highlighted was the sense of community that had been established among those led by the CPR group. Almost every staff member from our center-based program attended the funeral, many of them coming together before and after the funeral to support one another; finding solace by leaning on one another. The day before the funeral, as well as the day of, many staff sent messages to the CPR group, sharing pictures and stories of their time together. This validated that they felt safe enough to share their stories with those who supervised them. Appendix E identifies additional examples of how our special education staff established community.

Whether formal play or simply an environment that allowed for fun, this was regularly observed during Cycle Three. Three-wheeled bikes lined the hallways for students, but before school hours, the administrative assistants found a more efficient way to deliver mail by jumping on them; staff and students worked together to create a jungle float for the summer parade; potlucks and a garage sale fundraiser brought staff together; a building calendar created for the Board of Education, designating each class to a month of the year, with students and staff dressed up in fun costumes; silly text messages, memes, and pictures sent to encourage laughter;

and staff coming together after work for pizza and drinks are all examples of the fun environment the CPR group cultivated.

Connectedness builds trust and a feeling of safety. Our work focused on building community among our team and those whom we led and served. With a focus on county-wide implementation of restorative practices, I recall the first time I started a CPR meeting with a circle; it was uncomfortable for the group, and they were not afraid to voice their discontent. We now use circles regularly during CPR meetings, staff meetings, and even team meetings (e.g., IEPs). A teacher consultant shared how she uses circles to begin IEP meetings, helping all team members to feel like valuable contributors. The use of circles has offered many opportunities for staff to learn about one another, which further builds community.

Community is established through dialogue and storytelling. (Guajardo et al., 2016). This willingness to be vulnerable further leads to a sense of belonging (Brown, 2015). During PAR Cycle Three, I participated in three problem-solving circles, one led by Hannah and the other led by Lauren, and one co-facilitated by Hannah, Stacey, and Lauren. Each CPR presented a problem to the group and asked those in the circle to provide ideas, with all ideas considered. Following Hannah's problem-solving circle, she utilized the same framework with her classroom teams, honoring their voices and allowing them to have input regarding how they could more collaboratively work together and support students with extreme emotional difficulties. Following this circle, Hannah's team members shared how they were excited about the opportunities the decision would provide to them as a team. They were especially encouraged by "the opportunities they would have to work with different groups of children throughout the day." This would support with burnout, provide a "change of pace for the students," and allow them to teach subject areas that were of relative strength for them.

Support and encouragement help to establish emotional safety. Supportive leadership is a mitigating factor for compassion fatigue and burnout. Supportive leaders regularly communicate, allowing staff to openly share without fear of retaliation (Harrison & Westwood, 2009; Shollen, 2016). They encourage others to do the same using pedagogical strategies that honor voice and choice, making decisions "with" others, rather than "to" or "for" them (Slatten et al., 2011). They offer positive models who encourage small acts of service and positive acknowledgement and affirmation to others (Slatten et al., 2011). Aguilar (2016) argues that the more emotionally demanding the work is, the more we need empathetic leadership. Empathetic leaders understand how life circumstances and organizational stress requires flexibility and opportunities to learn from mistakes (Miller, 2016). A supportive leader offers autonomy and opportunities for staff development which builds on existing strengths, empowerment, and coaching (Lee et al., 2015; Slatten et al., 2011). Appendix E provides specific examples of how the CPR group valued the support of their team members and me as their leader and highlights their efforts in acknowledging and supporting their staff members.

Affirmations: Public and private. The CPR group recognized the importance of not only acknowledging each other and our staff for the work they do, but also highlighting these efforts publicly. The need for public affirmation became evident to me when the team would email me or text me with good news, something they were proud of, or a transfer of their work. They began to highlight the work of their staff, sharing resources developed by those they supervised, and leadership opportunities our staff were participating in, because they had been empowered to do so. The staff member being highlighted was often tagged in the email, allowing me to provide another layer of gratitude. Stacey emailed often, sharing documents her staff had created or meeting agendas in which her team had facilitated. One example was a letter written by one of

our Early On providers (October 1, 2018), written in trauma-informed language. Her email read: I'd like to share with you a letter Beth wrote that is kind, sensitive, supportive and trauma informed! She is amazing! Stacey emailed the CPR group on October 22, 2018, giving a shout out to Lauren for "pushing literacy." A teacher for students with Severe Cognitive Impairment sent Stacey a message stating, "The MTSS literacy initiative is what inspired me to have an ongoing novel with students." Another email from Stacey (September 29, 2018) highlighted a new staff member, stating "Colleen is an amazing addition to our 0-3 Team! She has jumped in with 2 feet. Attached is a document she took from Keri and re-worked it to fit the needs of our team. I am happy to have her at HAISD!"

Transfer of support and encouragement occurred in many ways. The Monday Morning Memo "celebrations and shout outs" prompted staff members to provide public affirmations to those across the organization. This support and encouragement for one another continued to evolve through PAR Cycle Three. The CPR group started "Friday Gratitude," an email chain at the end of each Friday that highlighted the work of one another and our staff. This same level of gratitude and appreciation was demonstrated by our support staff CoP. As a member of the organization's many list-serves, I was privy to the acknowledgements our staff began providing to one another, as well as those outside of the organization. A teacher consultant shared this message with her team, who had gone above and beyond to support her:

> Thank you all so much for the sweet card, the pretty flowers, the lantern, and helping me out either by subbing in my room so that I could attend a training, or volunteering to come in and help support in the classroom. And some of you even took on some of the MTSS roles. You guys are all amazing and sure do know how to make someone feel special.

A strong example of this transfer occurred toward the end of Cycle Three, at the end of a day when Stacey had requested to leave a team meeting. She had been supporting our transportation staff with student behavior after school, and the transportation staff were unhappy with how support had been provided. Feeling defeated, she told the group she needed a few minutes and left the meeting due to the emotions she was feeling. That afternoon, both Lauren and Hannah called me to share how proud they were of Stacey. They wanted me to know how much she had been challenged with that day and how well she had managed it all. This prompted me to pick up the phone and reach out to Stacey to validate her for all that she had endured that day (October 18, 2018). We worked together to ensure that efforts were not overlooked. These small acts of public and private affirmations validated the work and helped to establish emotional safety among staff. Appendix E provides additional examples of this transfer.

Supportive relationships. The support provided among the CPR group to one another as well as to those they supervised was an exemplary model for our staff. Supporting one another as leaders further enhanced the collaboration that occurred among our team. In addition, the level of support the CPR group provided staff further established relational trust with those whom they led. Table 11 identifies supportive relationships as a key to collaboration. Dara represents the occurrence of mutual engagement and joint enterprise during team meetings as presented in meeting minutes and reflective memos.

Throughout Cycle Two of the PAR, the C3 supported one another in many ways. If Hannah wanted to attend a professional learning opportunity, Stacey or Hannah would attend meetings for her and be on call for any crises that occurred. If Stacey needed to leave early for a family crisis, Lauren or Hannah stepped in for her. During Cycle Three, this willingness to support increased among the CPR group and outside of our leadership team. Support extended

Table 11

Collaboration Increases with Supportive Relationships

Supportive Structures	PAR Cycle Two	PAR Cycle Three
Mutual Engagement: Problem-Solving	3	10
Mutual Engagement: Request Feedback	3	17
Mutual Engagement: Dialogue	15	28
Mutual Engagement: Critical Friend	0	12
Mutual Engagement: Conflict Resolution	6	10
Mutual Engagement: Supportive	2	3
Shared Repertoire: Strategies/Resources	18	22
Joint Enterprise: Request Accountability Partner	2	9
Joint Enterprise: Member/Staff Offers Support	3	25
SUBTOTAL	50	133

beyond simply stepping in when needed. It included being a thought partner or critical friend, identifying the strengths of one another and complementing the work being done, publicly affirming one another, serving as an accountability partner, staff reaching out to the CPR group members after a long and difficult day, offering grace when a mistake was made, having hard conversations with one another and addressing conflict, and honoring one another's boundaries.

We understood and observed the impact of social networks. Regular CoPs occurred for all itinerant staff and evolved beyond the special education department. During Cycle Three, these social networks were extended to those in our local school districts. As part of our New Teacher Network and Behavior Coaches' Network, I was asked to incorporate resilience and mindfulness strategies to prevent burnout and provide evidence-based strategies for building resilience. An organization, once resistant to this work, began to see value in trauma-informed practices, relationships, and social networks.

Opportunities that highlight strengths and passions. Acknowledging the importance of building on our strengths and passions came through during Cycle Three. Hannah thanked the CPR group for allowing her to participate in Restorative Practices and took the initiative to bring together a team who would focus on building a sustainable model for implementation. Lauren's work in mediation changed the way she approached staff and empowered others to request mediation. The CPR group recognized a strong coaching skillset among two paraprofessionals and requested that they become Crisis Prevention Intervention (CPI) trainers for our organization. A bus driver shared her desire to someday be a trainer and/or supervisor. Immediately following this conversation, Lauren reached out to her supervisor for permission to request she become a CPI trainer. Hannah said it best during one of our CoPs (October 18, 2018):

> I think we have all found something we are good at and have supported each other. When I was gone for training, I knew I would be covered, and it gave me a break from day to day stuff. Stacey's passion is birth to 5 and she was given time, so she can do this. Lauren wanted to learn about mediation and wanted to be in the building more. If you took this away from me, it would be really hard for me; this is something we've done for self-care. I don't mind working on this at home; it rejuvenates me; I see purpose in this.

We recognized the impact that empowerment had on us, one another, and our staff. Offering opportunities to do something different, especially when it is a strength or a passion, is a form of self-care.

Voice and choice as a supportive model. As we identified in Chapter 6 PAR Cycle Two, when an organization values the voices of its employees, this creates a sense of autonomy and trust (Lee et al., 2015; Sprang et al., 2007). Just as important, it fosters emotional-safety, establishing a culture that values what others can offer (Militello et al., 2010). Opportunities that honored the voices of our staff and offered choice in decision-making began to surface during Cycle Two and were prevalent throughout Cycle Three.

When our center-based program was out of room and staff needed to be moved, Lauren facilitated a Town Hall meeting, in which all staff had an opportunity to share their needs and wishes. This information was then reviewed and honored before decision-making occurred. Basic processes and protocols were created with staff input. One example was a protocol for voluntary breaks/imposed breaks. Staff worked together to define these terms, and then a protocol was established for documenting these practices. Recognizing that students were addressing staff in a multitude of ways (e.g., Mrs. Main vs. Joan), Lauren wanted to ensure that we were teaching students a consistent way to address adults in a school setting. She sought staff

input before requesting a consistent practice. The use of problem-solving circles was another example utilized by the CPR group when making decisions that impacted others.

Relationship management promotes trusting relationships. At the onset of PAR Cycle Three, the CPR group was unwilling to have hard conversations with one another. Concerns would come to me, I would carry them as weights or feel like I needed to fix them, and the team made very little forward progress. Venting was another form of managing conflict. A focus on knowing who we are as individuals and positively addressing conflict were key focus areas during Cycle Two and Three. Through our own professional learning, these skills and practices surfaced among our team, those we serve, and among our staff. However, before we could successfully utilize conflict management strategies, we had to better understand ourselves.

Self-awareness is the foundation of relationship management. Without truly knowing our personality, core values, and beliefs, we lack an awareness of where our emotions generate from (Aguilar, 2016). "Relationship management...involves the ability to manage conflicts with others, to form healthy relationships, to collaborate, to offer feedback and guidance, and to motivate and inspire others" (Aguilar, 2016, p. 17). During Cycle Three, we worked to cultivate our own sense of self and shared our learning with the team. This further grew our understanding of one another and helped us to navigate the emotions that stemmed from our very difficult work together.

Conflict resolution. While conflict still existed among the team and those we served, it was confronted and dealt with in new and positive ways. Using restorative questions when addressing issues became a norm for most of the CPR group:

- What happened?
- What were you thinking at the time?

- What have you thought about since?
- Who has been affected by what you have done? In what ways?
- What do you think you need to do to make things right?

Hannah had a strong desire to bring Restorative Practices (RP) to our entire organization, including our main office staff (e.g., technology, maintenance, business office). An email, sent to me by Hannah, highlighted her passion and desire to bring a practice to our county that supports conflict resolution (October 26, 2018):

> I learned SO much at this conference and our brains are spinning with all of the information. We would love to sit down with you to discuss our ideas moving forward: ideas for our programs, local districts and community partners. We are ahead of the game in trauma informed care and MTSS; however, the knowledge that RP can provide to staff gives them a true resource to build relationships and build a restorative community. We feel strongly that supporting our districts can be part of the answer to our students in programs and decreasing the number of students in programs as well as the social emotional learning of ALL students! It is exciting to us that the groundwork is laid and now we have the tools to implement and make a positive change.

Using "Restorative Practices Implementation Rubric", Hannah coordinated a Restorative Practices Leadership Team who reviewed HAISD's existing system and structures, including policies, practices and our organizational vision and mission to identify our readiness for RP (September 13, 2018). The utilization of restorative circles surfaced in many places during Cycle Three. Almost every meeting led by the CPR group began with a circle; problem-solving circles were utilized to support in making tough decisions; communities of practice (no longer facilitated by a CPR) began with this practice. When Hannah and I needed to problem-solve how

to address our Emotionally Impaired (EI) programs that were at their legal classroom cap size, Lauren suggested having a problem-solving circle with the CPR group. Hannah then took the ideas from our group and held a similar circle with the EI teachers. We learned of a teacher consultant deployed in one of our local districts starting all IEP meetings with a circle. She stated this helped with team engagement and supported the parent to feel like they are a member of the team.

Mediation was facilitated when strained relationships were affecting the classroom environment or staffs' ability to work effectively together. Those who participated in mediation thanked us for taking the time to listen and allow them an opportunity to repair relationships. Lauren shared her knowledge of this conflict resolution process at our countywide Special Education Coordinator CoP. Lauren began her session, sharing why she felt compelled to bring these strategies and practices to the county leaders (April 18, 2018):

> So, I remember calling Jodi on the phone and saying, I have the wrong degree. I need a counseling degree. All I'm doing is marriage counseling between staff and I am not properly equipped. "I" statements didn't work. So, I had an idea. I had gone through mediation with a staff member this year and there was a breakdown in our relationship, so Jodi got someone to do mediation. It was a really positive process. I walked away feeling good about the decision and still have a strong relationship. How could I bring these practices into my job as a supervisor? I would like to bring to you those skills I've learned.

The CPR group utilized the skills they learned to improve existing relationships. These

skills were also utilized with local district leadership, as the CPR group first worked to develop relationships and a shared understanding before addressing the difficult issues of inclusion and equity for students with disabilities.

Collaboration increases when emotional safety exists. Cycle Three brought a tremendous improvement in shared repertoire, mutual engagement, and joint enterprise among the CPR group, specifically an increase in dialogue during our CoP meetings, requests for feedback, and a willingness to accept feedback from one another. One notable data point is that of self-care practices shared among the team. Once very resistant to discussing self-care as a team, they openly shared how they take care of themselves to prevent burnout. Appendix E offers specific examples of self-care strategies practiced by the CPR members.

Critical friends. A team of five, once divided, became a true CoP. Once unwilling to be vulnerable with one another, unaccepting of feedback and afraid to address conflict as a larger group, we: became critical friends, shared responsibility as a larger team, built on one another's strengths, and shared power. A personal memo highlights the impact of having a critical friend (August 31, 2018):

> I met with Lauren yesterday to share my plan for a learning exchange. She's a very critical thinker and I knew she would be a great person to start with. I was spot on. As I presented my idea, Lauren sat quietly and listened, taking notes as I went along. Once finished, she asked some probing questions. Were the questions I had answering what I really wanted them to answer? What was I trying to get out of this exchange? Had I thought about this, or had I thought about that? The meeting began with some excitement about the exchange, but I left feeling confident! My next step will be to take this to the team for their input.

Supporting one another. With increased opportunity to connect, problem-solve, and make decisions, the CPR team began to lean on one another more for support. Repeatedly, the affirmations shared among the CPR group and our staff spoke to the level of support they felt from their colleagues. Following an out-of-state conference in October of 2018, Hannah emailed: "I am grateful for amazing colleagues who support ALL programs which allowed me to increase my depth of knowledge and attend an amazing conference!" In September of 2018, our transportation supervisor emailed the team: "I am grateful for all the support that each of you show my department every day. Minutes can seem like hours when we are in need but each of you jump in when you receive a call for help and I truly appreciate you." The CPR group became aware of each other's strengths and built upon those. When we lost a staff member in October of 2018, each CPR jumped in, taking the lead in an area they felt comfortable and skilled in. I happened to be out of state when we lost one of our paraprofessionals. Devastated that I wasn't there to support, Marilyn assured me, "We are all going to play on our strengths." Marilyn pulled together a crisis team, Stacey led with an opening circle; they had all hands-on deck. Across our special education department, staff were celebrating and thanking one another for the support they provided. Knowing they could count on one another increased trust, and a willingness to collaborate.

An increased willingness to engage in the work. There became a willingness to engage in team building activities. Everyone agreed to participate in our book study. Even though Marilyn was uninterested in the content, she participated in the activities during our CoP. We no longer had a division among the CPR group. Marilyn and Renee regularly attended the Friday Supervisor meetings, once a meeting platform for the C3. We co-created agendas for both Thursday CoP meetings and our weekly Friday Supervisor meetings, utilizing a shared

"wunderlist" to add agenda topics. The team reestablished norms and held one another responsible for sticking to them. The norms honored the care of each team member. With an established shared vision and understanding that we were one team, continuing our journey to know ourselves and one another, a more collaborative team began to flourish.

Organizational factors affect emotional safety. While the CPR group worked to establish a community of care, organizational factors existed that impacted emotional safety and contributed to burnout. This became clear when I interviewed the team. While the work we did as a CoP improved team and department culture, signs of stress and burnout among the CPR group still existed. Table 12 identifies the factors that negatively impacted emotional safety, including feelings of being overwhelmed and factors that may have intersected with organizational stress.

We still needed more individual and collective work-life balance so that we would not rely on self-sacrificing behavior that leads to secondary stress and burnout. While there was an increase of positive factors affecting emotional safety and a decline in negative factors from Cycle Two to Cycle Three, signs of burnout were observed and heard.

However, as relationships formed, emotional safety and trust increased. Connectedness among the CPR group was cultivated through play, support and encouragement among the team, and opportunities to utilize each other's strengths to accomplish goals. We were more open and vulnerable about discussing the stress factors, even if we could not fully address each one. A major factor in building trust among the team came from the work we did to build self-awareness and our relationship management skills. With trust came collaboration, and that alone led to more dialogue and a sense of "team-ness".

Table 12

Factors that Negatively Impact Emotional Safety

Factors	Cycle Two	Cycle Three
Burnout		
Lack of accomplishment; overwhelmed	15	25
Isolation	0	2
Compassion Fatigue	11	8
Self-Sacrificing	0	9
Guilt	0	1
Total	26	45
Relationship Management		
Concealing Emotions	0	6
Lack of Relational Trust	3	2
Defensive	6	1
Conflict	27	2
Total	36	11
Organizational Factors		
Secondary Stress	0	4
Desired Affirmations	0	2
Uncertainty/Ambiguity	2	2
Lack of Resources	0	1
Organizational Stress	28	16
Isolation	0	3
Lack of Control	0	1
Total	30	29
Trauma		
Fight or flight	9	0
Fear/freeze	12	6
Total	21	7
SUBTOTAL	113	92

Summary: A Focus on Care

As this PAR study concluded, I interviewed the CPR group to understand how the data collected and coded throughout this study connected to the research questions. During a regularly scheduled CoP, I asked them if they would be willing to respond collectively, in an interview format, to the research questions. The overarching question was: How did a focus on care impact the team and those we serve? This question was addressed by answering two sub-questions:

1. How do special education program supervisors establish and carry out a plan of care for self and others to become more thoughtful and supportive leaders?
2. To what extent do these supervisors transfer their understanding and application of care into their own leadership practices?

This section highlights key leadership practices identified through data analysis and the team interview. Responses are summarized and triangulated with previous data collected to identify supportive leadership practices and transfer and application of care.

Supportive Leadership Practices

With a focus on thoughtful and supportive leadership, I asked the CPR group what practices they implement to take care of themselves and others. Hannah stated it best, "It's all about relationships". By knowing yourself and others, we are better able to cultivate a community of care. The CPR group dialogued and collectively identified how they have come to establish care. Key supportive structures included the need to build relationships, empower others, coach, show appreciation, demonstrate vulnerability, and utilize practices that build community.

Leaning on each other. On October 18th, 2018, I brought the CPR group together and asked them how they have established a plan that supports themselves and those they supervise.

The conversation began by describing the facade that is worn to protect our staff. Lauren referred to it as "that feeling of, in this room I can be frustrated, but out there I need to put on a face that it's all good." Hannah replied, "I think that speaks to the need for a network of people; people you can be real with. Every person needs a person." Stacey reiterated, "The rocks in the backpack; if you're carrying them by yourself, they get really heavy. We have put a lot of work into this team so that we can say 'that really sucks, and I'll send you a meme later.'" This spoke to the support they gave one another and the importance of having a team. They cared for themselves by leaning on each other.

Boundaries, routine, and relationships. Stacey spoke of establishing boundaries, specifically related to checking emails on her phone. She shared her boundaries with her staff, asking them to text her in the event of an emergency, as she would not be checking emails at night. Renee established her own boundaries. Recognizing that the beginning of the school year is hectic and new, she determined that after October 1st, she would no longer work in the evenings and would allow herself one full day on the weekend to unplug. Lauren spoke of her exercise plan and the need to have a routine. Hannah shared that exercise would increase her stress, and "being vulnerable with this team and having open conversation to build resiliency" is how she has taken care of herself. They shared how they have come to know one another, and that it's okay to disagree without it being held against you. Hannah stated again, "It's all about relationships." As we spoke of resiliency, they quickly talked about their lack of balance and signs of burnout. Lauren ended with, "Recognizing that we don't have to be perfect; learning that this is ok. We have permission to be real with staff."

The CPR group leaned on one another and established personal boundaries and routines to support themselves and one another. This knowledge of what they needed personally

transferred into leadership practices that helped to cultivate a community of care among our special education department. The following section highlights how the CPR group transferred these same supports to those they supervised.

Transfer and Application of Care

The CPR group identified the positive impact of trauma-informed practices. When asked how they have transferred what they have learned about a "community of care" to their staff, the CPR group identified the need to empower those they lead. Through our care for one another, they were encouraged to coach staff, rather than shame or reprimand for poor decisions. They recognized the power of affirmations and practiced this showing appreciation regularly, encouraging their staff to do the same with others. Finally, they identified the value of vulnerability and its impact on building connections, which helps to establish trust.

Empowerment. When asked how they have incorporated application of care into their own leadership practices, Hannah stated, "empowering staff with what they are passionate about." This was also highlighted as a key to work satisfaction by the CPR group. They enjoyed opportunities to lead others, participate in professional learning, and build on their existing passions and strengths.

Coach and support. Lauren shared that she has changed the way she approaches staff. "I could be writing up staff, but I'm taking a different approach because that's the approach that is taken with us. I can take this same approach with my staff and they will eventually use it with their paraprofessional and students." The CPR group also indicated that they share resources with staff. Lauren gave an example of a resources given to staff, based on their needs and challenges.

Showing appreciation. Recognizing the impact of affirmations, the C3 offered weekly opportunities for staff to give affirmations to one another. This transfer of gratitude extended beyond this activity prompted by the CPR group. On Fridays, one of the CPR members would begin an email chain, sharing her gratitude for the week. A teacher at our center-based program brought an idea to Lauren, requesting that each week, three staff could be chosen to highlight. Their pictures would be posted, and an envelope hung below for staff to write notes of affirmations. Lauren stated, "They are taking it and owning it."

On the day I interviewed the team, Stacey entered the room with a lunch box full of affirmations. Her team presented this gift of appreciation to her. Renee filled her own bucket by identifying the love languages of her staff and showing her appreciation by honoring this language. She shared that she found out "how they feel appreciated and supported, and that was the first thing I did; if someone like baked goods, I'll make them for you because I love to bake."

Trustworthiness. Stacey shared that she lets her staff know that she is human and demonstrates vulnerability. Lauren validated this by saying, "Then they are able to be human." She further shared how staff are willing to say when they've hit their max, and "this is good for kids." Throughout this action research cycle, as the team began to trust one another, they were more willing to be vulnerable with each other and with those whom they lead. Table 13 shows this willingness to demonstrate vulnerability.

By modeling vulnerability with one another and those they lead, staff were willing to be vulnerable with the CPR group. This willingness to be vulnerable helped to establish connections and community within the special education department.

Opportunities to build community. Building community was a focus of the CPR group. They recognized the value of connections. Hannah shared how her meetings utilize circles, and

Table 13

Factors that Cultivate Trust

Code	Cycle Two: Total	Cycle Three: Total
Visibility	2	1
Vulnerability	14	24
Transparency	3	2
SUB TOTAL	19	27
Lack of Communication	2	0
Fear of Betrayal	1	0
SUB TOTAL	3	0
GRAND TOTAL	22	27

that “circles build community.” She further elaborated on the bantering and fun that staff have using social media. Lauren shared that she builds time in for staff to “make connections and have time to play”. Renee shared how wonderful it is to get pictures of staff together, having fun, but even more importantly knowing they feel safe enough to share with their supervisors. The most impactful story they told was of the 50 people from our organization who showed up to the funeral of a staff member we lost. They were there to support one another. This community building occurred by having difficult conversations with one another. The skills we learned and brought back as a CoP were utilized with staff. Stacey shared, “Our staff are approaching each other.” The CPR group validated the data collected throughout Cycles Two and Three. As Hannah stated, “it is all about relationships” and a sense of community. Through an understanding of what they needed to feel supported, the CPR group recognized the significance of empowering those they lead. By empowering, coaching, affirming, and encouraging connections among staff, trust was earned. When trust exists, collaboration increases.

Summary

The third and final cycle of this PAR confirmed the need for persistence in fully establishing connections and relationships. When we take the necessary time to cultivate emotional safety, the core of relational trust, individuals feel more connected to others. As we built team capacity for emotional safety through play, dialogue and storytelling, and support and encouragement, individuals developed an awareness of self within the group. However, while the trauma-informed guiding principles of safety, trust, voice and choice, empowerment, and collaboration help to establish a community of care, organizational actions at the meso level may continue to compromise employee satisfaction and lead to burnout (Slatten et al., 2011). We built a protective shield for our team, but we still needed to function within the larger organization.

In Chapter 8, I revisit the theory *of* action and context of this study. I reanalyze the findings to present claims, and I analyze the claims using literature and the frameworks of the Guiding Principles of Trauma Informed Care (SAMHSA, 2014) and communities of practice (Lave & Wenger, 1998). Through this analysis, I share key assertions and connections to our development of new theory *in* action. I explore implications for how this action research could inform state and local policy, practices, and future research. After revisiting the context of this research project, I further discuss how this work has impacted the organization in which I serve and discuss the limitations of the study. Finally, Chapter 8 explores my own transformation as a leader through this PAR.

CHAPTER 8: RESEARCH SUMMARY AND IMPLICATIONS

"Culture forms the superglue that bonds an organization, unites people, and helps an enterprise accomplish desired ends" ~ Bolman and Deal (1997)

The purpose of the participatory action research (PAR) project was to enhance leadership practices for a group of district supervisors who increased self-awareness and promoted trauma-informed practices for themselves and their colleagues. The glue that bonded us came slowly as we discovered our own glue formula, but, by the conclusion of PAR Cycle Three in Fall 2018, we were united in ways that supported us as individuals and collectively. The original theory *of* action came to fruition as a result of the PAR processes: if I established key organizational supports that focused on staff resilience, promoted self-awareness among the leadership team, developed and provided supports to the leadership team and staff on secondary trauma, burnout and compassion fatigue, and created structures that promoted a safe and supportive environment, we could function as a community of practice and leadership team to collectively make decisions that promoted care for self and others. As a community of practice (CoP) with a focus on trauma-informed care for self, each other, and the persons we serve, we co-created organizational supports through practices and policies that promoted resilience, increased self-awareness among our leadership team, developed and provided training and on-going supports to staff regarding trauma-informed practices, and created an organizational structure that is safer and more supportive.

In the first section of the chapter, I review the context of the PAR study and then outline the key activities and data from PAR Cycles One, Two and Three. In section two, I discuss the claims with support from the extant literature. As we moved from a theory *of* action to a theory *in* action, I was able to see the value of how we became more transparent with each other as we

slowly built trust and made team decisions and how distributed leadership emerged as a framework for our CoP. We learned through looking at evidence from prior cycles and by persisting with the intention of collaborative practice. In section three, I discuss the implications, recommendations, and limitations of the PAR study. Finally, I discuss how the PAR experience has changed me as a leader and leader-researcher. Figure 11 presents a graphic model of the entire process from the theory *of* action to our current state of work as a theory *in* action.

Overview of the PAR Process

Leaders influence followers by motivating actions, enhancing knowledge, and potentially shaping the practice of others (Spillane & Diamond, 2007, p. 8)

The PAR process consisted of three cycles of inquiry and included myself as the assistant superintendent and supervisor of the CoP team members. I term PAR Cycle One as a community of care merging in pockets, PAR Cycle Two trust as the foundation of collaboration, and PAR Cycle Three with trust comes collaboration; as we progressed in the three cycles, members of the CPR team developed a reciprocal and mutual responsibility for enacting our CoP. Distributed leadership now represents the way in which we work together (Spillane & Diamond, 2007). We were able to "move in and out of followership and leadership roles depending on the situation" and the PAR process helped us acknowledge and document those shifts (Spillane & Diamond, 2007, p. 9). During all cycles, I had individual coaching conversations with team members, experimented with team meeting structures, and sustained three iterative PDSA (Plan-Do-Study-Act) cycles of inquiry. I modeled and was as transparent as possible in my own need to shift my leadership stance and style, and others were able to do the same. As a result, I think we can all claim the current slogan that popularized since 2017: "nevertheless, she persisted". We six women persisted in our individual and collective growth and development as leaders and as

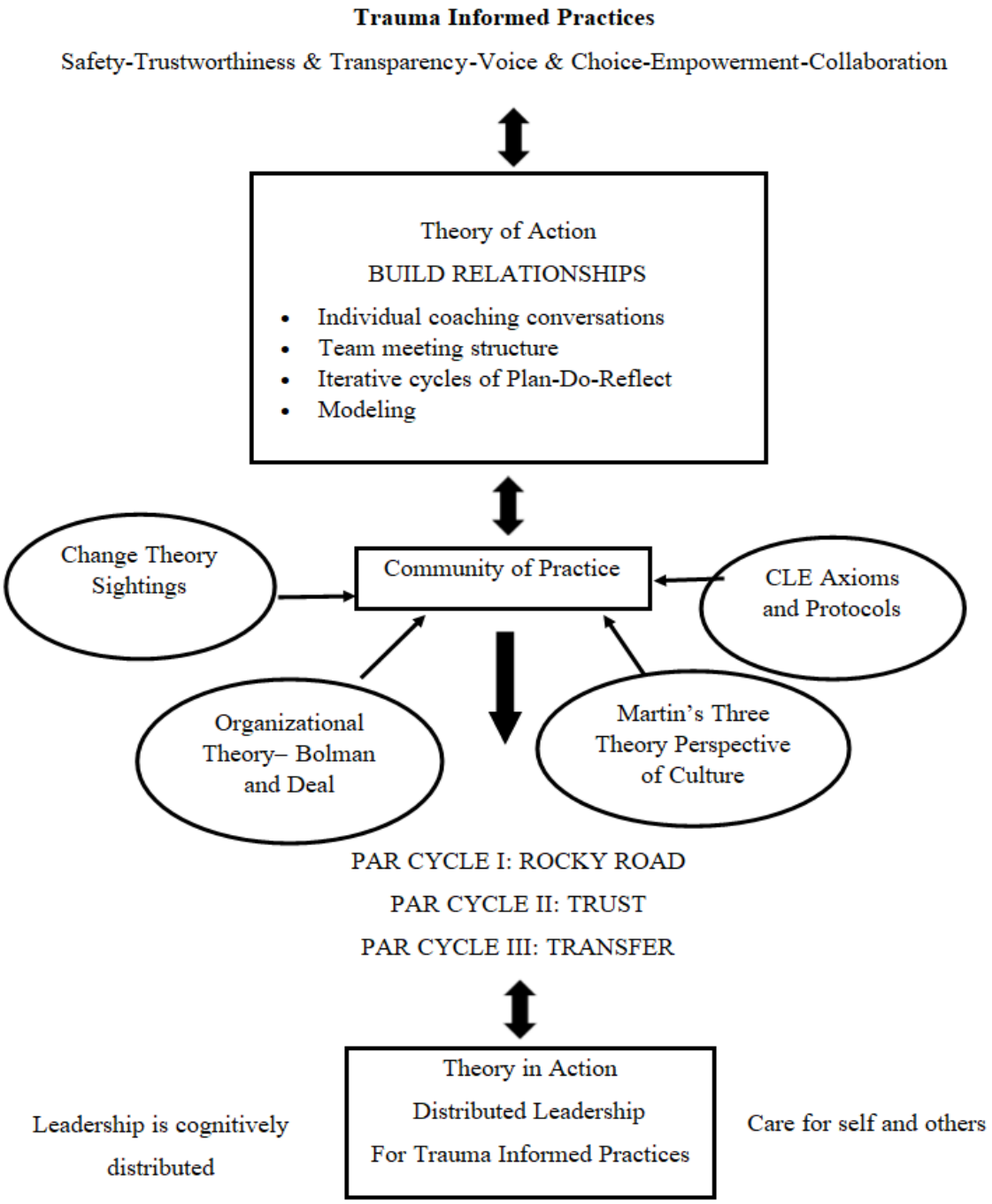

Figure 11. Theory in action.

colleagues – always with the long-term focus on equitably serving teachers, students, and families. But to fully serve our constituents, we first had to "serve" ourselves with a persistent vision of how to accomplish that goal. As Gilligan (1988) and Lyons (1988) state, we needed to remap our moral domain so that we could authentically understand how self-care is a moral responsibility to ourselves and all those with whom we work.

Location and Participants

The PAR took place in Hope County, a rural county with limited school district and community agency resources serving 11,426 students, with 2,039 whom are eligible for special education supports and services. Community members travel long distances to access the resources that do exist without access to public transportation. With mental health and substance abuse issues on the rise, high rates of unemployment, and over 53% of school-aged children eligible to receive free or reduced lunches due to socioeconomic levels, children come to school with multiple barriers to learning.

Yet, Hope County has micro, meso, and macro assets of trauma-informed practices and stable leadership at the county level that we marshalled to address the challenges. As we are witnessing an increased focus at the national, state, and local levels regarding the impacts of trauma and practices related to care and legislation that has evolved from this understanding, we are heartened to ensure that Hope Area Intermediate School District (HAISD) is poised to partner with community agencies and school districts to address the effects of trauma and other challenges in our county. HAISD provides a continuum of services for students with special needs and empathetic, compassionate staff who provide supports and services to these students. Our evaluation system and coaching model fosters a growth mindset (Dweck, 2016).

Using a community of practice (CoP) framework, the CPR team met regularly. Marilyn, Renee, Hannah, Lauren, Stacey, and Julie (through Cycle 1) initially met twice per month and eventually increased this to meeting weekly, in addition to the bi-monthly meetings. Through use of the CoP framework, the community learning exchange (CLE) axioms and protocols, I collected and analyzed data from meetings, coaching observations and conversations. I coded the emails, text messages, meeting artifacts, agendas, and meeting minutes using axial codes from the Guiding Principles of Trauma-Informed Care (St. Andrews, 2013). I triangulated that data with personal interview data to identify key findings and present the claims in this chapter.

PAR Cycles One, Two and Three

In providing a brief overview of the themes that emerged through Cycles One, Two, and Three, I share the data sources and methods used to analyze the information and guide our actions as a CPR team. The iterative evidence from the three cycles informed the claims I make in this chapter.

PAR Cycle One. PAR Cycle One told the story of what became two teams among the CPR group. Much of the cycle focused on building trust among the larger team by gaining knowledge of the components of trust, building an understanding of trauma-informed practices, participating in regular CoP meetings, and implementation of coaching practices. Three key events took place during PAR Cycle One: professional learning on trauma-informed practices, a community learning exchange, and professional learning that focused on secondary trauma. Throughout PAR Cycle One, I collected and coded emails, meeting agendas and minutes, personal notes and memos, and survey responses.

I coded these data to identify four emerging themes: connectedness and teaming, relationships and trust, the value of knowing, and the significance of empowerment.

Connectedness and teaming, through relationship development, are vital to effective teaming and adult learning. Trust was identified as another essential component and could be cultivated through small group team building, social support networks, and complementing the strengths of team members. The team needed to invest the time to know one another, because knowing one another fosters connectedness and empathy, and creates a safe space for vulnerability. The emerging themes enhanced my understanding of shared leadership and staff empowerment as necessary components to establishing a community.

PAR Cycle Two. Establishing a common vision or purpose and identifying barriers to trust were the foci of PAR Cycle Two. Data from PAR Cycle Two matched and extended that from Cycle One. I consolidated previously identified codes in categories and larger themes evolved. Observations, conversations, and artifacts served as a data source to verify key findings. We continued to devote time to a CoP and one-on-one coaching meetings. During our bi-monthly CoPs, we engaged in activities that supported our team vision, identified members' individual strengths and needs, and defined what was meant by a community of "care." Meeting agendas were adjusted to include leadership learning opportunities.

The CPR CoP included an activity that helped us to identify our key purpose or vision as a special education leadership team. That activity was a turning point in our ability to deepen trust and connect. We connected our work to the larger organizational vision of becoming trauma-informed and worked to define what "care" meant to us as leaders. More importantly, the data analysis from PAR Cycle Two helped us uncover a pivotal need if we were going to move forward. We needed to ensure emotional safety by increasing our self-awareness so that we could respond to others in supportive ways. As a result of the activities we engaged in, I established a clear focus on the successful attributes of leaders: relationship building,

vulnerability, equitable voice, network connections, feedback and frequent communication, adult learning practices, and establishing a safe environment.

Four key findings in PAR Cycle Two were: (1) multiple risk factors influenced team capacity; (2) trust is the foundation of collaboration; (3) collaboration depends on emotional safety; and (4) organizational supports positively impact emotional safety and increase collaboration. Through the careful analysis of multiple data sets, we uncovered the intrinsic connections among the factors of emotional safety, trust, and collaboration. The CPR team became more aware of how primary and secondary trauma impacted all team members and how empathy, self-efficacy, and self-awareness mitigate the effects. PAR Cycle Two reinforced trust as the foundation of collaboration. Data collected through the cycle helped us identify factors that impacted trust, both positively or negatively: connection, emotional support, mercy or grace, compassion fatigue, defensiveness, organizational stress, trauma, burnout, conflict, and uncertainty.

PAR Cycle Three. First, we participated in a summer leadership retreat, co-developed strategic plan goals, redefined our team norms, and participated in professional learning opportunities that provided us with the skills to address conflict and to become more self-aware. The retreat set the stage for Fall 2018 and PAR Cycle Three. As a result of PAR Cycle Two, we determined that the designated time for bi-monthly CoPs was not meeting our needs, and we doubled the time we met. During Cycle Three, we began to fully operate as a team. The Friday C3 meetings included all team members, and the two Google drives with agendas and notes, became one. Our bi-monthly CoP time was designated time to focus on leadership growth, where we would build community, grow our individual and collective leadership skills, develop a common language, and establish processes and procedures aligned with trauma-informed care.

Data collected during PAR Cycle I coded using the community of practice framework (Lave & Wenger, 1998) and Guiding Principles of Trauma-Informed Care (SAMHSA, 2014). I shared findings with the CPR team and triangulated their response using a group member check, in which I asked the team to respond to the research questions.

PAR Cycle Three resulted in two key findings: emotional safety is the core of relational trust, and relational trust must be complemented by organizational supports and supportive leadership. We continued to see the need to build community among our team and throughout the organization and identified play as a way to develop these connections. We identified the important role that supervisors play in establishing emotional safety and found that affirmations, appreciation, highlighting strengths and passions, and listening to the voices of others by acknowledging and appreciating their voice helps to facilitate this feeling of safety.

Discussion of Key Claims

My personal values and beliefs regarding the need to establish relationships and build a sense of community among students, staff, families, and the community drove me to conduct a participatory action research (PAR) study that included research on trauma-informed guiding principles. As part of my educational leadership coursework, I learned about communities of practice and utilized this structure as the framework for this work (Lave & Wegner, 1998; Wegner, 2000). The Community Learning Exchange (CLE) axioms and protocols (Guajardo et al., 2016) and participation in facilitator professional learning on CLE theory in Summer 2018 enhanced my ability to choose processes. As a result of investigating change theory and becoming more familiar with McDonald's (1996) concept of sightings, I was able to blend what I observed with my values about what could and should be and tethered those together to shift my approach to working with the team (Velasco, 2009). I gained perspective from understanding

organizational theory through two frameworks: Bolman and Deal's discussion of the human resource frame and Martin's Three-Perspective Theory on Culture; these guided some decisions I made as PAR Cycle Two completed and we moved to PAR Cycle Three. As a result, I could ground my observations and decision-making not only in the iterative evidence, but in research and theory. We know what works and we needed to be patient and persistent with forward movement, regardless of the barriers that exist. Practices that have begun to transfer as a result of this work have not fully extended into the larger organization. This would take further inquiry. However, the process we used is transferable. The work began by first understanding the trauma-informed guiding principles. Through the CoP framework, we lived and practiced these principles, eventually in a safe space with one another. Many within the team moved from what Gilligan (1988) terms level two to level three of moral development; instead of taxing themselves beyond capacity in supporting others, they were able to view self-care and care of each other as a primary moral responsibility. The practices of trauma-informed care came alive in our work as we learned within ourselves what is necessary to feel supported and safe, so we can understand the importance of living this way with others and modeling this way of living for ourselves.

A community of care emerged as a stronger possibility once we investigated and practiced the trauma-informed guiding principles of safety, trustworthiness and transparency, voice and choice, empowerment, and collaboration. I present four key claims that link to the evidence from Chapters 5, 6 and 7 and represent three iterative participatory action research (PAR) cycles:

1. Trauma-informed guiding principles foster a community of care.
2. Emotional safety is cultivated among a team where community and connections are valued, and colleagues and the leadership provide support and encouragement.
3. Consistency and predictability support emotional safety, which in turn increases mutual engagement.
4. Leaders support staff by building on their existing strengths, allow for professional growth opportunities, and encourage leadership roles.

I discuss each claim and the extant literature that both informed our way forward and to which we can add. As practice-based researchers, we have lived the theory of the researchers and can now more contribute to the knowledge about what works and under what circumstances.

Trauma-Informed Guiding Principles Foster a Community of Care

A community of care is possible when the trauma-informed guiding principles of safety, trustworthiness and transparency, voice and choice, empowerment, and collaboration are practiced by the leaders within an organization. Figure 12 presents a new graphic model of the factors necessary for creating a community of care. Self-awareness is foundational to building strong and healthy relationships and a supportive leadership serves as the model for a community of care.

Concerned with the high level of turnover among staff, signs of burnout among the team of women I supervised, and growing numbers of children referred to HAISD programs, my journey in understanding the necessary framework for supporting a trauma-informed organization began with the work of Menschner and Maul (2016), who emphasized the need to implement policies and practices to avoid re-traumatization. SAMHSA (2014) further defined the guiding principles of trauma-informed care and the questions an organization should ask

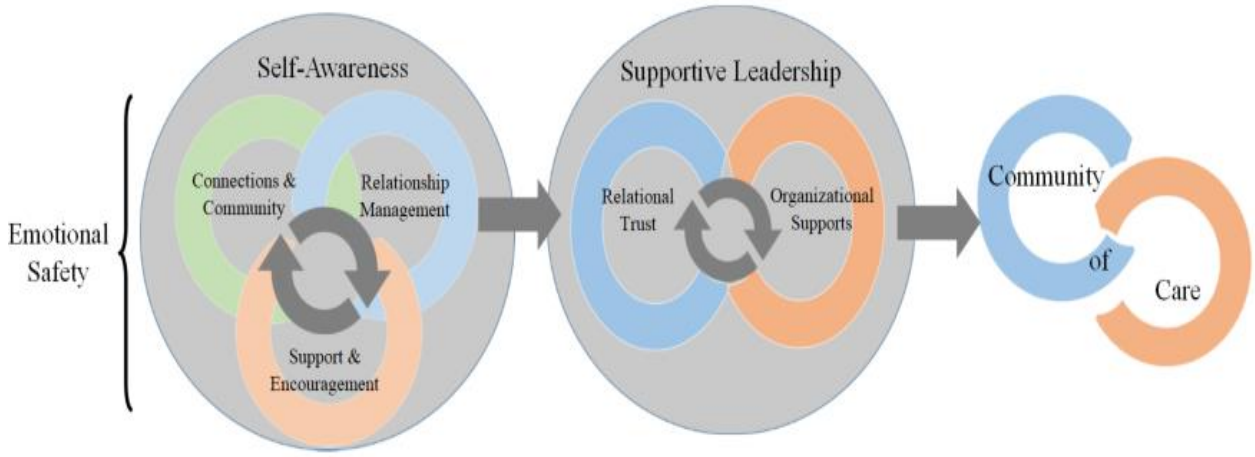

Figure 12. New graphic model of factors necessary for a community of care.

when adopting or adapting policies, practices, and interventions. These principles focus specifically on how we treat and support people, our most important assets; the research that focused on trauma-informed organizations seemed to be the research necessary when determining how we support those in helping professions; specifically, through this action research project, ourselves and one another.

My personal beliefs about the need for connection and community led me to research organizational theory with a human-centered focus. The work of Aguilar (2016) initially guided my work and later guided much of our work as a leadership team, particularly as it related to building trust among our team through community building. When you learn the stories of your team, from their values to their fears, this understanding generates empathy for one another and establishes the community necessary for personal and professional growth. This sense of community helped to establish psychological safety, which is highlighted in Bolman and Deal's (2016) Four Framework Approach to Leadership within the Human Resource Frame. Those who favor the Human Resource Frame see people as the heart of the organization, which aligns with the trauma-informed guiding principles. This leadership style is one I tend to favor; however, it only works well when there is relatively little conflict. Conflict among the team led me to explore Martin's Three-Perspective Theory of Culture (Martin, 2002) to better understand team dynamics. This knowledge created a commitment to cultivate emotional safety, a sense of community, and ultimately trust and collaboration among the CPR group.

Community and connections cultivate emotional safety. Emotional safety is possible among team members when community and connections are explicitly valued. The work of Bolman and Deal (2016), particularly the human resource frame, helps to explain how emotional safety is the foundation of community. Work quality and job satisfaction improve when

leadership focuses on people and cultivating community among those people. Bolman and Deal argue that when an organization focuses on people and relationships among those people, turn over and absenteeism are less likely, both of which affect student outcomes. The human resource frame aligned to my strengths as an individual, and just as important, highlighted one of the main outcomes I hoped to achieve: job satisfaction among the team. For the team to function as a cohesive unit, we required a caring culture, where friendships and positive team relationships existed (Sharma & Pearsall, 2016). The caring culture took the form of informal networks and high-quality relationships where healthy conflict can co-exist with affirmations. Because there was a lack of trust and some lacked the skills for conflict resolution, developing a caring culture took time and commitment from the team, as well as a willingness to be vulnerable.

Informal networks. When a sense of community is not valued, individuals form alliances and interest groups who work in isolation. While individual agency in forming relationships seems positive, it can negatively impact the organization (Bolman & Deal, 2016). "A coalition forms because of interconnections among its members; they need one another, even though their interests may only partly overlap" (Bolman & Deal, 2016, p. 196). The common interests and knowledge of the Core Three (C3) team indicated that they were capable of doing much more together than individually and so they created a strong alliance and subculture (Bolman & Deal, 2016). Small subcultures formed among all members of the leadership team based on common values, beliefs, attitudes and interests, with harmony existing within small pockets. Martin's (2002) theory explained how their desire to work together, or lack thereof, affected group cohesiveness and collaboration among the larger team (Martin, 2002; Tan Chen, 2016). However, because there was a lack of team building opportunities early on, the alliance among the C3 left others feeling isolated.

The political frame of Bolman and Deal's organizational theory offers an explanation of the subcultures. Their theory espouses that within an organization, many partnerships organically form among individuals and interest groups. When informal ties exist among a team, they are "more effective and more likely to stay together than teams in which members [have] fewer connections" (Bolman & Deal, 2016, p. 184). There is a stronger desire to work together when these informal relationships exist (Tan Chen, 2016). The C3 developed an informal relationship early on, but this excluded others. The lack of trust that existed among the CPR group and the strong connection that existed among the C3 could have had a strong potential of being catastrophic for future team cohesiveness (Bolman & Deal, 2016). It would have been very easy to discontinue our bi-weekly CoPs, due to lack of engagement and request that the C3 discontinue their weekly meetings; however, this would have prevented our forward movement toward the implementation of trauma-informed practices, specifically voice and choice and collaboration. The cycles of inquiry through the PAR study developed in incremental steps that included key sightings and moments of promise in team building that I emphasized and facilitated to keep moving our work forward through iterative processes (Gwande, 2004; McDonald, 1996).

Opportunities to build informal networks are beneficial to the employee, as well as the organization (Bolman & Deal, 2016). A network can offer mitigating factors to the stress that creates burnout among educational professionals (Theoharis, 2009). An organization is more capable of moving forward when intentional professional communities exist. We utilized Lave and Wenger's (1998) community of practice framework to build such a community among our leadership team; later the structure acted as a mediating tool to push projects forward, provide occasions for coaching, mentoring, and networking to one another, and improve our team and

organizational culture. These same communities were encouraged among all certified teams within our organization, and on multiple occasions were noted as the organizational support that our staff appreciated the most. The need for informal networks is further identified as a critical component of the Community Learning Exchange (CLE): "Learning how to learn within the context of relationships is at the core of leadership" (Guajardo et al., 2016, p. 31) and the CLE pedagogies used to develop these relationships were found to be valuable. In alignment with this CLE axiom, the C3 identified play as a strong tool in building relationships among those they lead.

High quality relationships. When community and connections are valued, emotional safety is cultivated. There was a persistent need from the beginning to end of the PAR project to build and then sustain trusting relationships among the CPR members. The Community Learning Exchange axioms highlight learning and leadership as dynamic social processes and identify conversations as critical and central pedagogical processes. That said, establishing trust required an emotionally safe environment. Until that occurred, the team was resistant to conflict, even when actions went against their values and beliefs. The community of practice framework (Lave & Wenger, 1998) was key to moving our leadership team forward. Strong personal and professional relationships were a key factor to overcoming disagreements and conflict (Parker et al., 2010). These relationships were observed early on in pockets among the leadership team. As we became more comfortable with one another and better understood the stories of our team members, dialogue and collaboration improved. However, it was not until we began to develop healthy conflict management skills that true collaboration occurred among the larger group.

Healthy conflict. Conflict existed among the CPR group, but team members were hesitant to address it with one another. This negatively affected team functioning (Bolman &

Deal, 2016), specifically the willingness to share information and support the larger team, identified as group harmony by Martin (2002). The political frame highlights the benefits of conflict. When conflict does occur, this helps to challenge the status quo and prompt new ways of thinking. When conflict is managed well, social change is more likely to occur (Bolman & Deal, 2016).

We carried the weight of others in our organization and our team, allowing venting to occur with no actionable resolution to conflict. Avoiding hard conversations resulted in resentment rather than forward movement and solidified a culture of anxiety, fear, frustration, and withdrawal from the larger team, a bi-product of relationship conflict identified by Jehn (1995). When we engaged in hard conversations and encouraged our staff to do the same, we modeled and molded a healthier culture in which dialogue and relationship management prevailed; some CPR members were motivated to learn and train others in mediation, motivational interviewing, and restorative practices. As we learned together and modeled among ourselves and those we led, we saw a willingness for others to address conflict in new and more productive ways. As an organization, providing professional learning opportunities focused on relationship management, modeling conflict resolution strategies, and coaching staff to resolve conflict was an important step in establishing a community of care among our team and those we supervised.

Self-awareness. An underlying need for an effective CoP includes knowledge and awareness of self. Before we can manage relationships with others, we must be self-aware of our values, beliefs, personalities, triggers, and emotions (Aguilar, 2016) and reflective of our responses to situations that challenge us. Through relationship management, we come to a better understanding of self. Self-awareness and relationship management "build on one another. You

can't manage your emotions effectively if you're not aware of when you're experiencing them, and it's challenging to navigate other relationships when you aren't clear about and managing your own feelings" (p. 17). The political frame highlights the "happy face" that leaders must wear, regardless of how they are truly feeling. The CPR group spoke to how they needed to wear a happy face, whether they feel like it or not. They needed to be a buffer to the stress our staff carried. Our emotions impact our responses, and self- awareness helps us to respond to others in supportive, rather than reactive ways (St. Andrews, 2013). When we are more aware and thoughtful of our emotions, we build healthier relationships and model a community of care that, in turn, provides the same level of care to our students and families.

Through the CoP framework, we engaged in a book study, participated in activities that helped us to better understand ourselves and those on the leadership team, and allowed ourselves to be vulnerable as we came to better understand our values, beliefs, and personalities. Through these explicit exercises we allowed ourselves to be vulnerable and learn alongside one another. Initially, it was thought that these activities were not a priority. The day-to-day needs of our work made this focus seem irrelevant. What we learned through this study was the importance of cultivating community and connections with others through informal networks. High quality relationships are possible when teams address conflict in healthy ways, which requires self-awareness and relationship management skills. This community lays the foundation for collaboration.

Supportive leaders are consistent and predictable. Bolman and Deal (2016) identify effective supervisors as considerate and structured. By focusing on the trauma-informed guiding principles, we were dedicated to improving how we responded to and supported our students, staff, and families. When we began our journey as HAISD leaders, few written processes,

procedures, and guidance was available. We lacked written processes and a clear understanding of our individual and team roles and responsibilities. When roles and responsibilities are not clearly articulated, conflict occurs, which aligns with Martin's Three Theory Perspective on Culture (Martin, 2002). While task conflict may impact team functioning, relationship conflict has a greater potential of sabotaging a team. The lack of processes led to relationship conflict among the CPR group. A lack of clarity created tension among the group, with each member fighting for the roles they desired to take on or fear that their colleagues weren't doing their fair share of the workload. They needed a structured set of job descriptions, procedures, and routines; a way of dividing the labor and tasks (Bolman & Deal, 2016). The structural frame highlights this need for a structure to support the coordination of effort among individuals and groups, further identifying the need for environments to be stable, well understood, and predictable. The lack of structure created ambiguity, stress, and frustration among our team. Consistency and predictability support emotional safety, and, when we addressed this need fully as a team, we made progress. When smaller subgroups were charged with a common vision or purpose for their work, they had a much greater willingness to work collaboratively, aligned with the differentiation perspective of Martin's theory (2002).

Clarity regarding roles and responsibilities. The structural frame of organizational leadership identifies the need for stable environments where "tasks are well understood and predictable, and uniformity is essential" (Bolman & Deal, 2016, p. 60). "Without a corresponding set of informal roles, individuals feel frustrated and dissatisfied, which may foster unproductive or disruptive behaviors" (Bolman & Deal, 2016, p. 181). When there is uncertainty about roles, and ambiguity exists regarding who is responsible for what, there is no clear understanding of how goals will be accomplished. The structural framework highlights the need

for these roles to be fluid based on individual strengths. This model for leadership action aligns with distributed leadership (Spillane et al., 2001; Spillane & Diamond, 2007). We came to know the strengths of each individual member and capitalized on those strengths when identifying roles and responsibilities. Having time devoted to a CoP, we were much better equipped to make these decisions collaboratively and in a timely fashion.

The CPR group members were dedicated to making a difference, and if this meant taking on more than they were capable of to ensure that the work got done, they were willing to sacrifice themselves to make this happen. “If key responsibilities are not clearly assigned, important tasks fall through the cracks. Conversely, roles and activities can overlap, creating conflict, wasted effort, and unintended redundancy” (Bolman & Deal, 2016, p. 74). When functioning as a true CoP, we had a framework for addressing our work on a weekly basis, avoiding confusion and conflict.

Understanding that role overload and role conflict are a contributing factor to burnout (Slatten et al., 2011), it was important for us to identify structures that supported us in accomplishing our goals. We accomplished this by revisiting our team norms and addressing roles and responsibilities, decision-making protocols, and a structure for providing feedback to one another. To be a high functioning team, we needed a unified vision and team norms that drove our work as leaders. This was accomplished through “division of labor — or allocating tasks” (Slatten et al., 2011, p. 52) through procedures, routines, protocols, or rules (Slatten et al., 2011, p. 52).

Understanding that supportive leadership requires consistency and predictability was an initial focus for our team. We needed to develop written processes and procedures to create a consistent message and way of doing things among our leadership team and those we served.

This lack of clarity that existed created frustration and conflict among us. Through the CoP framework, we allowed ourselves time to define our roles and responsibilities in a fluid manner, capitalizing on the strengths of each team member.

Support comes from empowering others and building on existing strengths. Leaders support staff by building on their existing strengths, providing opportunities for professional learning, and encouraging leadership roles. Empowerment benefits the employee, as well as the organization. The Human Resource Frame's focus on people establishes that the "needs of individuals and organizations can be aligned, engaging people's talent and energy while the enterprise profits" (Bolman & Deal, 2016, p. 121). Recognizing the negative impact of turnover, particularly in how it affects student outcomes, it was important to identify the strengths of existing staff and identify opportunities for promotion and leadership from within. The practice helps to maintain experienced and knowledgeable staff, while the investment in people is a win-win as it "encourages both management and employees to invest time and resources in upgrading skills. It is a powerful performance incentive. It fosters trust and loyalty" (Bolman & Deal, 2016, p. 145). These opportunities for leadership are a direct reflection of what the organization believes their staff can do, which then becomes a self-fulfilling prophesy.

Early on in my new leadership role, I believed that supporting the team meant doing things for them to prevent burnout. This deep belief likely stemmed from my childhood, when I was acknowledged for being kind and helpful to others. This idea that I had is inconsistent with what is true. Challenging my own belief system was possible through this PAR; these sightings, or incongruities (McDonald, 1996) were what allowed me and the team to see the actual truth. McDonald claims that sightings are a tool for recognizing how to achieve genuine change that

bubbles up in a group; capturing the positive ideas of groups and emphasizing and authorizing them helps move the work forward in productive ways (Velasco, 2009).

Understanding that "the people closest to the issues are best situated to discover answers to local concerns" (Guajardo et al., 2016, p. 32) is a CLE Axiom that aligns with the trauma-informed guiding principles, particularly that of empowerment through voice. By engaging the people doing the work and activating their creativity an agency, we find ways to authorize and celebrate the work of those closest to the practices we want to change. The forward progress we made as a leadership team was due to the group's willingness to let go of some control and offer others to support in decision-making and lead. Through our CoP team meetings and one-on-one conversations, we were able to identify strengths among our team and within our staff. We encouraged them to lead with their existing strengths or offered opportunities through professional learning and coaching to build upon their strengths.

Emotional safety increases mutual engagement. The CLE axiom -- learning and leadership are a dynamic social process (Guajardo et al., 2016) -- acknowledges that all members can contribute to decisions. Through storytelling, we increased our ability to be vulnerable. With a willingness to dialogue, another CLE axiom, conversations become a central factor in collaboration (Lave & Wenger, 1998). The social and political changes necessary at HAISD will not, and cannot occur, without a willingness to collaborate, which requires a safe space with healthy ways of resolving conflict.

The CLE framework recognizes "relationships are the first point of contact in the learning process, and storytelling and conversation are the mediating tools. If the climate, spirit, and interaction between participants, facilitator, and/or their environment are not inviting and safe, it is difficult for sustainable and public learning to take place" (Guajardo et al., 2016, p. 31).

This is further supported by Martin's Three Theory Perspective on Culture (Martin, 2002), specifically differentiation. Each member brings her unique beliefs and values, and through the CLE pedagogies, we were better able to understand and empathize with each other. Among our team, this safe space did not initially exist. Our beliefs "generate layers of assumptions, attitudes, and habits of practice, which reinforce each other in an evolving and dynamic way", however, there is no one right way to lead, and it is our responsibility to "regularly cultivate sightings on the part of all members of their community and provide opportunities for these sightings to be discussed and acted on" (McDonald, 1996, p. 50). This includes challenging our own assumptions. Change requires us to be watchful of events and actions, and the PAR study provided an opportunity to note sightings and enact change. Bolman and Deal (2016) further expand on the need for collaboration as a replacement for the power leaders often require. Once we were willing to share power, be open to being vulnerable with others, recognized our feelings, and approached conflict in a healthy way, the level of mutual engagement among the larger team improved substantially.

Implications for Practice, Policy and Future Research

A strong current of thought about public education is that it can serve as a vehicle to eliminate poverty, inequality, and economic insecurity (Kantor & Lowe, 2013). Education cannot unilaterally solve our social and economic issues. "In the current social and political context, this belief that education is the answer threatens to deepen inequality rather than reduce it" (p. 38). Understanding the implications of this study from multiple perspectives can benefit future policy, practice, and research. This section does not identify specific policies and research, but rather provides an awareness of key ideas for future work. Because we are practitioners, most of the implications are focused on practice implications.

Implications for Practice

Through a community of practice framework, the PAR focused on improving our leadership practices by creating a community of care. While we were unsure what "a community of care" meant, through the study, we have come to better understand what is needed to support ourselves, our team, our staff, and our students. The impacts of staff turnover are far-reaching (Schwanke, 2018). Turnover impacts student outcomes, organizational climate, high-quality professional learning, curriculum work, and an organization's finances. While we continue to have high turnover within our organization, we have identified, within our context, supportive structures. The structures align with the guiding principles of trauma-informed care: safety, trustworthiness and transparency, voice and choice, empowerment, and collaboration.

Trauma-informed practices. As a key tenet in addressing trauma in classrooms and organizations, we need to ensure that we practice culturally responsive teaching and professional learning practices. With this comes the need to provide training, coaching, and accountability measures requiring these practices to be utilized. As we create safe spaces for our students, families, and colleagues, we have come to recognize through this PAR is that we, as leaders, and those we lead, need to feel safe. Culturally responsive practices that have proven to be effective through this PAR include restorative practices, the mediation framework, and procedures which address staff accountability through a trauma-informed lens.

From a state and local perspective, this requires time and resources for training, coaching, and implementation. The community of practice framework offers a structure which fosters this learning, but just as important, creates a space where individuals can feel safe to explore their own values and beliefs as they relate to equitable practices. Creating spaces for leaders to be reflective, and understand themselves as they lead others, is critical to this work. However, a community of

practice framework is not enough. Resources and time designated for coaching, reflection, and dialogue are critical to continued growth and learning. For these practices to be fully implemented, there must be a structure in place. To improve conditions for staff, students, and families, practices must be consistently modeled and facilitated. Full implementation of restorative practices requires a trained facilitator, a space for dialogue, and time to ask questions and repair relationships. If individuals do not have the skills necessary to resolve conflict, again, the resources and time must be available to implement mediation as a trauma-informed strategy. Equipping leaders with the skills to ask the right questions, create safe spaces for dialogue, and promote equitable practices is necessary. I address how important distributed leadership, conditions for establishing trust, and deep attention to team building are to ensuring trauma-informed practices for teams and organizations.

Empowerment through distributed leadership. We need to develop shared leadership across an organization (Lambert et al., 2016). No longer can we function with single leaders in hierarchical positions. We have untapped talent among all colleagues, and ignoring that impacts sustainability of initiatives, processes, and practices. By building the skills and leadership of our colleagues, we can create a community where this learning is the norm. Many platforms exist in which shared leadership practices can be cultivated, such as staff meetings with a focus on learning, study groups, book studies, and action research teams. Staff deserve to be empowered and provided opportunities to reflect, dialogue, and learn from their colleagues.

Much of the work we have done as a community of practice has focused on empowering the leadership team and those we lead and serve. Empowerment builds resilience and cultivates work satisfaction. We have learned that we do not have the capacity to do everything that needs to be done, but more importantly, we have recognized that when we are empowered, we feel better

about our work. From a local perspective, encouraging leaders to offer autonomy to their staff, providing professional learning opportunities, and empowering others to take the lead in projects that build on individual strengths creates a culture of trust and flattens the existing organizational hierarchy.

Offering voice and choice. Doing things "with" people has been a focus of the CPR group. As we have sought input from staff, implemented practices and procedures that encourage us to do things "with" others, and observed the power of giving our staff a voice in decision-making, we have witnessed the power of these practices. The Quaglia School Voice Model (2016) defines listening as being active, with the listener seeking information to deepen understanding, which then helps us to see one another's point of view (learning). Utilizing protocols that support listening and learning should be modeled by leadership. By allowing all voices to be heard, trust and respect is fostered and modeled for others. It helps to cultivate those same trusting relationships among subgroups (e.g. student to student, student to teacher, teacher to teacher, teacher to supervisor, supervisor to supervisor). Together, we act, share the work load, and share responsibility for the outcomes. The School Voice Model is one example that "[improves] the school community, valuing the voices of all, and [establishes] a leadership model that capitalizes on the unique skills and talents of every individual represented in the collective" (p. 12). When the people affected most by the decisions we make are offered a voice, this empowers them and establishes a community of care where psychological safety is honored, and individuals are safe to voice their values and beliefs (Lee et al., 2015; Militello et al., 2010; Sprang et al., 2007).

Supportive leadership. The role of an educational leader includes supporting staff. ASCD highlights that "support doesn't mean blind loyalty, defending things that are wrong, or refusing to acknowledge mistakes, missteps, or negligence" (Retrieved from

http://inservice.ascd.org/the-meaning-of-support/). Support can include helping our staff see the big picture, offering strategies and supports to become better, engaging in dialogue that fosters creative thinking and reflection, and thinking through a student-centered lens. This includes listening in a way that allows individuals to be heard and uncovers core issues and interests. Using attentive listening and reflective communication through probing or clarifying questions may not feel like support to those we lead, but it's a form of support that empowers our staff to be reflective decision-makers. This should encourage local efforts to grow leaders in their ability to communicate with others in a way that encourages reflection, encourages growth mindset, and models attentive listening. This skill helps leaders to be more confident and thoughtful. A key precept of supportive leadership: Give credit where credit is due (Berardelli, 2018; Gibori & Gibori, 2017). We have realized the value of recognizing the efforts of others- both individually and publicly. This free and simple strategy builds self-efficacy and a culture of gratitude. From a local perspective, this practice should be modeled across the organization.

Social-emotional learning for adults. A push for social-emotional learning at the national and state level highlights school culture, school climate, and social-emotional learning for diverse populations (National Association of Elementary School Principals, 2016). For leaders to build culturally responsive and inclusive practices among their staff, they must first understand their own identities. Much of our work through this PAR has focused on learning more about ourselves, and how our own values, personalities, and beliefs drive what we do and how we act. By identifying core values, we are more equipped to understand and think about how we respond to staff, students, and families. Leadership should engage in their own social-emotional learning.

Data-driven decisions. Creating a school culture that uses evidence for decision-making has been embodied through this PAR (Stevens, 2015; Waldron & Mcleskey, 2010). Leaders

should model this as they review research, request data from staff, analyze data, and engage in dialogue for decision-making purposes. This must be done in a collaborative manner to ensure stakeholders have input into the decisions being made, as they are closest to the problem.

The special education leadership team utilized PAR data to drive decisions. Real-time data such as survey information, quotes from staff, memos, and meeting artifacts has made it possible for us to more fully understand the root causes of how to garner collaborative support to move forward. It has driven our decisions in developing our department vision, professional learning for ourselves and staff, staff assignments, and in the development of new or refined processes and procedures. It has helped us to make basic decisions, such as realignment of classrooms and office space, staff gathering/community building activities, and meeting agendas. Using real-time data from those who are closest to the problem aligns with the trauma-informed guiding principles.

Implications for Future Policy

The PAR focused on organizational supports and trauma-informed practices to build trauma-informed schools, which began with my leadership team. What I have come to realize through this action-research journey is the importance of addressing our issues of poverty, trauma, and inequity for our students from the community and family perspective, as well as at the state and national level. While our children are with us for most of their day, when the environment in which they live creates toxic stress, they will continue to come to us each day in a "fight, flight or freeze" state. These issues cannot be solved solely behind school walls. We must be able to rely on a system that drives change at the family and community level; however, existing policies and funding structures create more pressure on our educational teams and further promote inequities among our students.

The children we serve at HAISD have been removed from their educational setting because they are not meeting the standards set forth by the state and national government; they have needs far greater than learning to read and calculate math and our schools lack the resources to fully support them. They are therefore removed from their community schools. The teachers who are charged with their learning and care are held to the same standards, regardless of the complexity of their needs. (i.e., abused and neglected children provided the same resources as those in a high socio-economic public school). The system is designed in a way that all schools are provided the same funding, regardless of need. From an equity lens, this PAR has validated the need for state and local agencies to listen to the voices of those closest to the problems. From breaking down financial silos, to eliminating systems that foster segregation of students due to limited resources, I believe that there are creative ways to address our existing reality. These solutions rest in the hearts and minds of our community. We must "redirect social and educational policy to restore a commitment to broadening social provision and establishing conditions both outside and inside the schools that will reduce disparities in opportunity" (Kantor & Lowe, 2013, p. 52). This begins by looking at the trauma-informed guiding principles and frameworks that support this culture.

To improve the conditions and circumstance in for HAISD staff, students and families, we must devote the time and resources necessary to train and coach all staff in restorative practices. Restorative practices empower individuals to be self-reflective and to repair relationships, rather than use punitive measures that re-traumatize. Recognizing the promise of persistence, I will continue to share and model the community learning exchange (CLE) pedagogies that reinforce gracious space and learning in public (Guajardo et al., 2016) in all

environments, and encourage others to do the same. Training and coaching leadership and staff in the CLE pedagogies are necessary next steps in establishing a community of care.

Implications for Future Research

The East Carolina University focus of practice framework aligns with Bolman and Deal's (2009) organizational change theory where "problem-driven research…takes its cure from questions in the world and answers them using organizational paradigms, rather than pursuing questions arising strictly out of the paradigms themselves" (p. 17). The PAR focused on the assets, rather than deficits of our organization and team. The focus of practice (FoP) began with those who, I believed, had the greatest impact on creating change within our special education department. Through a community of practice framework, I was provided with a platform in which our work was co-developed and involved the engagement of my fellow leaders.

Current school improvement efforts are not providing the level of impact necessary to produce the outcomes our students deserve. In my existing organization, departments and teams work in isolation with no clear and common vision. While this PAR resulted in improved collaboration among our team of six, the institution itself saw little change. The organization is capable and responsible to create policies and practices to support student outcomes and a healthy organizational culture. This implies that the larger organization itself should be an extension of this study. Recognizing the need to establish community, as well as the need to address conflict to impact social change, this must be practiced among the entire organization or true change is not possible.

As an extension of this research study, I would like to invite others within the organization to join our existing CoP. Recognizing the significance of self-awareness and relationship management, our work will continue with a focus on individual and team emotional

intelligence. We will build on our existing strengths and engage others within the organization to help us cultivate a community of care within each classroom, meeting structure, and across the organization.

Limitations of Study

Those who engaged in this participatory action research study consisted of a small team, limiting the generalization of the study. This team was comprised solely of women, new to their jobs, many new to the organization, and living in a rural community. Qualitative data served as the primary data source, including memos, meeting artifacts, and correspondences. This data was coded to identify common themes, which offers itself to subjectivity. These data were aligned and coded against existing frameworks. The team of five were responsible for data analysis and findings related to this study, therefore, interpretation of the results is tied specifically to this setting and small team of leaders. The time frame set aside for this study was also short, with three cycles of inquiry extending over a two-year period.

Poverty and inequality exist within the walls of our schools, and schools have been charged with solving these issues. Efforts to ameliorate the effects of poverty and trauma among our students requires action at all levels: national, state, and local. Existing structures require schools to remove children from their home communities because they lack the resources, skills, and supports necessary to meet their needs alongside the needs of other children. There must be a willingness for those driving national and state level change to hear the voices of those closest to the problem and work alongside to redirect resources and funding. A focus on relationships and building community in our schools is necessary for all to reach their fullest potential- this includes our students, staff, family, and community partners. Understanding and living by the SAMHSA's

(2014) trauma-informed guiding principles aligns to many existing frameworks that lead to organizational change.

Leadership Development

"A comfort zone is a beautiful place, but nothing ever grows there."

That was my motto. My journey to begin a doctorate program started at a critical time in my life - a time when I was redefining who I was, ready to jump at every opportunity to grow as an individual, personally and professionally. New to my leadership position and living independently for the first time in my life, I had much to learn. When I accepted my position as Associate Superintendent for Special Education, I knew the many challenges ahead of me. Joining an organization that had undergone a complete turnover in administration, I had few written procedures and guidance and no clear description of my roles and responsibilities. Stepping in to this role, I had feelings of insecurity and low self-confidence. The fear of uncovering my incompetence had a negative effect on how I initially provided leadership to my team. I felt like I needed to know it all, failing to recognize that among the team, we had the strengths needed to collectively do the work.

My leadership transformation can best be described by comparing artifacts collected at the beginning and end of the PAR. One of my first tasks as a doctoral candidate was to write an autobiography. For one of the first times in my life, I was publicly vulnerable, and wrote about the anxiety and insecurity that had been a resounding theme throughout my life. These same insecurities followed me as I began my doctorate journey and took on my new role as Associate Superintendent. Two digital stories I created describe my leadership journey. The first story, constructed in Summer 2016, focused on my struggles and inadequacies as a child. My story continued as I highlighted an award I had been granted as a high school graduate. While I had

little faith in myself, I had teachers who believed in me and knew that I would one day be a leader. While the video encouraged others to dare to find the talents they have, I was just beginning my journey to identify my own identity and personal talents. The second digital story, produced in Summer 2018, journaled my leadership lessons and growth. Through literature review, specifically related to trauma-informed practices, and input from staff and the CPR group, I identified leadership traits that I hoped to one day embody. My stories showed the evolution from defining who I was as an individual to who I am now a leader. The traits I hoped to exemplify included:

- Predictability: Actions and practices are consistent and predictable; written procedures support consistency
- Empowerment: Recognizes the importance of empowering staff and encourages others to take on leadership roles; flattened hierarchy; reflective practices/coaching conversations
- Support: Checks in; provides frequent and focused feedback; approachable and visible; coaches; says what they say they will do; pays attention to workload; assignments based on strengths
- “With” not “To” or “For”: Makes decisions that impact others "with" others; seeks input and ideas from stakeholders
- Equity: Attentive listener; seeks input and changes actions and practices based on the voices of others; seeks to understand
- Clarity and coherence: Vision, mission and values drive actions; communicates that vision to others

- Explicit recognition: Recognizes the efforts of staff, both publicly and privately; displays gratitude; promotes a positive culture; treats all members with respect

The CPR team completed a survey, asking them to rate me on the desired characteristics prior to Cycle One and then again following Cycle Three. My lack of self-efficacy prior to the research project was evident when comparing my personal rating to that of the CPR team members; the CPR team rated me much higher than I rated myself. A score of 1 indicates I did not value, articulate or act upon a certain value, while a score of 10 means I consistently articulated and acted upon this characteristic in all settings. Figure 13 highlights the discrepancy in our ratings.

Personal Growth

While I am naturally a reflective person, I have benefited tremendously from the work we have done collaboratively as a CPR CoP around self-awareness and relationship management. Early on in this research study, I was exhausted, anxious, and overwhelmed with the responsibility I had in my leadership position. I often judged my emotions and the emotions of others, rather than try to understand where they came from. Better understanding my personality, values, triggers, and emotions, I am now better equipped to regulate my emotions. This has resulted in personal and professional boundaries, a reduction in stress and anxiety, a willingness to address conflict, increased empathy and compassion for self and others, and increased flexibility. Rather than "talk the talk" as it pertains to self-care, I now recognize signs of anxiety and stress, and practice self-care strategies. More importantly, I have learned to budget my time so that I consciously practice self-care.

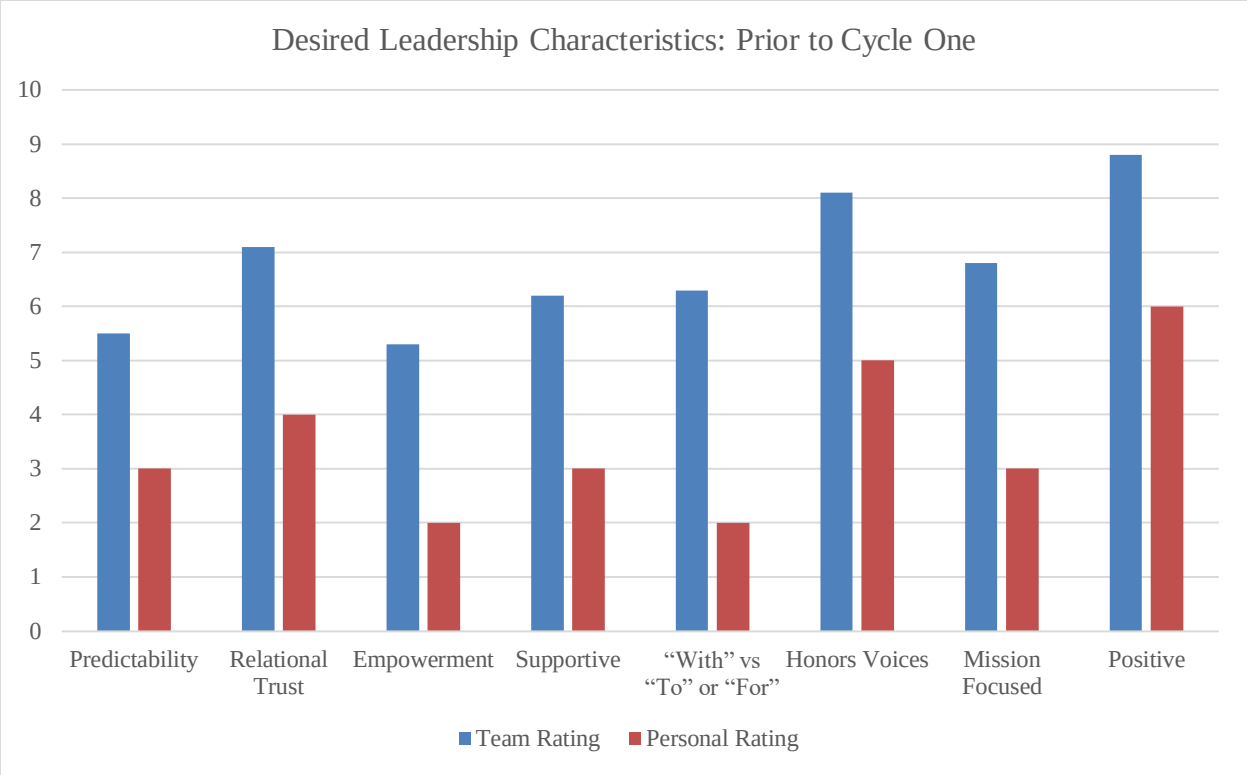

Figure 13. Team and personal ratings that reflect desired traits present prior to Cycle One.

Leadership Growth

Over the past two and a half years, as a leader, my confidence, focus, and practices have shifted substantially. My ability to have difficult conversations and address conflict, model vulnerability to ask questions and seek support, willingness to speak up on issues of equity, and finding my voice when existing practices challenge my values are all examples of how my confidence has improved. Rather than believe I need to do it all and know it all, I look to team members to take on leadership roles. The focus of my work has not changed, but together with my leadership team and the voices of Hope Area ISD staff, we have collaboratively developed a shared vision for how we do our work. Being more cognizant of establishing the "why" of the work has helped with ambiguity and has created buy-in from others. Four areas in which I have developed markedly as a leader include: predictability, empowerment, "with" versus "to" or "for", and supporting the team.

Predictability. Lack of self-awareness, self-efficacy, and conflict management skills negatively impacted my predictability as a leader. Cultivating self-awareness and learning the skills to effectively address conflict have positively impacted my leadership capability. I am more aware of my feelings and more consciously name them, rather than judge them. I am willing to address practices that are not aligned with a community of care, even if conflict is a likely outcome. Additionally, through the co-development of practices and processes, my actions and those of the CPRs are more predictable among our team and within our department.

Empowerment. Through a willingness to be collaborative and not maintain a hierarchical position in which I delegate to others, I have learned the importance of sharing responsibility and recognizing and supporting how others take on leadership roles. I trust the team and encourage them to act without being micro-managed. I have consistently offered grace

to the CPRs when mistakes were made, but I didn't offer the same to myself. Once I began to learn in public and acknowledge my mistakes, the CPRs began to take more risks. Once feeling like I needed to do it all and know it all, a huge burden has been lifted by empowering others to take the lead.

"With" versus "to" or "for". I believe my largest area of growth is doing things "with" rather than "to" others. Decisions that impact staff, students, families, the organization, and community are more thoughtfully addressed, often through the use of protocols that honor voice and choice. Meetings that I facilitate incorporate CLE pedagogies. I regularly model practices that engage others in decision-making. Additionally, rather than assigning tasks to the leadership team, I've recognized the value in determining our roles and responsibilities through collaborative decision-making and coaching conversations.

Supportive. At the onset of the PAR study, I thought supportive leadership meant to do things "for" people. I listened to people vent, believing this was attentive listening. Now that I have come to know the CPRs, we have worked together to identify strengths and assign roles and responsibilities based on those strengths. I have made a more conscious effort to know the team, regularly check in, and ask questions rather than assumptions. More specifically, my leadership has grown in terms of being a reflective and supportive leader. Once focused on asking questions such as "what" and "when," I am now asking "why" and "how" Figure 14 compares my desired leadership traits prior to Cycle One and following Cycle Three, as rated by the CPR group.

Through the development of written policies and practices, as well as collaborative decision-making, my actions and practices are more consistent and predictable. Organizational structures and practices are critical in establishing trust (Bolman & Deal, 2009). Without

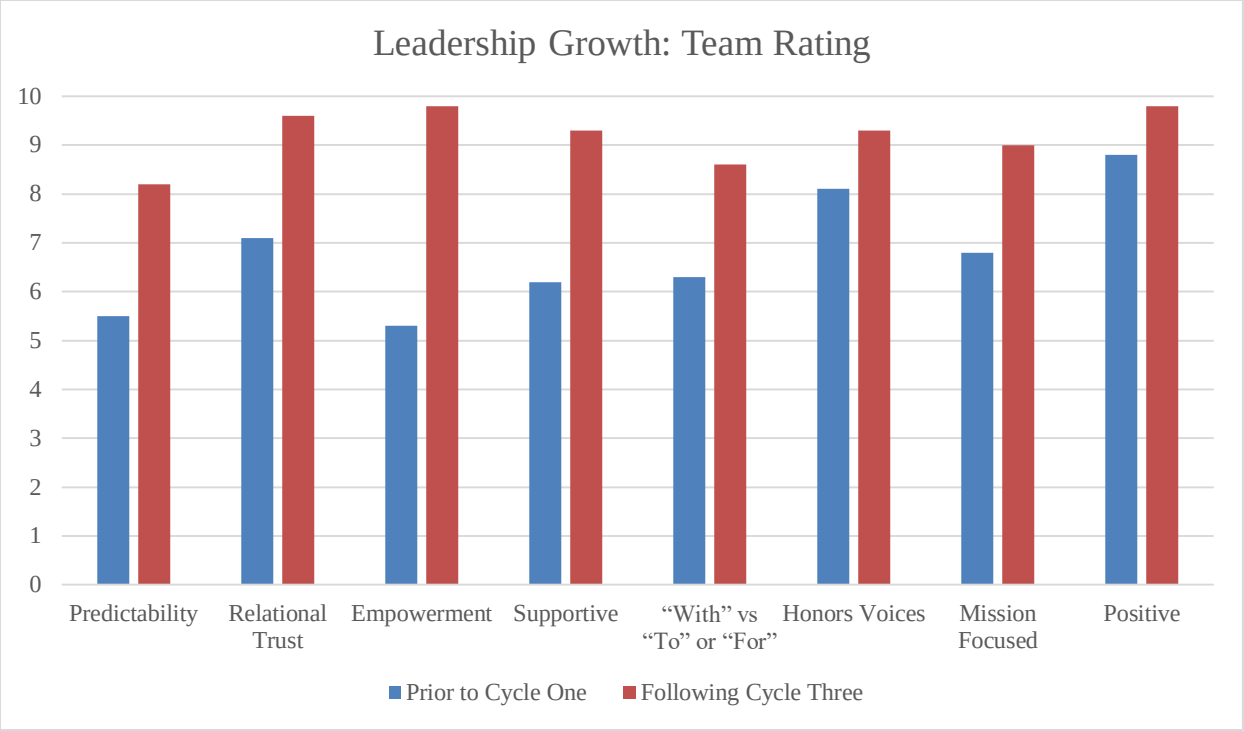

Figure 14. Leadership growth, as rated by the CPR group.

consistency and predictability, opportunities to learn about one another, clearly defined roles, and norms for working together, trust may be compromised.

Developing structures that build reciprocal relationships has been an area of focus for our team. Allowing others to have a voice in decisions has proven as one of the strongest ways to build reciprocal trust. As a CPR group, we have implemented practices that allow our staff to share their needs, desires, and ideas to support us in making more thoughtful decisions. Practices such as mediation to resolve conflict, circles for discussion, town hall meetings, and learning exchanges are examples of powerful practices that honor the voices of our staff and allow decisions to be made "with" others.

The PAR journey can be replicated and can serve to support myself and the CPR members in continuing our work to become a trauma-informed organization. Data collected throughout this process has been authentic and activities created a framework for developing relational trust and collaboration. Memos and meeting artifacts will serve as data for making future decisions and help us to establish the "why." I am encouraged to share what I've learned through this process with my leadership and engage our entire organization in similar community building and decision-making processes.

Summary

May you learn to cultivate the art of presence
In order to engage with those who meet you.
May you know the wisdom of deep listening,
The healing of wholesome words
The encouragement of the appreciative gaze
May you have a mind that loves frontiers
So that you evade the bright fields
That lie beyond the view of the regular eye…
May leadership be for you
A true adventure in growth.
- John O'Donohue (2008)

As I cultivated the art of a different presence with the wisdom of a listening ear and a focus on how I and others could encourage each other, I think I offered a new frontier in leadership and was able to facilitate an adventure in growth. The participatory action research project focused on enhancing leadership practices through a community of practice (CoP) framework with a focus on self-awareness and care. Social learning now exists in our community, a community willing to engage, support, and learn from one another (Lave & Wenger, 1998). Our engagement with one another helps to establish relationships and support our learning, further enhancing our leadership practices. The CLE axioms content that learning how to learn within the context of relationships is at the core of leadership, and relationships help to create a space that is safe for public learning to occur.

As a result of this PAR, we co-developed a new theory *in* action. We learned how emotional safety is cultivated among a team in which community and connections are valued. When support and encouragement are provided by colleagues and leadership, emotional safety is further established. When members of a team feel safe, mutual engagement increases. Relationships and trust offer a safe space to address conflict and participate in dialogue around difficult topics. We have solidified how to plan for repeated, cooperative interactions as a way to establish trust and lay the groundwork for future cooperative behavior in the face of social pressure and conflict (Lambert, Zimmerman & Gardner, 2016).

As the distributed leadership model evolved, in which we recognized the knowledge and skills that was already distributed among the team, individual members utilized their key interests and strengths in a collaborative, trusting, leadership fashion. By first understanding the guiding principles of trauma-informed care: safety, trustworthiness and transparency, voice and choice, empowerment, and collaboration, we used a community of practice framework, bolstered

by the organizational theory of the human resource frame. The special education supervisors built a level of trust that has fostered and solidified changes in practice.

As Mary Catherine Bateson says in her book, *Peripheral Visions,* I have learned to use my full vision translated through my values to engage in educational practice differently. I kept "saying the words whose meaning I did not fully know but whose form [has now become] so habitual it feels spontaneous" (Bateson, 1994, p. 115). I have come to know learning as coming home to a self that was always there as I build an understanding and capacity to participate in the complexities in a new way as "learning to know a community or a landscape is a homecoming. Creating a vision of that community is homemaking" (Bateson, 1994, p. 213). I have come to realize the tremendous impact that leadership can have within an organization, but more importantly, the power of self-actualization. As I have become more self-aware and consciously implement self-care, I accept myself for who I am and practice self-compassion. My goal has always been to leave my mark on this world, but now I consciously find the positives and strengths to build upon and look for possibilities. We, as a team of supervisors, dedicated to the care of others have come to know ourselves in a new way and do our internal housekeeping and homemaking so that we can do for others as we would have them do to us.

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APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

EAST CAROLINA UNIVERSITY
University & Medical Center Institutional Review Board
4N-64 Brody Medical Sciences Building· Mail Stop 682
600 Moye Boulevard · Greenville, NC 27834
Office **252-744-2914** · Fax **252-744-2284** ·
www.ecu.edu/ORIC/irb

Notification of Continuing Review Approval: Expedited

From: Social/Behavioral IRB
To: Jodi Willard
CC: Matthew Militello
Date: 9/10/2018
Re: CR00007102
UMCIRB 17-001470
You Can't Give What You Don't Have: A Community of Care Among Special Education Supervisors

The continuing review of your expedited study was approved. Approval of the study and any consent form(s) is for the period of 9/8/2018 to 9/7/2019. This research study is eligible for review under expedited category #6&7. The Chairperson (or designee) deemed this study no more than minimal risk.

Changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must submit a continuing review/closure application to the UMCIRB prior to the date of study expiration. The Investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Document	Description
Interview Protocol(0.01)	Interview/Focus Group Scripts/Questions
Study Consent Form(0.04)	Consent Forms
YOU CAN'T GIVE WHAT YOU DON'T HAVE: A COMMUNITY OF CARE AMONG SPECIAL EDUCATION SUPERVISORS(0.01)	Study Protocol or Grant Application

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

APPENDIX B: PERMISSION LETTER

MONTCALM AREA INTERMEDIATE SCHOOL DISTRICT

621 NEW ST. ◆ P.O. BOX 367 ◆ STANTON, MICHIGAN 48888-0367

TELEPHONE: 989.831.5261 ◆ TDD: 800.649.3777 ◆ FAX: 989.831.2787 ◆ WWW.MAISD.COM

June 13, 2017

To Whom It May Concern:

Montcalm Area Intermediate School District (MAISD) recognizes the benefits of participating in relevant, well-designed research studies proposed by qualified individuals. Approval for conducting such studies is based primarily on the extent to which substantial benefits can be shown for MAISD and its mission of educating students. The purpose of this letter is to notify you of the approval to use MAISD to conduct a dissertation study titled, "Communities of Practice: A Framework of Care Among Special Education Supervisors" with participants in our schools. We also give permission to utilize the following spaces at MAISD to collect data and conduct interviews for her dissertation project.

The project meets all of our school/district guidelines, procedures, and safeguards for conducting research on our campus. Moreover, there is ample space for Jodi Willard to conduct her study and her project will not interfere with any functions of MAISD. Finally, the following conditions must be met, as agreed upon by the researchers and MAISD:

Participant data only includes information captured from the state data collection strategies.
Participation is voluntary.
Participants can choose to leave the study without penalty at any time.
Any issues with participation in the study are reported to the school administration in a timely manner.
An executive summary of your findings is shared with the school administration once the study is complete.

In addition to these conditions, the study must follow all of the East Carolina University IRB guidelines.

We are excited to support this important work.

Respectfully,

Ron Simon
Superintendent, Montcalm ISD

APPENDIX C: CLE LOGIC MODEL

Logic Model						
To build a trauma-informed community able to promote resiliency in our children, families, and community members by 2021.						
Goals	**Inputs/ Activities**	**Needed Partnership Assets**	**Timeline**	**Ends**		
SMART: Specific, Measurable, Action-oriented, Realistic, and Timed	*In order to address the goals the following inputs will be provided and activities will be accomplished.*			*If the activities are accomplished they will produce evidence of service delivery and fidelity of the goals (outputs), short and long-term changes (outcomes), and long-term systemic changes (impacts).*		
				Outputs (Fidelity)	**Outcomes**	**Impacts**
Train all special education staff in secondary trauma	• Trauma Assessment • Training • Feedback • Act on Feedback • Jodi take to leadership (CTE, Central Office)	Spectrum Health Wellness: Businesses MCN-Family Engagement PAC Early On Great Start Parent Coalition	June 2018 11/15/2017 12/20/2017 3/9/2018 *Desire for consistency	• Survey (baseline) • Sign ins • Supervisor agendas/notes • Survey (needs) 1. The why 2. How do we help them feel vulnerable Paper or electronic	• Staff initiated self-care plans • Job satisfaction	• Staff supporting • Culture of care • Staff retention • Increased level of competency • Increase in student outcomes • Trickledown to students • How do we support/incorporate families? ○ Connections to agencies ○ Training
Organizational supports based on identified needs	Organizational supports • CoP • Coaching • Accountability • Partner Agency Connects	Spectrum Health MAISD	On-going	• Notes of survey results/agenda • Sign ins • Community agency agendas	• Policies • Resources/supports for staff	
Handle With Care	• More Training • Meet with LEAs, DHHS, Law Enforcement	Law enforcement LEAs DHHS Have Mercy	December 2017	• Meeting notes/agenda • Plan of action	• Awareness of children impacted	

APPENDIX D: COLLABORATION SUB-CODES

Collaboration:
The sharing of power and influence that involves interaction among members and supporting one another. According to Lave and Wenger (1998), there are three main components.

Mutual Engagement: Members interact with one another, not simply to complete the work, but rather to clarify, define or change the work. Work identity is established.

Sub-Codes	Memos	CPR Meeting	C3 Meeting	One-On-One	TOTAL
Sharing of Power	1				1
Problem-Solving	2		1		3
Assess Actions	2		1	1	4
Consensus	4	6	1		11
Request Feedback	2			1	3
Dialogue	10	2	1	1	14
Conflict Resolution	4			2	6
Supportive	2				2
Common Beliefs	2				23
SUBTOTAL	**28**	**8**	**4**	**5**	**47**

Shared Repertoire: Members have more than their work in common. The share methods, tools, techniques, language, stories, and behavior patterns.

Sub-Codes	Memos	CPR Meeting	C3 Meeting	One-On-One	TOTAL
Common Practices	8	1	2		14
Model	3	1			4
Best Practices	7	1			11
Strategies/Resources	13	2		3	18
Personal Connections	2				2
Story Telling	6	1		1	9
Self-Care	1			1	2
Boundaries	1			1	2
Relationship Management	3			1	5
Supportive	2		2		4
SUBTOTAL	**46**	**6**	**4**	**7**	**71**
Unwillingness to share	1				1
SUBTOTAL	**1**	**0**	**0**	**0**	**1**

Joint Enterprise: Members are present to accomplish something on an ongoing basis; they have common work or "mission."					
Sub-Codes	**Memos**	**CPR Meeting**	**C3 Meeting**	**One-On-One**	**TOTAL**
Action Plan	7	1			8
Procedure	4	1			6
Vision/Mission/Goals	6	2			9
Common Understanding	8	1			11
Identify Need	4	2			6
Agenda	5	1	2		9
Facilitation	2		1		3
Member/Staff Offers Support	1				1
Request Accountability Partner	1	1			2
Desire to Learn from Team	3	2			5
SUBTOTAL	**41**	**11**	**3**	**0**	**60**
TOTAL	**128**	**23**	**13**	**15**	**201**

APPENDIX E: TRANSFER OF TRAUMA-INFORMED GUIDING PRINCIPLES

Transfer of Guiding Principles of Trauma Informed Care	
Evidence	**Transfer**
Organizational Focus on Trauma: Building Awareness and Understanding	
● Help for Billy book study (about child impacted by trauma) with New Teacher Network and Behavior Coaches Network ● Request to provide "resilience" strategies to new teachers ● Request to lead a self-care/mindfulness session with Behavior Coaches ● PCLG group including "secondary trauma" as an agenda topic o When one team member pushed back, another voiced the importance of it staying, as she has no one at home to process work with ● Budget to support Restorative Practices, Mediation training, Designated State level ACEs Master Trainer; guest speakers with expertise in trauma ● Dedicated time for ISD representatives to serve on county level Trauma Champions Team	● A shared vision of bringing trauma awareness and resilience strategies to our HAISD
Organizational policies, practices, and supports	
● Time and space dedicated to Communities of Practice (e.g., superintendents, principals, special education coordinators, teacher consultants, school psychologists, speech/language pathologists, school social workers, occupational/physical therapists) ● Handle with Care: We worked to implement a framework with our local law enforcement: When a child is in contact with local law enforcement, regardless of whether it is for a minor or major reason, law enforcement contacts the school so that the child will be "handled with care." o As a CPR CoP, we determined we would use this same approach with one another and our staff. As supervisors, our staff share very personal information with us. We need to honor their request to keep their information confidential, however; we can let others know that they may need to be "handled with care." Special Education Department (work driven by CPR group) ● Staff provided visual and written protocol for supporting student crisis ● Monday Morning Memo: helpful links; documented procedures to ensure consistent practices; reminders of	● Dedicated time to building community among teams ● Development of consistent practices and procedures across special education department ● Regular communication across special education department ● Supportive structures for staff in the special education department (e.g., mentor program; coaching; one-on-

responsibilities; articles for learning; humor; celebrations and shout outs ● Implementation of Mentor Program ● Co-developed "Staff Accountability Through a Trauma Informed Lens" which gives clear guidance for: o What you say ▪ General vs personal language ▪ Clean slate ▪ Factual/non-judgmental ▪ supportive o How you do it ▪ Choice of location/who to invite ▪ Frontload ▪ Room set-up (supportive) ▪ Follow up letter to include supports to be provided o What you do ▪ Clear expectations ▪ Para-verbal/nonverbal body language open to feedback; attentive listening ▪ Coach: identify their needs ▪ Choices/options for time and location of follow up o A clearly documented process was written for CPR group to follow, including letter templates Memos, Emails, Quotes: ● Lauren requested that all staff and students have an opportunity to participate in mindfulness. She wanted us to stop creating silos. ~ Memo 8/31/18 ● I'm grateful to have this team still together, in our fourth year, so that we can continue to create consistency and predictability for our staff. I'm grateful for each of you- all with your own individual strengths that make us one big, great team! ~ Memo on 5/18 ● The way we approach staff; I could be writing staff up but I'm taking a different approach because that approach is taken with us. I can take that same approach with my staff, and they will with their paras and with their students eventually. ~ Lauren on 10/18/18	one meeting; CoPs) ● Implementation of trauma informed practices when addressing staff accountability within the special education department

Emotional Safety	

● Issues with insubordination addressed in a new way (mediation, restorative questions)
  o Lauren's willingness to participate in mediation twice with staff members
  o Staff requesting support in mediating conversations with one another
● Hannah stated that she learned from me- "Is anyone hurt?" "How are you going to learn from this?" Memo 5/18/18
● Lauren shared that staff started their first staff meeting with an opening circle. Many staff shared that Saterlee was their happy place. We've come so far! ~ Memo 8/20/18
● "I have grown the most in being vulnerable and asking questions when I need to ask questions." ~ Jodi during circle
	● Trauma informed practices such as Restorative Practices and mediation used with staff and students
	● Increase in vulnerability

Building Community	

● Lauren's request to have fun, versus professional development (focus on build community through play) ~
● Teacher Consultant shared that she begins each IEP with a circle
● I truly do not believe that 5 years ago we would have had this reaction to this tragedy. We have hired amazing people, supported, been vulnerable with them and have done things "with" them all while working with the most at-risk students in the county. There is a lot of negative at times with this job, but I believe the difference we are making will leave a pretty lasting impact on many people. ~ Email from Hannah on 10/13/18
● Lunch dates/coffee dates with those outside of our organization
  o Stacey meeting Head Start leader over coffee to problem-solve
  o Morning coffee to listen to staff member who resigned in order to improve our organizational practices~ Jodi
● Hungry, Hungry Hippo~ August, 2018
● Staff coming together before and after funeral (20+ staff)
● Picture calendar for the Board of Education (supervisors practicing mindfulness in our photo; administrative assistants a
	● Increase in practices that create a community (e.g., circles, fun)

flower pot; ASD classroom Christmas packages) ● "I think that speaks to the need for a network of people; people you can be real with; if they are complaining to us, it would be looked at differently; every person needs a person." ~ Hannah 10/18/18 ● "The way we hold meetings and circles builds community." ~ member check 10/18/18 ● "Building time for staff to make connections; time to have play time." ~ member check 10/18/18	
Support and Encouragement	
● Elena Aguilar shares clearly, we need to craft our own stories. As core beliefs crumble, you need to identify other ideas to latch on to. One powerful strategy to work to create new personal narratives is giving yourself affirmations. An affirmation is a specific statement with positive intent. "Saying affirmations to yourself raises your levels of feel-good hormones and pushes your brain to form new clusters of 'positive though' neurons. This is basic rewiring for your mind. It's simple, easy and powerful" (page 81). Since I am working to overcome some core beliefs that are not working for me, and I am in need of affirmations, I would like to support all of you as well. An affirmation never hurt anyone No one needs to know your core beliefs, positive or problematic. RESPONSES are ANONYMOUS! Please provide an affirmation for each our sped admin team (below). I will compile these into a document that will be shared with the person. ~ Stacey's Email on 10/22/18 ● Lunch box given to Stacey with affirmations ~ 10/18/18 ● I'm thankful for Dee who was willing to drop everything and run over to support this morning, the only thing I told her was "I need an extra set of ears." Grateful she trusted me and was available to have my back. ~ email 10/18/18 ● I'm also thankful for Stacey and Hannah who were willing to rearrange their day and conduct fact finding for me. ~ email 10/18 ● I am grateful for all the support that each of you show my department every day. Minutes can seem like hours when we are in need but each of you jump in when you receive a call for help and I truly appreciate you. ~ email 9/7/18	● Affirmations ● Support among CPR group and those they lead

● I'm grateful for the team work you all put forth, ready to jump in and support when needed. ~ email 9/18/18 ● "Is anyone hurt? How are you going to learn from this?" ~ Hannah on 5/18/18 ● Recognizing that we don't have to be perfect; learning that that was ok; permission or ability to be real with staff. ~ Lauren on 10/18/18 ● I am grateful for all the support that each of you show my department every day. Minutes can seem like hours when we are in need but each of you jump in when you receive a call for help and I truly appreciate you. ~ email on 9/7/18	
Relationship Management	
● So, I remember calling Jodi on the phone and saying, I have the wrong degree. I need a counseling degree. All I'm doing is marriage counseling between staff and I am not properly equipped. "I" statements didn't work. So, I had an idea. I had gone through mediation with a staff member this year and there was a breakdown in our relationship, so Jodi got someone to do mediation. It was a really positive process. I walked away all 3 times feeling good about the decision and still have a strong relationship. How could I bring these practices into my job as a supervisor? I would like to bring to you those skills I've learned. ~ Lauren on 5/28/18	● The use of Restorative Practices and mediation to resolve conflict and repair relationships ● Willingness to address conflict among CPR group
Trustworthiness	
● While in Bangkok, "C3" and "Special Education Supervisor" team drives were combined ● Renee coming back to the group to share that she had broken a norm because she was afraid of conflict. She addressed the concern she had previously with the group. ~ memo from 10/13/18 ● We have put a lot of work into this team so that we can say "that really sucks and I'll send you a meme later." ~ Stacey 10/18/18	● Shared vision and willingness to engage collaboratively ● Accountability to one another

Voice and Choice	

● Town Hall Meetings prior to making building level decisions
● Circles utilized consistently during CPR meetings and staff meetings
● Co-creating protocols with staff to provide consistency
  o Example: What is a voluntary break? What is an adult-imposed break? What do we call the seclusion rooms?
● Lauren requested that team decide about how staff should be addressed by all students. Stacey stated, "Give it back to the staff. Are you comfortable bringing it to staff?" ~ Memo from 10/18
● Whiteboard IEPs
  o Training provided to Special Education Coordinators in September and at onset of implementation
  o Promotes engagement of all on IEP team
● I've grown the most in shared leadership by getting staff to buy into things." ~ Lauren during circle 9/18
	● Within the special education department, CPR group engage staff in decision making

Collaboration	

● Critical Friends
  o I met with Lauren yesterday to share my plan for a learning exchange. She's a very critical thinker and I knew she would be a great person to start with. I was spot on. As I presented my idea, Lauren sat quietly and listened, taking notes as I went along. Once finished, she asked some probing questions. Were the questions I had answering what I really wanted them to answer? What was I trying to get out of this exchange? Had I thought about this, or had I thought about that? The meeting began with some excitement about the exchange, but I left feeling confident! My next step will be to take this to the team for their input. ~ Memo 8/31/18
  o Stacey asking for feedback after facilitating an activity ~ 9/18
● Shared Responsibility/Power
  o I am grateful for amazing colleagues who support ALL programs which allowed me to increase my depth of knowledge and attend an amazing conference! ~ Hannah 10/18
  o I am grateful for all the support that each of you show my department every day. Minutes can seem like hours when we are in need but each of you
	● Willingness to give and accept feedback among CPR group
	● Increased dialogue
	● Shared responsibility as a leadership team
	● Knowledge of one's strengths and those of their team (CPR group)
	● Increased engagement during CPR CoPs

jump in when you receive a call for help and I truly appreciate you. ~ 9/7/18 ○ Stacey asked Melissa to present this information at our coordinators meeting! She shows her willingness to let someone else share the work and be out front. ~ memo 5/4/18 ● Building on Strengths ○ Using each other's strengths during a crisis (phone call from Marilyn stating "we are all going to play on our strengths"); Marilyn pulled together a crisis team, Stacey led with an opening circle; all hands-on deck. ~ Memo 10/18 ● Engagement during Onward book study (co-facilitation) ● Marilyn and Renee regularly attend Friday Supervisor meetings (formerly known as C3 meetings) ~ Beginning 8/18 ● Co-created agendas for both CoP meetings (Thursday leadership and Friday action items) ● Lauren asked that we revisit our norms at the next CoP meeting. She had discussed how Stacey was sharing how she just did this with her PCLG CoP, and they had some really important norms and they were holding each other accountable. Lauren also suggested that we begin each meeting with a circle. She loved Amanda's idea and even provided some ideas for what to replace on our agenda to make this happen. ~ Memo 8/23/18 ● "This week I am grateful for honest, in depth conversation at our sped admin mtg." ~ Email from Hannah 9/18	

Empowerment	
● Bus driver sharing she wants to be a trainer/supervisor someday and Lauren requested she become a CPI trainer for our county. ● PCLG staff leading their team meetings ● Stacey presenting with MDE on student growth data ● Hannah taking the lead in Restorative Practices, further establishing a committee to create a countywide framework for implementation ● Teachers writing grants for technology and increased opportunities for students (e.g., Arts in Motion grant; assistive technology grant) ● Training paraprofessional and bus drivers to be trainers of all staff ● Lauren trained in mediation and bringing her skills to our team and local leaders ● Lauren and Stacey's creation of a technology platform for staff evaluations	● Allowing staff to lead ● Offering opportunities for CPR group to learn and engage in things they are passionate about ● Staff taking the lead without permission
Self-Care	
● Affirmations ○ Elena Aguilar shares clearly we need to craft our own stories. As core beliefs crumble, you need to identify other ideas to latch on to. One powerful strategy to work to create new personal narratives is giving yourself affirmations. An affirmation is a specific statement with positive intent. "Saying affirmations to yourself raises your levels of feel-good hormones and pushes your brain to form new clusters of 'positive though' neurons. This is basic rewiring for your mind. It's simple, easy and powerful" (page 81). Since I am working to overcome some core beliefs that are not working for me, and I am in need of affirmations, I would like to support all of you as well. An affirmation never hurt anyone :) No one needs to know your core beliefs, positive or problematic. RESPONSES are ANONYMOUS! Please provide an affirmation for each our sped admin team (below). I will compile these into a document that will be shared with the person. ~ Stacey's message to the team 10/22/18 ● Opportunities to Focus on Strengths/Passions ○ I am grateful for amazing colleagues who support ALL programs which allowed me to increase my depth of knowledge and attend an amazing conference! ~ Hannah 10/18	● Self-awareness among CPR group of what supports their self-care and care of those they lead

● Being vulnerable with this team and having open conversation to build resiliency and take care of myself. ~10/18/18 ● I stopped having work emails come to phone. I have to physically tap on my phone. It has released a ton because my phone is not constantly pinging. I told my staff to send me a text. If you don't really need me, don't text me. ~ Stacey 10/18/18 ● I struggle because I was working out and eating well until 8 months ago. It's typically having a routine to exercise; the routine helped but it's not there anymore. ~ Lauren 10/18/18	
Organizational Supports	
● I think we have all found something we are good at and have supported each other. When I was gone for training I knew I would be covered, and it gave me a break from day to day stuff. Stacey's passion is birth to 5 and time was given so she can do this. Lauren wanted to learn about mediation and wanted to be in the building more. If you took this away from me, it would be really hard for me; this is something we've done for self-care. I don't mind working on this at home; it rejuvenates me; I see purpose in this. ~ Hannah 10/18/18 ● I feel like you get burned out when you aren't empowered enough. ~ Hannah 10/18/18 ● Observations of secretaries and support staff riding bikes through the hallways before and after school (allow for fun) ● Hannah took the lead on developing and facilitating a mentor program for new teachers	● Opportunities for empowerment ● Time and space to have fun ● Encourage professional learning ● Understanding of organizational supports necessary for new staff