

# Trauma Responsive Schools Theory of Change Toolkit V2

National Edit



# ACKNOWLEDGMENTS

## ACKNOWLEDGMENT:

---

Special acknowledgment is made to all the educators who devote their lives to serving students and their families. Without their tireless effort, compassion, and endurance, many students and families would face insurmountable challenges alone. We are deeply grateful for all that you do!

This Theory of Change and accompanying toolkit was developed under the leadership of Dr. Ashley Brock-Baca from the Colorado Office of Behavioral Health. This toolkit was developed with funding from COACT Colorado, an initiative of the Colorado Office of Behavioral Health and the Substance Abuse and Mental Health Services Administration (SAMHSA). Support was also provided by the Mountain Plains Region Mental Health Technology Transfer Center with funding from SAMHSA.

## AUTHORS:

---

*Evelin Gomez, Ph.D.*, Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, University of Colorado School of Medicine

*Ashley Brock-Baca, Ph.D.*, Colorado Office of Behavioral Health

*Angèle Fauchier, Ph.D.*, Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, University of Colorado School of Medicine

To contact the authors of this Toolkit for questions or to request consultation and implementation support, email [evelin.gomez@childrenscolorado.org](mailto:evelin.gomez@childrenscolorado.org) or [ashleybrockbaca@gmail.com](mailto:ashleybrockbaca@gmail.com).

## EDITOR AND CONTRIBUTOR

---

*Erin Briley, M.S.*, Western Interstate Commission for Higher Education and Mountain Plains Mental Health Technology Transfer Center

## SUGGESTED CITATION:

---

Gomez, E., Brock-Baca, A., & Fauchier, A. (2020). Trauma Responsive Schools Theory of Change Toolkit. Version 2, National Edit. Denver, Colorado: Colorado Office of Behavioral Health. Retrieved from [mhttcnetwork.org/centers/mountain-plains-mhttc/product/trauma-responsive-schools-theory-change-toolkit-version-2](https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/trauma-responsive-schools-theory-change-toolkit-version-2)

## ADVISORY COMMITTEE:

Special acknowledgement is made to the individuals who contributed to the development of the theory of change, and those who provided advisement to the development of the toolkit:

**Karina Delaney**, Colorado Department of Education  
**Lynne DeSousa**, Colorado Department of Education  
**Cathy Ebel**, Mesa 51 School District  
**Dr. Monica Fitzgerald**, University of Colorado at Boulder  
**Jessica Gorrone**, University of Colorado at Boulder  
**Christine Harms**, Colorado School Safety Resource Center  
**Samantha Haviland**, Denver Public Schools  
**Kim Kaspar**, Aurora Public School District  
**Kathleen Keelan**, Mapleton Public Schools  
**Barb Long**, Poudre School District  
**Amber McDonald**, Colorado Association of School-Based Health Centers  
**Kristin Melton**, Colorado Office of Children, Youth, & Families  
**Kristin Myers**, Colorado Department of Education  
**Carey Purkey**, Fountain-Fort Carson School District 8  
**Jennifer Schulte**, District 11 Public Schools  
**Heather Spragins**, Littleton Public Schools  
**Dr. Erin Sullivan**, Jefferson County School District  
**Dr. Marcela Torres**, University of Colorado at Boulder  
**Royce Trantum**, San Juan Board of Cooperative Education Services  
**Hailey Uphaus**, Thompson School District  
**Natalya Walsworth**, Boulder Valley School District  
**Julia Wigert**, Colorado Department of Education  
**Dr. Jerry Yager**, COACT Colorado  
**Elizabeth Zimprich**, Fountain-Fort Carson School District 8



A black and white photograph of a woman with long dark hair, wearing a dark short-sleeved top with a polka-dot collar and dark jeans. She is sitting on a light-colored chair. In the foreground, there is a large, stylized purple letter 'T' graphic. The background is a plain, light-colored wall.

**TABLE**

**OF**

**CONTENTS**

# TABLE OF CONTENTS

<b>Introduction</b> .....	<b>6</b>
<b>Engagement &amp; Commitment</b> .....	<b>26</b>
Schools are curious .....	28
Schools are engaged .....	30
Schools share the vision.....	33
Other CYF-serving systems are engaged.....	37
Other CYF-serving systems share the vision .....	38
Other CYF-serving systems understand and honor their roles and each other’s sides.....	39
Families feel safe to engage in the school community.....	40
Families are engaged in the school community .....	43
Families share the vision of the school community.....	46
Families are active in the school community.....	48
<b>Relevant Knowledge &amp; Skills</b> .....	<b>50</b>
School staff feel supported by leadership to implement practice change.....	53
School staff are responsive and adaptive to changing needs and are safe with students and other staff .....	56
Students and staff feel safe in schools.....	58
School staff have a culture of collaboration .....	60
Schools allocate resources and human capital to appropriately address students’ trauma-based and developmental needs .....	62
School staff have the relevant knowledge and skills.....	66
Other CYF-serving systems have the relevant knowledge and skills .....	67
Families have the relevant knowledge and skills .....	68
<b>Social &amp; Emotional Skills</b> .....	<b>70</b>
The social behavior of the environment reinforces social emotional skills for staff and students.....	74
School staff consistently demonstrate social and emotional skills to manage their internal and external needs and demands.....	79
School staff are healthy, attuned, and responsive .....	79
School staff model social/emotional skills with other professionals and scaffold social/emotional skills for students.....	85
<b>Partnerships &amp; Resources</b> .....	<b>88</b>
Partnerships exist between schools and other CYF-serving systems.....	91
Other CYF-serving systems allocate resources .....	95
Positive relationships exist between families and school staff .....	98
Partnerships exist between schools and families .....	101
<b>Thriving Students &amp; Schools</b> .....	<b>104</b>
Students have social and emotional skills to manage their developmental and environmental needs .....	106
An integrated school system exists that fosters healthy, safe, and responsive environments .....	117
<b>Conclusion</b> .....	<b>120</b>
<b>Appendix</b> .....	<b>122</b>
<b>Assessment</b> .....	<b>124</b>
<b>Trauma-Responsive Guidelines</b> .....	<b>128</b>
<b>References</b> .....	<b>132</b>

A woman with long, dark hair is seen from the back, looking at a whiteboard. The whiteboard is covered with several sticky notes, some of which are being touched by a hand. The scene is brightly lit, suggesting an office or meeting environment.

# INTRODUCTION & OVERVIEW

# 1 & 0

## WHAT ARE TRAUMA-RESPONSIVE PRACTICES?

---

Trauma-responsive practices involve the closely interrelated triad of understanding, commitment, and practices, organized around the goal of successfully addressing the trauma-based needs of those receiving services.

Trauma-responsive practices convey a purposeful, supportive approach to individuals exposed to trauma, and can operate on many levels. Ideally, trauma-responsive practices would operate on each level throughout the organization that is implementing the trauma-responsive approach. ***This involves numerous changes to policies, procedures, and practices designed to support trauma-responsive practices, and is more than singularly providing treatment for trauma-exposed individuals.***

## TRAUMA-RESPONSIVE PRACTICES VS. TRAUMA TREATMENT:

---

### Trauma-Responsive Practices

- Are a system-wide approach organized around the goal of addressing the trauma-based needs of individuals within the service population
- Prioritize physical and emotional safety, building trust, and maximizing student and family choice and control
- Focus on building skills and confidence for those experiencing the practices and for staff
- Focus on resiliency, healing, and hope

### Trauma Treatment

- Refers to treatment specifically designed to treat trauma symptoms (e.g., Trauma-Focused Cognitive-Behavioral Therapy, Parent-Child Interaction Therapy, Trauma Systems Therapy, etc.)
- Included in a trauma-responsive approach when necessary
- Makes up a small portion of trauma-responsive practices

## THE 4 R'S

---

### Trauma-informed approaches within any system aim to adhere to the “4 R’s”:

- *Realizing* the widespread impact of trauma and pathways to recovery
- *Recognizing* trauma signs and symptoms
- *Responding* by integrating knowledge about trauma into all facets of the system
- *Resisting* re-traumatization of trauma-impacted individuals by decreasing the occurrence of unnecessary triggers (i.e., trauma and loss reminders) and by implementing trauma-informed policies, procedures, and practices

*Substance Abuse and Mental Health Services Administration (2014)*

## WHY USE A TRAUMA-RESPONSIVE APPROACH IN SCHOOLS?

“One out of every four children attending school has been exposed to a traumatic event that can affect learning and/or behavior” (National Child Traumatic Stress Network, 2008). Using a trauma-responsive approach can help staff address learning and behavior problems, but it can also help educators address the well-being of the whole child. Just as important, a trauma-responsive approach can help educators have better interactions with their students and colleagues and even improve their own well-being. Furthermore, a trauma-responsive approach has benefits not only for the quarter of children who have been exposed to traumatic events, but also to the three-quarters of children who have not; these approaches are best practice for all students and should be incorporated as universal supports.

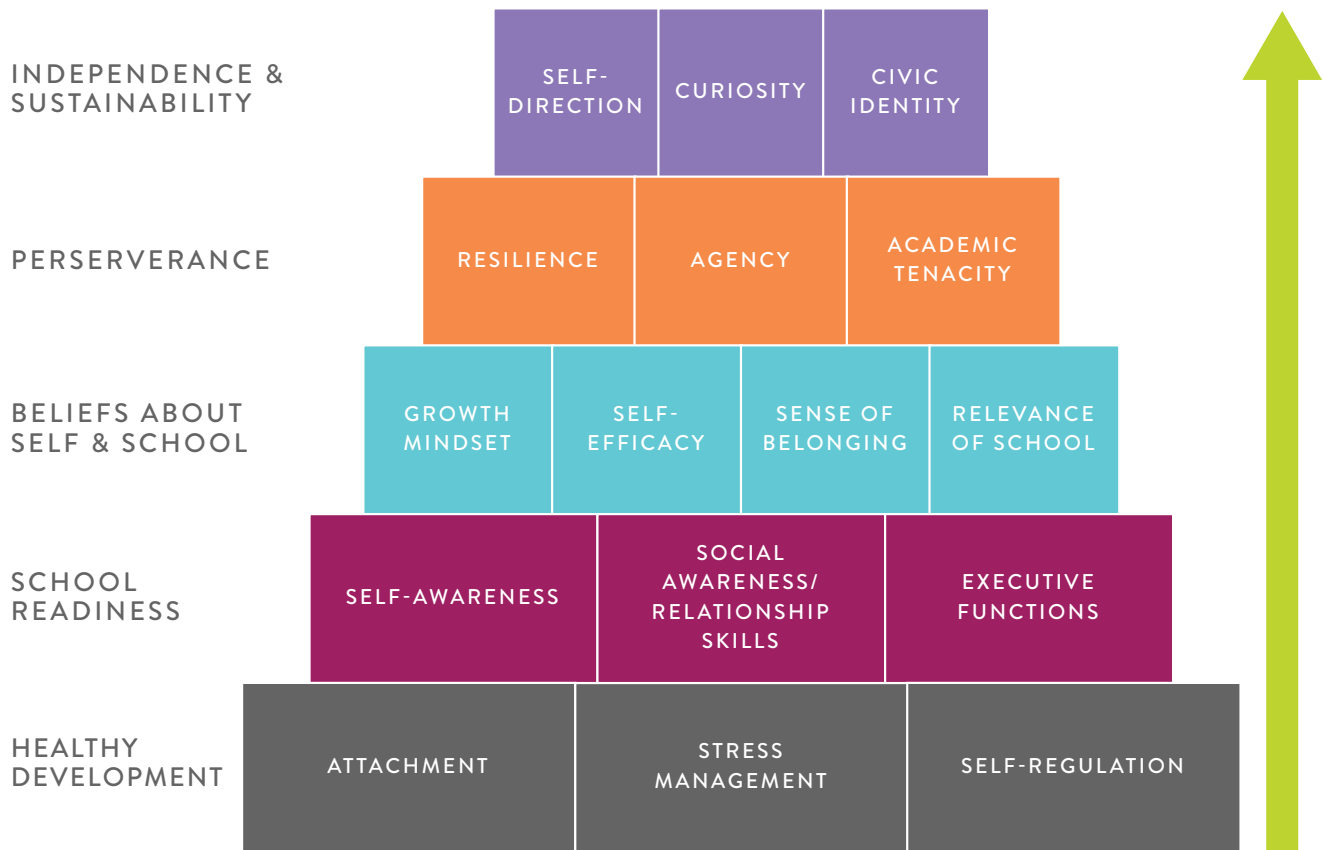
**“TRAUMA-RESPONSIVE PRACTICES IN THE EDUCATION SETTING PROMOTE THE ‘BUILDING BLOCKS OF LEARNING’ IN ALL STUDENTS BY DEVELOPING THE SKILLS AND MINDSETS THAT FACILITATE ACADEMIC SUCCESS.”**

According to an extensive review of interdisciplinary literature, there are a number of skills and mindsets necessary to promote students’ learning (Stafford-Brizard, 2016). Turnaround for Children, a non-profit organization, developed a framework for comprehensive student development based on this literature review. The framework is known as the Building Blocks for Learning (Stafford-Brizard, 2016). While academic standards focus on *what* students need to learn, the Building Blocks for Learning framework describes *how* students learn. The Building Blocks for Learning start with elements collectively referred to as “healthy development.” These include attachment, stress management, and

self-regulation. The next level is “school readiness,” which includes self-awareness, social awareness/relationship skills, and executive functions. The building blocks on these two levels are among the skills disrupted by childhood adversity and trauma (Aupperle et al., 2012; Infurna et al., 2015; Lu et al., 2017). Trauma-responsive approaches actively promote skill building in these areas, as well in the areas of sense of belonging, self-efficacy, resilience, and more. Thus, trauma-responsive practices in the education setting promote the “building blocks of learning” in all students by developing the skills and mindsets that facilitate academic success.



# BUILDING BLOCKS FOR LEARNING



Stafford-Brizard, 2016

In addition, federal law requires several provisions consistent with trauma-responsive approaches. For example, the Every Student Succeeds Act (ESSA) enacted in 2016 provides funding for high need districts to implement “comprehensive school-based mental health services and supports and staff development for school and community personnel working in the school that are based on trauma-informed practices that are evidence-based...” (ESSA Section 4108). ESSA also supports “high-quality support for school personnel, including specialized instructional support personnel” for “effective and trauma-informed practices in classroom management” (ibid.). More broadly, ESSA calls for all schools to make trauma-informed changes such as avoiding exclusionary disciplinary practices (Prewitt, 2016).

## WHAT IS A TRAUMA-*INFORMED* SCHOOL SYSTEM?

---

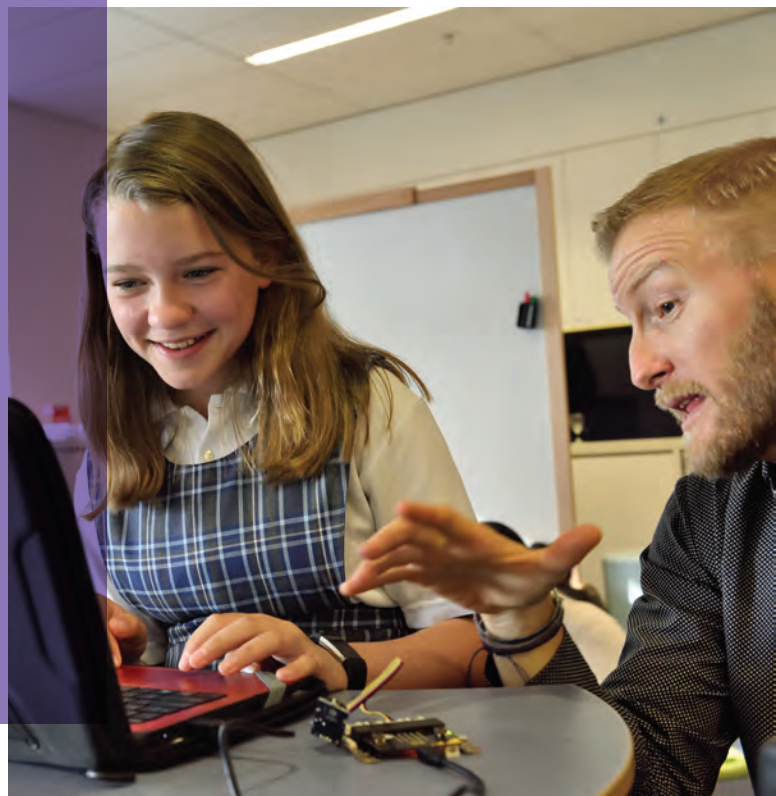
Trauma-responsive practices within schools include several unique features compared to other settings. In a trauma-informed school system, everyone involved should have the viewpoint of a lens of understanding and commitment to the success of each student, particularly when those students have experienced traumatic events. Therefore, the question asked is, “What might have happened or is happening to this student that is triggering this behavior?” This question avoids quick labeling as well as disciplining in ways that may be re-traumatizing.

## WHAT IS A TRAUMA-*RESPONSIVE* SCHOOL SYSTEM?

---

A school system moves from being trauma-informed to trauma-responsive by developing protocols and policies that address the safety of the whole student, staff, and community and by putting these into practice in their daily interactions. It seeks to increase the quality of relationships among administrators, staff, teachers, and students. Meaningful and healing relationships can foster an atmosphere of trust in which learning can take place, and thus students can achieve academic success. A trauma-responsive system incorporates an interdisciplinary approach, which includes consultation and support by professionals from a variety of fields to address all the domains of a child’s life that have been affected by trauma.

**“MEANINGFUL AND HEALING RELATIONSHIPS CAN FOSTER AN ATMOSPHERE OF TRUST IN WHICH LEARNING CAN TAKE PLACE, AND THUS STUDENTS CAN ACHIEVE ACADEMIC SUCCESS.”**



## THE ROLE OF SCHOOLS IN CHILDREN’S LIVES

---

Nearly all children spend almost half of their waking hours at school. As such, schools are in a unique position to detect students’ trauma exposure and symptoms, and to help children cope with their experiences. Healing trauma requires repetition of positive experiences to build new neural networks, and schools are one of the primary settings in which children spend sufficient time to experience this repetition.

**“STUDENTS FROM MANY RACIAL AND ETHNIC GROUPS MAY ALSO BE PARTICULARLY VULNERABLE TO SUCH IMPACTS, DUE TO HISTORICAL AND, IN MANY CASES, ON GOING SYSTEMATIC INJUSTICE.”**

Although educators hope that schools are a haven for students, schools can sometimes become a source of stress or even trauma for students. Peer victimization and bullying (including physical and emotional/relational), threatened or perceived; actual violence exposure; negative interactions with teachers and other staff; and systemic injustices such as discrimination, racism, oppression, and differential access to services can all have negative, and sometimes traumatic, impacts on students. These impacts can make it harder for them to engage in school academically, socially, and emotionally. Furthermore, such experiences in the school setting can be more damaging to students who have already experienced trauma in other settings, or those affected by community and historical trauma. Whether or not students have experienced prior trauma, students with other issues, such as mental health challenges, developmental delays, and physical disabilities are also particularly vulnerable to potential negative or traumatic impacts from the school setting. Students from many racial and ethnic groups may also be particularly vulnerable to such impacts, due to historical and, in many cases, ongoing systematic injustice. For students who have experienced prior trauma, stable and predictable environments are crucial in protecting children from further re-traumatization. Children need environments that are supportive and safe *for everyone*, both physically and psychologically, where they can develop strong relationships.

Trauma-responsive practices treat the child as a ‘whole’ person. They utilize an integrated approach which considers the physical, moral, social, emotional, spiritual, linguistic, and cultural aspects of the whole child.

Noddings (2005) states that happiness is an aim associated with qualities of “a rich intellectual life, rewarding human relationships, love of home and place, sound character, good parenting, spirituality, and a job that one loves. We incorporate this aim into education not only by helping our students understand the components of happiness but also by making classrooms genuinely happy places.” Noddings also noted that, “Caring relationships also provide the best foundation for moral education.”

A large body of research also points to the central role of the school in children’s lives and to the impact of school climate on students. Students who have positive relationships with teachers when they first enter school show better long-term adjustment to school and better relationships with future teachers (Pianta, Steinberg, & Rollins, 1995). Students’ relationships with their teachers are associated with school engagement as well as academic achievement (Roorda, Koomen, Spilt, & Oort, 2011). Students are more likely to flourish when they attend schools that they consider supportive and safe (Sege et al., 2017). Adolescents who perceive that their teachers are fair and caring are less likely to engage in health risk behaviors such as cigarette smoking, alcohol abuse, marijuana use, suicidal ideation or attempt, initiation of sexual intercourse, and weapon-related violence (McNeely & Falci, 2004). Feeling bonded to school also reduces adolescents’ likelihood of both health risk behaviors and behavior problems (Hawkins, Guo, Hill, Battin-Pearson, & Abbott, 2001). In late adolescence, school belonging is related to academic performance, feelings of scholastic competence, and self-worth (Pittman & Richmond, 2007). Furthermore, liking school and having at least one teacher who cares about the child are two of the ten factors considered Benevolent Childhood Experiences (BCEs; Narayan, Rivera, Bernstein, Harris, & Lieberman, 2018). Benevolent Childhood Experiences have been shown to mitigate the negative impact of childhood adversity (Narayan et al., 2018).

**“STUDENTS ARE MORE LIKELY TO FLOURISH WHEN THEY ATTEND SCHOOLS THAT THEY CONSIDER SUPPORTIVE AND SAFE.”**



## IMPACT ON SCHOOL STAFF

---

Schools can also be a source of stress or trauma for teachers, administrators, and other staff members. For school staff, working conditions, salaries, problems with facilities, lack of textbooks, and large class sizes have been found to predict high rates of turnover, especially in schools serving higher risk populations such as low-income, predominantly minority, and low-achieving students (Loeb, Darling-Hammond, & Luczak, 2005). School staff may be exposed to potentially traumatic events within the school setting such as actual or threatened violence, which can cause trauma. Additionally, school staff may have indirect exposure to trauma through working with traumatized students, thus putting them at risk of secondary traumatic stress (see Phase 3 for strategies around reducing and addressing secondary traumatic stress). ***Efforts to ameliorate stress for school staff can improve their well-being and the quality of their work, which in turn can benefit students.***

## IS MY SCHOOL READY TO IMPLEMENT A TRAUMA-RESPONSIVE APPROACH?

---

Some schools consider a trauma-responsive approach when current efforts have not yielded the desired results in the classroom or with a particular student. Other schools turn to a trauma-responsive approach as a way to improve students' academic success. For some educators, the status quo is unsatisfactory, yet considering a new approach may bring about fears, frustrations, hesitation, and even helplessness. Implementing something new is a process that takes time, courage, support, dedication, and commitment.



### Questions to ask yourself as you embark on this journey:

- How will I need to enhance/modify what I currently do?
- What is the first thing I will need to do?
- Do I have the support I need from my administration and peers?
- If I have the support, where/when/how do **we** start?
  - Where do I seek consultation or support?
- If I don't have the support; where/when/how do **I** start?
  - Where do I seek consultation or support?
  - How do I invite one other person to engage in this journey with me?
- When will I/we feel successful?

## BACKGROUND ON TRAUMA-RESPONSIVE SCHOOLS THEORY OF CHANGE (TRSTC)

---

COACT Colorado, Colorado's Trauma-Informed System of Care, is an initiative of the Office of Behavioral Health in the Colorado Department of Human Services and is federally sponsored by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Under the leadership of COACT Colorado, the Trauma-Responsive Schools Theory of Change (TRSTC) was developed by a large team of stakeholders including school leaders and staff, community practitioners, and state agencies. It was co-sponsored by the Colorado Office of Children, Youth, and Families. The initial impetus for the TRSTC was an attempt by COACT Colorado to be thoughtful and strategic about developing social/emotional curricula and interventions in schools. A workgroup was convened to develop the TRSTC in detail. The workgroup held 3 full-day meetings and included representatives from six Colorado schools/districts, the Colorado Department of Education, the Colorado Office of Behavioral Health, the Colorado Office of Children, Youth, & Families, the Colorado Association of School Based Health Centers, and five psychologists and university partners.

COACT Colorado then broadened the focus beyond schools to develop parallel theories of change for school and for other child- and youth-serving systems. On Children's Mental Health Awareness Day on May 5, 2017, COACT Colorado held the Colorado Statewide Theory of Change Launch Event. At the launch event, attendees established the core beliefs for the theory of change, based on the National Child Traumatic Stress Network (NCTSN) Twelve Core Concepts of Childhood Trauma. Beliefs are defined as assumptions that we hold to be true, or acceptances of a phenomenon.

# TRAUMA-RESPONSIVE SCHOOLS THEORY OF CHANGE

## DEFINITIONS

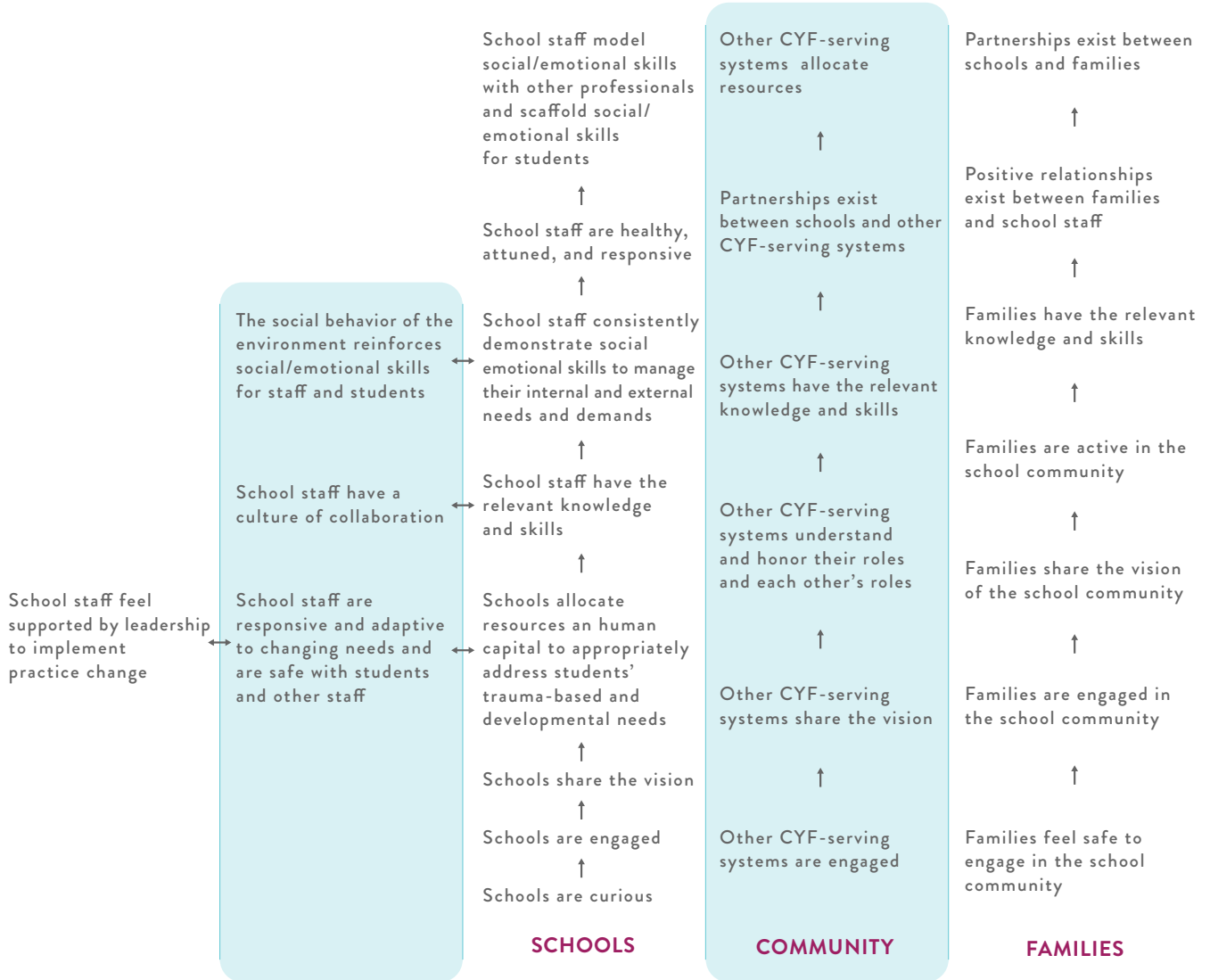
Children, Youth, and Families (CYF) partnerships include: child welfare, mental/behavioral health, public health, juvenile justice, other non-profit agencies, and other relevant community agencies (e.g., recreation centers, day care)

## ULTIMATE • OUTCOME •

**All Students Are Resilient and Equipped to Reach Their Full Potential**

Students have social and emotional skills to manage their developmental and environmental needs

An integrated school system exists that fosters healthy, safe, and responsive environments



FOUNDATIONAL: Family Voice Guides Systems Support • Legislation Exists • Funding Exists • Policies Exist

## **Core Beliefs: The Core Concepts of Child and Adolescent Trauma**

1. Traumatic experiences are inherently complex.
2. A child's experience of trauma is shaped within a broad context that includes children's personal and family characteristics and relationships, life experiences, development, current circumstances, and historical and cultural context.
3. Traumatic experiences often generate secondary adversities, biological changes, life changes, and distressing reminders in children's daily lives.
4. Children can exhibit a wide range of responses to trauma and loss.
5. Danger and safety are core concerns in the lives of traumatized children.
6. Traumatic experiences affect the family, broader caregiving systems, and the community.
7. Protective and promotive factors, including healthy relationships, can reduce the adverse impact of trauma.
8. Trauma and post-trauma adversities can strongly influence development.
9. Developmental neurobiology underlies children's reactions to traumatic experiences.
10. Culture is closely interwoven with traumatic experiences, response, and recovery.
11. Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.
12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to respond to the children's needs.
13. The supportive environments and relationships that are essential for the healthy development of children who have experienced trauma are beneficial for all children.

The Seven Essential Elements from the NCTSN Child Welfare Toolkit formed the basis of the Theory of Change principles, with additional input from the NCTSN Essential Elements of a Trauma-Informed School System. Principles are defined as beliefs about how something should be done, or how to achieve something. Principles provide guidance for action.

## **Theory of Change Principles: The Essential Elements of Trauma-Informed Practices**

1. Maximize physical and psychological safety for children and families.
2. Identify and respond to the individualized needs and strengths of children and families who have experienced trauma.
3. Enhance child well-being and resilience.
4. Enhance family well-being and resilience.
5. Enhance the well-being and resilience of those living in the community and those working in the system, including supporting self-care for providers and addressing secondary traumatic stress.
6. Partner with youth and families, including utilizing peer/family voice at all levels from policy to practice.
7. Support and promote positive and stable relationships in the life of the child and the family.
8. Recognize and respond to gender, cultural, and historical issues.
9. Promote equity by ensuring all families have equal access to resources and equal opportunities for respectful, meaningful engagement in services and supports in the community.
10. Integrate emergency management and crisis response.
11. Collaborate across systems and establish community partnerships.



## ULTIMATE OBJECTIVE OF TRSTC:

**ALL STUDENTS ARE RESILIENT  
AND EQUIPPED TO REACH THEIR  
FULL POTENTIAL.**

The ultimate objective of the Trauma-Responsive Schools Theory of Change is listed above:

After developing the TRSTC, the workgroup saw the need to create implementation supports. The TRSTC Toolkit was developed by COACT Colorado, in collaboration with the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, to provide coaching and technical assistance to schools, communities, and families in implementing the TRSTC.

## PURPOSE OF TRSTC TOOLKIT

---

The TRSTC Toolkit is designed to guide users to develop a plan and/or organize efforts to meet evidence-based practice standards in creating trauma-responsive schools. The Toolkit integrates knowledge about trauma into policies, procedures, and practices. Throughout, it aims to avoid re-traumatization. The Toolkit provides an action-oriented guide for schools (administrators, staff, and teachers); other systems in the community that serve children, youth, and families (CYF); and families, to apply the TRSTC.

TRSTC is based on three features: 1) *preconditions* that are necessary to achieve trauma-responsive schools, 2) *indicators* to assess the status of each precondition, and 3) *interventions* to achieve each precondition. The Toolkit aims to describe each precondition, offer approaches to assessing indicators, and provide guidance on approaches to intervention.

## HOW TO USE THE TRSTC TOOLKIT

---

This Toolkit is considered a living document. It will continue to evolve according to the needs of schools, staff, systems, families, and students. We hope to update the Toolkit over time, incorporating the successes and challenges of schools that use it, as well as adding new tools that become available and updating the research background.

Each individual and system may be at various stages of implementing a new practice. Whether it is a big or a small change, this Toolkit is an approach to help develop an action plan to implement trauma-responsive practice and to help address each school's unique priorities using this Theory of Change. It contains guidance

and recommendations based on the current research and real-world experiences of teachers, administrators, staff, families, and communities. It is also intended to seamlessly integrate the approach with any other initiative, procedure, or daily activity. It is the hope that trauma-responsive practices become the way of doing business. They offer a comprehensive approach to being responsive to *all children*.

**“THE TOOLKIT  
INTEGRATES  
KNOWLEDGE  
ABOUT TRAUMA  
INTO POLICIES,  
PROCEDURES,  
AND PRACTICES.”**



The Toolkit emphasizes practices and tools that are low- or no-cost in terms of financial investment. Some practices have an associated cost for training and/or coaching, though the Toolkit focuses on those with lower costs and highlights free training, coaching, and technical assistance available to schools where possible. However, virtually any change a school might hope to make comes with some sort of cost, in terms of expenses such as photocopies, and particularly in terms of staff time. A new initiative that requires a one-day training followed by weekly coaching would translate to more than 40 hours per year per staff member involved, not counting the time spent actually doing the practice, completing measures, documenting, consulting with others, etc. There is additional time required for administration, coaches, and implementation team members to support the initiative (particularly when the support is done well!). There are also opportunity costs when one initiative is chosen at the expense of another. Schools cannot tackle every precondition simultaneously, and in some cases a new initiative will mean eliminating or changing an earlier practice that was not working.

**Some of the questions that may arise as you look at this toolkit and begin to have conversations about what is needed to implement the toolkit may include:**

- What is the time commitment to implement the toolkit?
- How much leadership and staff time will be needed to implement?
- What are the associated costs?
- How will students be impacted?
- What resources are available to the districts (TA, how often, any associated costs, etc.).
- What parts of this toolkit do we have in place?
- What parts of this toolkit can we enhance?

Because every school may be in different stages of their development with implementing a trauma-informed approach, these considerations will be different for each school. It is the hope that you will take these considerations and talk them through with the team you have put in place to spearhead this process. This is not intended to be utilized as a ‘one size fits all’ approach. We recognize that there may be some schools that may need more time and resources. Others that might already have a plan of action in place for this and may be thinking about linking this work to already-existing initiatives/frameworks within schools (e.g., School Mental Health National toolkit, (<https://www.mentalhealthcolorado.org/schooltoolkit/>) Multi-Tiered System of Supports or MTSS, staff culture, discipline practices and policies, truancy reduction). A School Mental Health National Toolkit..... Thus, this is an opportunity to explore your practices and processes through a trauma-informed lens.

It is not expected that schools will necessarily use the TRSTC by addressing each precondition in the Theory of Change in a linear manner, from the bottom up. Although the phases build on each other sequentially, and the preconditions within each phase build on each other, schools should choose where to begin based on their unique priorities as well as issues like readiness and resources. We recommend that schools use the TRSTC Needs Assessment to find a starting place, to measure change, and to continue finding ways to become more trauma-responsive.

## WHO IMPLEMENTS THE TRSTC?

**Schools:** Schools at any level (early childhood, elementary, middle, high, and post-secondary) can implement the TRSTC.

**Community:** CYF-serving partnerships in the community include: child welfare, mental/behavioral health, public health, juvenile justice, other nonprofit agencies, and other relevant community agencies (e.g., recreation centers, day care)

**Families:** Families of students have an important role to play, both as members of the school community and the broader community, and as caregivers of their students.

## TRSTC PHASES

---

The Toolkit contains 4 Phases based on the TRSTC.

### PHASE 1: ENGAGEMENT AND COMMITMENT

---



- Schools are curious
- Schools are engaged
- Schools share the vision



- Other CYF-serving systems are engaged
- Other CYF-serving systems share the vision
- Other CYF-serving systems understand and honor their roles and each other's roles



- Families feel safe to engage in the school community
- Families are engaged in the school community
- Families share the vision of the school community
- Families are active in the school community

**In Phase 1, schools, the community, and families engage and make the commitment to make schools more trauma-responsive.**

### PHASE 2: RELEVANT KNOWLEDGE AND SKILLS

---



- School staff feel supported by leadership to implement practice change
- School staff are responsive and adaptive to changing needs and are safe with students and other staff
- School staff have a culture of collaboration
- Schools allocate resources and human capital to appropriately address students' trauma-based and developmental needs
- School staff have the relevant knowledge and skills



- Other CYF-serving systems have the relevant knowledge and skills



- Families have the relevant knowledge and skills

**In Phase 2, schools, the community, and families begin to develop the knowledge and skills to make schools more trauma-responsive.**

## PHASE 3: SOCIAL AND EMOTIONAL SKILLS

---



- The social behavior of the environment reinforces social/emotional skills for staff and students
- School staff consistently demonstrate social and emotional skills to manage their internal and external needs and demands
- School staff are healthy, attuned, and responsive
- School staff model social/emotional skills with other professionals and scaffold social/emotional skills for students

Phase 3 focuses on strengthening the social and emotional skills of schools, the community, and families, which in turn will strengthen the social and emotional skills of students.

## PHASE 4: PARTNERSHIP AND RESOURCES

---



- Partnerships exist between schools and other CYF-serving systems
- Other CYF-serving systems allocate resources



- Positive relationships exist between families and school staff
- Partnerships exist between schools and families

Phase 4 builds the partnership among schools, communities, and families, to support efforts to make schools more trauma-informed.

## PHASE 5: THRIVING STUDENTS AND SCHOOLS

---

- Students have social and emotional skills to manage their developmental and environmental needs
- An integrated school system exists that fosters healthy, safe, and responsive environments

Phase 5 contains the penultimate goals on the way to the ultimate objective of the TRSTC. It can be tempting for schools to target these goals, and by extension the strategies and interventions to reach them. However, it is important to first lay the groundwork with Phases 1, 2, 3, and 4.

## GOAL OF TRSTC

### The ultimate objective of the TRSTC:

- All students are resilient and equipped to reach their full potential

Any change, big or small, should align with the ultimate goal of aiding students in the development of resiliency and reaching their full potential. This is accomplished by making sure they develop the capacity to utilize their social/emotional skills, and that the school system has in place a safe, nurturing, healthy, inclusive, and responsive environment where all staff and students can thrive.

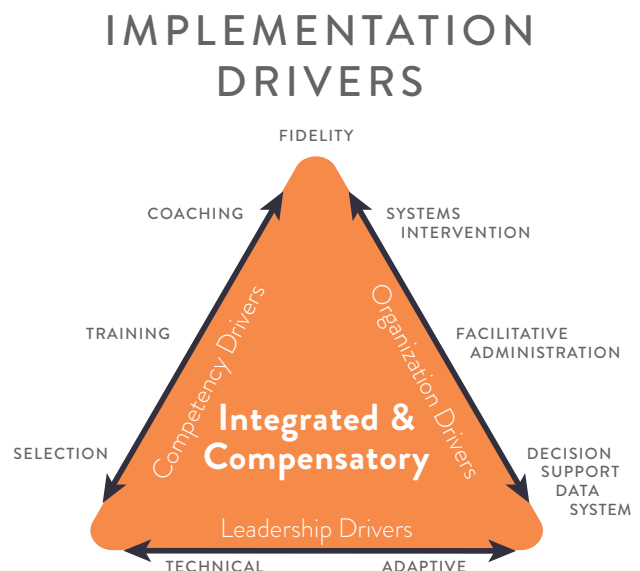
## IMPLEMENTING TRSTC

Implementing a new practice is a process that takes time, careful attention, and commitment. In order to implement TRSTC, it is crucial to understand the process by which this will occur in your setting as it may bring an organizational culture and climate change and may require everyone from all levels with various roles to commit. It is equally important to utilize the resources already available, review existing policies and practices that may fit, and adapt or adjust others to integrate trauma-responsive practices with other initiatives when possible. Implementation science is a complex field that can be overwhelming. The Active Implementation hub of the National Implementation Research Network (NIRN; <https://implementation.fpg.unc.edu/>) offers a comprehensive set of brief training modules on every key driver of implementation, as well as a wide range of helpful implementation tools, at no cost.

*Readiness* is a valuable place to begin. Prior to beginning a new practice, it is important to evaluate the organization's overall readiness. Areas to assess are the goals and objectives, leadership support, ability to adapt to change, decision making structures, strategies for maximizing success, expectations and concerns, capacity and resources, and ability to measure change. See Phase 1: Schools Are Engaged for a description of various tools that can measure readiness.

Research shows that implementation of new initiatives is more successful when *implementation teams* work to support and put changes into practice. The team should include an administrator or someone with the authority to make system changes. The NIRN Active Implementation hub offers a brief lesson on how to create successful implementation teams (<https://implementation.fpg.unc.edu/module-3>).

There are three types of implementation drivers, including Competency, Organization, and Leadership (<https://implementation.fpg.unc.edu/module-2>). Competency drivers include selection, training, coaching, and fidelity. *Selection* involves choosing the right people to be involved in a new initiative; in some initiatives, new staff may be hired, but most initiatives in schools will draw on existing staff. It is important to identify *champions* from all levels of the school: those who are excited, enthusiastic, and motivated to support and disseminate the new practice. Implementation of most school initiatives should address the involvement of staff at all levels: administrators, general and special education teachers, school health and mental health professionals, paraprofessionals, interventionists/specialists, front desk personnel, janitorial staff, human resources, individuals who represent the communities' diverse needs, and other staff.



From National Implementation Research Network

*Training* is necessary for staff to learn new skills, but it is not sufficient. *Coaching* is also critical when asking staff to change their practices, and research shows school staff are much more likely to use new practices, and students are more likely to show the desired outcomes, when coaching is added to training.

For many changes recommended in this Toolkit, it is important to monitor *fidelity* to ensure that the practice is being delivered as intended. With some practices, research has shown that delivering the practice with low fidelity has worse outcomes than if the practice had not been delivered at all.

**“SUPPORT AND INVOLVEMENT  
OF LEADERSHIP IS KEY TO  
IMPLEMENTATION, AS THEY  
MANAGE THE RESOURCES AND  
OVERSIGHT OF THE PROCESS.”**

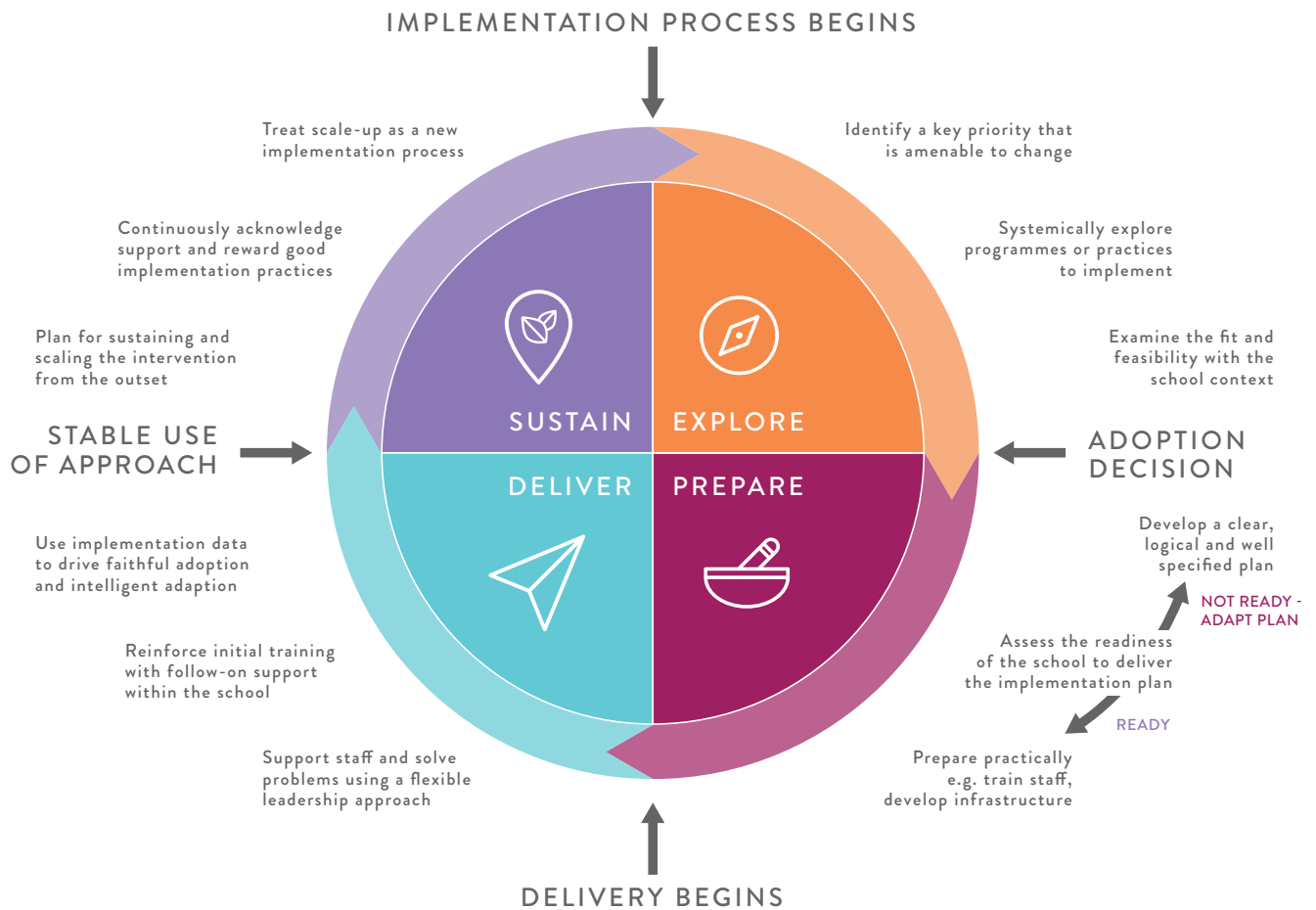


*Organization* drivers include decision support data systems in which relevant data are collected to enable decision making, facilitative administration to reduce barriers for staff, and systems intervention to reduce barriers at the system level and thus create a supportive context for successful implementation. Support and involvement of *leadership* is key to implementation, as they manage the resources and oversight of the process. Successful leaders use a combination of technical and adaptive leadership approaches to support staff in making changes.

Regardless of the type of change being sought, the Plan-Do-Study-Act, or PDSA, cycle is a valuable approach. Other terms for this concept include small tests of change and rapid cycle problem solving. This approach allows the implementation team to plan changes, implement them, study what has worked and what has not, and make adjustments. *Communication* between team members is a crucial aspect of this process. The NIRN Active Implementation hub offers a module on the PDSA cycle and effective communication (<https://implementation.fpg.unc.edu/module-5>).

The graphic below briefly describes the processes of implementation. Each area has defined objectives that will lead to the next. As you are considering implementing TRSTC, explore those practices that are amenable to change and examine the fit and feasibility. Although it can be tempting to jump quickly into changes, investing time in the Exploration and Preparation stages will increase the chances of sustaining the new practice.





From Putting Evidence To Work: A School's Guide To Implementation

<https://educationendowmentfoundation.org.uk/public/guidance/implementation/EEF-school-implementation-process.png>



**ENGAGEMENT**

**& COMMITMENT**

**01**



## SCHOOLS

Schools are curious

Schools are engaged

Schools share the vision



## COMMUNITY

Other CYF-serving systems are engaged

Other CYF-serving systems share the vision

Other CYF-serving systems understand and honor their roles and each other's roles



## FAMILY

Families feel safe to engage in the school community

Families are engaged in the school community

Families share the vision of the school community

Families are active in the school community



In this phase, schools, the community, and families engage and make the commitment to make schools more trauma-responsive. Discussions around change and commitment are key to begin the engagement process. Schools begin to explore their needs and reasons for change. Schools drive the engagement process

of communities and families. During this phase there are a lot of discussions that pertain to developing a commitment. Developing a plan, assessing readiness, providing training, and developing an infrastructure will aid in this process of preparing for a change.



## SCHOOLS ARE CURIOUS

When schools are curious, they may not yet be ready to implement change, but they have begun to recognize that change may be beneficial. In implementation terms, this is the beginning of the Exploration stage. This is aligned with the Contemplation phase in a Motivational Interviewing framework.

### POSSIBLE INDICATORS

---



80% of school professionals attend at least 1 non-mandatory professional learning opportunity related to trauma-responsive practices



Principal agrees to or requests any of the following: professional development opportunities, coaching, technical assistance, and/or consultation related to trauma-responsive practices

### POSSIBLE STRATEGIES AND INTERVENTIONS

---

#### *School offers professional development around trauma-responsive practices*

As described in detail below in Schools Are Engaged, the Colorado Cross-Systems Training Institute (CSTI) offers an 8-hour training in trauma-responsive practices, including a general version and a school-specific version of the training. For current offerings or to inquire about having a training for your agency or in your area, please visit



<http://www.coloradocsti.org> Some state educational agencies have partnered with SAMHSA via Project AWARE to increase awareness of mental health issues of youth; provide training for those interacting with youth so that they can identify and respond to mental health needs; and, connect these youth and their families with appropriate resources. (SAMHSA, 2020). It is recommended that readers contact their state educational agency to determine if Project AWARE resources are available.”

*Leadership incentivizes participation in professional development through flex time, payment, certification, etc.*

**“PROFESSIONAL DEVELOPMENT SESSIONS ARE HELD DURING DEDICATED PROFESSIONAL DEVELOPMENT DAYS.”**

Even when teachers see a trauma-responsive professional development training as valuable for their work with students, they can be conflicted over attending when it requires missing time in the classroom (Baweja et al., 2016). It is preferable if professional development sessions are held during dedicated professional development days. Stipends for attending a training outside of school hours also enable teachers not to miss instructional time. Some schools have found success with flex time schedules such as half-days or days each week when a subset of teachers have their classes taught by other staff members on other topics, allowing the teachers time for professional development or planning (Jacobson, 2018).

From a policy perspective, teachers are likely to engage in higher quality professional development offerings when schools, districts, or states require a certain level of quality as part of mandatory professional development, such as requiring training in programs based on empirical evidence rather than anecdotal findings (Hill, 2009). In addition, adding reflective practices and supervision to the program can help staff reflect on their interactions with families and strengthen relationships.

Research on professional development for teachers suggests that teachers are more likely to participate in professional development offerings when the benefit of a given training is clear to them (Hill, 2009). This means that the links between the training and desired changes in their own practice as well as between the training and student outcomes. Differentiated learning for professional development can also allow teachers to perceive greater individual benefit: for example, a teacher with prior coursework in trauma-responsive practices would attend an advanced rather than introductory training; teachers focusing on young children as compared to adolescents would appreciate content specific to their students’ developmental levels.

In order to make a professional development plan relevant to an educator's training needs, they must balance their own goals, administration expectations, and administration support. For many educators, tending to trauma stewardship (which in some schools is done monthly for the entire school) and meeting the needs of the students, which results in enhanced learning, are incentives in themselves. Trainings that offer salary bonus or credit are also an incentive used in some schools.



## SCHOOLS ARE ENGAGED

When schools are engaged, they have compared the costs and benefits of changing and are willing and ready to begin the long process of change. In implementation terms, this is a continuation of the Exploration stage. In the Motivational Interviewing framework, this could be aligned with the Preparation stage.

### POSSIBLE INDICATORS



**80% of school professionals express readiness/willingness to change practices, as measured by anonymous staff survey**



**Administration is willing to convene a leadership team to support the development, installation, and initial implementation of school-wide efforts promoting trauma-responsive approaches**



**Principal requests any of the following: professional development opportunities, coaching, technical assistance, and/or consultation related to trauma-responsive practices**

According to the National Implementation Research Network (NIRN; 2018), change readiness can be assessed on six dimensions. Indicators that a change such as an evidence-based practice is ready to be adopted include:

- Evidence
- Usability
- Support

Indicators that a site such as a school is ready to implement the change include:

- Capacity to implement
- Fit with current initiatives
- Need

See <https://implementation.fpg.unc.edu/resources/hexagon-exploration-tool> to download NIRN's Hexagon Tool with which to examine each of the six indicators above.



*The following tools can also be used to assess the readiness of your school/district to embark on changes toward the specific goal of trauma-responsiveness:*

- Wisconsin Trauma-Sensitive Schools Fidelity Tool. This tool is intended to provide an idea of what the culture of the school is prior to the implementation. This tool is utilized by the Wisconsin Department of Public Instruction (2016) for the Wisconsin Trauma Sensitive Schools Initiative. It covers six domains: school environment, adult-student interactions, leadership and practices, staff competence and actions, discipline, and student competence and power. See <https://dpi.wi.gov/sspw/mental-health/trauma/evaluation>
- Trauma Responsive Schools Implementation Assessment (TRS-IA). This assessment can help identify areas of strength and areas to work on. This tool was developed by the NCTSN Treatment and Services Adaptation Center for Resilience, Hope, and Wellness in Schools and the Center for School Mental Health. The TRS-IA is an evidence-informed self-assessment that covers eight domains including safety planning, prevention planning, trauma planning, classroom strategies, prevention/early intervention, targeted trauma-informed programming, staff self-care, and community context. It is offered free of charge. See <https://traumaawareschools.org/traumaResponsiveSchools>
- Trauma Informed Care in Youth Serving Settings: Organizational Self-Assessment. Created and copyrighted by Traumatic Stress Institute of Klingberg Family Centers. This assessment identifies elements of a trauma-informed setting and can apply to any setting serving youth, not only schools. It covers trauma-informed values, administrative support for program-wide trauma-informed services, organizational structure, trauma screening and assessment, milieu treatment practices and behavior management (for congregate care settings), physical environment and layout of agency, clinical treatment practices, restraint and seclusion reduction, workforce development,

staff trauma training, and monitoring trauma-informed initiatives. See <https://traumaticstressinstitute.org/resources/trauma-informed-care-organizational-assessment/>

- Creating Trauma-Informed Care Environments: An Organizational Self-Assessment, University of South Florida. This tool is utilized by organizations beginning to implement trauma-informed approaches or already utilizing the approaches. It can be used in any type of organization, not only schools. It covers organizational readiness, competent trauma-informed practices, and consumer and family engagement. See [http://traumatransformed.org/wp-content/uploads/tia\\_usf.pdf](http://traumatransformed.org/wp-content/uploads/tia_usf.pdf)
- Safe and Supportive Schools Self-Reflection Tool. This tool was developed by the Massachusetts Department of Elementary and Secondary Education in consultation with the Safe and Supportive Schools Commission. It addresses the Essential Elements in their model, including: deepening administrator/staff understanding, supporting all students to feel safe, holistically supporting the whole student, explicitly connecting students to the school community, culturally responsive practices, promoting equity, supporting staff capacity to work together as a team, and helping the school staff assess and adapt. See <http://bhps321.org>

Additional tools that can be utilized to assess school engagement include conversations and discussions about the needs and desire to change. A tool frequently utilized is the Trauma-Sensitive School Checklist, developed by Lesley University and Massachusetts Advocates for Children (2012). It measures five domains: school-wide policies and practices, classroom strategies and techniques, collaborations and linkages with mental health, family partnerships, and community linkages. The checklist can be downloaded at: [http://www.tolerance.org/sites/default/files/general/trauma sensitive school checklist \(1\).pdf](http://www.tolerance.org/sites/default/files/general/trauma%20sensitive%20school%20checklist%20(1).pdf)

## POSSIBLE STRATEGIES AND INTERVENTIONS

---

### *Specifically make the link from trauma-responsive practices to improved student outcomes and academic performance*

In addition to benefiting students' social and emotional well-being (Perry, 2016), trauma-responsive approaches in schools can have positive impacts on other student outcomes such as behavior and academic performance. For example, research has shown that schools using trauma-informed discipline practices experienced reductions in school suspensions and expulsions, improvements in student behavior, improvements in student retention, and even higher graduation rates (Verbitsky-Savitz et al., 2016). Comprehensive trauma-informed programs have resulted in improved attendance (Dorado et al., 2016), enhanced physical and emotional safety (Phifer & Hull, 2016; Walkley & Cox, 2013), reductions in behavior problems, and improved ability to pay attention (Holmes et al., 2015).

One important aspect of trauma-responsive practices in schools is teachers' social/emotional competence. Jennings and Greenberg (2009) have proposed a model in which teachers' social/emotional competence and well-being lead to improvements in students' social, emotional, and academic outcomes; this link is mediated by healthy teacher-student relationships, effective classroom management, and effective social-emotional learning implementation, all of which contribute to a healthy classroom environment. Their model is informed by a great deal of research showing connections between each aspect of the model. For example, over a hundred studies have found that healthy teacher-student relationships are related to better student behavior, and many studies have found that teacher-student relationship quality is related to both academic and social-emotional outcomes in children.

### *School offers presentations in content areas (mental/behavioral health, trauma and resiliency, social/emotional learning for students and staff, staff wellness/self-care, school climate, restorative practices, positive behavioral interventions and supports, trauma-responsive practices)*

The following is a list of trainings related to trauma and HFW services that may be helpful to school staff.

Trauma Training for Youth Workers is a 2-hour online course for those in the helping professions including educators, therapists, counselors, mentors, or other youth workers. This course teaches basic and critical skills to practice with trauma-informed care. Go to <https://courses.centerforadolescentstudies.com/traumabasics/> for more information

Schools and Grief: Helping Students Cope with Death is a 90-minute webinar with a focus on the grief response of children. Participants will learn about physical and behavioral responses, the grief response and developmental levels, cultural impacts, and strategies to help children cope with grief while in school. Go to <https://learn.nctsn.org/course/view.php?id=147> for more information.

Trauma-Responsive Practices in Education is an 8-hour course which provides foundational and intermediate-level training on Adverse Childhood Experiences, brain and body adaptations to trauma, and the window of tolerance and state-dependent functioning. Content is tailored for application in the education setting. Participants will learn strategies to promote regulation skills, build resiliency, and respond during emotional and behavioral crises. The target audience is general and special education teachers, school health/mental health professionals, school administrators, paraprofessionals, and others



who work in the education setting. Go to <https://learn.coloradocsti.org/> for more information.

Trauma-Responsive Guidelines for Behavior Plans and Classroom Management Systems is a 3-hour course which covers guidelines for application of trauma-responsive principles to Behavior Intervention Plans and behavior modification systems, as well as school discipline policies. The target audience is general and special education teachers, school health/mental health professionals, school administrators, paraprofessionals, and others who work in the education setting. Go to <https://learn.coloradocsti.org/> for more information.

Strengthening Resilience to Prevent and Address Secondary Traumatic Stress will support professionals working in a helping field understand Secondary Traumatic Stress (STS) and related risk factors while strengthening one's own resilience. There are four modules totaling 16 hours of in-person training. The target audience for this training includes educators as well as anyone who works in a helping profession (health, mental health, social work, etc.). Go to <https://learn.coloradocsti.org/> for more information.

Trauma-Responsive Communication Strategies is a 3-hour training that covers verbal and non-verbal communication strategies to promote emotional

regulation and psychological safety. Emphasis is placed on assessing body language and effectively utilizing techniques for calming and de-escalation. Go to [https://learn.coloradocsti.org](https://learn.coloradocsti.org/) for more information.

High-Fidelity Wraparound Team Member Training is a 1-hour web-based training designed for professionals (including school personnel) as well as natural supports who are serving on a High-Fidelity Wraparound team for a youth. Go to [https://learn.coloradocsti.org](https://learn.coloradocsti.org/) for more information.

*Based on the results of the readiness to change and/or engagement measures, reach out to staff to address barriers*

The U.S. Department of Education has created a five-step process for having data-driven conversations in education (Kekahio & Baker, 2013). In trying to understand the findings, they suggest choosing one key challenge as a focus. Challenges that are both amenable to action and a high priority are a good place to start. They recommend a process of finding potential driving factors that could explain each challenge, then looking for driving factors for those driving factors, and so on. From there, action plans can be developed to address specific driving factors. See <https://files.eric.ed.gov/fulltext/ED544201.pdf> for an in-depth description of the process and helpful templates.



## SCHOOLS SHARE THE VISION

To meet this precondition, each school must establish the vision, or the desired goal, that the change targets. The ultimate outcome from the theory of change is a starting point: “students are resilient and equipped to reach their full potential.” Beyond this overarching goal, each school must select one desired goal (or a small number) that they are targeting with a given change.

### POSSIBLE INDICATORS



Schools/districts adopt trauma-responsive core values and beliefs



80% of school professionals express agreement with our vision, as measured by anonymous staff survey



**“WHEN  
DEVELOPING A  
VISION, REMEMBER  
THAT LESS CAN  
BE MORE; KEEP  
IT SHORT, AND  
YOUR STAFF WILL  
REMEMBER IT  
LONGER.”**

See the introduction section for a list of the Core Beliefs: The Core Concepts of Child and Adolescent Trauma and Theory of Change Principles: The Essential Elements of Trauma-Informed Care. Although it is not necessary for schools and districts to adopt exactly these same beliefs and principles, they provide a helpful starting point that may be consistent with other partners in your state and have a great deal of overlap with NCTSN Twelve Core Concepts of Childhood Trauma and Seven Essential Elements in broad nationwide use. Schools need to align the core values and beliefs with existing initiatives that they currently have around positive school climate and culture as well as other social, emotional, and behavioral targets.

Since each school must establish its own vision, any staff survey questions will need to be customized to that vision. If the vision contains multiple components, it would be helpful to break down each component into a separate item with which staff can express agreement or disagreement. If the items are embedded within a larger survey, it would be logical for the response choices to match the other items in that survey. Alternatively, response choices such as “Strongly Agree/Agree/Disagree/Strongly Disagree” would allow staff to express their endorsement of each aspect of the vision.

## POSSIBLE STRATEGIES AND INTERVENTIONS

---

### *The school develops a vision of the ultimate outcome that reflects the core beliefs and principles*

When creating a vision, Gabriel and Farmer (2009) state that, “stopping to confirm common goals among the stakeholders will help the team meet its objectives.” This is especially important when you want to engage the

community, the families and students. Other key factors identified by Gabriel and Farmer (2009) include: inviting others to develop a vision; listening to obstacles that may come; taking your time in developing a vision; understanding the values, beliefs and hopes of your setting; creating a team that will introduce the vision and engage others in the process of developing one; viewing other examples; and having a copy of the current vision which reflects the school's values and hopes. Establishing key ideas, values and beliefs are important in developing powerful visions; "When developing a vision, remember that less can be more; keep it short, and your staff will remember it longer."

The website [TopNonProfits.com](http://TopNonProfits.com) distinguishes between a mission statement and a vision statement. The mission statement is a brief statement of the reason the organization or program exists. The vision statement is the desired end-goal. They offer guidelines for developing a mission statement in the graphic below.

## Mission

# Statement

A one-sentence statement describing the reason your organization or program exists.  
(What you do + who/what you do this for)

**CLEAR** Simple language. 8-10th grade reading level.

**CONCISE** No fluff. Aim for 5-14 words (20 max).

**USEFUL** Inform. Focus. Guide.

[TopNonprofits.com](http://TopNonprofits.com)

Bresciani (2018) offers 7 rules for a vision statement:

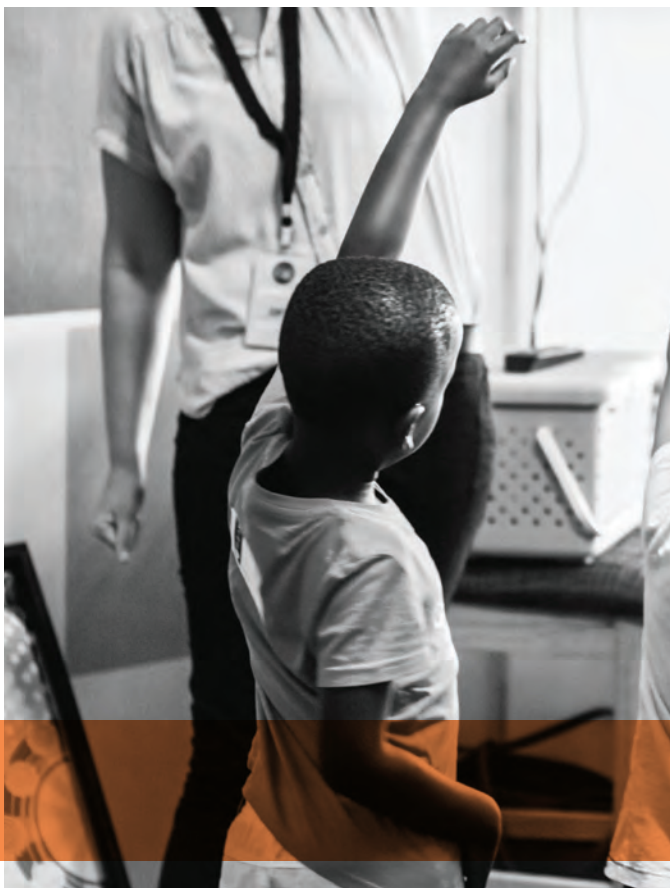
1. **Inspirational:** a great vision statement inspires and moves us. It is a motivational force that compels action. You recognize a great vision statement when you find it difficult not to be inspired.
2. **Challenging:** the best vision statements challenge us to become better. In this way, a vision statement requires us to stretch ourselves in pursuit of the vision we seek to achieve. The vision is not an 'easy target'; it is something that if achieved- would represent a sense of pride and fulfillment.
3. **Achievable:** a vision must not be so far-fetched that is outside of our reach. It must be conceivably possible, though not probable without additional effort. Consider John F. Kennedy's famous words "We choose to go to the moon in this decade and do the other things. Not because they are easy, but because they are hard."

4. Collective: to be meaningful the vision statement must be shared by all who take action toward it. It is not something that can be crafted by a select few and imposed on others. Because of this, creating vision statements through collaboration is always encouraged. This gives the best chance of allowing others to participate and share the vision.
5. Preferred: great vision statements represent a 'preferred future'. Despite the many paths we could take, the particular vision described represents the one we aspire to most. It is one which provides the greatest benefit to our stakeholders (whether people, businesses or organizations).
6. Aligning: the best vision statements align people from individual needs toward a common

understanding of the ultimate goal. At times of disagreement, strong visions remind us to place our differences aside, and orient ourselves toward a common purpose.

7. Clear: the best vision statements are worded in clear, concise language that can be understood by all. This also means avoiding words that are overused or have little meaning.

***Trainings are available to address foundational knowledge and the identified needs of school staff. The Core Curriculum on Childhood Trauma (CCCT) is one such training, developed by the National Child Traumatic Stress Network. It is based on the 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families, which comprise 12 of the 13 core beliefs for the TRSTC. The curriculum uses a Problem-Based Learning model to examine case studies specifically written for the curriculum and designed to highlight the core concepts. Participants learn to use critical reasoning and apply the core concepts to assessment, case management, and treatment planning of the case studies and, by extension, cases seen in their own professional work. Research on CCCT has found that participation in a CCCT course improves learners' confidence in applying the core concepts to their own clinical work, conceptual readiness, and field readiness (Layne et al., 2014). Access the online interactive course at <https://learn.nctsn.org/>***





## OTHER CYF-SERVING SYSTEMS ARE ENGAGED

Although children and youth spend almost half of their waking hours in school and schools meet a wide range of the students' needs, schools cannot meet every need a child or youth may have. This is particularly true for trauma-exposed students who may require intervention by mental health, medical, social services, and other CYF-serving systems. In order for schools to meet their trauma-responsive goals, it is critical that CYF-serving systems with which their students interact are also engaged in trauma-responsive practices.

**“SCHOOLS MAY REQUEST THAT OUTSIDE MENTAL HEALTH PROVIDERS WORK WITH THE SCHOOL STAFF TO IMPROVE THE SKILLS OF THE STAFF TO RESPOND TO THE STUDENTS, RATHER THAN HAVING THE MENTAL HEALTH PROVIDERS WORK DIRECTLY WITH THE STUDENTS PROVIDING THERAPY.”**

### POSSIBLE INDICATORS



CYF-serving agencies show interest in trauma-informed initiatives and request training, coaching, technical assistance, and/or consultation

### POSSIBLE STRATEGIES AND INTERVENTIONS

*Invite CYF-serving systems to trainings around trauma-responsive practices, whether offered by school or others such as Colorado CSTI*

*Hold stakeholder meetings to engage CYF-serving systems*

*Create marketing strategy to engage CYF-serving systems*

An important starting point is discussion with school and CYF-serving system leadership to assess buy-in for partnership. Some schools have found success at engaging mental health partners by inviting them into the school, and if possible having a dedicated office for visiting mental health providers to share. It is also recognized that there may be some liability for mental health clinicians working with students in the school. It may be important to modify policies and procedures around this issue for schools to allow outside providers and understand the legality. Alternatively, schools may request that outside mental health providers work with the school staff to improve the skills of the staff to respond to the students, rather than having the mental health providers work directly with the students providing therapy. This is an excellent strategy for magnifying the impact of the mental health providers and creating sustainability, and it is consistent with the theory of change on which this Toolkit is based.

Some schools have partnered with outside providers to provide coaching and consultation in the schools on various models or approaches. Many schools have found success through internal champions within the school who work in close partnership around implementation. Another approach is to draw on partner organizations' expertise and build awareness of offerings in the community by inviting other agencies to present on trauma-responsive practices.



## OTHER CYF-SERVING SYSTEMS SHARE THE VISION

Children and youth will benefit the most, and schools and CYF-serving systems will partner most effectively, when schools and CYF-serving systems are working toward the same ultimate vision.

### POSSIBLE INDICATORS



**CYF-serving agencies adopt trauma-responsive core values and beliefs**

## POSSIBLE STRATEGIES AND INTERVENTIONS

*Communicate the school vision of the ultimate outcome and core beliefs/principles to CYF-serving systems*

Schools should invite CYF-serving systems into the school and welcome them as an integral part of the school community. As much as the CYF-serving systems can be present in the creation of the school vision and the ultimate outcome, the better integrated they will be in aiding the students. As schools prepare to share the vision with other CYF-serving systems, those who have been involved can become the champions of the effort and can best utilize their skills to infuse this information into their own setting.



## OTHER CYF-SERVING SYSTEMS UNDERSTAND AND HONOR THEIR ROLES AND EACH OTHER'S ROLES

Schools and CYF-serving systems each have an important but unique role in addressing the needs of trauma-exposed children and youth. Conflict between systems can occur when roles overlap, such as when a child receives mental health services both in school and from a community mental health agency, or when a youth has a caseworker from child welfare and a social worker from the school. Rather than being in competition, the systems must work together while maintaining the uniqueness of their roles to achieve the greatest benefit for the child/youth.

### POSSIBLE INDICATORS



**Increase in number of multi-system involved families served through integrated, family-driven structured care coordination processes (e.g. High-Fidelity Wraparound) that involve the student's school staff**

## POSSIBLE STRATEGIES AND INTERVENTIONS

*Offer capacity-building session for CYF-serving agencies on working with child/youth education needs for system-involved children (e.g. child welfare, juvenile justice, mental health)*

Activities for capacity-building sessions can include the following: coaching, consultation, facilitation, providing expert advice, strategic planning, team building, referrals, peer learning, and networking opportunities. When choosing to create capacity building sessions or services, be aware of the organizational resources, readiness, and the network of trainers or consultants.

*Build capacity of school staff to work with multi system-involved children, youth, and families*

The Colorado CSTI is in the process of creating a web-based training for team members to prepare to participate in High-Fidelity Wraparound. It will be available in late 2020 at <http://coloradocsti.org>



## FAMILIES FEEL SAFE TO ENGAGE IN THE SCHOOL COMMUNITY

Although there are many reasons families may not engage with the school, such as parents' work commitments, family commitments, or lack of interest (Povey et al., 2016), some families do not engage because of feeling unsafe, unwelcome, and/or excluded by the school. In some cases this stems from their own past experiences with schools and other institutions (whether as a family member or as a student themselves), but in other cases these perceptions are the result of a school's difficulty engaging parents. This may be particularly true for families whose children have struggled in school, resulting in multiple interactions between the parents and the school related to discipline issues and/or academic problems. It may also be particularly true for families with linguistic and cultural barriers.

Families in disadvantaged schools are more likely than those in more affluent schools to have a lack of trust in the school's responsiveness to their concerns and low parent confidence as barriers to their engagement. Conversely, creating a respectful and welcoming environment is perceived both by school leadership and by parents to be the single most important factor in engaging parents (Povey et al., 2016).

**“SOME FAMILIES DO NOT ENGAGE BECAUSE OF FEELING UNSAFE, UNWELCOME, AND/OR EXCLUDED BY THE SCHOOL. IN SOME CASES THIS STEMS FROM THEIR OWN PAST EXPERIENCES WITH SCHOOLS AND OTHER INSTITUTIONS.”**



## POSSIBLE INDICATORS



Parent response to school climate survey indicates that 90% of parents feel safe, welcomed, and included in school



Improved parent attendance at student-teacher conferences, IEP meetings, etc.

## POSSIBLE STRATEGIES AND INTERVENTIONS

*Create a culturally and linguistically responsive family advocate position at the school who can connect with parents based on their lived experience raising a child with a mental health or other challenge*



The Head Start (2018) and Early Head Start community has a strong model for creating family advocates and family leaders. In their Understanding Family Engagement Outcomes: Research to Practice Series they describe activities and processes that have led them to successful creation of family advocate models. Utilizing family advocates yields benefits for their children, students, and community, as well as generates personal gains which empower families. It is vital that program staff build strong relationships with families to promote families' interest in becoming an essential part of their children's education and therefore become leaders and advocates. The guidelines and recommendations set forth by the Head Start and Early Head Start community can be utilized throughout the education process for any age of student. The lived experience of the family advocate raising their own child with a mental health or behavioral challenge is critical for engaging families whose children are struggling

in school. For alternative schools in particular, consider recruiting a parent of a student who has successfully graduated from the program to be a family advocate for other families.

*If a dedicated family advocate position cannot be created yet, identify a family/parent liaison role for a staff member already employed at the school*

*Send out a letter to all parents to describe the role of the family advocate or family/parent liaison to visit families or meet at school to follow up on concerns that may have come up on the climate survey*

Schools should include communication options for families who may struggle with literacy issues, those who do not speak English, and for families with special ADA needs.

*Set guidelines for school staff to communicate with families to bolster trust and dialogue, including a goal for the number of positive communications relative to negative or disciplinary communications*

Communication strategies successfully used by schools include: welcoming families when they walk into the school; asking for families' input into programming at school; connecting families to the school's family/parent liaison; offering parenting classes at no cost; offering brief family counseling; open houses; ongoing parent-teacher conferences; phone calls home from teachers noting when their child is doing well; home visits; finding supports/resources that are needed; inviting families to celebrations; inviting families to sit in on classes; and holding meetings that are culturally and linguistically responsive and inclusive.

**“COMMUNICATING TO PARENTS THE SPECIFIC ACTIONS TAKEN BASED ON THE PARENT INPUT OR FEEDBACK WILL VALIDATE PARENTS’ EFFORTS TO ENGAGE IN THE SCHOOL.”**



*Direct outreach to all parents to emphasize the value and appreciation of their engagement*

After parents provide input, it is important to let them know how their input has supported the decisions made by the school, or the progress of their student. Communicating to parents the specific actions taken based on the parent input or feedback will validate parents' efforts to engage in the school and let them know their efforts were not wasted. Outreach efforts should go beyond traditional channels and should keep in mind non-English speakers.



# FAMILIES ARE ENGAGED IN THE SCHOOL COMMUNITY

Once parents feel safe, they may actually engage with their child’s school. This requires the school to provide opportunities for them to engage, as well as parents taking action. Family engagement has been shown to improve students’ academic achievement, attendance, and graduation rates, as well as student engagement and motivation (Colorado Department of Education, n.d.). Also see Phase 4 for an extensive discussion of family-school partnerships, in which family engagement is a major target. Note that some people use the term “family engagement” synonymously with “family-school partnerships.” In this Toolkit, engagement as described in this section refers to parents being engaged, whereas family-school partnership as covered in Phase 4 refers to the school’s efforts to engage and partner with families.

## POSSIBLE INDICATORS



Parent responses to surveys, interviews, and/or focus groups show improved motivation to participate and increased interest in having shared positive experiences at/with school community

## POSSIBLE STRATEGIES AND INTERVENTIONS

*Address areas for growth identified by parent surveys, interviews, or focus groups*

For suggestions on having data-driven conversations based on results of surveys, interviews, or focus groups, see Schools Are Engaged above. When having such conversations with parents, we advise being cognizant that parents come to the conversations with a wider range of backgrounds

than school staff in terms of data, surveys, statistics, etc. As such, presentations of and discussions of data should be accessible to parents who do not have any background in such topics.

**“IT IS IMPORTANT TO ANALYZE THE FREQUENCY WITHIN THE SURVEY SAMPLE OF FAMILIES OF DIFFERENT RACIAL AND ETHNIC BACKGROUNDS, LANGUAGE SPOKEN AT HOME, USE OF FREE AND REDUCED LUNCH, AND IEP/504 STATUS.”**

In analyzing data from parents, it is important to analyze the frequency within the survey sample of families of different racial and ethnic backgrounds, language spoken at home, use of free and reduced lunch, and IEP/504 status. This will ensure that the

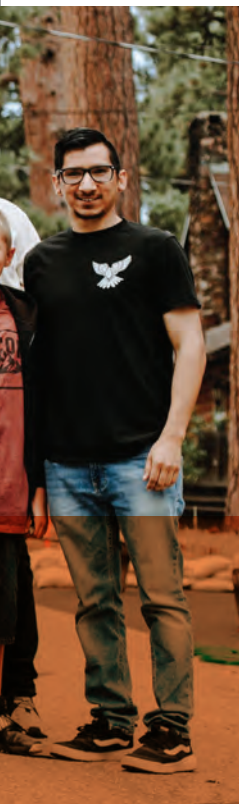


feedback being gathered is representative of the student body, and that the concerns of students' families are taken into special consideration. If numbers allow, comparison across different groups of the survey responses (for example, responses to a given item by families with students who do versus do not have an IEP/504) will allow further examination of whether students' families identify unique areas for growth. However, if there are not sufficient numbers of people in all groups to enable analyses while maintaining anonymity, those analyses should be skipped or groups combined. For example, if only one student at the school comes from a family that speaks Tagalog at home, an analysis by specific language would violate that family's confidentiality; instead, they could be grouped with other non-English languages.

### **Secure activities that target parent engagement**

We recommend the following activities to increase parent engagement. Ideally, parents would co-create the activities to strengthen PTA/parent collaboration with school administration. Examples include special events to inspire and educate parents; extracurricular activities such as plays, games, and clubs; celebrations that provide social context for families to come together.

Other examples of engaging families include utilizing community partners to provide classes or trainings to parents in the school setting. Other suggestions that have been used in schools include the following: have school



meetings in the community center; provide home visits by a coordinator or liaison; provide various opportunities for engagement; make childcare and meals available; and offer incentives for those parents who are difficult to reach. These strategies may maximize participation as well as help the school serve as a support for families.

### *Incorporate families into the academic curriculum*

One approach used widely in Colorado is Teachers Involve Parents in Schoolwork (TIPS). TIPS is a partnership between Colorado Department of Education, Johns Hopkins University, and teams of Colorado educators. The TIPS team developed a set of literacy assignments for students in grades K-3. The assignments align with the Colorado Academic Standards. More than 15 years of research has found that the TIPS program increases family engagement and enhances student improvement in study skills,

grades, and test scores. See [https://www.cde.state.co.us/uip/tips\\_interactive\\_homework](https://www.cde.state.co.us/uip/tips_interactive_homework) for the training manual and grade-specific resources. Check with your state educational agency for similar resources.

**“EQUITY SHOULD BE WOVEN THROUGHOUT THE CULTURE OF THE SCHOOL.”**

### *Use a lens of equity in all parent engagement strategies*

Equity should be woven throughout the culture of the school. All parent engagement

strategies must be viewed through this lens. If an activity is exclusionary to certain families because of the time of day, location, structure, language, etc., then it should be changed to accommodate all families. For example, a father-daughter dance could feel exclusionary to families without a traditional father figure; inclusiveness can be increased by carefully choosing titles as well as verbiage in descriptions (e.g., “any special adult the child would like to bring”).

### *Train staff to engage families*

Many state education agencies across the nation recommend that schools partner with families, and provide trainings in order to do so. Refer to the list of national standards for parent engagement developed by the National Parent Teacher Association (State Advisory Council for Parent Involvement in Education, n.d.). See Phase 4 for a description of trainings under the umbrella of parent-school partnership, which includes parent engagement.

### *Incentivize staff to engage families*

According to the Guide to Patient and Family Engagement by the Agency for Healthcare Research and Quality (2017) of the U.S. Department of Health and Human Services, one important way that leaders can show commitment to engagement is by providing staff with incentives that encourage the adoption of behaviors that facilitate family engagement.



## FAMILIES SHARE THE VISION OF THE SCHOOL COMMUNITY

Families vary both within a given school and across different schools in terms of how comfortable they may be with the concepts of trauma and trauma-responsive practices. Some families may not be comfortable addressing child trauma, whether or not they perceive their own child as having had any traumatic experiences. However, families tend to be more comfortable with, and supportive of, concepts such as well-being, social/emotional growth, and strengthening resiliency. Almost all families would agree with the TRSTC’s ultimate goal that “students are resilient and equipped to reach their full potential;” but they may differ in terms of how they think that goal can and should be achieved. Nonetheless, family buy-in with the vision will increase the likelihood that change initiatives succeed.

### POSSIBLE INDICATORS



Specific items on school climate survey to measure shared vision indicate a 90% agreement/endorsement of the vision across the whole parent body

### POSSIBLE STRATEGIES AND INTERVENTIONS

*Parents must be included as stakeholders when the school creates the vision*

*Schools communicate the vision consistently and in multiple ways at all school events*

Evidence shows that authentic and mutual engagement of parents and families in schools has positive outcomes for students, the school, and staff. A common strategy for involving families in decision making is establishment of parent advisory councils or parent-teacher organizations who would be involved in creating the vision as well as disseminating the vision. Language and the culture of the school play an important role in the dissemination. Communication efforts and activities should use the languages spoken by students’ households.

**“FAMILIES TEND TO BE MORE COMFORTABLE WITH, AND SUPPORTIVE OF, CONCEPTS SUCH AS WELL-BEING, SOCIAL/EMOTIONAL GROWTH, AND STRENGTHENING RESILIENCY”**

**“OPPORTUNITIES TO INCREASE THE SENSE OF BELONGING AND INCLUSION ARE OFTEN INSTRUMENTAL IN SUPPORTING PARENT ENGAGEMENT WITH THE SCHOOL AND BUY-IN FOR SCHOOL INITIATIVES.”**



Communicating the vision should be done in various forms: emails, school website, newsletters, flyers, offering morning coffee or afternoon tea, and “fun nights.” These are some strategies schools have utilized to communicate the message.

Opportunities to increase the sense of belonging and inclusion are often instrumental in supporting parent engagement with the school and buy-in for school initiatives. Some schools have found that in addition to conferences, at which some parents may fear hearing negative information about their child, it is valuable to have opportunities to showcase

students’ work in a purely positive way. For example, gatherings in which students can present their Project-Based Learning (PBL) activities allow for families to celebrate the work of their children; many schools have found that such gatherings are engaging to families and have high-turnout including families who do not attend other types of gatherings. The use of student-led conferences can be another way to allow students to engage their parents in their school as a first step to helping disengaged parents become curious about and involved in their students’ education.



## FAMILIES ARE ACTIVE IN THE SCHOOL COMMUNITY

Families who are active go beyond engagement (which can remain at a cognitive or emotional level) into action. They show up, they participate, and they interact with staff, students, and other families -- even when it is not required.

### POSSIBLE INDICATORS



Parents attend and are active participants in parent/teacher conferences and IEP meetings, as well as other school activities (field trips, celebrations, events, volunteer opportunities) as measured by 80% participation rate and 90% satisfaction with activities through surveys and post-participation questionnaires

Many school districts use parent involvement surveys. An example of such a survey used by many Colorado schools, as developed by the Region 16 Education Service Center, can be found at <http://www.esc16.net/upload/page/0309/docs/12%20Parent%20Involvement%20Questionnaire.pdf>.



Increased activity by parents (those who have formerly been marginalized, who have been inactive, or who are particularly vulnerable to drop-out) such as increased attendance at IEP/504 meetings, responses to teacher contacts, presence at school functions

**“WE RECOMMEND THAT STAFF USE THE SAME TRAUMA-RESPONSIVE APPROACHES WITH FAMILIES AS WITH STUDENTS.”**

It is important to understand the culture of the parents you are trying to reach and create a welcoming climate that demonstrates positive attitudes from school staff. When dealing with all families, schools must avoid assumptions based on our biases and instead identify the family’s strengths and needs through getting to know the students, their parents, and their siblings, as well as other extended family members involved in the student’s life. Sensitivity to cultural, linguistic, economic, immigration status, and other aspects of family diversity is vital to consider. For Limited English Proficient families, for example, schools may feel like a foreign environment; it is not only important to have access to interpreters, but also bilingual and bicultural staff with whom they can identify. Genuinely identifying the barriers to parental engagement and creating an action plan that fits that particular cultural group may enhance your outcomes. Undoubtedly, communication is key to engagement and learning from the community itself how to best reach them can augment those efforts.

It is also important to recognize that many families may have experienced various traumas. We recommend that staff use the same trauma-responsive approaches with families as with students.



## POSSIBLE STRATEGIES AND INTERVENTIONS

---

***Communicate opportunities for families to be active through volunteering and community events***

***Communicate and facilitate participation in parent trainings, including Let's Connect and RISE***

Let's Connect and RISE are programs for improving children and youths' social-emotional competence by teaching the adults in their lives stronger social-emotional skills (specifically, self-awareness, emotion communication, and listening skills), which they then model and coach in the children/youth. Let's Connect is directed towards parents and caregivers, and RISE focuses on the school environment. See <http://www.letsconnect.org/> at the Institute for Behavioral Science at University of Colorado for more information on Let's Connect; which is a resource available for all states. Preliminary outcomes from one RISE pilot have found that it improves teachers' own emotional awareness, their emotion regulation, their mood, and the quality of relationships between teachers and students. See <https://thrivingschools.kaiserpermanente.org/about-us/resilience-in-school-environments/> for more information on RISE.

***In-person meetings offered at flexible times in the evenings and on weekends with provision of resources such as transportation, language support services, and child care to target parents who are at risk for disengagement***

Issues such as transportation may be more of a barrier to parent involvement for schools at socioeconomic risk than for more affluent schools (Povey et al., 2016). Transportation can also be more of a barrier at rural and frontier than at urban and suburban schools. Child care can be a barrier for single parent families and parents who work non-traditional schedules. Addressing logistic barriers can increase the number of parents who are active in the school community.





**RELEVANT**

**KNOWLEDGE &**

**SKILLS**

**02**



## SCHOOLS

School staff feel supported by leadership to implement practice change

School staff are responsive and adaptive to changing needs and are safe with students and other staff

School staff have a culture of collaboration

Schools allocate resources and human capital to appropriately address students' trauma-based and developmental needs

School staff have the relevant knowledge and skills



## COMMUNITY

Other CYF-serving systems have the relevant knowledge and skills



## FAMILY

Families have the relevant knowledge and skills



In this phase, schools, the community, and families begin to develop the knowledge and skills to make schools more trauma-responsive. During this phase there should be frequent discussions pertaining to the implementation of these new practices. Schools should establish implementation teams to facilitate implementation as well as to set up and utilize a data system to measure whether the changes are resulting in the desired outcomes.

Attaining relevant knowledge and skills to respond in a trauma-responsive manner that will benefit all students requires an understanding of best practices. Utilizing conceptual frameworks sets the stage for the initial implementation of this process. Relevant frameworks include Maslow's hierarchy of needs (1943; see McLeod 2018 <https://www.simplypsychology.org/maslow.html> for an expansion of the hierarchy

along with educational applications and Kline <http://www.changekidslives.org/actions-4> for a guide to applying Maslow's hierarchy in classrooms), the Building Blocks for Learning, and Multi-Tiered Systems of Support (MTSS) as well as awareness of our own beliefs about behavior (see Appendix for questionnaire tool on evidence-based beliefs about behavior). These frameworks and awareness help to avoid labeling and create alternative strategies to connect and support students. The goals are to provide a physically and emotionally safe environment, to enhance and model emotion regulation, and to create positive relationships. These goals aid in students' learning by supporting skills and mindsets that facilitate educational attainment. Thus, examining how these frameworks are already being utilized and measuring their impact or how they may be applied in your setting is an important aspect in this phase.

“SCHOOLS SHOULD ESTABLISH IMPLEMENTATION TEAMS TO FACILITATE IMPLEMENTATION AS WELL AS TO SET UP AND UTILIZE A DATA SYSTEM TO MEASURE WHETHER THE CHANGES ARE RESULTING IN THE DESIRED OUTCOMES.”



## SCHOOL STAFF FEEL SUPPORTED BY LEADERSHIP TO IMPLEMENT PRACTICE CHANGE

Implementation science indicates that leadership is one of the key drivers for change. In the school setting, the decision-making hierarchy is such that leadership typically must not only sign off on any major changes in practice, but also likely need to offer support in the form of funding, time off from other duties, substitutes to cover classes a teacher may miss for trainings, etc. When leaders support practice change, initiatives are most likely to succeed. Research indicates there is a strong correlation between leadership style and educators' ability to implement new practices with fidelity (Hall & Hord, 1987).

### POSSIBLE INDICATORS:



80% of school professionals report feeling supported to change practices, as measured by anonymous survey



Consensus from focus groups

## POSSIBLE STRATEGIES AND INTERVENTIONS:

---

### ***Create implementation teams specific to each change initiative; teams should represent the diversity of the school in roles and personal characteristics***

Implementation teams can be key to successful implementation of an effective intervention. Research has found that without implementation teams, within 17 years of instituting the intervention, only 14% show the desired effect; with implementation teams, within only 3 years 80% are showing the desired effect (Fixsen, Blase, Timbers, & Wolf, 2001; Balas & Boren, 2000). The implementation team takes responsibility for readiness by preparing the organization, preparing staff, working with families and stakeholders, working with researchers and intervention developers if applicable; they also take responsibility for the implementation process, and ultimately have responsibility for assuring the intended benefits (Fixsen & Blase, 2009).

The core competencies of an implementation team according to Metz and colleagues (2015) include:

- Develop team structure
- Know and apply the intervention
- Know and apply implementation
- Know and apply improvement cycles
- Know and apply systems change

There are seven core processes of implementation teams outlined by Saldana and Chamberlain (2012). To overcome hesitancy and increase buy-in, they should conduct a needs-benefit analysis for the intervention (including what would happen if the status quo were maintained). They must engage in planning in order to overcome potential and actual barriers. In order to advance the project and motivate those involved, they must provide ongoing monitoring and support for the intervention. To prevent drift, they must address fidelity. Technical investigation and problem solving will allow them to clarify actual versus perceived barriers as well as find solutions to the actual barriers. They will provide guidance and technical assistance through procedural skills development. Finally, they will enable engagement, commitment, and sharing of strategies by enabling peer-to-peer exchange and support.

Based on research by Saldana and Chamberlain (2012) as well as Mildon (2013), we recommend that implementation teams include facilitators (ideally two, not just one) who know the system and can establish credible relationships with stakeholders from multiple levels: leadership, trainers/coaches in the intervention, practitioners, consumers such as students or family members, and, if appropriate, researchers or intervention developers.

Saldana and Chamberlain (2012) offer additional guidance on implementation teams' activities as well as timelines for instituting change.

### ***Collect school professional survey data on climate/culture***

The research on climate and culture have been notably important in the outcomes of student achievement. There has been a focus on school climate reform as an evidence-based school improvement strategy (Thapa,

Cohen, Guffey, & Higgins-D'Alessandro, A., 2013). A positive school climate is fundamental for the development of students' success. It promotes an encouraging, safe and constructive environment in which learning and teaching can take place.

The National School Climate Center has identified four core components of a positive school climate: Safety; Strong Relationships; Effective and Productive Teaching and Learning; and a Healthy, Welcoming External Environment.

Some schools are utilizing the free survey tool Panorama Teacher Survey (<https://www.panoramaed.com/panorama-teacher-survey>) to measure school climate. The National Center on Safe Supportive Learning Environments (NCSSLE) provides a variety of resources related to valid and reliable surveys, assessments, and school climate scales can be found at <https://safesupportivelearning.ed.gov/topic-research/school-climate-measurement/school-climate-survey-compedium>.

***Data-driven conversations with staff regarding results from surveys***

See “Schools Are Engaged” in Phase 1 above for suggestions about having data-driven conversations with staff. Collecting quantitative data via annual climate surveys to monitor perceptions of staff and students and understand the functioning of the school is a first step. Subsequently, leadership should engage in conversations to effectively address the concerns and put in place prevention and intervention efforts to support the community of students and teachers.

**“THE NATIONAL SCHOOL CLIMATE CENTER HAS IDENTIFIED FOUR CORE COMPONENTS OF A POSITIVE SCHOOL CLIMATE: SAFETY; STRONG RELATIONSHIPS; EFFECTIVE AND PRODUCTIVE TEACHING AND LEARNING; AND A HEALTHY, WELCOMING EXTERNAL ENVIRONMENT.”**



## SCHOOL STAFF ARE RESPONSIVE AND ADAPTIVE TO CHANGING NEEDS AND ARE SAFE WITH STUDENTS AND OTHER STAFF

School staff should aim to be highly responsive and adaptive to the collective needs of the student body, as well as to the needs of their individual students. This precondition requires first learning what students consider their needs to be before staff can address them.

### POSSIBLE INDICATORS:

---



**Best practices policies/procedures are created or in place**

Policies and procedures are typically established before issues arise, to set expectations and create a safe learning environment for students and staff. One of the biggest concerns regarding policies and procedures in the schools around re-traumatization are discipline policies. Many discipline procedures are unresponsive to the challenges of children and youth who have experienced trauma and/or prolonged chronic stress due to poverty, discrimination, community violence, mental health issues, and other chronic stressors. It is important to consider how policies affect the students, families, and the community. In exploring best practice policies, it is also important to do a thorough exploration of the policies in place and answer questions such as “what is the best approach to resolve this issue?” and understand the research behind it. Please see Phase 3 for a more extensive discussion of trauma-responsive discipline practices.

### POSSIBLE STRATEGIES AND INTERVENTIONS:

---

#### ***Collect student survey data on school climate and culture***

The Panorama Student Survey (<https://www.panoramaed.com/panorama-student-survey>) is the companion to the Panorama Teacher Survey listed above; it measures students’ perceptions of teaching and learning. Such surveys can aid in trauma-responsive action planning.

In addition to quantitative data, many schools convene focus groups to engage and listen to students.

#### ***Data-driven conversations with students and families regarding results from surveys***

See “Schools Are Engaged” in Phase 1 above for suggestions on having data-driven conversations, with additional notes for talking to families under “Families Are Engaged in the School Community” in Phase 1. In addition, when having conversations about school climate and culture with students, it is particularly important to ensure the



conversations are trauma-responsive. This means being cognizant of the possibility of a prior trauma history. For example, keep in mind when discussing school violence that some students will have experienced bullying or peer violence in the past, or that some students will not come from homes in which caregivers are a source of support. Another element of trauma-responsive conversations is recognizing that trauma histories may lead to outcomes or behaviors that may not be obviously connected, such as missing classes or avoiding a certain area of the building or group of people. Keeping in mind the Core Belief that danger and safety are core concerns for traumatized children and youth, school safety may be both more important and have a different meaning to students with a history of trauma. The Core Belief that trauma can challenge the social contract can also impact conversations with students who have a history of trauma, as some students may have had unsatisfactory or even traumatizing or re-traumatizing past interactions with authority figures (whether in schools or elsewhere).

### **Address safety-related actions by staff**

An important resource available is the Colorado School Safety Resource Center (CSSRC; <https://colorado.gov/CSSRC>), which is a model used nationally. The Center assists educators, emergency responders, community organizations, school mental health professionals, parents, and students in creating safe, positive, and successful school environments for Colorado students in all schools from early education through high school as well as higher education. Another resource can be found at <https://www.schoolsafety.gov/>



**“MANY DISCIPLINE PROCEDURES ARE UNRESPONSIVE TO THE CHALLENGES OF CHILDREN AND YOUTH WHO HAVE EXPERIENCED TRAUMA AND/OR PROLONGED CHRONIC STRESS DUE TO POVERTY, DISCRIMINATION, COMMUNITY VIOLENCE, MENTAL HEALTH ISSUES, AND OTHER CHRONIC STRESSORS.”**



## STUDENTS AND STAFF FEEL SAFE IN SCHOOLS

Teachers have a critical role in the education and well-being of the whole child. One of the most important roles teachers fulfill is providing genuine care, respect, nurturance, and guidance to students. This builds close connections, understanding, and appreciation of the students, which in turn can lead to trusting, safe relationships and a foundation for individual student growth. Safety fosters activities and approaches that promote healing and avoid re-traumatization.

Results indicate that only 59% of the fifth through twelfth grade students surveyed between 2012-2017 across eight states feel safe at school in general (Youth Truth, n.d.). Studies have shown that unsafe schools are correlated with negative outcomes such as chronic absenteeism, poor academic outcomes, and an increase in risky behaviors (Youth Truth, n.d.). There are myriad tools, activities, and guides that focus on school safety. Creating a safe learning environment involves protecting students and staff from physical,

emotional, and psychological harm. Students must feel safe and secure at school in order to learn effectively.

The goals of engagement, connectedness, relationship building, skill building, self-regulation, and avoiding shaming and re-traumatizing should be considered with school safety strategies. The process of implementing strategies is ongoing, and patience and perseverance are vital. Many of these strategies may take several iterations to see their effectiveness. You have to be willing to try, analyze, rework, analyze, and retry, until everyone sees results. It is also important to explore and engage with school staff and create a culture of connectedness, problem solving, skill building, and continuous learning around the implementation of strategies. Leaders and administrators are fundamental to this process. Ask staff what may be some strategies they would like to try; and ask questions such as “Why might this not work”? and “Why will it work”?

### POSSIBLE INDICATORS:



**Staff perception of safety increases by 10% each school year**

The Panorama Teacher Survey described above addresses school safety.



**Student perspective of safety increases by 10% each school year**

The Panorama Student Survey described above addresses school safety.

**“SAFETY FOSTERS ACTIVITIES AND APPROACHES THAT PROMOTE HEALING AND AVOID RE-TRAUMATIZATION.”**



## POSSIBLE STRATEGIES AND INTERVENTIONS:

### *Training in staff safety*

**SchoolSafety.gov** offers numerous free online trainings on a wide variety of topics related to school safety (see <https://www.schoolsafety.gov/find-school-safety-resources>). Another resource is the Safe and Sound Institute for School Safety (<https://www.safeandsoundschools.org/programs/institute/>) which provides summits, workshops, and trainings on topics including assessing school safety and prioritizing initiatives, emergency preparedness, engaging the community, resiliency and recovery, and comprehensive school safety planning.

### *Conversations between staff and students about safety*

Colorado School Safety Resource Center has created a guide to Talking to Children about School Safety, available for download at <https://www.cde.state.co.us/communications/talkingtochildrenaboutschoolsafety>. This guide takes into account the developmental level of children and when and how to convey information.

### *Data-driven conversations with students and families regarding results from surveys*

See Phase 1 for a description of data-driven conversations with students and families. Especially when there has been a safety-related crisis at the school or at another school, it is crucial that safety data are not only collected, but are discussed with students and families. Communication protocols around safety should be communicated clearly to students, families, community, and other partners. This is particularly critical when there has been a safety-related crisis, but it should also be done as part of standard practice such as at the beginning of each semester.

### *Changes to school policies and practices in response to safety data*

Safety data can guide decisions around school policies and practices that should be altered or implemented differently to improve staff and students' sense of safety. For example, utilizing restorative practices has been found to enhance the safety and security of all students and staff. However, some schools have implemented restorative practices in ways that reduce perceptions of safety, such as requiring direct contact between alleged perpetrators and victims without steps to ensure safety beyond the supervised meeting. Safety data can reveal that the school would benefit from changes in the implementation and practice of a policy, even when the policy itself is sound.



# SCHOOL STAFF HAVE A CULTURE OF COLLABORATION

As in any workplace, a culture of collaboration is beneficial for staff within schools. Organizational strategies to assess and improve collaboration in settings such as corporations are also applicable to schools. Jones, Bettini, and Brownell (2016; see <http://www.shankerinstitute.org/resource/competingstrands>) offer ideas for adapting innovations on collaboration from other fields to education. Although the literature on collaboration specifically among teachers is limited, research has demonstrated a strong relationship between the quality of teachers' collaboration and educational outcomes (Goddard, Goddard, & Tschannen-Moran, 2007; Ronfeldt, Farmer, McQueen, & Grissom, 2015).

## POSSIBLE INDICATORS:

---



**80% of staff report a culture of collaboration**

Although there are no widely used school staff collaboration measures, questions about teacher collaboration can be added to staff assessments already underway. For example, a five-item Teacher Collaboration Scale used by Goddard, Goddard, and Tschannen-Moran (2007) asks teachers to rate the following items on a scale from 1 to 6:

To what extent do teachers work collectively to influence these types of decisions?

- Planning school improvement
- Selecting instructional methods and activities
- Evaluating curriculum and programs
- Determining professional development needs and goals
- Planning professional development activities



**Focus group consensus**

Focus groups with staff can reveal the extent to which there is a culture of collaboration, as well as specific areas of strength and needs for improvement.



**Support of healthy team process and norms**

Team Health Check (2017) has identified 8 factors that most influence team performance. They include commitment; accountability; challenge; focus on results; shared direction; outward focus; high quality thinking; and feeling trust.

The American Medical Association (2015; see <https://edhub.ama-assn.org/steps-forward/module/2702515>) offers a free online training module for cultivating strong team culture in medical settings, but the principles apply to other settings including education. The first step is to assess the current team culture. AMA recommends The Team Development Measure (Peace Health, 2005), a 31-item measure of team process available free of charge with permission from the authors. Once data have been collected, the second step is to use the results to brainstorm possible improvements. There are eight more action steps in the AMA module.

## POSSIBLE STRATEGIES AND INTERVENTIONS:

### *Cultivate a sense of community among school professionals*

One suggestion that many schools use to cultivate a sense of community is to foster opportunities for interaction outside the classroom. During the school day, for example, some schools offer treats (often supplied by parent volunteers) on a certain day of the week in the staff lounge, increasing staff motivation to visit the lounge on those days, which increases the likelihood of interacting with other staff. Outside of the school day, suggestions made by educators include happy hour, team-building activities, Friday After Class, and potlucks. Staff working in schools also told us that it builds a sense of community when there is shared leadership; there is shared decision-making that includes staff in the process; staff are invited to provide feedback about new initiatives; their input is actually implemented; all types of staff (not only teachers and leaders) are included; there is equitable access to support for all staff; and there is transparent communication.

In addition, several schools have utilized models such as Adaptive Schools Model and Sanctuary Model. The Sanctuary Model (Bloom, 2019; see <http://sanctuaryweb.com/>) is an evidence-supported and trauma-responsive approach that incorporates entire organizations within human services. The Adaptive Schools Model (Thinking Collaborative, 2019; see <https://www.thinkingcollaborative.com/stj/adaptive-schools-trauma-informed-practices/>) focuses on strategies including seven norms of communication which teachers model and teach to students.

The Centers for Disease Control and Prevention offers numerous strategies for increasing school connectedness. Strategies specific to school professionals include creating decision-making processes that facilitate staff empowerment; providing professional development and support for staff to enable them to meet students' diverse cognitive, emotional, and social needs; and creating trusting and caring relationships that promote open communication among administrators, teachers, staff, students, families, and communities. See <https://www.cdc.gov/healthyouth/protective/pdf/connectedness.pdf> for specific actions schools can take to enact each of the above strategies.

**“IT BUILDS A SENSE OF COMMUNITY WHEN THERE IS SHARED LEADERSHIP; THERE IS SHARED DECISION-MAKING THAT INCLUDES STAFF IN THE PROCESS.”**



## SCHOOLS ALLOCATE RESOURCES AND HUMAN CAPITAL TO APPROPRIATELY ADDRESS STUDENTS' TRAUMA-BASED AND DEVELOPMENTAL NEEDS

A survey administered nationally showed 74% of teachers, principals, and district leaders report their schools teach social-emotional learning (Education Week, 2020). This leaves 26% of teachers who do not believe their school provides adequate supports for social and emotional learning. In order to enact the various strategies suggested in this toolkit, the school (that is, the leadership) must allocate resources such as funding as well as human capital to explore and implement any changes.

Furthermore, only 55% teachers surveyed nationally felt their schools provide professional learning opportunities to meet students' social and emotional needs (Education Weekly, 2020). Staff must be offered training and professional development opportunities, but schools must also allocate resources such as coverage for missed classes to participate in such opportunities.

### POSSIBLE INDICATORS:



Roles developed for family advocates in schools



Staff are provided protected time to attend trainings and other professional development aligned with vision (trauma-responsive practices, social-emotional learning, etc.)



Roles developed for CYF agency liaison in schools



Funds are allocated for interventions related to school-based trauma-responsive approaches

**“ONLY 55% OF TEACHERS SURVEYED NATIONALLY FELT THEIR SCHOOLS PROVIDE PROFESSIONAL LEARNING OPPORTUNITIES TO MEET STUDENTS’ SOCIAL AND EMOTIONAL NEEDS (EDUCATION WEEKLY, 2020).”**

## POSSIBLE STRATEGIES AND INTERVENTIONS:

### *Schools have resources for school psychologist/counselor to screen for trauma and behavioral health including training in screening and referral*

Schools may have protocols for the screening and provision of mental health when identifying students exposed to trauma. Available resources for following up with students who screen positive must be identified. A pitfall with implementing screenings may be the lack of qualified providers to which to refer individuals identified as needing assistance. If appropriate services cannot be obtained within the school system, the school should refer elsewhere. This may require that the school fund the treatment if the problems are impacting school functioning.

Screenings are typically a checklist or questionnaire used by professionals to identify issues of concern. Some examples of free behavioral health screenings commonly used include the following:

- Center for Epidemiological Studies Depression Scale for Children (CES-DC; Fendrich et al., 1990; see [https://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces\\_dc.pdf](https://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf))
- Pediatric Symptom Checklist (see <https://www.massgeneral.org/psychiatry/services/treatmentprograms.aspx?id=2088>)
- Screen for Child Anxiety Related Disorders (SCARED; Birmaher et al., 1999; see <http://www.midss.org/content/screen-child-anxiety-related-disorders-scared>)

Examples of commonly used trauma screenings include:

- Southwest Michigan Children's Trauma Assessment Center Trauma Screening Checklist, available for children 5 and under, and ages 6 to 18 (Henry, Black-Pond, & Richardson, 2010; see <https://wmich.edu/sites/default/files/attachments/u248/2014/Trauma%20screening%20checklist%200-5%20rev%2011-13-1.pdf>)
- Traumatic Events Screening Inventory, available in a parent-report form for children 8 and younger, a child-report form for ages 6 to 18, and an interview form for clinicians (Ippen et al., 2002; see <https://www.ptsd.va.gov/professional/assessment/child/tesi.asp>)
- Young Child PTSD Checklist, available for children ages 1 to 6 (Scheeringa, Zeanah, Drell, & Larrieu, 1995; see [https://medicine.tulane.edu/sites/g/files/rdw761/f/YCPC\\_v5\\_23\\_14](https://medicine.tulane.edu/sites/g/files/rdw761/f/YCPC_v5_23_14))



pdf)

Screening alone is not effective; a more thorough assessment should follow a positive screening. An assessment must be completed by a qualified clinician such as a psychologist, who will utilize standardized measurement tools to evaluate the severity of the issues and likely determine a diagnosis. Follow-up assessments after treatment can provide individuals with a sense of accomplishment by documenting change and progress.

The National Center for Mental Health and Juvenile Justice has published a guide for trauma screening in schools (Eklund & Rossen, 2016). The guide addresses issues such as considerations for universal screening, obtaining parental consent, developmental issues, what to do with screening results, integrating screening within an MTSS framework, and the importance of follow-up assessment and determination of individual needs.

***In collaboration with school psychologist/counselor and mental health partners co-located in schools (if applicable), schools develop appropriate evidence-based referrals for their area addressing a full range of trauma and behavioral health problems and a variety of payment options***

Mental health treatment for trauma is one component that is often necessary in a trauma-responsive approach to promote healing from trauma and adversity. Other students may need mental health treatment for non-trauma-related mental health disorders. Some schools and districts have taken on the task of developing a comprehensive list of providers available in their area to offer families for referrals. When searching for evidence-based approaches available in the community, school professionals must be aware of what to ask. Familiarize yourself with trauma screenings, comprehensive assessments, best practices for various mental health issues including trauma, and which treatments have been demonstrated to be effective. In addition, inquire about the expertise of clinicians and their training in specific evidence-based treatments, including treatments relevant to trauma. Including access and payment information on the referral list, such as which providers are accessible for students using Medicaid as well as private insurance, may increase follow-up on referrals. One caveat with referrals is that when a school formally offers a referral to the student, it may be interpreted as the school offering to pay for the treatment. Schools must clarify the wording of referrals if the referral list is intended as a resource, but not as a service that the school will be providing.

When selecting providers for the referral list, the school should look for providers who are knowledgeable about screening and assessment as well as seeking a selection of appropriate evidence-based treatments for a given set of presenting problems (including but not limited to those related to trauma). The treatment should avoid re-traumatization. The provider should address the student's individual needs as well as those of the family.

Behavioral health providers to which schools refer must be culturally responsive. Providers should be able to understand and address issues such as trauma across generations and racial/ethnic groups, historical trauma, discrimination, disparities, biases, and micro-aggressions. They should have experience coordinating services with the system of care team, including schools as well as other CYF-serving agencies. Providers should incorporate their understanding of trauma, including triggers, in helping the school with support planning, 504 plans, and Individualized Education Plans.

When making a referral to behavioral health providers, seek permission from the parents/guardians (or in the case





of non-minor students, the students themselves) to share the screening data with the community provider. ***Ongoing and in-depth conversation with school board and leadership regarding allocation, prioritization, and importance of social/emotional learning and trauma-responsive practices***

The strategy that some school staff report to have been most effective in obtaining resources from school boards and leadership around SEL and trauma-responsive practices are conversations about data on the effectiveness of SEL and trauma-responsive practices on desired outcomes such as student academic achievement, student engagement, and school safety. Even when a decision-maker does not prioritize SEL outcomes for their own sakes, some have been convinced by pairing the SEL and trauma-responsive practices to other outcomes that they do prioritize.

**“PROVIDERS SHOULD BE ABLE TO UNDERSTAND AND ADDRESS ISSUES SUCH AS TRAUMA ACROSS GENERATIONS AND RACIAL/ETHNIC GROUPS, HISTORICAL TRAUMA, DISCRIMINATION, DISPARITIES, BIASES, AND MICRO-AGGRESSIONS.”**





## SCHOOL STAFF HAVE THE RELEVANT KNOWLEDGE AND SKILLS

Dr. Bruce Perry's (2017) neurosequential model of therapeutics emphasizes three skills for adults dealing with children who have experienced trauma: regulate, relate, and reason. Adults must first help the student regulate themselves, which requires co-regulation by the adult. They must also relate to the student through attunement and sensitivity. Only when a student is regulated and feels supported by the adult can he or she use reasoning to learn, reflect, and articulate.

### POSSIBLE INDICATORS:



90% of school staff receive training in trauma-responsive practices on an annual basis

See Phase 1 for trauma-responsive practice training opportunities.

### POSSIBLE STRATEGIES AND INTERVENTIONS:

*Engage staff in web-based and in-person training, coaching, technical assistance, and consultation on trauma-responsive practices to schools*

Research has shown that training alone without follow-up coaching, technical assistance, and consultation is likely no more effective than no training at all. A meta-analysis on the effects of training and coaching on teachers' implementation found an enormous benefit of coaching and technical assistance over training alone (Joyce & Showers, 2002). The rate of teachers actually using skills they'd learned during a training was 0% for those experiencing only lecture and discussion, 0% for those who observed a demonstration during training, 5% for those who practiced the skills and received feedback during training, and 95% for those who received coaching in a clinical setting. A more recent meta-analysis (Kraft, Blazar, & Hogan, 2018) found that coaching has strong effects not only on teachers' instruction but on student

**“A META-ANALYSIS ON THE EFFECTS OF TRAINING AND COACHING ON TEACHERS' IMPLEMENTATION FOUND AN ENORMOUS BENEFIT OF COACHING AND TECHNICAL ASSISTANCE OVER TRAINING ALONE.”**

achievement.

Many trainers will offer ongoing coaching, technical assistance, and consultation as part of the training process; some will even require it in order to agree to initial training.

COACT offers consultation on trauma-responsive practices for schools and other CYF-serving systems. Please contact Dr. Ashley Brock-Baca at [ashleybrockbaca@gmail.com](mailto:ashleybrockbaca@gmail.com) for information.

***Participate in communities of practice around trauma-responsive practices in schools***

In communities of practice, individuals come together to share in the learning and interests. Groups of individuals from various places can meet virtually to share best practices and ideas. Individuals contribute and share their knowledge and expertise on a particular topic or practice. Communities of practice can be informal, such as an email chain with a few like-minded colleagues working on similar efforts, or can be highly structured and formal such as virtual ECHO series or monthly in-person meetings.



## OTHER CYF-SERVING SYSTEMS HAVE THE RELEVANT KNOWLEDGE AND SKILLS

CYF-serving systems benefit from many of the same knowledge and skills that we have described for school staff.

**POSSIBLE INDICATORS:**



**Increase in number of CYF-serving agency staff with training on trauma-responsive practices**

**POSSIBLE STRATEGIES AND INTERVENTIONS:**

***Schools engage CYF-serving agencies in trainings on trauma-responsive practices***

For a description of offerings on trauma-responsive practices, see “Schools Are Engaged” in Phase 1 above.

COACT Colorado is currently offering a Training of Trainers for trauma-responsive practices in education. Trained staff can then offer trainings not only to school personnel, but also to other CYF-serving agencies in their area. Please contact the authors of this toolkit at [evelin.gomez@childrenscolorado.org](mailto:evelin.gomez@childrenscolorado.org) or [ashleybrockbaca@gmail.com](mailto:ashleybrockbaca@gmail.com) for information about a Training of Trainers on curricula developed to support this Toolkit.

Many school districts offer in-house trauma trainings by staff such as district psychologists. Extending invitations to CYF-serving agencies to join such trainings can increase engagement across systems. Conversely, some schools have brought in experts from mental health centers or hospitals to offer trauma-related trainings either focused on schools or jointly for schools and other CYF-serving systems. School personnel also recommended trauma-sensitive practices that would apply to any setting such as supervisory and coaching supports to scaffold teachers when demands increase.

### **Schools invite CYF-serving agency staff to participate in emotion coaching trainings being held at school**

For a description of the Let's Connect/RISE program, see "Families Are Active in the School Community" in Phase 1 above.

### **Schools inform CYF-serving agencies of trauma-responsive consultation resources available to them**

Seek local experts, or reach out to the authors of this Toolkit at [evelin.gomez@childrenscolorado.org](mailto:evelin.gomez@childrenscolorado.org) or [ashleybrockbaca@gmail.com](mailto:ashleybrockbaca@gmail.com).



## **FAMILIES HAVE THE RELEVANT KNOWLEDGE AND SKILLS**

In addition to supporting students academically, families must have the knowledge and skills to support students' social and emotional development.

### **POSSIBLE INDICATORS:**



**Parents feel able to manage and address their child's learning challenges and needs and demonstrate their social and emotional competence in real-time interactions with their children as measured by a statistically significant increase in measures of parent skills**

Let's Connect is an example of a caregiver-directed coaching program available which targets specific skill-building to help adults be attuned and responsive to children's needs. Caregiver skills that Let's Connect targets include the following:

#### **Connection Skills**

- Notice and appreciate
- Listen to learn more
- Label feelings

**Intentional Environments**

- Routines, rituals, and rhythm
- Order
- Roles and responsibilities

**Emotion Support**

- Perspective-taking
- Empathy
- Normalizing
- Showing care and kindness

**Emotion Coaching**

- Extending children’s understanding of emotion
- Coping strategies
- Problem-solving

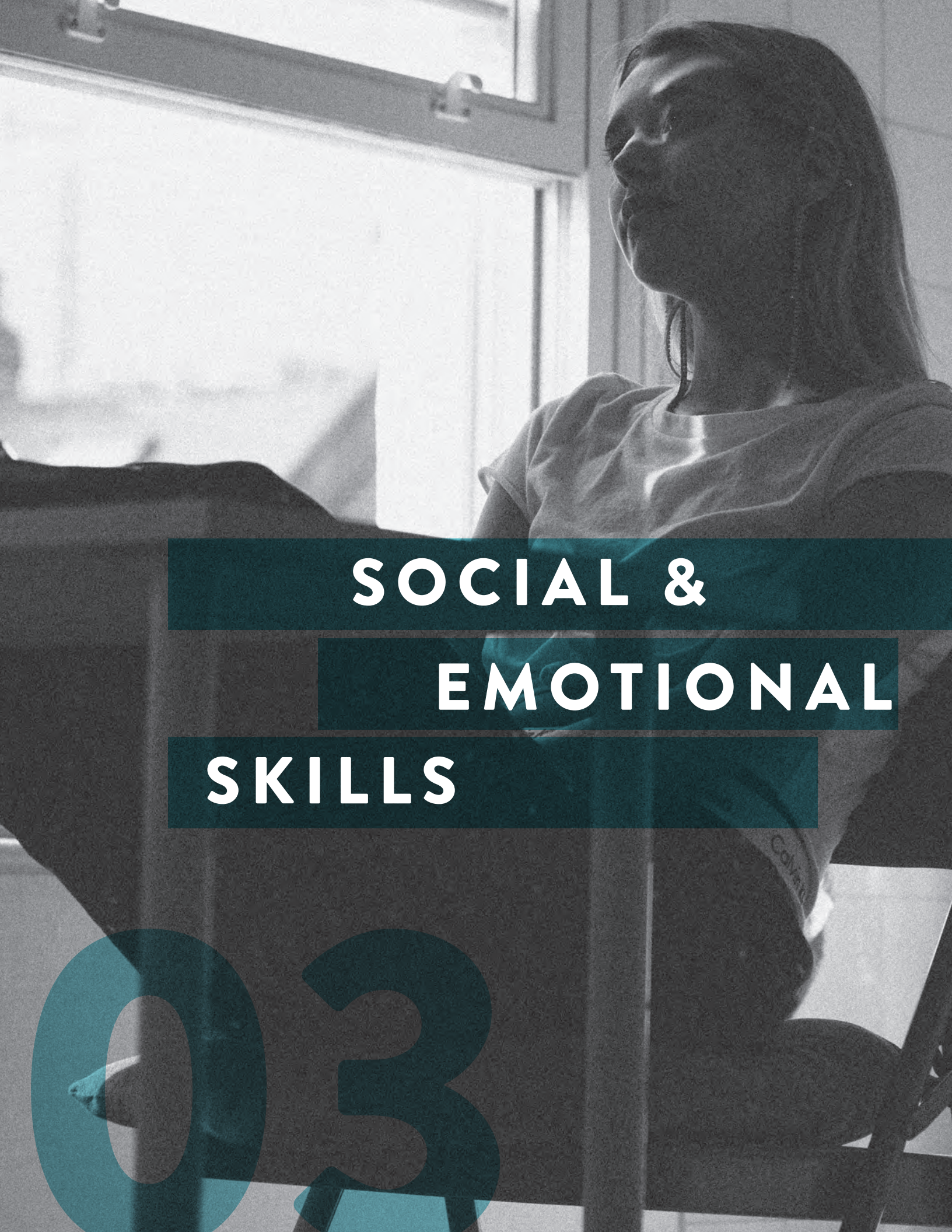
**“IN ADDITION TO SUPPORTING STUDENTS ACADEMICALLY, FAMILIES MUST HAVE THE KNOWLEDGE AND SKILLS TO SUPPORT STUDENTS’ SOCIAL AND EMOTIONAL DEVELOPMENT.”**



**POSSIBLE STRATEGIES AND INTERVENTIONS:**

*Outreach to families using the Let’s Connect program, or other similar programs, such as the following:*

- Resources are provided to build successful connections between schools and families
- Parents are given free access to caregiver-directed online learning materials
- Programs are offered in-person to families via the school



**SOCIAL &**

**EMOTIONAL**

**SKILLS**

**03**



## SCHOOLS

The social behavior of the environment reinforces social emotional skills for staff and students

School staff consistently demonstrate social and emotional skills to manage their internal and external needs and demands

School staff are healthy, attuned, and responsive

School staff model social/emotional skills with other professionals and scaffold social/emotional skills for students



In this phase, schools address the social and emotional skills of staff and social behavior within the broader school environment. By experiencing interactions characterized by social and emotional attunement and regulation, and by observing skilled modeling by the adults around them, students' own skills will improve.

We know that creating meaningful relationships and connections are essential for cultivating trust, commitment, and motivation. Effective teachers teach the whole child and promote social-emotional learning, which in turn promotes academic learning. Building relationships and respect throughout the school community should be a common thread in every policy and procedure in all school settings. When individuals feel safe, they are able to take risks, create, and become innovators. Developing social-emotional skills in students builds their ability to problem-solve, make decisions, and manage their emotions.

Jennings and Greenberg (2009) describe a research-based model for teacher social and emotional competence and classroom and child outcomes. Within this model, teachers' own social and emotional skills, along with their well-being, are the critical starting point. Those skills lead to healthy teacher-student relationships, effective classroom management skills, and effective implementation of social-emotional learning. Those three factors in turn lead to a healthy classroom climate, which in turn improves students' social, emotional, and academic outcomes. Not pictured in the model, but a crucial consideration, is that teachers with better social-emotional competencies and better classroom management skills are less likely to experience burnout.

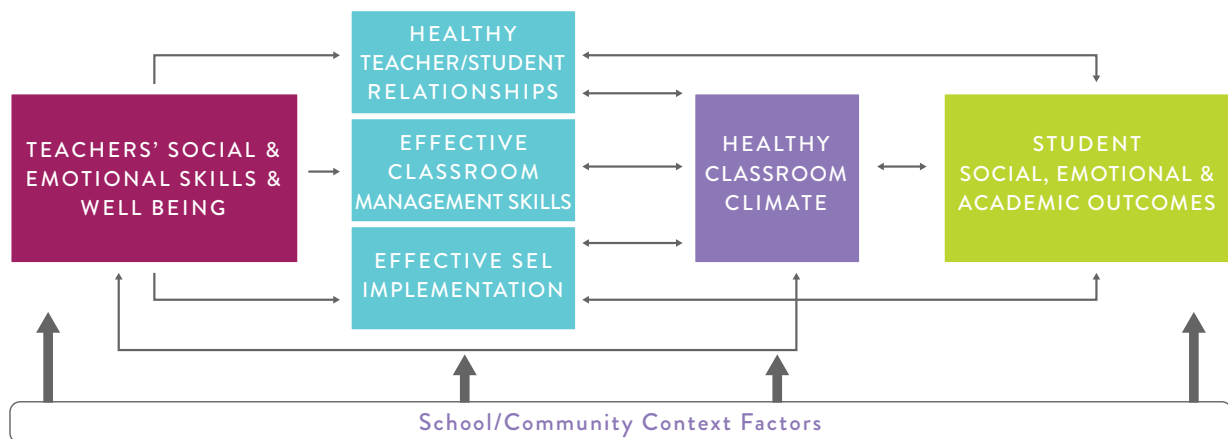
The social-emotional skills identified by the Collaborative for Academic, Social, and Emotional Learning (2003) include self-awareness, social awareness, responsible decision making, self-management, and relationship management. See <https://casel.org/core-competencies/> for a detailed description of each competency.





“BY EXPERIENCING INTERACTIONS CHARACTERIZED BY SOCIAL AND EMOTIONAL ATTUNEMENT AND REGULATION, AND BY OBSERVING SKILLED MODELING BY THE ADULTS AROUND THEM, STUDENTS’ OWN SKILLS WILL IMPROVE.”

THE PROSOCIAL CLASSROOM:  
A MODEL OF TEACHER SOCIAL AND EMOTIONAL COMPETENCE  
AND CLASSROOM AND CHILD OUTCOMES



Jennings & Greenberg, 2009



# THE SOCIAL BEHAVIOR OF THE ENVIRONMENT REINFORCES SOCIAL/EMOTIONAL SKILLS FOR STAFF AND STUDENTS

Also part of Jennings and Greenberg's (2009) model described above are the contextual factors within the school and community that influence every other part of the model. Contextual factors they identify include support from other teachers, leadership within the school and at the district level, school climate and norms, school district values, in-service opportunities, community culture, and educational policy and demands at the local and federal levels. When the context is supportive of teachers' social-emotional skills, they can succeed and the other elements of the model can in turn thrive; when the context is unsupportive, progress is limited.

## POSSIBLE INDICATORS:



**Staff self-report increase in S/E skills**

The RISE program offers a self-assessment that teachers can use to rate their own social-emotional skills; see Appendix.



**Staff demonstrate competencies within consultation/coaching, vignette-based scenarios, classroom observation, and across other school-based settings**

Staff demonstrations of the RISE/Let's Connect social-emotional competencies listed in Phase 2 could be rated in a variety of settings, with students as well as with other school staff.

**“STUDENT FEEDBACK IS CRUCIAL DATA WHEN CONSIDERING PRACTICE CHANGE SO THAT THE VOICES OF STUDENTS ARE REPRESENTED.”**



**Discipline data (classroom removal, referral, out-of-school suspension, in-school suspension) demonstrate decrease in punitive discipline measures**

This indicator would use whatever discipline data are already standard practice in each school.



**Student reports on teacher evaluations demonstrate improvements in school and classroom environments**

This indicator would use whatever evaluations are already standard practice in each school. Student feedback

is crucial data when considering practice change so that the voices of students are represented. Every effort must be made to genuinely and respectfully respond to all youth's voices. Genuinely and respectfully listening to and responding to youths' voices demonstrates that the school values the well-being of each and every student. When students know that their voices are heard, they may be more likely to embrace and participate in change and acquire a sense of community.



**Focus groups indicate improvement in school environments**

For guidelines to using focus groups in schools, see Jayanthi and Nelson (2002).

## POSSIBLE STRATEGIES AND INTERVENTIONS:

### *Restorative practices for students and staff*

Restorative practices are already widely used within many districts and schools. They focus on repairing harm through inclusive processes, shifting the focus away from punishment and toward learning. Research indicates that punitive practices can have harmful effects on all students, particularly those who have experienced challenges such as trauma. When done well, restorative practices can increase the sense of community. Proper implementation of restorative practices is key in order to have the most effective outcomes.

**“RESEARCH INDICATES THAT PUNITIVE PRACTICES CAN HAVE HARMFUL EFFECTS ON ALL STUDENTS, PARTICULARLY THOSE WHO HAVE EXPERIENCED CHALLENGES SUCH AS TRAUMA.”**



The Schott Foundation et al. published Restorative Practices: Fostering Healthy Relationships & Positive Discipline in the Schools (2014; see <http://schottfoundation.org/restorative-practices>). The guide includes models; frameworks; action steps for school-wide implementation; and, examples of restorative practices at schools nation-wide.

One such example is the Restorative Justice Partnership (RJP), who published The Denver School-Based Restorative Practices Partnership guide to School-Wide Restorative Practices: Step by Step (2017). RJP also offers site visits to support schools' implementation of restorative practices.

The Barton Institute has become a national leader in restorative practices. Various webinars, tools, and resources are offered through their website at <https://www.bartoninstitute.org/restorative-practices>.

***Ensuring that discipline practices do not make students feel excluded – must be able to re-integrate into group after crisis***

Disciplinary practices such as suspension and expulsion are punitive rather than opportunities for learning. Furthermore, they remove the student from the community, which can exacerbate feelings of alienation. Such practices are associated with lower rates of academic and social-emotional success for students, as well as increased risk of negative long-term outcomes such as school dropout, not graduating on time, future anti-social behavior, and increased contact with the juvenile justice system (Skiba & Losen, 2015). Although punitive discipline practices may have the goal of keeping students and staff safe, research has shown that they are not associated with improved school safety.

A committed and proactive approach to effective discipline practices is particularly crucial when working with students who have life experiences such as trauma, who are in particular need of a safe and nurturing environment.

Some schools have developed coordinated student services programs which include school counselors and psychologists, health staff, teachers, and leaders. These services address concerns such as safety, school completion, behavioral interventions, school climate, and culture.

Many school districts use the Positive Behavioral Interventions and Supports (PBIS) model, which incorporates instructional approaches to discipline and helps maximize academic achievement and behavioral competence (<https://www.pbis.org/>).

**“DISCIPLINARY PRACTICES SUCH AS SUSPENSION AND EXPULSION ARE PUNITIVE RATHER THAN OPPORTUNITIES FOR LEARNING.”**

*Use language that builds an inclusive environment, e.g. “In this class/school, we...”*

In order to demonstrate a commitment to an inclusive and responsive environment, schools should avoid punitive and biased language in the classroom, in communications with families, in communications within the school, in documents such as IEPs, etc. Communication should be encouraging, clear, and respectful. Avoid language that labels students or implies biases that may demean, label, or exclude individuals or groups of people.



***School staff should develop self-awareness of their biases.***

All individuals have biases, and sometimes they inadvertently communicate in a manner that conveys those biases. Micro-aggressions can arise from a lack of self-awareness, and can take the form of verbal or non-verbal communication. The person conveying

**“SCHOOL STAFF SHOULD DEVELOP SELF-AWARENESS OF THEIR BIASES.”**

the micro-aggression typically does not realize it is happening. Although they may not be intentional, they can impact the recipients and cause harm with lasting effects. Micro-aggressions have been shown to be detrimental to students' academic achievement and mental health (Keels, Durkee, & Hope, 2017).

One approach is for school administrators to consult with experts to explore how micro-aggressions and social justice practices are experienced throughout the school community. Another tool for increasing awareness of biases is the Implicit Association Test (IAT; <https://implicit.harvard.edu/implicit/takeatest.html>). The IAT measures unconscious attitudes and beliefs and can be used to aid in the process of self-awareness. From there, staff can engage in conversations that will aid in creating inclusive environments. Leaders and administrators should recognize that staff may never be ready for these types of conversations; the challenge is to begin these conversations bravely whether or not there is readiness. Issues of biases and micro-aggressions are happening and must be addressed, even if the topic is uncomfortable.

**“STAFF MAY NEVER BE READY FOR THESE TYPES OF CONVERSATIONS; THE CHALLENGE IS TO BEGIN THESE CONVERSATIONS BRAVELY WHETHER OR NOT THERE IS READINESS. ISSUES OF BIASES AND MICRO-AGGRESSIONS ARE HAPPENING AND MUST BE ADDRESSED, EVEN IF THE TOPIC IS UNCOMFORTABLE.”**

### *School-based Social/Emotional learning programs for students*

See Phase 5 for an extensive discussion and recommendations around Social/Emotional (S/E) programs.

### *Utilize teams to carry out action planning, implementation, and evaluation for S/E skills*

Having dedicated teams convened to focus on S/E skills will increase the likelihood of meaningful change. Already existing teams such as a district's mental health department may also have the expertise to address action planning, implementation, and evaluation of S/E skills. See the Introduction for resources about planning and each stage of implementation.

### *Create topic-specific workgroups (safety, mental health integration, etc.)*

When a school identifies specific topics of focus within the broader topic of S/E skills, it is often useful to convene a workgroup specific to that topic. The workgroup's mandate would be to plan, implement, and evaluate initiatives specifically around that topic.



## SCHOOL STAFF CONSISTENTLY DEMONSTRATE SOCIAL AND EMOTIONAL SKILLS TO MANAGE THEIR INTERNAL AND EXTERNAL NEEDS AND DEMANDS

As described in Jennings and Greenberg's (2009) model as well as shown by the research literature (Molero et al., 2019), school staff's own social and emotional skills are intertwined with their well-being.

In their book *The Triple Focus*, Daniel Goleman and Peter Senge (2014) address three core skill sets for educators to demonstrate in the classroom: understanding self, understanding other, and understanding the larger systems within which we operate.

### POSSIBLE INDICATORS:



Increase in staff self-reported regulatory S/E skills

See the Appendix for the RISE measure of school staff S/E skills.



Increase in staff self-reported coping

One measure to examine appraisal and behavioral methods of coping is the Coping Scale (Hamby, Grych, and Banyard, 2015; see <http://www.lifepathsresearch.org/strengths-measures/>). Administration of this 13-item measure at baseline and after aspects of this toolkit have been implemented could document changes in staff self-reported coping.

**“THREE CORE SKILL SETS FOR EDUCATORS TO DEMONSTRATE IN THE CLASSROOM: UNDERSTANDING SELF, UNDERSTANDING OTHER, AND UNDERSTANDING THE LARGER SYSTEMS WITHIN WHICH WE OPERATE.”**

## POSSIBLE STRATEGIES AND INTERVENTIONS:

---

### ***Provide training, coaching, TA, and consultation on trauma-responsive practices to schools***

Many districts offer training, coaching, TA, and consultation on trauma-responsive practices internally. See “Schools Are Engaged” in Phase 1 for a description of trauma-responsive practice offerings available.

### ***Build S/E skills in school staff***

The Let’s Connect/RISE program described in Phase 1 targets S/E skills in school staff.

Elena Aguilar also offers many strategies for building staff S/E skills in her book *The Art of Coaching Teams* (2016) and *Onward: Cultivating Emotional Resilience in Educators* (2018). She offers an abundance of coaching tools at her website (see <https://brightmorningteam.com/tools-publications/coaching-team-tools/>).

### ***Build coping skills in school staff***

It is important that staff are able to identify and manage their feelings through the utilization of positive coping skills. Choosing positive coping strategies and self-regulation are necessary in situations that cause discomfort, which are inevitable in high-stress environments such as schools. It is important to be aware of our thoughts, feelings, and actions during challenging situations.

We recommend developing a toolbox of various strategies to pull from when necessary. Engaging in the social-emotional practice of self-awareness to reflect on appropriate responses will aid in developing self-soothing options. Each person has a different set of strategies that will work for them. However, even the best strategies tend to be hard to conjure during moments of stress. Keeping a list of strategies, or, preferably, a physical collection of strategies such as a “toolbox” with items that encourage coping, will help each person more readily access their coping strategies when they are most needed.

Exploring this topic during professional development, during staff meetings, and with school psychologists, counselors, coaches, and consultants, are ways to demonstrate the value and importance of reducing stress among staff. In addition, employee assistance programs (EAP) are often available at the district level for teachers and staff should they need further help. The benefit to the students as staff model these skills is that they too will be able to utilize them and teachers can also teach students how to develop these skills.







## SCHOOL STAFF ARE HEALTHY AND RESPONSIVE

When staff possess strong S/E skills, they are likely to have better emotional, mental, and physical health.

Of particular concern are secondary traumatic stress (STS) experiences of staff who work with students who have experienced trauma. The Treatment and Services Adaptation Center has described the following signs of secondary traumatic stress symptoms among educators (see <https://traumaawareschools.org/secondaryStress> for these signs as well as resources for managing STS):

- Emotional — feeling numb or detached; feeling overwhelmed or maybe even hopeless.
- Physical — having low energy or feeling fatigued.
- Behavioral — changing your routine or engaging in self-destructive coping mechanisms.
- Professional — experiencing low performance of job tasks and responsibilities; feeling low job morale.
- Cognitive — experiencing confusion, diminished concentration, and difficulty with decision making; experiencing trauma imagery, which is seeing events over and over again.
- Spiritual — questioning the meaning of life or lacking self-satisfaction.
- Interpersonal — physically withdrawing or becoming emotionally unavailable to your co-workers or your family.

**“CHOOSING POSITIVE COPING STRATEGIES AND SELF-REGULATION ARE NECESSARY IN SITUATIONS THAT CAUSE DISCOMFORT, WHICH ARE INEVITABLE IN HIGH-STRESS ENVIRONMENTS SUCH AS SCHOOLS.”**

The National Child Traumatic Stress Network (2012; <https://www.nctsn.org/resources/secondary-traumatic-stress-educators>) offers a free webinar (registration required) on STS in educators, addressing risk factors, signs, prevention, and self-care.

## POSSIBLE INDICATORS:



**80% of school staff score within healthy range on staff wellness measure**

Health Enhancement Research Organization and Population Health Alliance (2015) developed The Program Measurement and Evaluation Guide: Core Metrics for Employee Health Management to help employers evaluate their wellness programs. The guide can be downloaded free at <https://hero-health.org/wp-content/uploads/2015/02/HERO-PHA-Metrics-Guide-FINAL.pdf> or <https://populationhealthalliance.org/wp-content/uploads/2018/02/pha-metric-guide.pdf>.



**80% of school staff score within healthy range on staff secondary traumatic stress measure**

The Professional Quality of Life measure (PROQOL; Stamm, 2010; see <https://proqol.org/>) is a free and widely used assessment applicable to staff working in any helping profession, including education. The 30-item scale produces normed scores on three scales: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress.



**Increase in school's score on STS organizational assessment**

The Secondary Traumatic Stress Informed Organization Assessment (STSI-OA) tool (Sprang et al., 2014) is an assessment of an organization's level of trauma-informed response to STS. It helps identify areas of strength and opportunities for growth in the organization's response to STS. The tool is free but requires registration; see [www.uky.edu/CTAC/STSI-OA](http://www.uky.edu/CTAC/STSI-OA).

**“WHEN STAFF POSSESS STRONG S/E SKILLS, THEY ARE LIKELY TO HAVE BETTER EMOTIONAL, MENTAL, AND PHYSICAL HEALTH.”**





### Increase in resilience professional development and resources offered to school staff

Many districts offer professional development opportunities around resilience, but many do not, and some of those who do offer opportunities may wish to increase the availability, depth, or variety of topics.

The University of Pennsylvania Positive Psychology program offers 23 tools and exercises for building resilience (Doll, 2019; see <https://positivepsychologyprogram.com/resilience-activities-exercises/#science-based-activities>).

## POSSIBLE STRATEGIES AND INTERVENTIONS:

### *Staff wellness policies that are inclusive of self-care, mindfulness, etc.*

Kaiser Permanente Thriving Schools (2019) has created many resources to help schools encourage well-being for staff as well as students (see <https://thrivingschools.kaiserpermanente.org/>), including webinars that can be accessed at any time. One particularly relevant offering is Supporting School Employees Through Stress Reduction and a Trauma-Informed Approach (see <https://youtu.be/iv3ytE-YCj0>).

**“REFLECTIVE SUPERVISION SEEKS TO IMPROVE THE STAFF MEMBER’S PROFESSIONAL PRACTICE AS WELL AS THEIR EXPERIENCE AS A PROFESSIONAL AND AS A PERSON.”**

### *Offer workshops in staff resilience and secondary traumatic stress*

Many districts offer internal trainings around staff resilience. Please visit <https://learn.coloradocsti.org> to register for or request the four-module, 16-hour training in Strengthening Resilience to Prevent and Address Secondary Traumatic Stress offered by the Colorado Cross-Systems Training Institute.

### *Supervision addresses secondary traumatic stress*

A key component of supervision is reflective supervision. This is a practice that requires a collaborative relationship between supervisor and supervisee. The supervisor

and the supervisee together examine the supervisee's thoughts, feelings, actions, and reactions evoked by working with youth and families (Eggbeer, Mann, & Siebel, 2007). In contrast to supervision focused on administrative issues such as paperwork or clinical issues such as planning how to work with an individual student, reflective supervision seeks to improve the staff member's professional practice as well as their experience as a professional and as a person. In addition to improving staff members' experience within the job, workers who experience reflective supervision have substantially better outcomes than those whose supervision focuses only on administrative or clinical issues (Casillas, Fauchier, Derkash, & Garrido, 2016). Only 52% of teachers surveyed nationally felt their school administrators provided the materials and curriculum necessary to support social-emotional learning programming (Education Week, 2020).

The Alliance for the Advancement of Infant Mental Health (2018; see <https://mi-aimh.org/wp-content/uploads/2019/01/Best-Practice-Guidelines-for-Reflective-Supervision-and-Consultation.pdf>) has published widely-used best practice guidelines for reflective supervision.

One key element of reflective supervision in a trauma-responsive setting is dealing with secondary traumatic stress (STS). The National Child Traumatic Stress Network (NCTSN) has created a fact sheet on Using the Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision (see [https://www.nctsn.org/sites/default/files/resources/fact-sheet/using\\_the\\_secondary\\_traumatic\\_stress\\_core\\_competencies\\_in\\_trauma-informed\\_supervision.pdf](https://www.nctsn.org/sites/default/files/resources/fact-sheet/using_the_secondary_traumatic_stress_core_competencies_in_trauma-informed_supervision.pdf)). The fact sheet identifies the core competencies for supervisors who provide formal support to staff exposed to secondary trauma. It provides a developmental assessment for supervisors to help identify areas in which they can improve and to guide them toward resources to strengthen those specific areas of supervision competency. NCTSN (2019; see [https://www.nctsn.org/sites/default/files/resources/special-resource/secondary\\_traumatic\\_stress\\_competencies\\_rating\\_tool.pdf](https://www.nctsn.org/sites/default/files/resources/special-resource/secondary_traumatic_stress_competencies_rating_tool.pdf)) also has a self-rating tool for supervisors to rate their own STS competencies in supervision.

Please visit <https://learn.coloradocsti.org> to register for or request the 4-hour training on Trauma-Informed Supervision offered by the Colorado Cross-Systems Training Institute. This module is based on the National Child Traumatic Stress Network guidelines "Using the Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision," and the training incorporates reflective supervision.

### ***Policies address secondary traumatic stress (STS)***

School staff who deal with children who have experienced traumatic experiences (that is, almost all school staff in virtually every school) can develop their own symptoms of traumatic stress, particularly when they have their own histories of trauma exposure. It is important that schools identify and recognize the consequences of STS, then formulate practical ways of addressing STS. As part of the institutional response, it is recommended that practices, protocols, and policies are in place to support and nurture staff.

The Office for Victims of Crime in the Office of Justice Programs within the U.S. Department of Justice has published Guidelines for a Vicarious Trauma-Informed Organization, including specific recommendations for policies and procedures on the topics of Management and Supervision, Employee Empowerment and Work Environment, Training and Professional Development, and Personnel Policies and Procedures; see [https://vtt.ovc.ojp.gov/ojpasset/Documents/OS\\_HR\\_Guidelines-508.pdf](https://vtt.ovc.ojp.gov/ojpasset/Documents/OS_HR_Guidelines-508.pdf). The Office for Victims of Crime (2017) has also published a Vicarious Trauma Toolkit that includes a compendium of almost 500 resources; see <https://vtt.ovc.ojp.gov/>.

NCTSN (2012) offers a free webinar on the impact of STS in organizational settings; see <https://www.nctsn.org/resources/organizational-secondary-traumatic-stress>.



## SCHOOL STAFF MODEL SOCIAL/EMOTIONAL SKILLS WITH OTHER PROFESSIONALS AND SCAFFOLD SOCIAL/EMOTIONAL SKILLS FOR STUDENTS

In order to teach Social/Emotional skills to students, educators must first possess the skills themselves. They must be able to demonstrate the skills not only with students, but also with other adults. When students see adults use S/E skills successfully, they learn through modeling. Scaffolding of students' skills in the moment allows teaching of S/E competencies to occur in naturalistic settings.

### POSSIBLE INDICATORS:



Staff self-report increase in S/E skills

See the Appendix for the RISE measure of school staff S/E skills.



Staff demonstrate competencies within coaching/consultation, vignette-based scenarios, classroom observation, and across other school-based settings

Consultants and coaches can help staff evaluate, demonstrate, and expand their abilities and competencies. By practicing skills in less demanding environments such as coaching/consultation and vignette-based practice, staff can strengthen their skills before moving on to more demanding environments like the classroom and other settings with students. Problem-based learning and case-based approaches are often used to promote self-directed learning strategies, team participation, and problem-solving.

**“IN ORDER TO TEACH SOCIAL/EMOTIONAL SKILLS TO STUDENTS, EDUCATORS MUST FIRST POSSESS THE SKILLS THEMSELVES.”**



**Student reports on teacher evaluation demonstrate improvements in school and classroom environments**

This indicator would use whatever evaluations are already standard practice in each school.



**Signage and marketing materials that reinforce vision and consistent visual messaging are present in schools**

To remind everyone in the school (students, staff, families, and visitors) of key principles such as S/E skills and restorative practices, signage and other materials consistent with the vision and practices should be posted throughout the school. Some schools have signage explaining how S/E principles can be applied in different settings throughout the building such as classroom, hallways, bathrooms, cafeteria, and playground. Involving staff and students increases buy-in with the messaging as well as with the principles.



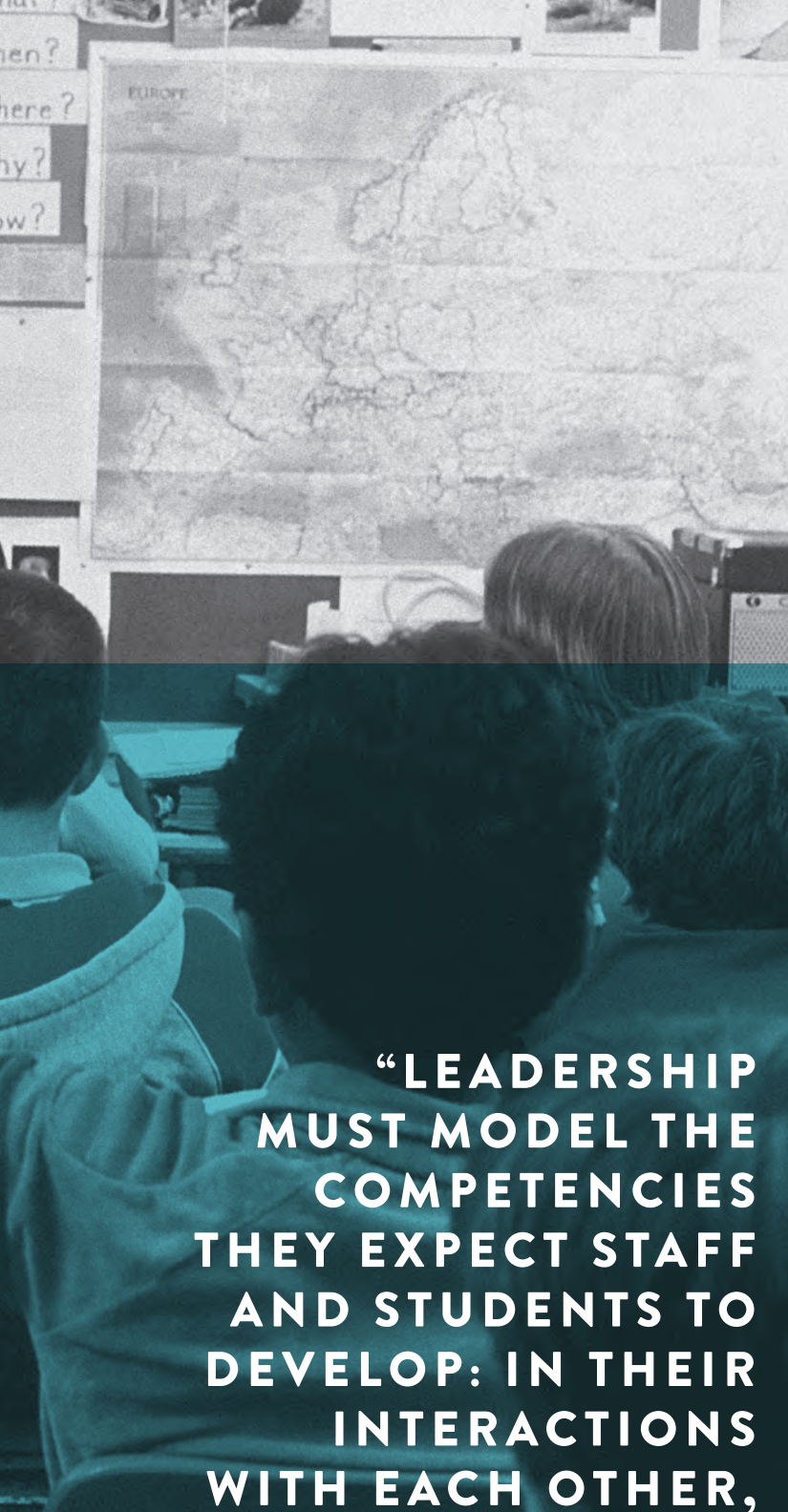
**School leadership are modeling and reinforcing vision through professional development, meetings, assemblies, communication practices**

Accountability is important in reinforcing the vision of S/E competencies. School leadership is responsible for helping the school produce the desired outcomes. This includes guiding the selection of programs and smaller action items, providing staff with time for engaging in S/E activities, offering relevant professional development opportunities, allotting resources for implementation of activities and programs, and communicating the vision as well as ongoing progress. When problems occur in the school, leaders should see them as opportunities for teaching Social/Emotional lessons. For example, if there is an uptick in a certain kind of bullying in a particular grade, leaders can work with teachers to use the opportunity to target specific S/E skills and to address the teachable moment schoolwide.



Leadership must model the competencies they expect staff and students to develop: in their interactions with each other, with staff, with students, with families, with the community, and with other professionals.

The extent to which leaders display specific desired S/E skills could be rated by staff, students, and families.



**“LEADERSHIP  
MUST MODEL THE  
COMPETENCIES  
THEY EXPECT STAFF  
AND STUDENTS TO  
DEVELOP: IN THEIR  
INTERACTIONS  
WITH EACH OTHER,  
WITH STAFF, WITH  
STUDENTS, WITH  
FAMILIES, WITH  
THE COMMUNITY,  
AND WITH OTHER  
PROFESSIONALS. “**

## POSSIBLE STRATEGIES AND INTERVENTIONS:

### *Ongoing support from embedded implementation specialist assigned to each school*

Some school districts have experts in implementation of S/E learning programs who either consult with schools as needed or even have dedicated time devoted to schools each week. Such expertise is highly valuable in creating an environment that enhances S/E processes. Investment by a district in such expertise sends a clear message about the value placed on S/E as well as proper implementation.

### *Consultation group to deal with complex cases*

Consult with school and/or district behavioral health specialists around complex cases. Another approach would be to set up a consultation group for staff within a school or district.

### *Provide training, coaching, TA, and consultation on trauma-responsive practices in schools*

See above, School Staff Consistently Demonstrate Social and Emotional Skills to Manage Their Internal and External Needs and Demands

### *Universal school-based S/E learning programs to teach students about how their brains work and how to regulate their emotions and their bodies*

Please see Phase 5.



**PARTNERSHIPS**

**& RESOURCES**

**04**





## COMMUNITY

Partnerships exist between schools and other CYF-serving systems

Other CYF-serving systems allocate resources



## FAMILY

Positive relationships exist between families and school staff

Partnerships exist between schools and families



Phase 4 builds the partnership among schools, communities, and families, to support efforts to make schools more trauma-informed and responsive to the needs of all students. There is a focus on integration of services provided by schools with those provided in the community, with the recognition that some students have significant needs outside the school environment that must be addressed, and some families will need intensive care-coordination such as High-Fidelity wraparound in order to meet their complex needs in an individualized, culturally relevant way. Schools must also work to mitigate the effects of historical and racial trauma on students and their families, which likely affect the relationship between the families and the school institution. Schools can develop partnerships with diverse families by being empathetic, attuned, and responsive to the needs of families and increasing the knowledge and self-awareness of educators and administrators on historical and racial trauma.

**“SCHOOLS CAN DEVELOP PARTNERSHIPS WITH DIVERSE FAMILIES BY BEING EMPATHETIC, ATTUNED, AND RESPONSIVE TO THE NEEDS OF FAMILIES AND INCREASING THE KNOWLEDGE AND SELF-AWARENESS OF EDUCATORS AND ADMINISTRATORS ON HISTORICAL AND RACIAL TRAUMA.”**



## PARTNERSHIPS EXIST BETWEEN SCHOOLS AND OTHER CYF-SERVING SYSTEMS

Formal partnerships with CYF-serving systems enable schools to 1) make targeted referrals for students who may need services beyond what is available at the school; 2) facilitate communication and the transfer of information with professionals in those systems about the students; and 3) enable the pooling of resources such as training opportunities. Responding to the needs of all children, including those who have experienced trauma, is the responsibility of all systems that come into contact with students. Fortunately, numerous programs and supports are already available in some states to help schools build partnerships.

The Multi-Tiered System of Supports, or MTSS (Colorado Department of Education, 2019; see <http://www.cde.state.co.us/mtss>) is a framework already being utilized by many districts and schools throughout the nation. MTSS works to ensure that each student is receiving the appropriate level of support. Two of the essential components of MTSS are particularly relevant to this precondition: team-driven shared leadership (including shared decision-making across schools, districts, students and families, and community partners, see <http://www.cde.state.co.us/mtss/team-drivensharedleadership>), and family, school, and community partnering (see [www.cde.state.co.us/mtss/fscp](http://www.cde.state.co.us/mtss/fscp)). Extensive resources and supports are available from the Colorado Department of Education to support MTSS.

The Strengthening Families framework was introduced by the Center for the Study of Social Policy, and aims to engage families, programs, and communities with a research-informed framework currently used in more than 30 states (<https://cssp.org/our-work/project/strengthening-families/>). It targets five protective factors: parental resilience; social connections; knowledge of parenting and child development; concrete support in times of need; and social and emotional competence of children. Partnerships across systems are key to this framework.

Connecting with and creating partnerships with Medicaid for health services allows schools to provide better services to students. A Local Services Plan provides a menu of services in which a school district requests partial reimbursement for the health and health-related services for students with Medicaid who have an IEP. Contact your state educational agency to determine if there are strategies for developing Local Service Plans and needs assessments.

State mental health authority often provides funding for School-Based Mental Health Specialists to provide consultation to districts and schools to support mental health-related efforts and strategic planning for mental health programs. These specialists can often provide training and coaching for educators and technical assistance for implementing mental health, social-emotional, or trauma-informed initiatives. Most school specialists are able to provide technical assistance and implementation of this toolkit. Contact your district-level support staff and/or state mental health authority to determine if they offer this type of support.

Another important partnership includes county child welfare departments. Some states require child welfare departments to pay the transportation costs for children in foster care to remain in their home schools; please contact your human services department to see if there are similar resources available to your state. Child welfare departments are a key player in supporting the stability and educational achievement of children in the foster care system.

Many states utilize collaborative management programs, interagency governing bodies, or memoranda of understanding between agencies to improve outcomes for children, youth, and families, involved with multiple agencies. The intent of these programs is to bring together agencies and services for at-risk, system-

**“MANY STATES UTILIZE COLLABORATIVE MANAGEMENT PROGRAMS, INTERAGENCY GOVERNING BODIES, OR MEMORANDA OF UNDERSTANDING BETWEEN AGENCIES TO IMPROVE OUTCOMES FOR CHILDREN, YOUTH, AND FAMILIES, INVOLVED WITH MULTIPLE AGENCIES.”**

involved children, youth, and families. Partners in these programs include county departments of human/ social services, local judicial districts, health departments, school districts, community mental health centers and behavioral health organizations, parent or family advocacy groups, and community agencies. Please contact your Department of Human Services for more information. Schools and districts should build a strong connection to their local CMP Interagency Oversight Group in order to make referrals for integrated community services for students with complex needs.

## POSSIBLE INDICATORS:



**Establishment of MOUs between community mental health centers and schools/districts to engage families referred by schools**

A formal agreement, or Memorandum of Understanding (MOU), can establish the parameters of a partnership such as between schools and mental health agencies. An MOU allows both parties to establish a working relationship with clear parameters and boundaries. Both partners should understand each other's systems and come to mutual agreements about their individual and shared needs. The MOU should delineate the parties' common objectives, needs, what each offers, what each is willing to negotiate, and the limits of the partnership. Additional information such as skills, abilities, competencies, space, specific terms, disclaimers, restrictions, and privacy statements are often included in MOUs. Each partner's legal team will likely provide guidance and assure compliance with all legal requirements.

## POSSIBLE STRATEGIES AND INTERVENTIONS:

### *Have MOU templates*

The National Center on Safe Supportive Learning Environments within the U.S. Department of Education Office of Safe and Supportive Schools offers a template for an MOU between a school system and a mental health agency, available at [https://safesupportivelearning.ed.gov/sites/default/files/5\\_SMH\\_MoA\\_template.docx](https://safesupportivelearning.ed.gov/sites/default/files/5_SMH_MoA_template.docx).

A sample MOU that includes language around shared mission, vision, and functions and structure needed to achieve that mission and vision, is available at <http://www.smhp.psych.ucla.edu/pdfdocs/dcmou.pdf>

That sample MOU also includes detailed language relevant to mental health clinicians from local agencies working within schools.



A detailed MOU used by one Colorado school district for their partnership not only with the local mental health agency, but also their local judicial district, medical center, health department, and substance abuse treatment program, is available at <http://www.coloradoedinitiative.org/wp-content/uploads/2014/03/29.-MOU-Final-School-Based-Pueblo-City-Schools.doc>

***Have a flow chart of partnerships with CYF-serving agencies available for staff***

Understanding the CYF-serving agencies and creating a list or a chart of those within the local community is valuable in providing the best care for students and families. It is useful for staff to be able to identify the partnerships that have already been established and those that may need to be established.

***Utilize a School Behavioral Health Framework***

The Colorado Education Initiative (2013; see <http://www.coloradoedinitiative.org/wp-content/uploads/2019/03/Colorado-Framework-for-Behavioral-Health-updated-links.pdf>) has created a statewide framework for comprehensive school behavioral health systems. The framework includes a guide to best practices as well as tools and resources for implementation. It combines the educational approach of Multi-Tiered System of Supports (MTSS), including elements of Positive Behavioral Interventions and Supports (PBIS) and Response to Intervention (RTI), with the behavioral and public health approach of System of Care (SOC). There are universal elements including referral, screening, S/E learning, and positive behavior supports; secondary level interventions such as progress monitoring and evidence-based interventions; and tertiary responses such as crisis response, re-entry plans, and counseling/therapy.

The framework addresses three models of service delivery for specialized interventions: co-located services in which mental health is addressed within a school-based health center; school-based therapists who come into the schools to deliver services; and community-based therapists to whom the school refers. This document offers examples of successful implementation by schools as well as quick tips to begin this process.





## OTHER CYF-SERVING SYSTEMS ALLOCATE RESOURCES

CYF-serving systems can signal their commitment to their partnerships with schools by devoting resources such as time, money, space, and effort.

### POSSIBLE INDICATORS:



#### Increase in Community Mental Health Center (CMHC) activities in schools

Many states have CMHCs or other mental health providers who work closely with community schools. Even when there is not a formal interdependence such as CMHC staff housed within a school, CMHCs can still provide many benefits for schools. For example, CMHC staff can: attend IEP and 504 meetings for students who are receiving services at the CMHC; provide a meditation class to staff or students; provide trainings such as Youth Mental Health First Aid to staff. Welcoming these helping professionals into schools can create opportunities to work together, thereby providing better care for students.



#### Increase in CYF-serving agency staff working in/with schools

Most schools have students involved in the child welfare system and/or the juvenile justice system, with some schools having a high proportion of students involved in one or both. School is the place where children spend much of their time and where they can have consistent relationships with caring adults, even when their home situations are experiencing change. Engaging with CYF-serving agency staff such as caseworkers may seem like a daunting task on top of educators' already high workloads; however, it may be a valuable opportunity to help a student and family at a particularly vulnerable time in their lives. When school administrators allow and model collaboration and integration of services for system-involved students, the likelihood of educational success for high-needs students such as those who have experienced trauma is increased.

**“WHEN SCHOOL ADMINISTRATORS ALLOW AND MODEL COLLABORATION AND INTEGRATION OF SERVICES FOR SYSTEM-INVOLVED STUDENTS, THE LIKELIHOOD OF EDUCATIONAL SUCCESS FOR HIGH-NEEDS STUDENTS SUCH AS THOSE WHO HAVE EXPERIENCED TRAUMA IS INCREASED.”**



**Increase in school referrals to community care coordination processes for students who are multi system-involved (e.g., High-Fidelity Wraparound, or HFW)**

Many students, particularly those who have experienced trauma, are involved with multiple CYF-serving systems, such as behavioral health, medical, allied health professionals such as occupational therapists and speech-language pathologists, child welfare, and juvenile justice. Juggling involvement with multiple systems can be challenging for students and their families, particularly when the systems have different and even competing goals. Some schools may have counselors or school social workers who can provide information on navigating multiple systems. Even when such help is available within the school, some students will have needs beyond the school environment, necessitating that schools involve community partners and integrate services for these students. Furthermore, many schools do not have staff with expertise in helping families navigate multiple systems. Schools should establish a process for referrals to local HFW practitioners. HFW is a care coordination process for youth and families involved in multiple systems. HFW is an evidence-based process that has a high rate of success when utilized with fidelity (Bruns, 2015; Bruns, Suter, Force, Burchard, 2005; Effland, Walton, & McIntyre, 2011); it is the only evidence-based model of care coordination for children and youth with mental health challenges (Pires, Fields, & McGarrie, 2016). The goals of HFW are to keep children and youth “at home, in school, and out of trouble.” The Cross-Systems Training Institute offers a web-based training for team members such as educators who may be asked to serve on HFW teams; see <http://learn.ColoradoCSTI.org>.

**“SOME STUDENTS WILL HAVE NEEDS BEYOND THE SCHOOL ENVIRONMENT, NECESSITATING THAT SCHOOLS INVOLVE COMMUNITY PARTNERS AND INTEGRATE SERVICES FOR THESE STUDENTS.”**



**Increase in resources provided to alternative schools**

Students who have experienced trauma sometimes have difficulty in traditional school settings and may find more success in alternative school settings. Such schools can provide additional supports and can also accommodate issues such as reductions in the number of hours a student attends school each day in order to allow for participation in intensive services or programs. Because these schools tend to have lower teacher-student ratios than traditional schools and also offer additional services, the cost per student is higher and districts must allocate resources accordingly. It is also crucial that staff at alternative schools receive adequate training, consultation, and professional development about their students’ needs and challenges.



Alternative schools must also have the resources for increased monitoring, given that vulnerable students such as those with histories of traumatic victimization may be interacting with students who were placed in the school for behavioral issues such as victimizing others.

## POSSIBLE STRATEGIES AND INTERVENTIONS:

---

### ***Work with your managed care organization***

Work with your managed care organization to see if they can connect Medicaid recipients to primary health care as well as behavioral health care.

### ***Increase integration of services in the schools for students who are system-involved***

As described above in the section on HFW, it can be overwhelming for students and their families to be involved with multiple systems. To the extent possible, integration of some of their services into the school setting can reduce barriers such as transportation, time, and funding.

### ***Increase referrals from schools to community resources, particularly students with complex needs, behavioral health challenges, and/or other system involvement***

Some students experience complex needs and persistent distress which requires more intensive support than schools can provide. Referrals to community resources are essential to address their needs and provide support.

Students from immigrant families, particularly those who are themselves undocumented or who have undocumented caregivers and relatives, may be experiencing acute distress related to their immigration status. Immigrant families often feel targeted in a societal sense, and they may also feel specifically targeted within their community, which impacts their health and well-being. Many of these students and families already underwent traumatic experiences in their countries of origin or during the migration process, and then they often experience

**“STUDENTS FROM IMMIGRANT FAMILIES, PARTICULARLY THOSE WHO ARE THEMSELVES UNDOCUMENTED OR WHO HAVE UNDOCUMENTED CAREGIVERS AND RELATIVES, MAY BE EXPERIENCING ACUTE DISTRESS RELATED TO THEIR IMMIGRATION STATUS.”**

further difficulties when relocating to the United States. School staff and professionals from other systems need to recognize immigrant families' experiences and understand how to address their mental health, medical, educational, and even legal needs. Many students live with the emotional, psychological, and physical impact of this stress on a daily basis.

Knowledge of brief screening tools can help school counselors and psychologists make decisions about referrals. The National Child Traumatic Stress Network provides information on how to use trauma screening tools (see <https://www.nctsn.org/treatments-and-practices/screening-and-assessments/trauma-screening>). See Phase 2 for a description of numerous commonly use screenings to assess trauma exposure and symptoms.



## POSITIVE RELATIONSHIPS EXIST BETWEEN FAMILIES AND SCHOOL STAFF

The terms “family engagement,” “family-school relationships,” and “family-school partnerships” are sometimes used interchangeably. In this Toolkit, family engagement appears in Phase 1, and refers to families feeling and acting engaged. The present section on relationships refers to the quality of the interactions and experiences between families and staff members. The following section on family-school partnerships refers to schools’ efforts to engage parents and the ensuing partnerships between them, as well as with the broader community.

### POSSIBLE INDICATORS:



**Pre- and post-measures of school climate and family-community partnership show improvements in positive experiences**

It is important to use data to track family engagement and partnership. Tracking over time can help document the impact of efforts, identify areas in need of improvement, and celebrate achievements. Tracking can also help schools plan ongoing efforts and prioritize issues that arise.

The Colorado Department of Education (CDE) offers a free School-Family-Community Partnership Survey (see [http://cde.state.co.us/uip/school\\_family\\_community\\_partnership\\_survey](http://cde.state.co.us/uip/school_family_community_partnership_survey) for teacher and parent versions). Each version contains 36 items and

covers topics such as parent-teacher relationship, opportunities for parent involvement in the school, efforts by schools to enable involvement, communication, schools’ teaching parents skills for supporting student learning, understanding systems and policies, decision-making, schools’ respect for families’ diversity, and partnerships with the community.

Also see Phase 2 for descriptions of the Panorama Teacher Survey and Panorama Student Survey, which address school climate and engagement.

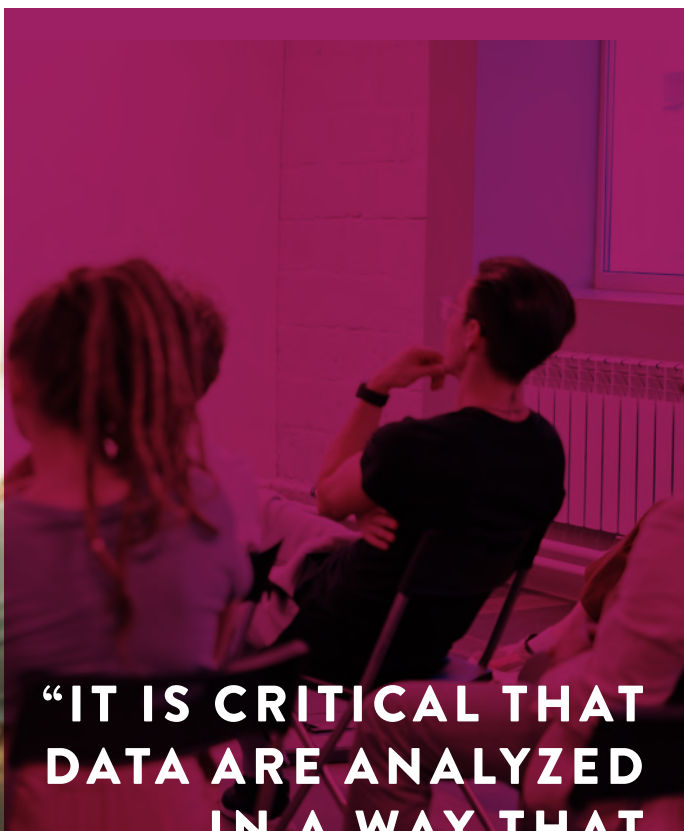
## POSSIBLE STRATEGIES AND INTERVENTIONS:

*Based on results of surveys with families and teachers, identify areas of weakness and address directly (e.g., policy changes, communications with parents, providing families with skills to support their students' learning)*

CDE's School-Family-Community Partnership Survey can be utilized for this strategy. One goal of the survey is to identify areas of relative strength and weakness. Items rated poorly by both families and teachers are obvious targets to be addressed. Another goal of CDE's School-Family-Community Partnership Survey is to identify differences between families' and teachers' perceptions of relationships and partnership. A discrepancy between families' and teachers' scores on a specific item suggests that there is a disconnect. In addition to addressing the issue itself, it is also important to understand and address why the perceptions differ. For example, are school staff making outreach efforts that are not being received as intended by parents? Additionally, it is critical that data are analyzed in a way that examines the diversity of the student body and their parents. For example, examine data by race, ethnicity, English language proficiency, immigration status, 504/IEP status,



Free and Reduced Lunch program status, etc. If the school's overall data reflect strong partnerships with families and the communities, but the parents of the most vulnerable students indicate otherwise, then specific, targeted efforts must be prioritized to engage, partner with, and meet the needs of these families.



**“IT IS CRITICAL THAT DATA ARE ANALYZED IN A WAY THAT EXAMINES THE DIVERSITY OF THE STUDENT BODY AND THEIR PARENTS.”**

### ***Provide training for educators on historical/racial trauma and trauma-responsive communication strategies***

The Colorado Cross-Systems Training Institute offers training on Trauma Responsive Practices in Education, which includes information on historical trauma, as well as Trauma Responsive Communication Strategies, which covers non-verbal and verbal communication strategies to help educators and others be self-aware, empathetic, attuned, and responsive to those they interact with. This training also covers communication using interpreters. See <http://learn.ColoradoCSTI.org> to register.

### ***Materials available in non-English languages spoken by families***

The number of English Language Learners (ELL) in grades K through 12 in the United States has grown by more than one million in less than two decades (National Center for Education Statistics, 2019). Furthermore, many students are not themselves ELL but come from families in which one or more caregivers has limited English proficiency. Schools should attend to their population, including tracking the languages spoken by families. Schools can demonstrate respect and inclusion by providing

**“THE COLORADO CROSS-SYSTEMS TRAINING INSTITUTE OFFERS TRAINING ON TRAUMA-RESPONSIVE PRACTICES IN EDUCATION, WHICH INCLUDES INFORMATION ON HISTORICAL TRAUMA, AS WELL AS TRAUMA-RESPONSIVE COMMUNICATION STRATEGIES.”**

### ***Resources like promotoras and school staff who represent the diversity of the student body***

Resources like parent liaisons and *promotoras* can increase partnerships between families and schools. *Promotoras* are increasingly used within public health and healthcare programs to deliver educational programs to families, specifically Spanish-speaking families. Parent liaisons and *promotoras* can help with partnering with students, families, and communities, in both student-specific decisions and school-wide decisions. It is crucial to make every effort to have staff who reflect the diversity of the students and the community.

communications and materials in the languages spoken by families.

The American Federation of Teachers (2012) has published a toolkit for partnering with Hispanic and Latino/a/x families of ELL students, though much of the information is also applicable to families from other linguistic backgrounds. The toolkit includes information about the diversity among Spanish-speaking populations, empowering parents, step-by-step guidelines for workshops to help families partner around students' literacy, and handouts for families.

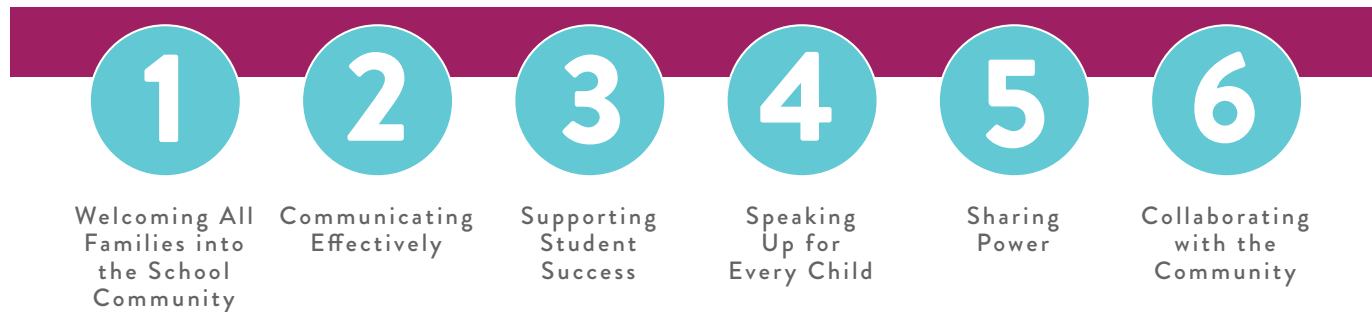


## PARTNERSHIPS EXIST BETWEEN SCHOOLS AND FAMILIES

The National Standards for Family-School Partnerships (<https://www.pta.org/home/run-your-pta/National-Standards-for-Family-School-Partnerships>)” established six standards for family, school, and community partnering:

1. Welcoming all families into the school community
2. Communicating effectively
3. Supporting student success
4. Speaking up for every child
5. Sharing power
6. Collaborating with the community

### FAMILY, SCHOOL AND COMMUNITY PARTNERING STANDARDS



CDE offers a comprehensive list of examples of promising practices for addressing each of those six standards at <http://cde.state.co.us/uip/promising>. They offer extensive family engagement training materials at <http://cde.state.co.us/uip/trainingmaterials>.

The CDC (2012) notes that family engagement and partnering results in improved student test scores and increased protective factors. The CDC describes a framework for parent engagement, including strategies and examples; see [https://www.cdc.gov/healthyyouth/protective/pdf/parent\\_engagement\\_strategies.pdf](https://www.cdc.gov/healthyyouth/protective/pdf/parent_engagement_strategies.pdf)

## POSSIBLE INDICATORS:

---



**Family members who represent the student body through their ethnic, racial, economic, and disability status have direct input in school decision-making as measured by 10% caregiver participation on the governing committee and/or school board**

It is important to recognize the challenges in engaging all families in school decision-making. Lack of trust, disempowerment, and feelings of not being heard due to their abilities and/or status can impact family members' comfort with participating in formal school structures such as committees and boards as well informal interactions. Furthermore, family members of all backgrounds sometimes come with negative experiences including individual and systemic traumas that occurred during their own childhoods, which impact their interactions with their children's schools. Historical and racial trauma and oppression are still very present in many families' lives, and failure to address these issues can hinder the success of students and their families in the school setting.

The National Child Traumatic Stress Network (2017) has created a guide on Addressing Race and Trauma in the Classroom. The guide offers information on addressing race in the classroom within the context of historical trauma and systemic racism, which impact students, families, and communities in their daily lives on top of individuals' own traumatic experiences. See [https://www.nctsn.org/sites/default/files/resources/addressing\\_race\\_and\\_trauma\\_in\\_the\\_classroom\\_educators.pdf](https://www.nctsn.org/sites/default/files/resources/addressing_race_and_trauma_in_the_classroom_educators.pdf).



**Families volunteer when opportunities are provided (80%+ of volunteer spots are filled)**

It is important that schools have policies and procedures about volunteering. The first point of contact with families should always be positive in order to make a connection. Families need to feel safe in the school to be able to participate and engage in volunteer activities. It is essential to understand the culture of the school community and provide opportunities that match families' beliefs and practices. Volunteer Canada (2011; see [https://volunteer.ca/vdemo/EngagingVolunteers\\_DOCS/Building\\_Blocks\\_for\\_Family\\_Volunteering.pdf](https://volunteer.ca/vdemo/EngagingVolunteers_DOCS/Building_Blocks_for_Family_Volunteering.pdf)) offers a template for assessing existing practices and making adaptations to incorporate volunteers into school settings. The document also offers strategies, considerations, and ideas for recognizing family member volunteers.



**Increase in parent and teacher perceptions of parent involvement**

Some state educational agencies administer School-Family-Community Partnership surveys to collect data on family and teacher perceptions of overall parent involvement, as well as document changes in perceptions over time. In some cases, this can fulfill legislative responsibility of school accountability committees to increase parent involvement in schools. Please check with your state educational agency to determine if your school has such a resource.

**“RESEARCH HAS SHOWN THAT SCHOOL-LEVEL PROGRAMS LEAD TO POSITIVE BEHAVIORAL AND SELF-PERCEPTION**

## POSSIBLE STRATEGIES AND INTERVENTIONS:

**Schools provide childcare (for students and siblings), transportation, translation services, and video conferencing options (e.g., Facebook Live), to enable parents from under-represented groups to serve on decision-making bodies**

Barriers such as childcare, transportation, language, and work responsibilities can prevent families, particularly those from under-represented groups, from participating on school decision-making bodies. To increase representation, schools should solicit barriers from family members themselves, and then address those barriers.



**DOWN THAT AFTERSCHOOL PROGRAMS ARE ASSOCIATED WITH IMPROVEMENTS IN GRADES, TEST SCORES, POSITIVE BEHAVIORS, BONDING TO SCHOOL, AND DECREASES IN PROBLEM BEHAVIORS .”**

### **Engage students and families in out-of-school programs**

Research has shown that afterschool programs are associated with improvements in grades, test scores, positive behaviors, bonding to school, and self-perceptions, and decreases in problem behaviors (Durlak, Weissberg, & Pachan, 2010). Engaging families can increase the impact of such programs on students (Heckman & Sanger, 2013). The 21st Century Community Learning Centers (<https://www2.ed.gov/programs/21stcclc/index.html>) are grant-funded programs that can be found nation-wide that support the creation of local out-of-school time programs (such as after school, before school, and during school breaks). A focus of their services is the opportunity for families and students to engage actively in students’ educational development.

### **Schools and districts have a formal policy for family engagement**

Many states require their state educational agencies to have a district policy for increasing and supporting parent engagement in the public schools. CDE offers numerous example policies at [http://cde.state.co.us/uip/fscp\\_boardpolicy](http://cde.state.co.us/uip/fscp_boardpolicy)



**THRIVING**

**STUDENTS &**

**SCHOOLS**

**05**





## SCHOOLS

Students have social and emotional skills to manage their developmental and environmental needs

An integrated school system exists that fosters healthy, safe, and responsive environments

Phase 5 contains the penultimate goals on the way to the ultimate objective of the TRSTC, “students are resilient and equipped to reach their full potential.” It can be tempting for schools to immediately target the Phase 5 goals, and by extension the strategies and interventions to reach them. However, it is important to first lay the groundwork with Phases 1, 2, 3, and 4, or at least implement these strategies simultaneously. It is crucial to plan, assess, and plan for sustainability as you think of implementing these strategies. Some of these strategies are aligned with existing initiatives to support best practices in education, such as Multi-Tiered Systems of Support.



## STUDENTS HAVE SOCIAL AND EMOTIONAL SKILLS TO MANAGE THEIR DEVELOPMENTAL AND ENVIRONMENTAL NEEDS

Ultimately, the educational system, as well as other guidance that teachers and caregivers provide, aims to equip students to be self-sufficient. The scaffolding that teachers, caregivers, and others provide can help students learn to meet their own individualized needs and find environments that support them. A focus on self-awareness and self-advocacy within the classroom setting supports the goal of students’ having the ability to manage their developmental and environmental needs. The skills mentioned in the Introduction of this Toolkit in the Building Blocks of Learning graphic (Stafford-Brizard, 2016), such as self-awareness, stress management, social awareness/relationship skills, and executive functions all support this goal as well.

### POSSIBLE INDICATORS:

---



#### Improved graduation rates

Graduation rates can be obtained from the school district’s administrative data.



#### Reduced dropouts, suspensions, and expulsions

Dropout, suspension and expulsion rates can be obtained from the school district’s administrative data.



#### Improved post-graduation success

Post-graduation success such as college enrollment and job placement may be available from school or district administrative data.



#### Improved student self-report of well-being

Many schools are already collecting student surveys that include measures of well-being.



#### Reduced juvenile justice involvement, out-of-home placement, youth-in-conflict cases in child welfare, youth homelessness

These indicators may be available from school or district administrative data. If not, these indicators are likely found in the administrative data of partners from other CYF-serving system such as child welfare and juvenile justice.



## POSSIBLE STRATEGIES AND INTERVENTIONS:

### *Intensive family-driven, youth-guided services and care coordination*

Intensive care coordination that integrates educational needs with other needs can be essential for the success of high-needs students who are involved in multiple systems or those from families with complex needs. See Phase 4 for a description of the evidence-based care coordination model being practiced in Colorado, High-Fidelity Wraparound (see <https://coactcolorado.org/>). This model can bring together professionals from systems such as schools, mental/behavioral health, medical, social service, and juvenile justice, as well as natural supports such as relatives, community members, and representatives of the family's faith community.

**“A FOCUS ON SELF-AWARENESS AND SELF-ADVOCACY WITHIN THE CLASSROOM SETTING SUPPORTS THE GOAL OF STUDENTS’ HAVING THE ABILITY TO MANAGE THEIR DEVELOPMENTAL AND ENVIRONMENTAL NEEDS.”**

### **Youth peer support**

Some schools have instituted peer-support programs. Important aspects of such programs include training for the peer providers in support skills, confidentiality and when to break confidentiality, and guidelines for knowing when a problem is beyond the peer’s capacity to help and school staff must be brought in. It is also important that these programs are developmentally appropriate and relevant to the needs of the students. Evaluating the impact of the intervention within each school is critical; measures may include simple administrative data such as grades and attendance rates of involved students, or more involved evaluation strategies such as teacher-reported and student-reported measures of functioning.

In the substance recovery field, peer support workers are a critical part of the workforce and increase the likelihood of sustained recovery (Substance Abuse and Mental Health Services Administration, 2018). Within mental health, peer support specialists serve many roles and have been shown by research to improve outcomes such as reducing symptoms, increasing social support, and improving social functioning (Mental Health America, see <https://www.mentalhealthamerica.net/peer-services>).

There are various models of peer support in schools, and schools should identify what would be most suitable in their setting given their available resources. Student peer support providers give help to other students regarding academic skills as well as social skills and emotional functioning. A meta-analysis found that peer counselors had comparable impact on emotional outcomes as experienced counselors (Whiston, Tai, Rahardja, & Eder, 2011). Peer support providers may provide students with stronger social connections to the school, which facilitates better adjustment and intrinsic motivation to succeed in school. The peer counseling model focuses on supporting students who are experiencing difficulties; peer counselors are typically trained and supervised by school counselors (American School Counselor Association, 2015). One model of academic peer support is collaborative learning, in which skills are first taught by the teacher then reinforced by the peer. Another model used for academic as well as social support is cross-age peer support, in which older students support younger students (whether at the same school such as older high school students with younger high school students, or across schools such as high school students with middle school students). Peer modeling is a model that is particularly useful for teaching academic processes and classroom routines (Riester-Wood, 2015).

**“STUDENT PEER SUPPORT PROVIDERS GIVE HELP TO OTHER STUDENTS REGARDING ACADEMIC SKILLS AS WELL AS SOCIAL SKILLS AND EMOTIONAL FUNCTIONING. A META-ANALYSIS FOUND THAT PEER COUNSELORS HAD COMPARABLE IMPACT ON EMOTIONAL OUTCOMES AS EXPERIENCED COUNSELORS”**

***School-based social-emotional learning (SEL) programs for all students***

There is a large field of research literature on SEL programs, with hundreds of studies examining dozens of programs. Overall, SEL programs result in significant improvements in students social and emotional skills, attitudes, and behaviors (Durlak et al., 2011). SEL programs also significantly improve academic performance, with an average achievement gain of 11 percentile points (ibid.), even though SEL programs do not target academic skills and even though the time spent on SEL programming takes away from instructional time. Indeed, these academic benefits have been used as justification in many schools for the time, effort, and cost of SEL programming. The benefits of SEL programs have been consistently proven both in the short-term (Durlak et al., 2011) and longer-term (Taylor et al., 2017).

**“SEL PROGRAMS ALSO SIGNIFICANTLY IMPROVE ACADEMIC PERFORMANCE, WITH AN AVERAGE ACHIEVEMENT GAIN OF 11 PERCENTILE POINTS, EVEN THOUGH SEL PROGRAMS DO NOT TARGET ACADEMIC SKILLS AND EVEN THOUGH THE TIME SPENT ON SEL PROGRAMMING TAKES AWAY FROM INSTRUCTIONAL TIME.”**

Durlak and colleagues (2011) recommend four practices for any SEL program, spelling the acronym S.A.F.E.:

- Sequenced: Does the program use a connected and coordinated set of activities to achieve their objectives relative to skill development?
- Active: Does the program use active forms of learning to help students learn new skills?
- Focused: Does the program have at least one component devoted to developing personal or social skills?
- Explicit: Does the program target specific SEL skills rather than targeting skills or positive development in general terms?

Their meta-analysis found that programs that met all four of the SAFE criteria had significantly higher impacts on skills, social behavior, and conduct problems than those that did not meet the four criteria.



Given the huge number of SEL programs, choosing one for a school or district can be daunting. First, it is important to consider which SEL skills are being targeted. The Collaborative for Academic, Social, and Emotional Learning (CASEL, 2019; see <https://casel.org/core-competencies/>) has established five core competencies for SEL programs: Self-Management, Self-Awareness, Responsible Decision-Making, Relationship Skills, and Social Awareness. Each competency is broken down into several skills. No SEL program targets each skill for each competency; schools and districts must consider which competencies and skills they most want to address in students. Referring to the Building Blocks of Learning model referenced in the Introduction of this Toolkit may be a good starting point for prioritizing skills to be targeted by an SEL program, building from the bottom of the pyramid to the top over time and as students progress through grade levels.

In terms of choosing a specific program, there are several resources available. At the elementary school level, Jones and colleagues (2017; see <https://www.wallacefoundation.org/knowledge-center/Documents/Navigating-Social-and-Emotional-Learning-from-the-Inside-Out.pdf>) have created a guide to 25 evidence-based SEL programs. The guide offers tables to compare across the programs in terms of which skills each program targets, which instructional methods each program uses, and which components each program includes. The guide also addresses implementation challenges and offers suggestions to address those challenges.

At the middle and high school levels, The Collaborative for Academic, Social, and Emotional Learning (CASEL) has developed the 2015 CASEL Guide: Effective Social and Emotional Learning Programs—Middle and High School Edition (<http://secondaryguide.casel.org/>). This guide helps schools identify and evaluate the quality of well-designed, evidence-based SEL programs, including tables that address programs' design, implementation support, and evidence of effectiveness. It addresses seven programs at the middle school level and six at the high school level (including two that overlap, for a total of 11 programs). This guide also offers implementation guidelines.

RAND (Grant et al., 2017; <https://www.wallacefoundation.org/knowledge-center/pages/sel-interventions-under-essa-evidence-review.aspx>) has published a report enumerating how schools can identify SEL programs that meet their needs as well as how they can use funds available through the federal Every Student Succeeds Act (ESSA) to support their SEL efforts. Given ESSA's requirement that interventions be evidence-based in order to receive federal funding, the report addresses how to ensure that programs meet the criteria needed to be considered

**“THE COLLABORATIVE FOR ACADEMIC, SOCIAL, AND EMOTIONAL LEARNING HAS ESTABLISHED FIVE CORE COMPETENCIES FOR SEL PROGRAMS: SELF MANAGEMENT, SELF-AWARENESS, RESPONSIBLE DECISION-MAKING, RELATIONSHIP SKILLS, AND SOCIAL AWARENESS.”**

## “SCHOOLS MUST CONSIDER HOW A GIVEN SEL PROGRAM CAN HELP ALLEVIATE THE SEQUELAE OF TRAUMA AND AID IN THE RECOVERY OF STUDENTS.”

evidence-based. The report also evaluates 68 SEL interventions, yielding 60 that meet minimum standards that qualify as evidence-based. If the above elementary and middle/high school guides do not include a program, it is likely that this guide will have reviewed it.

Many state educational agencies have developed their own Emotional and Social Wellness Standards; please contact your state educational agency for additional information. The CDC has developed National Health Education Standards for each grade level from kindergarten through high school, and can be found at <https://www.cdc.gov/healthyschools/sher/standards/index.htm>.

SEL programs vary in terms of the extent to which they meet the trauma-responsive principles set forth in the Introduction to this Toolkit. Schools must consider how a given SEL program can help alleviate the sequelae of trauma and aid in the recovery of students, as well as staff and family members, who have been exposed to trauma. Given the central role of safety in recovery from trauma, trauma-responsive SEL programs should address safety, engender an atmosphere of security, and avoid re-traumatization or exclusion. SEL programs can be compared to the Trauma-Responsive Guidelines for Behavior Intervention Plans and Classroom Management Systems offered in the Appendix of this Toolkit. The following checklist may be helpful. The questions can help schools evaluate whether a current or potential system, program, or policy is having, or

### CHECKLIST FOR CLASSROOM MANAGEMENT SYSTEMS, SOCIAL EMOTIONAL LEARNING PROGRAMS, AND DISCIPLINE POLICIES:

Who is this system/program/policy designed to support?

Who is actually benefitting from this system/program/policy?

Is the system/program/policy promoting equity – does it provide the most support to the students who are struggling the most?

Are the students learning the lessons we intend to teach from these systems/programs/policies?

Could any student feel excluded from this system/program/policy?

Is the system/program/policy cultivating students' intrinsic motivation?



**“A HELPFUL ANALOGY FOR THIS TYPE OF APPROACH IS THINKING ABOUT BUILDING TRANSPORTATION INFRASTRUCTURE.**

**ENGINEERS BUILD ROADS AND BRIDGES TO BE SAFE FOR THE HEAVIEST TRANSFER TRUCKS, NOT JUST FOR THE AVERAGE WEIGHT OF A CAR.”**

is likely to have, the intended effect, and whether it promotes equity. In many cases, classroom management systems, SEL programs, and discipline policies are designed to meet the needs of the majority of the students in a nationwide sample, or the average student, rather than the needs of students who are at greatest risk and who are

struggling the most. Unfortunately, this results in perpetuating inequities. Schools can change this by intentionally selecting and developing systems, programs, and policies that meet the needs of the students who are most at-risk of poor outcomes. If the systems, programs, and policies are sufficient to meet the needs of the most at-risk students, the remaining students will be served adequately as well. A helpful analogy for this type of approach is thinking about building transportation infrastructure. Engineers build roads and bridges to be safe for the heaviest transfer trucks, not just for the average weight of a car. Schools and other child-, youth-, and family-serving systems must do the same.

The National Center on Safe Supportive Learning Environments ([https://safesupportivelearning.ed.gov/sites/default/files/Building%20TSS%20Handout%20Packet\\_ALL.pdf](https://safesupportivelearning.ed.gov/sites/default/files/Building%20TSS%20Handout%20Packet_ALL.pdf)), part of the U.S.





or both. Students with externalizing symptoms are likely to have Behavior Intervention Plans, and they are likely to be involved in the school discipline system. It is critical to recognize that traditional, consequence-based methods of discipline will exacerbate, rather than help, the challenging behavior of traumatized students. In many circumstances, educators unintentionally escalate

**“IT IS CRITICAL TO RECOGNIZE THAT TRADITIONAL, CONSEQUENCE-BASED METHODS OF DISCIPLINE WILL EXACERBATE, RATHER THAN HELP, THE CHALLENGING BEHAVIOR OF TRAUMATIZED STUDENTS.”**

Department of Education, has published a training package on Building Trauma Sensitive Schools. This includes a variety of worksheets that can help schools integrate trauma-responsive principles with SEL.

The Trauma and Learning Policy Initiative (<https://traumasensitiveschools.org/tlpi-publications/>) has published two volumes on *Helping Traumatized Children Learn*. The first volume (Cole et al., 2005) is a report summarizing research to date and creating a policy agenda. The second volume (Cole et al., 2013) is a guide to creating and advocating for trauma-sensitive schools.

***Individualized, effective, trauma-responsive Behavior Intervention Plans and supports for students with challenging behaviors***

Students who have experienced trauma may have internalizing symptoms, externalizing symptoms,

**“IN MANY CIRCUMSTANCES, EDUCATORS UNINTENTIONALLY ESCALATE STUDENTS’ BEHAVIORS BY REACTING IN WAYS THAT MAKE STUDENTS FEEL UNSAFE, THREATENED, EXCLUDED, OR PUBLICLY SHAMED.”**

students' behaviors by reacting in ways that make students feel unsafe, threatened, excluded, or publicly shamed. Instead, school staff must be able to self-regulate, and they must be attuned to the emotional needs of students and use instructional approaches to behavior that offer co-regulation and promote self-regulation when students exhibit unexpected or undesirable behavior. Educators must recognize that challenging behaviors are often just the symptom of underlying emotional dysregulation, and it is more effective to address the underlying emotions than to try to address the behavior alone. Behavioral approaches that do not address the underlying emotional needs of the student will make the student feel the educators are not attuned to their needs, thus harming the relationship between the student and the educators. Additionally, behavioral approaches or discipline methods that make a student feel excluded will be harmful, and will reduce intrinsic motivation to adhere to classroom social norms. Every strategy should be considered in terms of the innate, powerful need for students to feel a sense of belonging at school. A sense of belonging at school is a strong predictor of resiliency in the face of Adverse Childhood Experiences; children who experienced multiple childhood adversities, but also felt a sense of belonging at school, had significantly better life outcomes than children who experienced the same number of adversities but who did not feel a sense of belonging at school (Sege & Harper Browne, 2017).

Behavior Intervention Plans, and the Functional Behavioral Assessments they are based on, can be compared to the Trauma-Responsive Guidelines for Behavior Intervention Plans and Classroom Management Systems offered in the Appendix of this Toolkit. The following checklist may be helpful.

### CHECKLIST FOR BEHAVIOR INTERVENTION PLANS:

What is the intent of each strategy in this plan?

Are there other possible hypotheses that should be considered for the Functional Behavioral Assessment?

Is the system/program/policy promoting equity – does it provide the most support to the students who are struggling the most?

What assumptions are we making about the student's motivation? Are we sure those assumptions are accurate?

Is the student learning what we intend to teach from this plan, or developing the skills we intend? Will those skills lead to the student's ability to respond differently the next time the student is triggered?

Does implementing this plan result in every emotional or behavioral crisis becoming a learning experience and a chance to build the student's skills?

How is the plan impacting the student's relationships with educators and peers?

Could the student feel excluded as a result of the plan?

The Colorado Cross-Systems Training Institute offers training on the *Trauma-Responsive Guidelines for Behavior Plans and Classroom Management Systems*; sign up at <https://learn.ColoradoCSTI.org>. The *Trauma Responsive Practices in Education* training also covers many of the underlying concepts related to developing effective, trauma-responsive FBAs and BIPs.

### *Restorative practices and equitable, instructional approaches to discipline*

As mentioned above, many students who have experienced trauma have externalizing symptoms, which sometimes manifest as the “fight or flight” response when reacting to a trauma trigger. These students are likely to be involved in the school discipline system. It is critical that students with a trauma history not be punished for exhibiting trauma symptoms. This includes “flight” responses (withdrawal, distancing behaviors, running); “fight” responses (verbal or physical aggression); and “freeze” responses (hiding, lying on the floor, refusing to engage in activities). Freeze responses are often misinterpreted by educators as non-compliance or insubordination, but they are typically responses to being overwhelmed and triggered. Rather than punishing students for these behaviors (including aggression), it is critical to implement restorative practices and instructional approaches. Punishing students for exhibiting trauma symptoms causes re-traumatization, and it contributes to racial inequities in school discipline practices (Skiba, Michael, Nardo, & Peterson, 2000). Restorative discipline policies, on the other hand, can help narrow the disparities in suspension rates between white students and students of color (Gregory et al., 2018).

**“IT IS CRITICAL THAT STUDENTS WITH A TRAUMA HISTORY NOT BE PUNISHED FOR EXHIBITING TRAUMA SYMPTOMS. THIS INCLUDES ‘FLIGHT’ RESPONSES (WITHDRAWAL, DISTANCING BEHAVIORS, RUNNING); ‘FIGHT’ RESPONSES (VERBAL OR PHYSICAL AGGRESSION); AND ‘FREEZE’ RESPONSES (HIDING, LYING ON THE FLOOR, REFUSING TO ENGAGE IN ACTIVITIES). FREEZE RESPONSES ARE OFTEN MISINTERPRETED BY EDUCATORS AS NON-COMPLIANCE OR INSUBORDINATION, BUT THEY ARE TYPICALLY RESPONSES TO BEING OVERWHELMED AND TRIGGERED.”**

Punishment is not the best way to hold students accountable for their behavior. The greatest accountability is achieved when students make amends for the harm they have done and develop the skills to prevent the behavior from happening again. This is the approach of restorative practices, which have shown promise in improving academic, social, and behavioral outcomes and interrupting the school-to-prison pipeline (Sherman & Strang, 2007; Ortega, Lyubansky, Nettles, & Espelage, 2016). With restorative practices, every behavioral transgression becomes an opportunity for learning and skill-building. Perhaps most importantly, restorative practices intentionally rebuild the harm done to relationships when there is a behavioral crisis, and thus promote a sense of belonging.

**“PUNISHMENT IS NOT THE BEST WAY TO HOLD STUDENTS ACCOUNTABLE FOR THEIR BEHAVIOR. THE GREATEST ACCOUNTABILITY IS ACHIEVED WHEN STUDENTS MAKE AMENDS FOR THE HARM THEY HAVE DONE AND DEVELOP THE SKILLS TO PREVENT THE BEHAVIOR FROM HAPPENING AGAIN.”**

Discipline policies can be compared to the Trauma-Responsive Guidelines for Behavior Intervention Plans and Classroom Management Systems offered in the Appendix of this Toolkit. The list in this section titled “Checklist for Classroom Management Systems, Social Emotional Learning Programs, and Discipline Policies” may also be helpful.

A guide to implementing restorative practices in schools has been published by the Schott Foundation for Public Education; see <http://schottfoundation.org/restorative-practices>. This guide is based on five practices: 1) Build healthy relationships between students and educators; 2) Reduce, prevent, and improve harmful behavior; 3) Repair harm and restore positive relationships; 4) Resolve conflict and hold individuals and groups accountable; and 5) Address and discuss the needs of the school and the community. When implemented with empathy, attunement, and responsiveness, these five practices are consistent with trauma-responsive approaches. Also see Phase 3 of this Toolkit for further discussion of restorative practices and relevant resources.

### ***Mentors, school staff, and other adults offer safe, trusted relationships to every student***

It is fundamental for each and every student to have the sense that they have safe, trusted relationships with those who are in contact with them during the school day. Two of the ten Benevolent Childhood Experiences that predict resilience in the face of

childhood adversity are specifically relevant to student-teacher relationships: “Did you have at least one teacher who cared about you?” and “Was there an adult who could provide you with support or advice?” (Narayan et al., 2018). Other school-relevant Benevolent Childhood Experiences are “Did you like school?” and “Did you have opportunities to have a good time?”. Schools play a significant role in students’ ability to be resilient when they have experienced trauma at home or in the community.

### ***Evidence-based mental health practices to address trauma***

Many evidence-based mental health practices are beyond the scope of school professionals and require referrals to mental health providers in the community. However, the Cognitive Behavioral Intervention for Trauma in Schools (CBITS; Jaycox, Langley, & Hoover, 2018) is an evidence-based model designed specifically for schools. CBITS can be used in groups as well as individually with students who have experienced trauma. It targets symptoms of trauma such as post-traumatic stress disorder (PTSD), depression, and behavioral



problems. CBITS aims to build students' skills and enhance their resilience to stress. There is also a focus on building peer and caregiver support. The manual is available for electronic download at <https://www.rand.org/pubs/tools/TL272.html> free of charge. CBITS is designed for students in grades 3 through 8; there is also an adaptation called Bounce Back (Langley, Gonzalez, Sugar, Solis, & Jaycox, 2015) for students in kindergarten through 5th grade; see <https://bouncebackprogram.org/>.



## AN INTEGRATED SCHOOL SYSTEM EXISTS THAT FOSTERS HEALTHY, SAFE, AND RESPONSIVE ENVIRONMENTS

Although it is important that individual school staff display the positive skills and qualities described in previous preconditions, individuals' efforts can be dwarfed when the broader education system does not provide a supportive context. In a systematic review of the literature, teacher support was robustly found to be associated with students' emotional health, as was school connectedness (Kidger, Araya, Donovan, & Gunnell, 2012). An analysis of AddHealth data with more than 11,850 adolescents found that teacher-student relationships and school connectedness were independently associated with lower rates of student depression (Joyce & Early, 2014). School climate is independently associated with numerous student emotional and mental health outcomes; positive climate is also associated with reduced violence and increased student perceptions of safety (Thapa, Cohen, Guffey, & Higgins-D'Alessandro, 2013).

## POSSIBLE INDICATORS:

---



### All schools participate in MTSS and implement with fidelity

See Phase 4 for a description of Multi-Tiered System of Supports, or MTSS, including numerous resources. MTSS is widely used nationally. The Colorado Department of Education offers extensive training and technical assistance for MTSS, including implementation supports.



### School staff report healthy school environments

Healthy school environments are covered by preconditions in Phase 2 including “School staff are responsive and adaptive to changing needs and are safe with students and other staff” and “School staff have a culture of collaboration,” and from Phase 3 “School staff consistently demonstrate social and emotional skills to manage their internal and external needs and demands,” “School staff are healthy, attuned, and responsive,” and “School staff model social/emotional skills with other professionals and scaffold social/emotional skills for students.”



### Student reports on teacher evaluations demonstrate improvements in school and classroom

This precondition can be addressed using evaluations that are part of standard practice.



### Written materials reinforce the vision

Phase 1 describes the creation of a unified vision for schools. This indicator would be achieved when a review of written materials (such as internal school documents, communications with parents, and materials available to the community such as the school website) shows that all materials are consistent with the vision that has been established.



### School leadership are modeling and reinforcing the vision

This indicator could be evaluated through focus groups or quantitatively by asking staff members and student to rate the extent to which the actions of school leadership reflect and embody the vision.

**“SCHOOL CLIMATE IS INDEPENDENTLY ASSOCIATED WITH NUMEROUS STUDENT EMOTIONAL AND MENTAL HEALTH OUTCOMES; POSITIVE CLIMATE IS ALSO ASSOCIATED WITH REDUCED VIOLENCE AND INCREASED STUDENT PERCEPTIONS OF SAFETY.”**

## POSSIBLE STRATEGIES AND INTERVENTIONS:

---

### *Partnerships with local community mental health partners*

See Phase 4 for a discussion of partnerships between schools and CYF-serving agencies such as community mental health partners.

### *Mental health supports available to students and staff*

As described in Phase 4, schools have an important role in providing mental health supports even when they are not directly delivering mental health services. All schools can partner with community mental health organizations, offer screenings, and provide appropriate referrals. Some schools are also able to provide support via the school-based health clinic and/or have school counselors or psychologists who can offer supports.

For staff, many districts offer employee assistance programs where staff can seek support. Supports can be better utilized when schools work to reduce the stigma of mental health treatment for both students and staff.

The *School Mental Health Toolkit* by Mental Health Colorado is a resource for implementing mental health initiatives and programs within schools; see <https://www.mentalhealthcolorado.org/schooltoolkit/>.

### *Implementation teams for initiatives*

See Phase 2 for guidance around implementation teams.

### *Trauma-responsive care trainings*

See Phase 1 for a description of trainings in trauma-responsive care.





# CONCLUSION







## CONCLUSION

Responding to the needs of students who have experienced trauma will require shifting to a new paradigm within the education system - a paradigm in which students' healthy development and well-being are prioritized in order to develop the skills and mindsets for academic success. We must recognize that it is unrealistic to expect healthy, well-regulated students with strong social-emotional skills and self-regulation capacity to walk into our doors each morning, ready to sit still and learn. We must meet our students and their families where they are, and be attuned and responsive to the needs they have. This includes implementing strong supports for educators in order to improve their well-being and develop their skills and capacity to best serve their students. Additionally, we must take a healing-centered approach to addressing historical and racial trauma and building resilience in our students, families, and communities. In this way, we can achieve our ultimate outcome: All students are resilient and equipped to reach their full potential.

**“WE MUST TAKE A HEALING-CENTERED APPROACH TO ADDRESSING HISTORICAL AND RACIAL TRAUMA AND BUILDING RESILIENCE IN OUR STUDENTS, FAMILIES, AND COMMUNITIES.”**

**“RESPONDING TO THE NEEDS OF STUDENTS WHO HAVE EXPERIENCED TRAUMA WILL REQUIRE SHIFTING TO A NEW PARADIGM WITHIN THE EDUCATION SYSTEM - A PARADIGM IN WHICH STUDENTS' HEALTHY DEVELOPMENT AND WELL-BEING ARE PRIORITIZED IN ORDER TO DEVELOP THE SKILLS AND MINDSETS FOR ACADEMIC SUCCESS.”**



**APPENDIX**







# ASSESSMENT



# TRSTC NEEDS ASSESSMENT

Completion Date: \_\_\_\_\_

Rater(s): \_\_\_\_\_

Instructions: The TRSTC Needs Assessment can be completed either separately by individuals or collaboratively by a team.

There are two dimensions to rate for each precondition. First, how *urgent* a priority is it for your school/district? Second, has your school/district *achieved* this precondition fully, partially, or not yet?

To choose which precondition(s) to begin addressing, note which preconditions are both Very High or High urgency and either Partially Achieved or Not Yet Achieved. From there, it is preferable to begin with preconditions in earlier phases.

	Urgency				Achieved?			✓ if Very/High Urgency & Partially/Not Yet Achieved
<b>Phase 1: Engagement and Commitment</b>								
1. Schools are curious	Very High	High	Moderate	Low	Fully	Partially	Not Yet	
2. Schools are engaged	Very High	High	Moderate	Low	Fully	Partially	Not Yet	
3. Schools share the vision	Very High	High	Moderate	Low	Fully	Partially	Not Yet	
4. Other CYF-serving systems are engaged	Very High	High	Moderate	Low	Fully	Partially	Not Yet	
5. Other CYF-serving systems share the vision	Very High	High	Moderate	Low	Fully	Partially	Not Yet	
6. Other CYF-serving systems understand and honor their roles and each other's roles	Very High	High	Moderate	Low	Fully	Partially	Not Yet	
7. Families feel safe to engage in the school community	Very High	High	Moderate	Low	Fully	Partially	Not Yet	
8. Families are engaged in the school community	Very High	High	Moderate	Low	Fully	Partially	Not Yet	
9. Families share the vision of the school community	Very High	High	Moderate	Low	Fully	Partially	Not Yet	
10. Families are active in the school community	Very High	High	Moderate	Low	Fully	Partially	Not Yet	

	Urgency				Achieved?			✓ if Very/High Urgency & Partially/Not Yet Achieved
<b>Phase 2: Relevant Knowledge and Skills</b>								
11. School staff feel supported by leadership to implement practice change	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	
12. School staff are responsive and adaptive to changing needs and are safe with students and other staff	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	
13. School staff have a culture of collaboration	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	
14. Schools allocate resources and human capital to appropriately address students' trauma-based and developmental needs	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	
15. School staff have the relevant knowledge and skills	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	
16. Other CYF-serving systems have the relevant knowledge and skills	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	
17. Families have the relevant knowledge and skills	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	
<b>Phase 3: Social and Emotional Skills</b>								
18. The social behavior of the environment reinforces social/emotional skills for staff and students	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	
19. School staff consistently demonstrate social and emotional skills to manage their internal and external needs and demands	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	
20. School staff are healthy, attuned, and responsive	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	
21. School staff model social/emotional skills with other professionals and scaffold social/emotional skills for students	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	

	Urgency				Achieved?			✓ if Very/High Urgency & Partially/Not Yet Achieved
<b>Phase 4: Partnership and Resources</b>								
22. Partnerships exist between schools and other CYF-serving systems	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	
23. Other CYF-serving systems allocate resources	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	
24. Positive relationships exist between families and school staff	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	
25. Partnerships exist between schools and families	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	
<b>Phase 5: Thriving Students and Schools</b>								
26. Students have social and emotional skills to manage their developmental and environmental needs	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	
27. An integrated school system exists that fosters healthy, safe, and responsive environments	<i>Very High</i>	High	Moderate	Low	Fully	<i>Partially</i>	<i>Not Yet</i>	

# TRAUMA-RESPONSIVE GUIDELINES FOR BEHAVIOR PLANS AND CLASSROOM MANAGEMENT SYSTEMS

Guidelines are listed for Behavior Intervention Plans and Classroom Management systems within the education setting, as well as responses to emotional and behavior crises and discipline policies. The guidelines were developed based on the Core Beliefs and Principles of trauma responsive care, which are derived from the National Child Traumatic Stress Network, as well as other references as noted. Though these guidelines were developed with particular concern for students who have experienced trauma, the guidelines represent best practices for *all* students.





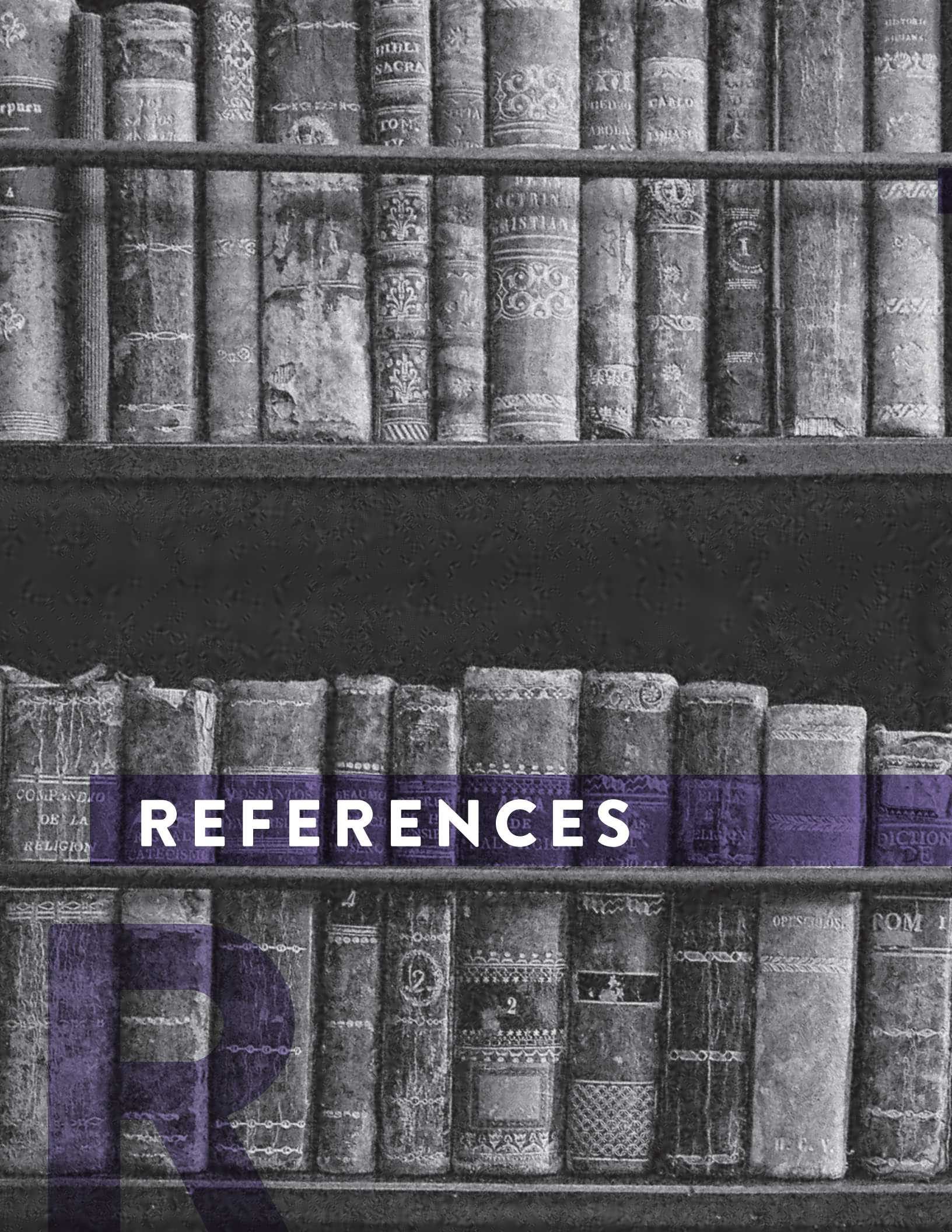
Content Area	Guideline	Reference/Theoretical Foundation
Behavior Intervention Plans	When developing a hypothesis about a student's challenging behavior or concern, always consider physiological causes before behavioral or emotional causes. Physiological factors, including physical health problems, medication side effects, nutritional deficiencies, and vision/hearing/dental problems, often influence behavior. When physiological factors are driving challenging behavior, behavioral solutions alone will likely be ineffective.	Ethics; Maslow's hierarchy of needs
Content Area	Guideline	Reference/Theoretical Foundation
Behavior Intervention Plans	When creating a hypothesis about a student's challenging behavior or concern, consider the student's emotions and ability to regulate his emotions, thoughts, and behavior. Brainstorm about how the student feels when the challenging behavior is exhibited, and consider whether the behavior is a coping mechanism or a symptom of an underlying dysregulation. Try to identify triggers. Consider whether the behavior is an adaptive or survival response (i.e., the behavior is a manifestation of the fight or flight response, or the freeze response). Consider the historical function of the behavior as well as the perceived current function.	Polyvagal theory; Neurosequential Model of Education
Behavior Intervention Plans	Involve the student (and family) in goal setting. This empowers the student and family, and the very act of setting a goal increases intrinsic motivation to achieve the goal. The goal will be more meaningful to the student if the student has a choice in setting the goal.	Core Principles; Locke and Latham (2002)  Locke, E. A., & Latham, G. P. (2002). Building a practically useful theory of goal setting and task motivation: A 35-year odyssey. <i>American Psychologist</i> , 57(9), 705-717. doi:10.1037//0003-066X.57.9.705
Behavior Intervention Plans	Students' needs (including psychological, social, and emotional needs) should be met unconditionally. If the student needs something to regulate or stay regulated (recess, sensory breaks, a walk outside, extra time with the teacher, etc.), that cannot ethically be used as a performance-contingent reward. It has to be given unconditionally.	Ethics; Maslow's hierarchy of needs; Colorado experience
Behavior Intervention Plans	Focus the response to patterns of challenging or unexpected behaviors on skill building and expanding the window of tolerance. Many challenging behaviors are due to a lack of ability to regulate emotions and lack of healthy coping mechanisms. Help the student recognize triggers and cope in a healthy way, explicitly teaching coping skills and incorporating those skills into the plan as the desired or replacement behavior(s).	Greene (2014); Siegel (1999)  Greene, R. W. (2014). <i>Lost at school</i> . New York: Scribner.  Siegel, D.J. (1999). <i>The developing mind: How relationships and the brain interact to shape who we are</i> . New York: Guilford Press.

Content Area	Guideline	Reference/Theoretical Foundation
Behavior Intervention Plans	The primary strategies in behavior intervention plans should focus on how the adults will actively support the student when he is struggling and co-regulate when he is dysregulated. All of the adults must cultivate supportive, co-regulatory relationships with the student and scaffold the student's skills in the classroom. The relationships and the classroom environment must support the student, and the behavior plan must be integrated into every interaction with the student.	Core Beliefs and Principles
Behavior Intervention Plans and Classroom Management Systems	Use restorative practices when behavioral transgressions occur. Let the student have a choice in the consequences of the incident, and choose consequences that involve making reparations. Allow the student ongoing opportunities to repair any damage done and re-integrate into the group. One of the worst impacts of behavioral crises is that the student feels isolated from the teacher and his peers. Rebuild the relationships with the teacher and peers.	Maslow's hierarchy of needs; Sherman & Strang (2007); Ortega, Lyubansky, Nettles, & Espelage (2016)  Sherman, L.W., & Strang, H. (2007). <i>Restorative Justice: The Evidence</i> . London: The Smith Institute  Ortega, L., Lyubansky, M., Nettles, S., & Espelage, D. L. (2016). Outcomes of a restorative circles program in a high school setting. <i>Psychology of Violence</i> , 6(3), 459-468. Doi:10.1037/vio0000048
Behavior Intervention Plans and Classroom Management Systems	Maximize the use of intrinsic motivators (relationships, sense of belonging, sense of accomplishment at meeting the goal, creativity, curiosity, growth, privilege, etc.). Give attention and praise, and celebrate (spontaneously) when goals are accomplished. Try to avoid promising the celebration in advance.  Use caution when considering using tokens and trinkets as rewards, particularly for classroom-wide Classroom Management systems or for students with a known trauma history.  Performance-contingent, tangible rewards that are promised in advance are the most likely to reduce intrinsic motivation, particularly for students who have existing intrinsic motivation.  For students with a history of trauma, or those with significant needs, extrinsic rewards or tokens may be perceived as not genuine and out of tune with their needs. This can be damaging to the relationship between the student and the educator.	Maslow's hierarchy of needs; Deci, Koestner, & Ryan (1999); Lepper, Greene, & Nisbett (1973); Curry, Wagner, & Grothaus (1991); Colorado experience  Deci, E., Koestner, R., & Ryan, R. M. (1999). A meta-analytic review of experiments examining the effects of extrinsic rewards on intrinsic motivation. <i>Psychological Bulletin</i> , 125(6), 627-668. doi:10.1037/0033-2909.125.6.627  Lepper, M. R., Greene, D., & Nisbett, R. E. (1973). Undermining children's intrinsic interest with extrinsic reward: A test of the "overjustification" hypothesis. <i>Journal of Personality and Social Psychology</i> , 28(1), 129-137. doi:10.1037/h0035519  Curry, S. J., Wagner, E. H., & Grothaus, C. (1991). Evaluation of intrinsic and extrinsic motivation interventions with a self-help smoking cessation program. <i>Journal of Consulting and Clinical Psychology</i> , 59(2), 318-324.
Behavior Intervention Plans and Classroom Management Systems	Behavior plans and behavior systems must be built on a foundation of universal social-emotional learning. Principals, deans, and school administrators must support that it is every staff member's job to use a trauma-responsive, whole-child approach with students that cultivates their social-emotional and psychological wellness.	Collaborative for Academic, Social, and Emotional Learning (CASEL); Stafford-Brizard (2016)  Stafford-Brizard, K. B. (2016). Building blocks for learning: A comprehensive framework for student development. Turnaround for Children. <a href="https://www.turnaroundusa.org/wp-content/uploads/2016/03/Turnaround-for-Children-Building-Blocks-for-Learningx-2.pdf">https://www.turnaroundusa.org/wp-content/uploads/2016/03/Turnaround-for-Children-Building-Blocks-for-Learningx-2.pdf</a>

Content Area	Guideline	Reference/Theoretical Foundation
Classroom Management Systems	<p>Use caution with public displays of behavior such as point charts and level systems (red light, yellow light, green light, etc.). Use of these systems can make a student feel threatened. Teachers often “warn” students about using these systems in a way that is perceived as a threat by the student. Additionally, these systems reinforce to students who are struggling that there is something wrong with them and that they don’t belong in the group. This is counter-productive to the development of a safe environment and a sense of belonging.</p> <p>If you want to use a display of some type to communicate with students about social-emotional skills, focus on emotions rather than behavior. For example, create a set of faces representing emotions and allow students to put their clothespin on the face that matches how they are feeling that day.</p>	<p>Neurosequential Model of Education; Tompkins-Rosenblatt &amp; VanderVen (2005); Mohr et al. (2009); American Association of Children’s Residential Centers (2010)</p> <p>Tompkins-Rosenblatt, P., &amp; VanderVen, K. (2005). Perspectives on point and level systems in residential care: A responsive dialogue. <i>Residential Treatment for Children &amp; Youth</i>, 22(3), 1-18.</p> <p>Mohr, W. K., Martin, A., Olson, J. N., Pumariega, A. J., &amp; Branca, N. (2009). Beyond point and level systems: Moving toward child-centered programming. <i>American Journal of Orthopsychiatry</i>, 79(1), 8-18. doi:10.1037/a0015375</p> <p>American Association of Children’s Residential Centers. (2010, December). <i>Redefining residential: Trauma-informed care in residential treatment</i>. www.aacrc-dc.org</p>
Emotional and Behavioral Crisis Situations	Focus on empathy and being attuned to the student’s needs, even in an emotional or behavioral crisis. Use strategies to help the student regulate, rather than trying to control the student. School staff must model the self-regulation strategies that students need to develop.	Core Beliefs and Principles
Emotional and Behavioral Crisis Situations; Discipline Policy	Do not use zero-tolerance policies for student behaviors other than bringing guns to school. Zero-tolerance policies are ineffective at reducing undesirable behavior, and may actually worsen behaviors and cause harm. Because behaviors have complex origins and students have different needs, responses to undesirable behaviors must be differentiated according to individualized circumstances and needs.	<p>American Psychological Association: <a href="https://www.apa.org/pubs/info/reports/zero-tolerance.pdf">https://www.apa.org/pubs/info/reports/zero-tolerance.pdf</a></p> <p>Colorado Department of Education: <a href="http://www.cde.state.co.us/pbis/alternativestozerotolerance">http://www.cde.state.co.us/pbis/alternativestozerotolerance</a></p>
Emotional and Behavioral Crisis Situations; Discipline Policy	Do not use physical punishment such as spanking/paddling or slapping hands with a ruler.	<p>Affi, T. O., Ford, D., Gershoff, E. T., Merrick, M., Grogan-Kaylor, A., Ports, K. A., ... &amp; Bennett, R. P. (2017). Spanking and adult mental health impairment: The case for the designation of spanking as an adverse childhood experience. <i>Child Abuse &amp; Neglect</i>, 71, 24-31.</p> <p>Gershoff, E. T., &amp; Grogan-Kaylor, A. (2016). Spanking and child outcomes: Old controversies and new meta-analyses. <i>Journal of Family Psychology</i>, 30(4), 453–469. <a href="https://doi.org/10.1037/fam0000191">https://doi.org/10.1037/fam0000191</a></p>

**Citation:**

Brock-Baca, A. (2018). Trauma responsive guidelines for behavior plans and classroom management systems. Denver, Colorado: Colorado Department of Human Services, Office of Behavioral Health.



# REFERENCES



## REFERENCES

- Agency for Healthcare Research and Quality (2017). Guide to patient and family engagement. Retrieved from <https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/index.html>
- Aguilar, E. (2016). *The Art of Coaching Teams: Building Resilient Communities that Transform Schools*. San Francisco, CA: Jossey-Bass.
- Aguilar, E. (2018). *Onward: Cultivating emotional resilience in educators*. San Francisco, CA: John Wiley & Sons.
- Alliance for the Advancement of Infant Mental Health (2018). Best practice guidelines for reflective supervision/consultation. Southgate, MI: Authors. : <https://mi-aimh.org/wp-content/uploads/2019/01/Best-Practice-Guidelines-for-Reflective-Supervision-and-Consultation.pdf>
- American Federation of Teachers (2012). ¡Colorín Colorado! Toolkit for educators: Reaching out to Hispanic parents of English Language Learners. [https://www.colorincolorado.org/sites/default/files/Colorin\\_Colorado\\_Toolkit\\_2012\\_0.pdf](https://www.colorincolorado.org/sites/default/files/Colorin_Colorado_Toolkit_2012_0.pdf)
- American Medical Association (2015). Team culture: Strengthen team cohesion and engagement. <https://edhub.ama-assn.org/steps-forward/module/2702515>
- American School Counselor Association (2015). The school counselor and peer support programs. [https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS\\_PeerHelping.pdf](https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_PeerHelping.pdf)
- Aupperle, R. L., Melrose, A. J., Stein, M. B., & Paulus, M. P. (2012). Executive function and PTSD: disengaging from trauma. *Neuropharmacology*, 62(2), 686–694. doi:10.1016/j.neuropharm.2011.02.008
- Balas, E. A., & Boren, S. A. (2000). Managing clinical knowledge for health care improvement. *Yearbook of Medical Informatics* 2000, 65-70.
- Baweja, S., Santiago, C.D., Vona, P., Pears, G., Langley, A. & Kataoka, S. (2016). Improving implementation of a school-based program for traumatized students: Identifying factors that promote teacher support and collaboration. *School Mental Health*, 8(1), 120-131. <https://doi.org/10.1007/s12310-015-9170-z>
- Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): A replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230–6.
- Bloom, S.L. (2019). The Sanctuary Model. <http://sanctuaryweb.com/TheSanctuaryModel.aspx>
- Bresciani, A. (2018) 7 rules of a vision statement that lasts. Retrieved from <https://www.alessiobresciani.com/leadership/7-rules-of-a-vision-statement-that-lasts/>
- Bruns, E. J. (2015). Wraparound is worth doing well: An evidence-based statement. In E. J. Bruns & J. S. Walker (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative.
- Bruns, E. J., Suter, J. C., Force, M. M., & Burchard, J. D. (2005). Adherence to wraparound principles and association with outcomes. *Journal of Child and Family Studies*, 14(4). 521–534. doi:10.1007/s10826-005-7186-y
- Center for Adolescent Studies. (n.d.).Trainings. <https://courses.centerforadolescentstudies.com>

- Centers for Disease Control and Prevention (2009). School Connectedness: Strategies for Increasing Protective Factors Among Youth. Atlanta, GA: U.S. Department of Health and Human Services. <https://www.cdc.gov/healthyyouth/protective/pdf/connectedness.pdf>
- Centers for Disease Control and Prevention (2012). Parent engagement: Strategies for involving parents in school health. Atlanta, GA: U.S. Department of Health and Human Services. [https://www.cdc.gov/healthyyouth/protective/pdf/parent\\_engagement\\_strategies.pdf](https://www.cdc.gov/healthyyouth/protective/pdf/parent_engagement_strategies.pdf)
- Center for the Study of Social Policy (2020). Strengthening Families. Increasing positive outcomes for children and families. <https://cssp.org/our-work/project/strengthening-families/>
- Center on Positive Behavioral Interventions and Supports (2019). <https://www.pbis.org/>
- Cole, S.F., Eisner, A., Gregory, M., & Ristuccia, J. (2013). Helping traumatized children learn: Supportive school environments for children traumatized by family violence, Volume 2: Creating and advocating for trauma-sensitive schools. Boston, MA: Massachusetts Advocates for Children. <https://traumasensitiveschools.org/tlpi-publications/>
- Cole, S.F., O'Brien, J.G., Gadd, M.G., Ristuccia, J., Wallace, D.L., & Gregory, M. (2005). Helping traumatized children learn: Supportive school environments for children traumatized by family violence: A report and policy agenda. Boston, MA: Massachusetts Advocates for Children. <https://traumasensitiveschools.org/tlpi-publications/>
- Collaborative for Academic, Social, and Emotional Learning (2015). 2015 CASEL guide: Effective social and emotional learning programs – Middle and high school edition. <http://secondaryguide.casel.org/>
- Collaborative for Academic, Social, and Emotional Learning (2019). Core SEL competencies. <https://casel.org/core-competencies/>
- Collaborative for Academic, Social, and Emotional Learning (2003). Safe and sound: An education leader's guide to evidence-based social and emotional learning (SEL) programs. Chicago: Author.
- Colorado Cross-Systems Training Institute (2019). <http://learn.coloradocsti.org>
- Colorado Department of Education (n.d.). Improving student learning with family and community engagement. [https://www.cde.state.co.us/uip/researchbrief\\_studentoutcomes](https://www.cde.state.co.us/uip/researchbrief_studentoutcomes)
- Colorado Department of Education (2016). Team-Driven Shared Leadership. <http://www.cde.state.co.us/mtss/team-drivensharedleadership>
- Colorado Department of Education (2018). Multi-tiered family, school, and community partnering. <http://www.cde.state.co.us/mtss/fscp>
- Colorado Department of Education (2018). Promising partnership practices. <http://cde.state.co.us/uip/promising>
- Colorado Department of Education (2018). SAC/DAC training and family engagement promising practices training materials. <http://cde.state.co.us/uip/trainingmaterials>
- Colorado Department of Education (2019). Multi-Tiered System of Supports. <https://www.cde.state.co.us/mtss>
- Colorado Department of Education (2019). School district board policy. [http://cde.state.co.us/uip/fscp\\_boardpolicy](http://cde.state.co.us/uip/fscp_boardpolicy)
- Colorado Education Initiative (2013). Colorado Framework for School Behavioral Health Services. <http://www.coloradoedinitiative.org/wp-content/uploads/2019/03/Colorado-Framework-for-Behavioral-Health-updated-links.pdf>
- Colorado School Safety Resource Center (n.d.) Talking to children about school safety: For school personnel. <https://www.cde.state.co.us/communications/talkingtochildrenaboutschoolsafety>

- Costello, B., Wachtel, J., & Wachtel, T. (2012). *The Restorative Practices handbook for teachers, disciplinarians, and administrators* (2nd Edition). International Institute for Restorative Practices.
- Doll, K. (2019). 23 resilience building tools and exercises (+ mental toughness test). <https://positivepsychology.com/resilience-activities-exercises/#science-based-activities>
- Dorado, J.S., Martinez, M., McArthur, L.E., & Leibovitz, T. (2016). Healthy Environments and Response to Trauma in Schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. *School Mental Health*, 8(1), 163-176.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405-432.
- Durlak, J. A., Weissberg, R. P., & Pachan, M. (2010). A meta-analysis of after-school programs that seek to promote personal and social skills in children and adolescents. *American Journal of Community Psychology*, 45(3-4), 294-309.
- Education Week. (4/7/20). Social-Emotional Learning: What's Happening in Schools. Vol 39 (29), 6-7. Retrieved from <https://www.edweek.org/ew/section/multimedia/data-how-district-leaders-principals-and-teachers.html>
- Effland, V. S., Walton, B. A., & McIntyre, J. A. (2011). Connecting the dots: Stages of implementation, wraparound fidelity, and youth outcomes. *Journal of Child and Family Studies*, 20, 726-736.
- Eggbeer, L., Mann, T., & Seibel, N. (2007). Reflective supervision: Past, present, and future. *Zero to Three*, 28(2), 5-9.
- Eklund, K., & Rossen, E. (2016). *Guidance for trauma screening in schools: A product of the defending Childhood State Policy Initiative*. Delmar, NY: National Center for Mental Health and Juvenile Justice. [http://www.ncmhjj.com/wp-content/uploads/2016/10/Screening-Eklund\\_rossen-FINAL-FORMATTED-1.pdf](http://www.ncmhjj.com/wp-content/uploads/2016/10/Screening-Eklund_rossen-FINAL-FORMATTED-1.pdf)
- Fendrich, M., Weissman, M. M., & Warner, V. (1990). Screening for depressive disorder in children and adolescents: validating the center for epidemiologic studies depression scale for children. *American Journal of Epidemiology*, 131(3), 538-551.
- Fixsen, D. L., Blase, K. A., Timbers, G. D., & Wolf, M. M. (2001). In search of program implementation: 792 replications of the Teaching-Family Model. In G.A. Bernfeld, D. P. Farrington, & A. W. Leschied (Eds.), *Offender rehabilitation in practice: Implementing and evaluating effective programs* (pp. 149-166). London: Wiley. Also published in 2007 in *The Behavior Analyst Today*, 8(1).
- Fixsen, D. L., & Blase, K. A. (2009). Implementation: The missing link between research and practice. NIRN Implementation Brief 1.
- Gabriel, J.G., & Farmer, P.C. (2009). *How to Help Your School Thrive Without Breaking the Bank*. Retrieved from <http://www.ascd.org/publications/books/107042/chapters/Developing-a-Vision-and-a-Mission.aspx>
- Goddard, Y. L., Goddard, R. D., & Tschannen-Moran, M. (2007). A theoretical and empirical investigation of teacher collaboration for school improvement and student achievement in public elementary schools. *Teachers College Record*, 109(4), 877-896.
- Goleman, D., & Senge, P. (2014). *The triple focus: A new approach to education*. More Than Sound.
- Grant, S., Hamilton, L.S., Wrabel, S.L., Gomez, C.J., Whitaker, A., Tamargo, J., et al. (2017). *Social and emotional learning interventions under the Every Student Succeeds Act: Evidence review*. Santa Monica, CA: RAND Corporation. <https://www.wallacefoundation.org/knowledge-center/pages/sel-interventions-under-essa-evidence-review.aspx>
- Gregory, A., Huang, L., Anyon, Y., Greer, E., & Downing, B. (2018). An examination of restorative interventions and racial equity in out-of-school suspensions. *School Psychology Review*, 47(2), 167-182. doi:10.17105/SPR-2017-0073.V47-2

- Hall, G. E., & Hord, S. M. (1987). *Change in schools: Facilitating the Process*. SUNY Press.
- Hamby, S., Grych, J., & Banyard, V. L. (2015). Life Paths measurement packet: Finalized scales. Sewanee, TN: Life Paths Research Program. <http://www.lifepathsresearch.org/strengths-measures/>
- Hawkins, J. D., Guo, J., Hill, K. G., Battin-Pearson, S., & Abbott, R. D. (2001). Long-term effects of the Seattle Social Development Intervention on school bonding trajectories. *Applied Developmental Science, 5*(4), 225-236.
- Head Start (2018). Understanding family engagement outcomes: Research to practice series. Retrieved from <https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/index.html>
- Health Enhancement Research Organization and Population Health Alliance (2015). Program measurement and evaluation guide: Core metrics for employee health management. Authors. <https://hero-health.org/wp-content/uploads/2015/02/HERO-PHA-Metrics-Guide-FINAL.pdf> or <https://populationhealthalliance.org/wp-content/uploads/2018/02/pha-metric-guide.pdf>.
- Heckman, P. E., & Sanger, C. (2013). How quality afterschool programs help motivate and engage more young people in learning, schooling, and life. *Expanding minds and opportunities: Leveraging the power of afterschool and summer learning for student success*, 16-22.
- Henry, J., Black-Pond, C., & Richardson, M. (2010). The national child traumatic stress network trauma screening checklist. Kalamazoo, MI: Southwest Michigan Children's Trauma Assessment Center, Western Michigan University. <https://wmich.edu/sites/default/files/attachments/u248/2014/Trauma%20screening%20checklist%200-5%20rev%2011-13-1.pdf>
- Hill, H.C. (2009). Fixing teacher professional development. *Phi Delta Kappan, 90* (7), 470-477.
- Holmes, C., Levy, M., Smith, A., Pinne, S., & Neese, P. (2015). A model for creating a supportive trauma-informed culture for children in preschool settings. *Journal of Child and Family Studies, 24*(6), 1650-1659.
- Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). *Advancing Comprehensive School Mental Health: Guidance From the Field*. Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine. Retrieved from HYPERLINK "<http://www.schoolmentalhealth.org/AdvancingCSMHS>"
- Infurna, F. J., Rivers, C. T., Reich, J., & Zautra, A. J. (2015). Childhood trauma and personal mastery: Their influence on emotional reactivity to everyday events in a community sample of middle-aged adults. *PLOS One, 10*(4), e0121840. doi:10.1371/journal.pone.0121840
- Institute for Behavioral Science (n.d.). Let's Connect. Retrieved from <http://www.letsconnect.org/>
- Jacobson, L. (2018). Flex time: Schools break out of scheduling ruts to improve learning for students, teachers. Education Dive. Retrieved from <https://www.educationdive.com/news/flex-time-schools-break-out-of-scheduling-ruts-to-improve-learning-for-stu/516878/>
- Jayanthi, M., & Nelson, J.S. (2002). *Savvy decision making: An administrator's guide to using focus groups in schools*. Thousand Oaks, CA: Corwin Press. [https://www.sagepub.com/sites/default/files/upm-binaries/7305\\_jayanthi\\_ch\\_1.pdf](https://www.sagepub.com/sites/default/files/upm-binaries/7305_jayanthi_ch_1.pdf)
- Jaycox, L.H., Langley, A.K., & Hoover, S.A. (2018). *Cognitive Behavioral Intervention for Trauma in Schools (CBITS)*, Second Edition. Santa Monica, CA: RAND Corporation. <https://www.rand.org/pubs/tools/TL272.html>
- Jennings, P. A., & Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research, 79*(1), 491-525.
- Jones, N.D., Bettini, E., & Brownell, M.T. (2016). Competing strands of educational reform policy: Can collaborative school reform and teacher evaluation reform be reconciled? Albert Shanker Institute. <http://www.shankerinstitute.org/resource/competingstrands>



- Jones, S., Brush, K., Bailey, R., Brion-Meisels, G., McIntyre, J., Kahn, J., Nelson, B., & Stickle, L. (2017). Navigating SEL from the inside out: Looking inside & across 25 leading SEL programs: A practical resource for schools and OST providers (elementary school focus). <https://www.wallacefoundation.org/knowledge-center/Documents/Navigating-Social-and-Emotional-Learning-from-the-Inside-Out.pdf>
- Joyce, B., & Showers, B. (2002). Student achievement through staff development. Alexandria, VA: Association for Supervision and Curriculum Development.
- Joyce, H. D., & Early, T. J. (2014). The impact of school connectedness and teacher support on depressive symptoms in adolescents: A multilevel analysis. *Children and Youth Services Review*, 39, 101-107.
- Kaiser Permanente Thriving Schools (2019). <https://thrivingschools.kaiserpermanente.org/>
- Keels, M., Durkee, M., & Hope, E. (2017). The psychological and academic costs of school-based racial and ethnic microaggressions. *American Educational Research Journal*, 54(6), 1316-1344.
- Kekahio, W., & Baker, M. (2013). Five steps for structuring data-informed conversations and action in education. (REL 2013-001). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory Pacific. Retrieved from <https://files.eric.ed.gov/fulltext/ED544201.pdf>
- Kidger, J., Araya, R., Donovan, J., & Gunnell, D. (2012). The effect of the school environment on the emotional health of adolescents: A systematic review. *Pediatrics*, 129(5), 925-949.
- Kline, T. (n.d.). Applying Maslow's hierarchy of needs in our classrooms. <http://www.changekidslives.org/actions-4>
- Kraft, M. A., Blazar, D., & Hogan, D. (2018). The effect of teacher coaching on instruction and achievement: A meta-analysis of the causal evidence. *Review of Educational Research*, 88(4), 547-588.
- Langley, A. K., Gonzalez, A., Sugar, C. A., Solis, D., & Jaycox, L. (2015). Bounce Back: Effectiveness of an elementary school-based intervention for multicultural children exposed to traumatic events. *Journal of Consulting and Clinical Psychology*, 83(5), 853-865. doi:10.1037/ccp0000051
- Layne, C. M., Strand, V., Popescu, M., Kaplow, J. B., Abramovitz, R., Stuber, M., ... & Pynoos, R. S. (2014). Using the core curriculum on childhood trauma to strengthen clinical knowledge in evidence-based practitioners. *Journal of Clinical Child & Adolescent Psychology*, 43(2), 286-300.
- Lesley University and Massachusetts Advocates for Children (2012). Trauma-Sensitive School Checklist. Retrieved from [http://www.tolerance.org/sites/default/files/general/trauma%20sensitive%20school%20checklist%20\(1\).pdf](http://www.tolerance.org/sites/default/files/general/trauma%20sensitive%20school%20checklist%20(1).pdf)
- Loeb, S., Darling-Hammond, L., & Luczak, J. (2005). How teaching conditions predict teacher turnover in California schools. *Peabody Journal of Education*, 80(3), 44-70.
- Lu, S., Pan, F., Gao, W., Wei, Z., Wang, D., Hu, S., ... Li, L. (2017). Neural correlates of childhood trauma with executive function in young healthy adults. *Oncotarget*, 8(45), 79843-79853. doi:10.18632/oncotarget.20051
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370.
- Massachusetts Advocates for Children: Trauma and Learning Policy Initiative (2005). Helping traumatized children learn. Boston, MA: Authors. <https://traumasensitiveschools.org/>
- Massachusetts Department of Elementary and Secondary Education (2018) Safe and Supportive Schools Self-Reflection Tool. <http://bhps321.org>

- McLeod, S. (2018). Maslow's hierarchy of needs. <https://www.simplypsychology.org/maslow.html>
- McNeely, C., & Falci, C. (2004). School connectedness and the transition into and out of health-risk behavior among adolescents: A comparison of social belonging and teacher support. *Journal of School Health, 74*(7), 284-292.
- McNeely, C.A., Nonnemaker, J.M., & Blum, R. W. (2002). Promoting school connectedness: Evidence from the National Longitudinal Study of Adolescent Health. *Journal of School Health, 72*: 138–146.
- Mental Health America (n.d.). Peer services. <https://www.mentalhealthamerica.net/peer-services>
- Mental Health Colorado and the Western Interstate Commission for Higher Education (n.d.). School Mental Health Toolkit (National). <https://www.mentalhealthcolorado.org/schooltoolkit/>
- Metz, A., Bartley, L., Ball, H., Wilson, D., Naoom, S., & Redmond, P. (2015). Active implementation frameworks for successful service delivery: Catawba county child wellbeing project. *Research on Social Work Practice, 25*(4), 415-422.
- Mildon, R. (2013). Using implementation science to improve outcomes for children and families. Parenting Research Centre.
- Molero, P. P., Ortega, F. Z., Jiménez, J. L. U., & Valero, G. G. (2019). Influence of emotional intelligence and burnout syndrome on teachers well-being: A systematic review. *Social Sciences, 8*(6), 1-12.
- Narayan, A. J., Rivera, L. M., Bernstein, R. E., Harris, W. W., & Lieberman, A. F. (2018). Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale. *Child Abuse & Neglect, 78*, 19-30.
- National Association of School Psychologists (2016). Trauma Sensitive Schools. <http://www.nasponline.org/resources-and-publications/resources/mental-health/trauma-sensitive-schools>
- National Center for Education Statistics (2019). English Language Learners in public schools. [https://nces.ed.gov/programs/coe/indicator\\_cgf.asp](https://nces.ed.gov/programs/coe/indicator_cgf.asp)
- National Center on Safe Supportive Learning Environments (2020). School Climate Survey Compendium. <https://safesupportivelearning.ed.gov/topic-research/school-climate-measurement/school-climate-survey-compendium>
- National Center on Safe Supportive Learning Environments (n.d.). Trauma sensitive schools training package. <https://safesupportivelearning.ed.gov/trauma-sensitive-schools-training-package> and [https://safesupportivelearning.ed.gov/sites/default/files/Building%20TSS%20Handout%20Packet\\_ALL.pdf](https://safesupportivelearning.ed.gov/sites/default/files/Building%20TSS%20Handout%20Packet_ALL.pdf)
- National Child Traumatic Stress Network (2008). Child trauma toolkit for educators. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. Retrieved from <https://www.nctsn.org/resources/child-trauma-toolkit-educators>
- National Child Traumatic Stress Network (2012). Organizational secondary traumatic stress. <https://www.nctsn.org/resources/organizational-secondary-traumatic-stress>
- National Child Traumatic Stress Network (2012). Secondary traumatic stress for educators. <https://www.nctsn.org/resources/secondary-traumatic-stress-educators>
- National Child Traumatic Stress Network (2017). Addressing race and trauma in the classroom: A resource for educators. <https://www.nctsn.org/resources/addressing-race-and-trauma-classroom-resource-educators>

- National Child Traumatic Stress Network (2019). Secondary traumatic stress core competencies in trauma-informed supervision self-rating tool. [https://www.nctsn.org/sites/default/files/resources/special-resource/secondary\\_traumatic\\_stress\\_competencies\\_rating\\_tool.pdf](https://www.nctsn.org/sites/default/files/resources/special-resource/secondary_traumatic_stress_competencies_rating_tool.pdf)
- National Child Traumatic Stress Network (n.d.). What is a trauma screening tool or process? <https://www.nctsn.org/treatments-and-practices/screening-and-assessments/trauma-screening>
- National Child Traumatic Stress Network (n.d.). Trainings. HYPERLINK “<https://learn.nctsn.org/course/view.php?id=147>”  
<https://learn.nctsn.org/>
- National Implementation Research Network (2018). The Hexagon: An Exploration Tool. <https://implementation.fpg.unc.edu/resources/hexagon-exploration-tool>
- National Implementation Research Network. (n.d.) Active Implementation Hub. <https://implementation.fpg.unc.edu/>
- National PTA (n.d.). Successful Family-School Partnerships. Retrieved from <https://www.pta.org/home/run-your-pta/National-Standards-for-Family-School-Partnerships>
- National School Climate Center (n.d.). National school climate standards: Benchmarks to promote effective teaching, learning and comprehensive school improvement. <https://www.schoolclimate.org/themes/schoolclimate/assets/pdf/policy/school-climate-standards.pdf>
- National work (n.d.). <https://www.nctsn.org/treatments-and-practices/core-curriculum-childhood-trauma>
- Noddings, N. (2005). What does it mean to educate the whole child? *The Whole Child*, 63(1), 8-13.
- Office for Victims of Crime (n.d.). Guidelines for a vicarious trauma-informed organization. Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. [https://vtt.ovc.ojp.gov/ojpasset/Documents/OS\\_HR\\_Guidelines-508.pdf](https://vtt.ovc.ojp.gov/ojpasset/Documents/OS_HR_Guidelines-508.pdf)
- Office for Victims of Crime (2017). The vicarious trauma toolkit. Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. <https://vtt.ovc.ojp.gov/>
- Ortega, L., Lyubansky, M., Nettles, S., & Espelage, D. L. (2016). Outcomes of a restorative circles program in a high school setting. *Psychology of Violence*, 6(3), 459-468. doi:10.1037/vio0000048
- Panorama Education (n.d.). Panorama Student Survey. <https://www.panoramaed.com/panorama-student-survey>
- Panorama Education (n.d.). Panorama Teacher Survey. <https://www.panoramaed.com/panorama-teacher-survey>
- Peace Health (2005). The Team Development Measure. [https://www.peacehealth.org/sites/default/files/Documents/TeamDevelopmentQuestionnaire\\_Mar08.pdf](https://www.peacehealth.org/sites/default/files/Documents/TeamDevelopmentQuestionnaire_Mar08.pdf)
- Perry, B. D., & Szalavitz, M. (2017). *The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook--What Traumatized Children Can Teach Us About Loss, Love, and Healing*. Basic Books.
- Perry, D.L., & Daniels, M.L. (2016). Implementing trauma-informed practices in the school setting: A pilot study. *School Mental Health*, 8(1),177-188.
- Phifer, L.W., & Hull, R. (2016). Helping students heal: Observations of trauma-informed practices in the schools. *School Mental Health*, 8(1), 201-205.

- Pianta, R. C., Steinberg, M. S., & Rollins, K. B. (1995). The first two years of school: Teacher-child relationships and deflections in children's classroom adjustment. *Development and Psychopathology*, 7(2), 295-312.
- Pires, S., Fields, S., McGarrie, L. (2016, May). Innovations in Children's Behavioral Health: Tiered Care Coordination Expert Convening. The Substance Abuse and Mental Health Services Administration with the National Technical Assistance Network for Children's Behavioral Health. Retrieved from <https://nwi.pdx.edu/pdf/TieredCareCoordinationExpertConveningMeetingSummary.pdf>
- Pittman, L. D., & Richmond, A. (2007). Academic and psychological functioning in late adolescence: The importance of school belonging. *The Journal of Experimental Education*, 75(4), 270-290.
- Povey, J., Campbell, A. K., Willis, L. D., Haynes, M., Western, M., Bennett, S., ... & Pedde, C. (2016). Engaging parents in schools and building parent-school partnerships: The role of school and parent organisation leadership. *International Journal of Educational Research*, 79, 128-141.
- Prewitt, E. (2016). New elementary and secondary education law includes specific "trauma-informed practices" provisions. ACES Connection. Retrieved from <https://www.acesconnection.com/g/aces-in-education/blog/new-elementary-and-secondary-education-law-includes-specific-trauma-informed-practices-provisions>
- Region 16 Education Service Center (n.d.). Parent Involvement Questionnaire. Retrieved from <http://www.esc16.net/upload/page/0309/docs/12%20Parent%20Involvement%20Questionnaire.pdf>
- Reister-Wood, T. (2015). Peers supporting an inclusive school climate. Inclusive Schools Network. <https://inclusiveschools.org/peers-supporting-an-inclusive-school-climate/>
- Ronfeldt, M., Farmer, S. O., McQueen, K., & Grissom, J. A. (2015). *Teacher collaboration in instructional teams and student achievement*. *American Educational Research Journal*, 52(3), 475-514.
- Roorda, D. L., Koomen, H. M., Spilt, J. L., & Oort, F. J. (2011). The influence of affective teacher-student relationships on students' school engagement and achievement: A meta-analytic approach. *Review of Educational Research*, 81(4), 493-529.
- Safe and Sound Schools. (n.d.) Safe and Sound Institute for School Safety. <https://www.safeandsoundschools.org/programs/institute/>
- Saldana, L., & Chamberlain, P. (2012). Supporting implementation: the role of community development teams to build infrastructure. *American Journal of Community Psychology*, 50(3-4), 334-346.
- Scheeringa, M.S., Zeanah, C.H., Drell, M.J., & Larrieu, J.A. (1995). Two approaches to the diagnosis of posttraumatic stress disorder in infancy and early childhood. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34(2), 191-200.
- SchoolSafety.gov. (n.d.). <https://www.schoolsafety.gov/>
- Schott Foundation for Public Education. (2014). Restorative practices: Fostering healthy relationships & promoting positive discipline in schools – A guide for educators. Retrieved from <http://schottfoundation.org/sites/default/files/restorative-practices-guide.pdf>
- Sege, R., Bethell, C., Linkenbach, J., Jones, J.A., Klika, B., & Pecora, P.J. (2017). *Balancing Adverse Childhood Experiences (ACEs) with HOPE: New Insights into the Role of Positive Experience on Child and Family Development*. Boston: The Medical Foundation. Retrieved from [www.cssp.org](http://www.cssp.org)
- Sege, R. D., & Harper Browne, C. (2017). Responding to ACEs with HOPE: Health Outcomes from Positive Experiences. *Academic Pediatrics*, 17(7S), S79-S85. doi:10.1016/j.acap.2017.03.007

- Skiba, R. J., Michael, R. S., Nardo, A. C., & Peterson, R. L. (2000). The color of discipline: Sources of racial and gender disproportionality in school punishment *The Urban Review*, 34(4), 317-342.
- Sherman, L.W., & Strang, H. (2007). *Restorative Justice: The Evidence*. London: The Smith Institute.
- Sprang, G., Ross, L., Blackshear, K., Miller, B. Vrabel, C., Ham, J., Henry, J. & Caringi, J. (2014). The Secondary Traumatic Stress Informed Organization Assessment (STSI-OA) tool, University of Kentucky Center on Trauma and Children, #14-STSO01, Lexington, Kentucky.
- Stafford-Brizard, K.B. (2016). Building blocks for learning framework. Turnaround for Children. Retrieved from <https://www.turnaroundusa.org>
- Stamm, B.H. (2010). The concise ProQOL manual, 2nd ed. Pocatello, ID: <http://ProQOL.org>.
- State Advisory Council for Parent Involvement in Education (n.d.). Families, schools, and communities partnering to support student learning. <https://www.cde.state.co.us/sacpie/sacpiebrochure91014>
- Substance Abuse and Mental Health Services Administration (2020). Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency Grants. <https://www.samhsa.gov/grants/grant-announcements/sm-20-016>
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. 14-4884). Retrieved from <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>
- Substance Abuse and Mental Health Services Administration. (2018). Peers. <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>
- Substance Abuse and Mental Health Services Administration (2020). Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency Grants. <https://www.samhsa.gov/grants/grant-announcements/sm-20-016>
- Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development*, 88(4), 1156-1171.
- Team Health Check (2017). <https://theteamhealthcheck.com/>
- Thapa, A., Cohen, J., Guffey, S., & Higgins-D'Alessandro, A. (2013). A review of school climate research. *Review of Educational Research*, 83(3), 357-385.
- Thinking Collaborative (2019). Adaptive Schools and trauma informed practices. <https://www.thinkingcollaborative.com/stj/adaptive-schools-trauma-informed-practices/>
- Top Non Profits. (n.d.) Retrieved from <https://topnonprofits.com/examples/nonprofit-mission-statements/>
- Traumatic Stress Institute (n.d.). Trauma-Informed Care in Youth Serving Settings: Organizational Self-Assessment. Retrieved from <https://traumaticstressinstitute.org/resources/trauma-informed-care-organizational-assessment/>
- Treatment and Services Adaptation Center (n.d.). Trauma Responsive Schools Implementation Assessment (TRS-IA). Retrieved from <https://traumaawareschools.org/TraumaResponsiveSchools>
- Understanding Family Engagement Outcomes: Research to Practice Series <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/rtp-advocates-leaders.pdf>
- United States Department of Education. 21st Century Community Learning Centers. Retrieved from <https://www2.ed.gov/programs/21stcclc/index.html>

University of South Florida College of Behavioral and Community Sciences (2010). Creating Trauma-Informed Care Environments: An Organizational Self-Assessment. [http://traumatransformed.org/wp-content/uploads/tia\\_usf.pdf](http://traumatransformed.org/wp-content/uploads/tia_usf.pdf)

United States Department of Education. 21st Century Community Learning Centers. Retrieved from <https://www2.ed.gov/programs/21stcclc/index.html>

Verbitsky-Savitz, N., Hargreaves, M.B., Penoyer, S., Morales, N., Coffee-Borden, B., & Whitesell, E. (2016). Preventing and mitigating the effects of ACEs by building community capacity and resilience: APPI cross-site evaluation findings. Washington, DC: Mathematica Policy Research.

Walkley, M., & Cox, T.L. (2013). Building trauma-informed schools and communities. *Children & Schools*, 35(2), 123-126.

Whiston, S. C., Tai, W. L., Rahardja, D., & Eder, K. (2011). School counseling outcome: A meta-analytic examination of interventions. *Journal of Counseling & Development*, 89(1), 37-55.

Whitesell, E. (2016). Preventing and Mitigating the Effect of ACEs by Building Community Capacity and Resilience: APPI Cross-Site Evaluation Findings. Washington, DC: Mathematica Policy Research.

Wisconsin Department of Public Instruction (2016). Wisconsin Trauma-Sensitive Schools Fidelity Tool. Retrieved from <https://dpi.wi.gov/sspw/mental-health/trauma/evaluation>

Youth Truth (n.d.). Spotlight On: School Safety. Retrieved from: <https://youthtruthsurvey.org/spotlight-on-school-safety/#section1>

<https://www.turnaroundusa.org/what-we-do/tools/building-blocks>

<https://www.schoolclimate.org/about/our-approach/why-is-school-climate-important>

## DISCLAIMER

Published in 2020 by the Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) at the University of North Dakota, Northern Plains Center for Behavioral Research 400 Oxford St, Grand Forks, ND 58202.

This publication was prepared for the Mental Health Technology Transfer Center (MHTTC) under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this publication, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this publication for a fee without specific, written authorization from the Mountain Plains MHTTC. For more information on obtaining copies of this presentation please call 701-777-6367. At the time of this publication, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of Evelin Gomez, Ashley Brock-Baca, Angèle Fauchier, and Erin Briley and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this publication is intended or should be inferred. The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.