Third Meeting of the Cross-State Collaborative to Support Schools in the Opioid Crisis (CCSSOC)

April 8, 2020

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Agenda

- Overview of Revisions to Program Selection Resources

- Virginia Tiered Systems of Supports (VTSS): Building Trauma Sensitive Schools through Multi-Tiered Systems

- Resource: Common Trauma Symptoms in Students and Helpful Strategies for Educators

- Member "Pulse" on Evidence

- Next Steps

Overview of Revisions to Program Selection Resources

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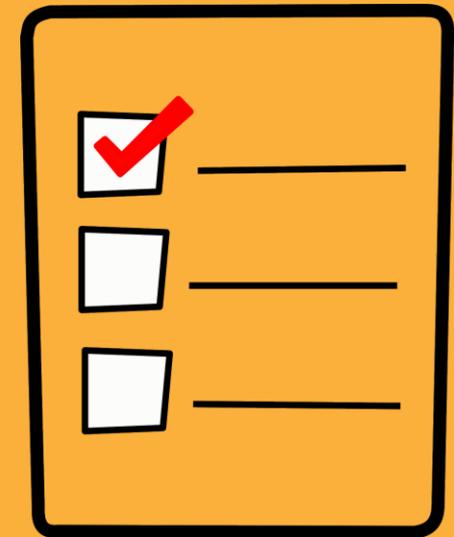
Selecting the Right Interventions to Support Students' Mental Health Needs: Revisions based on your input

- Collaborative member-advisers suggested incorporating more detailed decision-making tools/resources to further guide selection of appropriate evidence-based programs.
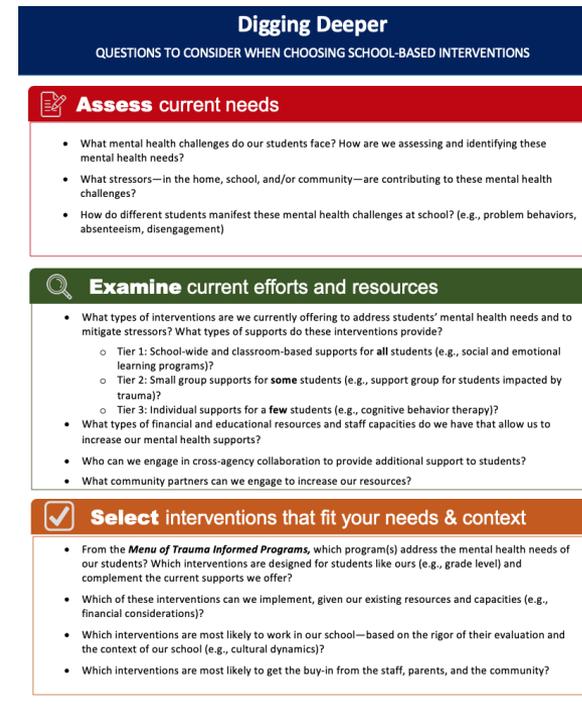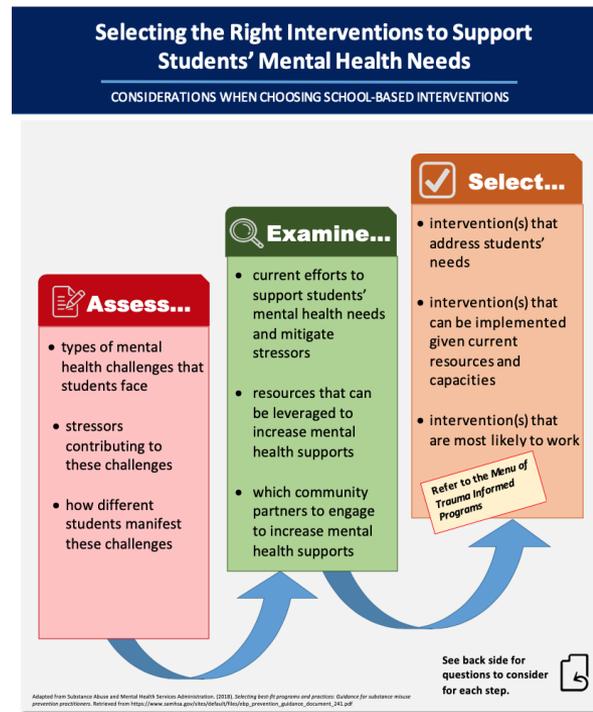
APPENDIX B: BROAD STEPS FOR SELECTING APPROPRIATE EBPs

STEP 1: IDENTIFY THE NEED/GAP AND DEVELOP GOALS

What is the primary concern we would like to address?	
What are the contextual features of the problem (e.g., setting, conditions, context)	
What are our goals for the intervention?	

STEP 2: SEARCH THE SUGGESTED DATA BASES PROVIDED – AND GENERATE A LIST (APPENDIX C)

Do the goals of the program match our identified needs/gaps?	
Is our setting similar to those who have previously benefitted from the program?	
Does the age, grade, gender, ethnicity, etc. of the students that the program was intended for match those of our target group? If not, can it be adapted to meet the unique needs of our students or to make it more culturally sensitive without significantly affecting the integrity of the intervention/program?	
Has the program been shown in rigorous evaluations to produce meaningful results in school settings that are similar to context in which it will be implemented?	
What is the Level of Evidence? (see Levels of Evidence pyramid)	
Are there adequate resources available to:	
a) Purchase materials initially	
b) Purchase materials ongoing	
c) Support professional development initially	
d) Support professional development ongoing (with coaching)	
e) Fund potential release time initially	
f) Fund potential release time ongoing	
c) Implement the program with fidelity, according to the proven protocol?	

STEP 3: CONSIDER BENEFITS AND DISADVANTAGES OF THE LISTED PROGRAMS?

What are the benefits and disadvantages of each program you are considering?	
Where do each of the programs fall in terms of both evidence and practicality?	
To what degree does each of the programs demonstrate characteristics of effectiveness? (i.e., comprehensive, varied teaching methods, sufficient dosage, theory driven, positive relationships, appropriately timed, socioculturally relevant, outcome evaluation)	

STEP 4: AS A TEAM, SELECT AN APPROPRIATE PROGRAM

Has all the necessary information been collected?	
Have all the options been considered?	

School Mental Health Decision Support Tool: Student Mental Health Awareness Resources — PAGE 15

The Hexagon: An Exploration Tool

The Hexagon can be used as a planning tool to guide selection and evaluate potential programs and practices for use.

IMPLEMENTING SITE INDICATORS

CAPACITY TO IMPLEMENT

Staff meet minimum qualifications

Able to sustain staffing, coaching, training, data systems, performance assessment, and administration

- Financial capacity
- Structural capacity
- Cultural responsivity capacity

Buy-in process operationalized

- Practitioners
- Families

FIT WITH CURRENT INITIATIVES

Alignment with community, regional, state priorities

Fit with family and community values, culture and history

Impact on other interventions & initiatives

Alignment with organizational structure

NEED

Target population identified

Disaggregated data indicating population needs

Parent & community perceptions of need

Addresses service or system gaps

PROGRAM INDICATORS

EVIDENCE

Strength of evidence—for whom in what conditions:

- Number of studies
- Population similarities
- Diverse cultural groups
- Efficacy or Effectiveness

Outcomes – Is it worth it?

Fidelity data

Cost – effectiveness data

USABILITY

Well-defined program

Mature sites to observe

Several replications

Adaptations for context

SUPPORTS

Expert Assistance

Staffing

Training

Coaching & Supervision

Racial equity impact assessment

Data Systems Technology Supports (IT)

Administration & System

NIRN | NATIONAL IMPLEMENTATION RESEARCH NETWORK
AT THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

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Hexagon center labels: EVIDENCE, CAPACITY, USABILITY, FIT, SUPPORTS, NEED
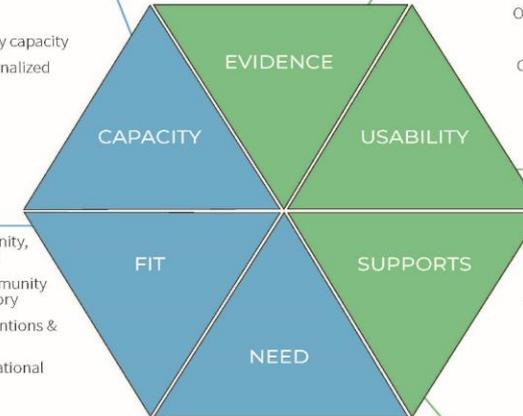
Menu of trauma-informed programs for schools: Revisions based on your input

- Members indicated wanting more information about the following:
  - Available training/refreshers; Cost; Time; Relevant demographic information

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Tier 1: *Universal support for all students*						
Program Name (and developers)	**Program Description**	**Grade**	**Participants**			**Program Setting**
			All Students	**Educators**	**Specific Sub-Groups**	
Heart of Learning and Teaching (HLT) (Office of Superintendent of Public Instruction in Washington and Western Washington University)	A curriculum for teachers that includes modules on trauma, building compassionate schools, self-care, collaborative problem solving, and role plays, games, and case vignettes.	K–12	✓		Program designed for all students. Evaluation study conducted with female students involved in the foster care and juvenile justice systems.	Classroom
Monarch Room (MR) (Baroni, Day, Crosby, Somers, & Vanderwill)	A room managed by trained staff that provide various strategies (e.g., sensory-integration activities, problem-solving conversations) when students are referred due to escalated negative emotions or behavior.	K–12	✓			Separate room within school
Resilience Classroom Curriculum (aka FOCUS) (Ijadi-Maghsoodi, Marlotte, Garcia, Aralis, Escudero, Lester, & Kataoka)	A trauma-informed resilience-building preventive classroom intervention for students in high-risk environments (e.g., urban neighborhoods known for violence).	K–12	✓			Classroom
The Supportive Trauma Interventions for Educators (STRIVE) (Boston Medical Center, Boston Public Schools, and Vital Village Network)	A program that aims to improve classroom environments and develop trauma-sensitive school systems connected to community-based resources.	K–2	✓	✓		Classroom

Considerations column:
- HLT: (none)
- Monarch Room: Often implemented with Heart of Learning and Teaching (HLT).
- Resilience Classroom Curriculum: For more information about the program for military families, see this site.

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Tier 1: *Universal support for all students*							
Program Name	**Resource Intensity[1]**	**Implementation Considerations**				**Evaluation Information[2]**	
		Who Implements[1]	**Professional Development/Training**	**Materials and Cost**	**Implementation Timeframe**	**Level of Evidence[1]**	**Findings[1]**
Heart of Learning and Teaching (HLT)	Low	School staff	Training workshops are optional for staff, but not required. Two half-day trainings, with booster trainings occurring monthly over 2-hour periods at staff development meetings.	Free downloadable manual; screening materials.	Program integrated into the daily classroom curriculum. Manual provides ideas for activities for teachers to implement as they see fit.	Demonstrates a Rationale (ESSA)	Potential for… **Students:** Decreased PTSD symptoms[3]. Relevant research thus far has been conducted with middle and high school female students with a history of abuse and neglect at a public charter school that works exclusively with female court-involved students in a mid-western U.S. city.
Monarch Room (MR)	High	Trauma-trained staff	No public information identified	Online publications and presentations.	Staff time to manage the MR.	None	No known evaluation with outcomes of interest.
Resilience Classroom Curriculum (aka FOCUS)	High	Mental health professionals	Program training (1 day).	No public information identified	Consists of 9 modules taught during class time. Modules generally last 45–55 minutes but can be split into two 25-minute modules if needed.	Demonstrates a Rationale (ESSA)	Potential for… **Students:** Improved empathy and problem solving. Relevant research thus far has been conducted with low-income, racially and ethnically diverse children in urban settings. Research has also been conducted in military-connected public schools in Southern California.
The Supportive Trauma Interventions for Educators (STRIVE)	High	Educators, parents, and caregivers	Program training (1 day or 2 day), ongoing consultation/coaching for staff.	Screening materials; program materials.	Program integrated into the daily classroom curriculum.	Demonstrates a Rationale (ESSA)	Potential for… **Students:** Improved coping skills and classroom behaviors. **Staff:** Improved classroom behavior management/organization, knowledge of trauma, confidence in implementing strategies, and self-efficacy. Relevant research thus far has been conducted in Boston, Massachusetts.

[1] See Key on page 5 for more information.
[2] See citations for program evaluations on page 11.
[3] One evaluation study also found that students indicated that their need for school safety and security *increased* (rather than decreased) after the program.

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REL Appalachia at SRI International

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Virginia Tiered Systems of Supports (VTSS): Building Trauma Sensitive Schools through Multi-Tiered Systems

Wendi Jenkins
VTSS Systems Coach
VTSS RIC

Regina Pierce
VTSS Consultant
VTSS RIC

Virginia Tiered Systems of Supports

Building Trauma Sensitive Schools through Multi-Tiered Systems

We want to get to know you!

Within your role, how have you worked with school divisions to support them in the work of trauma sensitive schools.

VTSS Defined

Virginia Tiered Systems of Support (VTSS) is a data-informed decision making framework for establishing the social culture and academic and behavioral supports needed for the school to be an effective learning environment (for academics, behavior and social-emotional wellbeing) for all students.

Website

VTSS is a way of work.

https://vtss-ric.org/

VTSS Implementation Logic

OUTCOMES

SYSTEMS
Promote adult wellness by creating a nurturing environment

DATA
Expand the data that teams use to identify which skills to teach

PRACTICES
Teach SEL Competencies using VTSS Instructional Systems

https://www.pbis.org/Common/Cms/files/pbisresources/TeachingSocialEmotionalCompetencieswithinAPBISFramework.pdf
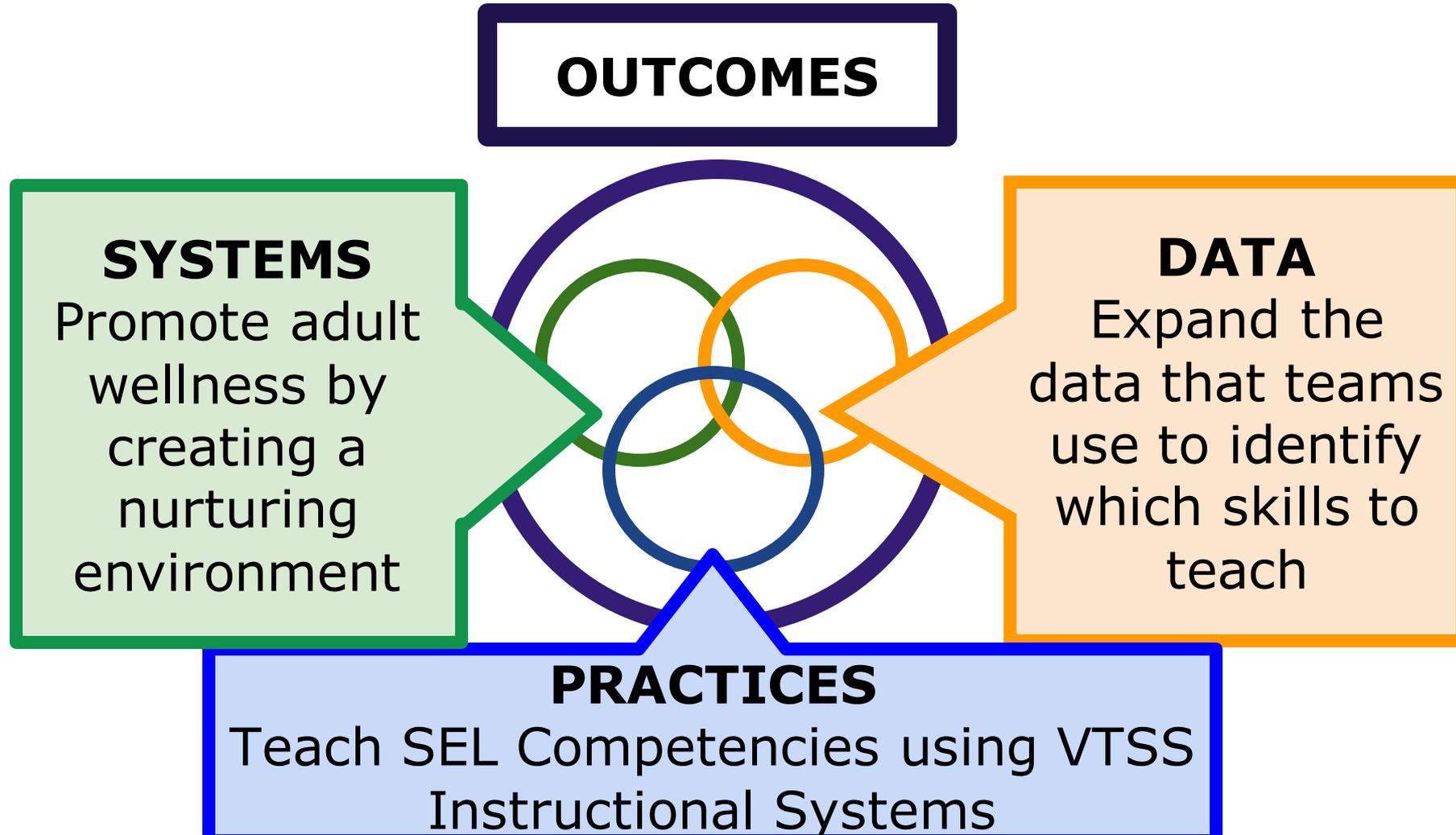
The Three Tier Framework
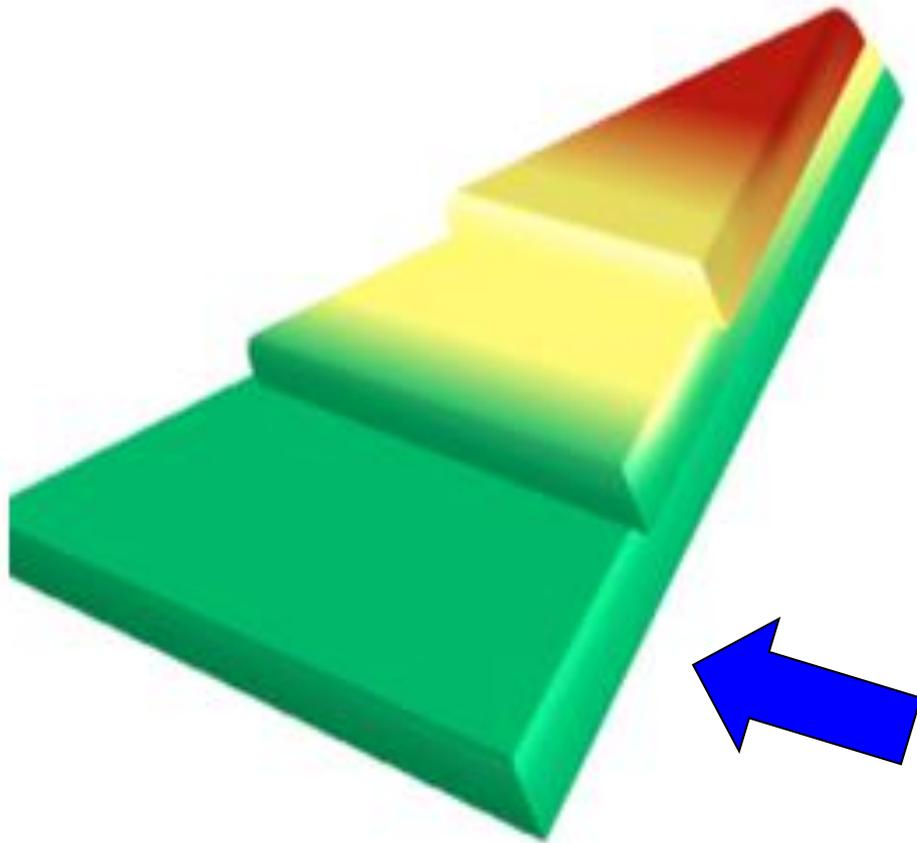
Tier 3 for a *Few*: Intensive, Individualized

Tier 2 for *Some*: Targeted for Small Groups

Tier I for *All*: Core/Universal

Key features of VTSS

- Aligned Organizational Structure
- Data Informed Decision Making
- Evidence Based Practices
- Family, School, Community Partnerships
- Monitoring Students Progress
- Evaluation of Process
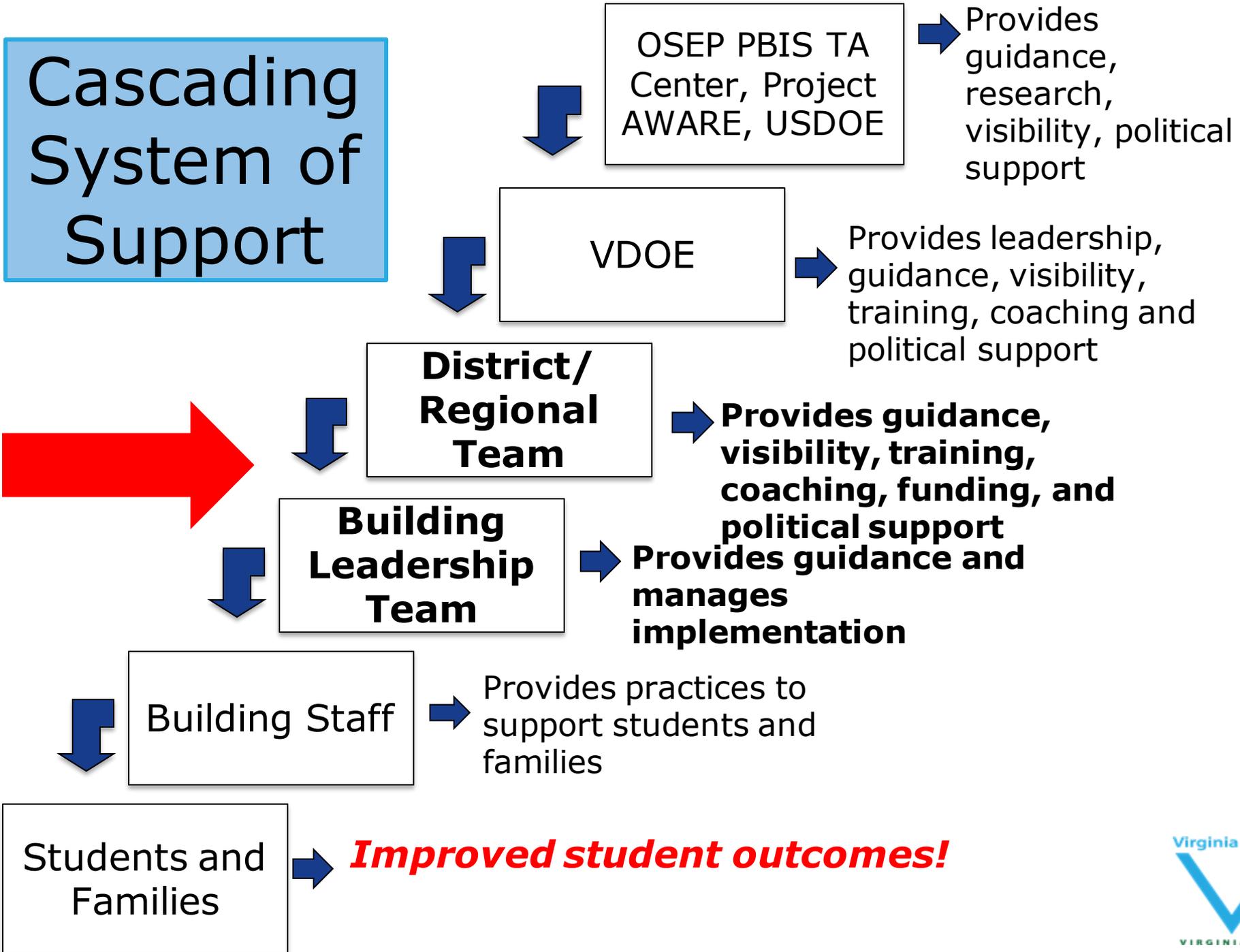
Share a surprise and a similarity!

Please share an aha! or surprise you learned from gaining more knowledge about VTSS.

OR

What part of VTSS is similar to your work?

Language Matters

Trauma Sensitive

A framework in which *schools* acknowledge the high prevalence of traumatic exposure for students, the importance of staff well-being and strives to meet the unique needs of all learners.

Black, P., Cook, E. & Daniel, S. 2017

Trauma Informed

A framework which arose in the *behavioral health* field which recognizes all types of trauma and an awareness of the impact it can have across settings, services, and population.

Virginia Tiered Systems of Supports

VTSS

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Starting with Data: Integrated Data Dashboard

Common Data

Grades

Test scores

Universal screening for behavior and academics

Office Disciplinary Referrals

Suspensions

Graduation rates

Risk ratios

Absenteeism

Mental Wellness

Social Emotional Screeners

Nurse visits

Community Data (Community Data: statistics on prevalence of mental illnesses in the U.S. or your community, trends in the use of mental health services

Virginia Tiered Systems of Supports

VTSS

VIRGINIA DEPARTMENT OF EDUCATION

Trauma-Sensitive Checklist

Trauma-Sensitive School Checklist

Lesley University
Center for Special Education

Trauma and Learning Policy Initiative
of Massachusetts Advocates for Children
and the Legal Services Center of Harvard Law School

This checklist is organized by five components involved in creating a trauma-sensitive school. Each component consists of several elements. Please assess your school on each element according to the following scale:

1 Element is **not at all** in place

2 Element is **partially** in place

3 Element is **mostly** in place

4 Element is **fully** in place

School _____   Date _____

Team Members (name and position)

_____

_____

_____

_____

_____

A trauma-sensitive school is a safe and respectful environment that enables students to build caring relationships with adults and peers, self-regulate their emotions and behaviors, and succeed academically, while supporting their physical health and well-being.

Agency Checklist

TRAUMA INFORMED SYSTEM CHANGE INSTRUMENT

As part of the evaluation of this project, we are tracking system change at a service provider level, at an agency level, and at the county system level. Please complete the following to help us understand your perception of change needed in these areas.

Organizational Change Self-Evaluation – The Current System

Rate the following statements regarding **your agency** as it currently operates.

Item Number		Not at All True for My Agency	A Little True for My Agency	Somewhat True for My Agency	Mostly True for My Agency	Completely True for My Agency
1.	Written policy is established committing to trauma informed practices	1	2	3	4	5
2.	The agency has a formal system for reviewing whether staff are using trauma informed practice	1	2	3	4	5
3.	There is system of communication in place with other agencies working with the child for making trauma informed decisions about the child or family	1	2	3	4	5
4.	There are structures in place to support consistent trauma informed responses to children and families across roles within the agency					

https://traumainformedoregon.org/wp-content/uploads/2014/10/Trauma-Informed-System-Change-Instrument-Organizational-Change-Self-Evaluation.pdf

What data sources does your organization use?

- data points?
- checklists?
- surveys?
- others?

Trauma Work Alignment with VTSS

- Trauma Alignment

  - Anchored to the Tiered Fidelity Inventory (TFI) and beginning to include Academic-TFI (A-TFI)

    - Family, Student, Community Engagement
    - Relationships
    - Social Emotional Learning (SEL)
    - Understanding of brain and behavior
    - Functioned-based thinking
    - Vulnerable Decision Points
    - Interventions
    - Professional Learning
    - Self-Care

School Division Example

Questions about our training?

Relationships

"If children experience stress (trauma) but also have a warm, loving adult to support them, then that child will be able to respond to and recover from even the most difficult of circumstances."

Melissa Bright, Research Scientist Unv. of Florida

Ways to Build Relationships

GREETING STUDENTS

STUDENT VOICE

2x10

QUESTIONNAIRES & SURVEYS

Virginia Tiered Systems of Supports
VTSS
VIRGINIA DEPARTMENT OF EDUCATION

Effective Classroom Practices "The VTSS Ten"

- Physical Environment
- Active Supervision
- Defining Classroom Expectations
- Routines and Procedures
- Opportunities to Respond
- Formative Assessment
- Scaffolding
- Acknowledgement & Behavior Specific Praise
- Error Correction
- Feedback: Building Community, Collaboration, Citizenship Through Effective Feedback

Refer to Handout

VTSS 10 Practices Are Trauma Informed		
VTSS 10	**What is the strategy**	**WHY this practice supports students impacted by trauma**
1. Arrange the Physical Environment	• Traffic patterns are clearly defined and allow movement without disrupting others. • Desks and furniture arrangement are built around the types of instructional activities and are arranged for maximum student and teacher visibility and access.	Setting the physical environment to allow teacher to monitor students and activities promotes feeling of safety and predictability for students. Considering traffic patterns to avoid disruption supports students to respect personal space of others.

Virginia Tiered Systems of Supports

VTSS
VIRGINIA DEPARTMENT OF EDUCATION

How Do We Select When Students Need More?
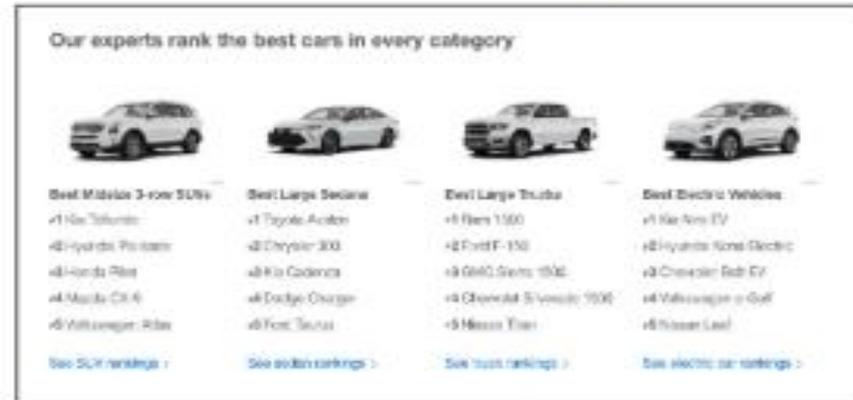
We Use This:
Evidence Based Practice Tool

Selection of Evidence Based Practices for Reading, Math, and Behavior: *Is it the right thing to do? Do we think we can do it the right way?*

DATA	PRACTICES	SYSTEMS
NEED	**EVIDENCE**	**RESOURCES**
Do we have data that supports the need?	Is there research to support its use?	Is there time and money for adequate training?
Have we considered parent and community support?	Is there research to support its use with a particular population?	Is the technology department able to support the EBP if needed?
Will this EBP support a school improvement or continuous improvement goal?	Is the effect size sufficient?	Is there time and money for adequate coaching?
Is there data specific to the EBP that can serve as a component of progress monitoring?	Is it cost-effective or is there something less expensive that yields similar results?	**READINESS**
Can the data be communicated to students (feedback) and parents?	Is there a fidelity checklist or tool?	Does the leadership team support the EBP?
Is there a system in place to evaluate the data to determine outcomes?	**FIT**	Did the leadership team obtain buy-in?
	Are there competing initiatives?	Have committed staff members to been selected to implement?
	Is there clarity about where the initiative fits in the tiered system?	**CAPACITY**
	Is there sufficient time in the schedule for the EBP?	Has the coach or expert on the EBP been identified as a primary assistant and communicator?
		Is the EPB easily replicated ?
		Does the division support the EBP?
		Can families be shown how to support the EBP?

Resources: Collaborative on Academic, Social and Emotional Learning: https://casel.org/
Practices: National Center on Intensive Interventions: https://intensiveintervention.org/
Equitable Classroom Practices Checklist: https://greatlakesequity.org/sites/default/files/201001011005_equity_tool.pdf
Evidence-Based Behavioral Practices: https://ebbp.org/
Positive Behavioral Interventions and Supports (PBIS): https://www.pbis.org/
SAMHSA Registry of Evidence-Based Program and Practices: https://www.samhsa.gov/ebp-resource-center
RTI Action Network http://www.rtinetwork.org/
What Works Clearinghouse by the USDOE Institute of Education Sciences: https://ies.ed.gov/ncee/wwc/practiceguides

Virginia Tiered Systems of Supports

Challenges

- Professional Learning

- Staff Buy-in

- Data and Alignment

- Confidentiality

Collaboration

- Virginia Department of Education (funder)
- Formed Families Forward
- School Divisions within Virginia VTSS
- Trauma Informed Community Network
- Governor's Children's Cabinet Trauma Informed Care Workgroup Workgroup
- SAMHSA/Project Aware
- Department of Behavioral Health and Development Services (DBHDS)

Working with Community Partners

Different models around the state:

- Fauquier
- Frederick
- Fairfax
- Montgomery Co/Pulaski Co
  - Works with Community Services Board to provide In-School Clinicians – to provide counseling services that would typically be received in outpatient

Video Resources

➢ Allison Sampson-Jackson: https://vimeo.com/109042767

➢ D.J. Batiste: https://youtu.be/DRJYJrs7Fso

➢ Formed Families Forward https://formedfamiliesforward.org/resource_category/trauma-specific-topics-schools/

Questions/Contact Information

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Resource: Common Trauma Symptoms in Students and Helpful Strategies for Educators

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Common trauma symptoms in students and helpful strategies for educators

Common Trauma Symptoms in Students and Helpful Strategies for Educators

Trauma can have a detrimental impact on students' functioning in the school setting.[1] Educators need tools to identify and support students who may have experienced or are currently experiencing traumatic stress.

The front of this handout lists common trauma symptoms grouped into the following categories: **physical, cognitive, social and emotional, language and communication,** and **learning.**[2] It is important to note that children can respond to trauma in many different ways and may not exhibit all of these symptoms. You can use this list to guide your thinking in identifying students who may have experienced trauma and providing or referring students to appropriate supports.

The back of this handout outlines strategies for working with students who may exhibit emotional or behavioral symptoms of trauma. You can use **preventative strategies** in everyday classroom interactions, **"in the moment" strategies** when students are in crisis, and **"after the moment" strategies**[3] after a student's behaviors and emotions have deescalated. These strategies generally target students' **safety, positive relationships,** and **self-regulation,** and are focused on **teaching appropriate skills** and **avoiding punishment** (which may re-traumatize students).

Physical	• Increased somatic complaints (e.g., headaches and stomachaches) • Over- or under-reacting to stimuli (e.g., getting startled easily [or not at all] by bells, physical contact, doors slamming, sirens) • Increased activity level (e.g., fidgeting, getting out of seat) • Withdrawal from other people and activities
Cognitive	• Recreating the traumatic event (e.g., repeatedly talking about or "playing out" the event) or avoiding topics that serve as reminders • Difficulties with executive function (e.g., impulse control, attention) • Worry and fear about safety of self and others • Dissociation (e.g., disconnected from surroundings, "spacing out")
Social and Emotional	• Rapid changes in heightened emotions (e.g., extremely sad to angry) • Change in ability to interpret or respond appropriately to social cues • Difficulties with emotion regulation and impulse control (e.g., angry outbursts, aggression, increased distress) • Emotional numbness, isolation, and detachment
Language and Communication	• Language development delays and challenges • Difficulties with expressive (e.g., expressing thoughts and feelings) and receptive language (e.g., understanding nonverbal cues) • Difficulties with nonverbal communication (e.g., eye contact) • Use of hurtful language (e.g., to keep others at a distance)
Learning	• Absenteeism and changes in academic performance/engagement • Difficulties with authority, redirection, or criticism • Difficulties listening and concentrating during instruction • Difficulties with memory (e.g., may require more repetitions) • Difficulties generalizing learned material in different contexts

[1] Honsinger & Brown, 2019.
[2] Symptoms adapted from Statman-Weil, 2015 and National Child Traumatic Stress Network Schools Committee, 2008.
[3] Strategies adapted from Honsinger & Brown, 2019.

PREVENTATIVE STRATEGIES

Safe and Predictable Environment
- **Create** a welcoming classroom environment (e.g., greet students by name, do show and tells)
- **Post** class expectations at the front of the classroom
- **Display** a daily schedule and explain any deviations
- **Prepare** students for transitions (e.g., give a signal)
- **Communicate** clear safety procedures

Relationship Building
- **Talk** to students about their hobbies and interests
- **Use** a respectful tone during interactions
- **Involve** students in developing behavior/safety plans
- **Try** the 2x10 strategy with challenging students (talk with the student for at least 2 minutes each day for 10 days in a row)

Self-Regulation
- **Incorporate** activities that build coping strategies (e.g. identifying and validating emotions, deep breathing)
- **Create** calming spaces or break times with constructive activities that are *not* used as a punishment/time-out
- **Model and practice** appropriate social skills
- **Teach** students how to name and scale their emotions (e.g. rate anger on a scale of 1-5)

"IN THE MOMENT" STRATEGIES

Safe and Predictable Environment
1. **Be aware** of the student's body language, tone of voice, and emotional state
2. **Direct** other students to follow outlined safety procedures
3. **Provide** student with the opportunity to go to a safe space (e.g., meditation room, counseling office)
4. **Alert** appropriate support staff, when necessary

Relationship Building
1. **Project** calmness while approaching student using verbal and nonverbal techniques (e.g., using a respectful tone, sitting beside the student instead of standing over them)
2. **Show** you are listening and giving your full attention
3. **Express** that you care for the student and that they are safe

Self-Regulation
1. **Relax** before responding (deep breath, count to 10)
2. **Encourage** student to use relaxation and coping skills, and "comfort" objects
3. **Validate** student emotions (e.g., "You seem frustrated right now. Is that correct?")
4. **Assist** the student in identifying reasonable and safe response options (e.g., go to the counselor's office)

✗ When a student is in crisis, DO NOT: ✗
- Argue or get into a power struggle
- Raise your voice
- Handle the situation in public or in front of student's peers
- Use punitive punishment

"AFTER THE MOMENT" STRATEGIES

- **Provide** students with a safe place to talk about what happened
- **Engage** in a discussion with the student that includes:
  - Praise for any relaxation or coping skills the student used
  - Appropriate responses and strategies to use if the situation arises again
  - Potential consequences or negative outcomes if negative behavior continues
  - Specific steps for successfully resuming the classroom routine
- **Refer** students to other resources and supports or notify appropriate school support staff, when necessary

References
Honsinger, C. & Brown, M. H. (2019). Preparing trauma-sensitive teachers: Strategies for teacher educators. *Teacher Educators' Journal, 12*, 129-15.
National Child Traumatic Stress Network Schools Committee. (2008). *Child trauma toolkit for educators.* Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.
Statman-Weil, K. (2015). Creating trauma-sensitive classrooms. *Young Children, 70*(2), 72-79.

Common trauma symptoms in students

Physical
- Increased somatic complaints (e.g., headaches and stomachaches)
- Over- or under-reacting to stimuli (e.g., getting startled easily [or not at all] by bells, physical contact, doors slamming, sirens)
- Increased activity level (e.g., fidgeting, getting out of seat)
- Withdrawal from other people and activities

Cognitive
- Recreating the traumatic event (e.g., repeatedly talking about or "playing out" the event) or avoiding topics that serve as reminders
- Difficulties with executive function (e.g., impulse control, attention)
- Worry and fear about safety of self and others
- Dissociation (e.g., disconnected from surroundings, "spacing out")

Social and Emotional
- Rapid changes in heightened emotions (e.g., extremely sad to angry)
- Change in ability to interpret or respond appropriately to social cues
- Difficulties with emotion regulation and impulse control (e.g., angry outbursts, aggression, increased distress)
- Emotional numbness, isolation, and detachment

Language and Communication
- Language development delays and challenges
- Difficulties with expressive (e.g., expressing thoughts and feelings) and receptive language (e.g., understanding nonverbal cues)
- Difficulties with nonverbal communication (e.g., eye contact)
- Use of hurtful language (e.g., to keep others at a distance)

Learning
- Absenteeism and changes in academic performance/engagement
- Difficulties with authority, redirection, or criticism
- Difficulties listening and concentrating during instruction
- Difficulties with memory (e.g., may require more repititions)
- Difficulties generalizing learned material in different contexts

Helpful strategies for educators: Preventative strategies

PREVENTATIVE STRATEGIES

Safe and Predictable Environment

- **Create** a welcoming classroom environment (e.g., greet students by name, do show and tells)
- **Post** class expectations at the front of the classroom
- **Display** a daily schedule and explain any deviations
- **Prepare** students for transitions (e.g., give a signal)
- **Communicate** clear safety procedures

Relationship Building

- **Talk** to students about their hobbies and interests
- **Use** a respectful tone during interactions
- **Involve** students in developing behavior/safety plans
- **Try** the 2x10 strategy with challenging students (talk with the student for at least 2 minutes each day for 10 days in a row)

Self-Regulation

- **Incorporate** activities that build coping strategies (e.g. identifying and validating emotions, deep breathing)
- **Create** calming spaces or break times with constructive activities that are *not* used as a punishment/time-out
- **Model and practice** appropriate social skills
- **Teach** students how to name and scale their emotions (e.g. rate anger on a scale of 1-5)

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Helpful strategies for educators: "In the moment" strategies

"IN THE MOMENT" STRATEGIES

Safe and Predictable Environment
1. **Be aware** of the student's body language, tone of voice, and emotional state
2. **Direct** other students to follow outlined safety procedures
3. **Provide** student with the opportunity to go to a safe space (e.g., meditation room, counseling office)
4. **Alert** appropriate support staff, when necessary

Relationship Building
1. **Project** calmness while approaching student using verbal and nonverbal techniques (e.g., using a respectful tone, sitting beside the student instead of standing over them)
2. **Show** you are listening and giving your full attention
3. **Express** that you care for the student and that they are safe

Self-Regulation
1. **Relax** before responding (deep breath, count to 10)
2. **Encourage** student to use relaxation and coping skills, and "comfort" objects
3. **Validate** student emotions (e.g., "You seem frustrated right now. Is that correct?")
4. **Assist** the student in identifying reasonable and safe response options (e.g., go to the counselor's office)

✖ When a student is in crisis, DO NOT: ✖
- ❖ Argue or get into a power struggle
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- ❖ Handle the situation in public or in front of student's peers
- ❖ Use punitive punishment

Helpful strategies for educators: "In the moment" strategies

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Helpful strategies for educators: "After the moment" strategies

"AFTER THE MOMENT" STRATEGIES

- ❖ **Provide** students with a safe place to talk about what happened
- ❖ **Engage** in a discussion with the student that includes:
    - ▪ Praise for any relaxation or coping skills the student used
    - ▪ Appropriate responses and strategies to use if the situation arises again
    - ▪ Potential consequences or negative outcomes if negative behavior continues
    - ▪ Specific steps for successfully resuming the classroom routine
- ❖ **Refer** students to other resources and supports or notify appropriate school support staff, when necessary

Discussion questions: Your input and usage

- What are your initial reactions to this resource?

- Is there additional information that should be included?

- How do you see this resource being used?

- What are ways collaborative members can disseminate this resource to educators?

Member "Pulse" on Evidence

Shai Fuxman
Senior Adviser
EDC

Tracy Desovich
Technical Assistance Specialist
EDC

The evidence-based journey

Supported/Well-Supported

Promising/Emerging/Innovation

	Strong	• At least one well-designed and implemented experimental study
	Moderate	• At least one well-designed and implemented quasi-experimental study
	Promising	• At least one well-designed and implemented correlational study • Includes controls for statistical bias
	Demonstrates a Rationale	• Well-specified logic model or theory of action • Includes ongoing efforts to collect evidence
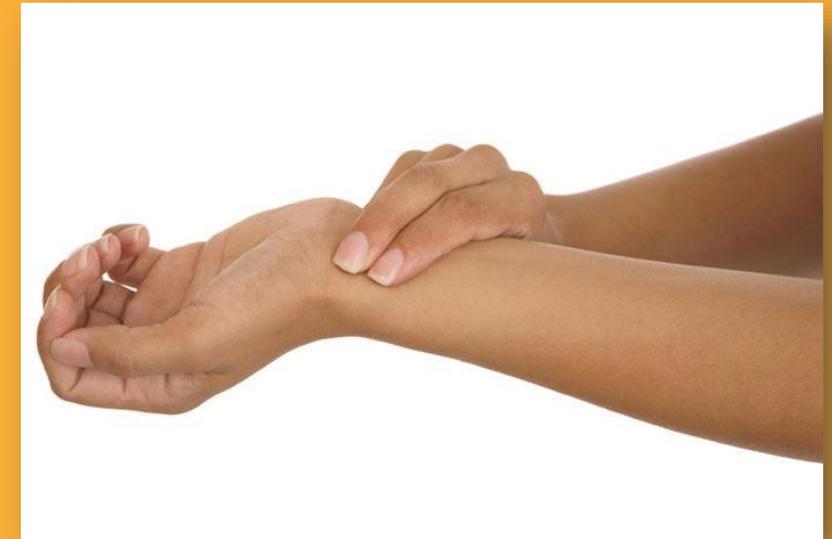
For full description of ESSA evidence standards, see
https://ed.gov/policy/elsec/leg/essa/guidanceuseseinvestment.pdf

Adapted from Hughes, J., & Foorman, B. (n.d.). *Understanding ESSA levels of evidence*. Retrieved from
http://fcrr.fsu.edu/documents/rel/Understanding_ESSA_Levels_of_Evidence_presentation

Different types of interventions on the journey

✓ Well-fitting evidence-based interventions

✓ Evidence-based interventions that require some adaptation for local context

✓ Promising interventions

✓ Innovation/home-grown interventions


Fidelity

Adaptation
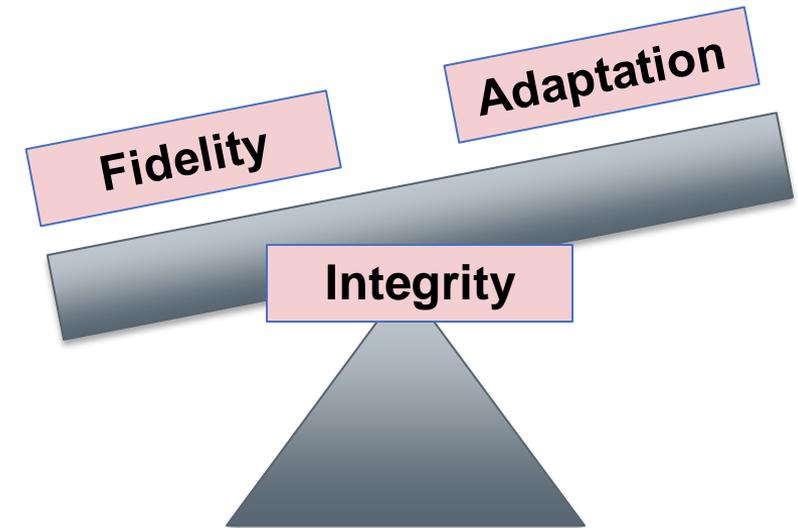
Integrity

Monitoring and assessing interventions are always important!

LeMahieu, P. (2011, October 11). What we need in education is more integrity (and less fidelity) of implementation [Blog post]. https://www.carnegiefoundation.org/blog/what-we-need-in-education-is-more-integrity-and-less-fidelity-of-implementation/

Poll: What programs/interventions are your schools implementing to address student trauma?
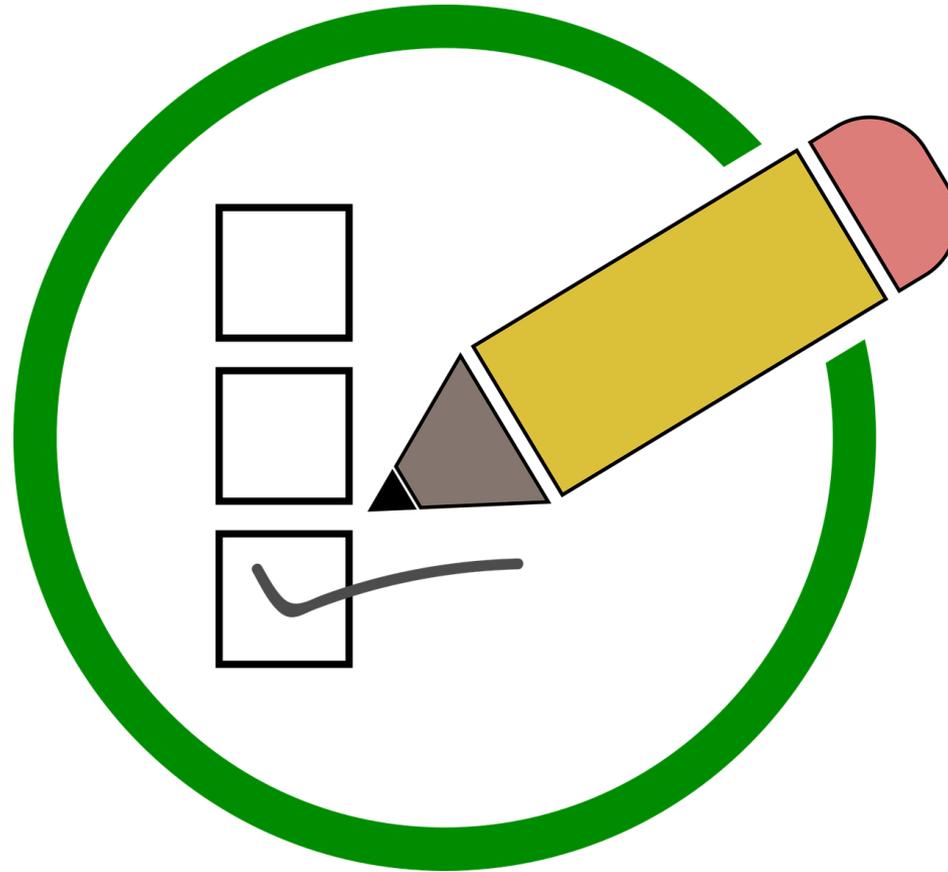
Questions to ask on your evidence-based journey

Do your schools use evidence-based trauma-informed programs and strategies?

No/Rarely

Yes/Mostly

- **Are they supported by any research?**
- **Do they have a theory of change or rationale for why they should work?**

- **How do we know they are evidence-based?**
- **Are they a good fit for our students' needs?**

Are you monitoring program implementation and evaluating program outcomes?
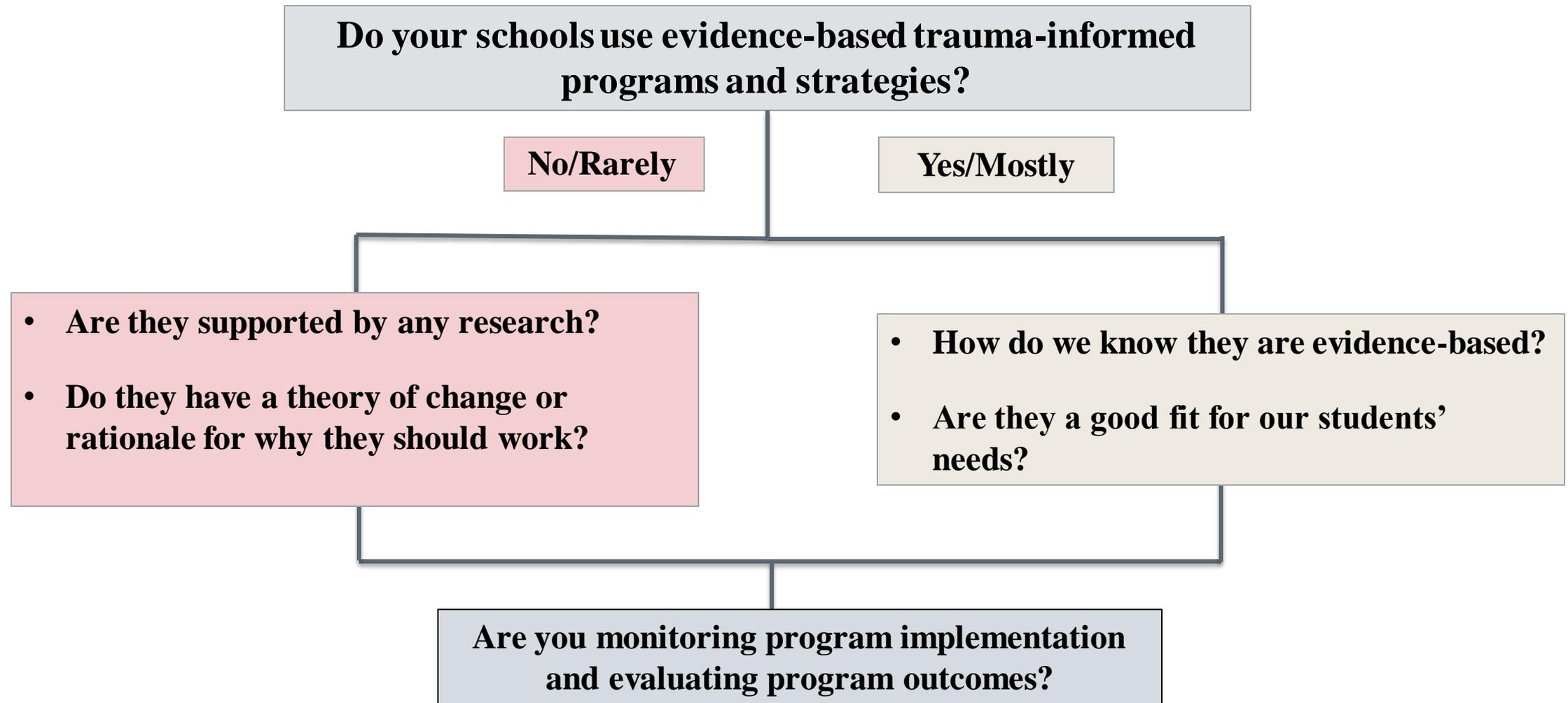
Next Steps

Yunsoo Park
Project Lead
SRI International

Poll: What is your top topic of interest for future collaborative activities?
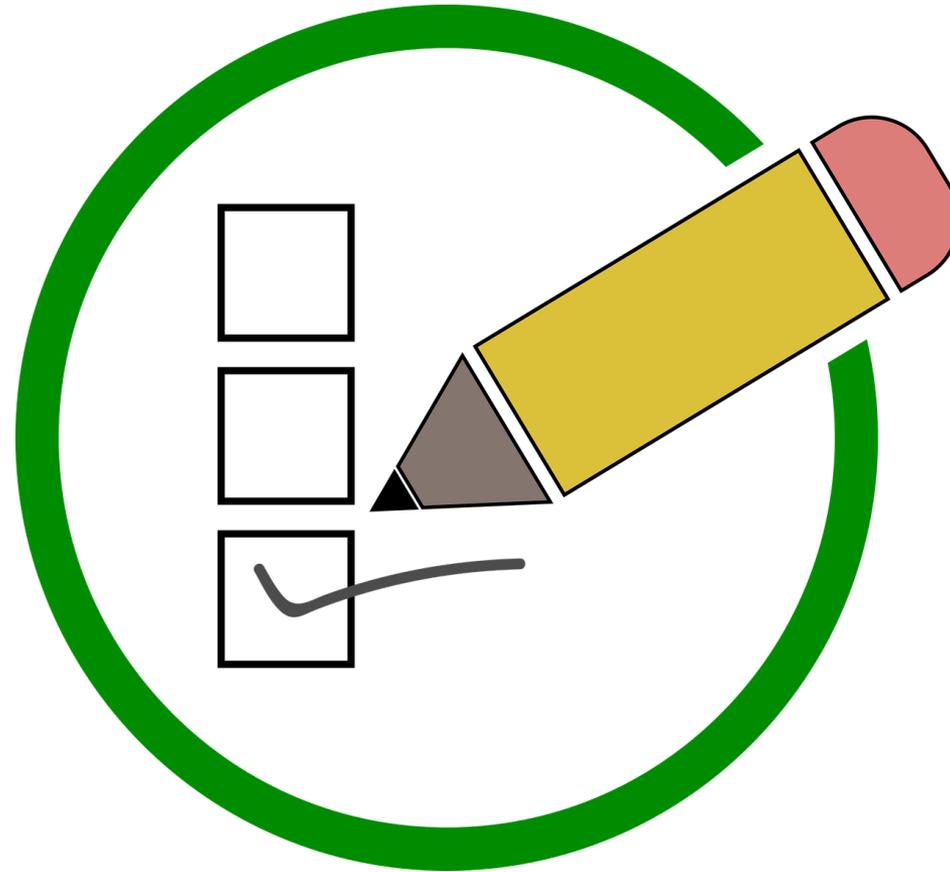
Poll: Are there any weeks that DO NOT work for you for our next CCSSOC quarterly meeting?
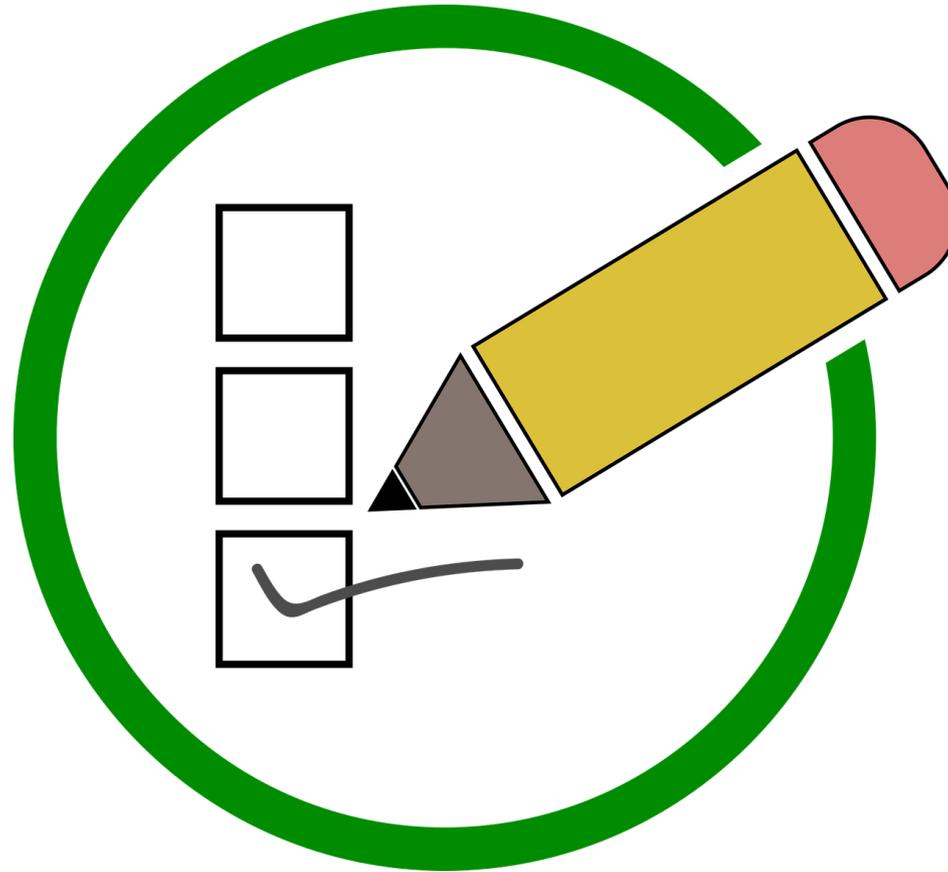
Thank You!

We will be sending out a survey after this meeting that asks for your feedback on our collaborative activities. The survey should take, *at most*, ~10 minutes to complete. Your feedback is very important, so that we know how we are doing and how to improve. Thank you so much in advance!