

COMPASSIONATE SCHOOLS START-UP GUIDE:
The Journey from Trauma-Informed to Trauma-Responsive



**Produced by the Child Protection Accountability Commission, Office of the Child Advocate,
with generous support from Casey Family Programs**

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The Delaware Office of the Child Advocate (OCA), which provides staff and support to the Child Protection Accountability Commission (CPAC), began receiving a Casey Family Programs grant to improve education outcomes for youth in foster care in January 2016. This grant transferred from the Delaware Family Court to continue efforts that were underway to support education outcomes. The generous grant from Casey Family Programs supports the Education Demonstration Project, led by Deputy Child Advocate, Eliza M. Hirst, Esq., and staffed by CPAC Education Consultants, Teri B. Lawler, M.A., School Psychologist at Stanton Middle School, Red Clay Consolidated School District, Wilmington, DE, and Jessica Begley, M.Ed., former classroom teacher and professional trainer.

The Education Demonstration Project, has spearheaded the statewide Compassionate Schools initiative since 2014 after learning of the positive outcomes following its implementation at Stanton Middle School during a project funded by the Delaware Department of Education's Specific and Innovative Improvement Practices (SIIP) Grant competition from the year before. Compassionate Schools educates school staff on how experiencing traumatic events (also known as ACES – adverse childhood experiences) impacts students' abilities to effectively learn. Through trainings and resource materials, educators learn how trauma impacts brain development, the importance of relationships and connections with students; and strategies to foster resilience. The Project conducted a state-wide training with Ron Hertel, one of Washington state's founders of Compassionate Schools, and subsequently expanded into a six-school district collaborative during the summer of 2015. Since that time, the Education Demonstration Project has trained over 2,000 educators on trauma and the impact on learning.

This Education Demonstration Project is an important step in raising greater awareness of the educational and overall wellbeing of youth touched by the child welfare system. Although there are many great books and resources on the need for and importance of trauma-informed schools, this Start-up Manual provides a thought-provoking guide on **how** to implement a trauma-informed school framework based on the lessons learned during Stanton Middle’s SIIP project. As such, this manual seeks to help answer the question, “Now what?”, once a school receives awareness training and wants to move into the realm of schoolwide implementation, creating systems that transform school climate, supporting relationships and problem-solving among students and staff, and forging the path from trauma-informed to trauma-responsive.

Working with Casey Family Programs has been exceedingly helpful to further the Project’s objectives to improve education outcomes for youth in foster care and systems involved youth. Casey has continued to bring valuable tools to the project with its ability to provide national expertise, to offer frequent strategic advice, and suggestions about best practices and how to engage its stakeholders to turn this initiative into a groundswell of support for ALL Delaware students!

The Demonstration Project wishes to thank Casey Family Programs, the Child Protection Accountability Commission, and its partners, including Children and Families First, the Delaware Department of Education, and DE-PBS Project, and other educational advocates for support to further the Education Demonstration Project’s objectives. We are starting to see tremendous positive steps in reducing discipline, improving test scores, better teacher retention, and an improvement in the overall school climate because of the commitment, passion, and continual learning that comes with becoming a Compassionate School. The Demonstration Project works because its partners work together.

DEDICATION

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.

Margaret Mead, Anthropologist

Every word of this start-up guide is dedicated to the students and families that I have been honored to serve as well as every colleague and school community with whom I have shared the privilege! I am particularly honored to have worked alongside my ***soulmates in student support*** – **Valerie Brown, Jeff Eastep, Donna Foster, Sharon-rose Gargula, Abbie Seifert, Adriane Simpson** – as well as Larry Friend, April Johnson, Tasha Purnell-Fisher, Johniece Ray, Emily Sheflott and all of the members of the Stanton Middle School family and community partner organizations who have joined us as we sought to translate the body of research on adverse childhood experiences, trauma and toxic stress and its impact on learning, behavior and social competence into practice. A special THANK YOU to April Anderson, Felicia Bennett, Kelly Ortiz and Burton Watson from RCCSD Student Support Services for their tireless collaboration and Mary Norris and Vicki Petrucci of RCCSD Special Services for their encouragement. I am especially grateful for the support and tireless commitment of our current school leaders Dr. Tawanda Bond and Dr. Kendall Mobley in assuring that the student support team's work is prioritized and sustained.

I am honored to collaborate with Eliza Hirst, Esq. and Training Coordinator Jessica Begley from the Office of the Child Advocate and Casey Family Programs. Their vision has inspired me to THINK BIG! I appreciate the opportunity to work with them as well as Megan Pell, DE PBS Project, and Kirsten Olson, Children and Families First of Delaware, in stewarding the Compassionate Schools Learning Collaborative. Their commitment to harnessing the power of the heart and mind to transform Delaware's schools never ceases to amaze me! Many thanks to United Way of Delaware President and CEO Michelle Taylor as well as Tyrone Jones and Tynetta Brown from UWDE's leadership team for partnering to add student voice to our work through the Developmental Assets Profile Survey. Many thanks to Dr. Michele Marinucci for contributing to this manual her recommendations for districtwide policy innovation. I have been so blessed to have played my small part in this journey! I am thankful for my AWESOME parents who always encouraged me to follow my dreams. I fell in love with educational research at the age of 12 while doing a science project on circadian rhythm patterns; AND I "*wouldn't trade nothing for my journey now*"! My heart has been pricked and forever changed by each encounter. As a result, what started out as work many years ago has been translated into a PRAYER – and for that *my* heart stays full and I am so thankful!

"The Trauma-Informed School Prayer"

Adapted from "The Prayer" by Carol Bayer Sager

I pray you'll be our eyes
And watch us as we go
And help us to be wise
In times when we don't know.

Let this be our prayer
When we lose our way
Lead us to a place
Guide us with your grace
Give us faith to believe that schools can be safe.

I pray we'll find your light
And hold it in our hearts
When stars go out each night
Remind us where you are.

Let this be our prayer
When shadows fill our days
Lead us to a place
Guide us with your grace
Give us faith to believe that our school will be safe.

A school where pain and sorrow will be ended
And every heart that's broken will be mended
And we'll remember that we are ALL purpose-filled children
Reaching out for connections and born with
Dreams to touch the sky.

We ask that life be kind
And that we are guided from above
We hope each soul will find
Another soul to love.

Let this be our prayer
For each and every child
Needs to find a place
Guided by your grace
Filled with faith so every school **IS** safe!

My Story

There is nothing like the excitement of a new school year! Magic is in the air and the adrenaline is electrifying. There is the instant colliding of energy between the old and the new. There are the newly graduated and the newly hired exchanging smiles and ideas with the seasoned and inspired. There are renovated school buildings and freshly decorated classrooms to replace the dust and disarray of the summer clean-up from the weeks prior. Most importantly, there is the anticipation of renewed relationships and re-imagined dreams.

Schools, at their core, are dream factories; and the starting school year ushers in the opportunity to give birth to new dreams. Write the vision and make it plain. If you fail to plan, you plan to fail. This is the time to set goals and reach for the stars. So regardless of whether your mission statement aims to leave no child behind or race to the top, the ultimate plan is for every student to succeed no matter what the investment – and I'm not talking about money. Real educators trade with a currency held together by love and sweat equity. They are committed and don't hold anything back. They go in – **ALL IN!**

Unfortunately, in 2008, this idyllic description only existed on the vision board posted in my home's kitchen. My back-to-school reality was pretty heavy and hopeless. There was a thickness in the air as teachers huddled to discuss summer happenings. Administrative changes promised to pave the way for yet another *new* mission statement. A number of colleagues found escape in job offers at *higher performing* schools. Undoubtedly, many others considered leaving but clung to the audacious hope for a high-quality education for the students we served. For us, this was an issue of social justice and our school community was immersed in the struggle.

Schools have always been in the struggle as they typically have provided the landscape or battleground for achievement and economic success for the disadvantaged and disenfranchised. For students from urban communities, in particular, education represents so much more than the acquisition of reading, writing, and arithmetic skills. Schools function as community hubs for information and access. Education represents the opportunity to level the playing field with the soft skills, code switching as well as book knowledge required to be successful in life. For these

reasons, educators must make the most of every minute of every day because *these minutes* are a down payment on their students' futures – and every dollar counts!

I was new to this school community, but not *brand* new. I had spent over 20 years in the same school district and worked at this particular school building early in my career – many years prior. I was actually excited to return as the plan was for me to transition to middle school alongside the new 6th grade students who had recently graduated from the elementary school where I had most recently served. At the previous school, we had forged a trail of successes. We had piloted a thriving multidisciplinary team model that focused on the needs of the whole child and developed wraparound services to support children in the school and community. We had experimented with the development of in-house assessments for early identification of vulnerable students that did not rely on office disciplinary referrals (ODRs) and used those assessments to create school-based normative samples of behavior. We had established intervention strategies that blended behavioral and instructional supports. We had also invested more than 2 years collaborating with a team of district and community partners to open school-based health centers to meet the physical and emotional needs of our students and their families. The initial plan included employing what was learned from these experiences to facilitate a similar process to develop the first school-based health center at a local middle school.

The prospect of getting this project off the ground was exciting; but it quickly became apparent that there were many competing priorities to tackle. The school was different than I remembered and different from where I had been. The first of many lightbulb moments included the observation that schools are microsystems and no two schools are the same. They all have different personalities, temperaments, and rhythms. As such, they deserve so much better than *cookie cutter, one-size-fits-all* solutions. Next, was the notion that the most committed attempts toward problem analysis and solutions would come from within the school walls rather than from outside of them. Real and lasting transformation starts within, right? Who would be more invested in bringing about lasting change than the people living in that school community? There are so many models for this concept whether looking to our faith communities, counseling and 12-step programs or one of my television favorites, *The Biggest Loser*. Lasting change comes from

intense self-study and reflection. You cannot change what you won't confront. To borrow a phrase from the 90's singing group, En Vogue, "*free your mind and the rest will follow*". Now was the opportunity to apply that real-life change strategy in the school setting.

When embarking on lasting change, one must think, feel, and do. THINK – FEEL – DO. When you know better, you do better in life and even in work. Our thinking rests on a foundation of wisdom, knowledge, and understanding about the world around us. Our feelings are shaped by our thinking. Our behavior reflects our choices based on those moment-by-moment thoughts and feelings. As a result, we interact differently and make different choices that reflect our thoughts and the feelings that we attach to those thoughts. These basic tenets provided the framework for change and all of the work done to affect our school climate and become more trauma-informed and trauma-specific in our approach to school-based systems and interactions. Its benefits were far-reaching, impacting processes as well as products. This running theme was used to structure professional development for teachers. It informed conversations about students as well as many of the intervention strategies used with students and staff. This process of reflection and identifying meaningful ways of applying new information added value in unanticipated ways and one of the most important lessons of all. Sustained school improvement depends on the assimilation of new information and opportunities to apply what was learned to real-time problem solving.

It is these lessons learned in the midst of those early observations and experiences that have created the foundation for the work that will be shared in this *Compassionate Schools Start-Up Guide*. Many have expressed dismay that there is a body of theoretical information available in this area but very little in the way of details about how to give life to the theory. This manual aims to build a bridge from theory to practice. Throughout the guide, I share my experiences while traversing this uncharted terrain with supplementary readings that will support readers in building some background knowledge to spark creativity. From there, action steps are offered for your consideration. Since there is an increasing demand for educators to develop skillsets that have been more traditionally aligned with counseling professions, this THINK-FEEL-DO format is

intended to introduce new concepts paired with opportunities to practice the related, concomitant new skills.

I like to compare our efforts to action research where you make observations and use your data to develop hypotheses and carefully test ideas – but with fluidity and willingness to change directions if things do not work out as planned. I hope we are progressing from being trauma-sensitive to trauma-informed with the goal of becoming trauma-focused and responsive, employing supports and interventions specifically intended to address symptoms of trauma and toxic stress that result in functional impairment and potentially trigger re-traumatization. My hope is that our trials and errors as well as fits and starts will help your school chart a smoother course as you travel toward trauma-responsiveness, build relationships and create safe and supportive environments that cultivate an excitement for learning and mastery and – most importantly – provide a context for social and emotional problem solving that contributes to improved academic and behavioral outcomes for children and youth.



THINK – FEEL – DO

Has anything resonated with you so far? Are there systems and processes at your school that are in need of change? Think BIG and get a picture in your mind. What could your “it” look like and feel like with some work? Begin with the end in mind and work backwards to outline the incremental steps to bring your dream school environment to life. Many schools have school climate or school improvement teams that are ultimately charged with effecting measurable change in student achievement. Difficulties arise, however, when teams embark hastily on their assigned mission without assuring that all team members are well-versed in the basic tenets of what is to be accomplished. Many of the concepts are broad and the goals too far-reaching at the outset. It may be helpful to prioritize goals in a hierarchy and tackle them in small chunks.

A few years ago, my colleagues and I struggled to prioritize first steps because we had worked separately for so long that we did not speak the same language or have a common understanding about what was needed to take our school from good to great. We were territorial experts and we needed to strengthen our basic knowledge about student supports and reducing barriers to learning in order to provide a foundation for all that was to come. While it may be tempting to press ahead, this early capacity-building will add value to your subsequent work. Remember, the wise man builds his house on wisdom, knowledge, and understanding. The time invested will make the core team a better resource for the entire team as you progress toward full implementation.

Read the resources on the following pages and use them to craft the needed action steps to create a more trauma-responsive school environment:

- ✓ Assemble a planning team of committed leaders who will conduct a thorough self-study of your school, its processes, and its resources. This team will look specifically at student learning supports and the barriers to academic and behavioral success. The group must be as strong in vision as they are in task management; so, pick team members carefully or consider *dividing to conquer* all the tasks that must be accomplished. Major tasks to be completed that would benefit from facilitators are 1.) overall project implementation that will coordinate and synthesize all elements of the work, 2.) staff training and professional development, 3.) the needs assessment that will provide baseline data for goal-setting, and 4.) ongoing progress monitoring and continuous improvement.
- ✓ Seek the support of your school administration and invite an administrator on the team.
- ✓ Be mindful that leadership is a characteristic – not a title. Identify a team member who will be responsible for facilitating data collection to measure student outcomes in response to becoming trauma-sensitive. Enlist individuals who know and care about the school’s success. These “Pied Pipers” will craft and broadcast your progress as well as recruit followers from among other colleagues.
- ✓ Assess how closely aligned your current school practices and environment are with trauma-informed care practices. There are a number of commercial tools available.
 - Attitudes Related to Trauma-Informed Care (ARTIC) Scale, www.traumaticstressinstitute.org.

- Tool to Measure Trauma-Informed Care in Organizations (TICOMETER), www.center4si.com
- Trauma-Sensitive Schools Checklist, www.tolerance.org



PICKING UP THE PIECES OF A DREAM

The health of schools is generally measured in two ways – discipline and assignment to special education. Our school’s data in these areas was abysmal and landed us on the *superlatives* list for our district and the state. We were identifying a high percentage of students to special education. We were also among the highest in exclusionary discipline practices like assigning students to in-school and out-of-school suspensions. We provided this gift with equal opportunity to general education students as well as students with disabilities. These disproportionate rates of special education assignment and discipline punctuated our vulnerability and it was clear that we were on life support and in serious need of resuscitation.

Disproportionality is defined as the “**overrepresentation**” and “**under-representation**” of a particular population or demographic group in special education and/or gifted education programs relative to the presence of this group in the overall student population (National Association for Bilingual Education, 2002). According to the U.S. Department of Education (2006), approximately 13.5 percent of all students in K –12 schools receive special education services. Since the U.S. Office of Civil Rights first started to sample school districts in 1968, African American students have been overrepresented in special education programs, particularly under the

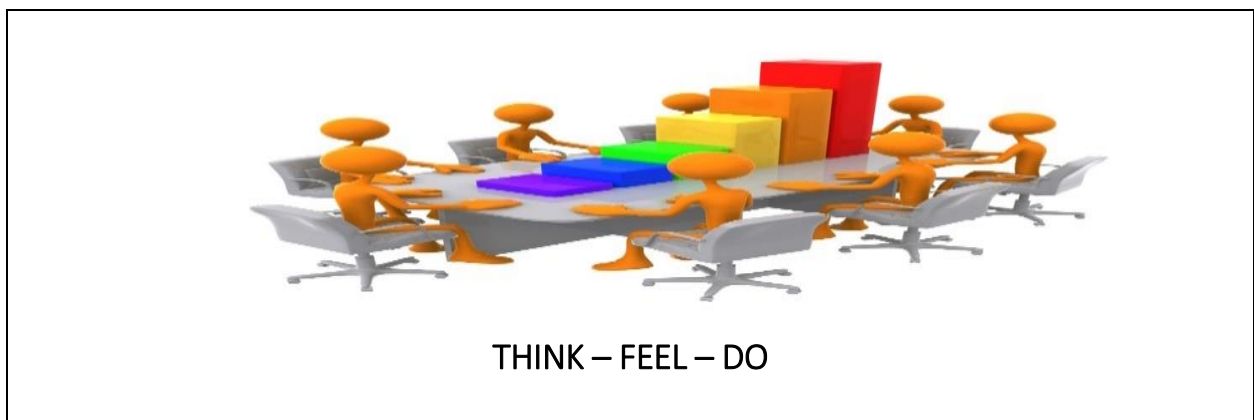
categories of mental retardation and emotional disturbance (Artiles, Klingner, & Tate, 2004). Labeling students as disabled when they really are not leads to misallocated resources and unwarranted services and supports. Misidentified students are likely to encounter limited access to a rigorous curriculum and reduced expectations. More importantly, misidentifying students creates a false impression of the student's abilities and has the power to ultimately change trajectories for the future and impact lifelong earning potential.

Many of the remedies provided to address disproportionality only seemed to scratch the surface of our itch. There were many phenomenal, evidence-based practices and interventions available. The initial challenge came in carefully identifying the specific needs to be prioritized and subsequently matching interventions to address those specific needs. Even when carefully using screening and assessment protocols to map resources, there can be misalignments when you neglect to ask the right questions or intervene at appropriate levels. A great deal of technical support was offered to refine our manifestation determination process and assure specificity and expertise in conducting functional behavior assessments and developing behavior support plans that targeted adaptive replacement behaviors for re-teaching. However, as our public health framework expanded, we expanded our focus to also consider the universal systems and processes that with some tweaking might better support all of our students while slowing the pace at which our most vulnerable students escalated to higher levels of care.

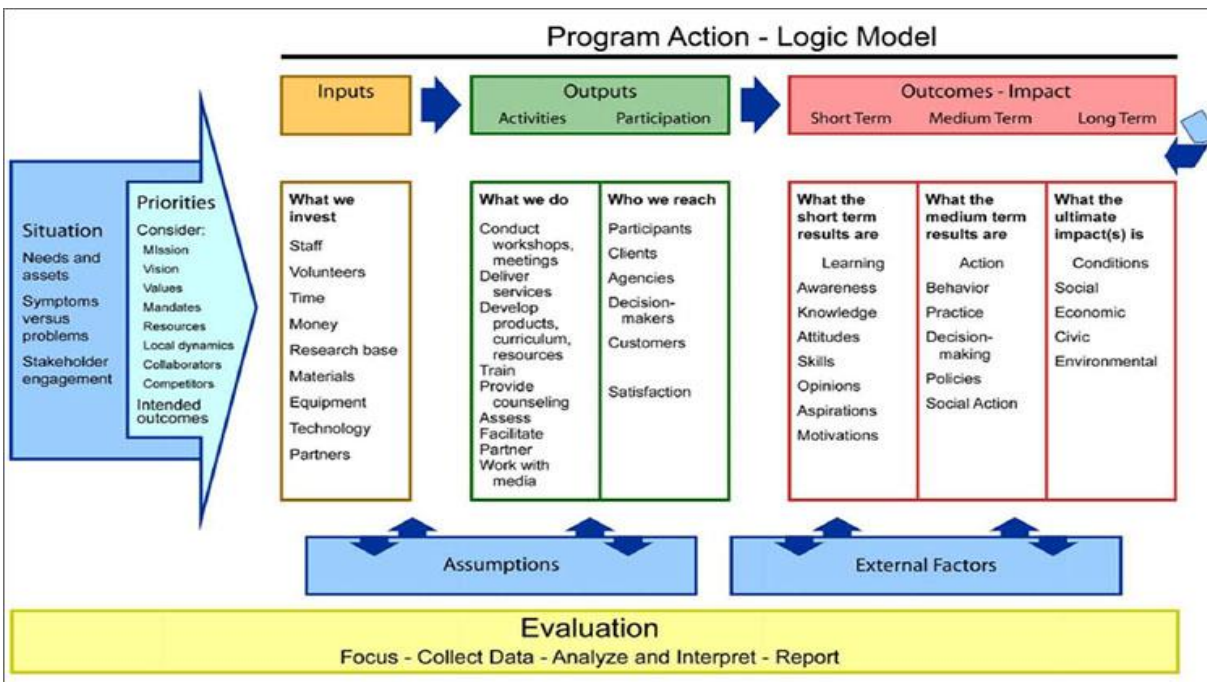
On another occasion, we identified and partnered with a credible community resource to support students who were demonstrating the most challenging behaviors. We were puzzled early on as to why students reported remarkably challenging traumatic events but failed to meet the rigorous entrance criteria established for assignment to a treatment group that was to provide a trauma-informed cognitive behavior therapy intervention to identified students. We persevered in spite of this, determined to fit a square peg into a round hole, only to be disappointed at the outcomes upon the intervention's completion. Students had been resistant to engaging with outside providers. Moreover, they struggled to generalize concepts learned in the small group when faced with the everyday demands of the real school environment. That experience alone yielded the benefits of clearly defining problems at the outset and establishing qualitative as well

as quantitative metrics for how we will know and recognize positive changes making it clear when interventions were successful. In addition, it highlighted the value of meaningfully incorporating teachers in intervention paradigms for support and sustainability. A number of the lessons learned during that early project informed the early action items for reforming our school and making it more responsive to the needs of our students. One of the initial lessons was to always commit time and resources to carefully analyzing problems and establishing SMART goals – specific, measurable, agreed upon, realistic, and time-based – to link to your next steps.

Further, when doing a deeper dive into the disproportionality data, it was evident that many of the effected students were not just being shortchanged in school. They represented some of the most vulnerable communities in our state and these communities had superlatives of their own. They were the highest in unemployment and poverty, most of them headed by female heads of households, highest in crime per capita, and particularly higher in violent crimes committed with guns and weapons. These highs were disturbing local political leaders and attracting national acclaim. These problems would not be solved with mere functional behavior assessments and behavior support plans alone. There were more systemic issues from the community at large bleeding into our school community that required more comprehensive supports. We needed insight into that macrocosm to help us make sense of the microcosmic shifts in our school community. So, while the Centers for Disease Control (CDC) was brought to the city of Wilmington to study the community disproportionalities outside of the school, we embarked on a study of the societal ills that contributed to the dis-ease system inside of our school.



Data review and analysis should be a regular strategy in your process to transform your school. There is nothing like a data dive to bring clarity to troubling issues and to inform your next steps. This should be a fundamental construct for building your school's continuum of learning supports. Our team benefitted from looking at everything in tiers, giving special attention to universal or system-wide data processes as well as targeted small groups and individual student data in our scheduled reviews. Remember, what you assess determines what you value. Clearly identify and define your data points by asking, "How will we know when we have achieved success?" Once the endpoint is identified, work backwards to identify benchmarks that show that your efforts on target toward your goals. At this point, many schools have found it helpful to develop logic models using simple templates like the one below.



School Data Collection Tools:

- ✓ The School Climate Survey: The Delaware Positive Behavior Support (PBS) Project at the University of Delaware distributes the School Climate Survey annually. The survey results represent the perceptions of students, parents, and school staff on a variety of dimensions related to school climate. This tool may provide a baseline barometer.

- ✓ Discipline Data Reporting Tools: Student behavior data is captured online through portals for eSchool, Data Service Center, and Cognos reporting. Data can be reported at the school, grade, and student levels and by location of occurrence.
- ✓ EdInsights Dashboard and IMS: Summary data for academic and behavioral indicators can be found for each public and charter school. Attendance, grades, standardized test scores and discipline data can be accessed. Moreover, there are links to school history and specialized supports to evaluate relationships between academics and behavior for data review, whether monthly, quarterly, or annually.

MOVING FROM FRAGMENTATION TO A SYSTEM OF CARE

One of the early discoveries yielded from our initial data review sessions was related to resource allocation. Although our school served some of the neediest students, we were asked to do it with the same supportive services that were provided to other schools in the district. All schools were assigned a school counselor, an educational diagnostician to manage special education, and a school psychologist to evaluate academic and behavioral performance of students with disabilities. However, it was quickly apparent that an equal distribution of resources was not in all cases an equitable distribution of resources.

Since the students were being impacted inordinately by the challenges facing their communities, they would require expanded access to resources to address their interrelated developmental, academic, emotional, and behavioral needs. As a result of administrative lobbying on our behalf, the school was assigned an additional counselor as well as an additional school psychologist to support the school for half of the week. We were one of the earliest middle schools to be assigned behavioral health consultation from the Department of Prevention and Behavioral Health. Partnerships were forged to expand the continuum of learning support services that children could access during the school day. Whole child development was at the heart of the continuum which ranged from adaptive behavior and coping skills to maladaptive behaviors that made children at-risk for social isolation and mental ill health.

These steps were significant since the President's New Freedom Commission on Mental Health, established during the Presidency of George W. Bush, began issuing reports documenting

the disarray and fragmentation of the mental health delivery system in 2002. It has been suggested that these deficiencies have led to unnecessary and costly disability, homelessness, school failure and incarceration (Stephan et. al., 2009). Numerous unmet needs and barriers to care were described, including fragmentation and gaps in service delivery for children and that there was no national priority for mental health care. The report concluded with six goals and 19 recommendations that targeted dramatic transformation and system improvements. The plan was to enact policies that made mental well-being for children as urgent a priority as physical well-being. Individualized plans of care would be required for every child with serious emotional disturbance. Mental health supports for young children would be promoted and school mental health service opportunities would be expanded. It was also recommended that more supports be provided in the natural environment – which for children and youth meant providing mental health supports at home and at school.

Gamst, Dana, Der-Karabetian, and Kramer (2001) reported that more than 20% of school-aged youth are believed to have diagnosable emotional problems. In spite of this projection, data confirms that 70-80% of these youth do not receive professional help. In fact, reports have documented that of the small percentage of children and adolescents who receive needed mental health services, schools are the most common setting in which children access this care. Access is improved to typically underserved populations when mental health supports are provided in schools as many of the barriers to care in traditional settings are eliminated such as a limited number of evening appointments available for after parents get home from work, transportation, and child care. Moreover, providing services in schools enhances opportunities for collaboration and “cross pollination” between school professionals and mental health professionals which strengthens service delivery for all.

These policy changes presented new areas of opportunity for child-serving organizations, and we were eager to maximize the moment. Like most schools, however, we were already feeling the strain of being asked to do more and achieve bigger outcomes with fewer funds, less staff, and less capacity. In order to provide evidence-based services to children, we would have to leave our silos and work collaboratively to build a seamless student support infrastructure that made the

most of existing learning support frameworks. We were thrilled with the prospects of increasing accessibility to students and reducing many of the barriers to seeking help in more traditional settings.

Evidence suggests that school mental health programs reduce stigma associated with seeking help. They increase opportunities to promote generalization and maintenance of treatment gains. Moreover, school mental health programs enhance opportunities for mental health promotion activities as well as universal and targeted prevention efforts (Stephan et. al., 2009). Building a collaborative student support culture would provide a forum for interdisciplinary exchange of ideas and communication between education professionals as well as school-employed and community-employed mental health professionals.

EXPANDING SCHOOL LEARNING SUPPORTS

The middle years present an important window for prevention and intervention because 50% of all lifetime mental health disorders start by age 14, according to the National Institute of Mental Health. Untreated depression and other problems of mental ill health can lead to school failure, drug and alcohol abuse, violence, and criminal involvement. Most tragically, untreated mental illness can lead to suicide – the third leading cause of death among youth. Research has shown that most young people with mental illness can be effectively treated and lead productive lives when diagnosed early and taught to effectively manage their symptoms. That is why it is imperative that we provide them every opportunity to link with the needed supports in the place that they most regularly frequent – America’s schools.

Our school’s superlative status afforded us eligibility for every available state-sponsored intervention. We were selected to participate in a pilot project designed to introduce behavioral health consultation into the middle school setting to improve access to treatment. A licensed clinical social worker was assigned to the school to identify and provide group counseling for students who had experienced trauma. Participants were assessed using the UCLA Trauma Screener. Unfortunately, we soon discovered that even though our students reported exposure to high levels of traumatic events that would cause toxic stress, they had somehow normalized these experiences. As a result, they earned lower scores on the trauma screener which excluded

them from the treatment group. This experience punctuated another common hurdle when accessing traditional support models – the need to experience extreme failure in order to qualify for assistance. Our students were traumatized, but apparently not *enough*.

Needed change came quickly as there was a seismic shift that rebranded all things mental health to *behavioral health* and focused greatly on prevention. We were able to leverage these changes to ignite change within our building. Meetings were convened weekly for cross-collaboration with teammates. The nurse became a regular, contributing student support team member because behavioral health is HEALTH. There were successes related to internal coordination and referral practices, particularly as related to servicing students with disabilities. Moreover, the team was introduced to the value of population screening for delineating students most at-risk. An invaluable deliverable from our work was a school-wide learning support matrix that offered a visual picture of every school intervention provided and every student served.



What Is Available to Build Your House?

In the last few exercises, you crafted a vision of what you would like your school to look and feel like. You have also massaged and analyzed the current data points to paint a quantitative picture to support the broad brush qualitative sketch of your current and potential status. Now, it's time to ensure sustainability of your dreams by evaluating human and financial resources needed to bring your vision to reality. To do this, you have to get honest and examine what you have in your hands before going out and recruiting other resources. I believe an entrepreneurial spirit is beneficial to this work so team members can push through roadblocks and keep each other encouraged, not losing heart during times of stagnation. Flexibility is required so teams are not

stymied when the unexpected occurs to trip you up. Moreover, it is important to know where to turn when additional information is needed or when you must consider changing directions. Our team learned to live by the mantra that “there was more than one way to skin a cat”. We also touted that we were engaged in action research which inherently leaves room for testing new strategies and changing directions when the data advised. For that reason, we had to know at all times what valuable assets and resources were available to us.

Human capital is one of the most valuable assets in this process in my opinion. There are some amazing, multi-talented individuals working in schools and our team was no different. With encouragement, team members challenged turf divisions and started to tear down the walls and job description limitations that separated our disciplines. We met frequently to talk through processes as well as for case conferencing around difficult, individual cases. These opportunities honed our individual and collective skillsets. One of the simple, but early strategies that supported our team development was getting to know team members and their educational and work histories. By knowing areas of interests and experience, we were able to maximize our diversity instead of stumbling over our differences.

The next prioritized strategy for us was co-locating all of the student support professionals in one particular wing of the school building. As a result, team members interacted frequently and got to observe each other’s professional and social interactions with students, families, and other staff. These individual assets were also captured in a staff asset graphic to assure that we assigned work tasks to the individuals best suited for success. This reduced frustrations and enhanced individual efficacy. It also allowed us to leverage experiences and capitalize on existing relationships concurrent to modeling best practice behaviors for other team members.

Financial resources will include any internal and external monetary support that your team can commit to the process. Don’t be scared to ask your administration for support. Even if there are no current allocations, having this challenging conversation will at least put the needs on the radar if funds become available at a later date. More importantly, having a plan puts you all in ready position in the event that there is a request for proposals (RFP) or some other funding opportunity announced that will strengthen your work.

When our team began this work, we started a practice of committing a few days at the end of each school year to review data and make plans for the coming year. We valued this opportunity to reflect and plan so much that we did it even in the absence of pay. At the end of the SY2012-2013, we had lots of plans, but no money in sight. However, we created a prioritized **wish list** of what we would do if we were given access to funds. The very next month, a press release of a potential funding opportunity through the Delaware Department of Education (DDOE) was communicated to school administrators by the district office with a 2-week deadline. I was encouraged by our assistant principal to attend an interest meeting where the application and directions for submission would be circulated. I followed the instructions to the letter and by the end of August was awarded \$45,000 from DDOE to fund a pilot project for the upcoming school year. That was only possible because our vision had been captured in a **wish list** ready for implementation. It was another feather in our cap that team members had articulated that information to a school leader who could keep his ear to the ground and advocate on our behalf.

Smaller, more specific projects were carved out of that same grant proposal that allowed us to also apply for funding from the Nemours Foundation that netted \$1,000 in support of student wellness. I discovered a corporate fundraising opportunity that with the efforts of the whole school community raised \$1,500 in one night through Chrysler Corporation's Drive-for-the Kids Campaign with the support of Brandywine Chrysler, a local car dealer and community partner. Moreover, we competed for the American Psychological Association's (APA) **Golden Psi**, an award which annually recognizes one public school which has successfully conjoined social and emotional strategies with academic strategies to achieve student success. Stanton Middle School was named the **2014 recipient of the Golden Psi** and recognized at the 8th grade graduation ceremony with a beautiful, crystal trophy along with a \$1,000 stipend presented by APA's National President. Soon afterward, our school administration allocated a budget line to support our team's idea factory – and it all started with that original **wish list!**



Celebrate SUCCESS



THINK – FEEL – DO

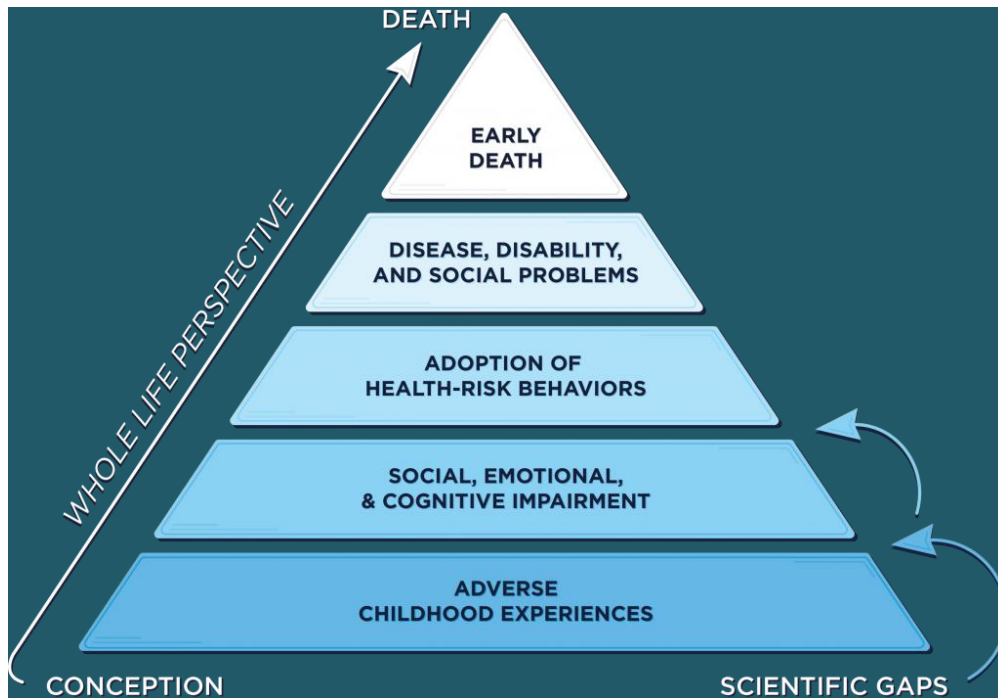
An **asset map** is a graphic organizer of all school resources. It has become a critical tool in our multi-tiered system of supports. It has evolved over the years to include entrance and exit criteria for each group and individual intervention. It's time to create an asset map for your school. It's strength-focused and helps you quickly identify gaps in need of filling.

- ✓ Identify all the resources, processes, and systems that are in current use. Approach this task as a brainstorming exercise. Delineate the resource list to capture current programs and interventions that are used to support students as well as those in place to support teachers and staff.
- ✓ Create a master resource list. Consider organizing it so entries are stratified according to their level of impact. For example, Tier 1 resources would be grouped together and designed for universal use geared toward prevention. Tier 2 resources would be targeted towards students with similar, selected skill deficits. Tier 3 resources would be individualized strategies designed to teach adaptive behaviors to replace maladaptive behavior patterns.

- ✓ Once completed, evaluate for gaps and overlap. Build partnerships with community stakeholders located near the school. Brainstorm and identify strategies that will strengthen what remains.
- ✓ Identify any financial resources to support your vision. If there are not financial resources allocated to emotional and behavioral wellness, do not fret. This is an opportunity to strengthen corporate and community partnerships. Write letters to local business and community organizations and show how your strategic plan will benefit the community. In addition, assess available grant opportunities and APPLY, APPLY, APPLY! Moreover, use ideas from other funded programs. Details of all federal and state-funded grants are available in the common market and can be used without permission limitations.

TRANSLATING RESEARCH TO PRACTICE

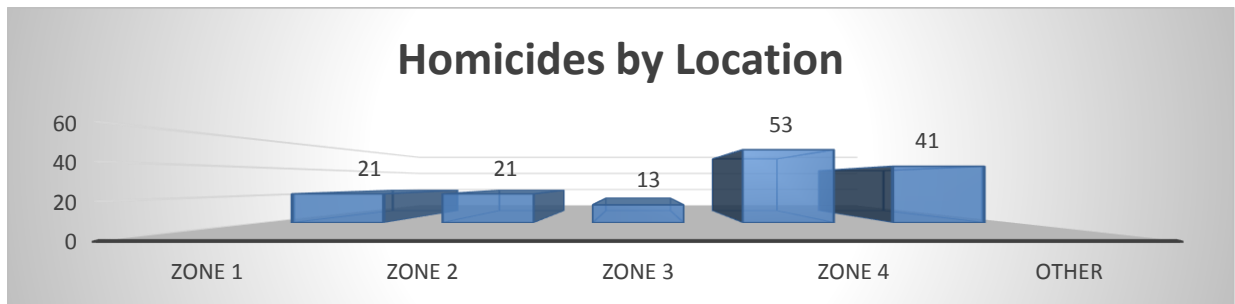
This experience prompted our team to seek other opportunities to translate research to practice. It was during a subsequent data dive that I discovered the adverse childhood experiences (ACE) study (Felitti, 2009) and began to make connections between early traumatic stress experiences and exposure and their link to school challenges. The National Child Traumatic Stress Network (NCTSN) defines traumatic stress as stress that occurs when a child experiences an intense event that threatens or causes harm to his or her emotional and physical well-being. It may result from experiencing or even witnessing violence in the home, at school, or in the community. Intense and continued exposure can become toxic – impacting brain architecture and functioning, and potentially leading to lifelong health and social challenges like those detailed in the table below (www.nctsn.org).



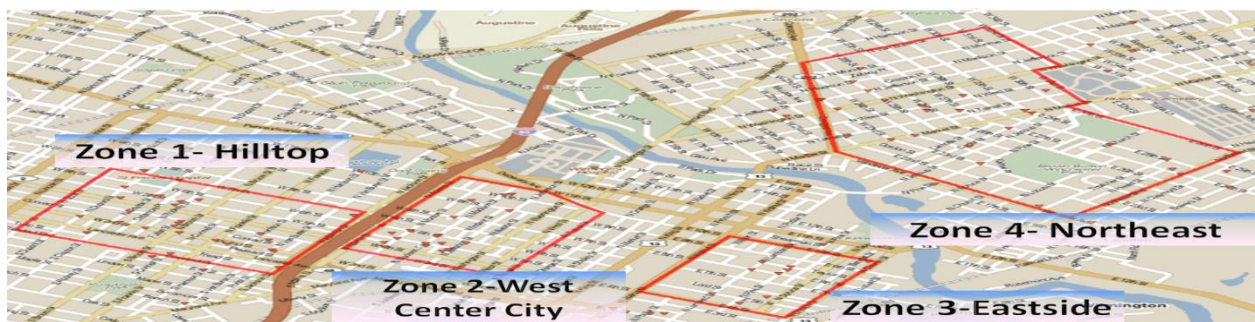
Through research, I discovered that ACEs are fairly common. In the original study, about two thirds of the participants reported at least one adverse childhood experience and 12.5% reported 4 or more. Many states have used this information as a barometer of child and adolescent wellness. In 2012, ACE data projected for the state of Delaware showed 51% of children from birth to 17 having at least 1 adverse childhood experience. Twenty-three percent were projected to have two or more. The projected prevalence increased greatly with every concomitant societal challenge ranging from extreme poverty to family problems like divorce to the experience of violence, abuse, and discrimination. Interestingly enough, these were projections because early investigations looked at adults only and did not aggregate or break out specific data for children – another tacit example of social injustice.

In the City of Wilmington where many of my students lived, the level of ACES prevalence reported among adults was 61%. This assessment was 13% above the national average and 10% above the average for our state. These challenges had a trickle-down effect on the younger members of the households. Children and youth were found to live in extreme economic hardship. Families were organized around losses due to divorce or separation. High rates of children were projected to have been victimized or witnessed violence in their neighborhoods. In

addition, over 9% of households had an adult who had served time in jail. Those adults represented parents and caregivers with limited physical resources and emotional reserves for supporting children. The trickle-down economics of families and communities punctuates that whatever impacts adults and caregivers ultimately impacts children and youth.



Zone1-14%, Zone2- 14%, Zone3-9%, Zone5-36%, and Other 28%



Map of the Zones—Sources Cease Violence Report 2016, Center for Drug and Health Studies

Exposure to traumatic events, whether direct or indirect, activates the stress response system in the body and in the brain. The brain’s amygdala is responsible for fight, flight, or freeze responses of the body. When an external threat is perceived, the heart rate and blood pressure increases and stress hormones flood the bloodstream and tissues to support the body in preparing for its response. It is the increased load of stress hormones flooding the system over a long period of time that causes physical and emotional damage. Cortisol, a commonly known hormone linked to high cholesterol, is related to stress and connected to risk factors associated with heart attacks and strokes. In addition, frequent and prolonged activation of the stress response system can also damage the actual stress response system, leading to toxic stress. As a result, there may be increased connections developed in the brain for fear, anxiety, and impulsivity causing

hypervigilance. At the same time, there are diminished connections in the brain for reasoning, planning, and behavioral control (Greene, 2008). The latter connections are essentially choked out as a result of negative emotions and toxic stress.

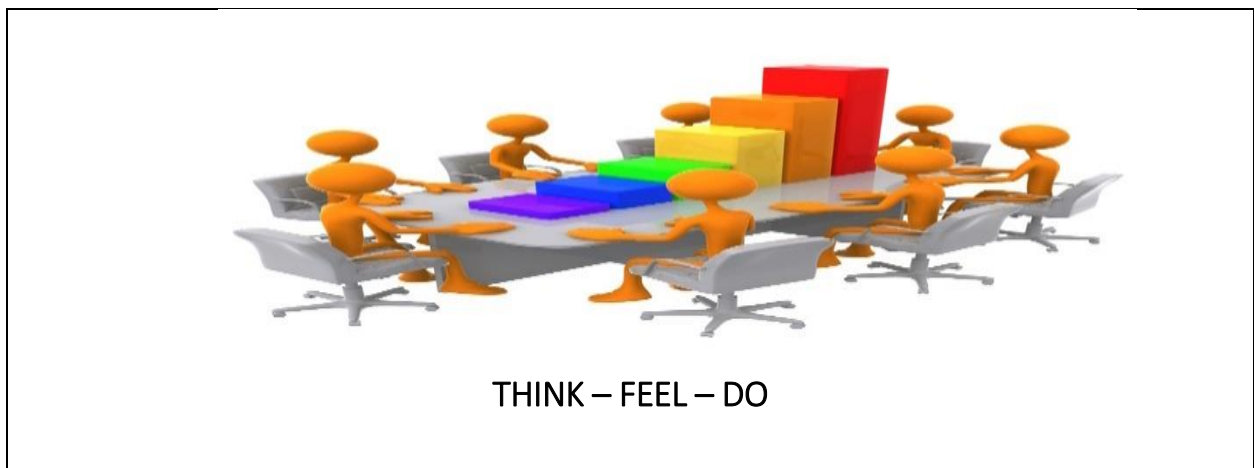
Since traumatic stress may begin early in life, it can disrupt many aspects of physical and social development as well as the formation of self-concept. Traumatic stress impairs the brain and inhibits its development to full potential. Children who have experienced trauma and adversities often have problems regulating sensory inputs, making it hard for them to know where to put their attention. They tend to over-respond and under-respond with little regard for the demands of the environment. They also may demonstrate similar extremes in their emotions. Because traumatic stress tends to occur in the context of relationships with caregivers, it typically interferes with the child's ability to form secure attachments.

Many aspects of a child's healthy physical and emotional development rely on this primary source of safety and stability. When families and homes do not provide consistent safety, comfort, and protection, children develop ways of coping that allow them to survive and function in that insecure environment. They may be overly sensitive to the moods of others, constantly watching to "figure out" how the adults around them are feeling and how they need to behave or engage in order to "manage" that person. These children may even withhold emotions or resist interacting with others because they have learned that the environment is not safe and the adults are not available to provide support or consistent care. While these adaptations may make sense in the presence of physical and emotional threats, they become problematic when presented with caring, supportive relationships, interfering with their capacity to live, love, and be loved.

Trauma and toxic stress can have both short and long-term effects and its impact may not be immediately recognized. In addition to impaired social relationships, trauma can affect coping responses and mastery of developmental tasks. Children may confuse what is safe and what is dangerous. They may have trouble focusing and concentrating, vacillating between aloofness and daydreaming at one extreme to hypervigilance at the other. They may even struggle to remember important periods of life and maintain hope for the future. Following exposure to trauma and toxic stress, children may experience flashbacks and nightmares. They may be sensitive to noise

or being touched. They may suffer challenges with trust that disrupt attachment relationships particularly when separating from caregivers. Other observations may relate to regressions in mood, behavior and coping skills, reverting to younger behaviors like bedwetting, frequently seeking attention, being protective of personal space, resistance to transitions and changes in routines, as well as severe deteriorations in emotions and self-regulation when corrected, criticized, or playfully teased (SAMHSA, 2014).

It is thought that the repeated adoption of health risk behaviors as coping mechanisms for stress is what precipitates negative health outcomes for individuals who have experienced adverse childhood experiences (Felitti et. al., 1998). Some reports have indicated stress eating and eating disorders, smoking, abusing alcohol and drugs, self-harm and sexual promiscuity. These maladaptive coping skills can set individuals on a course for severe medical conditions that in some cases may contribute to chronic illness and premature deaths. The original ACE study concluded with the startling finding that males who experienced ACE scores of 6 or more during childhood had 4600% increases in likelihood of later becoming IV drug users when compared to male children with ACE scores of 0. This supports Bessel van der Kolk’s assertion that the body keeps the score (2014). In his bestselling book of the same name, Dr. van der Kolk details the encoding of muscle memory and intuition on the body’s cells that results from negative events. Moreover, he insists that our attempts to suppress and distance ourselves from traumatic events are insufficient to overcome the body’s inclination to “tell the story”.



Relationships are dyadic – it takes two! We often talk about the student’s contribution to these interactions, but rarely shine an honest spotlight on the behavior on the other side of the student-teacher dyad. Teacher temperament and emotionality is a major contributor to the classroom and school climate. Most educators are truly phenomenal, self-sacrificing individuals who greatly extend themselves every day to meet the needs of students and their families. However, it is important to note that teachers are not exempt from traumatic stress and adverse childhood experiences. Many enter the workplace every day toting personal baggage that colors their perceptions and impacts interactions. For this reason, it is imperative that educators engage in ongoing reflection and retooling to equip themselves for the job. Teachers have the power to direct major climate control so commit to being a *thermostat* not a thermometer!

Some recommendations are below:

- ✓ Take good care of your basic needs throughout the school day. Get a good night’s sleep, drink plenty of fluids, and eat healthy, nutritious meals and snacks. One of our grade level teams started Crock Pot Mondays to foster comradery, collaboration, and self-care.
- ✓ Schedule movement and bathroom breaks to refresh yourself regularly.
- ✓ Engage in activities to relax and restore yourself mentally and physically.
- ✓ Partner with a colleague or buddy teacher for times when you need to step away from challenging situations.
- ✓ Start a school Wellness Committee charged with planning fun activities and challenges for staff.
- ✓ Cultivate an atmosphere where colleagues are comfortable asking for help. Learning is *lifelong* so support others in developing their craft.
- ✓ Keep a formal list of supports and reinforcements provided for teachers and staff.

LESSENING THE IMPACT OF TRAUMATIC STRESS

It was evident through indicators of school behavioral functioning that long-term exposure to traumatic stress had created maladaptive stress responses in many of the students that our school served. Students were frequently on edge as if waiting for *something* to happen. Very simple requests and redirections in the classroom could provoke responses so intense that they were inappropriate and mismatched to their antecedents. Many students possessed no innate abilities to calm or self-soothe. For that reason, once an episode was started, a great deal of time

and direct effort had to be committed to de-escalation and getting things back on track. Adaptive behavior and social skills had to be taught – overtly and reinforced daily.

Students exhibiting traumatic stress responses in school generally struggle with self-regulation and managing emotions. Since these skills have not been mastered in early caregiver relationships, there are frequent challenges with trust and communication that are transferred to relationships with other adults. As a result, these students have difficulty maintaining stable relationships because they fear rejection. This makes it hard for them to develop connections to others and respond consistently to nurturing. They jockey in relationships, dancing between positive and negative emotions. It is hard to predict what will set them off and soothe them because what was interpreted as friendly bantering on one day may be offensive the next and what worked during a challenging interaction on one day may not evoke the same calming response on the next. For that reason, students who experience traumatic stress are generally harder to engage. They lack the wherewithal to rebound from negative experiences on their own and generally require direct intervention to bounce back – they lack resilience.

The American Psychological Association (online) defines resilience as the rebound process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress – that includes family and relationship problems, serious health problems or workplace and financial stressors. Resilience can be thought of as more a process than a characteristic. Simply stated, it is the process of “bouncing back” from difficult situations. While researchers have been able to capture what it looks like when someone has it, they have had a harder time figuring out how some develop resilience and others don’t. It has been especially hard to evaluate with children because there are so many people and factors significantly impacting or creating meaning in their lives. What research does back up is that trauma-informed environments that attend to school climate and provide support for social and emotional learning are strong contributors to building resilience as it provides a context for children to develop and practice the social interaction skills that will carry them through school and life (Collaborative for Academic, Social, and Emotional Learning, 2017).

Social and emotional learning (SEL) is an essential but frequently dismissed part of education. It involves the processes through which individuals acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage their emotions, feel and show empathy for others, establish and achieve positive goals, develop and maintain positive relationships, and make responsible decisions. SEL emphasizes active learning approaches in which skills can be generalized across curriculum areas and contexts when opportunities are provided to practice the skills that foster positive attitudes, behaviors, and thinking processes. SEL encourages the establishment of learning environments that increase students' abilities to coordinate emotion, cognition - which is also known as thinking - and behavior, so they can achieve positive academic, health, and citizenship outcomes (Graczyk et. al., 2000). CASEL has identified 5 core competencies that combat traumatic stress and build social skills and resilience.

WHAT IS Social and Emotional Learning?

According to the Collaborative for Academic, Social, and Emotional Learning, social and emotional learning (SEL) involves the processes through which adults and children develop social and emotional competencies in five areas:

1. **Self-Awareness:** The ability to accurately recognize one's emotions and thoughts and their influence on behavior. This includes accurately assessing one's strengths and limitations, and possessing a well-grounded sense of confidence and optimism.
2. **Self-Management:** The ability to regulate one's emotions, thoughts, and behaviors effectively in different situations. This includes managing stress, controlling impulses, motivating oneself, and setting and working toward achieving personal and academic goals.
3. **Social Awareness:** The ability to take the perspective of and empathize with others from diverse backgrounds and cultures, to understand social and ethical norms for behavior, and to recognize family, school, and community resources and supports.
4. **Relationship Skills:** The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. This includes communicating clearly, listening actively, cooperating, resisting inappropriate social pressure, negotiating conflict constructively, and seeking and offering help when needed.
5. **Responsible Decision-Making:** The ability to make constructive and respectful choices about personal behavior and social interactions based on consideration of ethical standards, safety concerns, and social norms, the realistic evaluation of various actions, and the well-being of self and others.

TRAUMA-SENSITIVE AND RESPONSIVE SCHOOLS:

MOVING FROM DREAM TO REALITY

The experience of trauma is subjective and the trauma response is personal too. The event or experience that created the trauma must be deeply distressing enough that it overwhelms the

individual's ability to cope. It is the opportunity to enhance adaptive functioning and coping skills that makes schools the right venue to not only understand but also respond to the trauma of children and youth. The goal is to reduce the impact of traumatic events that create toxic stress and support children and youth in building the necessary coping skills to bounce back so they can go on to create productive and fulfilling lives. SAMHSA (2014) has developed six principles to guide organizations in orchestrating change processes to increase trauma-sensitivity. These principles are broad but provide a framework for responsive practices for all kinds of organizations that facilitate feelings of engagement and security by maximizing shared governance, strengthening connections, and managing emotions through the promotion of self-awareness, self-regulation and self-reflection.

Throughout trauma-sensitive organizations, staff and the people they serve must feel physically and psychologically safe. That begins with not blaming students for their problems. The prevailing question is "What happened to you?" NOT "What's wrong with you?" All operations and decisions must be conducted with transparency and the goal of building and maintaining trust. Peer support and mutual self-help are key mechanisms for establishing safety and hope, building trust, and enhancing collaboration. This spirit of working together toward mutual goals fosters a sense of empowerment and punctuates the idea that healing happens within relationships and in the meaningful sharing of power and decision-making. Individuals' strengths and experiences are recognized as valuable and provide the foundation so voice and choice are validated in the development of new skills. Trauma-sensitive organizations demonstrate a value for self-advocacy and empower all to speak up in the interest of problem solving and growth. Lastly, the organizations commit to actively moving past traditional stereotypes in the interest of building relationships and leveraging the healing power of cultural connections (SAMHSA, 2014).

Triggers/ Reminders	Concepts	Principles
Lack of Control	What Happened to You?	Safety
	All Behavior Has Meaning and Purpose	Transparency and Trustworthiness
Power Differentials	People Will Avoid Painful Reminders	Empowerment, Voice and Choice
	Symptoms/Behaviors Are Adaptive	Collaboration and Mutuality
Lack of Predictability	Healing Happens in Relationships	Peer Support
	Fight/Flight /Freeze	Cultural, Gender, Historical Issues

According to SAMHSA (2014), there are also five key components to consider when implementing and maintaining a trauma-informed framework. These concepts are detailed below along with brief information about how they can be appropriately applied. More specific information about application in the school setting will follow.

1. **Organizational Assessment** of the initial/baseline performance of the organization as well as strategic plans to reassess and use feedback for continuous improvement.
2. **Paradigm Shift** from the status quo of traditional approaches and “how we’ve always done things” as well as how clients are viewed. It is not a one-time implementation, but a process of ongoing reflection and retooling.
3. **Safety** is the most important of the foundational principles and involves creating safe environments for those served as well as all who work at the organization.
4. **Wellness and Self-Care** are infused in the organizational culture for those being served and service providers.
5. **Everyone is Included** since trauma-informed care is not a clinical intervention but an approach to every element of the work and involves all staff. For that reason, implementation must go beyond direct care to clients to impact policies and practices for how the organization does business as a whole.

With those concepts in mind, a trauma-sensitive and responsive school is likewise a safe and respectful environment that enables students to build caring relationships with peers and adults, self-regulate their emotions and behaviors, and succeed academically while supporting their physical and emotional health and well-being. In trauma-sensitive and responsive schools, traditional discipline practices are supplemented with neuro-developmentally appropriate activities like brain training, mindful movement and exercise, and restorative practices in the place of punishments and exclusionary practices like detentions, and suspensions. A trauma-sensitive and responsive school weaves this framework into the fabric of the entire school. Trauma-sensitive and responsive strategies permeate the continuum of interventions and supports from universal systems and strategies that prevent challenges for the majority of students all the way up to tertiary levels that inform individualized strategies for working with the most vulnerable, disconnected and emotionally detached students.

Trauma-sensitive and responsive schools recognize that behavior is communication. They embrace that they are in the business of teaching age-appropriate, adaptive behavior even though this concept is not always embraced by the populous. Just as students enter school with varied reading abilities, trauma-sensitive and responsive schools have cultivated an awareness of the skills that students have adapted to cope with the challenges that they face. As a result, they embrace actively teaching age-appropriate and adaptive social, emotional, and behavioral responses to all students under the mantra that what is done to support the most impaired students will benefit ALL students. Supportive strategies like movement and mindfulness are intentionally integrated into the school day to reinforce muscle memory and metacognition around academics and behavior. A great deal of attention is given to monitoring and managing the environment and building in predictable routines and expectations. Moreover, individualized corrective strategies are focused on identifying the function of challenging behaviors so more adaptive replacement behaviors can be identified and taught. Most importantly, they intentionally focus on restorative measures that strengthen and repair relationships so school engagement and commitment to second chances are not disrupted.

MANAGING RELATIONSHIPS FOR CHANGE

To fuel this journey toward trauma-sensitivity, I read everything I could and shared out with the team. I discovered lots of theoretical information but few practical applications. Fortunately, my colleagues and I were desperate enough for change that we did not allow that *small* caveat to be a hindrance. We realized, however, that the greater school community would be a harder sell. For that reason, we focused our initial attention on cultivating *early adopters*. Early adopters were what we termed the like-minded colleagues who identified with the vision to make our school more trauma-informed. They “*got it*” and required little persuasion. When it came to early adopters, we sowed an old behavior modification adage that states quite simply that what you attend to grows. In the process, we reaped a harvest of best practice strategies. As our early adopters built their capacity, we initiated mini-research projects to test new ideas and intervention strategies in their classrooms and with individual students. We showcased the successes of these initial innovators and celebrated their growth mindsets and willingness to try the new in order to create hunger for what was next to come.

One of those early adopters was our Assistant Principal, Mr. Larry Friend, who provided inroads to the school administration and building leadership teams. For 2 years prior, he had been an active participant on the student support team. He labored alongside us in problem-solving sessions and participated in training webinars as we studied how others around the country approached school transformation. Mr. Friend was instrumental in implementing communication between administrators and student support when consequenceing maladaptive student behavior, a simple approach that made school discipline practices more proactive and thoughtful, moving redemption and re-teaching age-appropriate adaptive behaviors and coping skills to the forefront of our discipline efforts. Mr. Friend was at the table to participate during the inquiry calls to interview national leaders in prevention and behavioral health policy as well as practitioners who were at the forefront of translating trauma-informed practice to the school context. Mr. Friend was our team’s earliest champion with building and district leaders. His advocacy paved the way for us to be awarded the DDOE grant so innovative strategies from our wish list could be prioritized in our school turnaround project plan.

Every staff member was not excited to jump on this moving train. It was hard to confront the weaknesses of the status quo. It was hard to break out of business as usual and commit to integrating new ways of thinking and doing our jobs. There were even *naysayers* among the student support team. After years of working in silos, it was hard to make the case for working together. It was hard to let go of established theories about student behavior problems. It was hard to resist blaming students, their parents, and their teachers when things went wrong. CHANGE IS HARD and was HARD for us! Our school had already undergone massive changes and there were many more changes on the horizon. Embarking on anything new challenges the merit of the old and everything old is not bad. Unfortunately, some school leaders have not done an adequate job when laying the foundations for change. A new reading series gets introduced just when teachers have achieved mastery implementing the current curriculum guides and have developed all of the supplementary resources and tools to accentuate the lessons. Just when an assistant is strong enough to add value to the team, she gets reassigned to fly solo. Sometimes, it seems that things are changed and changing for the sake of change and that is not only HARD, it is FRUSTRATING; so staff tend to implement poorly or do nothing at all.

Jamie Vollmer, an attorney and businessman, spent time detailing his observations of school change practices in his 2010 book entitled, "Schools Cannot Do It Alone". He was initially quite critical of schools and admittedly trivialized the demands of school reform. However, after careful study he reconsidered his position and partnered with school leaders to garner support from key community stakeholders to achieve student success. He explains a number of lessons learned in "Schools Cannot Do It Alone". Vollmer asserts that there have been a plethora of initiatives introduced and abandoned since the inception of public education over 300 years ago. He surmised that change agents generally fail to successfully engage their constituents and communities. He urges that we secure our success by creating *understanding* and *trust* in order to gain *permission* to introduce new initiatives and ultimately gain *support* for the initiative's success. Many of his comments focused on engaging the business community but also had application within the school walls. Thus, this is essentially the approach that we took.

Commitment creates trust and trust creates buy-in! We aimed to change hearts and minds by touting the benefits of trauma-informed approaches and committing to support others in learning them. We strategically broadcast successes and committed to not giving up on challenging cases – no matter how many times we had to return to the strategy table. I recall working with a male student who really put this commitment to the test. He was in 6th grade and had experienced years of school failure. He did not transition well to middle school, struggling to manage work and behavior demands. This young man was on a trajectory for disengagement – and so were his parents. Our team gathered to problem solve about this student on 12 occasions within the 10 month school year. During one month, we met at least 4 times in person and over the phone. At times, the school team met even when the parents would not. At other times, we traveled to the parents’ jobs, porch or living room to assure their participation. Although early meetings met with resistance, as the year progressed the student had at least 2 trusted adults with whom he mini-conferenced regularly for progress checks. Little by little we understood more about the student and gained the family’s trust in the interest of affecting change for their child.



THINK – FEEL – DO

Now that the foundation has been established, it is time to apply what we have learned. A great starting point involves forming the implementation team that will actually guide the day-to-day work of making your school more trauma-informed and supporting teachers in practicing trauma-responsive classroom strategies. To make this happen, you must employ your newly created map of school resources to identify key stakeholders who will serve as “keepers of the flame” and champion systemic change.

The implementation team will receive in-depth training on global practices related to trauma and learning as well as specific processes for creating trauma-sensitive environments. You do not

necessarily need to form a new team if there are other teams in existence as long as there are natural intersections between the goals for each group. The implementation team could be the same as another existing team like the building leadership, school climate or the positive behavior intervention and support teams. Teams should meet weekly or more frequently in the beginning to review program design and strategy dissemination. As capacity is built, the meeting schedule can be reduced to at least monthly. To assure fidelity of implementation and sustainability of your efforts, the implementation team should facilitate monthly professional development opportunities for staff as well as identify supports for staff needing to hone specific skills. Lastly, the implementation team will provide direct support for the development of classroom management techniques and relationship building with students.

While I appreciate the value of a willing heart, you need team members who are truly capable of accomplishing your goals. As the leader of the implementation team, I provided the vision and took ownership of capacity building. However, aside from this, there were many valuable roles to be filled. Organization is needed to set timetables for the group's progress. Data management skills are needed to design evaluation tools and monitor outcome measures. Moreover, you may benefit from subcommittees tasked with specific goals for school wellness initiatives and staff teambuilding. Our school counselors were phenomenal at scheduling and keeping track of team goal-setting and progress. Their skills were also imperative when scheduling student check-ins with mentors and counseling groups. The school nurse was relied on to help us connect remarkable medical and developmental history to current observations. The educational diagnostician and teacher representatives were skilled at strategies for curriculum pacing and differentiating instruction. Moreover, the behavior specialists, student advisors, and administrative team members added perspective when developing school-wide behavior intervention strategies as well as work with specific teachers and students.

The school implementation team should strive for continuous improvement in school-wide processes and classroom management strategies. Our team approached the process like action research so our early planning involved discussions about how we would know when we were successfully achieving desired results. While we knew "the when", we sometimes struggled to confirm "the why" and had to work backwards to develop measurement tools for classroom observations and to document student check-ins. For that reason, I recommend identifying (or developing if necessary) your assessment tools at the start and integrating these strategies into your team design. Reflection tools will help team members evaluate their own personal contributions to the team as well as team interactions

around decision making and conflict resolution. It is also helpful to create pathways for feedback from teachers and staff.

Keep the following recommendations in mind as you plan:

- ✓ Align all team activity to strengthen (or build if needed) your school's multi-tiered system of supports. If you get in the habit of thinking of everything – every activity, every intervention, every interaction, etc. – in tiers, it will reinforce that concept. We were a PBS school and becoming trauma-informed strengthened our existing framework. However, great effort was needed to communicate those relationships to stakeholders. The resource document that was created to explain this framework has been included on the next page for your review.
- ✓ Our student support team formed a professional learning community (PLC) and we alternated meetings between school hours and afterschool hours for convenience.
- ✓ Establish regular meeting times. Improve efficiency by using electronic scheduling tools so the dates and times can be synced with all other schedules and blocked out for the entire school year.
- ✓ Establish an agenda with consistent items for regular review. **Start and end on time.**
- ✓ Rotate team management responsibilities to avoid “drain out”. A week prior to the scheduled meeting, conduct check-ins with team members to set priorities for the agenda items.
- ✓ Someone should be secured to take the minutes and circulate them at the close of the meeting with specific follow up tasks assigned to team members with deadlines for review.
- ✓ It will be helpful to assign groups to manage “team care” by bringing snacks and drinks.
- ✓ Host celebrations of team progress as well as birthdays and personal success.
- ✓ Establish mechanisms for publicizing your work to the administration and school **as transparency is important for creating buy-in.**
- ✓ Our team developed a practice of **attending monthly PLCs with the grade level teams** to discuss school-wide and grade level behavior, intervention strategies, build team capacity.

	INTERVENTION PROGRAM	GRADE(S)	GENDER(S)	NAMES
Tier 1 Universal				
Tier 2 Targeted				
Tier 3 Intense				
Staff Assets				



MULTI-TIERED SYSTEMS OF SUPPORT PLANNING AND PROBLEM-SOLVING DIAGRAM

Figure 1: Stanton Middle School MTSS Planning, June 2014

THE PILLARS FOR CREATING TRAUMA-INFORMED SCHOOLS:

PROFESSIONAL DEVELOPMENT

The National Education Association (NEA) passed a resolution at the July 2016 National Representatives Assembly in Washington, DC which highlights the detrimental influence of complex trauma on brain development and school functioning. The details are excerpted below and speak to the primary impact of trauma and toxic stress on students as well as its secondary impact on the teachers and school professionals who serve them. The resolution urges school districts to provide staff training and programs to remediate these student challenges.

C-8. Complex Trauma. The National Education Association believes that complex trauma impacts the brain development of children. Complex trauma causes systemic and individualized educational barriers that interfere with children’s emotional and physical health and impedes access to education. The Association recognizes the risks of secondary trauma faced by those who support these children and that they themselves may need support. The Association understands that trauma crosses all segments of society and is often compounded by the effects of poverty, institutional racism, and other adverse childhood experiences. The Association also believes that school districts should provide complex trauma training for education employees, and programs to address the effects of trauma. (2016)

Rarely do colleges and institutions of higher learning offer preservice learning opportunities on trauma-informed practice in their teacher education programs. Generally, this information is included in training programs related to clinical practice and service delivery like medicine, social work, and counseling. However, more and more we are demanding similar clinical skills from teachers, particularly when they are assigned to high-needs schools. For that reason, trauma-sensitive and responsive schools demand that teachers and staff be supported with professional learning opportunities to assure that they are equipped with the competencies needed to address the developmental challenges of the children they serve.

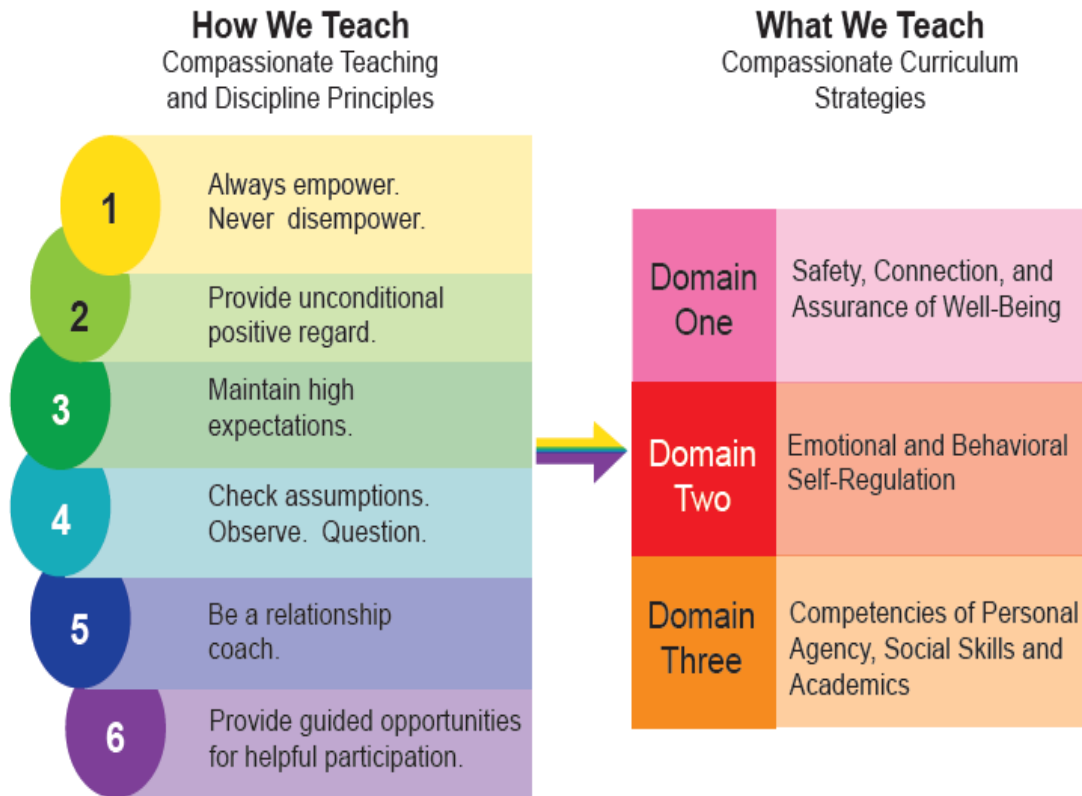
To get started, our team committed to learning all we could. We gathered information using web resources and webinars to study concepts and plan implementation strategies. We reached out to professionals who were leading change in other states. Thinking back, it is amazing how willing thought leaders were to share their knowledge with us – AND how easy they were to reach! In one of those question and answer phone sessions, we interviewed Ron Hertel and Mona

Johnson, the architects of the Compassionate Schools paradigm that remarkably reduced school failure and improved graduation rates in the state of Washington. I had heard their story during an online training and simply sent an email asking if they would be willing to “chat” more. They responded affirmatively right away and with a little preparation met by phone with our entire student support team and a community partner representative from Nemours. They provided guidance on how their Compassionate School concepts might be applied in our setting. Moreover, they provided recommendations for presenting the concepts from their manual, *“The Heart of Learning and Teaching”*, as a monthly book study in afterschool faculty meetings.

In the six chapters of the book, Hertel and Johnson (2009) explain the concepts needed for creating a Compassionate School. They share the importance of strategically training all staff on trauma. They shout the benefits of relationships in the healing of trauma. I appreciate most that the Compassionate Schools paradigm is not prescriptive, but is presented as more of a flexible format that can be adapted to meet the needs of individual school communities. The training program begins by fleshing out concepts to assure a solid foundation. They provide information on brain development and how the brain morphs in response to trauma. The authors make a case for prioritizing self-care right at the beginning, asserting that it is unethical for educators to expect to engage effectively with students who have experienced complex trauma and toxic stress when they have not prioritized and appropriately attended to their own needs. There are also suggestions for effectively engaging families and community members with awareness of the impact of trauma so the entire community can collaborate for healing and wholeness.

Instructional principles, curricular domains, and specific strategies for compassionate and trauma-informed school and classroom environments are included in the upcoming graphic (Hertel & Washington, 2009). Trauma-informed schools provide predictable and safe environments that are attentive to transitions and the sensory needs of students. They develop and implement discipline policies that balance accountability with an understanding of the impact of traumatic experiences and toxic stress. They maintain classroom expectations that are communicated in clear, concise and positive ways. They create opportunities to learn and practice the regulation of emotions, modulation of behaviors, and working effectively with others.

Productivity is valued and students are taught the importance of following through on assignments. Staff cultivate positive working relationships with each other, their students, and students’ families. Moreover, the schools support students and families with intense needs by linking them with mental health supports.



Our team routinely committed to a week of summer planning each year to reflect and prepare for the year to come. We used summer 2013 to read **“The Heart of Learning and Teaching”** and plan activities to enhance our presentations during monthly professional development meetings. We identified presentation teams of 2-3 people who would become chapter experts and lead scheduled discussions. We frequently included videos from Bruce Perry and the Child Trauma Academy as well as other subject experts that we could locate online. In addition to afterschool PD, the student support team hosted monthly discussions on trauma and behavioral supports at grade level professional learning community (PLC) meetings. This was valuable time to present new strategies and plan interventions for the whole school, particular grades and

specific classrooms. It was important to be well-prepared and include engaging activities that would connect with adult learners. We also highlighted the efforts of early adopters in presentations as the year progressed to show off successful lessons and students who were making progress. Lastly, we supplemented our efforts with book studies and summer readings with discussion questions to spark new ideas.



THINK – FEEL – DO

There are a number of professional learning opportunities on trauma-informed care. Think outside of the box and make connections with other disciplines for professional conferences and training webinars. There are a number of excellent national training opportunities that focus on strategies for understanding and working with students who have significant behavioral health needs. In addition, there are a number of partners in our state who are eager to provide technical assistance like the Compassionate Schools Learning Collaborative.

- Identify a team member to serve as training coordinator and lead a team of 3-4 who are committed to learning and “staying ahead of the class”. This focused group will not only plan and conduct trainings for others. They will be required to try out lessons and provide reactions to them before rolling out information to others. This must be an energetic group that will learn adult learning strategies and motivate others.
- Schedule ALL trainings on the school calendar and distribute the calendar at the start of the year.
- Take advantage of scheduled professional learning community meetings for sharing information, reviewing data, and training staff on new intervention strategies.
- Host a school book club and promote summer reading with scheduled chats and interactions on Schoology. This is a great way to stay connected with colleagues over the summer and retool in preparation for the upcoming school year.
- The staff training team should coordinate activities with other designated committees to maximize learning opportunities and attend to any identified special needs.

THE PILLARS FOR CREATING TRAUMA-INFORMED SCHOOLS:

INTEGRATED LEARNING SUPPORT STRATEGIES FOR ACADEMICS AND BEHAVIOR

At Stanton, we work to embody the ideals of **compassionate schools** by learning as much as we can about our students and their unique strengths and opportunities for growth. We pay attention to the words we use because words are powerful as they create meaning and perspective for those who hear them. We study the interconnectedness of brain development, emotions, and behavior with a focus on enhancing adaptive behavior and resilience. We teach students to solve problems collaboratively and reason strategically to make good choices. We keep ***child development*** at the forefront and we recognize that child development is a process. In short, we believe that all of these concepts work together so our students are fully present and prepared for learning so learning can prepare them for life.

Stanton is a school that practices **Positive Behavior Intervention and Support (PBS)**. PBS is a proactive and positive approach used throughout our environment to promote successful behavior and learning. In PBS, we do not discipline students for not knowing what to do, not knowing how to do it, or lacking the personal skills to manage their own behavior. PBS promotes reductions in behavior concerns, learning replacement behaviors, and reductions in crisis intervention through setting high expectations, overtly pre-teaching appropriate behavior, and supporting students in managing the consequences of poor behavior choices. Thanks to PBS many basic systems were in place and ready for finetuning when we integrated Compassionate Schools into our multi-tiered support framework. A matrix for appropriate school behaviors had been developed across settings. Appropriate behaviors were taught and reinforced at various times throughout the school year and reinforced daily. Ongoing tangible and intangible reinforcements were provided for students throughout the school environment to celebrate their successes as well as growth toward skill attainment.

Another important element that is woven into our framework is **Response to Intervention (RtI)** for academics and behavior. RtI asserts that we can effectively teach all children by

intervening early and using a problem-solving strategy to make decisions about student needs and progress. Scientifically validated interventions are used to the extent available to teach new skills and monitor student progress to inform instruction. Assessment is central to RtI and used for 3 purposes – universal screening, diagnostics, and progress monitoring. This assessment data is used to make critical decisions regarding students’ responses to interventions and need for more intensive supports. Whether using RtI for academics or behavior, educators work collaboratively to make decisions based on student data. Increasingly intensive interventions are provided to those not making adequate progress. The problem-solving model for behavior is aimed at preventing challenges through pre-teaching and reinforcing appropriate behaviors while addressing the role of the environment as it applies to the development and improvement of challenging behaviors.

Tier 1: Universal Strategies for Assessing Needs and Monitoring Progress

Assessment and progress monitoring for Tier 1 is implemented schoolwide and focuses on system-level responses that attend to the needs of all students. At Stanton, student academics are screened a minimum of 3 times a year and compared to identified benchmarks in the respective academic areas. Grade level and student support teams use this data to inform instruction, gain feedback regarding the success of the curriculum, determine the need for deeper assessment, and identify students who would benefit from support. Likewise, we value universal screening for behavior. Our intent is to identify and intervene with at-risk students before they experience multiple behavioral infractions that will threaten academic seat time. We acknowledge the inherent vulnerabilities that present in the middle years and see this as the opportune time to access supports to reduce maladaptive coping strategies and thwart risk for mental illness.

About 6 weeks into the school year, teachers are asked to complete a concise rating scale for each student in our school. Initially, ratings focused on broad behavior patterns that inhibited school success and we used cut scores to stratify the entire school, grade levels, and classes based on patterns of behavior. There are a number of available behavior screening tools on the market. We used the **Behavior Intervention Monitoring and Assessment System (BIMAS)** published by Multi-

Health Systems. This is a standardized measure that provided a great snapshot of our student population and their needs relative to the needs of other American students their age.

Diagnostic decisions or recommendations for services are not based on the screenings alone. We use a multi-gate system to delineate vulnerable students who exhibit the most need. The teachers' ratings of students' behaviors served as Gate 1. Next, the grade level teams rank ordered every rating of the students in their grades (Gate 2). Lastly, the top 10% of students on each grade level list are then cross referenced with the behavior referrals and disciplinary records (Gate 3). The top 10% of students that remained following this process are assigned to intervention groups. There are other ways to approach this initial screening; however, it is imperative that you assure the availability of supports to meet the needs of students exhibiting the most challenging behaviors.

My earliest attempts to test this process were during the 2011 school year when I gathered teachers in grade level teams to determine the top 10 skills that contributed to student success. Since I also served Shortlidge Elementary at that time, we created skill-specific raters for kindergarten through 8th grade. The skills evaluated were identified through team consensus and provided a rudimentary method for identifying students prior to them receiving multiple office disciplinary referrals (ODR). This was important because ODRs often focus on externalizing behaviors and give little attention to internalizing behaviors like withdrawal and anxiety. We were able to use the ratings from 5th grade students to pre-plan supports for the incoming 6th grade class. We even hosted a weeklong summer academy to ease the transition from elementary school to middle school. Most importantly, this identification strategy was done at no financial cost and maximized teachers' observation skills, which in my opinion are one of the most valuable tools in our arsenal when it comes to student behavior. The **Strengths and Difficulties Questionnaire (SDQ)** is a similarly designed measure that takes advantage of teachers' observation skills and there is an online version available at no charge.

For the last 3 years, our school has also implemented another cost-free strategy that we call **Connect – the – Dots**. It is simple and involves printing the student list and circulating it among all of the school staff. The staff are asked to put a dot beside the names of all students with whom

they perceive themselves to have a supportive relationship. Grade level percentages are calculated for all students with at least 2 dots beside their names. All students without 2 dots denoting supportive relationships are targeted for relationship building interventions in the semester to come. For the last 2 years, teachers have bravely consented to having students rate them. In this form of **Connect – the – Dots**, students are provided a faculty list that includes all instructional staff, student support, clerical support, administrators, and custodians. The students were then instructed to place dots beside the names of adults with whom they had supportive relationships. Students who did not report relationships are also targeted for relationship building interventions in the subsequent semester.

As time has progressed, we have refined our screening process to include student perceptions of their own personal strengths and the needs of their families and communities that will maximize those strengths using the Developmental Assets Profile Survey (Search Institute, 2016). With this year’s survey results, the team was also able to evaluate the number of strengths that students recognized and potentially build on those strengths in the interest of intervention and support. The perception of strengths are associated with student resilience and coping skills. Cultivating at least one additional reported asset has been associated with improvements in academic achievement – so it seems that a little goes a long way!

Commercially Available Universal Screening Measures

BASC-3 Behavioral and Emotional Screening System (Kamphaus & Reynolds, 2007)
www.pearsonassessments.com

Behavior Intervention and Monitoring Assessment System
www.mhs.com

Strengths and Difficulties Questionnaire (Goodman, 1997)
www.sdq.com

Social Skills Improvement System: Performance Screening Guide (Elliott & Gresham, 2007)
www.pearsonassessments.com

Systematic Screening for Behavior Disorders (Walker & Severson, 1990)
www.soprislearning.com

Student Internalizing and Externalizing and Externalizing Behavior Screeners (Cook, Gresham, & Volpe, 2012)

www.psiwaresolutions.com

Tier 1: Schoolwide Intervention Strategies

When it comes to universal strategies, the best intervention is good prevention. Strong and consistent **classroom management and routines** are the best prevention and the most powerful universal strategy to support students and prevent disruptions. It assures that students are available to learn and reduces interruptions in instruction. Strong **classroom management** reinforces the value of physical and emotional safety. In every classroom, we have encouraged the establishment of routines for every required activity. Most of these routines are spelled out in written form and posted in the classrooms and various locations throughout the school building. Classroom routines foster organization and relieve stress by letting students know what to expect. Teachers are encouraged to create lessons that are inherently reinforcing, using relevant content and technology when appropriate to enhance presentations and incorporate novelty to maintain interest and sustain attention to tasks.

We initially assigned every classroom teacher a **student support coach** who partnered with them to achieve classroom management success. The coach served as a first responder for specific classroom behavior challenges. Instead of students being ejected from classes when they misbehaved, the initial strategy involved support coming into the room in hopes of problem solving with students in the situation and returning the student to productivity. Some teachers and coaches meet regularly and identify specific goals for strengthening classroom routines and organization practices. This relationship is not punitive but intended as a collegial resource for teachers.

For times when students lose focus or demonstrate a deterioration in coping skills, every classroom is equipped with **energizer stations** that list ideas for movement and brain breaks to fend off boredom and fatigue. Some classes have **quiet corners** equipped with **books, music, sensory toys**, and **weighted blankets** for students who require more specialized supports to soothe.

Others have been outfitted with **exercise balls** instead of chairs as well as **desks with fidget bars** and **variable heights** for students who may require more vestibular stimulation. One of the earliest adaptations included placing a **stationary bike** in the student support area. Our administration has also hosted classroom design competitions to reward winning teachers with resources to make their class environments more trauma-sensitive.

Students are encouraged to self-advocate for their needs by requesting **BREAKS**, going for water and walking to refresh themselves during times of distress or low productivity. We have also provided visual markers to draw established boundaries for students who struggle to remain in their seats or designated areas. At Stanton, we have tried to anticipate as many potential rough spots as possible so there are systems and strategies in place to reduce potential problems. We frequently monitor data systems so we can identify behavior challenges as well as locations where challenges tend to occur. To encourage compliance, we have also done fidelity checks and hosted contests to celebrate teachers who have exceeded expectations in implementing trauma-responsive strategies.

Other whole school strategies involve **transition supports** that indoctrinate students to our school culture. Counselors visit elementary schools during the spring to welcome and orient incoming 6th grade students. We have developed **quarterly orientation** sessions for new and transfer students who join us during the school year. The goal for all is to offer support as students acclimate to the new school setting and connect students to an adult mentor for point-of-contact during times of concern. In these sessions, new students receive school T-shirts, spirit gear and agendas. They are also provided basic school information and behavior expectations, as well as reinforcement systems. They are provided instruction in **The 4 Pillars**, our core values for soaring to success which encourage students to be present – physically and emotionally, punctual, prepared, and productive. The program monitors students for a designated time period, identifies if additional supports are needed, and promotes student connections with peers and adults. In the future, we look forward to expanding these services by integrating the support of student leaders from our **National Junior Honor Society** and **Student Ambassador** programs.

We also offer relationship-based supports at the universal level. We encourage listening to student histories to the extent that they are willing to share and when appropriate use our own personal histories to build supportive connections. We acknowledge that relationships are established over time and depend on trust and consistency. Since this concept may be foreign to some students, we make room for them to test relationships by adhering to respectful emotional boundaries, talking with students in private instead of “calling them out” in front of their peers. When things go wrong, we value stepping away to cool down and reflect but encourage face-to-face conflict resolution and reconciliation between peers and adults. Most importantly, we declare that every day is a new day and commit to second chances. It is never too late to develop new skills so challenges are embraced as skill-building opportunities.



Collaborative Problem Solving (CPS) is a communication process that we employ to strengthen relations between students and teachers. Typically, a mediator facilitates the problem solving interaction and invests time prior to the actual session in talking with all parties and gaining a general idea of the issues and concerns that are interfering with relationship progress. I have learned to document the outcomes in problem solving sessions to assure that agreements are *remembered* and honored. Thus, we created forms to assess perceived behavior and communication breakdowns.

Recently, I had concerns about a particular student who was being frequently disruptive in his English class. I connected with him to *get his take* on what was going on and received a series of complaints from the student about his teachers and how “*they were not helping him*”. Upon inspection, it was clear that something was wrong because the student had missed multiple assignments and those submitted for grading yielded a 53 average in the English class. I also reviewed other classes and revealed that there was a similar pattern of incomplete work and poor summary grades in other courses. I suggested bringing the student and his teachers together for

collaborative problem solving. Initially, the student was reluctant but acquiesced after an explanation of the process and time to talk through his concerns.

The student and his teachers were provided reflection forms where they could respond to questions about his daily performance and approach to work, previous opportunities for them to meet and discuss the situation, as well as goals for moving forward productively which always includes each party's insights on how to improve class performance and forge better working relationships. I reached out to the parent to discuss our plan of action and determined the date that I would join the student and his teachers to collaborate. Sometimes, this can be done in a group setting. However, in this case we determined that it was less confrontational to meet by individual classes. After each encounter, I found the student to be more accepting of feedback and more willing to take ownership for his classroom performance. Moreover, I watched teachers soften and become more reflective about their practices as they observed the student assume responsibility for his learning by openly sharing insights about strengths and opportunities for growth. Through **CPS**, this student and his teachers teamed up to improve communication patterns and craft a plan for future success that ultimately reduced relationship conflict and removals from class. The student and his teachers beamed with pride as he processed at his 8th grade graduation ceremony at the end of the school year!

Tier 2: Targeted Strategies for Identification

Once students are identified as needing additional supports, both PBS and RtI advocate for using evidence-based interventions that require resources appropriate to the student's level of need, and then monitoring the progress of students receiving interventions. In Tier 2, students who do not achieve benchmarks or are not responding to universal behavioral supports are provided additional **evidence-based interventions** beyond the core framework. Improvements are monitored every 2-4 weeks to determine whether the interventions are resulting in sufficient progress toward the specified goal. This strategy is called progress monitoring. I have described Stanton's behavior change efforts at the targeted level as **developmental discipline** as we seek to match problem solving to the students' developmental levels. We resist re-traumatization by only

holding students accountable for what they have been taught. For that reason, we provide many skill-based interventions focused on building social competence.

The school problem solving team facilitates identification at the targeted level. Here, office disciplinary referrals, tardiness and attendance, as well as grades are monitored regularly to identify students in need of support. Teachers and parents can also recommend students for escalation to Tier 2. Observations from adults who know the student best are correlated with school data and standardized screening assessments for basic academic skills. Frequently used assessment strategies involve interviews with caregivers and classroom observations. Interviews are a great strategy for partnering with families and are conducted to obtain thorough developmental histories for students. The information is analyzed to identify remarkable gestational and medical histories as well as lags in achieving developmental milestones. This facilitates hypothesizing about connections between significant life events and current behaviors.

Tier 2: Targeted Intervention Strategies

The Tier 2 paradigm is akin to the **SBIRT** treatment model used often in community mental health settings. **SBIRT** represents an acronym that stands for **screening, brief intervention, and referral to more intense treatment or services**. The targeted strategies are selected to meet the needs of specific skill deficiencies. Thus, supports are generally provided in time-limited **social skills groups** that are focused on remediating specific skill deficits. Since trauma is healed in relationships and rhythm and relevance create safety (Blaustein & Kinniburgh, 2010), we aim to structure our Tier 2 interventions strategies around these themes. As a result, many of our interventions are focused on relationships, regulation, and developing relevant competencies for success in school. Even students who have not experienced complex trauma and toxic stress benefit from these strategies. We frequently tried them out as experiments that would be implemented for 5 – 8 weeks at a time. We planned our data tracking at the outset and analyzed the data after the intervention period for measurable changes.

One of most effective targeted strategies required little time investment but yielded huge dividends when building relationships with students. The strategy was called **2 X 10** (see below).

The 2 X 10 Method - *Description by Allen M. Mendler, Ph.D.*

Select a student with whom you do battle. Make a commitment to spend two uninterrupted, undivided minutes of your attention each day for ten consecutive days to build a different kind of relationship. You may ask any question, elicit the student's interests or share your own during this two-minute sequence. You may not correct the student or in any way use this time to persuade the student to change his/her behavior. After 10 days, assess the relationship. Most teachers who use this method have found that initially they do about 90% of the initiating with the student. However, by the end of the tenth day, there is generally a 50-50 give and take.

Stated "**2 by 10**", this relationship-building process requires adults to spend 2 minutes a day over a 10-day period engaged in basic small talk with students. They were instructed to casually interview students and encourage them to talk about things that interested them. While somewhat awkward at first, both parties quickly loosened up as they discovered intersections in their interests. Teachers always reported learning new things about the students. Students were eager to talk and enjoyed being the center of attention even for such a short amount of time. This strategy builds rapport and conveys to the student that the teachers are genuinely concerned about them. The **2 x 10** works best at the start of the year or with novel relationships. If an established relationship hits a wall and needs to be reset, I might encourage you to go back and pull **collaborative problem solving** from your Tier 1 arsenal.

Check In-Check Out (CICO) strategies have been used to track the independent application of skills and to track the student's use of replacement behaviors in the process of building mentoring relationships. A number of schools use the **H-U-G** process of *hello, update on behavior progress, and goodbye* (**HUG**) to remind assigned staff of the basic requirements of this interaction. I prefer having the **CICO** scheduled for the morning so adults can get a reading on how students are feeling at the start of the day. That is a great time to reflect on anything that has occurred since school ended the day before, confirm that students have materials for the day, and are ready and emotionally available for learning. As long as the student is ready for the day, he and the mentor can confirm reinforcement schedules and plan to get together at the end of the day for review and the delivery of incentives. If by chance the student is not ready for learning, the mentor

must have a back-up plan ready so the student has an opportunity to **refocus** and **retool** before **returning** to learning.

CICO can be employed as a group intervention. However, it is imperative that this strategy be used with a manageable number of students to assure that there are an adequate number of adult mentors available who can spend quality time checking in with each individual. Early in the building of our multi-tiered systems, I naively recommended this intervention for all students assigned to Tier 2. There was an overwhelming number of students assigned to each of the available adult mentors. There were so many students that the morning engagement time was watered down to simply distributing behavior monitoring sheets, alleviating the time for meaningful connections and hindering the desired results. Ideally, adult mentors would be assigned no more than 2-3 students for successfully implementing **CICO**, especially if these adults have teaching responsibilities. Mentors should be provided specific skills to set the tone for the day's success, including a warm greeting and inquiries of the time between the previous school day's dismissal and the current morning, reviewing expectations for the day, and identifying desired incentives to launch the students onto positive trajectories.

For the challenging times when it is evident that students are not ready to meet the demands of the day at **CICO**, mentors are supported in encouraging a **structured BREAK** and issuing a **BREAK Card**. **BREAK Cards** are used to designate a structured time-out for students to reflect on situations that are impeding their engagement with productive, assigned activities. The **structured BREAK** is time-limited and that time is determined at the start of the **BREAK**. This time is designed to be preventative. The student is simply encouraged to **refocus** by examining negative emotions. **Reflection tools** are provided to facilitate students examining problem situations and identifying the thought-patterns that accompanied those situations in hopes of labeling the connected emotions and maladaptive behavior patterns that were linked with these situations. Afterwards, supportive adults can assist the students with examining the situations and **retooling** by identifying more adaptive strategies for getting their needs met as well as missed opportunities to interrupt negative emotions and behaviors. Once problem solving is completed, appropriate remedies for **reconciling relationships** are discussed and the student is **returned** to learning.

The **Daily Progress Report (DPR)** and **Daily Report Card (DRC)** are visual tools for monitoring and tracking behavior change. They can be used with groups as well as individuals, and in combination with other interventions like **CICO** and the **Good Behavior Game** (information to come). I also frequently use these strategies to collect baseline data and assess the appropriateness of potential strategies during pre-intervention phases as I am conceptualizing the actual interventions. I usually begin by creating a task analysis of the expectations for a particular class or the environment for implementation. This description is typically structured sequentially to support the users in developing schemas for regularly scheduled routines, with the ultimate goal of imprinting muscle memory of how the tasks will be approached independently – eventually sans the **DPR** or **DRC**.

The actual language to be used to reinforce this process may require a script that should be included for individual students or student groups as the **DPR/DRC** is distributed. In addition, the content needed to review progress, reinforce successes and encourage continued improvement at the end of the reporting period, must also be planned and communicated. Fidelity of implementation is imperative to achieving desired results so always make time to review progress a few days after the start of an intervention to make sure there are no kinks that will need to be worked out. All systems founded in behavioral techniques are only as powerful as the determined reinforcement. Ultimately, I encourage students to focus on the intrinsic long-term benefits of school success. However, when more immediate gratification is needed, always work with the targeted student or student group to identify reinforcement that will motivate and evoke meaningful change for them.

The **Super Duper Data Tracker** is an app that we discovered to improve efficiency of the **DPR/DRC** process. The app can be purchased for as little as \$1 when purchased in large quantities. Since all of our teachers had been outfitted with iPads, the app was installed for all of our instructional staff to assure that every individual working with targeted students could have access to the appropriate technology to track behavior progress in real time. Data tracking for targeted students can be individualized based on skill deficits and areas of needed skill development. Following team problem solving and goal-setting, replacement behaviors and training tools are

identified along with data collection strategies. All of these details are encoded into the **Super Duper Data Tracker**. The program allows teachers to collect data on multiple students at a time during class periods and even whole classes if they choose. Since the information is on the iPad, data collection is portable and does not disrupt instructional delivery. Moreover, the data can be emailed directly to me for scheduled progress monitoring and reporting. The program has the ability to aggregate data and create line graphs representing the students' performance.

There is a great deal of flexibility and fluidity in designating Tier 2 strategies. When there are specific teachers or whole classes identified as in need of supports, we have benefitted from implementing the **Good Behavior Game (GBG)**. The **Good Behavior Game** is an approach to the management of classroom behaviors that rewards students for displaying appropriate on-task behaviors during instructional times. The class is divided into 2 – 4 teams and points are given any time inappropriate behavior is displayed by one of the team members. This paradigm shifts the responsibility for redirecting problem behavior and encouraging age-appropriate behavior from the teacher to the student team members. This process also builds community and fosters ownership for the groups' success rather than focusing merely on individual successes. This is one of my favorite interventions for restoring harmony, reducing teacher frustrations, and getting a class on a productive track. Students are often reinforced by the light-hearted competition and teachers are thrilled to be able to progress through planned lessons without repeated interruptions to refocus, reprimand, and eject students, making the **Good Behavior Game** a win for everyone!

Tier 3: Intense Strategies for Identification

Tier 3 requires more intense, diagnostic assessment tools to identify strengths and needs. The school team conducts a more in-depth analysis of the student's data, which at this point would include all of the information examined at Tiers 1 and 2. Access to an array of assessment information is essential for effective team decision-making and for evaluating the outcomes of individualized behavior support programs. A small percentage of students require more intense instruction or behavior support each day beyond the interventions provided in Tier 2 because they have not shown adequate progress in selected interventions or demonstrate skills that are

maladaptive and significantly delayed. Tier 3 identification is typically person-centered and demands the rigor of **functional behavior assessment (FBA)** and **behavior support planning (BSP)**. The **FBA** requires a multidisciplinary team to engage in processes that drill down to determine the root cause or function served by the maladaptive behavior. Then, more adaptive, replacement behaviors are identified and strategies developed in hopes of re-teaching age-appropriate replacement behaviors that will yield the same pay off or function as the maladaptive behavior patterns. The specific, written details of the proposed processes for preventing, teaching, and reinforcing replacement behaviors is captured in the **behavior support plan (BSP)** and reviewed regularly on a prescribed progress monitoring schedule.

Diagnostic behavior ratings may also be employed to enhance the **FBA/BSP** process. There are a number of standardized behavior assessment systems available commercially to evaluate the extent of behavior challenges and rule out behavioral health disorders. To maximize their utility, it is important to gather information from multiple sources who are knowledgeable of the student's behavior across settings, including parents, teachers, and the students themselves when appropriate. There is a great deal of collaboration with outside service providers at Tier 3. Information is shared with physicians and therapists when appropriate for treatment planning and medication management.

Tier 3: Intense Intervention Strategies

It is important to remember that in this flexible, multi-tiered framework, it is possible to use interventions across tiers if deemed appropriate. For that reason, several of the targeted group interventions can be adapted for individual use. While strategies at Tiers 1 and 2 involve school-based interventions, Tier 3 strategies tend to wraparound the student and incorporate individualized, person-centered strategies as well as mental health supports when necessary. Interventions are prepared in a hierarchy from least to most restrictive. Least restrictive strategies might include **movement and mindfulness exercises** that build awareness through sensory integration. **Deep breathing** is encouraged through blowing bubbles or toy windmills. Students are encouraged to count or simulate blowing out birthday candles to gain control over their breathing and parasympathetic nervous systems. Students are further focused on being **present**

and **attending to sensory inputs** like environmental sounds and visual stimuli. Squishy balls, stuffed animals, and other tactile inputs can also be helpful for managing fidgetiness.

Timers and the **ReVibe** personal behavior monitoring system (www.fokuslabs.org) have been used to manage self-regulation and facilitate productivity. The **ReVibe** is a vibrating wristband that looks quite similar to the very popular fitness monitors that people are wearing to track their exercise. Most are set to mimic periods of productivity for students identified for this intervention, vibrating every 8 – 10 minutes. Students are instructed to respond to the vibration by stopping to ask themselves if they are following directions and doing what is expected. If they are, they should continue. If they are not, they are instructed to return to work. At times, we combine the **ReVibe** with a **daily report card** to enhance self-monitoring, particularly for students who lack awareness of their own behavior and how it impacts those around them.

Exercise and fitness are greatly encouraged for managing mood and arousal. Our school has a fitness center for students that can be used to encourage appropriate behavior and boost endorphins and dopamine levels. **Yoga's** focus on controlled breathing and attention to awareness has been found useful in managing self-regulation. Several team members, including traditionally therapeutic staff and nontraditional staff like the school nurse and student advisor, have attended trainings at Baltimore's Kennedy Krieger Institute on their **yoga-based psychotherapy approach**, which is an 8-week counseling strategy that can be used with individuals and small groups. It combines problem solving, static yoga poses and biofeedback to process negative emotions and experiences. Team members have also stewarded related interventions like **aerobic walking** and the **Keep It Moving Program** from Hustle University that fuses fitness and problem solving in an intense, 20-session or 28-session model.

The **Cogmed** brain training program has been employed to strengthen working memory and train attention. **Cogmed** is published by Pearson Clinical Assessments and uses a computer-based delivery system in a game format to engage students in innovative activities that are designed to improve attention, behavior, and the capacity to learn. I have had the opportunity to host a 22-student trial of **Cogmed** brain training. I found it beneficial that the program used a diagnostic test to prescribe specific activities to remediate student challenges. Re-assessments

were embedded in the program at 10 day intervals to monitor progress. Each student was assigned unique login information that could be used to access the program at home as well as at school. Students used **Cogmed** for 35 minutes for 4-5 days each week over a 9 week period. Teachers and parents commented that students showed improvements in following multi-step directions and organizing materials after **Cogmed** use.

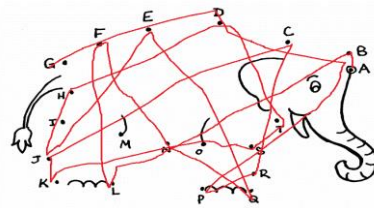
A QUICK WORD ABOUT EVALUATION

One of my favorite quotes is that what we assess shows what we value. Daytime talk shows say it best by asserting that you can never change what you won't confront. For that reason, you must befriend the plethora of data sources that will be generated from this work. There are a number of excellent resources to provide guidance in this area. However, I will share a few thoughts. The US Department of Education sponsors regional laboratories charged with providing technical support to SEAs and LEAs. They offer training webinars and many of their projects have been summarized in the What Works Clearinghouse along with evaluation tools and strategies for evidence-based practices. Every grant-funded project becomes public domain so use what others have done to stimulate your creativity. Replication of results is a valuable tool for credibility.



THINK – FEEL – DO

Now that you have a strategy for integrating trauma-informed care into your school framework for multi-tiered systems of support, it's time to strengthen school climate and transform the entire school community! I have an easy riddle to stimulate and keep you grounded while planning: *What's the easiest way to eat a 6,000-pound elephant?*



ONE BITE at a time!

- Create a vision for making your school more compassionate and take small, but meaningful steps toward identified, desired outcomes.
- Develop data systems **TODAY!** At the start of each intervention, determine measurement systems for both products (i.e., student behavior changes) and processes (i.e., improvements to systems and practices that affect the way business is conducted). Remember that **ALL DATA IS GOOD DATA** and can be used to assess the past and plan for the future.
- That said, you are being commissioned to guard and protect this work like a watchful parent; keep your focus on the present, but always have a flexible perspective on where you would like to grow. Guide your efforts – with goals and a **wish list** to back it up! **The future depends on YOU, so LET THE FORCE BE WITH YOU!**

THE AIM FOR COMMUNITY WHOLENESS

William Butler Yeats asserts that “education is not the filling of a pail, but the lighting of a fire”. It is amazing to see how Stanton’s fire has sparked a movement in schools around our state. I am honored to have had the opportunity to document how the flames were fanned, knowing

that now many other schools will become emotionally safe, foster self-regulation and resilience, and increase students' capacities for learning. Many have questioned specifically how Stanton Middle worked to achieve **cultural competence**. I can honestly say that we have never overtly trained to address tolerance or the specific needs of any aggregated student cohort or group. Our team values **people, relationships, and collaboration**. We reach out to parents and community leaders from mail carriers to businessmen and pastors to politicians – whoever can link arms to get the job done, whatever the job may be on *any given* day. Our approach is singular and akin to a drumline as we aim to proceed as one band with one sound fostering student resilience. We have hosted *Parenting in the Middle*, a support program geared toward the developmental challenges inherent to the middle years. We have traveled nationally to access training and interact with other innovators, participating in panel discussions and presenting at conferences.

Compassionate/Trauma-Informed Schools provides the framework for all that we do. For me, a **compassionate school** is one in which staff and students learn to be **aware** of the challenges faced by others. They **respond to** the physical, emotional, and social needs encountered by offering supports to reduce barriers to learning. We **resist judging** and **seek to understand**. This movement is based on a **growth mindset** spearheaded by thought leaders who also **value people and processes** as well as products like grades and standardized testing. This value system is rooted in social justice as well as the Golden Rule which encourages that we quite simply “do unto others as we would have them to do unto us”. When you greet each person with respect for who they are and are keenly aware that they have been gifted to the planet with purposeful assignments just like you, walls come down and are replaced with bridges. Personal ambition is replaced by community perspective and a desire to see all healed and restored to wholeness. That is compassion in action!

There have been benefits for students and staff. Over 90% of our student body has identified at least two supportive relationships at school for the last 2 years. We have marveled in improvements to student attendance, particularly when presented with truancy challenges that demanded solutions beyond taking families to court. We have helped an increasing number of students in transitional living situations acquire transportation to school, access food and

uniforms, and preserve dignity while receiving assistance. Through the strengthening of academic programs and classroom management, we have increased academic seat time and continue to develop mechanisms for tracking time on tasks. Moreover, the introduction of programs that celebrate academic achievement like Advancing Via Individual Determination (AVID) and National Junior Honor Society have provided novel frameworks for notetaking, questioning and reinforcing instruction so opportunity gaps are reduced for all. Although this was not an initial aim, an unexpected benefit of our culture shift has been improved attendance and retention among staff.

Compassion embodies a deep sorrow for the suffering of others accompanied by a desire to alleviate it. It embodies **empathy** and **connection** but goes beyond as it deliberately takes measures to **empower the situation through problem solving**. True compassion moves you to action and it's the follow up motion that ignites the potential for transformation. At Stanton, I think it has been the **transformation of the hearts AND minds** that has improved our school culture. When we see a need, we try to fill it – just as we would **hope** someone would do for us; and **hope fuels expectancy**. Charles Dickens stated that “Heaven knows we need never be ashamed of our tears, for they are rain upon the blinding dust of earth, overlying our hard hearts. I was better after I had cried, than before – more sorry, more aware of my own ingratitude, more gentle”. Likewise, because of this journey to support our school community in becoming more trauma-informed and responsive, I am more aware of our capacity to show heartfelt compassion and hopeful about the future. **Thus, we press diligently ahead – with GREAT EXPECTATION!**



Last Day of School, June 2016

Delaware Compassionate Schools Learning Collaborative

The Delaware Compassionate Schools Collaborative is a growing partnership between learning communities and strategic community stakeholder groups committed to shifting the paradigm for student learning supports. The Collaborative believes that meaningful change in student development policies and practices is imperative to making students college and career ready. There is no academic achievement without achievements in behavioral functioning and student development – and both rely on safe and healthy environments with students and professionals poised to demonstrate and nurture competencies in social and emotional learning. The Collaborative embraces a framework for synthesizing the hierarchy of services that comprise multi-tiered systems of supports (MTSS) for behavior on a continuum that includes prevention and awareness, skill-based instructional competencies, and intense individualized instruction and supports when needed to teach adaptive replacement behaviors and enhance behavioral health. Core strategies include creating physical and emotional safety, establishing predictability, building a sense of trust and connectedness between students and staff, offering choices and supporting students in giving them voice, as well as promoting resilience through self-awareness and reflection, self-regulation, and building evidence-based strategies to age-appropriately refocus and retool students when new ways of problem solving and interacting are needed.

Collaborative schools have built capacity by cultivating adult professional learning opportunities focused on trauma and its impact on brain development, information processing, and collaborative problem solving. They seek to understand student needs in team environments that question “What happened to students?” rather than “What is wrong with students?” In addition, these professional learning communities commit to practicing intentional self-care to refocus and retool themselves to meet the rigorous demands of the environments they serve. As a result, students are more engaged and connected to the school community, zero tolerance disciplinary practices including suspensions and expulsions are reduced, academic seat time is increased, and students and teachers report more satisfaction with their interactions and work. These improved outcomes ultimately improve the trajectory for student success and give students a foundation for lifelong success and achievement.

School Districts	Elementary Schools	Secondary Schools
Appoquinimink	Townsend	
Brandywine	Carrcroft Mt. Pleasant	Mt. Pleasant High PS DuPont Middle
Capital	East Dover	Central Middle Dover High
Charter Schools	Kuumba Academy Odyssey Charter	
Christina	Elbert Palmer Jennie Smith	
Colonial		George Read
Red Clay	Cooke Highlands North Star Richardson Park William C. Lewis	Stanton Middle
Woodbridge	*ALL SCHOOLS	

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Gamst G., Dana R.H., Der-Karabetian, A., Kramer T. (2001). Asian American mental health clients: Effects of ethnic match and age on global assessment and visitation. *Journal of Mental Health Counseling*, 23(57–71).

Graczyk, P. A., Matjasko, J. L., Weissberg, R. P., Greenberg, M. T., Elias, M. J., Zin, J. E. (2000). The role of the Collaborative to Advance Social and Emotional Learning (CASEL) in supporting the implementation of quality school-based prevention programs. *Journal of Educational and Psychological Consultation*, 11(1), 3-6.

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Hertel, R. & Johnson, M. (2009). *The Heart of Teaching and Learning*. Washington State Office of Superintendent of Public Instruction (OSPI) Compassionate Schools.

Stephan, S.H., Weist, M., Kataoka, S., Adelsheim, S., and Mills, C. (2009). *Transformation of Children's Mental Health Services: The Role of School Mental Health*. Transforming Mental Health Services: Implementing the Federal Agenda for Change. Arlington: American Psychiatric Association.

Van der Kolk, B. (2014). *The Body Keeps the Score*. New York: Penguin Books.

Vollmer, J. (2010). *Schools Cannot Do It Alone*. Iowa: Enlightenment Press.

RESOURCES

<http://www.ascd.org/publications/educational-leadership/sept16/vol74/num01/Two-Times-Ten-Conversations.aspx>

Attachment and Trauma Network, Inc., Trauma-Sensitive Schools Initiative: Devoted to creating school-wide trauma-sensitive reform. Creates professional development programs for educators to help them craft a strategy for trauma-sensitive schools. Website includes teacher training resources. <http://www.attachu.org/trauma-sensitive-schools/about-tss-initiative/>

Children's Law Center: <http://tppi.jacksonwhelan.netdna-cdn.com/wp-content/uploads/2015/11/CLC-Addressing-Childhood-Trauma-DC-Schools-June-2015.pdf/>

www.childtraumaacademy.org

www.datacenter.kidscount.org

GBG Manual: <http://ctsp.tamu.edu/videos/videos13/toolbox/Dolan%20GBG%20Manual.pdf>

Helping Traumatized Children Learn 2: Creating and Advocating for Trauma Sensitive Schools. There are policy manuals to support advocacy as well as an online learning community. <http://traumasensitiveschools.org/get-involved/creating-trauma-sensitive-schools/>

www.nctsn.org

www.pathseducation.com

www.PBSworld.com

www.PBS.org

SAMHSA National Center for Trauma Informed Care: Includes a curriculum on how to implement trauma-informed approaches based on 6 principles. <http://www.samhsa.gov/nctic>

www.smhp.psych.ucla.edu/practitioner.htm

Strengths and Difficulties Questionnaire: <http://www.sdqinfo.com>

www.superduperinc.com/products/view.aspx?stid=6314#_VO21K2Phhs.M

The Heart of Learning and Teaching (Compassionate Schools Manual):

<http://www.k12.wa.us/compassionateschools/pubdocs/TheHeartofLearningandTeaching.pdf>

2X10 Resource: www.ascd.org/publications/educational-leadership/sept16/vol74/num01/Two-Times-Ten-Conversations.aspx

SUGGESTED READINGS

Systemic Change:

Failure Is Not an Option: 6 Principles for Making Student Success the ONLY Option (Blankstein, 2010)

Promoting Social and Emotional Learning: Guidelines for Educators (Elias, Zins, Weissberg, Haynes, Kessler, Schwab-Stone & Shriver, 1997)

Push Has Come to Shove: Getting Our Kids the Education They Deserve (Perry, 2011)

Schools Can't Do It Alone (Vollmer, 2010)

Trying Hard is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities (Friedman, 2015)

Theoretical Foundation – Development and Learning:

Brain Rules (Medina, 2014)

Lost at School (Greene, 2008)

Teaching with the Brain in Mind (Jensen, 2005)

The Explosive Child (Greene, 2001)

Theoretical Foundation – Trauma:

Ghosts from the Nursery: Tracing the Roots of Violence (Karr-Morse & Wiley, 2013)

Helping Traumatized Children Learn: A Report and Policy Agenda (Massachusetts Advocates for Children, 2005)

Helping Traumatized Children Learn: Creating and Advocating for Trauma-Sensitive Schools (Trauma and Learning Policy Initiative, 2013)

Supporting and Educating Traumatized Students: A Guide for School-Based Professionals (Rossen & Hull, 2013)

The Body Keeps the Score (Van Der Kolk, 2014)

The Compassionate School: A Practical Guide to Educating Abused and Traumatized Children (Morrow, 1987)

Theoretical Foundation – Resilience:

Building Resilience in Children and Teens: Giving Kids Roots and Wings (Ginsburg & Jablow, 2015)

How Children Succeed: Grit, Curiosity, and the Hidden Power of Character (Tough, 2012)

Ordinary Magic: Resilience in Development (Masten, 2014)

Creating a Multi-Tiered Student Support Framework:

Academic and Behavior Supports for At-Risk Students: Tier 2 Interventions (Stormont, Reinke, Herman & Lembke, 2012)

Behavioral Response to Intervention: Creating a Continuum of Problem-Solving and Support (Sprick, Booher & Garrison, 2009)

Comprehensive Children’s Mental Health Services in Schools and Communities: A Public Health Problem-Solving Model (Hess, Short & Hazel, 2012)

Developing Schoolwide Programs to Prevent and Manage Problem Behaviors: A Step-by-Step Approach (Lane, Kalberg & Menzies, 2009)

Discipline in the Secondary Classroom: A Positive Approach to Behavior Management (Sprick, 2006)

Effective Inclusive Schools: Designing Successful Schoolwide Programs (Hehir & Katzman, 2012)

Effective RTI Training and Practices: Helping School and District Teams Improve Academic Performance and Social Behavior (Cates, Blum & Swerdik, 2011)

Enhancing Academic Motivation (Brier, 2006)

Homework, Organization, and Planning Skills (HOP) Interventions (Langberg, 2011)

Integrated Multi-Tiered Systems of Support: Blending RTI and PBS (McIntosh & Goodman, 2016)

Positive Behavior Support in Secondary Schools (Young, Caldarella, Richardson & Young, 2012)

RTI in Restrictive Settings: The TIERS Model for Students with Emotional/Behavioral Disorders (Cook & Wright, 2009)

Self-Regulated Learning (Brier, 2010)

What Works in Schools: Translating Research into Action (Marzano, 2003)

School-Based Practices and Strategies:

Fostering Resilient Learners: Strategies for Creating a Trauma-Sensitive Classroom (Souers & Hall, 2016)

Managing Challenging Behaviors in Schools: Research-Based Strategies that Work (Lane, Menzies, Bruhn & Crnabori, 2011)

Interventions: Evidence-Based Behavioral Strategies for Individual Students (Sprick & Garrison, 2008)

Smart but Scattered: The Revolutionary “Executive Skills” Approach to Helping Kids Reach Their Potential (Dawson & Guare, 2009)

Cognitive-Behavioral Interventions in Educational Settings (Menutti, Christner & Freeman, 2012)

Give ‘Em Five: A Five-Step Approach to Handling Challenging Moments with Adolescents (Thompson & Thompson, 2016)

A Strength-Based Approach for Intervention with At-Risk Youth (Powell, 2015)

Socially Strong, Emotionally Secure (Bruce & Cairone, 2011)

Daily Behavior Report Cards: An Evidence-Based System of Assessment and Intervention (Volpe & Fabiano, 2013)

Proactive Discipline for Reactive Students: A Guide for Practicing Effective Classroom Behavior Management (Johnson, 2006)

Trauma-Informed Practices with Children and Adolescents (Steele & Malchiodi, 2012)

Classroom Strategies for Children with ADHD, Autism & Sensory Processing Disorders: Solutions for Behavior, Attention and Emotional Regulation (Hyche & Maertz, 2014)

Mindsets in the Classroom: Building a Culture of Success and Student Achievement in Schools (Ricci, 2013)

Managing the Cycle of Acting-Out Behavior in the Classroom (Colvin, 2004)

Managing ADHD In School: The Best Evidence-Based Methods for Teachers (Barkley, 2016)

101 Trauma-Informed Interventions (Curran, 2013)

Study Strategies Made Easy: A Practical Plan for School Success (Davis, Sirotowitz & Parker, 1996)

The Whole-Brain Child Workbook: Practical Exercises, Worksheets and Activities to Nurture Developing Minds (Siegel & Bryson, 2015)

Behavior Management Skills Guide: Practical Activities & Interventions for Ages 3-18 (Walls & Rauner, 2015)

No-Drama Discipline Workbook (Siegel & Bryson, 2016)

Oppositional Defiant & Disruptive Children and Adolescents (Walls, 2016)

Helping Teens Learn Self-Regulation (Chapin, 2014)

55 Creative Approaches for Challenging and Resistant Children and Adolescents (Epstein, 2014)

Helping Young Children Learn Self-Regulation (Chapin & Penner, 2012)

Measurement and Evaluation:

Behavior Intervention Without Tears: Keeping FBAs and BIPs Simple (Johnston, 2014)

Data Without Tears: How to Write Measurable Educational Goals and Collect Meaningful Data (Johnston, 2014)

Direct Behavior Rating: Linking Assessment, Communication, and Intervention (Briesch, Chafouleas, & Riley-Tillman, 2016)

Making Data Work (Kaffenberger & Young, 2013)

Statistics: A Spectator Sport (Jaeger, 1990)

Systematic Screenings of Behavior to Support Instruction (Lane, Menzies, Oakes & Kalberg, 2012)

Universal Screening in Educational Settings (Kettler, Glover, Albers & Feeney-Kettler, 2014)

Cultural Competence:

For White Folks Who Teach in the Hood...and the Rest of Y'all Too: Reality Pedagogy and Urban Education (Emdin, 2016)

Teaching with Poverty in Mind (Jensen, 2009)

Family Support and Engagement:

Parenting Better Children: An 8 Week Skills Training Guide to Reach, Teach and Empower (Wilke-Deaton, 2014)

Positive Prescriptions for Negative Parenting (Taylor, 1991)

Self-Care:

Building Your Bounce: Simple Strategies for a Resilient You (Mackrain & Poyner, 2013)

Growing Yourself Back Up: Understanding Emotional Regression (Lee, 2001)

The Art of Extreme Self-Care (Richardson, 2009)

Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others (Lipsky & Burk, 2009)

Books for Students:

Master of Mindfulness (Grossman & Alvarez, 2016)

What it Means to Be Present (DiOrio, 2010)



Teri Brown Lawler is a results-driven educator who has served the students and families of Delaware for the last 28 years. She is a passionate, high performer who is committed to meeting the unique social, emotional, and academic needs of children and adolescents AND supporting their families to achieve these objectives. Teri works collaboratively with educational partners and community stakeholders throughout the region. Current projects involve developing trauma-informed systems of care, early identification and assessment systems for behavioral health, as well as grant writing and fund development. She is a founding member of Delaware's Compassionate Schools Learning Collaborative, and participant on the City of Wilmington's CDC Advisory Council for Youth Gun Violence Prevention, and the State Systemic Improvement Plan for Special Education Advisory Council (DDOE). Teri was named Delaware School Psychologist of the Year in May 2010. Her children's mental health advocacy was recognized by the National Association of School Psychologists and the Wilmington (DE) Chapter of the National Coalition of 100 Black Women in 2012. She represented Delaware at the 2013 Women's Leadership Conference sponsored by the National Education Association (NEA). A frequent national conference presenter and panel participant, Teri is known for engaging audiences with humor and practicality. A native Virginian, Teri completed her undergraduate studies in psychology at Hampton University before matriculating at the University of Delaware to study Child Clinical Psychology. Teri's thrill for research came alive at UD where she studied infant emotional development, temperament, and attachment relationships in the Human Emotions Laboratory under the tutelage of acclaimed Differential Emotions Theorist (DET), Dr. Carroll

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