

Kempe-Chevron TRIP in Schools

Annual Report

September 2025

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Weld District RE-4 (Spring 2024 to Spring 2025) -- Aims of Program

- **Knowledge:** Enhance knowledge and skills of trauma-responsive practices through training/workshops.
- **Practice:** Transfer knowledge into day-to-day practice through coaching and consultation when working with children, families, and communities.
- **Resilience:** Increase the resilience of the workforce.
- **Responsiveness:** Improve and/or enhance organizations' use of trauma-responsive and culturally responsive policies and practices.

The Trauma-Responsive Implementation and Practice (TRIP) program is designed to be responsive to the cultural needs of schools, staff, and students to improve the quality of the workforce and support students' well-being and learning.

Trauma-Responsive Implementation and Practice in Schools Approach

- An individualized, comprehensive, whole-child, culturally informed, trauma-responsive approach to improving the academic success and well-being of students and staff.

Goals:

- Cultivate a school environment that is attentive and sensitive to the needs of all students, especially those who have experienced trauma.
- Foster a culture of empathy, support, and connectedness.
- Prioritize the well-being of staff, teachers, and students to create a holistic and thriving educational community.
- Sustain practice change by developing in-house experts.

In our collaboration with schools, we prioritize an in-depth understanding of their specific needs and tailor our approach accordingly for each school. We invest time in getting to know the school culture and assessing their needs and requests, without imposing any additional workload. Instead, we strive to integrate and enhance existing initiatives, as we recognize schools may experience fatigue from the continual adoption of new initiatives. The goal is to help them recognize what they are already doing and build upon their current efforts.

Needs Identified by Weld District RE-4 Mental Health and Wellness Coordinator

- **Addressing Post-COVID Pandemic Challenges:** The lingering effects of the pandemic such as disruptions in learning, increased stress, and heightened anxiety.
- **Understanding Different Levels of Stress & Trauma:** Various forms of trauma/adverse challenges can be a nuanced and personal experience.
- **Enhancing Teacher Responsiveness:** Understand how trauma may manifest, behaviorally or emotionally, and adapt strategies to respond accordingly, creating an empathic learning environment fostering better connection between teachers and students.
- **Developing Teachers' Social-Emotional Skills:** Fostering their emotional intelligence, empathy, problem-solving, and communication skills.
- **Enhancing Teachers' Self-Regulation Skills:** Modeling appropriate behavior, managing their stress, and regulating their emotions.
- **Starting at Lower Grade Levels:** Sets a foundation for students' emotional well-being and resilience throughout their academic journey.

Needs Identified by Weld District RE-4 Preschool Principal

The Preschool Principal highlighted the needs of children entering pre-Kindergarten programs, all of whom were impacted by COVID and some who additionally display developmental delays. Weld RE-4's Preschool Program completed its first year in 2024-2025. Five schools within the district operate 2 preschool classrooms each. Preschool has two half-day sessions, four days per week, with 16 students per session per classroom. The collaborative aims to integrate, enhance, and implement trauma- and culturally-responsive practices.

The Preschool Principal established goals for the school year.

- Focus areas include:
 - Addressing teacher burnout.
 - Enhancing trauma-informed practices for preschoolers, families, and staff.
- Goals were identified through a pre-needs assessment aimed at increasing knowledge and skills.
- An implementation team was formed for ongoing meetings, consisting of:
 - Principal
 - Learning Coach who supports all preschool staff
 - One preschool teacher
- The implementation team aims to ensure sustainability and provide peer support.
- TRIP would offer consultation to the implementation team to support staff.
- Ongoing workshops would be delivered to all preschool staff.

School-Specific Progress

Range View Elementary School

- Range View is in its second year of TRIP implementation.
- Sustainability:
 - Monthly 1 hour learning sessions to support staff and sustain trauma-responsive practices and ensure student support and staff well-being.

- Learning sessions were conducted with the existing Multi-Tiered System of Supports (MTSS) team, which guides the schoolwide implementation of the MTSS framework and provides consultation to educators about specific students at MTSS Tiers 2 or 3 who are requiring additional support. Members included:
 - Principal
 - School counselor
 - Classroom teacher
 - 2 intervention teachers
 - 1 specials teacher
 - 2 special education teachers
 - 1 English and language development teacher
- Conducted debriefing sessions with Principal after learning sessions to ensure effective implementation of practices and to promote sustainability.

Skyview STEM Elementary School

- Skyview is in its second year of TRIP implementation.
- Sustainability:
 - Monthly 1 hour learning sessions to sustain trauma-responsive practices and ensure student support and staff well-being.
 - Learning sessions were conducted with the Implementation Team, which was convened specifically for this project and included:
 - Principal
 - School Counselor
 - School Psychologist
 - Three teachers representing lower, middle, and upper grades
 - Conducted debriefing sessions with Principal after learning sessions to ensure effective implementation of practices and to promote sustainability.

Preschool Program (Across 5 Schools)

- Preschool is in its first year of implementation.
- TRIP developed developmentally appropriate training curricula.
- TRIP delivered monthly 2-hour learning sessions to the entire staff of preschool teachers from 5 sites plus the Principal and Learning Coach.
- TRIP held meetings with the implementation team 1 to 2 times per month.
 - To plan and debrief workshops and
 - To engage in consultation about continuous improvement practices.

District-Wide Training

- At the request of the district's Mental Health and Wellness Coordinator, TRIP conducted a 2.5-hour workshop on Trauma-Responsive and Regulation Strategies for school counselors and psychologists from all district schools in the first half of the school year.
- This specific workshop was attended by 24 staff members from all district schools including those working with TRIP as well as all others at the elementary, middle, and high school levels.
- Participants reported significant growth in understanding trauma-informed and culturally responsive practices.

- Post-workshop assessments indicated increased confidence and readiness to implement new strategies.
- Ninety-two percent of attendees reported that their schools would benefit from the workshop content.
- Strong improvements were noted in self-regulation strategies and co-regulation modeling with students and colleagues.

The reach of the TRIP program for Weld RE-4 in 2024-2025 is summarized in Table 1 below.

Table 1: Weld RE-4 Participation 2024-2025

School	Workshop Participants	Learning Participants	Implementation Participants	Total TRIP Contact Hours All Activities
Grandview Elementary	1	0	0	10
Hollister Lake Elementary	1	0	0	2
Mountain View Elementary	1	0	0	2
Orchard Hill Elementary	1	0	0	2
Preschool	11	0	3	119
Range View Elementary	2	9	1	42
Severance High School	5	0	0	10
Severance Middle School	2	0	0	4
Skyview Elementary	2	7	1	38
Tozer Primary School	1	0	0	2
Weld RE-4 School District	2	0	1	15
Windsor High School	4	0	0	8
Windsor Middle School	3	0	0	6
Total	36	16	6	260

Note: Participation columns are number of unique faculty/staff who attended at least one activity of each type. Contact hours are TRIP Team contact per school, across all activities (workshop, learning, implementation, consultation, coaching) – see Program Evaluation below for more details.

Weld RE-4 Plan for 2025-2026 School Year

Preschool Program (Year 2)

- Continue delivering learning sessions to reinforce and deepen trauma-responsive practices and ensure sustainability.

- Implement a train-the-trainer model to build internal capacity and ensure long-term sustainability.
- Provide consultation support for the implementation team (learning coach, teacher, and principal) to sustain practice changes.

Range View Elementary (Year 3)

- Offer booster sessions and consultation as requested to reinforce and deepen trauma-responsive knowledge and strategies.
- Engage in the evaluation component to measure progress and effectiveness of trauma-responsive strategies.
- The school implementation team will continue to enhance and refine social-emotional skill-building efforts among students and staff and integrate trauma-informed practices into daily routines.

Skyview STEM Elementary (Year 3)

- Offer booster sessions and consultation as requested, focusing on key areas identified through staff feedback and evaluation results.
- Engage in the evaluation component to measure progress and effectiveness of trauma-responsive strategies.
- The school implementation team will continue to enhance and refine social-emotional skill-building efforts among students and staff and integrate trauma-informed practices into daily routines.

School year 2025-26: Expansion to Weld School District RE-8 (Fort Lupton)

TRIP engaged new schools in Weld School District RE-8 (Fort Lupton) to expand trauma-responsive practices. The district includes Butler Elementary, Twombly Elementary, Little Trappers Preschool, and Kenneth Homyak PK-8. Twombly and Butler indicated interest and will begin participating in fall 2025.

Table 2: Weld RE-8 School Populations

School and grades served	Staff Population	Student Population
Twombly Elementary Kindergarten through 5th Grade	68	449
Butler Elementary Kindergarten through 5th Grade	50	400

The implementation process will include:

- **Stakeholder Meetings:** Collaborate with district leadership, school principals, and key staff to introduce the TRIP framework and align with existing school initiatives.
- **Needs Assessment:** Conduct pre-assessments with school leadership and staff to identify areas for trauma-informed growth.

- **Implementation Planning:** Develop a phased implementation plan tailored to each school's readiness and priorities.
- **Training and Coaching:** Provide initial trauma-responsive training sessions, followed by ongoing coaching and consultation.
- **Sustainability Planning:** Training of trainers and peer support will enhance and refine skill-building efforts among staff and integrate trauma-informed practices into daily routines.

Implementation Summary

The 2025-2026 school year marks a pivotal phase in expanding and sustaining trauma-responsive practices across multiple schools. Year 2 of the Preschool Program in Weld RE-4 will focus on reinforcing trauma-informed strategies and establishing a sustainable train-the-trainer model. Year 3 for Range View Elementary and Skyview School of STEM will continue refining their trauma-responsive approaches, integrating them into daily routines, and engaging in evaluation efforts to measure impact.

The expansion into Weld School District RE-8 (Fort Lupton) represents a significant opportunity to introduce and embed trauma-informed practices in new schools. Through stakeholder collaboration, needs assessments, targeted training, and sustainability planning, TRIP aims to build capacity within these schools to foster safe, supportive learning environments. By maintaining a strong focus on professional development, evaluation, and implementation support, this initiative will contribute to lasting systemic change that benefits both educators and students.

Program Evaluation

In partnership with the TRIP team and generously funded by Chevron and the [Kempe Foundation](#), the evaluation team conducted an exploratory pilot study for TRIP in schools based on the Weld County RE-4 pilot sites. The study focused on two existing elementary schools and the pre-K program, as described above. Early evidence has been used for continuous quality improvement for the program itself and begins to build a foundation that, depending on continuing outcomes, may support future implementations, funding and evaluation. The overarching goal of the 2024-2025 pilot study was to use descriptive tools to understand the key elements of TRIP in schools, the important variables or factors to study, and how to effectively evaluate outcomes in the context of school settings.

High-Level Plan for Pilot Study

The high-level summary of pilot study activities include:

- Co-review and revise TRIP logic model, considering workshop training and consultation and explicating causal connections (see Appendix A).
- Develop evaluation questions and pilot study plan with all key partners.
- Conduct ongoing readiness assessment (i.e. readiness of district and schools to support data collection).
- Finalize a data collection plan.
- Develop an early implementation assessment tool based on [Active Implementation Frameworks](#).
- Obtain IRB and school/district data sharing agreement approvals (as needed).
- Recruit and consent staff/teacher/professional participants.

- Conduct staff-level data collection surveys.
- Plan for district/school administrative data collection, including data specification and construction.
- Extract and construct administrative data files for analysis.
- Analyze data.
- Dissemination: July 2025 presentation to the Kempe Foundation Board of Directors and written project report.

Implementation and Outcomes Study

TRIP in Schools is essentially a school-level intervention intended to develop understanding, commitment, and changed practice among school faculty and staff, which in turn supports the goal of successfully addressing trauma-based needs among students. This capacity to address student needs in a trauma-responsive manner is aimed at creating change throughout the school organization to ultimately support student learning and well-being.

The goal of an implementation assessment is to describe and understand “what’s happening” with the TRIP program. What are the different activities related to TRIP? Who participates? How do staff use new knowledge? And which pieces are most likely to affect future student outcomes? Before we can hypothesize about “what works” we need to understand “what’s happening.”

Pilot Study Questions

We seek to answer the following questions:

1. Are TRIP workshop trainings implemented in accord with solid implementation practice?
2. How many teachers/staff participate in TRIP training and consultation for the 2024-2025 school year and how engaged is their participation?
3. Do schools increase their readiness for trauma-responsive practice over the 2024-2025 school year?
4. Are teachers/staff satisfied with TRIP workshop training and consultation?
5. Do teacher/staff resilience and quality-of-life levels (measured before and after involvement with TRIP for the current year) change over the 2024-2025 school year as teachers/staff are engaged in TRIP?

Data Collection

The primary modes of data collection were an implementation matrix completed by the TRIP team; participation data; and needs assessment, quality of life, and resilience data collected from school staff via survey at baseline and follow-up.

As noted, the logic model outlining the TRIP in Schools framework and program is attached in Appendix A. Based on discussions with the TRIP team, teacher/staff distress/well-being was prioritized as an outcome of interest for the 2024-2025 year. These outcomes were measured by two scales: a resilience scale and a professional well-being scale (citations and details below).

- Staff baseline, pre-TRIP resilience, and change over time, as measured by the Connor-Davidson resilience scale.
- Staff professional well-being, including compassion satisfaction, burnout and secondary traumatic stress as measured by the Professional Quality of Life Scale and its subscales.

Survey data were collected via Qualtrics, with human subjects oversight (necessary to work in schools) provided by the Colorado Multiple Institutional Review Board at the University of Colorado Anschutz Medical Campus.

Results

Implementation Results (Question #1)

Traditionally, implementation science has concerned itself with how to translate a program or practice that has been studied in a controlled way into the “real world.” TRIP in Schools is a program which is still evolving and engaging in continuous learning. Essentially, the Weld RE-4 and RE-8 school districts are our “laboratory” for understanding the most effective design for TRIP. Therefore, we have adapted principles from implementation science to help understand “what works” as the program grows and develops. In consultation with the TRIP team, the evaluation team is using principles from the National Implementation Research Network (NIRN) framing. NIRN aligns with the theory undergirding TRIP and has been broadly used in school contexts. The evaluation team has developed a scoring tool for internal team use to help highlight where the TRIP team’s focus should go. It is based on the five (5) Active Implementation Frameworks (AIFs) which are key ingredients necessary to achieve socially significant student outcomes. These frameworks are: Effective Practice, Effective Implementation – Stages, Effective Implementation – Drivers, Enabling Context – Teams and Enabling Context – Improvement Cycles. NIRN aligns with the theory undergirding TRIP and has been broadly used in school contexts. The evaluation team has developed a scoring tool for internal team use to help highlight where the TRIP team’s focus should go. It is based on the five (5) Active Implementation Frameworks¹ (AIFs) which are key ingredients necessary to achieve socially significant student outcomes². These frameworks are: Effective Practice, Effective Implementation – Stages, Effective Implementation – Drivers, Enabling Context – Teams, and Enabling Context – Improvement Cycles.

This developmental evaluation work has highlighted areas of success which include: (1) the TRIP team’s school-level implementation team approach; (2) focus on creating infrastructure and “what happens after the TRIP team is gone;” (3) supportive school leadership; and (4) dedicated time for staff to engage in TRIP activities. The tool has also highlighted areas of focus for the next year.

¹ <https://implementation.fpg.unc.edu/implementation-practice/>

² Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2015). Implementation Science. International Encyclopedia of the Social & Behavioral Sciences, 2nd ed (11). p. 695-702 doi: 10.1016/B978-0-08-097086-8.10548-3

These include: (1) the need for a program manual; (2) focus on “what are the core components” of TRIP; and (3) how to more effectively use coaching in the context of a busy school.

Key Learning: Implementation (Question #1)

The framework has been especially crucial in being able to identify the core components of TRIP in Schools. It has contributed to both program development and robust implementation in the following ways:

Clarification of Core Components: AIFs help identify and operationalize the essential elements of TRIP, translating the program’s aims of Knowledge, Practice, Resilience, and Responsiveness into actionable steps. This process also involves incorporating the trauma-informed principles into daily practices. This included identifying a need to creatively use coaching and consultation (including possibly peer coaching) to move knowledge into day-to-day practice as well as emphasizing staff well-being through training and support systems.

Contextual Adaptation: The framework supports an individualized approach, allowing TRIP to adapt to school-specific needs and build on existing initiatives, reducing initiative fatigue and increasing local buy-in.

Sustainability through Infrastructure: School-level implementation teams, leadership engagement, and continuous improvement cycles have helped create the infrastructure needed to sustain trauma-responsive practices beyond initial training.

Data-Informed Program Development: Ongoing data collection and feedback mechanisms have enabled real-time learning and program adjustments, such as refining coaching strategies and identifying the need for a formal program manual.

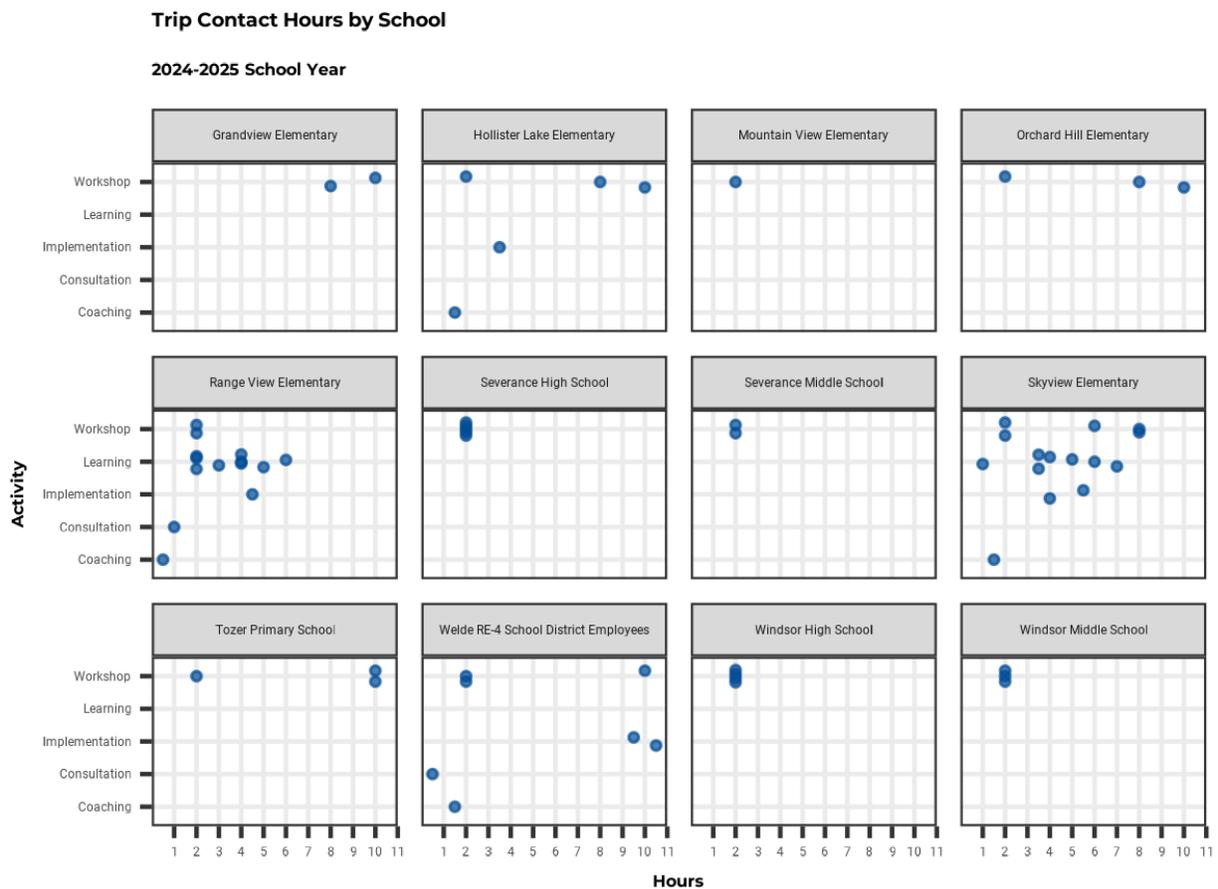
Workforce Support: Implementation drivers, including coaching and consultation, have supported the transfer of knowledge into practice while promoting teacher and staff well-being, resilience, and compassion satisfaction.

Overall, the implementation framework will ensure that TRIP is not only responsive and relevant but also scalable and sustainable, setting the stage for broader impact and future evidence-building.

Participation Results (Question #2)

We analyzed participation data visually, by type of participation and by school. Figure 1 below provides a more in-depth picture of the nature of contact between the TRIP team and school personnel. Each dot in Figures 1 or 2 represents one staff member. Each person may appear up to 5 times (once for each type of activity). For example, Person A might have a dot for a 1-hour learning session and another dot for a 2-hour workshop, representing 3 contact hours with TRIP.

Figure 2: Contact Hours Data Visualization by School



Key Learning: Participation (Question #2)

A key learning from the participation data is how challenging it has been to work directly with teachers in consultation and coaching roles. For the preschool teachers, this is because they were starting as Year 1 of TRIP and needed first to acquire background knowledge and because the pre-K teachers were only available for TRIP participation one Friday per month in a group meeting. For Range View and Skyview, TRIP team members were interacting primarily with elementary schools’ implementation team and not with a larger number of teachers. Most contacts occurred via learning sessions at those two schools rather than engaging in coaching and consultation. Therefore, this reflects a continuing challenge in delivering professional education in the context of busy schools. A challenge for the upcoming year is (1) to create opportunities for coaching and consultation with the preschool teachers and (2) to better understand how members of the schools’ implementation teams interact with fellow staff to provide information and skills enhancement.

Needs Assessment Results (Question #3)

We delivered a schoolwide needs assessment during the 2024-2025 school year. The needs assessment is based on the Trauma-Responsive Schools Theory of Change Toolkit (Gomez, Brock-Baca, & Fauchier, 2020). It assesses the needs of each school according to the entire staff,

including leadership, teachers, paraprofessionals, support staff, special service providers, and intervention. The survey is sent at the beginning of the year to the entire staff, with the hope of gathering information from as many people as possible. The survey is sent again to the entire staff of each school at the end of the school year to examine changes over the course of the year.

The needs assessment allows the staff to collectively determine which aspects of trauma-responsiveness have or have not have been achieved, as well as which aspects are most urgent as priorities. At the beginning of the school year, the TRIP team, in collaboration with each school's implementation team, uses the list of needs that are both not yet achieved and urgent to come up with top goals for the school year. Categories include:

- School Engagement and Commitment
- Family Engagement and Commitment
- Atmosphere
- Relevant Knowledge and Skills
- Social and Emotional Atmosphere
- Social and Emotional Skills
- Partnership and Resources
- Responding to Needs
- Supports
- Commitment to Diversity
- Cultural Competence with Staff
- Cultural Competence with Students
- Students' Needs
- Thriving Students and Schools

At Range View, 25 staff completed the needs assessment at the beginning of the year and 13 at the end of the year. Eleven staff completed both. At Skyview, 35 staff completed the needs assessment at the beginning of the year and 15 at the end of the year. Fourteen completed both. Finally, in the preschool program, 8 staff completed the needs assessment at the beginning of the year, 11 at the end of the year. Eight preschool staff completed both.

Notable results from the Weld RE-4 Needs Assessment over the course of the 2024-2025 school year include responses to the following statements of need as shown in Figures 3 through 7 below.

Figure 3: Trauma-Responsiveness

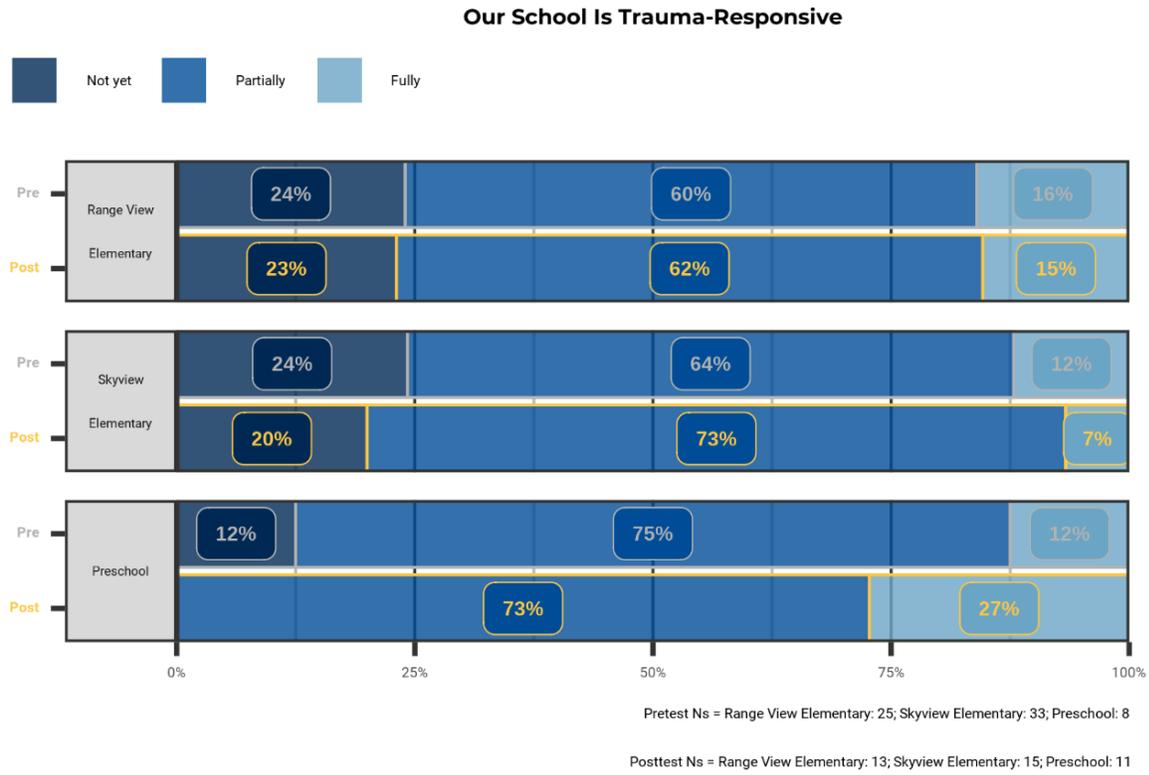


Figure 4: Relevant knowledge and skills for trauma-responsive practice

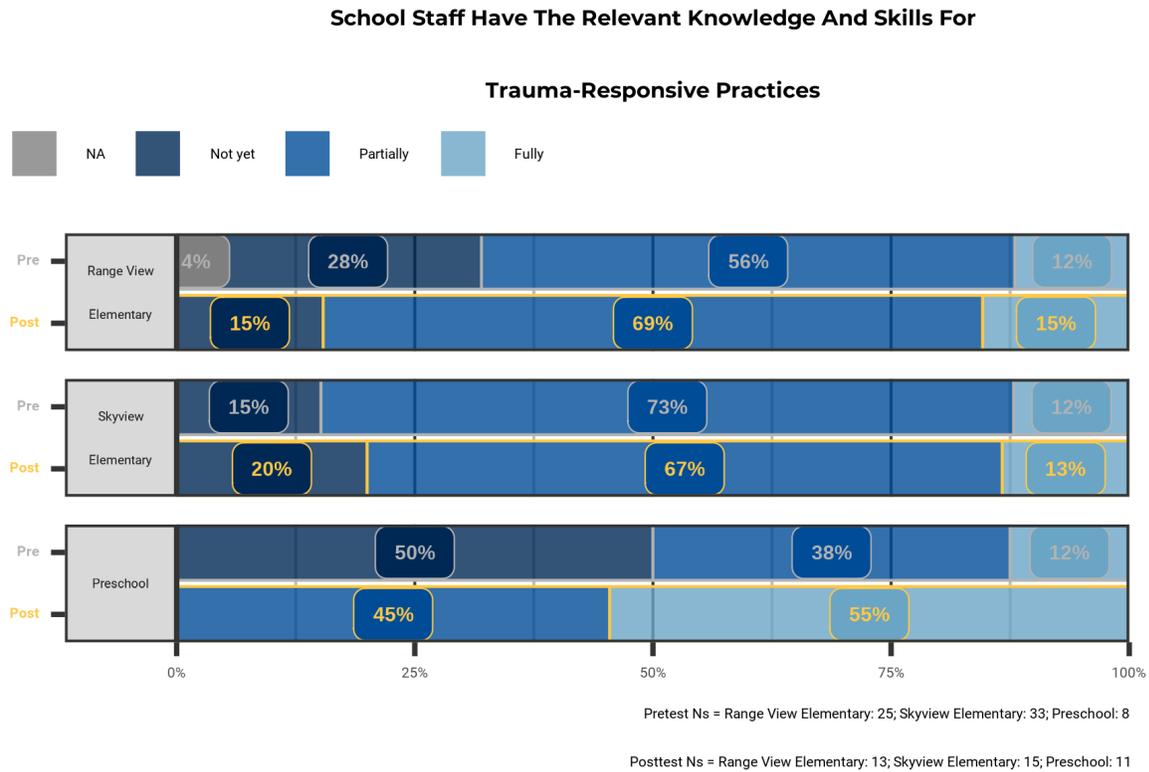


Figure 5: Students feel psychologically and socially safe at school

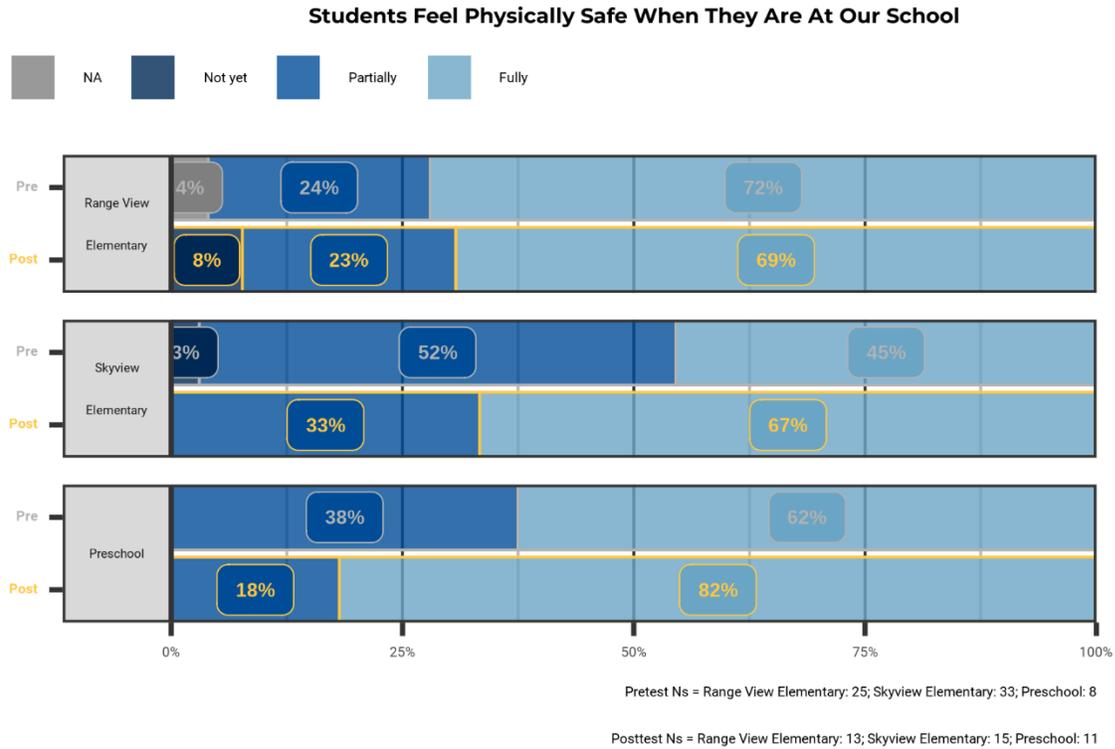
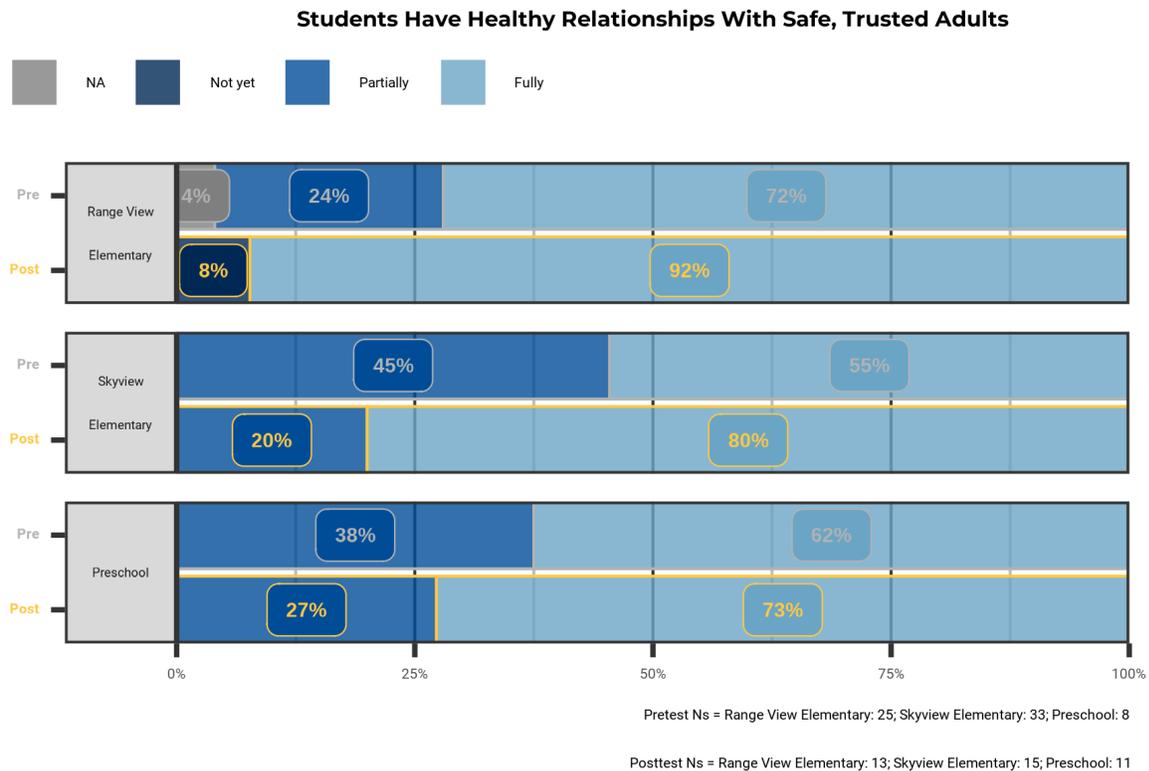


Figure 6: Healthy relationships with safe, trusted adults



Key learning: Needs Assessment (Question #3)

Trauma-responsiveness was an area for improvement at the beginning of the school year across all three schools, with the majority of responses at each school indicating that the school is partially trauma-responsive (Figure 3) and that staff have the relevant knowledge and skills for trauma-responsive practices (Figure 4). There was substantial growth for Preschool in both. Skyview and Preschool showed gains of 20+ percentage points in students feeling physically safe at school (Figure 5) and all schools showed improvement for “fully” fulfilling the need that students have healthy relationships with safe, trusted adults (Figure 6).

Preschool showed the most improvement this year, likely due to a combination of it being their first year of participation, higher number of contact hours and more in-depth learning than Skyview and Rangeview. Program reach was better for Preschool, as well, with all teachers participating in monthly learning. At Skyview and Range View, the monthly learning sessions were aimed at a small number of staff on the implementation team, who then communicated learning and led trauma-responsive efforts with the rest of the staff.

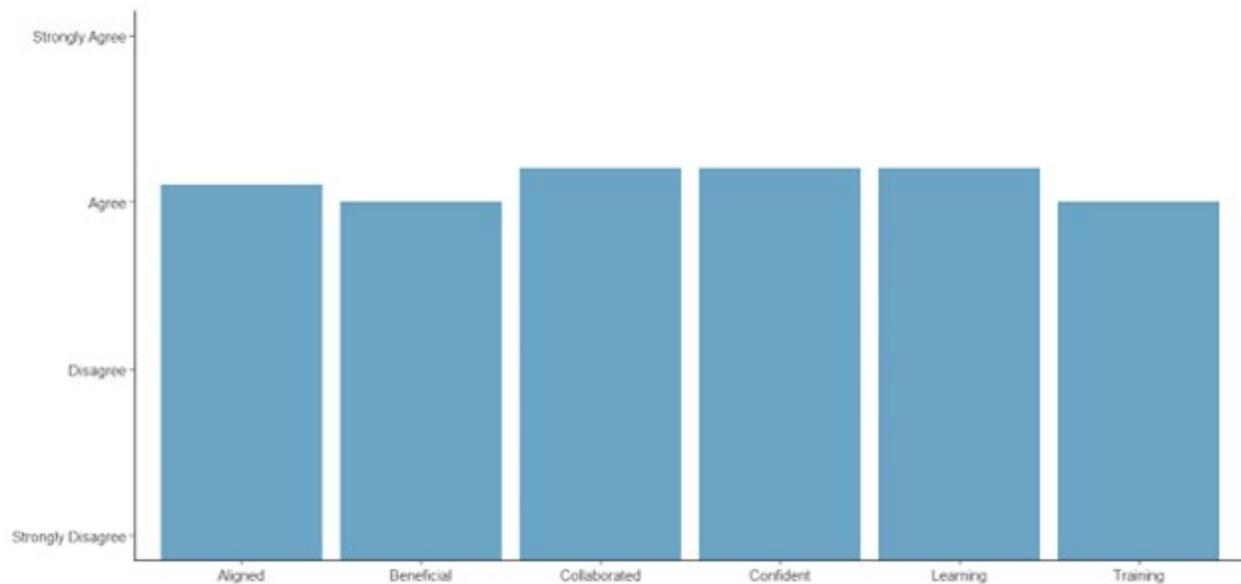
Year-End Assessment Results (Question #4)

At the end of the year, we asked several questions of the staff who indicated that they had directly interacted with the TRIP team. Because the year-end responses were low and because not every teacher or staff-person interacted directly with the TRIP team, these results are based on a small number of responses: 3 at Range View, 5 at Skyview, and 8 for Preschool.

Staff rated the following statements on a 4-point scale from strongly agree to strongly disagree and results are shown in Figure 7 below.

1. The implementation of trauma-responsive care by the...TRIP Team **aligned** well with the needs and values of our school.
2. Overall, I believe involvement in this project was **beneficial** for our school/team in implementing trauma-responsive care.
3. The...TRIP Team effectively **collaborated** with our team during the implementation process.
4. I feel more **confident** in my own use of trauma-responsive approaches.
5. The...TRIP Team’s Coaching/Consultation process facilitated us **learning** new trauma-responsive skills.
6. The...TRIP Team provided adequate **training** and resources for implementing trauma-responsive care.

Figure 7: TRIP Team interactions

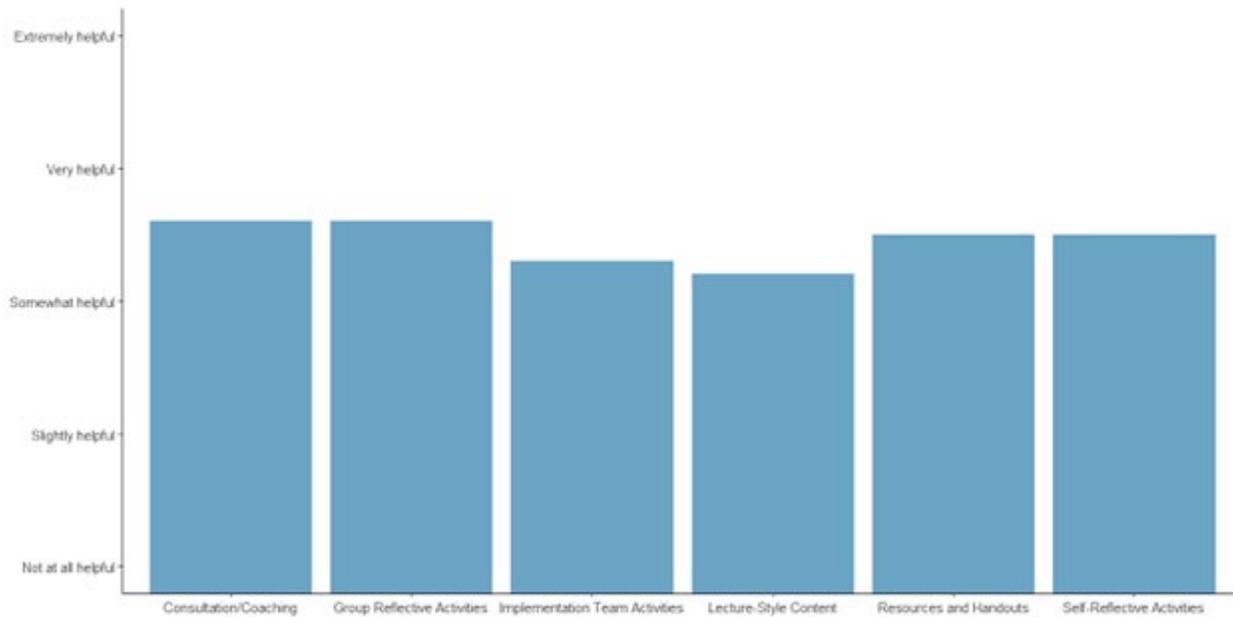


Results overall are solid, with the group overall around an “agree” rating for each question. However, underneath these aggregate results, the preschool teachers tended to respond more positively (close to “strongly agree” for each of the six statements) while the two elementary schools responses contained more “disagree” responses.

Staff also responded to the question “Please rate how much each activity helped you to increase use of trauma-informed strategies or approaches during the school year” on a five-point scale from “Extremely helpful” to “Not at all helpful.” These activities and survey results are shown in Figure 8.

1. Consultation/coaching
2. Group reflective activities
3. Self-reflective activities
4. Resources and Handouts
5. Implementation team activities
6. Lecture-style content

Figure 8: Activity helpfulness



Results are again solid, with the responses averaging between “somewhat helpful” and “very helpful” for each activity. As with Figure 7, however, underneath these aggregate results, the preschool teachers tended to answer more positively (averaging close to or above “very helpful”), whereas the two elementary schools’ responses contained more “somewhat” and “slightly” middle-of-the-road responses.

Key Learning: Year-End Assessment (Question #4)

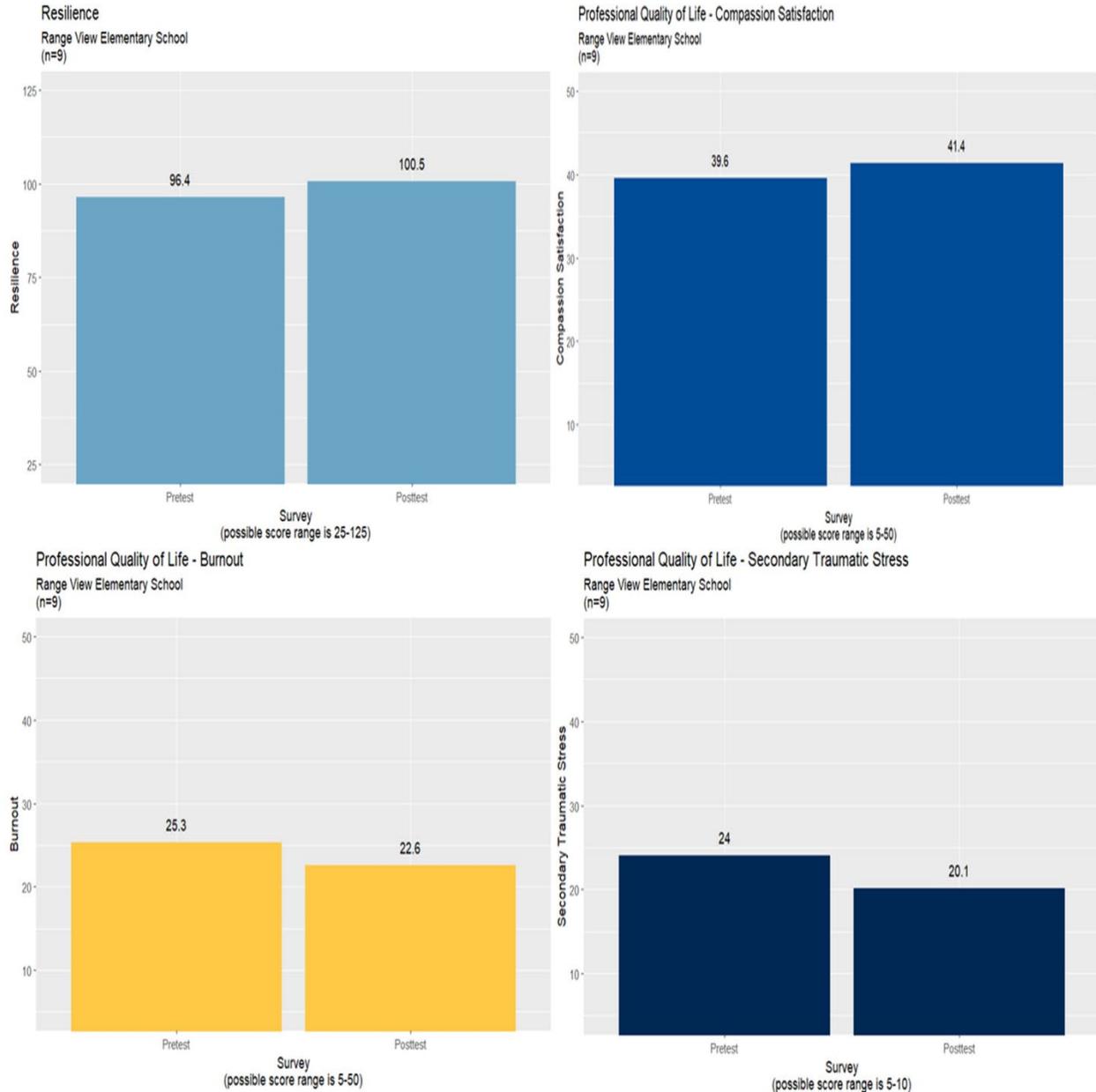
Overall, school staff who had frequent direct interaction with TRIP staff found the experience positive, reported positive effects on themselves and their schools, and found the activities helpful. Although results were positive at all schools, they were particularly strong for Preschool. We expect that this reflects several aspects: (1) Elementary schools are in their second year, so the material does not feel as new, (2) lower response rates, and (3) more in-depth learning in the preschool two-hour learning sessions compared to one-hour learning sessions at Skyview and Range View, and (4) two hours of monthly direct interaction with the entire staff of Preschool teachers. Another factor that may have played a role (but which cannot be assessed based on the data currently available) is that the elementary schools followed a preset curriculum for the series of monthly learning sessions, whereas the topics for each learning session for Preschool were co-created with the implementation team, with substantial input from teachers’ evaluations for past sessions. Because of this, the Preschool teachers may have found the sessions more responsive to their needs and thus more useful in their daily practice.

Resilience and Quality-of-Life Results (Question #5)

It is important to measure the possible impacts of TRIP on school personnel, as staff are the means through which trauma-responsive practices spread into the school culture. To do this, we utilized

the Professional Quality of Life scale³, which is used in helping professions (e.g., healthcare, social work, education). It includes three subscales: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress. Compassion satisfaction encompasses feelings of pleasure and fulfillment which professionals experience when they feel effective in their helping profession roles, maintain positive relationships with colleagues, and contribute to others' well-being. Burnout is characterized by feelings of emotional exhaustion, frustration, anger, and/or depression related to

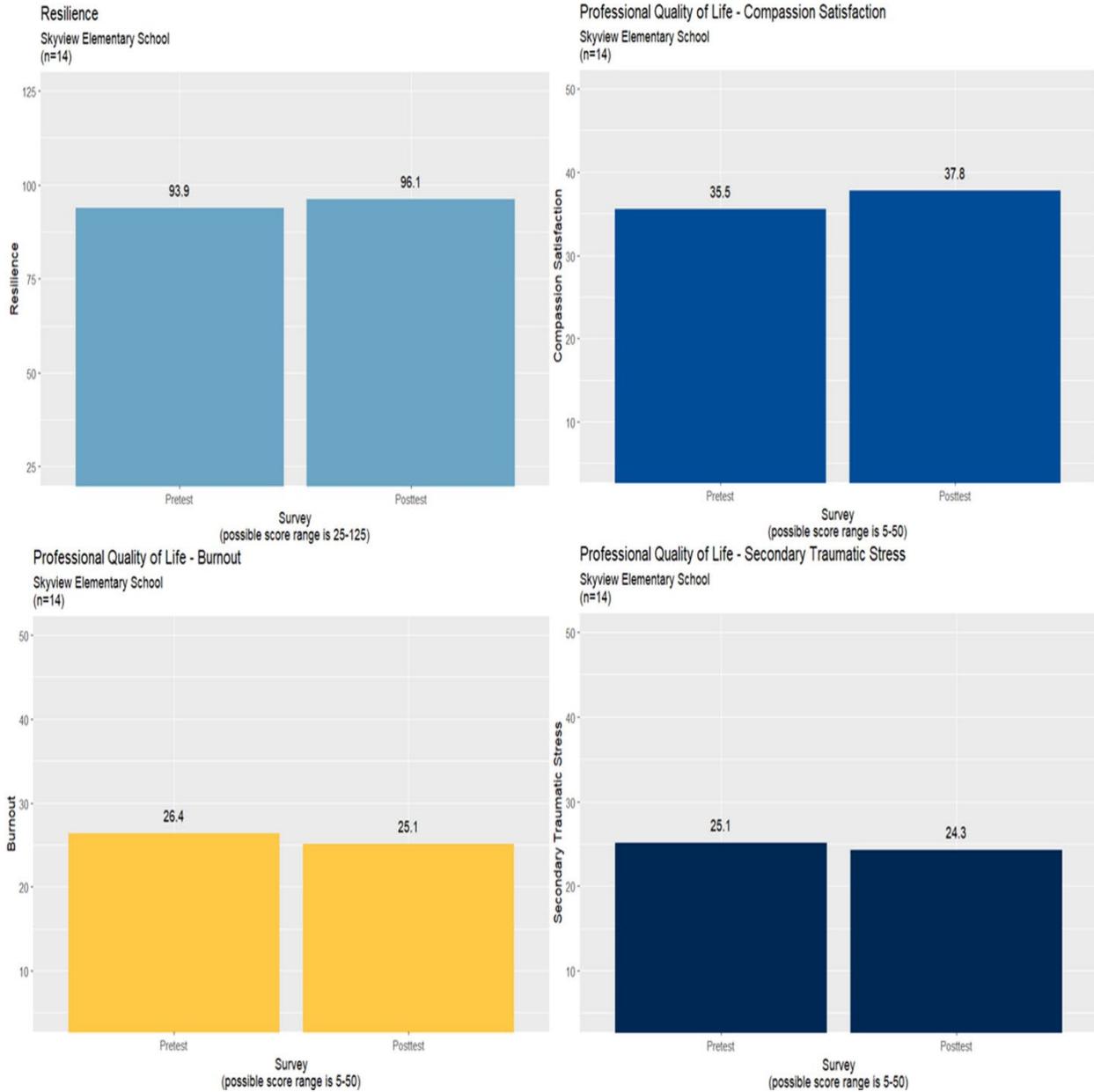
Figure 9: Range View – Resilience, Compassion Satisfaction, Burnout, and STS



³ Stamm, B.H. (2010). The Concise ProQOL Manual, 2nd Ed. Pocatello, ID. Retrieved from: <https://ProQOL.org>.

one's work. Secondary traumatic stress refers to the distress that arises when an individual is exposed to traumatic experiences of others, for example, through listening to detailed accounts or witnessing the aftermath. The Connor-Davidson resilience scale⁴ measures psychological resilience, understood as the ability to thrive during adversity. Resilience encompasses psychological traits and coping mechanisms allowing individuals to successfully adapt to stress, trauma, and substantial life challenges. Outcomes are shown in Figures 9 above (Range View) and Figures 10 and 11 below (Skyview and Preschool).

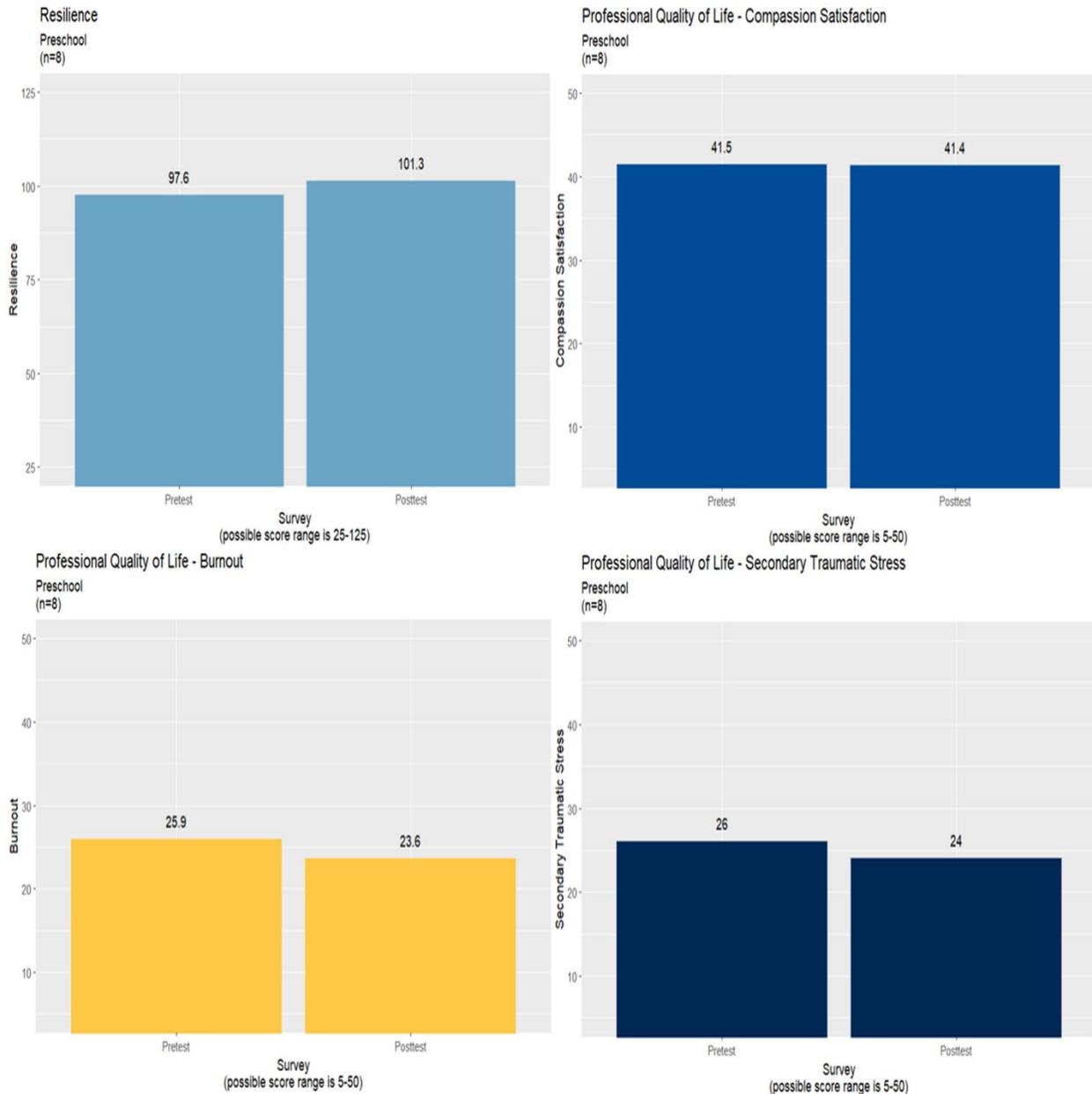
Figure 10: Skyview – Resilience, Compassion Satisfaction, Burnout and STS



⁴ Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depression and Anxiety*, 18, 76–82.

At Range View, 25 staff completed the pre-survey (beginning of year) and 13 completed the post-survey at the end of the year; nine completed both. At Skyview, 35 completed the pre-survey and 15 completed the post-survey; 14 completed both. For preschool, 8 completed the pre-survey and 11 completed the post-survey; 8 completed both.

Figure 11: Preschool – Resilience, Compassion Satisfaction, Burnout and STS



Key Learning: Resilience and Quality-of-Life Results (Question #5)

Overall, there is a trend toward TRIP participants reporting higher resilience and compassion satisfaction (top two graphs in each of Figures 9 through 11). A slight exception is compassion

satisfaction for preschool staff, which is higher at pretest (41.5 points on a 5-50 scale) than for the elementary schools and remained consistent from the beginning to the end of the year. There is also a trend showing lower burnout and secondary traumatic stress after TRIP participation. For example, the preschool group dropped from 25.9 to 23.6 on the 5-50 scale. We ran paired t-tests for the groups combined on each measure; this showed a statistically significant decrease in burnout from pre- to post-test measures when all 29 participants who completed the burnout scale on both surveys are included in the analysis. However, when participants are split into preschool and the two elementary school groups, none of the t-tests show statistically significant change, likely due to the lower statistical power to detect differences. Finally, we tested a more rigorous statistical model (a “mixed” model). However, the number of participants is too low and the pre-post effect sizes too small for us to detect statistically significant pre-post differences. **It is, however, very promising that we observe consistent changes in a positive direction across all three school groups for several measures of teacher and staff well-being.**

A clear learning is that the evaluation team must figure out how to increase survey participation. We saw a significant drop-off in the end-of-year survey participation compared to the beginning of the year for the elementary schools. Such attrition could lead to bias in these results. For example, this would occur if staff who were more resilient or experiencing less burnout were either more or less likely to answer the year-end survey. We will consider options such as a larger end-of-year gift card incentive, allowing time to complete surveys during a staff meeting, or perhaps engaging in an end-of-year celebratory event that would bring staff together and allow time for survey completion. The end of the year is a challenging and busy time for school staff, but survey administration earlier in the school year would pose the problem of not capturing all of the potential gains from TRIP activities that then might occur after the survey administration. The TRIP team can also explore how to engage school-level champions of the TRIP in Schools program around better data collection.

Going Forward

Over the next pilot study year, we will focus on the following:

1. We will refine participation data collection to get at what happens **outside** the implementation team meetings. This will likely take the form of a “What has happened since the TRIP team last saw you?” tool.
2. Continue to explore what student outcomes are appropriate and/or feasible to study. This may include observations in the preschool classrooms (where teachers and students are more used to outsiders coming into the classroom). This may also include working with each school’s own educational coaches/professional development processes to design observations for how trauma-responsive principles are manifesting in a classroom.
3. We will design and conduct in-depth focus groups at Range View and Skyview to explore their experiences with TRIP over the first two years of the program.

Funding

We acknowledge the generous support of Chevron and [Kempe Foundation](#) for pilot study and evaluation activities for TRIP in Schools.

Suggested Citation

Orsi-Hunt, R., Wilson, R. A., Rockwell, K., Fauchier, A., & Gómez, E. (2025). *Kempe-Chevron TRIP in Schools Annual Report*. Aurora, Colorado: Kempe Center for the Prevention and Treatment of Child Abuse and Neglect.

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Appendix A: Logic Model



Abbreviations: SBIT=School-based implementation team; PDSA=Plan-Do-Study-Act; CQI=Continuous Quality Improvement; S/E=Social/Emotional; TI=Trauma-informed; CR=Culturally responsive; STS=Secondary traumatic stress; CYF=Children, youth and families