

School Administrators Association of New York State

Vanguard

WINTER
SPRING 2018
SPECIAL EDITION
Exploring
Educational
Leadership



STUDENT MENTAL HEALTH

**MENTAL HEALTH:
THE IMPACT OF TRAUMA**

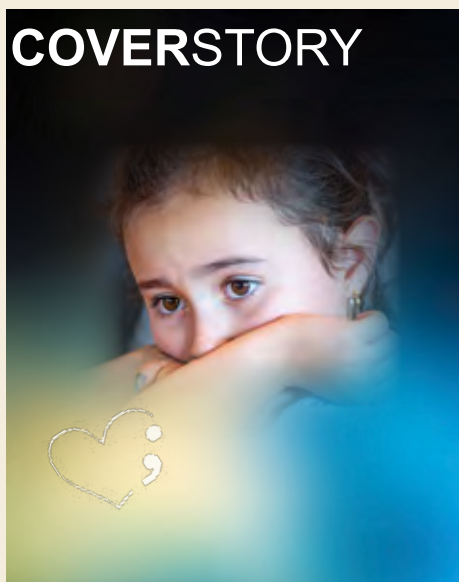
**A TALE OF TWO DISTRICTS:
BROAD APPROACHES TO MEETING
STUDENTS' MENTAL HEALTH NEEDS**

**TODAY'S STUDENTS FACE SIMILAR
ISSUES BUT WITH A VIRTUAL TWIST**



Contents

Mental Health: The Impact of Trauma | 5
by Peter DeWitt, EdD



A Tale of Two Districts: | 11
Broad Approaches to Meeting Students' Mental Health Needs
by Kim M. Smithgall



Today's Students: | 19
Bullying and Social Anxiety with a Virtual Twist
by Pat Fontana

COLUMNS

President's Message | 1

Guest Columnist | 3
MaryEllen Elia,
New York State
Commissioner of Education

FYI | 23

Book Review | 24

Trade Talk | 68

COVERSTORY



Building Community Partnerships | 27
Improves Students' Access to Mental Health Services
by Karin Davenport

Trauma-Informed Schools: | 31
A Journey
by Joseph Fantigrossi, EdD, and Jay Roscup

Culturally Responsive Schools | 35
by Jennifer Rodriguez

Discussion Around Depression | 37
and Suicide in Teens Today
by Jason D. Thomson

"Thirteen Reasons Why Not!" | 43
by Jason D. Thomson

Double Kisses | 45
by Lynnda M. Nadien

Foundations for Success: | 47
A Proactive Approach to Student Challenges
by Marie Perini, EdD

Early Detection and Response | 51
to Student Mental Health
by Julia Drake and Hallie Malbin

Anxiety: Why It's Different | 55
from Stress
by Peg Rosen

The Effects of Chronic Medical | 59
Conditions on Student Mental Health
by Erica DeNicola-Scher

Curriculum Work: From Learning | 63
Standards to a Learning System
by Bruce H. Crowder, EdD

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WINTER/
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2018

Practices
from practitioners

SPECIAL EDITION

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A message from

Joyce Carr

SAANYS President
2017-2018



As educational leaders we strive to create a safe learning environment for our students and staff. We work hard to

ensure that the physical spaces are welcoming and secure, and meet all the safety codes and regulatory requirements. However, no matter how we arrange the furniture or spaces, we are not always meeting the needs of our educational families.

We are now grappling with how to address a rising health concern in our schools, our communities, and our country: mental health. I think we can all agree that we are working with unseen obstacles while we are trying to teach and learn. Mental health is comprised of our psychological, emotional, and social well-being. It affects how we handle stress, relate with one another, and make decisions. In the microcosm of our educational environments, we need to learn how to recognize the early warning signs of mental health problems and have the ability to identify the supports available. Building strong, positive relationships within our schools and communities, facilitating events for social connectives, and promoting activities that foster positive mental health development are some proactive strategies to help everyone work productively and create the belief that we are all meaningful members of our communities.

Mental health issues are becoming more evident in our schools; we are reading about them in the national headlines on a weekly or even daily basis, and as the leaders we must understand the challenges that provides us. The United States Surgeon General (2014) made the following recommendations for schools regarding prevention strategies for mental and emotional well-being:

- Promote positive early childhood development, including positive parenting and violence-free homes.
- Facilitate social connectedness and community engagement across the lifespan.
- Provide individuals and families with the support necessary to maintain positive mental well-being.
- Promote early identification of mental health needs and access to quality services.

Although these recommendations were made four years ago, we know that the needs have not lessened over time and it may be safe to say they have even become more critical. The Centers for Disease Control (2016) has found that up to 20 percent of kids living in the U.S. show signs or symptoms of a mental health disorder in a given year. Implementing these types of strategies is not something we can achieve in isolation as educational institutions; we need to work collaboratively with various stakeholders to make these recommendations a reality. The old adage "It takes a village" certainly applies to the work we have ahead in regard to supporting our students, staff, and families in meeting their mental health needs. We, as

public educators, will not be able to tackle this issue on our own. We all know that our personnel and resources are already overstretched and that the list of mandates and requirements that we must focus on continues to grow.

As we are aware, in July, New York will become the first state in the U.S. to require all schools to incorporate mental health education into the curriculum. While the legislation requires mental health to be taught in all New York public schools, grades K-12, the provisions do not specify exactly what should be in the curriculum. According to the director of public policy, John Richter, "The intent of this law is to take a public health approach to teaching about mental health, in other words, giving students the knowledge and resources they need to help recognize the early signs of mental health problems and how to get help." So our role in this is to educate students in regard to identifying mental health issues and provide them with the information on how to access resources. In order to do so, we must develop relationships with doctors, clinics, community agencies, and hospitals so that as an organization we can dispense that information to students and families.

We know that mentally healthy children will be more successful in life and at school. Schools can offer an ideal context for prevention, intervention, positive development, and regular communication between school and families. Schools can assist with the collaboration of services and can provide a time and place for services to be provided. We have a responsibility to create a safe and secure environment; we have to address psychological safety and connectedness and be aware of how we are resolving conflicts so it doesn't create more conflict. But we cannot do this work alone; we need support at various levels. We need to communicate within our buildings on how to recognize mental health needs, and we need to look at the supports within our districts and communities so that we can assess what services are available and inform our students and families on how to access them. We need to have a voice that is heard on the local, state, and federal levels that makes it clear that in many instances there aren't enough people in our schools, or hours in the day, to adequately meet the mental health needs of our children. This voice is the work that SAANYS has been doing over the past several years. We need to remember when "I" is replaced with "we," illness becomes wellness. Public educators will not solve this issue on our own, but we also must accept that it will not be solved without us.

References:

<https://www.surgeongeneral.gov/priorities/prevention/strategy/mental-emotional-well-being.pdf>

<https://themighty.com/2018/02/new-york-state-requiring-mental-health-education-schools/>

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Student Mental Health Issues:

Why are we seeing such an increase, and what can we do about it?
What does the new mental health literacy requirement mean for us?

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What are they exactly, what do they look like at the classroom, building, and district level, and what steps can we take to move in the right direction?

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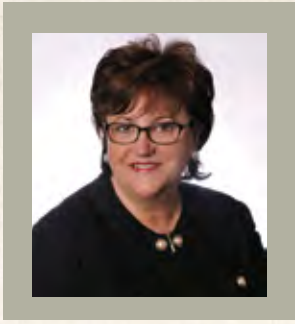
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A message from

MaryEllen Elia

New York State Commissioner of Education



Bringing Mental Health Awareness to Our Schools: We Are in This Together

According to the National Alliance for Mental Illness, one in five youth lives with a mental health condition – but fewer than half of these children receive needed services. To be sure, a mental health condition that goes undiagnosed, untreated, or inadequately treated, may significantly impair a child’s ability to learn and thrive.

The numbers are especially troubling now, as our state and nation confront a myriad of dangerous issues, including teen suicide, bullying and cyberbullying, opioid addiction and, tragically, school shootings – to name just some of the complex and dangerous issues that impact our children’s lives in and out of school.

Fortunately, the stigma too often associated with mental illness is slowly beginning to diminish. The public is finally coming around to the notion that to properly address mental health issues, we must first acknowledge and openly discuss them.

The Board of Regents, the Education Department and I are fully committed to this effort. Together with many partners across many disciplines we are working to promote mental health literacy and awareness in our schools. Educators, particularly school administrators, continue to play a key role in this work.

Legislation recently enacted by the New York State legislature will greatly help. Effective July 1, 2018, health education in schools must recognize the multiple dimensions of health and include the relationship of physical health to mental health – with a focus on enhancing students’ understanding, attitudes and behaviors, toward health promotion, well-being, and human dignity.

As educators, we know that a critical part of this conversation must focus on how to help students identify both risk factors and protective factors. Learning and resiliency can result in positive decision-making and life-long success. According to the Centers for Disease Control and Prevention (CDC), “focusing on establishing healthy behaviors during childhood is more effective than trying to change unhealthy behaviors during adulthood.” It is critical that we get this right for our students and their families.

The New York State Education Department has partnered with the Mental Health Association in NYS (MHANYS) and the NYS Office of Mental Health to establish the “New York State Mental Health Education in Schools Advisory Council” (the Advisory Council) to

help guide our work. The goal of the Advisory Council is to assist schools with guidance and resources to maximize students’ knowledge and understanding of the multiple dimensions of health, including mental health wellness.

The Advisory Council involves 70 expert collaboratives – cross-disciplinary and cross-sector partners – assisting the department in building capacity, expertise and resources in mental health education for our youth, families, and communities. Our work is also informed by over 800 stakeholders from across the state who participated in a survey to offer perspectives on student mental health wellness and its various components.

The State Education Department, the NYS Office of Mental Health, and MHANYS are working together with the advisory council to develop a “New York State Mental Health Education Wellness Toolkit.” This toolkit will provide evidence-based materials, resources, and guidance on mental health instruction that extends beyond the classroom to promote a climate of wellness that enhances the whole child, the whole school, and the whole community.

That’s important, because schools can – and should – go beyond providing only the mental health instruction now required by law. They should also continuously work to create a positive school climate that focuses on students’ overall wellness – physical, academic, emotional, social, and mental. After all, research has shown that the quality of a school’s climate may be the single most predictive factor in that school’s capacity to promote student achievement.

Facilitating relationships between schools and local community organizations is critical to our efforts to positively impact school climate. By working together to build upon the resources that are already in place, we can better promote and sustain meaningful local and regional mental health infrastructures, resulting in better efficiencies and, critically, better student outcomes.

When young people are educated about mental health, we increase the likelihood that they will be able to more effectively recognize signs and symptoms in themselves and others, including family members, and will know where to turn for help.

Health education that respects the importance of mental health, as well as the challenges of mental illness, will help young people and their families feel more comfortable seeking help, improve academic performance and, most importantly, save lives. It’s really that important.



MENTAL HEALTH:

The Impact of Trauma

By Peter DeWitt, EdD

In the United States, an estimated one in five children – ages 3 to 17 – has a mental illness (CDC). That is more than the number of kids with diabetes, cancer, and AIDS combined. This figure, which translates into 15 million kids nationwide, might be a surprising one – but it shouldn't be. The scientific community has been sounding the alarm on mental illness in youth for decades, urging doctors, parents, and educators to dedicate time and resources to the issue (Abby Haglage, Yahoo!).

As if that CDC statistic isn't alarming enough, the American Psychiatric Association, National Institute of Mental Health, and Centers for Disease Control and Prevention report that,

- One in 4 people is diagnosed with mental illness over the course of a year in the U.S.
- Half of all chronic mental health conditions begin by age 14.
- Half of all lifetime cases of anxiety disorders begin as early as age 8.
- More than 60 percent of young adults with a mental illness were unable to complete high school.
- Young people ages 16-24 with mental illness are four times less likely to be involved in gainful activities, like employment, college, or trade school.
- Those with a psychiatric disability are three times more likely to be involved in criminal justice activities.
- Each year, 157,000 children and young adults ages 10-24 are treated at emergency departments for self-inflicted injuries.

Many of these mental health issues that our students face were inspired by moments of trauma.

WHAT IS TRAUMA?

Trauma is a word that educators have been hearing a lot lately. Those who do not work in schools often do not understand the impact trauma can have on students, and how it can also have an impact on schools and those who work in it. Too many are quick to say that kids have to toughen up, and that going through difficult experiences helps us learn to build resilience. However, it's more than an experience that can help us become resilient.

Trauma can have a negative impact on the mental health of students and on how students experience friendships, focus on academics, and engage with peers and teachers at school.

Anyone familiar with trauma, and those who are new to the issue,

need not look any further than the recent story in California, where 13 children from the Turpin family were found in their home, chained to their beds, malnourished, and allowed to shower only once a year. Although those children were homeschooled, they were often seen in public where they smiled but didn't engage with anyone they did not know. There seemed to be an invisible wall between the lives they were allowed to live, and those on the outside who were looking back at them. Although this may seem like an extreme case of trauma, one that you would only find in the news, childhood trauma happens every day and comes in many forms.

For example, as we look back over the last year and focus on weather-related events like the hurricanes that hit Texas, Florida, and Puerto Rico, or the fires and mudslides that people in California experienced, it is clear that those are all events that create moments of trauma for students. Every time some of these children see rain or hear a clap of thunder, deep anxiety can be triggered. It's important to remember that trauma is not defined by one type of event, and the catalyst for the trauma that students experience is often hidden to those who are engaging with them at school.

According to the International Society for Traumatic Stress Studies (ISTSS), "Trauma is used to describe negative events that are emotionally painful and that overwhelm a person's ability to cope." The society goes on to offer examples that inspire trauma which include "experiencing an earthquake or hurricane, industrial accident or vehicular accident, physical or sexual assault, and various forms of abuse experienced during childhood."

Such experiences are often referred to as adverse childhood experiences (ACEs), and are typically divided into three types: abuse (physical, emotional, sexual), neglect (physical, emotional), and household dysfunction (incarceration of a relative; mental illness; domestic

violence; substance abuse; divorce; deployment of a family member; and loss of a parent).

"These experiences are often referred to as Adverse Childhood Experiences (ACEs), and are typically divided into three types, which are abuse, neglect, and household dysfunction."

Given all of these examples, we can well imagine that there are numerous students around us who are at risk of experiencing trauma and related mental health issues. In fact, the U.S. Department of Justice's National Survey of Children's Exposure to Violence reports,

More than 60 percent of the children surveyed were exposed to violence within the past year, either directly or indirectly (i.e., as a witness to a violent act; by learning of a violent act against a family member, neighbor, or close friend; or from a threat against their home or school).

Additionally,

Nearly one-half of the children and adolescents surveyed (46.3 percent) were assaulted at least once in the past year, and more than 1 in 10 (10.2 percent) were injured in an assault; 1 in 4 (24.6 percent) were victims of robbery, vandalism, or theft; 1 in 10 (10.2 percent) suffered from child maltreatment (including physical and emotional abuse, neglect, or a family abduction); and 1 in 16 (6.1 percent) were victimized sexually. More than 1 in 4 (25.3 percent) witnessed a violent act and nearly 1 in 10 (9.8 percent) saw one family member assault another.

Additionally, the National Resilience Institute reports that 72 percent of children and youth will experience at least one adverse childhood experience (ACE) before the age of 18.

Recently, New York school leaders cited the issue of students suffering from mental health as number one on their list of priorities. In a survey from the New York State Council of School Superintendents, 45 percent of all superintendents cited helping students with health and mental health issues as their number one concern, not only because of the impact it has on students in crisis mode who have severe issues, but also because of the impact it has on learning.

Schools that are familiar with trauma and the importance of mental health are beginning to use the ACE questionnaire, which provides a score to rate a child’s exposure to trauma. The Centers for Disease Control (CDC) says the higher the number of traumatic events, the higher the score the child will receive. Tools like the ACE quiz can be used as part of an early warning system process (DeWitt, 2017). Early warning systems (EWS) are meant to provide schools with important information about students who are at risk from a social-emotional or academic level.

When it comes to social-emotional issues, schools can create an EWS using the ACE questionnaire as well as additional information such as attendance, free and reduced lunch, teacher-student engagement practices, mobility, and family engagement. An authentic EWS is meant to highlight students at risk, and then encourage school professionals to discuss what types of interventions are in place for students. Additionally, an EWS is meant to take into account the variety of ways that teachers are engaging students academically and socially-emotionally, and not meant to put all of the responsibility on students and the home.

HOW DOES IT IMPACT LEARNING?

Unfortunately, those students who are suffering the most exhibit behaviors in some of the most undesirable ways. According to Chris Blodgett, a clinical psychologist who directs the CLEAR

Trauma Center at Washington State University, “When kids have undergone a lot of adversity, it changes how they respond to people and challenges in their environment, including very simple things that we might not think about – like how many transitions you ask them to do before lunch (*New York Times*, Schools That Separate the Child from the Trauma).” Unfortunately, they are not equipped to look up at their teachers and say, “Will you please call on someone else because I’m suffering from trauma?”

Some students in crisis mode exhibit behaviors that will get them kicked out of class or suspended from school because they are fighting with peers or teachers. Other students are on the opposite end of the spectrum. Those students on the opposite end are often in hibernation mode, which means that they spend their days engaging with as few peers or teachers as possible.

In the Schenectady City School District, where they are seeing a high percentage of students who suffer from trauma, Superintendent Larry Spring shared this in an interview with the *Times Union*,

When someone is stressed their body releases the stress hormone cortisol, which science has long shown interferes with learning and memory, weakens the immune system, and increases blood pressure, cholesterol, and

heart disease. Chronic stress and elevated cortisol levels also increase a person’s risk for depression, mental illness, heart disease, and life expectancy in general.

Spring went on to report,

It really is insidious in terms of mental and physical health, and what we’re finding is that many children in urban settings are dealing with more trauma than our military are when they’re deployed. That should be startling.

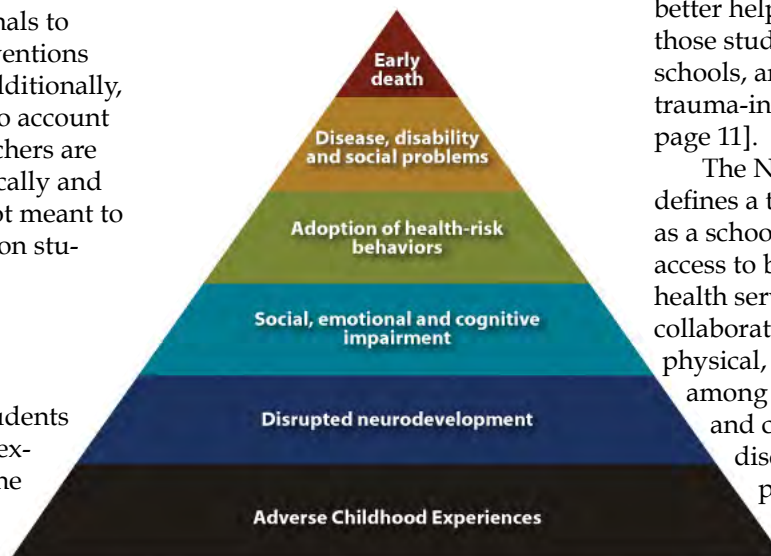
More and more schools, like those under the care of Larry Spring, are responding to those startling statistics. At one time, social-emotional learning was seen as an “add-on” or a “nice to have” but school districts like Schenectady understand that social-emotional learning is not an addition to the curriculum, but a necessary element of the curriculum students learn. Here, the three Rs are now accompanied by the fourth R of resilience training – the trademark of a trauma-informed school.

WHAT ARE TRAUMA-INFORMED SCHOOLS?

In response to the growing needs of students who are suffering from trauma and mental health issues, school districts are beginning to work with outside organizations that can better help them meet the needs of those students in crisis within the schools, and they are referred to as trauma-informed schools [See story on page 11].

The National Resilience Institute defines a trauma-informed school as a school that provides “increased access to behavioral and mental health services, effective community collaboration, an increased feeling of physical, social, and emotional safety among students, and positive and culturally responsive discipline policies and practices that increase school connectedness.”

Fortunately, school leaders have gained new flexibility due to the Every



Mechanism by which Adverse Childhood Experiences influence health and well-being throughout the lifespan.



Student Succeeds Act (ESSA), which allows states and local districts to create school improvement plans that will fund social-emotional programs, so information gained through efforts like an EWS can potentially be funded for districts.

After information around the ACE tool or EWS is discussed at length, there are important steps that schools can take, which would require them to work with outside agencies and the greater school community. According to the Massachusetts Advocates for Children, and the Legal Services Center of Harvard Law School, trauma-informed schools engage in the following:

Schoolwide Policies and Practices –

Schools need to have districtwide health and wellness policies that are followed through upon and not just written down in a binder.

Classroom Strategies and Techniques –

Schools use strategies that are created in partnership with school counselors and psychologists and that focus on the social-emotional growth as well as the academic growth of students.

Collaboration and Links to Mental Health –

“Policies describe how, when, and where to refer families for mental health supports; and staff actively facilitate and follow through in supporting families’ access to trauma-competent mental health services.”

Family Partnerships – Schools support ways to communicate with families that encourage inclusion rather than exclusion. They include families by using language they understand

rather than educational acronyms that create a wedge.

Community Linkages – Schools need to move beyond just having relationships with mental health organizations; but need to actively work with them.

For example, Rochester is one particular district in New York State that has worked hard to become a trauma-informed district. Why? According to Justin Murphy (*Democrat and Chronicle*),

In Rochester, that means acknowledging that more than 2,000 students are homeless at some point in each school year, and that more than 50 percent live below the poverty line, according to annual ACT Rochester reports and other data sources. From lack of prenatal care to lead poisoning to parents out of work – children in Rochester face statistically greater challenges than those anywhere else in the region.

Murphy goes on to explain how Rochester City Schools did it:

Beginning in 2015-16, about a dozen RCSD schools, primary and secondary, volunteered their staff for intensive professional development on restorative practices and trauma-informed care. Many schools have also received additional reading teachers, social workers or psychologists.

The following year, Murphy wrote that the number of staff engaged in this important professional learning moved up to over 24 staff members. The important thing to understand is that Rochester does not approach this from a programmatic perspective as much as they approach it from a school climate perspective, where being trauma informed is a way of life, and not scripted curriculum that comes out of a box.

IS YOUR SCHOOL READY TO BE TRAUMA INFORMED?

On July 1, New York will become the first state to require schools to implement a mental health curriculum. Mary McHugh from the Office

of Mental Health (OMH) explained, “To support the successful implementation of this new requirement, the Mental Health Advisory Council was formed, bringing together key leaders from across the state to draft recommendations and provide guidance for NYS schools.” OMH has representatives in five work groups that include:

- Mental health instruction/ resources for the classroom
- Wellness: early prevention and awareness
- Mental health resources for schools, students, and families
- Supporting a positive school climate and culture
- Assuring preparedness/readiness for local implementation.

Continued McHugh, “Although details are still being finalized, the new mental health guidance will help students and teachers recognize the signs of a potential problem and reduce the associated stigma.” Core elements in New York’s mental health guidance are expected to focus on the importance of:

- self-care and taking personal responsibility for one’s own mental health
- making mental health an integral part of overall health
- recognizing the signs and symptoms of developing mental health problems
- managing mental health crises such as suicide and self-harm
- understanding the relationship between mental health, substance abuse, and other negative coping behaviors
- understanding how negative cultural attitudes impact people seeking treatment and contribute to discrimination against those with mental illnesses
- recovering from mental illness
- identifying appropriate professionals, services, and family supports for treating mental illness.

Additionally, Amy Molloy, director of education at the Mental Health Association in New York State (MHANYS), one of the groups that

successfully advocated for the passage of the law, also works with the Mental Health Advisory Council. She says,

In addition to identifying content (or functional knowledge) for health education, the group has been exploring strategies that will promote professional development of all staff, ensuring that policies are in place to support the mental health needs of all students and ways in which schools can leverage internal resources and community based services to ensure student emotional wellness.

Molloy’s suggestions mirror those from Harvard that explain the characteristics of a trauma-informed school. All of this is meant to provide a whole-child education for students, regardless of whether they have experienced trauma or have mental health concerns.

Professionals in the mental health community believe this has been long overdue, as they have been advocating for decades to make this happen. Although New York has had mental health education as part of the curriculum in the past, it was considered “other health required areas,” which means that teachers and leaders did not have to cover it.

Many times, mental health instruction is done proactively in schools, and only used with those students who exhibit such behavior. This will require schools to take a bit of a proactive approach by having it embedded in curriculum.

MHANYS wants to help schools implement all of this correctly. Molloy says,

Schools are encouraged to build relationships with community resources. Community partners can provide staff development, family engagement and support services, student mental health education, and behavioral health services. No one school or community provider can meet all students’ mental health needs. Collaborations with a multitude of community resources supports a culture and climate of wellness

that extends beyond the school and into the community as a whole.

Once again, these are suggestions that fit with the characteristics of trauma-informed schools. However, school leaders also understand that they are at potential risk of getting pushback from families and teachers who are concerned about mental health curriculum being implemented in school. Molloy says,

When parents have concerns such as this, we first need to ask questions and listen to the basis of their concerns. Sometimes, there are concerns about confidentiality and stigma. Given that mental health has not been taught in schools in the past, parents may have misunderstandings rooted in decades-long stigma around mental health. We find that it is most effective to not only educate the students but to engage and educate the families as well.

IN THE END

Trauma and student mental health is a growing issue for our communities and our schools. Unfortunately, there is still some debate as to whether schools should focus on social-emotional learning (SEL). Critics of SEL state that it’s not the school’s job. However, the debate is a moot point because we know, if we honestly look inward at our school community and the students with whom we spend so many hours of the day, there are students all around us who are suffering from trauma. And if our goal as educators is to truly help all students realize their full potential, then we must ask ourselves, “If not us, then who?”

Peter DeWitt, EdD, is the author of several books, including *Collaborative Leadership: 6 Influences That Matter Most* (Corwin Press., 2016), *School Climate: Leading with Collective Efficacy* (Corwin Press, 2017), and the forthcoming *Coach It Forward: Coaching Practices That Impact School Leadership* (Corwin Press, 2018).



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A TALE OF TWO DISTRICTS

Broad Approaches to Meeting Students' Mental Health Needs

By Kim M. Smithgall

A long line of empty chairs formed a stark backdrop for the 2017 opening day presentation in Cohoes City School District. Twenty-one chairs, each labeled with a first name...

Cohoes Superintendent Jennifer Spring explained:

These empty chairs represent each of our former students who dropped out last year. It is difficult for me to even say that word – dropout. I debated on whether I should include their names on the chairs. But these students have been invisible for far too long. I want you to remember them. I want them to serve as reminders that what we do every day, in every grade, with our students matters.

Please do not misinterpret my attention to this as in some way diminishing or minimizing the amazing work we do with our students each and every day. On the contrary. I congratulate our high school staff for so dramatically improving our graduation rate for the 2016-2017 school year. But this isn't just a high school issue and this shouldn't be about statistics.

Unfortunately, for many of our students, the trajectory to achieving the high school diploma is set at an early age. It is our job to alter these paths when students fall off course. If not us, who? If we don't, we will continue to stare at empty chairs on the stage year after year.

All of these dropouts have something in common. Each one has multiple ACEs (adverse childhood experiences). In their young lives, they have been the innocent victims of unimaginable trauma.

NYSED-Supported Practices

Renee Rider, associate commissioner with the New York State Education Department (NYSED), identified a number of research- and evidence-based practices that can help school districts create safe, responsive, and welcoming school environments. These include focusing on:

- Social-emotional learning
- Restorative practices
- Trauma-sensitivity
- School-community partnerships
- Promoting positive mental, emotional, and behavioral (MEB) health
- Coordinated School Health Model: Whole School, Whole Child, Whole Community (WSCC)
- Positive Behavioral Interventions and Supports (PBIS)
- Safe physical environments
- Supportive academic learning environments

For more information, visit NYSED's Office of Student Support Services webpage at: <http://www.p12.nysed.gov/sss/>.

Listen to some of their stories:

One dropout witnessed his mother being repeatedly beaten by his father and was afraid to leave her alone. One dropout had been in and out of foster care his whole life after his father went to prison. One lost her home and everything she owned in a fire. One was a transgendered student who had a long history of feeling alienated at school.

So what does the future hold for these dropouts? Well, their prospects are very grim. In fact, one of our dropouts is now in prison. A number of them have been in and out of the criminal justice system. And yet another is in a drug rehab program. Countless studies have found that trauma experienced during the early years can tragically rob children of a bright future and deny them health, happiness, and prosperity in their lives. There were 32 dropouts from the 2015-2016 school year and 21 last year. How many will there be this year? I believe the people in this room are in a pivotal position to positively impact this number. So what else can we do to change these unacceptable outcomes?"

This powerful message could have been the theme of opening day for many districts – rural, urban, and suburban – across New York. In fact, an annual survey of district leaders conducted by the New York State Council of School Superintendents (NYSCOSS) in July and August 2017 yielded some dramatic results: 45 percent of respondents identified the capacity to address pupils' nonacademic needs as a significant problem (no other issue ranked higher). In addition, when considering how they would allocate additional funding if it became available, 52 percent of superintendents identified student mental health services as the funding priority – an increase of 17 percentage points over 2016 and 30 percentage points over 2013 responses. While the NYSCOSS survey didn't explore reasons for the shifts in attitudes, the results are similar to those found in

such national surveys as Phi Delta Kappan's "49th Annual Poll of the Public's Attitudes Toward the Public Schools."

MOVING BEYOND ACADEMIC SUPPORTS

Basically, there's a new reality for schools as they move beyond supporting students' academic needs to also supporting social and mental health needs.

"One of the biggest challenges is that we know that students often begin presenting with mental illness at an early age, while they're still in school," said Amy Molloy, director of education at the Mental Health Association of New York State (MHANYS).

Molloy serves on her local school board, so she can see the challenges from that perspective as well. "I appreciate that mental health is not what schools are currently measured on and managing mental health is not what they have traditionally been tasked to do," she said. "But, now there's recognition that schools have an important role to play because students spend a lot of their time there and they often connect very closely with trusted adults in a school. So, school staff are sometimes the first ones to see the effects of mental health challenges and they are in a good position to connect students with the resources they need."

SCHOOLS USING A VARIETY OF STRATEGIES

Recognizing this and understanding the connection between pupils' overall wellness and their academic success, school districts like Cohoes and its rural upstate neighbor Berne-Knox-Westerlo (BKW) are approaching student mental health from many different angles – which may seem like random and disparate sets of initiatives in the districts, but they blend together in powerful ways for students.

Both districts started with an initial needs assessment – a first step that Molloy and the BKW and Cohoes superintendents recommend for districts in the beginning stages of formalizing mental health initiatives. "It could be a review of what they're

already doing and what is working well. They could also send out a survey to ask about staff concerns, what strategies are working and what they think students should know about mental health," Molloy suggested. "Knowing what you already have and what works is the first step."

"Be open to hearing the feedback, too, whether it's positive or negative," suggested Annette Landry, principal of BKW Elementary School. "You need to see and hear where the gaps are and then collect your team to sit at the table and identify what can be implemented, when it can be implemented, and how to get everyone on board."

Both districts determined it was vital to provide information to all staff members on adverse childhood experiences (ACEs). "We did a presentation to the entire staff on ACEs," said BKW Secondary School Principal Mark A. Pitterson. "We were identifying a lot of issues that we realized had to do with students having traumatic experiences at home or outside of school. It was important for our entire staff to hear this and to understand that carrying around ACEs can affect students' ability to achieve in school."

Susan Sloma, BKW's director of pupil personnel services, agreed, adding that learning about ACEs leads to a paradigm shift in the district. "The response was really positive. Staff members were able to see and frame students who were having difficulties in a different way than they might have in the past," she said.

Educators in Cohoes City School District formed an ACEs committee to study childhood trauma and its effects on student learning and behavior. "We really looked across the district for a framework of common language related to childhood trauma," said Cohoes Assistant Superintendent Peggy O'Shea. "As part of that process, we read the book, *Fostering Resilient Learners*. Our committee brought back the information to all of the buildings and to all of the staff meetings, so there was a consistent message to everyone. We started with the teachers and then realized that the support staff — cafeteria workers and playground staff, for example — are with students in blocks of

unstructured time. So, our emphasis this year is on working with them."

ABCs IN COHOES

From those common starting points, BKW and Cohoes took some different, but equally effective, approaches. "When we were looking at our student readiness-to-learn data — what we call our ABCs, or attendance, behavior, and coursework — we had a lot of concerns," said Spring. "We had chronic absenteeism, an increase in the number of homeless students, significant numbers of students misbehaving, and an unacceptable number of non-completers."

This, combined with staff reporting increased mental health needs among students, promoted educators to consider numerous ways to establish mental health support networks. The district started by developing the "Every Minute Matters" attendance campaign.

"Just making everyone in the community aware of our chronic absenteeism was enough to improve attendance," Spring said. "We established an early warning system for student absences. We also added pre-K and kindergarten parent liaisons to ensure young parents are supported and that we get our students off on the right foot since chronic absenteeism in kindergartners tends to follow students through their whole school career."

Spring also held parent meetings, making a conscious decision to hold them in the community rather than in the schools. "We called them parent cafes. They were on Saturday mornings and we went to areas where we were having the most chronic rates of absenteeism," Spring explained. "We talked about the absenteeism issue, the programs we were putting in place and how parents could help their children. We also discussed the impacts of trauma on children."

In addition, Cohoes worked with Capital District Transportation Authority (CDTA) to provide bus passes to all students in grades 6-12 so they can take a shuttle to and from school. The district also partnered with Waterliet City School District and local and

"You need to see and hear where the gaps are and then collect your team to sit at the table and identify what can be implemented and how to get everyone on board."

state politicians to enact a law that requires school attendance for 5-year-olds in the two cities.

At the secondary level, the in-school suspension room was changed into an in-school support room, where students go to regroup, think about their actions, and interact with a supportive adult. This focus on improving attendance and keeping kids in school is a positive move on its own, but the impact likely multiplies, considering data from the National Center for Children in Poverty that shows children with mental illness can miss between 18 and 22 days of school.

"In looking at student behaviors, we are also focusing on reframing our buildings into a growth mindset," O'Shea said.

This philosophy is based on Carol Dweck's research related to students' attitudes about failure. Simply put, people with a growth mindset believe their talents can be developed through hard work and perseverance, and those with a fixed mindset believe talents are innate. "We feel this really fits into working with students who have experienced trauma because we can show them that anything is possible if teachers have a growth mindset and promote a growth mindset with their students," O'Shea explained. This has become a common discussion topic with the ACEs committee.

ADDITIONAL INITIATIVES TO SUPPORT OVERALL STUDENT WELLNESS AND SUCCESS

The ACEs committee also brought in trauma expert Allison Sampson-Jackson to speak to the staff during the 2017 opening day activities. "She is an expert on ACEs and how schools can really transform into trauma-sensitive schools," Spring said.

After the large-group presentation, Sampson-Jackson worked with parents, teachers, and others who are on the district’s building-level teams to identify ways to increase student resiliency (tying in nicely with the growth mindset).

“At the elementary level, the team collaboratively decided to focus on mindfulness, teaching empathy, and teaching children to express their feelings,” O’Shea commented. “At the secondary level, there were discussions on student behaviors and promoting empathy and resiliency in students. Because the building-level teams have members who are also on the ACEs committee, there’s always a systematic flow-through of information between all of the groups and then during staff and faculty meetings. You have to have consistent messages spread to everyone in order to get buy-in.”

BEHAVIORAL HEALTH CLINIC

To further support students, Cohoes leaders formed new partnerships to establish a behavioral health center to be located in the district’s middle

school after a community-based clinic serving 70 families closed its doors.

“That closing left a huge void in our community,” Spring said. “We appealed to Northern Rivers, to Albany County, to Assemblyman John McDonald, and Senator Neil Breslin because the need was there and we wanted people to know that. We also worked with our school physician, who is a pediatrician here in town, and she was on board to help. So, we all worked together and we established the need and we were lucky that everybody agreed with us and promoted services here in Cohoes.”

Northern Rivers (parent organization to Parsons Child & Family Center) opened a Parsons satellite clinic this school year. The center has a full-time clinical social worker (a Parsons employee) who is supervised by the director of the Parsons Clinic in Albany. Cohoes isn’t required to provide additional staff, though the middle school receptionist welcomes the students and families who receive services.

To initiate service at the Cohoes satellite clinic, parents/guardians call

the Albany Parsons location and then complete and return a referral packet. “Some parents request referral information from school personnel and make the contact. Others are more comfortable making the call with support from district staff, including social workers and our school psychologist,” Spring explained.

The clinic has provided student-focused counseling to 79 pupils so far. If parents feel medication may be an appropriate addition to counseling, they are able to discuss this option with the clinician, and the student can be referred to a psychiatrist at the Albany location.

Cohoes joined the ranks of eight other districts and one charter school in the Capital Region area that have partnered with Northern Rivers to open school-based behavioral health centers. The Cohoes center accepts Medicaid and also has a sliding fee scale – a great benefit, as at least 65 percent of district families qualify for free and reduced-priced lunch, an indicator of poverty.

“The partnership with Northern Rivers was a proactive approach to



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help address misbehaviors," Spring said. "So far, it's been hugely successful."

One small bump in the road occurred when community members expressed concern about locating the center right in a school. "They were concerned about student and staff safety. But, we stressed that these are our students and we're with them every day," O'Shea said. "We also talked about the barriers that many of our families face in terms of accessing outside resources. How many buses would they have to take to go to Albany for services? That could be several hours of missed time at school versus going to our middle school for a half-hour appointment."

CREATIVE PUPIL INPUTS AND LEARNING ENVIRONMENTS

At Cohoes High School, students are using restorative justice techniques. With this approach, students resolve their own conflicts by working in small, peer-mediated groups. Secondary pupils can also participate in Cohoes' student ambassador program, which gives them an opportunity to identify and voice concerns and become part of the solutions.

To address the "C" in Cohoes' ABCs, educators focused on coursework. "High expectations are really important. Engaging our learners and motivating and inspiring them is our duty and we need to do more of that," Spring said. "So, we've transitioned to a Google environment. Also, we are a 'Teach Like a Champion' school district. This is based on a book with 64 techniques that are pretty simple

to implement but go a long way toward supporting students' needs."

Taken together, all of the activities and initiatives support students' overall wellness and, by extension, their academic achievement. "It's all interconnected," O'Shea said.

BKW's BROAD REACHING TEAM

In Berne-Knox-Westerlo, one overarching, culturally responsive district philosophy is at the heart of all programs related to children.

"We have 800 students in our district and the vision, which starts with the superintendent, is that they are all ours and with that comes all of their needs," said Landry.

On a day-to-day basis, this vision is carried out through a laser focus on collaboration and communication. "We're a very strong team, constantly working together to support and problem-solve," Sloma said. "This trickles down to our staff because they see the unity."

"We joke about having no egos here," Landry said. "If there is a counselor or a teacher who has connected with a student, they're more than willing to work with that student and to make a connection with the family. People are very flexible here and it's all about getting the job done, whatever it takes."

Landry also acknowledged that the district's commitment to students means the BKW team is well staffed to meet student needs. "I feel like we're staffed appropriately in regard to our support and counseling staff," she said. "We have two full-time school psychologists in the district, two school counselors at the high school, one elementary school counselor, and a full-time social worker who works throughout the district and a mental health clinician."

MENTAL HEALTH PARTNERSHIP

As happened in Cohoes, pro-

viding direct access to a mental health clinic took some legwork and commitment by BKW staff to create community partnerships. "We formed a committee in the district to explore how we could get more services," Sloma said. "Moirra Manning [clinical director for the Albany County Mental Health Center] and some of her staff came out to meet with us and she worked through the county and her own office. We are now a mental health satellite clinic with Albany County."

The mental health clinician is a county employee who works one day per week with district students and families to provide psychotherapy and other support services. Students who receive services at the school-based clinic can also see the Albany County psychiatrist at an Albany office.

BKW sees a distinct advantage to having the clinic right in the school, though, as interventions can be done in the school setting. "The clinician works collaboratively with the school staff right where the students are for a large portion of the day," Sloma commented. "She works with students on coping strategies for a myriad of mental health issues, such as depression, anxiety, behaviors related to ADHD, and diffusing anger to mitigate aggressive behaviors."

"Referrals are made through our pupil personnel counselors, psychologists, and social workers," Sloma added. "It's been a great experience. The clinician has made wonderful connections with our families."

The initiative is going so well that the district has a goal of increasing the services to more than one day per week.

"We're really grateful to Moira Manning because she came to our very rural committee meeting and immediately went to work to get the resources for us," Sloma said. "We can also thank her for doubling a program we have called Connections. This is a family-based after-school program at the elementary and middle schools where clinicians and caseworkers work with students on self-esteem, homework, and academics, and also make home visits. There is also a summer program component. They

really look to support families by giving kids good academic and social-emotional skills.”

EDUCATING THE WHOLE CHILD

“We’re educating the whole child,” Pitterson said. “That’s why we have been aggressively addressing issues from various perspectives – to make sure we’re not taking care of one aspect of a child’s life, while another one or two are being neglected.”

And while that may sound like things could turn into a mishmash of activities, BKW educators base their programming decisions on data.

“As an administrative team, we’ve done a data analysis so that we can understand our population and get the programming right,” Sloma said. “It’s a systematic approach so we can create an environment where all students can grow socially, emotionally, and academically.”

The district’s Positive Behavioral Interventions and Supports (PBIS) program is one initiative that has a long history of success. The general goal of PBIS programs is to improve outcomes (academic, social, and emotional) for all students, including those who are from typically underrepresented groups and/or students with special needs. As the name implies, this is done through positive reinforcement of desired behaviors (rather than punishment for misbehavior).

“At the elementary building, our PBIS program is very strong. People have really bought into it, from kindergarten all the way to sixth grade,” Landry said. “Staff members are reinforcing positive messages throughout the day in various ways so kids are

recognized for positive behaviors in all areas of the building.

Landry hopes the messages will make their way into home settings, as well. “We want students to be intrinsically motivated, but when we’re looking at our whole population, we recognize that some of the messages that students are getting at home are not the same in every house,” she said. “So, we are saying that it is our responsibility to ensure all kids are learning those basic lessons – to be respectful and be responsible and be good citizens and come to school ready to learn – and we’re teaching what that looks like. Our students are hearing that on the announcements, in the classrooms, on the bus...everywhere.”

PEER MEDIATION AND ADDITIONAL COMMUNITY PARTNERSHIPS

BKW’s peer mediation program grew out of needs identified by school counselors two years ago. “We’re working with Mediation Matters and our high school students are trained, so they’re getting great leadership skills,” Sloma explained. “They work collaboratively across the elementary and high school to develop interpersonal and conflict resolution skills.”

“We realized that some kids who have mental health challenges may struggle with positive relationships with their peers,” Landry said. “We also saw that they could benefit from the ability to communicate effectively and reach agreement in different situations. So students are getting mediation training from their peers or from students who are older than them. The approach is working very well; referrals to the program are increasing.”

“Our next step is to do a train-the-trainer session so our own staff can continue to give kids leadership and conflict resolution skills,” Sloma said.

BKW has also started a backpack program, responding to the district’s high-need population by providing food for students to take home every Friday. This initiative grew out of recognition that hunger is a stressor that affects many BKW children. The community has been very supportive of the initiative, as well; local grocery stores and the Albany County Sheriff’s Office make regular donations.

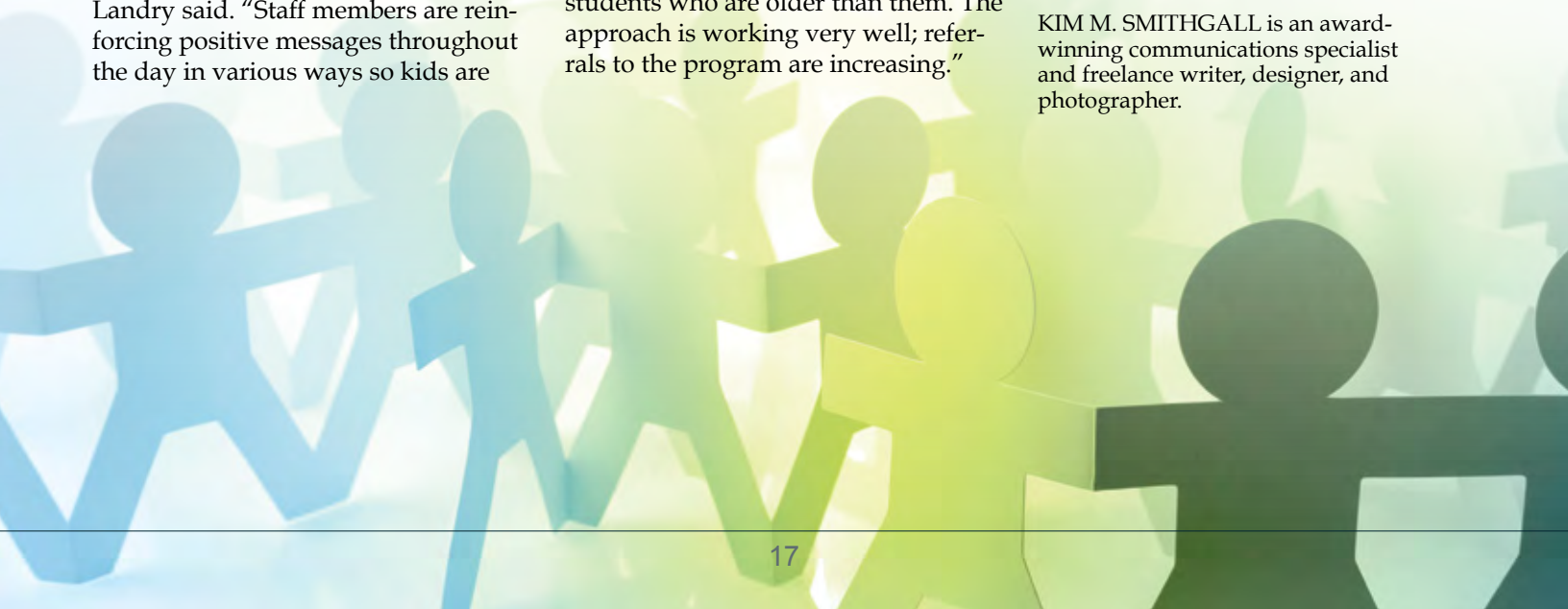
“Sheriff Apple has really been one of our angels here at school. He has been a tremendous force for bringing in resources to our students and meeting families’ needs,” Sloma commented.

VITAL ELEMENTS FOR SUCCESS

For both BKW and Cohoes, these broad-based community partnerships and connections with district families have been vital ingredients in successfully implementing programs that support students’ health and well-being. When combined with the state’s new requirement to incorporate mental health topics into school curricula for students, it seems that many, if not all, of the bases are starting to be covered.

Perhaps in the not-too-distant future, there will be no empty chairs on the stage during opening day activities, because even one is too many...

KIM M. SMITHGALL is an award-winning communications specialist and freelance writer, designer, and photographer.





TODAY'S STUDENTS:

Bullying and Social Anxiety with a Virtual Twist

By Pat Fontana

There once was a time, not so very long ago, when children socialized by playing games together at each other's homes, in the park, or on a neighborhood playground. Teenagers would talk and laugh during a trip to the mall, while hanging out together in their parents' basement after school, or when playing on a sports team on the weekends. Today, social interaction for young people of all ages consists mostly of what they see and type on a screen.

Chief among the issues facing students in the 21st century is the use and overuse of social media, which has the serious potential to not only create anxiety itself but also to exacerbate issues that are lurking beneath the surface. Students who are prone to depression or angst because of other situations they are dealing with at home or at school often have those mental health conditions magnified under the pressures of social media.

The group Project Semicolon focuses on helping young people with those issues that can lead to depression, anxiety, and other mental health conditions. Dedicated to the prevention of suicide in particular, Project Semicolon's work is "based on the foundation and belief that suicide is preventable and everyone has a role to play in preventing suicide."

Amy Bleuel founded the organization because she had dealt with many of the issues that face students today. She struggled with being bullied and being rejected throughout her young life. She said that the semicolon symbol

represents an open opportunity for acknowledging and resolving the issues and then to keep going.

As the group's website (www.projectsemicolon) emphasizes, mental illness is a medical problem that may result from "significant changes in thinking, emotion and/or behavior" or from "distress and/or problems functioning in social, work, or family activities."

For many young people, those changes and problems face them in school. There may be underlying issues they have to deal with at home, but school can present an environment ripe for bullying, teasing, rumors, and peer pressure.

Most discussions of school pressures, including social media and its associated cyberbullying, focus on the high school and middle school environments. However, elementary school students are also affected by issues that can impact their mental health. In fact, the issues may actually start there. Children in grades K-6 today have grown up in a digital world. As toddlers, they may have had iPads for entertainment and by

the fourth or fifth grade, if not earlier, they carry cell phones.

These students are influenced not only by their peers, as is expected of school-age children, but also by their parents, who are on social media on a regular basis. The parents have given their children cell phones so they can reach each other at any given point during the day, instilling (although innocuously) their sense of constant connectivity and instant gratification.

Dr. John M. Garruto, DEd, NCSP, a Nationally Certified School Psychologist, says that the social media issues we are all dealing with are a "new dynamic that has become pervasive," particularly among students. Dr. Garruto, a school psychologist at Kingsford Park Elementary School and an adjunct professor at SUNY Oswego, adds that it is a "misperception that this is something we'd only see in grades seven and up."

We all feel the need to be plugged in and connected in today's virtual world. Information of all types is so immediately available that we have developed a kind of addiction to



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constantly updating that information. As Dr. Garruto says, that “lends itself nicely to social media.”

“FEAR OF MISSING OUT”

Students who used to whisper in the hallways or pass notes in class are now glued to their cell phones, checking their updated number of posted “likes” or making sure they’ve read the latest posts by their friends – and their enemies. A popular term for this situation, FOMO or “fear of missing out,” has even made it to the Oxford English Dictionary. FOMO causes students to check their social media outlets constantly, or at least as often as they can get away with it at school.

After school, instead of meeting up with friends in person for those activities that used to constitute social interactions, students retreat to their rooms and their screens. As Dr. Garruto points out, “This is a true paradox because the children feel this need to constantly be connected to each other but almost within silos.”

Interaction now means chatting or tweeting or posting, virtually. Some students say that interaction is so important that, even after checking a stream once they will go back and check it again immediately, just to see if any updates have been posted in the last few seconds because they don’t want to miss out.

FOMO also adds to the stress in an already stressful situation at school. Middle school has always been a challenging time for students who are in transition from childhood to the teenage years. Even in grades

five and six, Dr. Garruto says, students are distancing themselves from parents and becoming more influenced by their peers. He adds that “technology can magnify for good or for ill” when developing those peer relationships.

Dr. Garruto also emphasizes that there are other issues that students may deal with that are also stressful in themselves and become more intense with the pressures of social media. He cites examples of situations where “children are born to parents struggling with drug addiction and they are not having basic needs met,” even as they proceed through elementary, middle, and even high school.

There are also students whose parents are struggling to provide for them. These issues affect the mental health of students who have not been nourished physically or emotionally.

Test anxiety is another issue facing today’s students, as the emphasis on standardized testing and metrics increases. Pressure to do well on tests leads to higher stakes, including choice of colleges and potential for acceptance by those colleges.

Some students, Dr. Garruto says, are predisposed to mental health issues. Other factors such as social media pressures are “new twists that almost make the problem more difficult.” As Project Semicolon emphasizes, those mental health issues can be generated from distresses or a significant shift in thinking. These factors are often a reaction to the issues faced by students in the school environment and beyond.

SOCIAL ANXIETY

Before cell phones became so prevalent, bullying among young people was a term generally applied to a physical situation where one child would pressure another into doing something undesirable or unpleasant. For example, a bully might threaten to physically harm another child unless that child gave up his lunch money

“...making it through the day is a matter of no one saying anything bad about me.”

for the week. In today’s virtual world, bullying has also turned to technology and uses social media as its vehicle for harm.

Cyberbullying is easier than physically bullying someone, as it is now easier to hide behind the keyboard. A student can snap photos without being detected, post them on social media, and encourage other students to share them. Even when posted on sites that promise to delete these photos within seconds, the images live on in other students’ phones. Nothing is ever really deleted online.

And so the cyberbullying can continue, from the safety of virtual obscurity. The victimized student is the subject of a new form of teasing and rumors and must find a way to deal with that new level of stress created by a virtual bully on social media.

Another form of cyberbullying is manifested when a student very deliberately and aggressively omits another student when tagging everyone in a group photo posted on social media. This is the virtual equivalent of not being picked for a team or not being invited to a party. The targeted student feels the stress of being left out in a very obvious way that is evident to everyone else who has access to the photo, which could potentially be hundreds of other kids.

Social status is an age-old concern. The pressure to wear the latest and most expensive clothes or to sport the trendiest shoes has given way to a new pressure to carry the most high-end cell phone and to get the most “views” and “likes” on social media. With that cell phone comes the power to leverage additional social status or to suffer through additional shame and embarrassment, as students constantly feel the need to gain their peers’ approval on social media.

Students are faced with these social media issues throughout their

2

Fomo

| fōmō |

noun

a state of **mental** or emotional strain caused by the fear of missing out.

entire day. Most admit to checking their status constantly or reviewing feeds repeatedly, to make sure they haven't missed anything or, more importantly, to see how many people like them. As Dr. Garruto points out, for students in today's virtual environment of social interaction and cyberbullying, "making it through the day is a matter of no one saying anything bad about me."

Project Semicolon provides an example of "Jade," an eighth grader who was bullied online. Mean messages were conveyed through emails, texts, and social media posts. For Jade, the situation became so painful that she eventually had to change schools to get away from it.

Anxiety over social media posts and cyberbullying exacerbates other underlying issues facing students. Peer pressure, test anxiety, and adjustments when moving between grades or between schools have always been a part of the school experience. Today's students struggle with the magnification of those issues in the ever-present world of social media.

WHAT CAN WE DO?

Dr. Garruto, who has been practicing for 20 years in the central New York area, offers some solutions and emphasizes that some action is already being taken in the state of New York to help those victims of cyberbullying. Dr. Garruto is the president-elect of the New York Association of School Psychologists

and serves on the Ethics Board of the National Association of School Psychologists and has been active in educating students and adults about the pressures students face in school today.

In the state of New York, Dr. Garruto points out, "If students are engaging in cyberbullying, the school is still required to investigate even if it happens off school grounds." The state of New York passed the Dignity for All Students Act (DASA) in 2010 and the act took effect on July 1, 2012. Briefly, the act "seeks to provide the state's public elementary and secondary school students with a safe and supportive environment free from discrimination, intimidation, taunting, harassment, and bullying on school property, a school bus and/or at a school function."

In addition to this recognition of the issues from the administrative side, students should be educated about how to be smarter on social media, Dr. Garruto suggests. They need to understand the true consequences of their actions.

Cyberbullying has led many students to experience low self-esteem, stress over peer pressure and their desire to fit in, and aggravated symptoms of underlying mental health issues. The negative consequences can lead to severe results, including suicide, among young people who are the targets of cyberbullying.

"Cyberbullying has led many students to experience low self-esteem, stress over peer pressure and their desire to fit in, and aggravated symptoms of underlying mental health issues."

One positive aspect of social media is that there can be a digital thumbprint. Even when students think they are posting anonymously or incognito, cyber investigations can still find them.

Project Semicolon advises young people to always tell a responsible adult if they are being bullied. Students may feel ashamed by the bullying, not wanting to admit to their parents they are victims or they may be afraid of repercussion if they "tell" on the bullies. However, Project Semicolon suggests that "adults in positions of authority — parents, teachers, or coaches — often can find ways to resolve dangerous bullying problems without the bully ever learning how they found out about it."

Issues at school have changed significantly in the past few decades on some levels. Yet on other levels, those issues are still basically the same. Acceptance, fitting in, social anxiety, test anxiety, and the pressure to do well academically will undoubtedly be issues for students for a long time to come. The exponentially increasing capabilities of technology and the pervasive, almost inherent requirement of students carrying cell phones have most certainly changed the way those issues manifest.

Dr. Garruto suggests, though, that we "can keep trying to get rid of the things kids do or we can make stronger kids." After a few thoughtful seconds, he adds, "Actually both need to be done."

PAT FONTANA is a business writer and communications trainer, with a background in corporate training and community college instruction. Her business, WordsWorking, focuses on improving workplace communications, concentrating on the fundamentals of human interactions.



F Y I



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“A semicolon is used when an author could’ve chosen to end their sentence, but chose not to. The author is you and the sentence is your life.”

Amy Bleuel, founder of Project Semicolon, movement aimed to increase compassion toward mental health issues. <https://projectsemicolon.com/>

OPINIONS

“There are more than 1 million students who attend schools with an armed school resource officer, but they have no school counselors. What does this tell kids about our expectations for them?”

– Former Secretary of Education John B. King, Jr.



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BY LISA MEADE

Director of Pupil Personnel Services
Hudson Falls Central School District
2015 NYS Middle School Principal of the Year
for SAANYS/NASSP.

The high school student had earned his third referral for out-of-school suspension in a very short time. He was late to class, refused to take off his hood at times, and struggled to appropriately connect with adults in most settings. He was enrolled in our alternative education program and had already outlived more trauma than most of the adults I work with in school. He was a survivor. But, right now, he was acting out repeatedly and sabotaging any success that could be found. His principal and team considered referring him to PINS for probation and support to address his maladaptive behaviors. I asked the principal to allow me to arrange a restorative circle with the student and the teacher he most recently and significantly disrespected. The high school principal agreed.

Over the past few years, you've likely heard about restorative justice. In New York, Skidmore College leads the restorative project under the leadership of sociology professor Dr. David Karp. I've had the benefit of attending incredible professional development provided by Dr. Karp and his associate, Duke Fisher, on the topic of restorative justice. One of the resources this professional development provides to participants is the book, *The Little Book of Restorative Discipline for Schools* by Lorraine Stutzman Amstutz and Judy H. Mullet.

For the purposes of this column, I try to find resources that busy administrators can read and use quickly. This book is just under 80 pages and can serve as a manual for better implementing restorative practices, on large or small scales, in schools.

This book challenges the way misbehavior is interpreted. It also calls out zero tolerance approaches to misbehavior including repeated suspensions. It clearly defines the difference between punishment and self-discipline. "Restorative discipline, like punishment, concerns itself with appropriate consequences that encourage accountability – but accountability that emphasizes empathy and repair of harm (13)."

Chapters one through three provide the framework and understanding of theory behind restorative practices. Restorative practice is an approach that aims to repair relationships that have been damaged by the poor choices of an offender. It does this by holding the offender accountable for confronting the mistake through word, repair (to all those who were harmed), and remorse. It's different than the traditional understanding of school discipline where a referral is made to the office and the administrator assigns the consequence.

Chapter four challenges traditional thinking about how adults address misbehavior of students. It reminds leaders of a school's responsibility to meet our students where they are and to get them where they need to be with compassion and care. "When a child is disciplined, a withdrawal is made on the relationship account. The relationship account itself is based on respect, mutual accountability, and even friendship established within a caring community. If the substrata work of community building has not been done, the child is bankrupt and has nothing to lose by misbehaving or by being confronted. The child's motivation to change is limited (33)." The authors further state, "Even though relationship building may work

to create academic success, it is not the only reason we try to cultivate good relationships in schools. It is simply the right thing to do as human beings (34)."

Chapters five and six provide models for implementation and ideas for next steps beyond this book. In learning more about this practice, you'll discover it can be implemented in various ways and part by part. This book could serve as a key text for any administrative team looking to examine discipline data and trends within their building or wanting an additional tool to impact school climate around behavior.

Back to my story, fortunately, a middle school administrator was a skilled facilitator in restorative justice. He agreed to come to the high school to lead the circle. He remembered the student from previous years and wanted to help. The circle included the student, the teacher who was harmed, a facilitator, myself (as one of the supervisors of the alt ed program), and the student's school counselor (whom he identified as his ally prior to the meeting). In this circle, we took time to discuss the following questions:

- 1) What happened?
- 2) Who is being harmed when this happens?
- 3) What were you thinking about in the moment?
- 4) What do you need to do to make things right?
- 5) What support do you need to carry out your action plan?

A talking piece was used to run the circle and only the person with that item could speak. Every member of the circle took time to answer each question around the circle as it was asked. By the end of this hour, I knew more about this student's struggles than I could have predicted. He also knew more about each adult in the circle and could, hopefully, feel how willing we were to help. He wasn't sure how to accept that help but as the circle continued in an open and honest way, he began to loosen his posturing and let us in. Words don't do justice to the experience. The circle ended with a plan in place that required the student to make amends and the adults to assist in some of that work. He left knowing this circle of people cared about him and he was given the opportunity to turn the page and start again.

This circle required us to open our hearts to hear his story and to allow ourselves, when he left, the time to cry real tears about what was just witnessed. I won't pretend to imagine that this circle kept him or will keep him on track for the rest of this year. It won't. However, I do believe that we taught him more about responsibility and empathy in that circle than another day away from school ever would.

"When we rely on rules rather than relationships when harm has been done, we all lose (42)."

Find out more about the restorative justice project at <https://www.skidmore.edu/campusrj/>.

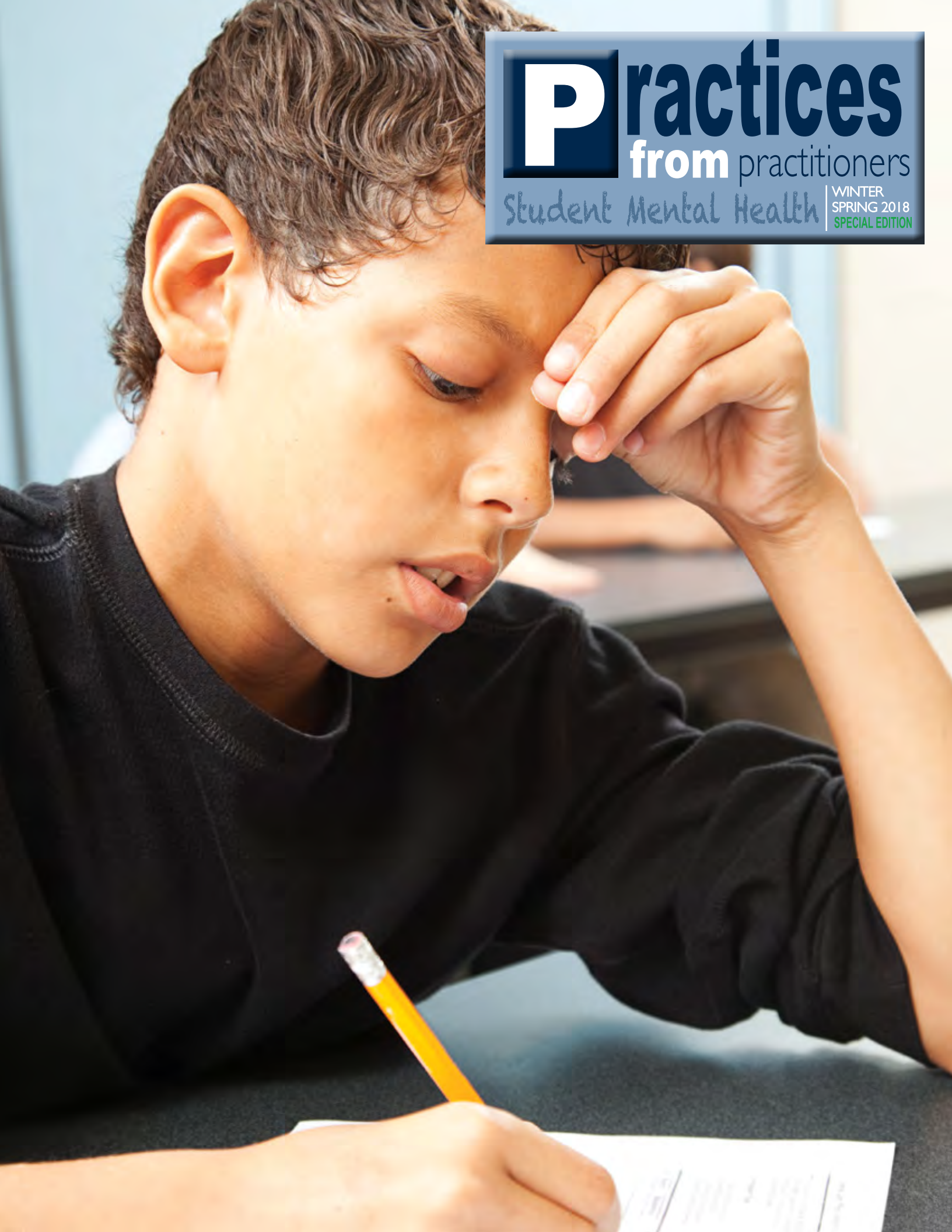
Reference:

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The Little Book of Restorative Discipline for Schools

Lorraine Stutzman Amstutz and Judy H. Mullet





Pactices from practitioners

Student Mental Health

WINTER
SPRING 2018
SPECIAL EDITION

Building Community Partnerships

Improves Students' Access to Mental Health Services



By Karin Davenport

Providing students with valuable mental health services can be a challenge, especially in a high-poverty, urban school district.

A decade ago, only ten Syracuse City schools had outpatient mental health clinics available to students. Mental health outpatient clinics provide treatment to children or youth who are experiencing a diagnosed mental illness or have a need to be assessed for one.

In an urban setting, this presented a challenge. Parents with children in buildings without mental health clinics struggled to get time off from work to transport students to appointments. Siblings were missing school because their transportation was impacted. School attendance declined and students were not able to receive the instruction – or the extent of the mental health supports – they needed.

Thanks to partnerships with Onondaga County, the New York State Office of Mental Health, and community providers, Syracuse City School District (SCSD) students in 29 of 32 schools now have in-building mental health support. More than 840 SCSD students were supported in 2017 by clinics staffed by ARISE, Liberty Resources Health Care, and Syracuse Community Health Center.

HERE'S HOW IT ALL TURNED AROUND

In 2008, Onondaga County received a Promise Zone grant from the New York State Office of Mental Health. Its purpose: to help schools standardize a way to identify students with mental health needs and get services to them.

The grant allowed the county and the school district to pull all providers in the community together and express how providing their services in school buildings would reduce so many barriers to treatment. Schools were clamoring for mental health supports, and community providers were willing to step in to help meet the need.

In the first year of the grant, 13 additional schools received added in-building support – in addition to the ten buildings that had existing support. Once the clinics are up and running, they are financed by billing third-party insurance. In other words, they should be self-sustaining. But starting a new clinic in a school can take some time to establish; families and staff want to know more about a new program before they refer a child to it. The SCSD has been appreciative of the county providing a start-up grant of up to \$10,000 to the community providers who are

establishing the clinics in Syracuse City schools, to assist with start-up costs.

One issue that is critical to address at the start of a relationship with a clinic: confidentiality. Buildings and mental health staff should have a clear understanding of what information needs to be shared. Even after a parent release is signed authorizing the school to share personal information, clear guidelines should be established to ensure that HIPAA and FERPA are being adhered to and that student confidentiality is protected while still working toward the best possible outcome.

Schools should also be aware that it is necessary to obtain a New York State Office of Mental Health outpatient clinic license and should prepare for the time that it can take to complete that process.

To help address the complications of meeting the various regulations of both the mental health providers and the schools, a steering committee was created. Consisting of the school district, the county, and the mental health clinics, this group helped define the role of the clinician and how the clinician should interact with the rest of the school building.

Together, the committee determined two goals: first, every clinic should commit an hour and a half each week to participate in team meetings, to help build relationships within the building and become part of the school fabric. Second, the clinic must ensure that each child's treatment plan includes a school goal associated with it, as long as the parent and child are in agreement.

Molly Phelps, social worker at Van Duyn Elementary, shared how having a mental health support staff on the school's support team can truly have an impact.

"The biggest thing is that our Brownell staff member is aware of school issues," she explained. "She can see what's happening in the classroom and has direct communication with

teachers. It benefits us in the long run, because she can see where the issues are arising and work with both the teacher and the student to help figure out what's best for the child. With out-of-school treatment, it's harder to work on those kinds of issues because



you can't see them firsthand."

Ms. Phelps described a first-grade student who was struggling behaviorally. The teacher brought the student and her mother to the school's school intervention team (SIT) meeting, which was also attended by the mental health therapist. The therapist mentioned some of the things she was working with the student on in therapy, referencing a STAR acronym that the student was using to help calm herself. Once the teacher learned the language that the student was using to help self-calm, she would use those prompts. The teacher created a cutout star that she would show the student to help remind her to use the strategies she had learned in therapy.

"The student's behavior changed drastically," Ms. Phelps recalled. "She was quickly on grade level, quickly a model student in the class... all because there was that common language between what she was working on in therapy with her behavior and what the teacher was using with her. It was a lot easier for the child to change and grow because she was receiving the same message at home, in therapy, and in the classroom."

That, school staff insist, is why it is critical that any mental health support staff be a part of the school culture. Even if a student is not seeing



a therapist available in school, when students find themselves with difficulties, they are able to get support during the crisis rather than having to wait and address it after the fact. The therapist has really become an intricate part of our school community and a real asset to our school.”

The in-school supports provided by these clinicians allow students to have easy access to therapy, a mental health assessment and diagnosis, and assessment regarding medication

management. Students are able to receive services without a need for transportation, minimizing lost instructional time; and mental health counselors collaborate with teachers if they have input regarding a behavior plan that could impact classroom performance.

Another benefit: because the mental health staff have become so embedded in the school community, they have a better understanding of the needs and challenges of families when it comes to supporting their children. School staff say that the community partners go out of their way to make sure they connect with families. They do not drop a client after a couple of no-shows as many clinics do; and they occasionally make home visits to meet students and families where they are, eliminating the barriers that transportation issues can create.

At the high school level, these licensed mental health counselors are

also helping to address more complex, in-depth treatments than schools were previously able to provide. Shavonna Fitzgerald, social worker at Nottingham High School, explained that the ARISE therapist is able to help address suicidal students, provide crisis intervention, host weekly counseling or support groups, and more.

“It’s almost like a sigh of relief,” Ms. Fitzgerald explained. “We had a lot of students who were having trouble connecting with more intensive counseling outside of school – because of transportation issues or families getting time off from work. Now, it’s a lot easier to get that student connected with more intensive counseling right here in the building, without causing a disruption to the family’s day or the student’s day. We’re already finding that a lot of those students are now connected with a therapist and getting the services they need.”

Mental health services are critical to ensuring that students are able to be their most successful in school and in life. With a willing team in place and clear goals set and guidelines established, working with community organizations to provide students with the in-school mental health supports they need is achievable!

the therapist, Ms. Phelps points out, staff benefit from picking their brain for strategies, serving as a good resource to provide teachers with a new perspective.

“It has helped me tremendously,” Joy Yoffa, social worker at Frazer PreK-8 school, said of the school’s partnership with ARISE. “I have a caseload of about 500 students. Our ARISE school-based mental health therapists are an added support in forming relationships with our students and are really able to delve into the deeper issues that require ongoing, consistent mental health therapy.”

Ms. Yoffa added that the school’s two mental health therapists are an integral part of the school’s SIT team and regularly attend SIT meetings if they have a client on the agenda. While they are able to make a diagnosis, they can also delve deeper: supporting the relief of the symptoms and helping the student build skills so they can increase their skills at school, at home, and in the community. The therapists also work with families to support a student’s challenges and with school staff to help them understand how to work with a child in a way that will provide the best outcomes.

“One of the biggest benefits to our in-school mental health services,” Van Duyn Principal Eva Williams said, “is that they break that negative stigma sometimes associated with mental health care. It makes these services accessible and understandable for students and families. And by having

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Trauma-Informed Schools: A Journey



By Joseph Fantigrossi, EdD,
and Jay Roscup

Trauma is not the event. Trauma is the response. Each individual responds to chronic or acute stress differently and that response determines the level of traumatic impact. Maya Angelou said, “Do the best you can until you know better. Then when you know better, do better.” At least as early as 2011, critical research outlining the impact of trauma on young people was shared out by NYS; as educators who now know better, we are tasked with changing the conversation in our schools from “what is wrong with this student?” to “what has happened to this student?”

The ACEs (adverse childhood experiences) research study was conducted by the health maintenance organization Kaiser Permanente and the Centers for Disease Control and Prevention. The study produced several remarkable findings, but the most unexpected was the impact of childhood trauma on not only social-emotional health, but on physical health as well. It was found that adverse childhood experiences disrupted the child's neurodevelopment. This disruption led to social, emotional, and cognitive impairment, which led to the adoption of health-risk behaviors due to the compromised functioning of the brain's decision-making process. The impact of the risk behaviors contributed to disease, disability, and social problems for those with high ACE scores and ultimately to early death. However, even without risky behaviors, ACEs alone were enough to impact health outcomes.

In a parent survey of 554 incoming kindergarten students in 11 districts in Wayne County, New York, in 2016, 10 percent of our students were identified by their parents as having had two or more traumatic experiences. When we cross-referenced those results with their responses on other survey questions, we came away with a concerning picture. Incoming kindergartners with two or more ACEs were:

- 13 times less likely to be able to focus on an activity other than TV or computer
- 7 times more likely to have moved four or more times
- 6 times more likely to ignore rules at home
- 4 times more likely to never read with a parent/adult.

We were eager to know more about how this impacted our students as they matured. Across Wayne County, sixth, eighth, tenth, and twelfth graders from all 11 school districts participated in the Evalumetrics Youth Survey, a locally created version of the Hawkins and Catalano tool. Students who self-identified as having two or more ACEs were significantly more likely to adopt high-risk behaviors. This included the following:

- 2 times as likely to have used alcohol in the past 30 days
- 4 times as likely to have used any drug other than marijuana in the past 30 days
- 3 times as likely to inflict self-injury (e.g., cutting)
- 5 times as likely to have a suicide plan.

Trauma is often associated with poverty; poverty alone or trauma alone is sufficient to disrupt positive youth development, so when a young person experiences complex trauma while living in poverty, the natural chances for positive outcomes drastically diminish. Middle school students who scored at-risk for food insecurity and had two more ACEs had a remarkably higher likelihood to participate in the aforementioned risky behaviors:

- 8 times as likely to have used alcohol in the past 30 days
- 9 times as likely to have used any drug other than marijuana in the past 30 days
- 6 times as likely to inflict self-injury (e.g., cutting)
- 10 times as likely to have a suicide plan.

With this knowledge, we knew we had a moral imperative to address our students' trauma in an efficient and effective manner. NYSED defines our consortium of districts as high-needs, low-resource districts. In practical terms, this means we have to raise the level of service we provide all students so our more intensive intervention systems are not flooded. We concluded that the best way to do so would be to implement a tiered-intervention model. The key was to view the theory of a multitiered system of support through a trauma-informed lens. To organize our efforts, we utilized the ARC framework.

ARC stands for the domains of attachment, regulation (self), and competency. Blaustein and Kinniburgh identify this framework as a "flexible, components-based intervention developed for children and adolescents who have experienced complex trauma, along with their caregiving systems." We consider our graduates successful if they have developed skills in each one of the three domains.

Attachment is helping students

understand that they are part of something bigger than themselves and that they have impact and importance. It begins with positive relationships with caregivers and blossoms in connections with groups in their community. Regardless of the chosen activity, it is critical for the young person to feel a sense of belonging and commitment to the success of their organization. The common refrain of the impact of "just one caring adult" is supported by this model, and it is true that one significant relationship can be the seed for resilience for a young person.

Self-regulation "emphasizes cultivating youth awareness and skill in identifying, understanding, tolerating, and managing internal experience." Students understand that they are not in control of the stimulus but that they can be in control of their response. We support this for all students with clearly articulated, and taught, PBIS expectations and by implementing the second-step curriculum in our elementary school.

The competency domain speaks to providing an opportunity for all students to uncover their strengths. When surveyed, many of our young people have low levels of self-efficacy, as they do not believe their decisions have an impact on their future. We address this by building resilience through empowerment and student choice. Our commitment to the principles of personalized learning has led to more relevance for our students and helped them build skills for today and tomorrow.

A prerequisite to accomplishing this important work with our students was building capacity for our staff. We are asking our educators to make a huge paradigm shift in how they view the very nature of our profession. Understanding, and perhaps even more importantly, accepting that we must meet Maslow's hierarchy prior to addressing Bloom's taxonomy is extraordinarily uncomfortable for those who were traditionally trained.

We began with several book studies to build a body of knowledge and stoke interest in successfully meeting the needs of our students. This included *Reaching and Teaching Children Who Hurt*

by Susan Craig and *Helping Traumatized Children Learn* by the Trauma and Learning Policy Initiative. The former helped us look at classroom-specific strategies and the latter provided a structure for us to consider how we could systematize our interventions. It was never the case that we were not responding to the needs of our students. It was that we were fighting the fires one at a time instead of developing and implementing a comprehensive prevention plan.

Training our staff in research-based practices has also been a key component in our process. In collaboration with Cornell University, we had several staff members participate in a train-the-trainer model for Therapeutic Crisis Intervention for Schools (TCIS). TCIS is a crisis prevention and intervention model developed to assist schools in the following:

- Preventing crises from occurring
- De-escalating potential crises
- Effectively managing acute crises
- Reducing potential injury to children and staff
- Learning constructive ways to handle stressful situations.

In our consortium districts, we found an inverse correlation between the number of staff trained in a school and the number of office disciplinary referrals written in that school.

Youth Mental Health First Aid USA (YMHFA) training also played a critical role in supporting our staff. YMHFA trains staff in recognizing the

signs and symptoms of mental health problems and learning how to offer help before, during, and after a mental health crisis occurs. More than 600 staff in our consortium were trained in the last three years and 100 percent of the participants recommended this training for others. It is important to emphasize that we train any staff member who comes in regular contact with our students, regardless of their position.

We would be remiss if we did not mention the importance of self-care for those who work with traumatized students. Compassion fatigue, or vicarious trauma, is a well-documented result of the work educators in high-stress environments perform. We recommend that every educator have a self-care plan and that they frequently ask themselves the following questions: “How do I recharge and heal?” and “Who do I go to when I need help?”

Trauma-informed schools will not be accomplished with a district-purchased canned program or another committee. It is best done as an adaptation of the good things we are already doing for our students. While consultants can be helpful in organizing current practices, districts should be careful of anyone peddling “trauma-informed” care in a single package. It is not doing more but approaching our work through the lens of creating a safe and supportive



environment for all of our young people. When we present in different venues, we are often asked, “How do you know a student has faced trauma?” Our response is always the same: “You don’t, so treat every student with care, respect, and dignity.” And isn’t that what we want for all students anyway?

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JAY ROSCUP is the consortium grants administrator in the Lyons Central School District.

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Culturally Responsive Schools



By Jennifer Rodriguez

Culture supersedes more than just race, gender, color, class, or economic status. It is the embodiment of a community of people who dwell together interdependently and share commonalities that establish their identity as a whole. The beauty behind culture is that it cannot be imprisoned by a standard mindset, algorithm, or theory. In terms of education, students cannot be categorized by a particular level because culture is tangible. As a result, the education system must do a better job of integrating a multicultural lens in order to foster a productive and rich learning environment.

Furthermore, research states that there is a rapid growth in diversity within the school system. If the school system does not acknowledge a student's culture within the classroom or school culture, it can cause students to have "poor self-concepts, discipline problems and poor academic outcomes for ethnic minorities" (Bazron, Osher and Fleischman, 2005). Some schools requested to have culturally responsive teaching. Gay (2000) defined culturally responsive teaching as "using the cultural characteristics, experiences, and perspectives of ethnically diverse students as conduits for teaching them more effectively." Mayfield and Garrison-Wade (2015) also state that "schools cannot close opportunity/achievement gaps without culturally responsive practices." This evidence proves that it is imperative that schools become more culturally responsive for the sake of their students and faculty's well-being and overall performance.

In order for a school to become culturally responsive, it must promote multicultural awareness. School administration must do a better job of investing in staff professional development that educates school staff members on culture and its effect on education. Unfortunately, there are various staff members who worry or complain about a student's behavior and are not able to assess the correlation between that behavior and their culture. As a result, the student is misunderstood and is not able to thrive in the classroom because although their educational identity is being validated, their cultural identity is not. Thus they may feel worthless, and that feeling can negatively affect their mental health and overall well-being. Think of it as a domino effect. If a student does not feel secure and validated in their classroom, then they will not be able to thrive.

The National Education Association (2008) wrote a policy brief, "Promoting Educators' Cultural Competence to Better Serve Culturally Diverse Students," that further supports the need for cultural competence within the school system. It states

that cultural competency is necessary because:

1. **Students are more diverse than ever.** According to the latest available figures, students of color made up 42 percent of public school students in 2005, an increase of 22 percent from 1972. Minority enrollment grew in all regions of the country, primarily due to growth in Hispanic enrollment. Some 20 percent of public school students are Hispanic, with students of other ethnicities and multiracial students comprising another 22 percent of public school students. In addition, the number of children ages 5-17 who spoke a language other than English at home more than doubled between 1979 and 2005 to more than 10 million students.
2. **Culture plays a critical role in learning.** Educators must become knowledgeable about their students' distinctive cultural backgrounds so they can translate that knowledge into effective instruction and enriched curriculum.
3. **Cultural competence leads to more effective teaching.** Culturally competent teachers contextualize or connect to students' everyday experiences, and integrate classroom learning with out-of-school experiences and knowledge. Helping learners make the link between their culture and the new knowledge and skills they encounter inside school is at the heart of ensuring that all students achieve at high levels.
4. **Culturally competent educators are better equipped to reach out to students' families.** How families process their values, beliefs, everyday experiences, and child rearing conventions is mediated through their culture, especially through the primary or home language. Culturally competent educators understand that students benefit from a learning environment that increases the connection between home and school culture and

involves families and the broader community in students' education.

5. **Cultural competence helps address student achievement gaps.** As the number of minority students, English language learners, and students living in poverty increases, more and more students will be at risk of experiencing achievement gaps.
6. **Cultural competence reinforces American and democratic ideals.** Schools play a critical role in affirming the pluralism that students and their communities reflect; in challenging discrimination and intolerance; and in developing the attitudes and values necessary for a democratic society.
7. **Cultural competence helps educators meet accountability requirements.** A culturally competent school staff can be a powerful tool in meeting No Child Left Behind's accountability requirements.

You cannot teach a child without taking into account their worldview and culture. Culture is the filter we all use to perceive the world around us. It would be detrimental and senseless to think that every child thinks, acts, speaks, relates, and perceives the world in the same way. There is a famous quote by Albert Einstein that a fellow school counselor introduced to me that sums up my preference and reason for being so passionate about this subject matter in the school counseling world:

"If you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid."

If the education system does not make the effort to become more culturally competent and responsive, then it will cause our students to feel that they are not good enough. So rather than force a child to assimilate to a particular culture, let us validate and learn from their culture so that they too can grow into confident, productive, and modeled citizens of their community at large.

JENNIFER RODRIGUEZ is the school counselor at The Bronx Charter School for Children.

Discussion Around Depression and Suicide in Teens Today



By Jason D. Thomson

According to the Centers for Disease Control and Prevention (CDC, 2016),

The suicide rate for males aged 15-19 years increased from 12.0 to 18.1 per 100,000 population from 1975 to 1990, declined to 10.8 by 2007, and then increased 31 percent to 14.2 by 2015. The rate in 2015 for males was still lower than the peak rates in the mid-1980s to mid-1990s.

Rates for females aged 15–19 were lower than for males aged 15–19, but followed a similar pattern during 1975–2007 (increasing from 2.9 to 3.7 from 1975 to 1990, followed by a decline from 1990 to 2007). The rates for females then doubled from 2007 to 2015 (from 2.4 to 5.1). The rate in 2015 was the highest for females for the 1975–2015 period.

Last year during our 2016–2017 school year at Delaware Academy Central School District at Delhi, 12 students attempted suicide. Suicide is defined as taking one’s own life intentionally and deliberately. Considering that we are a small school with a population of 750 students, this is a very large number of attempts for a rural school in Upstate New York. Also, as an administrator of 12 years, this past school year had by far the most attempts I have ever encountered. Suicide in our youth today is an issue, and we need to understand the factors and causes that impact our youth today. Trying to comprehend youth suicide is difficult.

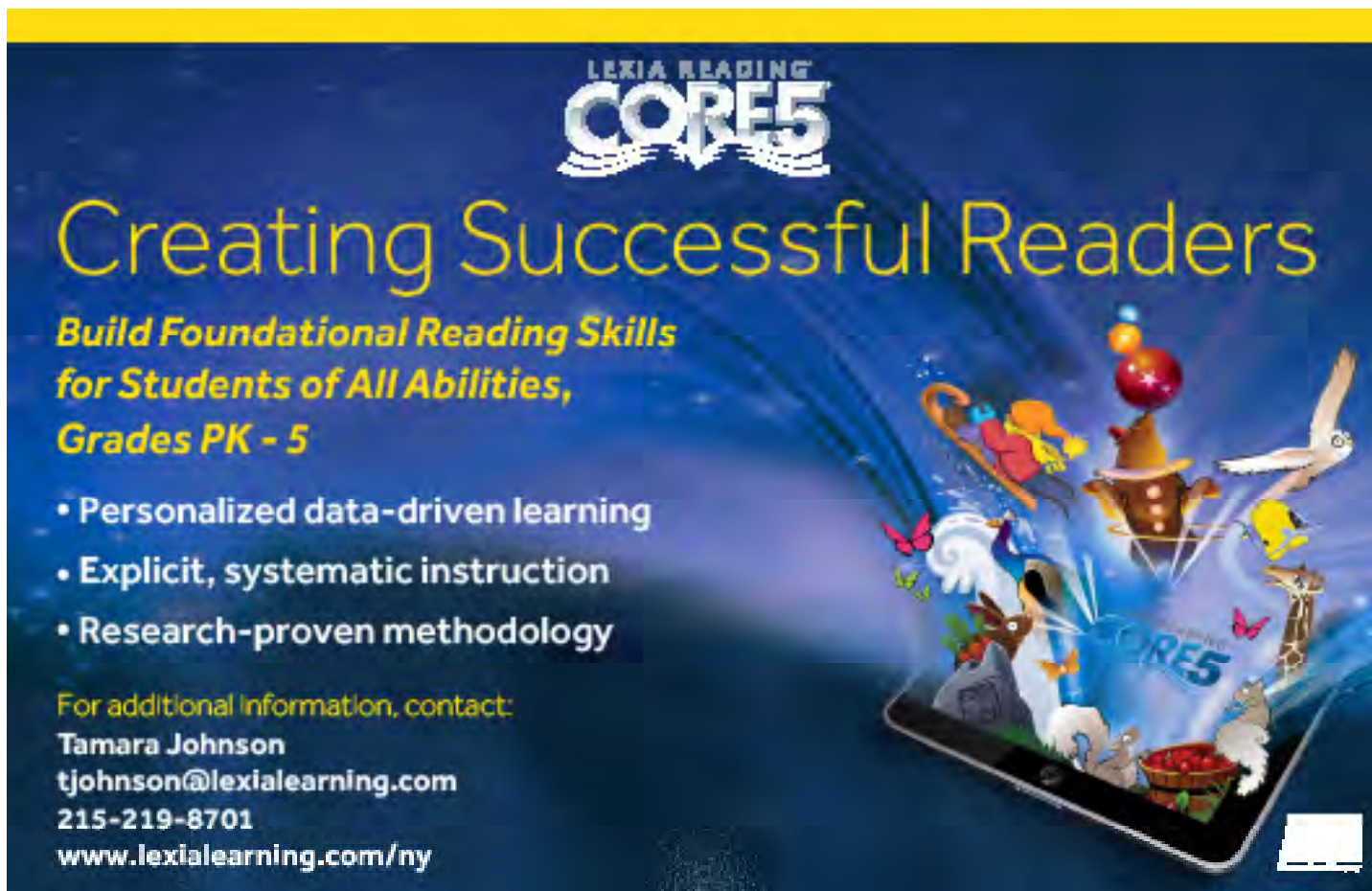
In order to reach our youth today, we must be conscious of what they are experiencing and going through as individuals. We have to be able to speak their language and relate to them. According to Brener, Krug, and Simon (2000, p. 304), “Suicide is the most extreme expression of psychological distress.” When we understand the cause of our students’ distress, we have a better chance of helping them to work through it.

Throughout my research, the common thread, or stepping stone, leading up to youth suicide is depression. There are a number of variables and factors that contribute to the suicide epidemic. These precursors include drug and alcohol use, broken homes, economic status, race, suicide ideation, poor self-esteem, distress, poor coping mechanisms, sexual orientation, victimization, as well as a lack of social connection and support (King and Vidourek, 2012). Bullying is another factor that increases depression exponentially. Depression and suicide are interconnected and directly related among teens, with untreated depression being the number one cause of

suicide. Teens who experience depression are 12 times more likely to attempt suicide than teens not going through depression bouts. More than half who successfully complete suicide had major depression and suicide issues as well as a connection between the two factors (King and Vidourek, 2012).

“Youth suicide today is considered an epidemic” (Bender, Rosenkrans, and Crane, 1999, p. 145). Depression is one of the leading root causes for suicide among our youth. According to the Johns Hopkins student assistance program (2015),

Depression is the greatest risk factor for suicide, with thoughts of suicide, a symptom of depression, preceding most attempts. While self-injurious behaviors, such as cutting or burning, are sometimes precursors to suicide, they are qualitatively different from suicide attempts. Self-inflicted violence is actually a maladaptive attempt at coping, meant to soothe, alleviate anxiety, and



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increase a sense of power and control. (Karambelas, T., 2015, p. 2)

Adolescents may decide to alleviate their perceived pain of depression through self-injury. This could be a warning sign that eventually may lead to more drastic measures including suicide.

Why do our adolescents become suicidal? A natural reaction to stress and loss can include bouts of anxiety and depression.

Adolescents' ability to process information in abstract terms increases. The ability to reflect also increases, as do the chances they will reflect on deeper issues, including contemplating their own death. Once a teen feels frustrated, helpless, and hopeless to not being able to solve problems, the adolescent has an increased risk of suicide (Murphy, 2005).

Depression, suicide, and other mental health issues are very difficult problems to solve. As the leader of my school district, many people come to me on a daily basis to fix or solve their area of concern. It's not a "black and white" issue in which one solution or approach can cure. As stated previously, there are many contributing variables and factors that cause depression and unfortunately may lead to suicide.

Because of these difficulties in researching suicides, a number of researchers have studied the risk factors that may be associated with suicide, such as stress and/or depression. According to Kirk (1991), between 70% and 85% of youth experiencing suicidal thinking also display symptoms of depression. (Bender, Rosenkrans, and Crane, 1999, p. 146)

As a start, we as educators can look for and recognize warning signs for depression and suicide.

The American Foundation for Suicide Prevention (2010) estimates that approximately 3 in 4 suicidal individuals show warning signs to a family member or friend.

Among teens, approximately 9 in 10 teens who are suicidal display clues or warning signs to others (Hicks, 1990). Therefore, a key component to preventing teen depression and suicide is for professionals, parents/guardians, teachers, other supportive adults (e.g., coaches, religious youth group advisors, afterschool program leaders), and youth to remain aware of such warning signs and risk factors and to appropriately intervene when necessary. (King and Vidourek, 2012, p. 15)"

Warning signs of depression and suicide include, but are not limited to, fatigue, difficulty sleeping or insomnia, drastic weight change, loss of interest in once-enjoyable activities, feeling bored all the time, irritability, and thoughts of death and suicide. Depression can distort an individual's reality and the individual then fixates on their shortcomings, failures, and disappointments (Murphy, 2005).



Also according to Kathryn Murphy (p. 2005, p. 44), "Over 90 percent of teens with suicidal tendencies have a treatable psychiatric disorder. Mood disorders, especially untreated depression, account for most suicide attempts and deaths in this group."

Recognition and prevention programs in schools today are key in combating the epidemic of depression and suicide. Since this is a multi-faceted issue, the approaches to find a preventative solution are essential. As school leaders we are expected, and rightfully so, to ensure the safety and mental well-being of our children. Aside from the obvious legal obligations and ramifications, it is simply the right thing to do.

School settings account for the largest ratio of suicide attempts and death by suicide (King 1997) and schools are mandated

to protect students (Portner 1994). Because adolescents spend more than one-third of their days in school, suicide programs are essential. (Ward and Odegard, 2011, pp. 144-145)

When we talk about depression and suicidal programming, what would be an essentialist approach to this issue? An essentialist approach is to teach the basic facts and essential traditional areas of content and discipline (i.e., math, science, history, and literature). Essentialists in education promote the traditional curriculum and promote American democracy. Where does mental health curriculum fit in (specifically suicide and depression)? Under a traditional essentialism approach, mental health concerns do not have a place in a true essentialist philosophy. William Bagley, who is commonly referred to as the father and founder of essentialism, would be completely against discussing mental health concerns such as depression and suicide. Mr. Bagley would have viewed addressing mental health issues as moving away from the traditional core curriculum. It would be viewed as a watering down of the curriculum and too emotionally charged. However, I believe we need mental health education in all schools today to be included in our core content as a "new essentialist" philosophical approach to education.

Prevention of youth suicide is something all schools can contribute to by promoting good mental health through evidence-based programs, by supporting young people, by responding to suicidal young people in a helpful way, and by being better informed about youth suicide. (Youth, Suicide, Schools and Young People, 2003, p. 34)

We as professionals need to recognize this and evolve. As Bauman, Toomey, and Walker (2013, p. 348) point out from their perspective, it is imperative for "intervention programs to include a suicide prevention and intervention component and to be extended to include high school students."

This is a nice transition into the philosophical approach of social reconstruction. Social reconstruction encourages the learner to explore sensitive topics that need to be challenged, changed, and constructed. Educators facilitate and provide resources to the students, which in turn empowers the students to have a real voice for social change. This philosophical approach promotes growth and learning through social interaction in a community-based learning model. In my school district, I have taken the approach of getting to know my students and establishing positive empathetic relationships. I am their school superintendent, but I am also a safe person (or safe zone) for all of my students. I believe by establishing positive, healthy, and meaningful relationships with students, we all can make a difference.

“Learning that creating an atmosphere wherein suicide and/or distress can be discussed openly as a means to enhance the child’s safety will help to overcome an emotional barrier.” Cross goes on to state, “The school must feel safe, and students need to feel a high level of empowerment. I suggest working toward a slogan that represents the responsibility shared by everyone. This ensures a collective awareness that everyone has important roles and responsibilities for the well-being of others. In this sort of environment, all stakeholders can thrive, and suicidal behaviors of all students (including those with gifts

and talents) may be prevented.” (Cross, 2012, p. 145)

We have started a program called “Thirteen Reasons Why Not!” at Delaware Academy (see page 43), where educators and adolescents can openly discuss their mental health issues and concerns. Educators and children at Delaware Academy now have a collective voice for social change. This is when the real conversations begin and the real learning can take place. When we fail to communicate openly together, we run into problems. We need to strip away the negative stigma and barriers around suicide discussions in order to get to the root cause. Unfortunately, mental health topics, including suicide, are considered taboo areas of discussion. I equate it to the 1950s when sex education was a taboo content area. We now know that talking about sex education does not increase sexual activity. We also have learned over time that discussing contraception does not increase sexual activity. Advocates for youth for effective sex education state,

Evaluations of comprehensive sex education and HIV/STI prevention programs show that they do not increase rates of sexual initiation, do not lower the age at which youth initiate sex, and do not increase the frequency of sex or the number of sex partners among sexually active youth. (2006, www.advocatesforyouth.org)

When discussed properly, mental health issues and suicide will not increase, similar to discussing sex education.

Paulo Freire (1921-1997) was a leading Brazilian philosopher who advocated for critical pedagogy. One of his major concepts was promoting the importance of dialogue. Students need to be actively engaged in meaningful dialogue in order to overcome oppression on the issue at hand. With proper training, appropriate mental health services applied by professionals, and counseling, we can make a meaningful difference and save the lives of our children who are strugg-

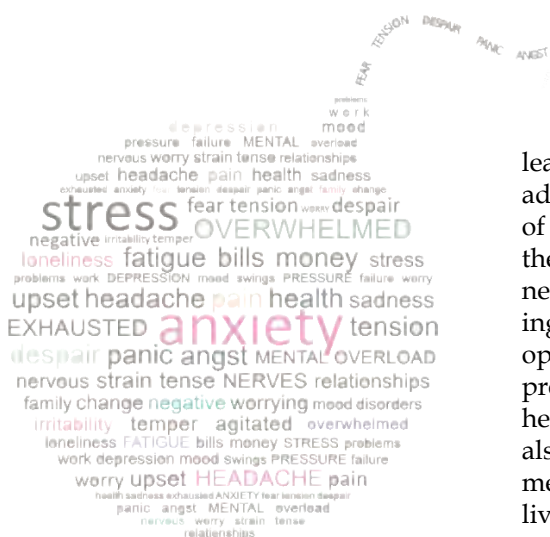
ling. Freire believed in learning as a process of inquiry, rather than just simply depositing information into the minds of his students.

A feminist philosophical model also supports empowering the student and discussing depression and suicide: “Students learn how to find connections between their needs and the needs of others” (Shrewsbury, 1997, p. 171). It acknowledges all perspectives, recognizes the students’ voices, and the feminist philosophy is student centered. A feminist philosophy is centered on relationship building, encouraging students to learn from one another, caring for one another, and inclusion of all voices. Students construct the curriculum based upon their life experiences and awareness to sensitive topics being explored. This philosophical approach completely supports the need to address and discuss the underlying root cause of suicide, which is depression. “Empowering strategies allow students to find their own voices, to discover the power of authenticity” (Shrewsbury, 1997, p. 169).

The philosophical model of existentialism encourages learners to discover their ideal self and to create their own learning. Searching for a deeper meaning and understanding through conversations is critical in order to experience growth.

For instance, in the Surviving the Teens Suicide Prevention and Depression Awareness Program, students are taught to recognize depression and suicide signs through an array of educational activities including: real-life stories of teens who have experienced depression and attempted suicide, prevention materials, small group discussion, role plays, reading activities, and access to the program website. (King and Vidourek, 2012, pp. 16-17)

There is no set curriculum, there is freedom within the curriculum to search for a deeper meaning. Opening up dialogue between the teacher and the student is supported under this philosophical model, specifically in regard to mental health



issues including depression and suicide. "Education always involves social relations, but differences of interpretation and meaning provide the basis for the continual dialogic interaction which stimulates all levels of educational activity." (Chamberlin, 1974, p. 135)

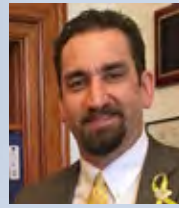
In conclusion, dialogue between teachers and students is positive and healthy for both parties involved. Facilitating meaningful dialogue to invoke positive change ensures growth and evolution for the field of education. When looking through multiple philosophical educational lenses, it is clear that dialogue around taboo or contentious issues is supported. The Centers for Disease Control and Prevention (CDC) reports that "there were 41,149 suicides in 2013 in the United States – a rate of 12.6 per 100,000 is equal to 113 suicides each day or one every 13 minutes" (CDC webpage citation). We as educators need to act now. It becomes very obvious that if we stop conversing and discussing tough issues in education, specifically depression and suicide, we will fail as educators and not evolve as a society. We need to get to the root cause of suicide and converse openly about depression in classrooms in our schools today. By understanding our students as people, and having open conversations together, this will ultimately lead us all to understand the causes of depression. Schools today need to take preventative measures to help solve their problems before we let our students get to the point of wanting to successfully complete suicide.

JASON D. THOMSON is the superintendent of Delaware Academy CSD at Delhi.

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“Thirteen Reasons Why Not!”



Jason D. Thomson

Superintendent of Delaware Academy

A collaborative student- and staff- led program to combat anxiety, depression, self-harm, and suicide at Delaware Academy Central School District at Delhi.

This idea and project is a student- and staff-facilitated project at Delaware Academy CSD at Delhi. I am extremely proud of our students for their confidence, trust, and bravery. As one of the speakers, I shared my preteen and teenage struggles over our loudspeaker during morning announcements. Needless to say, I was very nervous to share my story and open my heart up for everyone to view.

However, I felt that leading by example and breaking down the secretive barriers that those with mental health struggles are forced to hide behind might help crumble the stigmas associated with anxiety and depression. I felt compelled to show my students who are currently struggling with mental health issues that I “get them” and really understand their struggles.

As adults, most of us can all relate to the stress and pressures of being a teenager. Along with the typical teenage trials and tribulations, I, like many of our students, suffered with bouts of depression. So, when I received the following letter from four enterprising students, I knew that we were onto something that was bigger than all of us and had the potential to make a positive and powerful impact on our student body.

Dear Mr. Thomson,

This project will run every day until the last day of regular classes (our last thirteen days). We ask that all teachers silence their classes during morning announcements so students can hear what is being said. It is very brave to share personal issues with the entire student body and they deserve respect. In addition, we ask that the teachers remind the students of the resources we have to help students in need. If you see any student that is upset, please send them to the guidance office.

Here’s what we would like to read to our students and staff to “kick off the project” prior to our speakers sharing their stories...

This year hit our Delaware Academy family hard. A rising concern of depression and suicide has caused concerns this school year, 2016-2017. Unlike drug addiction, rape, and alcohol abuse, depression and suicide is overlooked and untreated. In 2014, Johns Hopkins hospital recorded a 37 percent increase of adolescents being treated with clinical depression. Recently, a show called *Thirteen Reasons Why* has been released, which tells the story about a girl who suffered from clinical depression, then committed suicide, leaving thirteen tapes blaming people for what drove her to commit such an awful death.

Our goal is to propose a project called Thirteen Reasons Why Not! which will include thirteen students, faculty, and/or staff of Delaware Academy. For thirteen days, which coincides with our final thirteen days of school, one volunteer will share a memory or struggle they have overcome over the loudspeaker during morning announcements.

Instead of blaming someone for their struggles, as portrayed in the Netflix series, each volunteer will thank someone for helping them. Each speech will be concluded

with “Thank you for being one of my thirteen reasons why not.”

Please understand this may be difficult for some students to hear, and each speech will be given guidelines. All speeches will be rehearsed, reviewed, and approved by Mrs. Cleveland and Mr. Thomson.

All volunteer speakers under the age of eighteen will be given a permission slip explaining the project and guidelines to be followed with parental approval.

Each speech will be different. Stories may include topics of racism, depression, family issues, changing schools, jobs, or even just having a bad day. Every speech will be told with the idea that help is available.

Our goal is to create an awareness for mental health. May is mental health awareness month and nobody deserves to be alone during a depressing period of time throughout their life. Set aside from high academic standards, Delaware Academy is a place where all students are loved and cared for. As a student progresses from middle school to high school, their stress and anxiety levels increase dramatically.

This stress and anxiety impacts both our students and faculty. Whether a person experiences a depressing period of a week or suffers from clinical depression for several years, everyone must be recognized and provided with support.

We believe everyone can come together for each other’s weak points, recognizing that everyone needs support. “Thirteen Reasons Why Not!” would be a great start to propel an awareness for mental health disorders.

Thank you for your support and guidance on such an important topic!

Sincerely,

Thirteen Reasons Why Not Student Committee

continued

“Thirteen Reasons Why Not!”

I was the first staff member of six to share my story. We alternated for thirteen days between our students and staff.

Good morning everyone, this is Mr. Thomson,

I know several of you have heard me say over the years, I love my students and I love you all as if each of you are my own children. I try to show you and tell you on a regular basis, and yes, sometimes my love is tough love. And, this is why I'm putting myself out there right now and sharing my experiences with you now.

As a preteen and teenager I struggled with deep anxiety and depression, I was always worrying and caring about what others thought of me, I worried that I wouldn't be accepted, people laughing or whispering about how I looked, the clothes I wore, judging me, worrying so much about fitting in, and I always felt that I was never smart enough, good enough, and scared I would never fit in with the right crowd.

I even contemplated hurting myself...but I didn't... See...those thoughts were foolish, shortsighted, and immature thinking. I didn't know what I didn't know. I had a great support network of friends, family, and teachers that I was able to rely on and I preserved my way through it all. I'm so glad I did. I literally would have missed out on a lifetime. I would have missed out on all life's joys. Yes, sometimes the world is tough and dark. Life is a rollercoaster and you have to embrace the good and the bad.

Why? Because life is worth it. Suicide and hurting yourself is not an answer. It's an ending and you will only hurt yourself and everyone around you who loves you. Nothing good is to be gained.

Anxiety and depression is real. And, it is really scary for those who struggle with it. I still struggle with it today every once in a while as an adult. The significant

difference now is that I have several positive coping skills that I have learned over the years. Exercise, healthy eating, medication, and talking about my fears and aspirations with those who truly care about me. I've learned to care less about what others think and I have learned to be happy by truly being myself. I have chosen to be a positive influence and try to make the world around me a better place.

Words are powerful. Words have a piercing, penetrating, and rippling effect. You never really know what someone else is struggling with...even when they appear to have it all and have it all figured out.

So my request to you, Delaware Academy, is this... Be kind to each other...care for one another...even if you aren't friends with someone...choose to be kind not hurtful. Being kind and thoughtful doesn't cost you a thing.

Do you know why this is so important? Because you could be the one positive difference in that person's day, week, month, year, and life. Choose to make a positive difference in the world. It's well worth the minimal effort.

Thank you for letting me share my thoughts and feelings with you. Please know, I am a safe haven for those of you struggling with anxiety and/or depression...I am also here for you all for any other concerns...big or small. I'm always here when you need me. You are not alone. You don't have to struggle alone.

Thank you to all the students and staff of Delaware Academy for being one of my thirteen reasons why not! I love you all. All the best!

Have an amazing day!
Mr. Thomson

The response to our initiative has been very positive. It turns out, students want to talk about mental health. It turns out students are ready to talk about mental health, and it turns out, we all need to listen.

In the process of helping my students, I relearned a powerful lesson: If you put yourself out there for

the right reasons, you may just change someone's life, even yours, for the better. It's time for all educators across the nation to help our children who struggle with anxiety and depression. We have to talk about the uncomfortable elements in our life in order to stimulate positive change. There is no time to waste. All the best.

Thank you for all you do for our children across New York State. Our work is so important.

Double Kisses



By Lynnda M. Nadien

Academic promise is as significant as social promise. As educators, we rely on our understanding of what makes a school not only a place to promote academic success, but a place in which children can feel a sense of security and belonging. Recently, a new family arrived at our school and consequently they were deemed “displaced,” with the basic meaning of being homeless and/or assigned to a local shelter. Upon meeting with the family, which included their young son, a new kindergartner, we realized the family needed intervention for a variety of reasons.

Intervention in this respect, basically included saying “Good morning,” a simple gesture but one the family was not used to; providing school resources such as referrals to outside agencies that could help the family find housing; and explaining how to utilize resources the family might need. We noticed the separation anxiety exhibited by the son of this family. He was incredibly fearful of being “left” at school, although he had never attended school before. It was interesting to observe this child’s perceptions of school and being “left” here. His notion of “school” was one that instilled great fear in him, and although a few months have passed by already, he is reassured daily that “Mommy will be back.”

At the beginning of his first days, we allowed the parents to separate slowly from him and reassured him that “Mommy would be back at 3:20.....” But he was still hesitant. As the days went on, he would cry, but once he settled down, he was fine within the classroom, and within all of his special area classes such as art or library. He would say to his mother, “One more kiss...” And she would kiss him, and then I would overhear him telling her “Mommy...double kisses,” which would be two kisses as opposed to one. Once he received his “double kisses” he reluctantly skipped down the hallway to meet his class, but still with tears streaming down his face.

Double kisses then became our code words, as this child would be fine at school upon receipt of his “double kisses.” Since then, we have built a very strong relationship with this family. We understand the concept of cultural responsiveness within

schools, and the tremendous need for building relationships with parents and especially with the children. This is one example of a family in need, and this family is clearly outside of the norm, but is in need of respect and plenty of attention to ensure their safety and the security of their child.

Students do attend school with a higher level of anxiousness than any school leader has previously anticipated. Students are fearful of “strange” adults, and we notice this consistently in terms of second language learners, who are immediately evaluated for language programs and have a tendency to be reserved and quiet. This is most likely a cultural aspect, as children are not familiar with the school routines at the beginning of the school year. Hence, they are feeling quite uneasy speaking with all of the new adults in their lives.

It is imperative for all educators to take the time to get to know their students. Think about their prior knowledge, and what type of experiences have the children had that make them who they are today. Did we take time to say hello in the morning? Did we comfort a child who appeared to be sad, angry, or perhaps not fed? Are we aware of not treating all children in the same manner, as their needs both academically and socially may vary? Do we even realize that kindergarten children, for example, have only been on Earth for less than 60 months and are now expected to joyfully leave Mommy and remain in a large building for more than six hours per day? Therefore, we must, as educators, exhibit empathy and create classroom environments in which children thrive within the daily routines. If they cry or exhibit anxiousness, how do we reassure them that school can be a place for exploration and excitement?

We are absolutely at the point in the field of education in which building leaders and teachers must heighten their awareness of the student population. We can no longer pass judgment or make assumptions regarding the mental health of our students. We encourage our staff

to abide by the premise, “If you see something, or feel something, please say something.” This will allow us as a school community to provide intervention when necessary, or perhaps just lend a shoulder for a parent to rely upon when necessary. We realize we are not a mental health facility, but much of the burden weighs heavily on the school as a community entity in which to solve many perils of society. This is a tremendous burden to bear in terms of a school not having internal resources in all circumstances, and then having to rely on outside agencies that may or may not follow up consistently for each family referred to them.

Nonacademic programs are now becoming more critical, as these programs will allow children to express their feelings related to school issues and allow them to work with adults who are trained for intervention and response to intervention. We want all children to be flourishing in our school building and it certainly begins with simple steps, such as the morning hello, or “Have a great day.” Even a big hug or a dose of “double kisses” from a parent will provide a fearful child the promise of great love and the certainty of a timely return upon completion of the school day.

All educators must be conscious of how they speak to children, what they expect of children, and how to best serve the current student population. There is no “easy fix” in the matter but being aware as an educator is the first step to becoming a culturally responsive educator – one who will not judge, criticize, or complain, but one who will comfort, seek assistance, and ultimately do what is best for a child. All children are relying on us as educators to create that environment in which everyone matters and our schools are safe, nurturing, and the main vehicle to a child’s successes in all aspects of life.

LYNNDA NADIEN, PhD, is the principal at Smith Street School.



Foundations for Success:

A Proactive Approach to Student Challenges



By Marie Perini, EdD

The transition to high school is often challenging for students. Excitement may turn to anxiety when students begin to realize the enormity of the expectations now placed on them. Time management, perseverance, and social skills are required, and the effective balance of class assignments and extracurricular activities is indispensable. Increasingly, students are also managing stressors in their home lives that impact their school performance. Unfortunately, these challenges may become overwhelming for students, negatively impacting their mental, physical, and emotional well-being.

Beginning in the fall of 2014, conversations began regarding a proactive approach for incoming freshmen. Administrators, faculty, counselors, and student leaders engaged in the discussion, and common themes emerged around life skills, interpersonal relationships, and basic study skills, as well as prudent decision making. Mark Skowron, who is the director of the Leadership Academy at Lancaster High School, was a major voice in the planning of this initiative. Through the process, he frequently recalled the value of the dinnertime conversation as a balancing element in the lives of students in previous generations. Central to those conversations were trusting family relationships that created a safe place for young and old to share their victories and challenges and work through problems. Could those relationships also be built among faculty, upperclass students, and the 500+ freshmen within the high school environment?

As the planning continued

throughout the 2015-2016 school year, a structure was developed that involved a core group of teachers who would be assigned to a specific cadre of freshmen. This would encourage the building of connections between students and teachers and students and students. Teachers in the program would come from a variety of disciplines, each committed to students' success in their high school careers both academically and socially. Teachers were encouraged to apply for the positions, which would constitute a portion of their teaching assignment for the year. Interviews were held to determine which teachers would best fit the vision for the program. Once the teachers were selected, release time was provided to them in the spring of 2016 for program development and planning.

The program, initiated in the fall of 2016 and now entitled "Foundations for Success," is obligatory for all freshmen, and is scheduled opposite Health for the entire school year.

The requirement for this course did create some challenges for enrollment in electives and study halls, but the cooperation of the faculty across content areas proved instrumental to the implementation of the program. The progression of the course was closely monitored throughout its first year. Dr. Andrew Kufel, director of secondary education, was also involved in the planning of the program. "I was working to make sure the experience for all students was comparable, that the students felt connected to the big Lancaster High School. In the first year, we experienced a variety of challenges." Dr. Kufel observed that some adjustments would be appropriate.

At the conclusion of the 2016-2017 school year, changes occurred in the faculty assignments (for personal and professional reasons), and an effort was made to merge lessons into a conceptual framework around the original vision, "to ensure that all students at Lancaster High School have the necessary academic,



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personal, and social skills to reach their full potential.” The Foundations curriculum was designed to be assistive to students, ranging from course and program overviews to technology, scheduling to career planning, social media to discipline and behavioral expectations. Emerging needs of the students have further defined the curriculum, with conversations around school safety, mental health concerns and resources, and family and personal concerns. The curriculum was always intended to evolve and accommodate those needs, based on the cadre of students. According to Dr. Kufel, “Year two has been much smoother and aligned to the vision of the course.”

Currently, activities are centered around four “pillars”: personal discovery, individual well-being, essential skills, and school/community awareness. The pillars are not studied in isolation but rather woven into the full fabric of the course:

Personal Discovery - Students consider the roles their “colors” and their Myers-Briggs results have on their interpersonal relationships. They learn left brain/right brain awareness, specific to their personal talents and abilities.

Individual Well-being - These studies involve mindfulness, communication skills, behavioral boundaries, values, thoughts and emotions, and the acceptance of others. Discussions challenge students to reflect on how each of these categories can lead to a “life worth living.”

Essential Skills - Study skills, goal setting and tracking, presentation skills, note taking, and interviewing are examined in this pillar. These skills are designed to assist students in their day-to-day educational expectations, and teachers provide ongoing support for students so that they realize success in these real-world endeavors.

School-Community Awareness - Building tours, introductions to clubs and activities (including an introduction to the seven career-themed academies), and presentations of course offerings assist in the students’ acclimation to the high school. Build-



ing administrators, actively involved in the program, endeavor to assist students rather than being perceived solely as disciplinarians. Community service is a hallmark of the Lancaster High School community, and the freshmen are offered many opportunities for involvement in these service activities.

An added feature of the program involves upperclass students who serve as teacher assistants. Their primary job is to interface with the freshmen and provide positive role models for them. Ms. Kathleen Wilson, one of the teachers in the program, comments, “Our TAs are some of our greatest assets, and a truly unique part of this program.” The teacher assistants are scheduled in assigned groups, just as the teachers are scheduled, and they have developed “big brother, big sister” relationships with the freshmen.

The Foundations for Success program was established to address the transition to the high school, but also serves as a preemptive support for students’ social and emotional health. Students need to be connected in healthy relationships, apart from social media, to grow into healthy adults who are active contributors to society. All students need to feel connected to their family and their school and their community. At Lancaster High School, we recognize

that we have little control over the families of our students, but we can address those issues within our walls, and we believe that Foundations for Success is a positive step in that direction.

MARIE PERINI, EdD, is the assistant superintendent for curriculum, instruction, and pupil personnel services in the Lancaster CSD.

Early Detection and Response to Student Mental Health



By Julia Drake, EdD,
and Dr. Hallie Malbin

Increasing mental health needs in schools are of paramount concern to all of us. Elementary-level education is no exception to this growing crisis. It has been a challenge to comprehensively accommodate the growing mental health needs of students. Like many other schools, we have had to develop our own internal practices to support the students at the heart of this struggle. One should consider the number of students diagnosed with anxiety as an indicator of growth in mental health need.

Over the past seven school years, our school alone has seen a notable increase in students with an anxiety diagnosis both at the 504 and special education level. During the 2010-2011 school year, six of approximately 700 elementary students had an anxiety diagnosis. Currently, during the 2017-2018 school year, we have 14 elementary-level students with this diagnosis. The figure has more than doubled. Within the district, the elementary school has seen the greatest jump in numbers as compared to the middle and high schools; therefore, early intervention is essential.

The needs of students in crisis could easily become overwhelming and difficult to manage on the school level without a plan for early detection and response. In our experience, early detection and response has been a critical element of our success in managing the ever growing number of students with mental health needs. This article will share some of the practices that have been successful for us, and will also lay out some recommendations that could enhance our process and

hopefully prove helpful to SAANYS readers.

Students who have experienced a traumatic event may not initially exhibit signs of anxiety, or be officially diagnosed, which is why communication with all stakeholders is critical. Not all families want to share information about traumatic events with schools, and this can prove to be quite challenging. It is essential that schools proactively reach out in order to gain the fullest picture possible of each student as early as possible in their schooling. For example, when enrolling each kindergarten class, we survey preschool teachers, ask parents to complete a questionnaire, conduct preschool visits, provide a parent orientation, and conduct a student screening in order to get as much information as possible. We have gleaned information as a result of engaging in this work that has been instrumental in placing students and coordinating early intervention services (e.g., building-level counseling support).

Once enrolled in the school, students both on and off the “radar”

might begin to exhibit signs indicative of having experienced trauma (e.g., presenting as highly anxious). The difficulty, however, is that student anxiety can manifest itself in a variety of ways, and students who are highly anxious do not all demonstrate it in the same manner. For example, some students might withdraw completely, while others might act out and cause significant disruptions in the classroom. This can make identifying students in crisis for anxiety somewhat difficult and, without early detection or response, can present ongoing challenges. Without the ability to engage in advanced planning and provide more comprehensive service, a “bandaid” response is often the best that most schools can provide.

It is therefore critical that elementary schools not only develop a plan that supports both incoming kindergarten students and students in other grades, but also understand that traumatic events can be experienced at any time in a child’s life. Recognizing that this is easier said than done, we have assembled some recommendations that we hope will prove useful in this work.



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The first recommendation is to try to create an objective measure to evaluate students against when soliciting observation data from teachers. (e.g., preschool teachers or teachers who are currently struggling to manage a student in crisis). In our experience, we have come to recognize that there is a degree of subjectivity to teacher observations that we rely on. For example, a teacher with a particular gift at reaching troubled students might rate a student differently than a teacher who is less capable in this regard. As such, we propose norming evaluations of student anxiety or depression so that teacher reporting can be accurate. Our proposal includes surveying teachers at regular times of year, and using uniform questions (e.g., Do you have students who are sad, worried, etc.?) to serve as a catch-all and avoid letting students “slip through the cracks.” With this information we recommend creating a central confidential database that is updated annually, essentially “flagging” students who present as consistently sad or worried and tracking their progress throughout the early years. As part of the school response to intervention (RTI) plan, mental health staff can manage this database as a primary step in the referral process. In this way they are proactively intervening versus waiting for a concerned teacher to bring a child up to the team.

Our second recommendation speaks to the response once a student has been identified. Our experience has shown that students who have suffered a traumatic event are frequently not the only ones in need of support. Oftentimes, the students’ families are in crisis as well. Our recommendation is that schools provide “wraparound” services to the best extent possible, given the financial and human resource limitations that most of our school districts face. Over the course of the past seven years we have not increased the number of mental health staff employed in our school, so we have had to be creative in terms of how we manage this. A cohesive mental health staff has proven to be essential in this process; for example, social workers and psychologists working in concert to share information and

resources with one another and with families. Given staffing limitations in schools, we often work with families to connect with their outside providers and work in concert with them to share observations and apply interventions.

For example, schools can ask families with students in crisis for written permission to speak with students’ outside health care providers and/or therapists, who might be able to shed light on behaviors witnessed in school. School-based and outside providers can therefore work together to develop the most comprehensive plan possible to support the student and family.

Our final recommendation is one to use should a school/district find itself in a financially capable situation where increases to personnel are possible. For this, we would recommend establishing a school-based mental health family resource position. This individual’s exclusive responsibility should be providing individual student and group counseling, managing the early detection practices and subsequent database of the school, and establishing community connections in order to enhance the depth of “wraparound services” that the school can provide for its students and their families. In many cases this might look like a school social worker. The challenge, however, will be keeping this person’s responsibilities limited to the aforementioned and not allowing the person to be stretched too thin, thereby losing impact and/or effectiveness.

As we have seen with the school nutrition programs that were established in response to students’ inability to learn when they are



hungry, student mental health programs should be established in response to students’ inability to learn when they are sad, scared, anxious, or depressed. We recommend that school districts make student mental health a priority and allocate sufficient resources to this regard. Academics always maintain a high priority of focus in school districts, as they should. However, students who are battling mental health needs are not in a position where they can fully access the learning. A failure to address this segment of the school population is a failure to provide the full educational experience. An essential part of our responsibility is to help all students to be “ready to learn” in order to access the rich academic experience we all strive to provide.

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Anxiety: Why It's Different from Stress



By Peg Rosen

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There's a math test tomorrow and 14-year-old Katherine should be studying. Instead she's in bed. "I'm not taking the test! What happens if people see I can't do it? What if I fail again?" she cries to her mom. Anxiety is a sense of fear and worry. And it's easy to understand why Katherine and other children with learning and attention issues are more likely to have anxiety than other children. Many have to work harder to keep up with their classmates. Other kids may bully them. Kids with learning and attention issues may not have the coping skills or maturity to handle these difficulties.

“When anxiety stops your child from functioning or enjoying life, it’s probably time to find help.” But anxiety can be managed. The key is noticing the signs and providing the tools a child needs to keep worry in check.

Read on to learn how anxiety is different from stress—and what might cause anxiety in kids with learning and attention issues.

ANXIETY VS. STRESS

Stress and anxiety are closely related but are not the same thing.

- Stress is a natural and normal response to a challenge. Our heart pumps faster and our palms sweat as we get ready to act.
- Stress can make us feel nervous, angry, frustrated—even anxious.
- Stress can have a positive effect. For example, it can “pump up” a child to study for a test.
- Stress can also be overwhelming. Feeling stress every day for a long time can take a toll on your body and mind.



- Anxiety makes a kid feel worried and afraid. “What if?” is a common phrase for anxious kids.
- The anxious feeling is often out of proportion to the real or imagined “threat.” For example, a child crying in terror because she’s afraid to enter a birthday party.
- Anxious children may expect that something bad will happen and not believe they’ll be able to handle it. (That bee’s going to sting me and I’m going to die!)
- The bad feelings associated with anxiety can come from something specific, like algebra. Or anxiety can be a more general sense of uneasiness that affects much of everyday life.

COMMON CAUSES OF ANXIETY

Just about everyone feels anxiety at some point. But kids with learning and attention issues may have extra reasons for feeling worried and afraid. These include:

- Anxiety about not being able to keep up: Kindergarten is often when children with learning and attention issues first show signs of anxiety. They may notice they can’t do what their friends can do. As they go through grade school, their anxiety may get worse if the skill gap widens between them and their classmates. Kids with anxiety issues may just generally be hard on themselves.
- Anxiety about feeling different: Much of childhood is about fitting in. Children with learning and attention issues may worry that someone will notice if they get extra time on tests. They may fear someone will see them in the resource room. Teenagers may fear the other kids will find out they take medication or see a therapist. Children with social skills issues may want to be part of things but are afraid of being rejected.
- Anxiety about the future: Teens with learning and attention issues may fear what’s after high school. “If I can’t pass a math test, how will I ever take an SAT?” Or they may worry they won’t be able to live away from home. They may avoid dealing with these issues by not taking tests or refusing to talk about their plans after graduation.

WHEN ANXIETY BECOMES AN ISSUE

When anxiety stops a child from enjoying life, that child may have an “anxiety disorder.” The most common forms of anxiety disorders include:

- Generalized anxiety disorder:

The child may seem “anxious by nature.” She’s worried about anything and everything. She fears someone will see her counting on her fingers. She won’t go in the backyard because there’s



a beehive next door. She may have nightmares or trouble sleeping.

- Obsessive-compulsive disorder (OCD): People with OCD often follow unusual routines or rituals. They believe that doing this will stop bad things from happening. For example, a child might wash her hands every time she thinks about something she’s afraid of.
- Panic disorder: A child is often terrified when there’s no real danger. At these times, she may find her heart beats fast; she has chest pain and difficulty breathing and may feel nausea or even fear that she’s dying. The child worries about having another episode and may even change her behavior because she’s so fearful of having another panic attack.
- Separation anxiety disorder: Fear of separating from a parent is a natural part of childhood. It is considered a disorder if the child can’t get past this stage, continues to cling, and can’t separate easily at school or elsewhere.
- Social anxiety disorder: The child may be fearful of social situations. If you force her to go on a playdate or to a party, she may cry or throw a tantrum. She may be very shy around strangers and avoid playing with classmates.
- Phobias: The child may be extremely afraid of a particular thing, such as bees, the dark, or doctors. Her phobia may prevent her from getting involved in activities and cause her to scream or act out in other ways.



WHEN TO SEEK HELP

When anxiety stops a child from functioning or enjoying life, it's probably time to find help.

Children with learning and attention issues have reasons to feel

anxious. That doesn't mean their anxiety can't be managed. Learn about signs of anxiety and stress so you can identify these feelings.

KEY TAKEAWAYS

- Anxiety is a feeling of worry or fear.
- Children with learning and attention issues have reasons to feel anxious.
- When anxiety stops a child from enjoying life, it may be time to get outside help.

PEG ROSEN, understood.org, writes for digital and print, including ParentCenter, WebMD, Parents, Good Housekeeping and Martha Stewart.

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The Effects of Chronic Medical Conditions on Student Mental Health



By Erica DeNicola-Scher

Chronic childhood medical conditions, defined as health problems that last at least three months, require extensive medical care (hospital visits and home health care) and regular use of medication or special equipment, and impede a child's ability to participate in normal childhood activities (including attending school and completing schoolwork) (Compas et al., 2012; Boyse et al., 2012), affect millions of children (approximately 27 percent of children) in the United States (focusforhealth.org).



Examples of common chronic childhood conditions, which are on the rise, include (but are not limited to) asthma, cystic fibrosis, diabetes, obesity and overweight, cerebral palsy, sickle cell anemia, cancer, epilepsy, spina bifida, food allergies, respiratory allergies, and cardiovascular problems (focusforhealth.org). Another important aspect of chronic medical conditions is that children will have periods of wellness and illness (Boyse et al., 2012), but the underlying medical condition is always present, as chronic medical conditions are persistent, do not resolve on their own, and can rarely be cured completely (Compas et al., 2012).

The stressors that accompany a diagnosis of a chronic childhood condition go far beyond simply treatment and management; factors directly and indirectly related to the health problem itself can drastically change life for the child and the entire family, and pose significant challenges to many constructs that relate to a child's mental health and well-being (Compas et al., 2012; Boyse et al., 2012). Take, for example, children diagnosed with epilepsy, a chronic neurological condition that causes recurring, unprovoked seizures. A child may be diagnosed after an acute incident (a first generalized tonic-clonic seizure, for example), or after a pattern of "odd" behaviors is identified (e.g., staring spells, periods of impaired awareness or unresponsiveness, involuntary bodily movements, automatic behavior), prompting a trip to the emergency room and/or neurologist. An acute onset event such as this can be traumatic for a small child (Compas et al., 2012). The diagnosis of epilepsy leads to a long process of finding effective drug treatment or alternative therapies (i.e., devices, dietary, surgical) to achieve seizure freedom, a goal that is unattainable for one-third of individuals with epilepsy. This often requires many rounds of trial and error to find the best individual medication or combination of meds at the correct doses that reduce or stop seizures with the least number of side effects. These side effects can include drowsiness, sleepiness, fatigue, poor

coordination, dizziness, headache, blurred or loss of vision, nausea, skin rash, hair loss, upset stomach, kidney stones, tremors, insomnia, weight gain, anorexia, concentration difficulties, irritability, hyperactivity, weakness and others (EFWP, 2018). Finding effective treatments may also require multiple trips with prolonged stays in a hospital epilepsy monitoring unit to better understand the seizures and brain activity, and the longstays could mean missing school or other activities for days at a time.

Once diagnosed, children are told they can no longer take baths – they must shower and keep the door unlocked at all times so they will not drown if they have a seizure while in the tub. They are restricted in how high they are allowed to climb in case they have a seizure on the playground and fall. They are not allowed to swim without constant one-on-one supervision, even when their friends are in the pool with them. For children who have seizures at night, many suddenly find their parent(s) or guardian sleeping with them every night, or putting a baby monitor or camera system in their bedroom to monitor their nocturnal seizures. Any bump or holler they make could bring their parents or family members running to make sure it wasn't the sound of a seizure they heard. Epilepsy also carries the risk of sudden unexpected death (SUDEP), which is the leading cause of death in persons with epilepsy and for which nocturnal seizures can be a significant risk factor. For many parents, fear of their child having a nocturnal seizure means many sleepless nights.

A child with epilepsy (or any chronic medical condition) may be asked to wear a medical ID bracelet or necklace, a silent but visible confirmation that they are somehow different from their friends, or that there is something "wrong" with them. If other children do not know about epilepsy and seizures, they may bully or mock or be fearful of whatever seizure activity they see while at school. Well-meaning teachers or guardians may exclude or

"excuse" children with epilepsy from certain activities for fear it will trigger a seizure, potentially causing the child to feel left out and less confident in their own ability to participate in certain activities. Or teachers may unnecessarily send a student home following a seizure, causing them to miss out on the remainder of their school day. Seizure activity can cause thinking and memory problems, making academic success a challenge for some, and children with epilepsy may need an individualized education plan (IEP) or 504 plan to facilitate their academic success in school. In more severe cases they may be paired with an aid who will stay with them, even accompanying them to the bathroom, to make sure they are not alone in case they have a seizure.

Children and parents and siblings may live in fear of when and where the next seizure will occur, and whether there will be someone around who will know how to help. In epilepsy, individuals have no control over when a seizure occurs, where they will be, who they will be with, or what they will be doing at the time the seizure happens. A child who has a seizure in front of other classmates may feel extremely uncomfortable or embarrassed about it, especially if they lost control of their bowel or bladder during this particular seizure. As they age, adolescents and teens with active epilepsy will not be able to get their driver's license until they are seizure free for one full year (in NYS) and may face job discrimination issues. Or may have difficulty holding a job, if, for example, they do not have reliable transportation to get to work on time (or at all), or if their ability to function at work is affected by medication side effects or postictal (after-seizure) symptoms.

The point to be made with this example is that chronic medical conditions come with a myriad of issues and potentially significant lifestyle changes that add to the stress faced by a child with a chronic health condition and their family. As Compas et al. (2012) put it, "It is not sufficient to ask how a child

cope with [a medical condition]. Each of these conditions includes a range of stressors and challenges for children, adolescents and their families” (p. 458). They may feel socially isolated because they realize their illness makes them “different” from their friends; they may feel frustration or anger at not being allowed to participate in activities and feel overprotected; they may feel fearful and anxious about what will happen to them; or their condition may cause them physical pain. These emotions can severely impact a child’s mental health and well-being (AAP, 2004). Furthermore, as children grow, the various aspects of living with and managing a chronic condition or illness may challenge their development and sense of concepts like security, independence, self-esteem and mastery over the environment, trust, and resilience (Boyse et al., 2012). It is unlikely that a child or adolescent will say they are sad or depressed, but may instead show signs such as doing poorly in school, withdrawing from friends or family, or even resisting a treatment (e.g., refusing to take their medicine) (AAP, 2004). Their ability to use effective coping strategies also influences their ability to adjust to a chronic health condition. For example, in the meta-analysis by Compas et al., examining coping and adjustment to chronic medical conditions in children with diabetes, chronic pain, and cancer, it was found that children adjust better to a chronic medical condition using secondary or accommodative coping. This coping involves adapting to stress through cognitive reappraisal, positive thinking, acceptance, and distraction, or through self-encouragement, distraction, and minimizing pain, respectively. Disengagement or passive coping, including denial, avoidance, wishful thinking, self-isolation, and catastrophizing, is (perhaps unsurprisingly) associated with poorer adjustment in children with chronic medical conditions, as these behaviors do not permit the effective management of emotional distress. Interestingly, active problem solving or primary control approaches (using strategies to directly change the source of stress) showed mixed effec-

tiveness, which these authors speculate is possibly because “active or primary control strategies such as problem solving represent a good fit for some sources of stress, such as problems related to missing school or changes in treatment regimen, and a poor fit to others, such as feeling different from peers” (p. 470). Other important factors to consider in a child’s ability to adjust to a chronic medical condition include potential impairments in the child’s cognitive function (due to the condition itself or treatment side effects) or developmental differences (age-related), the influence of parent/guardian and family coping skills on the child, and the effectiveness of interventions to improve coping skills. These are important directions for future research (Compas et al., 2012).

One simple way that educators can assist students with chronic medical conditions is by seeking education or training (as applicable) about the conditions their students may be living with so that they have a better understanding of the condition and the medical, emotional, social, and academic impacts the condition itself or treatment measures may have on

“They may feel socially isolated because they realize their illness makes them “different” from their friends; they may feel frustration or anger at not being allowed to participate in activities...”

the child. For example, the Epilepsy Foundation and its affiliates offer professional in-service trainings to teach teachers, school nurses, and students about epilepsy and how to assist a student (or peer) having a seizure and support them emotionally, socially, and academically. Knowledgeable, understanding, and accepting staff and students can help a child with a chronic condition feel supported, safe, included, and reassured.

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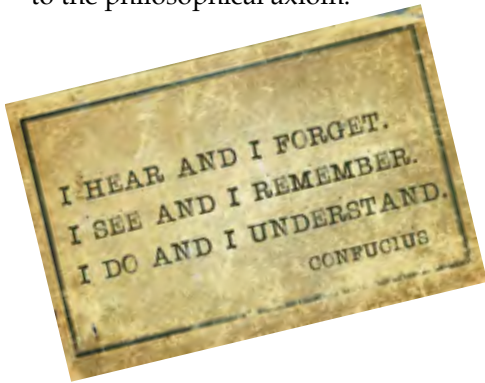
Curriculum Work: From Learning Standards to a Learning System



By Bruce H. Crowder, EdD

Aside from the safety and welfare of students and staff, curriculum is the next significant educational concern. With the advent of Next Generation Learning Standards and assessments, this is the time for school districts to examine their curriculum and consider its relevance and functionality. The new learning standards are an immense challenge. They supersede the older idea of learner expectations as indicators, and, while they are not curriculum, they inform curriculum.

The standards are the what element of a curriculum; however, the power within a curriculum is the how. To develop an effective curriculum into a learning system, it must be performance driven. The how of the curriculum is its heart and subscribes to the philosophical axiom:



LEARNING SYSTEM STRUCTURE

A curriculum is a living system that must be functional to be effective. It must be usable and exude excitement for those who apply it and for whom it is created. As a learning system, it embodies a flow of teaching, learning, and assessment that relate within an integrated web. Its grade/subject/course structure contains the following:

and performance driven. This portion is the how of learning and simultaneously addresses the nature of assessment. In a learning system, daily lesson planning is placed into a natural flow of learning that defies an exacting daily timetable because teaching and learning, like life, may be interrupted at any time. A unit timetable is estimated as is each activity, keeping in mind that there are not 40 weeks of learning in a school year.

LEARNING SYSTEM CRITERIA

Based on decades of curriculum thinking and working, it was not difficult for me to garner insight and practice inherent in a functional learning system. The following criteria with explication provide a perspective that supports functionality. Here is the first set:

- 1. systemic
- 2. easy to access
- 3. simple and direct

A learning system must be systemic. It provides for both horizontal and vertical articulation. In addition, it is designed from end points back. Such end points would be grades

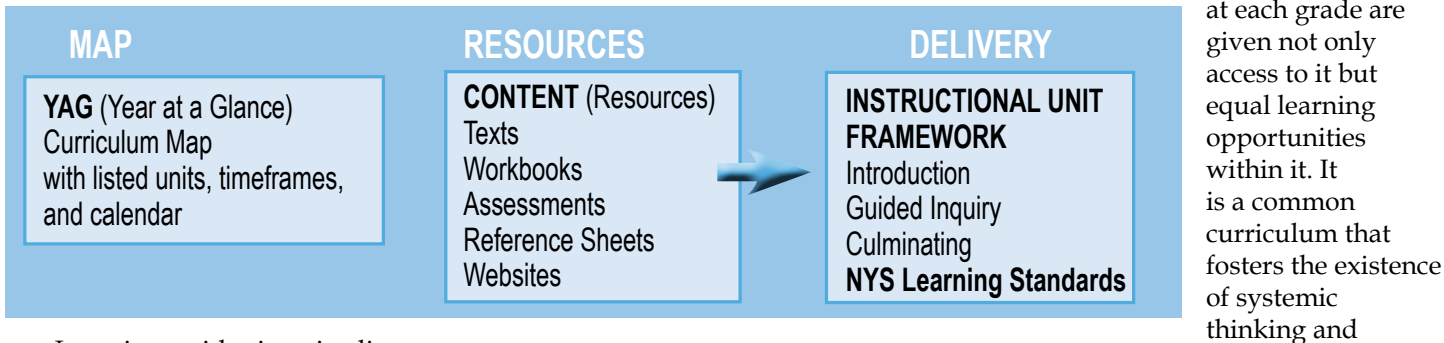
progressively enhance content knowledge and skills.

For a curriculum to be simple and direct, it needs to be displayed in three parts: a mapping portion of unit topics with descriptions, resources, and a unit delivery portion. Again, the notion of simplicity is critical in aiding teacher and administrator use. Too often curriculum design is based on the idea that curriculum needs to cover every aspect of learning, and perhaps more. A perceived problem with developing a curriculum is to avoid inadvertently inhibiting functionality.

The next set of criteria addresses the importance of having a single curriculum to support learning equity and opportunity. They are concentrated on student learning and the importance of shared knowledge in the organization as it relates to a learning system, due to its unwieldiness.

- 4. common
- 5. student focused
- 6. performance

The need for a common curriculum shoots down the idea of teachers as islands. Teaching is a community activity with assurances that students



Learning resides in episodic elements that fit tightly within a topic or theme and is guided by standards and the trajectory of learning experiences designed within student performances.

A mapping portion lays out a listing of unit topics or themes with a brief description of what students will learn and do which provides a quick read for staff and parents. The resource portion houses important documents and access points to support learning. Finally, the instructional delivery framework within each entity is activity based

twelve, eight, four, and two. In a way, this approach subscribes to what has been called “backwards planning.” Teachers then understand who their internal customer is, aside from their students and parents. The internal customer for each teacher is the teacher in the next grade who should take comfort in knowing that incoming students were prepared in a learning system for that grade. Teachers in previous and subsequent grades need to be aware of student learning in those grades. Learning spirals are evident, just as Jerome Bruner would have imagined, to

action horizontally and vertically. Everything is linked and integrated in a manner to provide continual awareness of learning and how it will be delivered and assessed. It may be fair to say that the community perspective of its local education is that it is guided by community ideals (i.e., district commencement goals), as well as learning standards. The purpose of Common Core Learning Standards and certainly New York State’s Next Generation Learning Standards is to bolster the importance of being common to guarantee equity of learning opportunity.



There is something about a common curriculum that begs for teaming and support. In addition, it aids in the pursuit of an education in an egalitarian manner. While individual teacher creativity and innovativeness may differ, and hopefully should, it is essential that a learning system not prevent some students from experiencing its full power. I have referred to this area as the need to guarantee performance opportunity with a growth mindset for all students.

While innumerable elements and dimensions may influence a curriculum, it is necessary to keep the focus clearly on student learning. In fact, if the learning process is appropriately described, it plainly unpacks a view of the nature of instructional practice and process in its delivery. The fundamental nature of learning must reside in what students do to acquire the knowledge, skills, and attitudes inherent in the subject or course being learned.

In taking the student focus further, it is students' doing that results in a measure of growth. We must certainly credit the teaching, but the nature of what is provided in the way of engaged learning is the key. This has been quintessentially evident in Vygotsky's Zone of Proximal Development with its emphasis on the power of scaffolding in cognitive development. Intent is meaningless if a student is not demonstrating acquisition of content knowledge and skills. The reader may surmise that this author is

not hung up on objective-driven teaching and learning. However, there is a place for learning objectives, but not as the penultimate factor in student learning.

The final criterion, performance, rests squarely with the previous focus on the student. Performance is exactly that, performing. It takes us back to the beginning of the article in its philo-

sophical reference to the wisdom of Confucius. We learn, grow, mature through performance. The most artful of performances resides with a student forever. Likewise, the nature of a performance will inform how it will be assessed or measured. With each learning standard, it is possible to list the myriad ways it can be addressed and attained. It may be fair to say that teachers who sparked the greatest interest in a student's learning were those who drew performances from beyond a typical range.

LEARNING SYSTEM APPLICATION

When a learning system is up and working, it addresses critical concerns in education. In the learning system I have described, it is easy to know where a teacher is at any time in the system. It openly supports the idea of maintaining educational transparency. In addition, it promotes the teacher-teacher, and teacher-administrator, collaboration for continually striving for excellence in teaching and learning. Of similar importance is support for teacher observations when it is possible for a teacher to show quickly where she is in a learning system at any time. A teacher's response, when asked what she is currently teaching, may be: I'm teaching the fourth unit in the system ("The Importance of Fables"), and I just completed the third activity in the guided inquiry portion of the unit. Tomorrow I will be preparing my students as we close the unit.

In such a situation, it is possible to discuss what came before and what is to follow. Observations are critical moments for both teacher and administrator when each performs with one teaching and the other observing.

CONCLUSION

There is nothing more demanding than creating a learning system that works. If it is not written or in a visible form, it is impossible to perfect it. Therefore, everyone needs to be informed, and the system must be in constant use. It works when teachers at all levels and administrators provide insight and acclimation for what they see and experience in the system to make it better.

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AdvancED is a nonprofit, nonpartisan organization that partners with education entities to provide accreditation, certification, and continuous improvement tools and services. AdvancED gives every institution – whatever its mission or model – resources to ensure that all learners realize their full potential.



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