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**Research Performance Final Report (1/1/18-12/30/20)
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WHAT WERE THE MAJOR GOALS AND OBJECTIVES OF THIS PROJECT?

The increased presence of SROs in schools across the U.S. must be met with an increase in professional development opportunities in order for them to utilize current best practices in their distinct roles in serving their school communities. It is imperative that SROs have knowledge that helps establish and maintain school safety, especially among racial and ethnic minority students. Trauma-Informed Care (TIC) is a framework that aims to create environments sensitive to all students' backgrounds, known or unknown, with all forms of trauma (e.g., racial trauma, child abuse, trauma resulting from environmental event; SAMHSA, 2014). Research supports that schools effectively implementing trauma-informed approaches cultivate many positive outcomes (Dorado, Martinez, McArthur, & Leibovitz, 2016). Further, an increasing number of organizations and education agencies recognize the importance of continuing

education for professionals addressing the development and maintenance of a safe school environment. This includes the Substance Abuse and Mental Health Services Administration (SAMHSA; 2014), who suggest training and workforce development are crucial pieces in the implementation of a trauma-informed approach. Additionally, the Colorado Department of Education (CDE, 2018) recognizes several key factors that play a role in successful implementation of trauma-informed approaches that include supporting staff development and learning; building social-emotional skills; utilizing restorative and culturally responsive practices. **Hence, Trauma-Informed Care (TIC), Social-Emotional Learning (SEL), Restorative Problem-Solving, and Cultural Competence are the four modules developed and evaluated through this NIJ grant. This project is referred to as PROMISES, or Preparatory Resource Officer Modules in Support of Educational Success.**

More specifically, this 36-month pilot project involved the development, testing, and refinement of the system conducted in partnership with the Florida Public Schools and included a small-scale evaluation component to assess for efficacy and scalability. Trainings were comprised of four online modules in the following four arenas:

- **Trauma-Informed Care:** Understanding the neurological, biological, and psychological impact of trauma on affected children and adolescents
- **Social-Emotional Learning:** Building student capacity in CASELs core competencies, including self-awareness, self-management, social awareness, responsible decision-making, and relationship skills
- **Restorative Problem-Solving:** Developing a school culture grounded in community problem-solving and productive restitution, as an alternative to punitive and/or retributive-based discipline

- **Cultural Competence:** Understanding cultural inequities and developing strategies for overcoming personal and structural barriers

WHAT WAS ACCOMPLISHED UNDER THESE GOALS?

Four modules were developed and evaluated in a small-scale pilot evaluation. We discuss the development of the modules first, followed by the evaluation results.

Theoretical Approach to Professional Development for SROs

The four online professional development modules in PROMISES were created by incorporating evidence-based practices for teacher professional development, as there is a paucity of research on effective professional development for SROs. It also incorporates best practices for andragogy (adult learning), specifically the principles of constructivism, or adults' active process of developing knowledge. Knowles (1990) posits that andragogy is facilitated by (1) the learner's past life experiences and (2) applicable and practical content. Essentially, adults are motivated to learn when content is directed towards realistic dilemmas, and are more likely to retain knowledge when material relates to their own experiences. This theory of andragogy overlaps with constructivism, or the process of incorporating informal knowledge and experiences to reinforce knowledge construction and retainment. In other words, constructivism has been described as "fitting new information together with what they already know" (Bada & Olusegun, 2015, p. 66). Thus, adult learning occurs in environments in which learners can actively apply experiences to engage in meaning and knowledge construction, encouraging skills such as problem-solving, critical thinking, and reflection.

Each module contains realistic scenarios involving students that could be addressed using module content, and reflection questions to encourage knowledge integration. Each module was iteratively created by using established paradigms of curriculum development,

including systematic and communicative approaches (Visscher-Voerman & Gustafson, 2004), and by employing the five-step ADDIE approach (Branson et al., 1975). Systematic approaches entail using learning objectives or desired outcomes as the focus to determine other components of the curriculum (e.g., content) and emphasize internal consistency (Korthagen & Kessels, 1999). Communicative approaches involve collaboration between curriculum developers, key stakeholders, and other personnel co-developing and co-producing curriculum and its components, emphasizing external consistency (Korthagen & Kessels, 1999).

The five-step ADDIE approach (analyze, design, develop, implement, and evaluate) was also used to iteratively design the online professional development modules. Molenda (2003) described ADDIE as a structured, stepwise process for creating educational development. Subject matter experts (SROs, school safety specialists, curriculum developers, and the project's advisory board) continuously wove andragogy and constructivism principles into the first three phases of ADDIE, an example of the communicative approach. For PROMISES, the online professional development modules serve as the intervention, or implement phase, and embedded surveys before, in between, and after the modules serve as the evaluation phase of ADDIE. Utilizing the above evidence-based approaches for module development helps to ensure that these modules are efficacious.

Methods

Each module's script and supplemental resources were created over the course of approximately three months, totaling one year to create all four modules. Module development began with literature reviews on each topic to determine key competencies for participants, followed by creating a content outline to provide participants with these competencies. Outline sections included an introduction to the content area, a realistic and practical dilemma referred to

throughout the module, strategies, research support, external videos, as well as reflection and knowledge check questions. Each module underwent biweekly cycles of editing before production with the help of a multidisciplinary team (school safety experts, SROs, research assistants, etc.). SROs served as “guides” for the modules by delivering scripted material on camera, accompanied with on-screen text and other visuals (such as alternative videos, line art, and diagrams, see Figures 1-3). Reflection or open-ended questions, knowledge checks, and educational videos were also included (Figure 4).

Figure 1: Supplemental Video

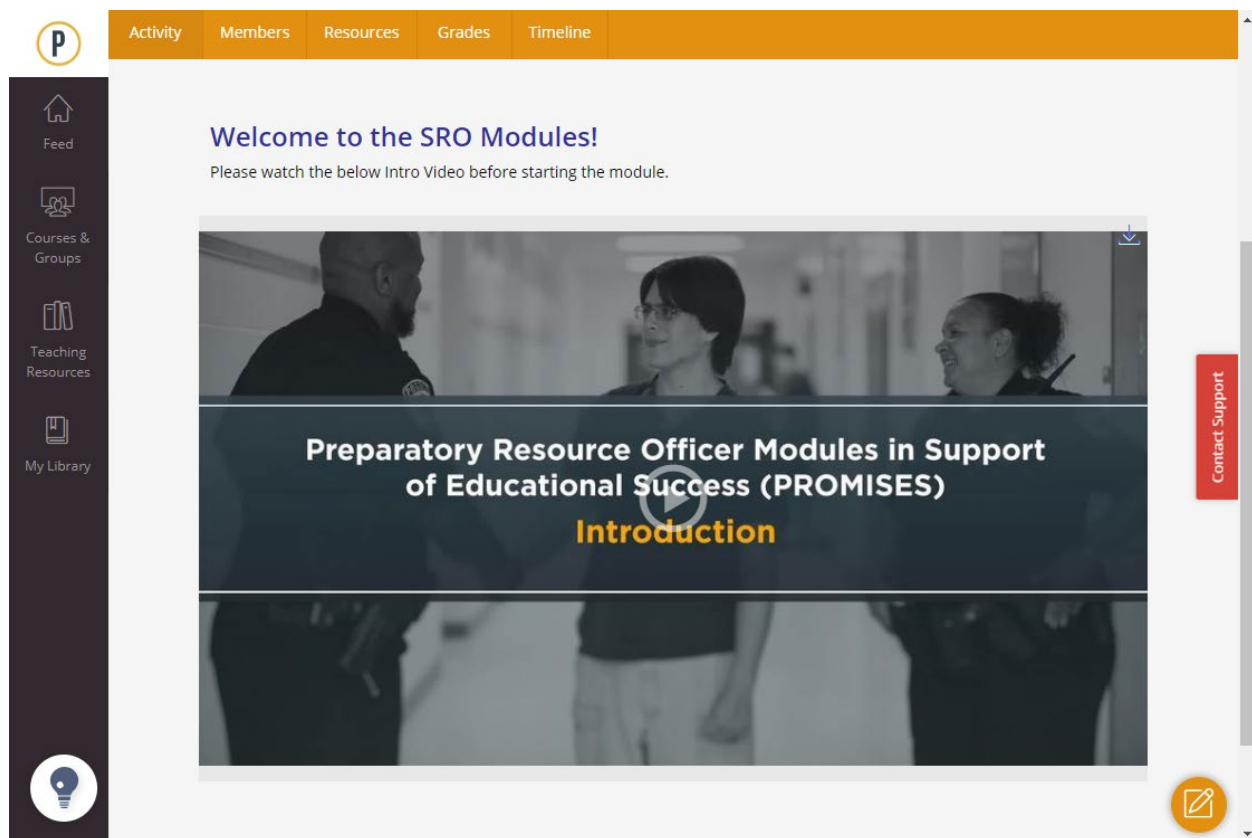


Figure 2: Social-Emotional Learning Module Screen Shot 1

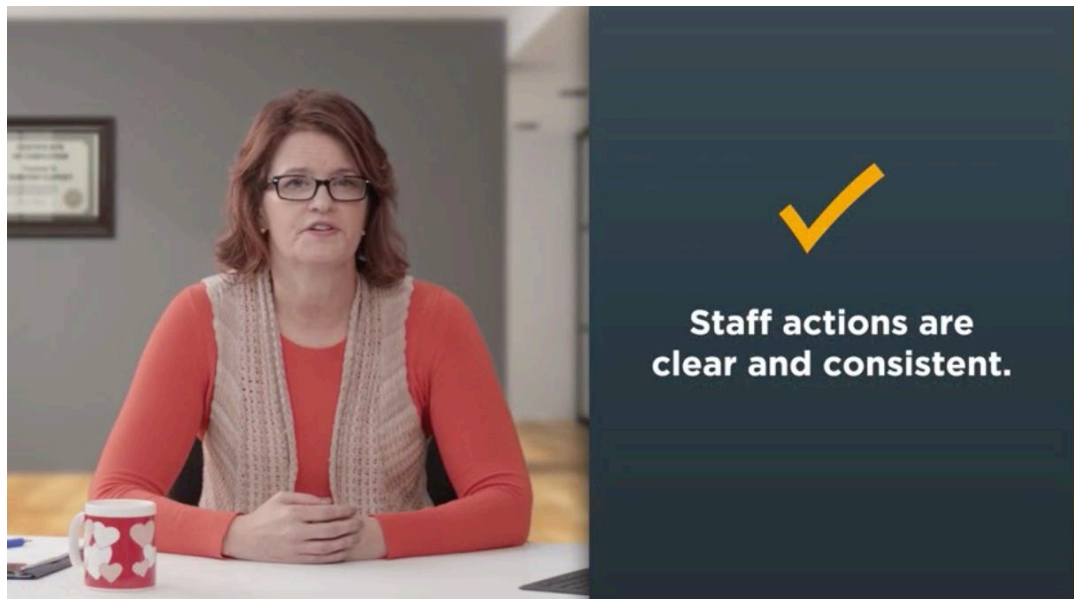


Figure 3: Social-Emotional Learning Module Screen Shot 2

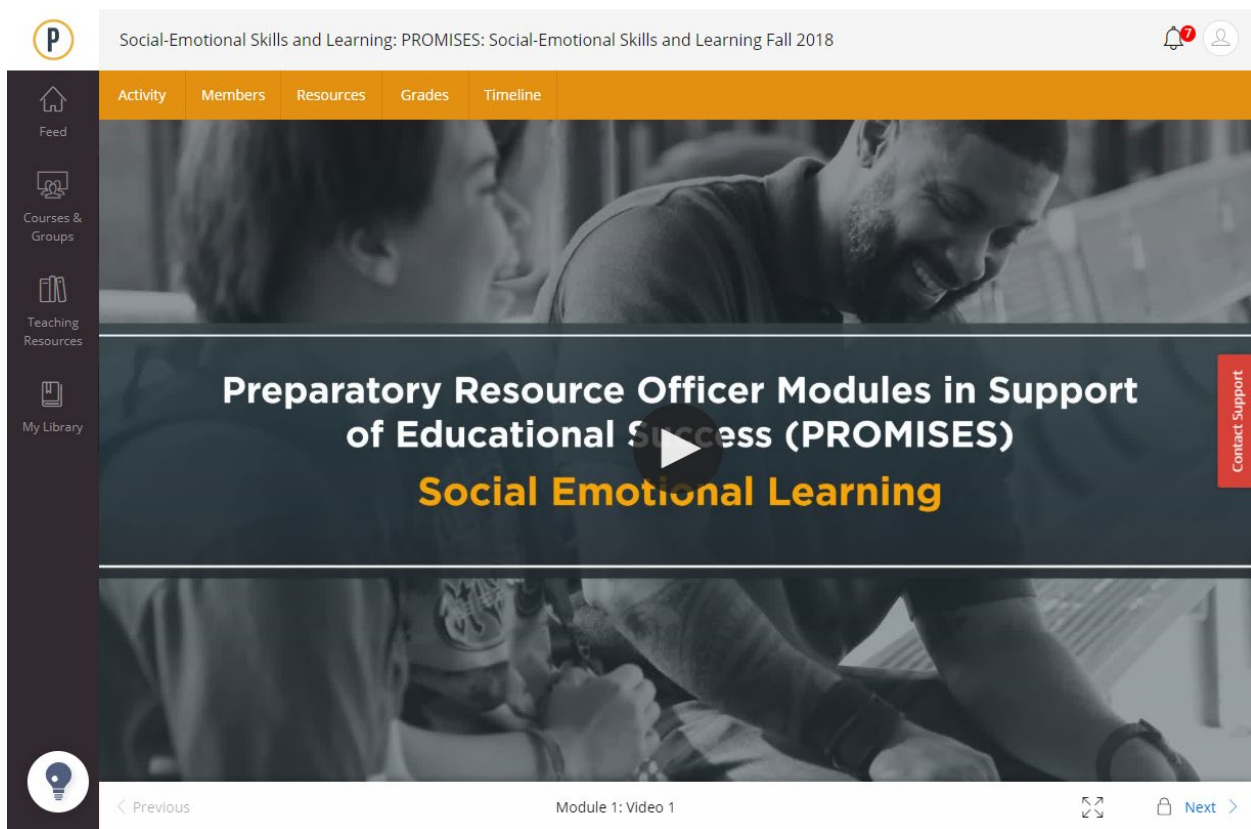


Figure 4: Reflection Log Example

Social-Emotional Skills and Learning: PROMISES: Social-Emotional Skills and Learning Fall 2018

Activity Members Resources Grades Timeline

PREPARATORY RESOURCE OFFICER MODULES IN SUPPORT OF EDUCATIONAL SUCCESS
PROMISES
 Social-Emotional Skills and Learning
TRAINING LOG

1. Take a few moments to reflect on something about yourself that you wish could be different. This could be something about your appearance, a bad habit, a relationship, a behavior, your health, anything!
2. When you think about what you would like to change about yourself, what emotions come to mind? How does it feel to think about it? What stories or images does it bring up?
3. Now, put yourself in the position of someone who cares deeply about you and roots for your success. This person sees and accepts your strengths and weaknesses, but is always supportive and wants the best for you. This can be a friend, family member, religious figure, anyone who supports you emotionally.
4. Think and write about what that person would say to you if they knew what you wish could be different about yourself. Write a letter to yourself from the perspective of that kind person. How might they respond? What would they say to you? What steps would they encourage you to take to support you in your own goals for change?

Module 1: Training Log 1 (Self-Compassion Activity)

Previous Next

Contact Support

Figure 5: Glossary Example

Social-Emotional Skills and Learning: PROMISES: Social-Emotional Skills and Learning Fall 2018

Activity Members Resources Grades Timeline

Page 1 of 2

PREPARATORY RESOURCE OFFICER MODULES IN SUPPORT OF EDUCATIONAL SUCCESS
PROMISES
 Social-Emotional Skills and Learning

Academic tenacity: understanding the relevance of school activities and building habits of working hard and smart throughout the year

Active bystander: Someone who actively steps in and can make a difference when observing a conflict

Emotion: an intuitive feeling or state of mind often accompanied by a physical reaction (examples: anger, fear, happiness, sadness)

Empathy: the ability to understand and share the feelings of another, often conceptualized as "putting yourself in someone else's shoes"

Feelings identification: being able to identify and share the feeling one is experiencing in a current state of mind

Growth mindset: the belief that people can grow and achieve success through hard work and good strategies

Implicit bias: the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control (Rudd, 2014).

Mindful breathing: focusing your attention on your breathing, the inhale and exhale

Perspective taking: the ability to take into account an alternative concept or way of thinking other than your own

Positive school climate: when a school provides a safe and supportive environment that fosters youth development and encourages healthy relationships

Prosocial behavior skills: a voluntary action intended to help others with no expectation of reward. The web of smaller abilities that weave together and allow us to establish and maintain healthy and rewarding relationships at home, at work, and with friends.

Relationship skills: the capacity to establish and maintain healthy and rewarding relationships fostered by communication, teamwork, and social engagement

Resilient Zone: This is when we are at our most flexible and adaptable. We're aware of the signs and symptoms of our body, and we have skills to help us keep our bodies in this zone of well-being.

SELM: GLOSSARY 1 / 2

Module 1: Glossary

Previous Next

Contact Support

Module 1: Trauma Informed Care

SAMHSA has defined trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (SAMHSA, 2014, p. 7). Childhood trauma is referred to as Adverse Childhood Experiences (ACEs), and includes, but is not limited to, abuse, neglect, maltreatment, witnessing violence, or the death of a family member, and has many lifelong negative consequences for health, well-being and behavior. This module used SAMHSA’s concept of trauma-informed care approaches, which entails four assumptions (realize, recognize, respond, and resist re-traumatization) and six principles (safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice, and choice, and cultural, historical, and gender issues). This module’s objectives included: (1) define trauma, (2) define three types of responses to stress (fight, flight, freeze), (3) understand and name the widespread impact and cultural context of trauma, (4) understand the effects of traumatic stress on the human body and recognize the signs and symptoms in students, and (5) develop strategies to integrate trauma-informed approaches into their role as an SRO. These objectives are aligned with approaches promoted by SAMHSA and the National Association of School Resource Officers (NASRO).

The outlined competencies were: (1) integrate evidence-based prevention and intervention strategies in the school culture with the goal of creating and maintaining a safe, secure, and orderly learning environment for students, teachers, and staff; (2) assist schools in addressing violence or other safety concerns; (3) conduct classroom presentations on a variety of

topics such as gang prevention, restorative practices, and conflict resolution; (4) act in the role of law enforcer, counselor, teacher, and mentor; (5) build and establish relationships throughout the school community, primarily with students; and (6) promote education and community involvement. Comprehensive trauma-informed approaches in schools can create many positive outcomes (Dorado et al., 2016), therefore it is imperative that all school safety personnel are trained in these approaches.

Module 2: Social-Emotional Learning

Social-emotional learning (SEL) is the process through which children and adults acquire and successfully apply the knowledge, attitudes, values, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, create and maintain positive relationships, and make responsible decisions (CASEL, 2019). SEL is comprised of five core competencies: self-awareness; self-management; social awareness; responsible decision-making; and relationship skills (CASEL, 2019). NASRO (2020) states that SROs serve three roles (law enforcer, counselor, and teacher/mentor) with the goal of sustaining physically and psychologically safe schools.

In this module, the objectives are: (1) understand the five social-emotional competencies, (2) increase awareness of their own social-emotional competencies, (3) recognize their implicit biases that might impact their work, (4) understand the positive benefits of social-emotional learning, (5) model social-emotional competencies for students, (6) help develop students' social-emotional competencies, and (7) develop strategies to integrate SEL approaches into their role. SEL interventions have many positive consequences for student behavior, academic success, and school climate (Durlak et al., 2011; Taylor et al., 2017). Additionally, adult SEL competencies influence students by enhancing the quality of student-staff relationships and

enhance staff's ability to manage the school (Jones, Bouffard, & Weissbourd, 2013). Therefore, it is reasonable to hypothesize that SROs that use and model the five SEL competencies will positively impact their students and school climate. Additionally, since self-regulation and co-regulation (i.e., continuously regulating one's own behavior and someone else's behavior; Butler & Randall, 2013) are fundamental skills to manage stressful school and related events, SEL competencies will assist SROs fulfill their three roles.

Module 3: Restorative Problem-Solving

Restorative justice (RJ) is broadly defined as “a process to involve, to the extent possible, those who have a stake in a specific offense and to collectively identify and address harms, needs, and obligations, in order to heal and put things as right as possible” (Zehr, 2002, p. 5). RJ is also commonly referred to as restorative practices and restorative problem-solving. The RJ approach has a focus on promoting reconciliation between the offender and the victim (Morrison, Blood, & Thorsborne, 2005). This orientation to discipline is unlike punitive approaches, which focus on punishing the offender (e.g., suspension, expulsion, etc.). In RJ, the offender is included in the problem-solving process to help repair the harm created (Payne & Welch, 2015). While punitive approaches to discipline, including zero tolerance policies, are associated with delinquency, academic failure, racial-discipline gaps, and do not mitigate school violence (Curran, 2016; Maguin & Loeber, 1996; U.S. Department of Education, 2016), restorative approaches are associated with effectively addressing violence, mitigating bullying, disrupting the school-to-prison pipeline, and reducing racial-discipline gaps and the severity and frequency of school violations (González, 2012; Gregory, Clawson, Davis, & Gerewitz, 2016) In schools, RJ emerged as a form of problem-solving, a way to address misconduct with empathy, and as an alternative to punitive disciplinary approaches (González, 2012; Payne & Welch, 2015). These

practices fall onto a spectrum from informal (e.g., affective statements, or communicating feelings about a situation) to formal (e.g., restorative circles, a collaborative process characterized by sitting in a circle and discussing problem-solving and relationship-building). Although the relationship between SRO presence and implementation of exclusionary discipline is inconsistent (Fisher & Hennessy, 2016), given the efficacy of RJ, SROs should be trained in its techniques.

In this module, SROs are taught about the difference between the traditional punitive discipline model and RJ, and how these practices differentially impact students. Further, the module aims to equip SROs with directly applicable restorative problem-solving skills, such as using affective questions and statements as well as facilitating restorative conversations. This module seeks to enhance SROs self-efficacy to apply restorative practices as an alternative to punitive disciplinary practices, which would help foster a positive and safe school climate.

Module 4: Cultural Competence

Cultural competence has been defined as a harmony of behaviors, attitudes, and policies at the professional, agency, and/or system-level that enable efficacy in cross-cultural situations (Cross, Bazron, Dennis, & Isaacs, 1989). At the professional level, cultural competence entails willingness to accept, respect, and engage with people from various cultural backgrounds and is a lifelong, dynamic process (Purnell & Paulanka, 2003; Shen, 2015; Suh, 2004). Cultural competence is comprised of four key areas: cultural knowledge, awareness, sensitivity, and skills (Jirwe, Gerrish, Keeney, & Emami, 2009; Shen, 2015; Suh, 2004). *Cultural knowledge* encompasses information an individual knows about another cultural group, including its' characteristics, beliefs, and customs (Brownlee & Lee, 2015). *Cultural awareness* refers to one's openness to changing one's attitudes towards culture (Brownlee & Lee, 2015). *Cultural*

sensitivity entails understanding multiculturalism and accepting that differences between cultures may clash with each other (Brownlee & Lee, 2015). Finally, *cultural skills* refers to the ability to incorporate cultural knowledge, awareness, and sensitivity to be able to work effectively in cross-cultural settings (Brownlee & Lee, 2015). Research shows promising impacts of teaching about culture in schools: One study demonstrated that having classes that contained culturally relevant teaching, or opportunities to learn about other cultures, was positively associated with student's academic outcomes and ethnic-racial identity development (Byrd, 2016).

In this module, SROs are introduced to the principles of cultural competence and why the development of these competencies is important for their work. The module emphasizes the importance of valuing diversity, respecting and accepting different cultural backgrounds, customs, and ways of communicating, and cultivating cultural self-awareness. Additionally, this module reviews the differences between surface culture and deep culture to illustrate a many ways in which culture influences one's behaviors and worldview. The module also refers to the importance of SROs serving as advocates for students from various cultural backgrounds and the importance of making cultural competence a norm in schools. Furthermore, the module introduces the concept of cultural humility, or the perspective that when it comes to someone else's culture, they are the expert (Waters & Asbill, 2013). Cultural humility is about being sensitive and open to learning about someone else's culture, instead of making assumptions. Finally, the module contains applicable strategies that demonstrate cultural competence among various marginalized populations.

Evaluation of Professional Development Modules for SROs

After the development of the four modules, a small pilot evaluation of the first two online PROMISES (Preparatory Resource Officer Modules in Support of Educational Success)

modules, Trauma-informed Care (TIC) and Social-Emotional Learning (SEL), was conducted with K-12 School Security Professionals (SSPs). Participants self-selected to receive the training either at the beginning of the summer (May 2019) or at the end of the summer (August 2019). Cohort 1 (immediate intervention) consisted of participants who selected the early summer training and Cohort 2 (delayed intervention-control group) consisted of participants who selected the later summer training. Participants in Cohort 1 completed a survey after viewing the two online professional development modules (Trauma-informed Care and Social-Emotional Learning) and Cohort 2 completed the same survey before being offered the training.

Research Questions

RQ1: Does the TIC professional development module improve SSP's TIC knowledge and competencies?

Hypothesis 1: SSPs in the intervention group will have higher scores on the TIC knowledge assessment and competencies than the delayed intervention-control group.

RQ2: Does the SEL professional development module improve SSP's SEL knowledge and competencies?

Hypothesis 2: SSPs in the intervention group will have higher scores on the SEL knowledge assessment and competencies than the delayed intervention-control group.

RQ3: Does the TIC and SEL professional development module improve SSPs' general self-efficacy?

Hypothesis 3: SSPs in the intervention group will have higher scores on the general self-efficacy assessment than the delayed intervention-control group.

Participants

Of all the participants ($n = 96$), 74% were male and 26% were female. Participant ages ranged from 31 to 70 years ($M = 42.0$) and years of experience in their job role ranged from 1 to 32 years ($M = 10.8$). The majority of participants 76%, identified as African-American/Black, 10% White, 9% Hispanic/Latino, and 5% identified as Multiracial. In terms of educational background, 16% had a high school degree, 4% had technical or vocational training, 40% had attended some college, 30% had a bachelor's degree, and 10% had a graduate degree. Due to a lack of nationally representative demographic data for SSPs, we compared this sample's demographic data to SROs. When compared with SROs, the racial/ethnic background of SSPs in this sample differs from demographics gathered from SROs in a nationally representative sample, where the majority of SROs identified as White (69%; Kurtz et al., 2018). However, age, gender, and level of education of SSPs in this sample are similar to national rates for SROs and to those found in a sample of SROs from the state of North Carolina (Kurtz et al., 2018; North Carolina Department of Public Instruction, 2018).

Study Procedures

This study was approved by the principal investigator's university institutional review board (IRB) and the school district's ethics board. Study participants were sent a recruitment flyer via email that invited them to participate and outlined details of the study. A total of 140 SSPs were invited and two reminder emails were sent. Upon logging into their local e-learning website (similar to sites such as Canvas, Sakai, etc.), participants self-selected to receive the training during an early summer date (May 2019) or a later summer date (August 2019). The recruitment flyer delineated that the expectations for each cohort were the same (i.e., each cohort would be given the same number of online professional development modules and surveys) and participation in either cohort would result in the same compensation for survey completion, but

the timeline for completing the online professional development modules would differ. The online professional development was delivered to participants in the immediate intervention group (Cohort 1; $n = 61$) during a six-hour in-person training in May 2019 in a local high school. Training modules were released to the delayed intervention-control group (Cohort 2) in August 2020.

Participants in Cohort 1 were greeted by the superintendent and the chief of safety and security for their school district. The research team provided participants technological assistance to access the online modules and the survey. A pretest survey was attempted in this study, but due to unforeseen logistical and technical circumstances, responses on the pretest were scarce and unusable. Participants completed the TIC module in the morning session and then completed the SEL module in the afternoon. Participants then completed the post-test survey, and upon completing the survey they received a \$40.00 Amazon gift card. Participants consented through the Qualtrics survey and were told they could skip any question and stop participating at any point and still receive compensation. The research team was able to verify post-training that less than half of the participants in Cohort 1, 42.6% ($n = 26$) did not start the SEL module or started the module without reaching the halfway point and 11.5% ($n = 7$) did not complete at least half of the TIC module. The delayed intervention-control group (Cohort 2, $n = 35$) completed the same survey prior to being provided the link to the training modules. They also received a \$40.00 Amazon gift card for completing the survey.

Measures

Participants completed demographic questions on *sex* (male/female), *age* (open-ended), *race/ethnicity* (select all that apply; African-American/Black, Asian, Native Hawaiian/Pacific Islander, White, Hispanic/Latino, Multiracial, American Indian/Alaskan Native), and *education*

(High school or GED, some college or Associate's degree, trade/technical/vocational training, Bachelor's degree, and Master's or Doctorate degree). All measures were built by averaging the items in the scale, with the exception of the knowledge questions where a percentage of correct responses was calculated instead.

General Self-Efficacy

The General Self-Efficacy scale is a 10-item instrument designed to measure self-reported self-efficacy (Schwarzer & Jerusalem, 1995). Participants were asked to indicate how true were statements such as: (1) *I can always manage to solve difficult problems if I try hard enough*, (2) *I am confident that I could deal efficiently with unexpected events*, (3) *It is easy for me to stick to my aims and accomplish my goals*. Response options include: 1 (*Not at all true*), 2 (*Hardly true*), 3 (*Moderately true*), and 4 (*Exactly true*) on a 4-point Likert-type scale. The instrument was found to be correlated with sentiments of positivity and work satisfaction with lower scores signaling stress, health complaints, exhaustion, depression, and anxiety (Schwarzer & Jerusalem, 1995). A recent meta-analysis found consistent evidence of the validity of the construct by measuring its associations with other psychometric variables across three different countries (Luszczynska et al., 2005). For the current study, Cronbach's alpha coefficient was .93.

Trauma-related Assessments

General knowledge of trauma and specific competencies about trauma were evaluated using two subscales from the 17-item Trauma-Informed Organizational Self-Assessment (Fallot & Harris, 2009). For this study, the subscales were identified using Exploratory Factor Analysis (EFA) using Varimax rotation which showed evidence for a two-factor structure in the larger scale as follows:

General Knowledge of Trauma-Informed Approaches. General knowledge of trauma-informed approaches was assessed with 8 items subscale from the 17-item Trauma-Informed Organizational Self-Assessment (Fallot & Harris, 2009). Participants were provided with the following stem “*I am confident of my knowledge of the following topics:*” (1) *How traumatic stress affects the brain and body.* (2) *The definition of traumatic stress.* (3) *How trauma affects a child’s development.* Participants indicated how much they agreed with each statement, and response options included: 1 (*Strongly Disagree*), 2 (*Disagree*), 3 (*Agree*), and 4 (*Strongly Agree*) on a 4-point Likert-type scale. The 8-items assessed the SSPs’ general knowledge of trauma and trauma-informed approaches (Fallot & Harris, 2009). For the current study, Cronbach’s alpha coefficient was .97.

Specific Competencies in Trauma-Informed Practices. Specific competencies related to trauma-informed practices were assessed with 9-items subscale from the 17-item Trauma-Informed Organizational Self-Assessment (Fallot & Harris, 2009). Participants were provided with the following stem “*I am confident of my knowledge of the following topics:*” (1) *How to help students identify triggers (i.e. reminders of dangerous or frightening things that have happened in the past).* (2) *How to help students manage their feelings (e.g. helplessness, rage, sadness, terror).* (3) *De-escalation strategies (i.e. ways to help people to calm down before reaching the point of crisis).* Participants indicated how much they agreed with each statement, and response options included: 1 (*Strongly Disagree*), 2 (*Disagree*), 3 (*Agree*), and 4 (*Strongly Agree*) on a 4-point Likert-type scale. The scale was designed to measure specific trauma-informed skills that SSPs may employ in their work. For the current study, Cronbach’s alpha coefficient was .96.

Trauma-Informed Care Module Knowledge Questions. Five multiple-choice questions were created for this study to measure proficiency in the content of the TIC module. Questions included knowledge of trauma-informed terminology, the consequences of trauma, and knowledge of the incidence of childhood trauma among adults. For example, participants were asked: *Without a trauma-informed approach, it is possible to re-traumatize students who have experienced adverse childhood experiences and interrupt the healing process. What is re-trauma?* and presented with the following choices: a. *A long discussion about possible signs of trauma;* b. *Another name for childhood poverty;* c. *The “relapse” of symptoms a student experiences when something new triggers the memory of a traumatic experience,* and d. *More than one of the above.* Each question was coded as: 1 (*Correct*) or 0 (*Incorrect*). Percent correct was calculated.

Social-emotional Learning Assessments

Self-Assessment of Social and Emotional Competencies (SASEC). The SASEC was adapted from the “Self-Assessing Social and Emotional Instruction and Competencies: A tool for teachers” (Yoder, 2014). Adaptation involved changing “instructional activities” to “SSP work.” This self-report assesses respondents’ comfort with employing social-emotional strategies in their daily interactions with students. Participants were asked to indicate how much they agree or disagree with statements such as: (1) *I effectively use multiple strategies (e.g., breathing techniques and mindfulness) when I have a strong emotional reaction in the workplace (e.g., stress, anger) when implementing security practices.* (2) *I am usually aware of how my emotions, culturally grounded beliefs, and background impact my emotional reactions.* (3) *I stay focused and consistent when I implement disciplinary actions.* Response options included: 1 (*Strongly Disagree*), 2 (*Disagree*), 3 (*Agree*), and 4 (*Strongly Agree*) on a 4-point Likert-type scale. The

scale was developed by the American Institute of Research in conjunction with Social-Emotional Competencies field experts and state department of education staff (Yoder, 2014). The 21-item measure covered the following factors of Social-Emotional Competencies: (1) *Self-Awareness* (5-items, $\alpha = .92$); (2) *Self-Management/Emotion Regulation* (4-items, $\alpha = .86$); (3) *Social Awareness* (4-items, $\alpha = .82$); (4) *Relationship/Social Skills* (4-items, $\alpha = .90$), and (5) *Responsible Decision Making* (4-items, $\alpha = .91$).

Social-Emotional Learning Module Knowledge Questions. Four multiple-choice questions were created for this study to measure proficiency on the SEL module. Questions included knowledge of the definitions of SEL, recognizing social-emotional competencies and the outcomes of SEL programs. For example, participants were asked, *Which social and emotional competency focuses on empathy, perspective-taking, and diversity?* and presented with the following choices: a. *Relationship skills*; b. *Responsible decision making*; c. *Social awareness*, and d. *Self-awareness*. Each question was coded as: 1 (*Correct*) or 0 (*Incorrect*). Percent correct was calculated.

Analytic Approach

We fitted a series of ten linear regression models for each outcome of interest in a posttest-only design to detect differences between SSPs in Cohort 1 (immediate intervention) and Cohort 2 (delayed intervention-control group). Each model included participants' age, gender, and level of education for two reasons, to determine whether competencies varied according to demographic differences among participants and to control for any potential differences in the estimates of intervention effects. All analyses were performed using the statistical software R and the package MICE (Multiple Imputation by Chained Equations) was used to handle missing data following the recommendations by Buuren and Groothuis-

Oudshoorn (2010). Multiple imputation is an advanced missing data imputation technique that accounts for uncertainty in the imputation process by imputing multiple datasets (Zhang, 2016). Multiple imputation by chained equations has been shown to render unbiased estimates of missing data in several simulation studies (Drechsler & Rässler, 2008; Horton & Kleinman, 2007; Van Buuren et al., 2006). Each linear regression was fitted separately to 100 imputed datasets and the resulting regression parameters were combined. Effect sizes (Cohen's *d*, Table 1) were calculated by taking the difference in posttest means for each group and dividing them by the pooled Standard Deviation (Cohen, 1977). Additionally, we conducted a post-hoc analysis of the means for each of the outcomes in Cohort 1 (immediate intervention) to determine whether there were significant differences in the outcomes between SSPs that had completed half or more of the modules and those that did not complete at least half of the module.

Results

Table 1 presents the means, standard deviations, and effect size difference for each study variable. Table 2 presents Pearson correlations between study constructs. Missing data was low across study constructs ranging from 4.9% to 11.5%.

Trauma-Informed Care Module

The regression model for the General Knowledge of Trauma-Informed Approaches scale (Table 3) was positive and statistically significant ($b = .36, p < .01$) indicating that SSPs in Cohort 1 had on average higher scores in the General Knowledge of Trauma-Informed Approaches scale compared to SSPs in the Cohort 2 (delayed intervention-control group) after controlling for gender, age, and level of education. Gender, age, and level of education were not significantly associated with the General Knowledge of Trauma-Informed Approaches scale.

Additionally, the regression model for the Specific Competencies in Trauma-Informed Practices scale (Table 3) was positive and statistically significant ($b = .31, p < .01$) indicating that Cohort 1 had on average higher scores in the Specific Competencies in Trauma-Informed Practices scale than Cohort 2 after controlling for gender, age, and level of education. Gender, age, and level of education were not significantly associated with the Specific Competencies in Trauma-Informed Practices scale.

Lastly, the regression model for the Trauma-Informed Care Knowledge Questions was positive and statistically significant ($b = .13, p < .01$) indicating that Cohort 1 had on average higher scores in the Trauma-Informed Care Knowledge questions than Cohort 2 after controlling for gender, age, and level of education. Gender, age, and education level were not significantly associated with the Trauma-Informed Care Knowledge Questions.

The effect size differences (Cohen's d) between the intervention and control groups showed a positive medium-to-high effect ranging from .60 to .67 indicating that the intervention had a meaningful practical significance in SSPs' TIC knowledge and competencies (Durlak, 2009).

Social-Emotional Learning Module

There were no significant differences detected between the two cohorts for any of the social-emotional learning measures (Self-Awareness, Self-Management/Emotion Regulation, Social Awareness, Relationship/Social Skills, Responsible Decision Making, and SEL Knowledge Questions; see Table 3). Similarly, there were no significant associations found between age, gender, and level of education with any of the SEL measures.

General Self-Efficacy

There was no significant difference detected between the two cohorts on the General Self-Efficacy scale (see Table 3). Similarly, there were no significant associations between age, gender, and level of education and the General Self-Efficacy scale.

Module Completion Post-Hoc Analysis

We conducted a post-hoc analysis of the means for each of the outcomes for Cohort 1 (immediate intervention) to determine whether there were significant differences in the outcomes between SSPs that had completed half or more of the modules (TIC and SEL) and those that did not complete at least half of the modules. Table 4 summarizes the means and *t*-tests for Cohort 1 according to their Module completion status. The *t*-tests showed no statistically significant differences between the SSPs that did not complete more than half of the TIC module ($n = 7$) and the SSPs that completed half or more of the TIC module ($n = 54$). However, statistically significant differences were found between SSPs that completed half or more of the SEL module ($n = 35$) and those that did not complete the SEL module ($n = 26$) for the outcomes Specific Competencies in Trauma-Informed Practices ($t = -2.15, p < .005$), SEL - Social Awareness ($t = -2.41, p < .05$), SEL - Self-Management ($t = -2.62, p < .01$), and SEL - Relationship Skills ($t = -3.17, p < .01$). That is, SSPs who completed half or more of the SEL module reported higher self-reported SEL competencies than those who did not complete the SEL module (Table 4).

In addition to the module completion post-hoc analysis, we re-ran all regression models and added a variable to indicate whether the participant completed the SEL Module while also controlling for the participant being in the intervention condition. Due to the small number of participants who completed the SEL module, results from the exploratory analysis are presented in Supplemental Table 1. Although we interpret these results cautiously, the supplementary analysis confirmed some of the findings of the post-hoc analysis and suggested that SEL Module

completers had significantly higher General Knowledge of Trauma-Informed Approaches, SEL – Social Awareness, SEL - Self Management, and SEL - Relationship Skills than those who did not complete the SEL module.

Table 1
Descriptive Statistics by Intervention Condition

	Intervention ^a		Control ^b		Effect Sizes
	N / Mean	% / SD	N / Mean	% / SD	
Demographics					
Male	41	67.2%	24	68.6%	
Age	51.70	7.55	51.00	7.57	
Education					
High school/GED	10	16.4%	6	17.1%	
Some college or Associate's degree	22	36.1%	14	40.0%	
Trade/technical/vocational training	3	4.9%	1	2.9%	
Bachelor's degree	16	26.2%	11	31.4%	
Master's or Doctorate degree	7	11.4%	0	.0%	
Main Outcomes					
TIC - General Knowledge	3.41	.48	3.06	.60	.64
TIC - Specific Competencies	3.35	.48	3.05	.52	.60
TIC - Knowledge Questions	.83	.19	.70	.20	.67
Self-Efficacy	3.31	.43	3.44	.42	-.31
SEL - Social Awareness	3.29	.43	3.37	.45	-.18
SEL - Self Awareness	3.26	.44	3.19	.44	.16
SEL - Self Management	3.25	.47	3.22	.43	.07
SEL - Responsible Decision	3.26	.48	3.42	.47	-.34
SEL - Relationship Skills	3.29	.51	3.42	.49	-.26
SEL - Knowledge Questions	.57	.24	.47	.24	.42

Note. Positive effect sizes favor the intervention condition.

^a Intervention ($n = 61$) ^b Control ($n = 35$)

Table 2
Correlations Between Study Constructs

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Male	-													
2. Age	-.10	-												
3. Intervention	.01	.04	-											
4. Education	-.16	.18	.02	-										
5. TIC - General Knowledge	-.06	-.08	.31*	-.15	-									
6. TIC - Specific Competencies	.10	-.13	.29*	-.16	.84*	-								
7. Self-Efficacy	.04	-.04	-.15	-.08	.32*	.36*	-							
8. SEL - Social Awareness	-.06	.07	-.09	-.01	.24*	.27*	.58*	-						
9. SEL - Self Awareness	-.08	-.06	.08	.00	.36*	.39*	.69*	.70*	-					
10. SEL - Self Management	-.17	.02	.04	-.08	.32*	.36*	.66*	.79*	.73*	-				
11. SEL - Responsible Decision	-.11	.14	-.16	.06	.16	.22*	.57*	.71*	.57*	.69*	-			
12. SEL - Relationship Skills	-.09	-.01	-.12	-.01	.25*	.31*	.65*	.78*	.69*	.78*	.75*	-		
13. TIC - Knowledge Questions	-.14	-.03	.31*	.13	.18	.11	.18	.06	.15	.23*	.08	.07	-	
14. SEL - Knowledge Questions	-.04	-.03	.20	.04	.14	.14	.05	.18	.27*	.26*	.11	.19	.27*	-

Note. * $p < .05$

Table 3*Summary of Results for each Outcome*

Model	Intervention			Male		Education		Age		Intercept	
	R ²	b	SE	b	SE	b	SE	b	SE	b	SE
1. TIC - General Knowledge	.14	.36*	.12	-.10	.14	-.25	.13	-.00	.01	3.52*	.37
2. TIC - Specific Competencies	.13	.31*	.11	.07	.13	-.21	.13	-.01	.01	3.48*	.33
3. TIC - Knowledge Questions	.14	.13*	.04	-.06	.05	.07	.06	-.00	.00	.85*	.15
4. Self-Efficacy	.03	-.12	.09	.02	.11	-.10	.11	-.00	.01	3.55*	.33
5. SEL - Social Awareness	.02	-.10	.10	-.07	.11	-.05	.12	.00	.01	3.39*	.33
6. SEL - Self Awareness	.02	.07	.09	-.09	.11	-.04	.12	-.00	.01	3.49*	.33
7. SEL - Self Management	.05	.01	.09	-.19	.10	-.14	.12	-.00	.01	3.53*	.35
8. SEL - Responsible Decision	.06	-.17	.10	-.12	.12	.01	.12	.01	.01	3.22*	.36
9. SEL - Relationship Skills	.04	-.15	.11	-.12	.13	-.04	.13	-.00	.01	3.76*	.38
10. SEL - Knowledge Questions	.05	.09	.05	-.02	.06	.02	.07	-.00	.00	.60*	.23

Note. Each row presents results for a different model and columns contain predictor estimates ($N = 96$). * $p < .01$;

Table 4*Means for each Outcome and Two Sample t-tests by Module Completion*

Model	TIC Module			SEL Module		
	Mean No	Mean Yes	<i>t-test</i>	Mean No	Mean Yes	<i>t-test</i>
1. TIC - General Knowledge	3.52	3.39	.56	3.28	3.49	-1.68
2. TIC - Specific Competencies	3.56	3.32	.96	3.18	3.45	-2.15*
3. TIC - Knowledge Questions	.70	.84	-1.22	.81	.84	-.48
4. Self-Efficacy	3.18	3.33	-1.26	3.20	3.39	-1.78
5. SEL - Social Awareness	3.10	3.31	-1.67	3.13	3.39	-2.41*
6. SEL - Self Awareness	3.23	3.28	-.25	3.16	3.33	-1.43
7. SEL - Self Management	3.04	3.28	-1.72	3.07	3.37	-2.62**
8. SEL - Responsible Decision	3.29	3.25	.16	3.14	3.34	-1.53
9. SEL - Relationship Skills	3.00	3.33	-1.19	3.05	3.45	-3.17**
10. SEL - Knowledge Questions	.60	.57	.32	.54	.59	-.87

Note. Participants who did not complete TIC Module ($n=7$, 11%); participants who completed TIC module ($n=54$, 89%); participants who did not complete SEL module ($n=26$, 43%); participants who completed SEL module ($n=35$, 57%).

* $p < .05$; ** $p < .01$

Implications and Future Directions

Many professionals in K-12 settings, including teachers and social workers, are required to actively participate in professional development and complete assessments that measure their competencies on improving student outcomes. This is not the typical experience of SSPs and SROs. The lack of information, consistency and transparency regarding SSPs' and SROs' experiences and their training requirements has significant implications for school safety and social justice. Specifically, the lack of information calls into question the level of preparation and support for security personnel to be efficacious in their role. The current study indicates that SSPs and SROs demonstrated greater knowledge and competencies related to using trauma-informed care in their profession after completing the module. This finding suggests that the TIC module taught participants new trauma-informed concepts and strategies. However, whether or not the information learned is applied when working with students has not been assessed.

The active participation of SROs and SSPs in professional development and regular assessments have implications for school districts and policymakers. That is, assessments can be used to identify gaps in knowledge and inconsistencies in procedures that exacerbate inequities. Professional development should be mandatory and be informed by the assessments to increase the efficacy, consistency, and transparency in school safety practices. For example, understanding the context of trauma through the lenses of identity, culture, and history is a particularly important topic for school security given their position as gatekeepers to the school-to-prison pipeline. Nationally, Black students are three times more likely to be suspended than White students, and, despite making up only 16% of the school population, account for 27% of referrals to law enforcement and 31% of school arrests (Civil Rights Data

Collection, 2014). The widespread utilization of SSPs and SROs (especially the ones that carry weapons on campus such as guardians) in schools has recently come under public scrutiny following nationwide attention on police that have disproportionately targeted, over-policed, and murdered Black people. Frequent interactions with SSPs at school may be especially traumatizing for Black students and may contribute to adverse psychological consequences. Geller and colleagues (2014) found that participants who reported more contact with the police also reported more trauma and anxiety symptoms.

Despite the intention for police presence in schools, the effects of racial trauma can make Black and other students of color feel less safe in schools, and interactions with police may re-traumatize them. Therefore, it is imperative that *if* SSPs and SROs remain in schools they should be given ongoing, mandatory professional development and be assessed if they are meeting the needs of their students and school community.

Important future directions include replicating this finding in larger trials with other K-12 school security and exploring the extent to which performance on these measures predicts improvements in integrating material into job performance. Additionally, there are also disparities in information available on the types of support for professional development between SROs and SSPs (Morris et al., 2017). To understand the effectiveness of all school security professionals, it is imperative that they are involved in professional development opportunities alongside other school staff. Future work should also focus on understanding the unique experiences, needs, and skills of these professionals to build an empirical literature base. Further, we encourage future researchers to work with SROs and SSPs to develop creative professional development delivery formats that are more relevant and preferable. A recommended starting point would be to explain the research components and the

professional development activities in greater detail to recruit and retain participation of security personnel. Also, once we have a better mechanism to recruit and retain these study participants, future research should work on pushing this work forward by examining: (1) the long-term impact of the professional development training; (2) how to evaluate the impact of training on school-level data such as discipline trends; and (3) how this training differentially impacts security professionals with and without firearms in our schools.

What opportunities for training and professional development has the project provided?

Two graduate students, four former UF undergraduate students (post-baccalaureate research assistants applying for graduate school in psychology), and a project coordinator (who is applying to graduate school in developmental psychology) are currently working on this project and have been actively involved in all aspects of the grant. Script writing and module production have provided excellent opportunities for training. The students became fully immersed in the literature and gained knowledge on how to communicate evidence and science in digestible ways with an engaging tone. Participation in this process helps to foster future researchers, and provides them with an excellent opportunity to see how science can translate to practitioners (e.g., SSPs and SROs) in schools. These team members continued to work closely on script writing and were in the studio with the experts and SROs during the filming.

How were the results disseminated to communities of interest?

Journal publications (*Student Author)

1. Espelage, D. L., El Sheikh, A.*, Robinson, L. E., Valido, A.*, Ingram, K. M.*, Torgal, C.*, Atria, C., Salama, C., Chalfant, P., Poekert, P., Nicholson, A. (2020). Development of online professional development for School Resource Officers: Understanding trauma,

social-emotional learning, restorative discipline, and cultural diversity. *Journal of Police & Criminal Psychology*. doi: 10.1007/s11896-020-09404-z

2. Forber-Pratt, A.J., El Sheikh, A.J.,* Robinson, L.E.*, Espelage, D.L., Ingram, K. M.*, Valido, A.* & Torgal, C.* (in press). Trauma informed care in schools: Perspectives from school resource officers and school security personnel during professional development training. *School Psychology Review*.
3. Espelage, D.L., Valido, A.*, Robinson, L.E.*, El Sheikh, A.*, Ingram, K.M.*, Torgal, C.A.*, Atria, C., Chalfant, P.K., Nicholson, A.M., Poekert, P., & Salama, C.D. (in press). Pilot evaluation of K-12 school security professionals online training: Understanding trauma and social-emotional learning. *School Mental Health*.

Other publications, conference papers and presentations.

Due to COVID-19, our team did not present at conferences during this reporting period.

However, we did respond to reviews of our three manuscripts, including a paper that describes the development of the online professional development modules, a paper of the quantitative outcomes for the small scale randomized clinical trial, and a paper of the qualitative outcomes of the trial. All three papers were accepted for publication during this reporting period.

Professor Espelage has presented the introductory video and the SRO professional online development at the following venues:

- (1) Keynote Speaker, Summit on Student Safety and Wellbeing co-hosted by the School of Education, University of North Carolina, Dec. 1. Summit attended by school police, state legislators, teachers, practitioners, and researchers.

- (2) Colloquium Speaker, College of Education, University of North Carolina, November 31, 2018. Attended by pre-service teachers, student-teachers, school psychology professors and graduate students, and campus administrators.
- (3) Keynote Speaker, Research-informed school violence prevention. Keeping children safe from Bullying Conference, Government of South Australia, Department of Education, Adelaide, Australia, November 2018. International conference held in four different cities, attended by legislators, teachers, practitioners, and researchers etc.
- (4) Keynote Speaker, Preventing bullying and sexual violence in US schools. Gender Development Research Conference, San Francisco, October 2018. Attended by leading gender research scholars and early career professionals.
- (5) Panel participant, Addressing School Safety in the Parkland Shooting Era, National Academy of Education Annual Retreat, November 2018. Attended by elected member of the National Academy of Education and early career Spencer Foundation research fellow.

Professor Espelage presented the development of the online professional development training in several talks that included her larger research program at the following venues:

- (1) Espelage, D.L. (2019, February). Research-informed bullying prevention: Social-emotional learning & school. Arizona Psychological Association, Phoenix, Arizona.
- (2) Espelage, D.L. (2019, April). Softening the “Hardening of Schools”: Innovative Prevention and Intervention Efforts to Address School Violence and Promote School Connectedness. International Violence, Abuse, and Trauma Conference, Honolulu, Hawaii.

- (3) Espelage, D.L. (2019, April). Prevention & Intervention of Youth Bullying and other Forms of Youth Aggression: Research Informed Strategies. National Research University Higher School of Economics, Moscow, Russia.
- (4) Espelage, D.L. (2019, April). Research-informed bullying prevention: Social-emotional learning & school. Ohio School Psychological Association, Columbus, Ohio.
- (5) Espelage, D.L. (2019, April). Preventing bullying in schools and beyond. Lehigh University, Bethlehem, Pennsylvania.
- (6) Congressional Briefing Panelist (2019, June). Innovative research strategies to address school violence: Youth voice in school- and community-based prevention. The Impact of Weapons and Violence on Schools and Surrounding Communities: A Congressional Briefing.
- (7) Espelage, D.L. (2019, August). Addressing school violence: Multiple perspectives, experiences, and professional development.

Products

TITLE OF PROMISE SCRIPTS.

- 1. Adverse childhood experiences and trauma-informed care.**
- 2. Social-emotional skills and learning.**
- 3. Restorative problem-solving.**
- 4. Cultural competence.**

What do you plan to do during the next reporting period to accomplish the goals and objectives?

Nothing to Report.

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