

# **The Compassionate Schools Pilot Project Report**



**Randy I. Dorn**  
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Public Instruction

**July 2009**



# **The Compassionate Schools Pilot Project Report**

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## Table of Contents

Preface .....	1
Interim Report Introduction .....	3
The Pierce County Partnership .....	5
The Spokane County Partnership .....	9
Final Report Introduction .....	18
The Pierce Compassionate Schools Partnership .....	19
The Spokane County Compassionate Schools Partnership .....	31
Conclusion .....	40



# **The Compassionate Schools Pilot Project Report**

## **Office of Superintendent of Public Instruction**

### **Preface**

The Office of Superintendent of Public Instruction (OSPI) through funds provided by the Mental Health Transformation Grant (MHTG) entered into a contractual arrangement with Educational Service District (ESD) 121 (Pierce County) and Washington State University (Spokane County) to administer independent pilot sites to develop Compassionate Schools. In order to understand the process as completely as possible, they were asked to provide two reports. The first was an interim report to describe school climate before they began the project. The second was a final "lessons learned" report. The reports have been kept as independent documents in order to capture the different approaches each partnership had in developing the Compassionate School idea. Focus areas were posed to each project to address specific topics.

#### **Focus areas for the Interim Report**

- Readiness of the partnerships.
- Available assets in the school and community.
- Resources needed in the school and community.
- Relevance of the Response to Intervention (RTI) structure.
- Administrative alignment needed within each of the school buildings and within the partnerships.
- Discussion of current school norms and policies that interfere or support the implementation of Compassionate Schools.

#### **Focus areas for the Final Report**

- Strategies for developing a flexible framework within each partnership school.
- Process for including community support.
- Identification of key community partners.
- Extended discussion of RTI framework implementation.
- Recommendations for ongoing professional development.
- Most significant new learning in looking at readiness for developing a compassionate school site.
- Practices that could be implemented in schools to provide a benefit to students and families at no or low cost.

The pilot project was time limited from April through December 2008. Even though it was a short period, it was important work and schools have indicated a keen interest in this across the state. It was a sufficient amount of time to begin thinking about the process and to test some potential strategies.

The intent was to pilot in these two diverse areas of the state which had each taken initiative in understanding trauma and how it potentially affects learning in students who have been exposed to traumatic events. Each of these pilot sites had sponsored their respective summits on the Adverse Childhood Experiences (ACES) study and the work of the Massachusetts Advocates for

Children Policy Initiative, Helping Traumatized Children Learn. These summits set the stage for the two projects to take next steps to develop practices and strategies that would support the idea of Compassionate Schools.

It is the intent that these reports will provide a framework of tools and strategies for schools to begin their own work. Developing a compassionate learning environment that works will vary from school to school and community to community. It depends largely on resources and needs. The reports can assist schools that are considering making social-emotional enhancements to their learning environment and/or establishing a compassionate school setting. They take a structured look at elements that make up a compassionate learning environment for students and provide ideas on how to approach that development.

OSPI wishes to thank the Washington State MHTG and funding provided through the Substance Abuse and Mental Health Services Administration (SAMHSA) for this opportunity. It has planted a great and significant seed. There has been a significant impact on those schools which have been involved in this project. We expect the impact to be longstanding and eventually spread to other schools who are interested in pursuing this work.

Ron Hertel, Program Supervisor  
Learning and Teaching Support



**Creation of Compassionate Schools  
The Pierce and Spokane County Partnerships  
Interim Report September 30, 2009  
Roy Harrington and Liz Frausto, Co-authors**

**Introduction**

In June 2008, the Office of Superintendent of Public Instruction (OSPI), through contract with the Mental Health Transformation Grant (MHTG), entered into agreement with two counties in Washington State to develop a pilot project for Compassionate Schools. The deliverable was a series of two reports to describe readiness within the selected schools to create "flexible frameworks," for creation of compassionate schools, and a final report on lessons learned. This document is the first of those reports and will summarize the initial activities undertaken on behalf of the agreement and its intent.

The Pierce County and Spokane County Partnerships have had experience with significant collaborative activity across systems for the purpose of increasing capacity to serve the needs of children and families. These families encounter multiple challenges and their histories are not unique. Over the last half dozen years, working partnerships have developed in both communities. Those partnerships have focused specifically on issues related to exposure of children and families to experiences which are clearly associated with negative social, emotional, behavioral, and learning outcomes. The scientific and theoretical basis for this work is found in the developing literature on complex trauma. Both partnerships have formed efforts to create a continuum of Response to Intervention (RTI) with selected school districts targeted to improve social, emotional, behavioral, and academic skills and increase child and family engagement in the K–12 system. The following work has contributed to these efforts. In order to pilot this work, we drew directly from the Adverse Childhood Experiences (ACEs) Study (Felitti et al., 1998), the work of the Trauma Learning and Policy Initiative in Massachusetts (Cole et al., 2005), neurobiological science related to trauma and abuse (van der Kolk, 2003), and the work at the University of California, Los Angeles (UCLA) Center for Mental Health and Schools (Adelman and Taylor, 2008).

While the partnerships are not identical, and neither have comprehensive community representation, both have the capacity to reach out to most any sector within their communities to create capacity building discussion and proposals as circumstances dictate and capacity allows. Broadly speaking, both partnerships operate within an array of collaborative activity and share some common organizational elements which include:

- Local Community Public Health and Safety Networks and Family Policy Council.
- Multiple entities within public K–12 education including Building Bridges: Dropout Prevention, Intervention, and Retrieval Program.
- Early Learning.
- Public Mental Health.
- Youth Serving Organizations.
- Family Support Organizations.
- Juvenile Courts.
- Models for Change.

This interim report will describe development, training, and planning activities undertaken in each community during the first five months of funded activity from May through September 2008. A second report will be submitted in late December 2008, and will provide a deeper and more detailed description of the processes and implementation steps taken during the full eight months of funded activity.

# **THE PIERCE COUNTY PARTNERSHIP**

**Liz Frausto, Project Coordinator**

## ***1. Readiness of Partnerships***

An interagency Healing, Opportunity, Prevention, and Education (HOPE) Initiative group has been meeting in Pierce County since January 2008. This Strategic Planning Group (SPG) consists of key representatives of major systems that touch these children and their families. The following is a list of the HOPE Initiative Members.

<b>HOPE Initiative Steering Committee</b>		
<b>Name</b>	<b>Position</b>	<b>Building/Organization</b>
Mary Wilson	Principal	Manitou Park School
Janet Cortez	Principal	Park Avenue Center School
Julie Grevstad	Director	Tacoma Urban Network
Kelli Hoekstra	Director	School, Family, Community, Partnerships
Karen Tautfest	Manager	YWCA Pierce County
Kimberly Hansen	Principal	Spanaway Elementary School
Diane Breen	Counselor	Spanaway Elementary School
Sharon Stauffer	Facilitator	
Deb Lopez	Supervisor	Greater Lakes Mental Health
Mark Nelson	Children's Care Manager	Optum Health
Sherrie Druffel	Regional	Education Manager DSHS Region V
Miguel Vilhermosa	Director	Tacoma Public Schools
Suzanne Gayda	Principal	Thompson Elementary School
Ann Eft	Director	Pierce County Domestic Violence
Diane Demonigines	Manager	YWCA Pierce County
Linda Miner	Manager	Tacoma Pierce County Health Department
Mary Quinlan	Director	Mary Bridge Hospital
John Naegele	Director	Early Head Start
Liz Frausto	Director	Learning, Teaching, and Family Support
Julie Dunne-Murphey		Division of Licensing Resources
Linda Thomas	Area Administrator	Division of Child and Family Services
Dawn Cooper	Area Administrator	Division of Child and Family Services

The SPG brings together key people from a variety of systems (above) across the county, as well as planners from the Hurt to Hope Conference (June 2007). The effort was facilitated by the Tacoma Urban Network. The purpose of the SPG has been to identify and plan projects to address the needs of children in our community in clear need of support. The first project involves using common language across schools, mental health, Department of Social and Health Services (DSHS), the domestic violence system, and the courts. The second project is looking at expanding the use of natural networks. The third project is Compassionate Schools. Targeted within two districts and four specific schools, it seeks to develop a flexible framework process. These schools identified themselves as being willing to go through a process of staff training and

a review of their current practices. There is high interest in learning about trauma and how it affects the academic achievement of children. One school's staff had six years experience implementing a classroom and school climate model called TRIBES. They planned to look deeper into their discipline, behavior attitudes, and processes. Another school is where students go when they have experienced many behavior problems, and staff in other schools have not been able to deal with them. The daily work of this school involves the social emotional life of their students and they are interested in engaging the families of their students in the compassionate school effort. The other school is in a neighborhood that experiences gang activity and other negative influences. They are focusing their work through the lens of Safe and Civil Schools and specifically Conversation, Help, Activity, Movement, and Participation (CHAMPS), which is part of the Safe and Civil Schools classroom management model. These above three schools are the most ready to provide the framework for this pilot project and see that the social emotional needs of students are definitely key to the leadership and the staff.

**2. Available assets in the school and community, and**

**3. Resources needed in the school and community**

A group of facilitators who were part of the HOPE Initiative and/or staff of Puget Sound Educational Service District 121 (PSESD) were brought together to provide technical assistance to the buildings as they went through the process. These facilitators are working with the principals and taking them through trauma presentations, the ACEs study, and building work on the six elements of the flexible framework that's from the *Helping Traumatized Children Learn* book, by the Massachusetts Advocates for Children: Schoolwide Infrastructure and Culture; Staff Training; Linking with the Community; Academic Instruction for Traumatized Children; Nonacademic Strategies, and School Policies, Procedures, and Protocols.

The Bethel and Tacoma School Districts will provide a link to special education, special services, early childhood education, and a vehicle for sharing the information beyond these pilot sites.

Every school has devoted two or more teacher Learning Improvement Days (LID) to training and planning staff buildingwide. In addition, leadership has participated in hours of planning.

The project has provided monthly check-ins across the project to give schools a chance to share their learning and struggles. Staff experienced a paradigm shift in looking at behavior situations with students in new ways since the training. Next steps are building the information and skills into the discipline processes. Area mental health providers will join the conversation during the upcoming October meeting.

Compassionate Schools has a Web site to post resources, share calendar events, and provide a way for the project to share information across the project and with others. It can be found at <http://www.swiftclassroom.com/compassionate/schools/index.php>.

An evaluation of staff attitudes, skills, and needs was conducted before training and will be re-administered at the end of the project.

DSHS, Children's Services, will provide a one-day Education Summit on Children, Trauma, and Learning.

Pierce County HOPE Initiative will provide key people to connect to schools and kids.

Publicly funded mental health services and excellent systems of referral between mental health services and the schools, families, and children are clearly needed to meet needs of high ACE children. Mental health providers being at the table to discuss needs directly with specific school building leadership will likely lead to better outcomes. Just as the HOPE Initiative has begun to whittle away at preconceptions and walls between systems, direct conversations between and among mental health projects and the schools are very important. A meeting with a mental health provider and a school principal, led the provider to say, "When you send a parent to the center for help, we can be more helpful if we have an informal note from the school saying we are seeing these type of behaviors at school, signed by a counselor or principal. This goes from the school, to the parent, to the mental health center, so no confidentiality is broken, yet the necessary information is being shared."

**4. *Relevance of Response to Intervention (RTI) structure in development of Compassionate Schools***

Our buildings have not had the opportunity to look at RTI as a framework for behavior issues, but are interested in receiving training and working with this model with respect to trauma and learning. Tacoma has some experience at the district level with Positive Behavioral Interventions and Supports (PBIS), which is being implemented in some middle schools. In October 2009, both the issues of mental health in the schools and the RTI/PBIS models will be introduced to the pilot schools' leadership groups. Both the TRIBES and CHAMPS models will integrate well with Tier I of the RTI model.

**5. *Administrative alignment needed within each of the school buildings and within the partnerships***

Park Avenue School has embedded compassionate/trauma sensitive language and the framework in its school improvement plan. The projectwide goal would be to see this language and process included in school policies and for discipline and other processes to add these considerations to the thinking around decisions and planning for individual students. Before administrative alignment can occur, much more time needs to be spent on integrating this new information into attitudes and daily interactions of school staff with students. Our hope is that there will be significant changes in these interactions. It's hoped the end result will be more staff self-reflection and fewer behavioral issues that lead to changes in the documents and policies.

**6. *Discussion of current school norms and policies that interfere with the development of a flexible framework and recommendations for policies and procedures to support implementation of Compassionate Schools***

Schools and staff are stressed to the extreme, especially those that are in school improvement status.

1. There is a single-minded focus on academics.
2. Staff becomes angry at students when they misbehave.
3. Fear of families.
4. Challenges in reframing student behavior into a more workable intervention.
5. Many staff have high ACEs themselves and are triggered by student behavior.

6. Compassion fatigue is an issue for staff in high ACE settings.
7. High ACE students often have high ACE parents.
8. Social emotional learning is not seen as part of the learning equation.

When students are stressors for staff, they have little interest in reaching out to these students' parents. Issues 4, 5, and 6 will be addressed more thoroughly in the December 2008 report.

## **THE SPOKANE COUNTY PARTNERSHIP**

### **Roy Harrington, Project Coordinator**

Spokane's interest in a range of issues associated with family dysfunction is longstanding. Multiple partnerships have succeeded in securing external funding to address these issues but have typically created responses that were not well integrated or sustainable. Across partnerships, members have consistently cited the rigidity and exclusionary nature of funding streams within public systems and the absence of an integrated approach to creating solutions. These are major barriers to sustaining promising approaches and increasing capacity to address needs. Moreover, partners in these efforts have become increasingly alarmed as capacity within systems has steadily decreased while accountability requirements within and across systems has consistently increased.

In recent years, multiple partnerships in Spokane County have become familiar with developments in neurobiology, particularly as they relate to the multiple impacts of chronic adverse traumatic effects on young children. Within the last six years these partnerships have included individuals and agencies associated with the following:

- Safe Start Initiative.
- Safe Schools Healthy Students Grant.
- Inland Northwest Alliance for Early Learning.
- Spokane Community Public Health and Safety Network.

Because each of these broad initiatives have some common individual or agency members, information about evidence based practices, multiple national initiatives, and information from the evaluation and research literature is regularly exchanged. It has been through these processes of sifting, questioning, strategizing, and developing that Spokane was led to conclusions about the relevance of complex trauma as an integrated approach for the creation of a range of prevention and intervention strategies. These strategies are largely for application within universal systems where all children and their families have contact. While concern persists about the availability of resources for development, there is an expanding consensus that the complex trauma agenda is the right agenda, and that it is universally applicable.

Borrowing liberally from a similar successful effort in Pierce County, the Spokane Community Public Health and Safety Network, and partnering public and private entities held the state's second From Hurt to Hope Conference in April of 2008. Based on multiple conversations among local participants across the Safe Start Initiative and the Safe School Healthy Students Grant, and others, the conference was heavily marketed to K-12, early learning, and juvenile justice audiences. The central themes of the conference were the impacts of ACEs and complex trauma, and the potential role of compassionate learning environments in creating prevention and early intervention capacity for all children.

From subsequent discussions and the From Hurt to Hope event, grew a new partnership which convened in June 2008 to begin formal work related to this OSPI-MHTG Compassionate Schools pilot project in Spokane County. Our collective view of partnerships is that they are constantly forming and, if properly guided, they are constantly changing. Some individuals in the partnership are new to one another, but the agencies and systems they represent are not, and certainly the range of issues they are attempting to address are not new. The formal partners and their affiliations are:

<b>Spokane County Partnership</b>		
<b>Name</b>	<b>Title</b>	<b>District/Consortium/Organization</b>
Wendy Bleecker	Director, Student Services	Spokane Public Schools
Susan Serby	Assistant Principal	Spokane Public Schools Bemiss Elementary
Kevin Peterson	Principal	Spokane Public Schools Bemiss Elementary
Beverly Lund	Principal	Spokane Public Schools Whitman Elementary
Chiere Martin	Principal	East Valley School District Skyview Elementary and the Continuous Curriculum School
Jan Beauchamp	Assistant Superintendent	East Valley School District
Mary Jo Buckingham	Director, Special Services	Central Valley School District
Eileen Uttecht	Principal	Central Valley School District Broadway Elementary
Leslie Camden Gould	Homeless Coordinator	Central Valley School District for the Valley Consortium
Connie Klierer	Director, of Special Education and Principal	West Valley School District Millwood School
Travis Peterson	Principal	West Valley School District Orchard Center Elementary
Brian Dunlap	Director, Building Bridges Grant	Spokane Consortium
Jeff Thomas	Director, Family Services	Spokane
Teresa Wright	Assistant Director	Youth Family Adult (YFA) Connections
Patt Earley	Regional Manager	Children's Homes Society
Becky Bates	Director	Passages
Natalie Turner	Research Associate, Area Health Education Center	Washington State University-Spokane
Roy Harrington	Associate Director, Area Health Education Center	Washington State University-Spokane

### **1. *Readiness of Partnerships***

The question of readiness can only be addressed broadly at this point. At the close of the From Hurt to Hope conference a "leadership" group of some 60 system participants was convened to debrief conference content and discuss commitments to support forward movement. Representation from every sector across the primary children and family serving systems, with a majority representing K–12, were present and expressed enthusiastic agreement with the need to move forward. Candidate schools were identified based on their level of participation and interest. In turn, each of those identified schools determined how to create a Compassionate



School environment. Public mental health agencies were asked to participate based on their success in providing school based services to children who do not meet the diagnostic thresholds for mental health services or meet income eligibility criteria. Participation was sought by the agency that provides parent support services for families with mentally ill children. This group made up the core "partnership." We should add that some members of this core group are also participants in multiple other companion initiatives in early learning, juvenile justice, child maltreatment, and school based mental health. Our collective interest was to be as intentional as possible about identifying participants with a range of influence and responsibility throughout the broader child and family serving community. Part of determining readiness is coming to agreement about the principles of sustainability from the beginning.

The levels of "readiness" vary across the agencies and systems involved in initial development. Based on the need to create sustainability within the Safe Schools Healthy Students Grant, one superintendent identified *Helping Traumatized Children Learn* for book studies within her district. The student services leadership team made up of central office and building administrators has adopted the "trauma" agenda as its central focus for the 2008–09 school year. Each school identified for inclusion in the formal partnership has agreed that it is essential for all staff and parent organizations to receive a five-hour comprehensive training about complex trauma in children, its impact on the ability of children to experience maximum benefit from learning environments, and the relationship of trauma to resilience. And most participating agencies have also decided to use the *Helping Traumatized Children Learn* for book studies. Initial estimates indicate inclusion of 350 individuals with potential impact to 3,500 children. Building administrators, and others in the partnership, have committed to the development of work plans for the coming year as a follow-up to training. Each school district has committed to paying certificated staff to participate and where financial barriers preclude participation of noncertificated staff, other community resources are being identified to support the effort. A stipend program to support the participation of families and school parent organizations is under discussion. If readiness is, in part, a reflection of interest in the agenda and a commitment to supporting staff exposure to the content, we are confronted with the necessity of putting boundaries around training and participation requests. Demand has already exceeded capacity.

Another element of readiness is reflected in groups beyond the core planning partnership and their desire to support K–12 capacity building efforts on behalf of the need to create systems that are sensitive to the issues children carry with them into school. The Spokane Community Public Health and Safety Network has participated in supporting this work from the beginning and is stepping forward to make small grants available to schools and early learning venues to help address the need for additional training. While the readiness in the core partnership is the focus of this report, it is essential to respond to the pressing interest of those not immediately engaged in core planning efforts. And, as implied above, the Juvenile Court's interest in creating more cogent and early response to children who may be subject of truancy petitions has stimulated collaborative interest with schools to create greater flexibility in responding to children and youth in schools who demonstrate behavior and learning challenges. The issue of complex trauma is currently influencing alternative assessment and response strategies within the framework of court and school collaboration. Even the United Way has expressed interest in this effort as it engages the philanthropic community in discussion about identifying community indicators and broad goals that support the needs of children and families to guide investment decisions.

The "state" of readiness is also demonstrated in how the core partnership is approaching the issue of sustaining effort over time. All involved understand that development of this work will require additional resources. While there is an expectation that the state level system and change initiatives must continue to provide partnering supports, specific discussion and work is being targeted to identify federal and foundation resources. It will be used in development and evaluation work. Each of the schools and partner agencies has provided letters of commitment and support to this effort.

At this point in the work, the question of readiness can only be answered in a broad context. But it is the view of core partners that after five months of funded work, Spokane can identify developing elements which point to increased readiness and forward movement toward the goal of creating Compassionate Schools.

- Seven schools and four school districts are engaged in a comprehensive training and orientation effort that involves staff at all levels and parent organizations.
- Other initiatives in the community (most notably the Homelessness Consortia in the Spokane Valley, Building Bridges: Dropout, Prevention, Intervention, and Retrieval, and Models for Change) both related and unrelated to these specific schools and districts have recognized complex trauma as an issue and the need to create Compassionate Schools.
- Support for training and creation of awareness within and outside of the core partnership is developing and specific contributions have already been made by the Spokane Community Public Health and Safety Network.
- Child and family serving mental health agencies and parent support organizations are members of the core partnership.
- The demand for training and orientation from other school buildings and districts is growing.
- The early learning community is engaged in this effort, particularly as it relates to Head Start and Early Childhood Education and Assistance Programs (ECEAP) which are directly connected with target elementary schools.
- The question of sustainability is uppermost in the mind of participants and effort is being made to respond to federal and foundation development grants.

## **2. *Available assets in the school and community***

During the summer school break, a series of semi-structured interviews were completed with 19 individuals representing building administration, para-educators, school based early learning program leaders, and central office administrators. These are in addition to multiple group and individual planning conversations and telephone discussions that occurred prior to and after the formal contract period. A major emphasis of these discussions was to determine what resources currently exist to support implementation of a Compassionate School agenda.

We define "asset" as both tangible and intangible resources available to support this initiative. A range of community assets has been identified above as we described the "partnership" and those will not be repeated here. The other issue that must be understood is that across seven schools in four school districts it is impossible at this point to provide detail about differential assets. Assets are variable and depend on demographics within the catchment area served, staff composition and experience at the building level, the strength and longevity of leadership, district size and culture, and resource capacities within the broader community.

- Probably the most clearly evident asset within partner schools and agencies is the consistent commitment and passion for children and their families that has been demonstrated in planning discussions, interviews, and during training events. In virtually all of these interchanges, stories have been told about success, failure, and hope. A sense of purpose, common cause, and eagerness has been consistently expressed on behalf of the need to adjust systems and create resources to better serve the complex needs and circumstances that confront children and families who experience multiple and, often, unremitting challenges.
- Principals of partnership schools consistently describe their staff as dedicated, knowledgeable, experienced, and mutually supportive. When asked about their greatest asset they uniformly point to their staff.
- In all individual and planning conversations, participants demonstrate high regard for families and the challenges, some of them enormous, which families encounter in their daily lives. There exists a shared priority about the importance of parents, especially those who experience significant stress. There is shared recognition that any culture of "parent blaming" is counterproductive to efforts with children and that school failure to engage adequately with families is more a problem for the school to engage with than it is a matter for the family to solve. During most interviews it was stated that most families who do not engage with the school either confront overwhelming challenge or they had less than good K–12 experiences themselves. Some parents are simply fearful of the "system."
- All conversations with individuals who have been involved in education summits, conferences, or training presentations related to ACEs, complex trauma and trauma sensitive schools, or *Helping Traumatized Children Learn* reveal an eagerness for identification of implementation steps and classroom strategies.
- Publicly funded mental health and youth serving agencies involved in the partnership have a track record of experience providing at least some mental health services for children in K–12. As small as this capacity is, it is reflective of efforts to collaborate across restrictive categorically funded systems.

### 3. *Resources needed in the school and community*

- Mental health services and others schools are the most frequently discussed set of services needed within the core partnership. While three of the districts involved in the partnership have some relationship with mental health agencies, service needs remain significant. Earlier work (Publicly Funded Mental Health Transformation Grant (MHTG) and Schools, 2008) funded jointly by OSPI in partnership with the MHTG, described the scope of need and the extent to which those needs are being met through mental health and school collaborative relationships. Three of the four districts have some arrangement for the direct provision of some mental health service in schools, two of which are not entirely dependent on Medicaid funding. But those arrangements, while promising, are small and fragile and do not meet identified need. Neither system is capable at this point of making additional investment to increase mental health supports within schools and are hopeful that creation of prevention and early intervention strategies within a Compassionate Schools framework succeeds in addressing this compelling need.
- During conversation with school staff and administrators, the resource most cited for needed enhancement within buildings was "time." Staff and administrators are challenged by the emphasis on accountability standards and curriculum expectations which restrict flexibility and reduce capacity to engage in "nonacademic" development work. That said, all members

of the partnership understand the need to move fully into the arena of social emotional learning on behalf of the academic needs of students. Given current constraints in most districts, the group consensus is to move slowly, methodically, and deliberately and to introduce work at the building level through staff development activity. Gaining the assent and engagement of staff at each decision point is essential.

- Developing the time and opportunity to engage with families is essential to creating Compassionate Schools. Schools recognize this as an essential element in creating capacity to succeed with children. That said, the activities associated with creating family engagement can be complex and time consuming. For example, it is not unusual for families to lack the resources to participate in school based activities which may support the education of their children. Further, K–12 can be a complex and intimidating system with which to engage especially if your own experience as a child was less than optimal. School personnel work hard to create bridges with families but time to create and follow up on opportunity is frequently not readily available.
- We predict it will be essential to create specific consultation resources within schools to support the effort to create Compassionate Schools. During initial conversations with Susan Cole some years ago about the Massachusetts experience, she counseled that systems must plan for this need from the beginning. Classroom teachers will require access to this resource to discuss exceptional experiences they encounter in the classroom and, we suspect that as the agenda moves forward, some more chronic and not so exceptional experiences encountered in the process of becoming a Compassionate School.

#### ***4. Relevance of Response to Intervention structure in development of Compassionate Schools***

Across districts and buildings there is no consistent understanding of RTI. Only one of the buildings in the partnership has multiple years of experience in applying RTI to academics in elementary grades. While the term RTI is familiar to many, it is often regarded as a special education tool or process, and is frequently resented as an unfunded special education mandate. Almost no one in Spokane is familiar with efforts to use RTI as a tool for creation of responses to the range of social, emotional, and behavioral issues within the framework of K–12.

PBIS is a major system of behavior intervention developed for use in schools that promotes adoption of the core principles and organizational structure also presented in RTI framework. Ironically, the development of PBIS as a system preceded RTI. Both discuss the use of high quality, scientifically validated curriculum and interventions but PBIS explicitly embraces application of these principles to the social and emotional needs of children. Like RTI, PBIS is organized into three tiers of intervention. Tier 1 is targeted to all students, a universal audience, and focuses on establishing positive school climate conditions and strong adult-student relationships throughout buildings. Tier 2 represents a set of interventions which are longer and more targeted to assist students who have been unable to benefit in Tier 1. Tier 3 purports to be an increasingly intense set of interventions but does not clearly specify use of tools or interventions beyond suggesting use of evidence based clinical practices in the context of community mental health coordination and referral. Within the Spokane Partnership, the absence of adequate depth at Tier 2 and the lack of knowledge on specific school based strategies at the Tier 3 level has been recognized as a problem by K–12 staff, some of whom are closely familiar with PBIS.

A major issue confronting K–12 is the adoption of new initiatives in environments where workload and expectations are growing and staff have little time or interest in additional compliance mandates. Throughout conversations associated with creating Compassionate Schools, the central priority that resonates with staff and administrators is to identify approaches and tools that can be integrated into current K–12 environments without increasing staff burden. So while the ideas associated with implementation of tiered, pyramidal approaches is logical and attractive to many, the idea of buying into unfunded mandates, whether they be federal or state, is not well received. However, as training and awareness building activities have occurred related to complex trauma and development of Compassionate Schools, audiences have been receptive to the idea of developing and applying intervention steps within a tiered structure targeted to stabilizing children and school resilience. The key, again, is to respond to the needs of staff by avoiding increased burden without additional resources.

Earlier we reported activity within the partnership, led by the Area Health Education Center, to apply for federal and foundation grants for the purpose of building interventions aimed at increasing performance outcomes and self efficacy in both students and staff. The proposal's logic is based on the complex trauma literature and is being designed using the tiered system approach embedded in RTI, PBIS, and the public health literature. The proposal has received the support of the partners. It is our view that, however Response to Intervention is implemented at the local level, RTI is a candidate structure for addressing the social, emotional, and behavioral needs of children who exhibit complex trauma.

A more complete discussion of this issue will be presented in the December report.

**5. *Administrative alignment needed within each of the school buildings and within the partnerships***

The UCLA Center for Mental Health and Schools (Adelman and Taylor) discusses realignment of student "services" resources for the purpose of supporting the social and emotional development of all students. In 2004, amendments to special education law which propose use of RTI strategies with struggling students permit use of some special education resources for this purpose. PBIS also speaks to the need to think broadly about the alignment of administrative resources in schools to support all children. The Collaborative for Academic and Social Emotional Learning (<http://www.CASEL.org>) at the University of Illinois also discusses adoption of schoolwide strategies to support social emotional learning and to realign school resources to support these efforts.

Consensus is developing about the need to focus on social emotional learning as a necessary pathway to improved academic outcomes. What is absent in the consensus is an integrated methodology and content to use to support comprehensive forward movement along the lines of universal, indicated, and to selected tiers. As complex trauma in children is increasingly recognized as the primary content candidate in this effort, resource alignment discussions focus on whether the question is confined to an issue of resource redeployment or becomes a problem of resource enhancement. While there are multiple examples of resource realignment which respond to student support needs in environments that stress academic success, acceptance of the influence of social, emotional, and behavioral dimensions intrinsic to the learning process will create tension in systems that are already working at or beyond capacity.

Nearly all schools claim to have created some version of a professional learning community system within schools. That said, while opportunity has not been present to do a school by school assessment, we do not have the impression that personnel who work in student support functions, e.g., food service, paraeducators, or transportation, are regularly included in these processes. School counselors are included but due to assignments in multiple buildings they may encounter scheduling conflict, as do school nursing staff. It is more likely that student support specialists are regular members of Child Study Team (CST) processes where students who may be a focus of concern are discussed. Participants in CST processes typically include assigned teachers, other learning specialists, psychologists, counselors, and, if topically appropriate and available, nurses. Parents are invited to attend but do so inconsistently. Most usually, the current focus of collaborative time is curriculum related. The typical role of CSTs is to staff cases where there is a focus of concern and resources are being sought to increase the scope and depth of intervention. As stated in earlier sections of this report, the question of administrative alignment to enhance student supports is a constantly juggled resource priority.

In most instances, districts allow buildings significant discretion to address priority needs. Resource allocation and alignment is almost always subject to building and district catchment area demographics and local community/neighborhood capacity. We have seen models which employ resources from universities to address priority areas such as RTI applications to reading and math but these inventive approaches are only as available as the resources, expertise, and interest in higher education.

The focus on realignment of resources is determined by priority needs, available models, and tools to use in addressing those needs. The development of flexible frameworks to create Compassionate Schools is an emerging area of significant interest. A major promise of the work is its integrated value across major priorities for student achievement. As awareness of the potential increases, and as tools are developed to support implementation, alignment within the resource allocation will inevitably be addressed. Whatever direction is taken in this work, it is not feasible to increase expectations which result in added burden without addressing the resource question. But the work has not progressed sufficiently to determine what realignments are necessary or how that realignment will take place. What is clear is that any realignment will have to integrate with multiple demands on all school resources and that staff doing the work will have to be involved in those decisions.

As development effort continues, we expect that creating a flexible framework for Compassionate Schools and the issue of administrative realignment will be an issue in discussion about school improvement planning.

**6. *Discussion of current school norms and policies that interfere with the development of a flexible framework and recommendations for policies and procedures to support implementation of Compassionate Schools***

The term "norm" in the sense used above may create an impression that there are general conditions in policies and procedures that may work against creation of flexible frameworks for creating more compassionate learning environments. It is not the intent of this report to identify problems that are generally present in partnership organizations that work against implementation of Compassionate Schools. While there are issues that may serve to create

barriers, we have found an interest in identifying those and in some instances, past practice of adopting organizational strategies designed to reduce barriers or "interference." Some of these barriers include:

- We have been told repeatedly that school policies are targeted to the delivery of curriculum that is focused on academic achievement as measured by test scores. We have also been told consistently that expectations for achievement as articulated in broad school policy goals operate without regard for the social emotional development needs of children and that the absence of time and tools to provide necessary support to large numbers of children work to the detriment of achieving those goals. It has been claimed that this creates a rigidity of focus on progress monitoring to the exclusion of attending to essential developmental capacities within children. This concern has been expressed almost uniformly in interviews and planning meetings.
- The principles of RTI have not been carefully or broadly articulated. Where there is familiarity with the term it is most generally seen as a "special education thing." RTI is often regarded as an unfunded mandate.
- The essential role played by non-certificated school employees is well understood by administrators and many staff. Personnel who occupy these positions play a central role with children and student learning; yet capacity to use them in extended and more integrated formats is often a resource problem.
- School disciplinary policy is often cited as a major barrier to implementation of Compassionate Schools. Unfortunately, information about school discipline is not maintained uniformly and thus, is typically measured within the framework of Office Discipline Referrals (ODRs). School administrators recognize the arbitrariness that may be associated with referring a child to the office for discipline problems, and some in the partnership want to create a more useful approach to measuring discipline. There is a shared understanding that boundaries and accountabilities are an essential element to improving school climate and that zero tolerance approaches must be updated.
- Throughout discussions related to this effort, staff development has been a central area of concern. Of particular note is the observation that certificated teachers receive little pre-service training or formal education in the area of child development. The absence of basic understanding of child development among new and experienced teachers is discussed as a major gap in school policy.





**Creating Compassionate Schools  
Final Report About Lessons Learned  
The Pierce and Spokane County Partnerships  
Roy Harrington and Liz Frausto, Co-authors**

**Introduction**

The initial interim report about these activities was submitted to OSPI in September 2008 (see previous report) in response to a series of specific questions outlined in the Interagency Agreement. This final report will cover similar content by addressing a second set of questions identified in the agreement and will also respond to a set of core issues which developed from conversations with the project manager. In addition, we will discuss how the relatively small initial investment by OSPI and the MHTG has been leveraged and expanded beyond the original intent of the agreement.

Before proceeding with this report, we feel it incumbent on the two sites to make a brief comment about the changing financial picture as it relates to the work. In June of 2008, both sites and their respective partners understood that capacity to proceed with this developing agenda was, to some extent, dependent on the identification of new resources, however modest, to integrate this work within existing efforts to improve outcomes for children. The cascade of economic news and budget reality since then has done nothing but reinforce that conclusion. Within each site are a range of perspectives about the breadth and scope of impending cuts which will directly or indirectly affect the work. For the work to continue, it is essential that resources be found to sustain it. Both sites have this problem in focus and are taking a variety of approaches to address this issue.



## **Pierce Compassionate Schools Partnership**

**Liz Frausto, Project Coordinator**

### ***1. Discussion of school norms and policies that interfere with development of a flexible framework and recommendations for policies and procedures to support the implementation of Compassionate Schools***

**School improvement pressure:** Improving student achievement is directly related to improving the school climate and student/staff relationships around learning. The school improvement process in these buildings has created higher stress levels for staff. It has a strong focus on academic achievement that does not support an emphasis on social emotional learning, building community connections, or rethinking the discipline process, e.g., staff asks, "Will our scores go up if we make these changes in our behavior? We're only being evaluated on whether our scores go up, so this is not as important."

**Staff right/students wrong:** In some of the pilot buildings, there is an emphasis on discipline as the process through which behavior is handled. Staff have a high level of anxiety about their own safety, a need to keep students in control, and no strong positive buildingwide norms to fall back upon. Moving the adults (certificated and noncertificated) toward climate improvement, collegiality, self care, self reflection, and awareness of how students' behaviors trigger their own behavior needs to be addressed as part of the activities toward implementing the flexible framework.

**We're in this alone:** One of the paradigm shifts that these schools struggle with is that the neighborhood and families they are part of are often "high ACE" with other high needs and generally draining for the staff. Parents don't have good skills for dealing with the school and need help from the school for themselves as well as their children. Staff keeps families at "bay" partly for self-preservation. "It's hard enough dealing with the children, their families are just too much," is the staff attitude. In addition, lack of strong connection with community resources including mental health services to support the work with students is almost nonexistent and exacerbates the sense of isolation and stress for staff who are pressured to get students to perform, who have many unmet social emotional and other basic needs.

**Lack of school readiness:** While all buildings have some level of "readiness" to take action on this information and get involved in the Compassionate Schools process, building leadership makes a tremendous difference in the change that will take place. Some staff need to work on their own relationships, collegiality, trust, and cooperation first. Also, because the Compassionate Schools effort is fundamentally a change process, each building must approach it in their own way, and individuals will embrace change at different times.

### ***2. Strategies for developing a flexible framework within each partnership school***

**Staff training:** In an ongoing training process, staff needs to be exposed to topics such as brain research, the effect of trauma on learning, strategies for helping students self regulate classroom and buildingwide climate setting vicarious trauma, self care, and working with parents and building community connections. Opportunities to learn programs and processes such as CASEL, RTI, PBIS, TRIBES, Safe and Civil Schools, etc., may provide a vehicle to reframe staff views of student behavior and improve overall climate in the building and classrooms. A key question in looking at student behavior is, "What could be the effect of trauma within this presenting behavior?" The key learning is that "all behavior has purpose and meaning," but the purpose and meaning may not be evident without reflection.

**Building planning:** Using the "flexible framework" as a guide, groups of staff can begin assessing which parts of the framework are the most developed and which need the most focus for buildingwide planning. Topics include:

- Schoolwide infrastructure and culture.
- Linking with mental health and other community members and families.
- Academic instruction.
- Nonacademic strategies.
- School policies/protocols.

Questions may include:

1. What are thoughts and ideas after hearing the information?
2. What are ideas for weaving trauma sensitive supports into the school?
3. What is getting in the way of change?

**Developing a collaborative learning community:** Changing the atmosphere and learning strategies in the school and classroom is an ongoing process. Imbedding ACEs information and brain research, as well as academic and nonacademic strategies in professional learning formats such as, book studies or team conversations about developing personalized instruction, will bring effective strategies into actual practice at the school. Staff needs a way to continue to revisit the research in the context of their daily work and continually expand their learning. Staff need to be able to process what is happening in the classroom or with individual students and staff-to-staff in a safe environment.

### **3. *Identify other key partnerships including public mental health***

As we began to work with specific buildings and their students, it was clear that the students were a reflection of the community and that their behaviors, issues, learning behaviors, ACEs, and achievements were all reflective of the families and neighborhoods. Staff issues were also evident in their concern for their own safety, fear of students, fear of parents, staff lack of confidence in their own efficacy in working with the students, and their sense of hopelessness in having long term positive effects on the students.

Several partners were willing to contribute to the process and were involved with the project activities, but the real question is how to bring partners into the actual work with students. We conducted an exploratory meeting with mental health providers and school principals and counselors. The Pierce County Mental Health Agency participated, as well as the three local agencies. Overwhelmingly, the close relationship between the providers and the school took place only with RTI "Tier 3 students," i.e., those who had very high needs, were in foster care, and had multiple mental health needs. Little if any relationship, partnering, or availability for services exists between mental health and the schools. By beginning a conversation with providers, several ideas emerged for bringing the two systems, mental health and the schools together. Among them were providing technical assistance and training to school counselors to conduct support groups for students at school and locating mental health therapists at the school during school hours or late afternoon and evening for family convenience.

Partnerships with the DSHS/Children's Services, YWCA, Big Brothers/Big Sisters, family support centers and Readiness to Learn family workers, Tacoma Urban Network, Boys and Girls Clubs (afterschool), and ECEAP are all interested in supporting students at targeted schools. Principals understand and value these supportive groups and to a greater or lesser degree utilize them to support high ACE children and their families. Next steps would include using these resources as part of the team plan for intervention and support for specific high ACE students.

**4. *What professional development classroom strategies or school climate development activities do you regard as most essential?***

To begin the Compassionate Schools process, buildings used the "Massachusetts model" as a guide. This process was developed over several years of work with 25 school districts in their statewide Trauma Sensitive Schools Initiative.

- Staff training on trauma and the effects of trauma on the brain. (3 hours)
- Staff process to identify global issues:
  - What are your thoughts on the information?
  - What are your ideas for trauma sensitive supports in the school?
  - What are the barriers to creating a trauma sensitive school?
- Summarize answers for next staff session. (leadership)
- All staff session, break into six groups based on the framework. (2 hours)
- Work with staff groups to identify key implementation issues and develop plan. Consider issues for each framework area:
  - Schoolwide infrastructure and culture.
  - Staff training.
  - Linking with mental health professionals.
  - Academic instruction for traumatized children.
  - Nonacademic strategies.
  - School policies, procedures and protocols.
- Develop building action plan.
- Implement.

Other training and professional learning community resources:

- Community Health and Safety Networks/Family Policy Council, ACEs and Trauma Training.
- *Teacher's Strategies Guide for Working with Children Exposed to Trauma*, Framingham Public Schools, Framingham, MA.
- "Calming Yourself in Stressful Moments" curriculum, Comprehensive Health Education Foundation, Seattle, WA.
- *Reaching All By Creating TRIBES Learning Communities*, Jean Gibbs, Center Source Systems, Windsor, CA.
- *Shouting Won't Grow Dendrites, 20 Techniques for Managing a Brain Compatible Classroom*, Marcia L. Tate, Corwin Press, Thousand Oaks, CA.
- *Discipline with Dignity*, Curwin, Mendler, Mendler, ASCD, Alexandria, VA.
- *Safe and Civil Schools: A Schoolwide Model*.
- *PBIS: Positive Behavior Intervention*.

**5. *A discussion on the alignment of the RTL structure for identifying students exposed to trauma and in need of support***

While the RTI structure with a pyramid of interventions could be a strong tool to use in buildings to plan for the social emotional needs of all students, it has not yet found its way into practical use in the pilot buildings in the Pierce County project. Bethel School District is moving in this direction and Tacoma School District is very interested especially at the middle school level. RTI used for behavior support has the potential to create the infrastructure needed to plan in a comprehensive and systemic way. Compassionate Schools and those dealing with diverse or high need population of students could benefit from training in cohorts with other building staff. RTI could bring a trauma lens into thinking about behavior, emotional regulation, relationship-building, health, nonacademic environmental supports, etc.

**6. *What suggestions do you have for "no/low cost" ways for buildings to get involved in this work?***

- There is no way to make this happen from top down.
- Local areas must take the lead for moving the work forward, using existing resources to build more capacity in buildings. Begin with training of staff.
- Select buildings with a genuine interest in the issue of trauma and its effect on learning and those which have committed leadership.
- Make it a principal-led effort with supports such as outside facilitation, training opportunities and networks with other buildings doing similar work. Get principals talking to principals, counselors talking to counselors. Colleague to colleague conversations moves the process forward, as they share ideas, successes, and struggles, etc.
- Take time to develop relationship and trust with the principal and other leadership. Find out what issues are important to the building as a whole. What are common themes and how do they relate to trauma sensitivity and social emotional needs of students and families.
- Avoid implementing new curricula to "solve this problem" without starting with building understanding and readiness first.
- This is definitely a change process, so those principles that include people not moving at the same speed toward change apply. Expect 20 percent of the staff to be resistant at first. If they are mostly resistant, then you can't really move forward with just the early adopters.
- Build on what is already in place in the school. Enhance what exists, e.g., use the RTL process for assessing the need for increased intensity and support for traumatized students. Strengthen the social emotional learning for all students. Include the trauma information in the process of assessing students. Ask, how could trauma be affecting this child's behavior or learning? Strengthen and enhance what exists and make it more relevant.
- Use free training opportunities such as those offered through the educational service districts, OSPI, Family Policy Council, Community Health and Safety Networks, and universities.
- Consider doing an asset-mapping process to discover the organizations and resources that exist in your neighborhood to support students. Then begin to reach out to these groups to help develop a more robust support system for the school, students, staff, and families.
- Build more relationships with community agencies to increase the resources available to the building, individual students, staff, and families. Invite community players such as, but not limited to mental health to dialogue with the school or group of schools. How can they help students, and how can schools help agencies reach students who need their services?

- Use a professional learning community approach to develop depth in the staff around trauma, effects on learning, gentle discipline, classroom management, climate, social emotional learning, RTL, and working with high-needs families. See resource list.
- When the district leadership wants to go from one building to districtwide, take it slow. Gather data and experience in your pilot or first buildings, move to a few more schools, but don't go to scale too fast. Give staff time to process the new information.

**What we learned and how this relates to students achieving in school. Dialogue with facilitators of Pierce County four pilot sites December 6, 2008**

- We began the pilot with solid relationships and trust with the leadership of these buildings.
- We kept kids and families at center of the work. We focused on what the principals' priorities were and principals were able to see ACEs as part of those building priorities.
- There was a realness in the collaboration, real shared values, real interest in contributing without thought of "what am I going to get out of this?" This included building staff, HOPE Initiative, mental health, etc.
- Working outside of silos is exhilarating; seeing the child in the bigger context of the community and family, seeing solutions popping out of new resources and bringing the same people together with a fresh approach.
- We feel like we have worked in the "brain stem" or "survival" silos. We've worked in prefrontal cortex. We've gone left brain, we've gone right brain. Now we've connected the two sides of the brain with a healthy corpus callosum.
- There's a tension between academic and nonacademic. There is a tendency to marginalize or separate social emotional development and preventative mental health issues from academics and "the real functions of public education" focusing solely on the cognitive.
- High stakes testing atmosphere has exacerbated the split.
- For high ACE kids and others, we're at the high stakes testing ceiling. We may have hit the ceiling for most kids. Many (maybe most) children have at least one or two ACEs. Unless we address social emotional development and preventative mental health strategies, little or limited academic growth will continue or be sustained.
- One real question is how to optimize kids learning. What are the elements kids, families, and staff need and we need to address?
- Looking at trauma, how trauma affects the brain, and studying the brain's functions helps educators see the gaps in what we are doing. Also how our own "stuff"/ACEs and state of being, affects our relationships with students profoundly and directly affects children's learning.
- ACEs are mixed within students, staff, their families, and community. Each school has its own mix of ACEs, health, resources, and resilience. This can have a strong effect on readiness to move forward on trauma sensitive issues. We have to identify strategies to increase the healing, health, and resilience of each of these groups.
- We can't increase learning and success for high ACE children with current instructional practices alone. Using a tiered pyramid intervention approach which includes the community resources and views the child with a trauma lens is a way to deal with students more realistically.
- ACEs are not just a school problem, it is a community issue. We need to work using broader approaches, building relationships among faculty, with students, and families.

- Intervention is best at the school, because it's where children, families, staff, and community resources coalesce. It is the natural hub.
- Because we are working with school building staff, we have inadvertently allowed a focus on staff (have we re-traumatized them with the ACE's training)? Staff needs to be able to dialogue in a supportive environment. When students have issues, their behavior stirs up staff ACEs!
- This is fundamentally a change process, with the trauma/ACEs overlay, with a level of feelings for staff that is more intense and personal than school improvement process or other change process alone.

**The following survey was administered to participating staff in the Pierce County Project. Trauma Sensitive Schools—Survey Introduction**

- Every year you encounter children who have difficulty learning, behaving appropriately in the classroom, and getting along well with other children. Many of these children experience these difficulties because they have been traumatized by family and/or community violence and/or witnessed anti-social behaviors. This year your school is participating in a pilot project to support Compassionate Schools. As part of this effort, staff are requested to complete the following brief survey. All responses are anonymous and will be made available to the staff at each school to be used to guide efforts in each school building. Thank you.

**Indicate your current knowledge of and understanding of trauma with the following statements.**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Trauma is an issue for families only.					
Students/children can be successful in spite of witnessing family or community violence or other anti-social behaviors.					
A trauma sensitive approach benefits all students/children.					
Teachers alone must support and meet the needs of students/children experiencing traumatic events.					



**Indicate your interest in gaining more understanding or information on the following topics.**

	Not at all interested in this	Not particularly interested in this	Could use some more information about this	Definitely want more information about this
The impact of trauma on academic performance, classroom behavior, and relationships.				
Learning strategies and techniques which support learning of students/children who are or have experienced trauma.				
Strategies for supporting and working with students/children who are or have experienced trauma.				
Knowledge of school policies, procedures, protocols which support and encourage students/children who are or have experienced trauma succeed in school.				

**What would you be most interested in learning and knowing more about to help you work with students who have been traumatized by experiencing family or community violence and other anti-social behaviors?**

**Indicate your interest in gaining more skills in the following areas.**

	Not at all interested	Not particularly interested	Could use some more skills	Definitely want more skills in this area
Skills in working with parents, families and other caregivers.				
Skills in working with mental health professionals and the mental health system.				
Skills in making educational and behavioral plans for students/children who are, or have experienced trauma.				

**What are you already doing, or what is your school or district already doing to support students/children who are or have experienced trauma? (Give a brief example)**

**What barriers do you see in your school, district, or community in supporting students/children who are or have experienced trauma? (Give a brief example)**

**Do you have any other comments or questions you would like to share about this pilot project or with your team members? If so, write them below.**

**In which school or program do you work? (The results from this question will only be used to sort the results for each school building or program, not to identify any individual who responds to this survey).**

- Park Avenue Center
- Manitou Park Elementary
- Spanaway Elementary
- Thompson Elementary

**Following are the results of the survey in Pierce County  
Pre-and post-surveys**

The project conducted two surveys of staff that gathered input to guide the activities of the project and to evaluate the impact of the activities. Staff completed a pre-survey in September and a post-survey in December. The numbers of staff completing these surveys appear in the table below.

In which school do you work?

	Pre-Survey N=118	Post-Survey N=91
Manitou Park Elementary	27	23
Park Avenue Center	25	17
Spanaway Elementary	32	34
Thompson Elementary	34	17

### Types of trainings attended

The post-survey asked participants to indicate the types of trainings they attended. Most staff indicated they attended a training for the staff in their own building or that they received the book *Helping Traumatized Children Learn*. Many staff participated in more than one type of training activity.

**Indicate the type of training you attended on the topic of working with children who have been traumatized. (Check all that apply)**

Type of Training	Post-Survey N of responses N of post-surveys=91 N of types of trainings attended=182
I did not attend a training on this topic	2
A training for all the staff in my building	80
A conference	15
A professional meeting of staff	31
Receiving the book <i>Helping Traumatized Children Learn</i>	49
Other	5

### Key attitudes

One outcome of the project was to increase key attitudes among staff about working with children and families who have experienced trauma. Both the pre- and post-surveys included the same set of questions about several key attitudes and asked staff how strongly they agreed or disagreed with each statement. The percentage of staff that agreed or strongly agreed is reported in the following table. Overall, on the post-survey a higher percentage of staff agreed or strongly agreed with each statement than on the pre-survey. This indicates a positive shift in key attitudes among staff that support work in trauma sensitive schools.

**Indicate how strongly you agree or disagree with the following statements.**

Key Attitude	Pre-Survey agree or strongly agree	Post-Survey agree or strongly agree
Students can be successful in school despite their traumatic experiences.	74.4%	96.7%
A trauma sensitive framework or approach benefits all students.	88.0%	95.6%
Teachers cannot meet the needs of traumatized students alone.	93.1%	94.5%

**Key knowledge and the usefulness of the training**

The pre-survey asked staff about their interest in gaining knowledge on topics related to trauma. The post-survey asked staff how useful their training was on these same key topics. The percentage of teachers who responded they could use more information or definitely want more information and the percentage of teachers who responded that the training was somewhat or definitely useful appear in the table below. Overall, the responses show that staff received training in the topics they were interested in and that the training was useful.

Topics of Key Knowledge	Pre-Survey Could use some more information about this or definitely want more information about this.	Post-Survey The training I received was somewhat useful or definitely useful.
The impact of trauma on academic performance, classroom behavior, and relationships.	96.6%	97.8%
Strategies for teaching to traumatized students.	97.4%	93.7%
Strategies for working with and supporting traumatized students.	98.3%	95.2%
Knowledge of school policies, procedures, protocols that involve traumatized students.	92.1%	90.9%

### Interest in gaining key skills

Both the pre- and post-surveys asked staff about the interest in gaining more skills in key areas. On both the pre- and post-surveys a high percentage of staff indicated interest in gaining additional skills. This suggests that the project should continue to provide staff with skills.

### Indicate your interest in gaining more skills in the following areas.

Key Skills	Pre-Survey Could use some more skills or definitely want more skills in this area.	Post-Survey Could use some more skills or definitely want more skills in this area.
Skills in working with parents.	88.0%	89.8%
Skills in working with mental health professionals.	84.6%	85.2%
Skills in making educational and behavioral plans for traumatized students.	91.5%	92.1%

### What schools were already doing—what schools have started doing differently

The pre-survey asked staff to list things that their school is already doing to support traumatized students. Staff listed a variety of practices, and the most often mentioned items included:

- Being there for students by communicating, building rapport, being open, and showing compassion.
- Providing resources and supports through the school such as a counselor, mental health professional, social worker, or administrator.
- Providing a safe environment and a sense of inclusion, belongingness, and relationships through personal efforts, and school-based programs such as TRIBES.

The post-survey asked a parallel question of what their school has started doing differently to support traumatized students. Staff listed a variety of practices similar to those listed on the pre-survey. Additionally, staff also listed specific practices not mentioned on the pre-survey. These included:

- Using the ACEs survey.
- Holding seminars or meetings for parents.
- Using relaxation techniques such as yoga, breathing, and a calming curriculum.

Other comments from the post-survey suggest that staff, at the school level, have started to look at the behavior of students differently. These comments include:

- "Our frequent discussions have helped us to reflect on the possible reasons for some students' behavior."
- "I believe we are looking at our students through different eyes—realizing there might be a reason for their 'outbursts.' "
- "Thinking differently about kid's behavior, teaching skills rather than punishing when kids misbehave."

- "Looking at how we view kids and how we treat them individually. Starting to show more understanding of what might be happening to them."

### **What staff has started doing differently?**

The post-survey also asked a question of what staff has started doing differently to support traumatized students. Staff listed a variety of practices and these included:

- Acquiring additional knowledge through further training and research on the topic of working with traumatized students.
- Using relaxation techniques such as yoga, breathing, and a calming curriculum (which was also mentioned as something that whole schools had begun).
- Staying calm and taking care of themselves (staff) personally.

Additionally, comments from the post-survey reinforce the idea that individual staff have started to look at the behavior of children differently. These comments include:

- "Understanding physiological mechanisms in action, the degree to which structures are still plastic, understanding that learning coping skills is essential."
- "Looking at what students may have going on in their lives that are affecting their behaviors and performance during school."
- "Being more cognizant about where students are coming from, recognizing that their behavior/emotions can be affected by lots of different things."
- "Thinking about the child's behavior in relation to what they need. Trying to understand the underlying issue. Listening to the kids "stories" about their lives."
- "Trying to understand where they are coming from, listening more, teaching rather than giving out consequences."

### **Other comments**

Finally, the post-survey asked if staff have any other comments or questions they would like to share about this pilot project. Staff offered a variety of comments and several of these spoke to both an appreciation for the intent of this project but also to a desire for more support and progress in working with students who have been traumatized. Comments include:

- "I think any tools that will help and equip staff to understand, teach, and counsel children who have been traumatized can only enrich and better the student's life."
- "I'm glad we are a part of this program. I've benefitted personally and it is helping me with my approach in working with my students. The book has great ideas."
- "I am very excited to learn more on this topic and I look forward to seeing more collaboration with agencies outside of the schools."
- "I am looking forward to more staff interaction upon this topic, with a long term goal of developing systems that both support students with behavioral issues and all students who are part of that student's community."
- "Always shocking and disturbing to face the challenges some kids are embroiled in, but we need to raise our awareness so we can interact more compassionately."
- "I would like to see us have a system of support established for kids of trauma and the teachers who work with them."

## **The Spokane Compassionate Schools Partnership** **Roy Harrington, Project Coordinator**

The partnership in Spokane has expanded well beyond the original intent of the OSPI-MHTG agreement. A portion of the agreement was targeted to support a large conference in Spokane in April. Drawing on experience the previous year in Pierce County, From Hurt to Hope II was heavily marketed to the local K–12, early learning, and juvenile justice communities. While the intent was to assure broad local representation from these specific sectors, participation expanded to the child abuse system and registrations were received from communities and groups across the state for a total attendance of 647.

Conference content was focused on ACEs, the impact of complex trauma on children and families, and the role of "universal" systems in addressing issues which can have profound impacts on learning, achievement, mental health, and behavior. It was the view of conference planners and supporters that universal systems such as K–12, early learning, and health care have important and unique roles to play in mitigating these impacts on development and learning. At the close of the conference, a Leadership Forum involving more than 60 leaders from K–12, early learning, and courts was held to identify approach and methods to take the conference content out to additional groups and to begin focusing planning at the level of school buildings and within other community initiatives such as Models for Change, Building Bridges, the Nurse Family Partnership, and the Inland Northwest Alliance for Early Learning. The Spokane Community Network was identified as the lead group to carry this effort forward.

The funds from OSPI and the MHTG served to support creation of a core partnership, of schools and service providers to further explore development of the Compassionate Schools work. That partnership included:

- Bemis and Whitman elementary schools in Spokane Public Schools.
- Orchard Center and Millwood in the West Valley School District.
- Broadway in the Central Valley School District.
- Skyview and the Continuous Curriculum School in the East Valley School District.

However, based on the information generated from within the partnership, from the From Hurt to Hope Conference, and on successful trainings at each of these schools, demand for additional training and desire to establish ongoing development activity has expanded beyond the OSPI-MHTG funded capacity.

To meet this demand, and consistent with its own agenda to make this information broadly available, the Spokane Community Network is providing funding to expand the effort into additional schools, early learning, and the juvenile court. At this point, training and development consultation is scheduled for Logan and Grant elementary, the entire paid and volunteer workforce at the juvenile court, and up to 300 child care providers, including those who are involved with the Gates grant. Additionally, the four school districts involved in the Building Bridges consortium have been trained. Half of the administrative personnel in Spokane Public Schools have been trained and the other half is scheduled for training and orientation. A separate training has been scheduled for all educational psychologists and counselors who work in the district in addition to personnel who work in the district's "Behaviorally Impaired" classrooms.

The West Valley School District is in discussion about providing training for all personnel at Centennial Middle School, and the Central Valley School District is working to schedule all of its counselors, psychologists, and principals to be trained in addition to bringing the training to additional Elementary and middle Schools. By the end of June 2009, we anticipate this interest will expand and other buildings and administrative units will be exposed to this work.

**1. *Strategy for developing a flexible framework within each partnership school***

Each of the schools who are members of the core partnership are exposed to an intense six hour curriculum. Materials used in each of the trainings include *Helping Traumatized Children Learn*, otherwise known as "the purple book." The curriculum is organized around data related to incidence and prevalence rates of multiple and chronic forms of trauma including family violence, child maltreatment, substance abuse, mental illness, and ambiguous loss. Additionally, the curriculum provides an overview of neurodevelopment as it may relate to impairments associated with exposure to chronic trauma. National and local data are presented about the lack of capacity in formal categorical "treatment" systems to respond to as much as 80 percent of the need and the relative responsibility this places on "universal" systems to create capacity to engage differently with children who seem not to benefit from current academic and social intervention efforts. RTI adaptations to the social, emotional, and behavioral needs of children is discussed as the primary candidate intervention structure for further development to address these needs as they impact academic achievement and school adjustment. PBIS and the work of the CASEL are cited as having developed useful tools for increasing positive engagement with children. Tiered, or pyramidal, approaches to intervention are identified as helpful frameworks for conceptualizing adjustments in the current continuum of engagement and support tools schools use with children and families. Expectations related to overall school climate and conduct and discipline is presented and challenged. Tools and application methods are presented with vignettes to create practical and helpful applications of learning.

It is often the case that school administrators have used *Helping Traumatized Children Learn* in book studies before and after the training. Each of the training experiences is followed by a nominal group process where individual participants identify:

- Three questions that have occurred to them during the training.
- Two issues each person believes the school could/should do to adjust practice or operations.
- One thing each staff person can do to adjust their own practice as a result of the training.

The results of this exercise is posted and compiled and is used during collaborative time and staff meetings to discuss building implications. In at least one building, a subcommittee has been identified to work specifically on steps toward creation of a more trauma sensitive learning environment. Project staff have been asked to participate in these conversations and assist groups in distilling information to planning and action steps. Conversations have extended into district administration staff and agreements are in place related to collaborative work to find additional resources to sustain the work.

A major strategic objective is to sustain this promising work over time and there is shared concern among partners that no matter how timely and immediately relevant the agenda may be, current economic conditions may blunt development efforts. From the beginning, the Spokane partnership has recognized that development and implementation activity cannot be sustained



without external resources. As a result we have already submitted one multi-year grant to the Department of Education, and we are in the process of submitting additional applications and proposals to foundations and multiple units of government.

**2. *Process for including community support that shall include the local Regional Support Network (RSN) or other mental health agency responsible for providing publicly funded mental health services in the partnership districts***

National estimates on the disparity between need for mental health service and provision of that service are well known, if less well accepted. We know that 1 in 5 children experience a diagnosable mental illness annually, yet only 10 to 20 percent of those children ever receive a formal service from a mental health agency. In part this issue is related to restrictions associated with accessing care. The majority of children with mental illnesses are not suffering sufficiently to meet eligibility thresholds within the current system. Further, many of their families face multiple challenges and are often unable to navigate system requirements in order to access service.

To mitigate this problem, three of the four partnership districts have attempted to create internal capacity to increase mental health supports to children and their families to improve social and emotional outcomes and enhance opportunity for improved learning success. Spokane Public Schools has become a licensed mental health provider in its own right, the West Valley School District receives supports from Children's Home Society, and the East Valley School District purchases an enhanced level of service from Family Service Spokane. Both Children's Home Society and Family Service Spokane are licensed Medicaid mental health providers within the RSN. Despite these efforts, staff and administrators in both K–12 and the publicly funded mental health system report the level of need presses well beyond the capacity to meet it. Youth-Family-Adult (YFA) Connections was the designated mental health provider for several districts under the rubric of the Safe Schools Healthy Students grant and succeeded in a significant enhancement of mental health supports within districts funded by that grant. But as has been the case with similar temporarily funded efforts, those services were not sustainable and are no longer provided.

Publicly funded mental health services are available to children in all districts as long as those children meet eligibility and "access to care" requirements. While all acknowledge that provided services are necessary and may be helpful, no one in either system would agree that RSN funded services are sufficient to address need. Within that system, there is no capacity for early intervention work or for services to children who are demonstrably affected by chronic or acute forms of trauma. Administrators and staff in the public mental health system are deeply troubled that they are unable to participate more fully in this work.

**3. *Identify other key partnerships in this effort***

**The Spokane Community Network**

During this phase of the effort, the Spokane Community Network has been the most powerful partner. It has agreed to fund training, supplies, materials, and support some noncertificated salary costs to assure the training reaches the broadest possible audience in K–12. As stated above, it has also funded training of potential partners at the juvenile court, early learning, and other sectors. The local Network Board understands the importance, and relevance of the

material and sees it as integrative across major "categories" of need which directly impact K–12; substance abuse, dropout, teen suicide, teen parentage, family violence, and mental illness. The Network also recognizes that this material must be understood and accounted for within the framework of universal systems because of the lack of capacity that exists inside the formal categorical systems.

#### Systems and entities responsible for transitions

It is the collective view of those who have been engaged in this work that a major benefit to understanding the impacts of complex trauma on neurodevelopment and its effects on learning, has specific application at major points of transition children must navigate as they move up the developmental or promotional ladders. The transition from early learning into K–3 presents a complex set of challenges to children, parents, and teachers; thus it is critical to recognize steps taken to support and assist with continuity as children move from child care settings into K–12. Just as important, and possibly more complex, are the challenges to stability, engagement, and academic progress children, parents, and teachers experience during the transition from K–4 through K–6 into middle school. Partnerships between K–12 and Pre–K are critical to the success of children just as partnerships within multiple K–12 sectors are critical to student achievement.

#### Systems that provide social supports to children and families

Schools have relationships with churches, community centers, service clubs, and social service entities which are critical to the success of their efforts to enhance teaching and learning. This is particularly true for schools with patrons who experience comparatively high rates of poverty and other challenges to family stability. When asked what "partnership" was most important to her school of 550–600 elementary school children, one principal responded:

*"I have the good fortune to be located across the street from a Community Center. During the cold months, particularly, my staff wear out the concrete taking kids across the street to get boots and socks and coats and mittens. Want to talk about chronic or complex trauma? A lot of my kids bring it to school with them every day and my staff take it home with them. You can't blame the families; most of them are doing their best to keep things pasted together. And we don't blame families. This is just very tough work and there's lots of days when I'm convinced my own district doesn't understand, let alone anyone outside the district."*

Responding to the same question, another principal stated:

*"Our most well attended family events are the ones where we have food. A lot of our kids go to bed hungry a couple nights a week and so do their parents. Because we're inside walking distance to most of our homes a lot of our parents come to these events. Turkey raffles are a big hit. We can't afford this stuff. It comes from agencies and donations and churches. Those are our best partners. Adverse childhood experiences or complex trauma? Our kids have it and so do their families."*

Variations of these conversations took place with teachers and administrators frequently. Partnerships that are most relevant to school staff are those that respond to concrete needs children and families present to them. And those are the partnerships that help to support the creation of relationships with families and students. If the relationships are strong, learning and achievement can improve.

**4. *Extended discussion on the alignment of RTI structure for identifying students exposed to trauma and in need of support***

Throughout this phase of effort related to mental health and schools and the discussion of trauma sensitive approaches, RTI has been viewed as a central framework for development. Based on the 2004 amendments to Individuals with Disabilities Education Act (IDEA), the public health principles embodied in RTI have been identified as key to further development of K–12 architecture for supporting and responding to the needs of all students, including those who are struggling. A significant focus of the 2004 amendments was to create interventions which impede the process of movement toward intense and expensive special education services.

While these principles were not originally intended for application to student social emotional needs, their relevance to addressing a range of student "mental health" needs has been established. The work of the collaborative for social, emotional, and academic learning points to evidence associated with the application of tiered, pyramidal approaches as support to success with students who struggle with a range of social and emotional challenges that interfere with academic achievement. PBIS is specifically organized around the application of these public health principles in the K–12 system to prevent and mitigate school behavior and discipline issues or problems which challenge school adjustment and achievement. There is little doubt that the RTI framework is an established structure for the creation evidence based responses to children with developing needs which interfere with academic and social emotional development.

At the local level development of RTI methods is highly variable for at least two reasons. The first is that RTI is seen broadly as an unfunded K–12 mandate. Because IDEA was the mechanism chosen to bring these principles into the K–12 system nationally, it is broadly seen as "special education." This is especially so because IDEA permits the transfer of 15 percent of federal special education resources to regular education to support RTI implementation at a time when both of these systems are under enormous pressure to improve outcomes without overall resource enhancements. Furthermore, at least in this state, the responsibility for development and implementation of RTI was administratively housed in Special Education at the state level. Thus, in some quarters at the local level there is palpable hostility to the notion that RTI be embraced at all. It is seen in many school districts as another unfunded and unsupported mandate.

More nuanced are a second set of reasons that more specific application of RTI to the social, emotional, and behavioral needs of students is underdeveloped. Many schools have worked hard to improve overall school climate and culture in order to increase engagement with struggling students and have created a first "tier" of universal supports which have supported improved outcomes. Most schools, teachers, and administrators have always recognized that the social, emotional, and behavioral needs of students bears directly or indirectly on school social adjustment and the achievement of preferred academic outcomes. In most all local schools have a second "tier" of more intensive supports and services to assist those students who experience exceptional difficulty in school settings. Some schools have even engaged in grant funded efforts to systematically create an approach specific to PBIS methods. Others have taken more ad hoc approaches to create intervention supports with children who are clearly not benefitting from universal services and continue to struggle with social, emotional, and behavioral issues

which impact learning progress. Examples of second "tier" approaches are ubiquitous in the K–12 system and virtually all those we have seen appear to produce value. Despite the value they appear to represent, few of them are anchored with comprehensive data collection or development strategies to support efficacy. The single strategy most consistently used to mark the success of intervention efforts with students who demonstrate social, emotional, and behavioral problems seems to be a combination of methods to track academic performance and office discipline referrals. And virtually all principals, counselors, or administrators with whom we discussed these issues expressed little or no confidence in the utility of these measures.

The development of a third "tier" of intervention is more problematic, particularly for students who struggle with a range of social, emotional, and behavioral issues which appear to reflect increased concern for mental illness. Practically speaking, where we have seen examples of planning for development of a third "tier" of interventions, invariably there is the involvement of school psychologists and other special education personnel for testing or assessment. But given the complexity of special education regulations and the fact that these resources are oversubscribed, the student is very typically referred back to the classroom teacher with the recommendation that second "tier" services be continued or applied more intensively. Furthermore, where schools have struggled with creation of tiered approaches to intervention with these children, it is frequently the case that referral to police, the juvenile court, or publicly funded mental health services be made or coordinated as an adjunct to second tier efforts. There are even references in the literature that publicly funded mental health services be engaged on behalf of this group of students and a de facto Tier 3 resource option. Based on earlier work completed in this area, we know that however appropriate these recommendations may be, they do not reflect an understanding of system capacity. Moreover, despite the presence of small, fragile efforts to bring these necessary services into schools, they are not present in the significant majority of school settings.

Interestingly, it is in large part due to the complexity of these issues that the agenda to introduce "trauma sensitivity" or "complex trauma" resonates so strongly with certificated and noncertificated school personnel. Our experience following sessions involving books studies, briefings, case staffings, small group orientations, and whole school trainings is that participants recognize the integrative power of this work across the continuum of student need. The heuristic of complex trauma seems to unify thinking about difficult and often complex experiences students bring with them into the education environment, provides a consistent orientation and language for thinking about and responding to student issues that are often poorly understood, and helps create environments for discussion about change in building and administrative infrastructure.

While the term RTI has been used in trainings and other discussion, its application to the social, emotional, and behavioral context of a learner's experience has been explained in context with "tiered or pyramidal approaches to intervention." We have been cautioned in multiple venues to avoid use of the term RTI because of the "turn off" effect it is expected to have with a large sector of school personnel. That said, once discussed and explained in context with the multiple impacts of complex trauma on neurodevelopment in children and adults, it has been our experience that individuals and groups quickly move to an acceptance of the need for nonpunitive, multi-tiered systems of response.

One outcome of creating the Spokane Partnership has been agreement with school districts to further shape application of this agenda into schools. There is broad agreement that tiered approaches to intervention, whatever the framework is named, are needed for struggling students and that insufficient attention has been given to this issue as it may relate particularly to the second and third intervention "tiers." To that end, the Partnership, led by the Area Health Education Center at Washington State University (WSU), Spokane, is working to apply for multiple grants to create and test these interventions.

**5. *Recommendations for ongoing professional development and classroom practices***

Most school personnel understand that a high percentage of children who are challenged to benefit from standard general education approaches often come to school encumbered by recent or chronic life events which adversely affect their capacity to learn. However, many of the personnel who work in school systems state they do not receive sufficient pre-service or ongoing training to understand the potential impacts of these developmental experiences. While most school personnel have an abiding belief in the resiliency of students, they are frequently challenged to support and "grow" that resiliency when children present with particularly difficult and chronic behaviors. Absent comprehensive exposure to appropriate subject matter, many good teachers enter and work in the profession without necessary information to be fully effective. Increasingly K–12 personnel embrace the belief that all children have significant capacity and that all children can learn. But faced with increasing challenges brought to them by students they serve, they are frustrated with accountability standards they regard as unrealistic. One comment made by a teacher sums up a collective dilemma. "When I was in school and through my experience as a teacher, the emphasis has been on being a better teacher, not on understanding how all kids learn. I suppose this works okay with most kids but there's an awful lot of 'em that are lost and this doesn't help them at all. At some point we'd better find some balance." Another teacher comment is instructive. "On some level this is about seeing the dots and learning to connect them. We're just trained not to notice them."

**Other questions identified by the Project Manager:**

**1. *Most significant new learning during the process of exploring readiness for developing a "Compassionate Schools" demonstration site***

Spokane's process of orientation and training will have involved more than 1000 individuals before the end of this phase of the effort. About half of those individuals are a cross section of administrators and staff who work at all levels in school districts and virtually all of the staff who work in the seven target elementary school buildings. Beyond the formal full day of training, we have completed multiple orientations to the topics; have participated in staff meetings, Child Study Team meetings, "Profile" meetings and leadership meetings, in various school districts. The following observations are generalizable across all these groups.

There is openness to the material and a lack of defensiveness about current practice. Staff and administrators in schools and districts invariably know what needs to be improved but are often stymied by bureaucratic requirements which many regard as of questionable value. No one has ever debated the need for consistency in setting standards, but most are frustrated by the "one size fits all" emphasis in implementation. Responses to the training reflect an ongoing series of "aha" moments of clarity with personal and sometimes difficult reflections about the applicability of content. With this comes an acknowledgment about how personal emotional

triggers sometimes interfere with making the best set of decisions when dealing with difficult or chronic student behavior. Though much of the information shared is initially foreign to participants, there is an inevitable "of course" reaction when the information is applied during and after the training experience.

We have been impressed by the significance the role training plays for K–12 personnel. We have also been reminded about and humbled by the fundamental intensity associated with the work of teaching and helping students learn. School personnel are confronted daily and unpredictably by the impact of a child's "whole life" experience. It is their task to account for those experiences throughout the process of teaching and learning, and they have almost no control over any of the external contingencies.

Further, we have been impressed by the fundamental importance of the role of leadership during this process. District leaders, building leaders, and informal leaders within groups have a profound impact on culture and operations in the extraordinarily difficult environment of K–12 education.

**2. *Advice you would share with other district/school staff who are about to implement a Compassionate School program***

In some respects, this work has been in the process of developing locally for the last three years. At least one school district was introduced to *Helping Traumatized Children Learn*, "the purple book," and began using it in book studies and in dialogue about the need to intervene much earlier with children who were demonstrating behavior problems or were exhibiting early mental health needs. The conference in April 2008 captured the interest of school personnel in other school districts and a series of exploratory discussions began about growing interest in creating less punitive and more supportive school environments. These discussions with schools expanded to include early learning, juvenile justice, and targeted social service and mental health agencies. By June of 2008 there were enough candidate partners to begin developing a plan that would result in more detailed and targeted exposure at the building level in multiple districts. And at this juncture, there is sufficient interest among identified school and social service partners to begin the formal process of writing proposals to various foundations and sectors of federal and state government to begin development and testing of interventions. We have learned many lessons:

- Don't move forward with assumptions and don't move too fast.
- From the beginning, be intentional and thoughtful about how to sustain the work over time.
- Teachers are desperate for answers immediately and what we have are well grounded ideas that must be developed. There is no infrastructure for the work other than adaptation within the current K–12 system.
- If the result of the work is just another "off the shelf" curriculum, the work will have failed. School personnel need tools to adapt to changing realities; they do not want or need one size fits all solutions.
- Be careful. Many children have experienced so much harm and many teachers have experienced so many broken promises that great care must be taken in moving forward.
- Be patient. This is a viral development effort. Embrace it.

**3. *Professional development, classroom strategies, or school environment development activities regarded as the "most essential" in establishment of a Compassionate School***

In the words of one school superintendent, "We have to start with professional development and challenging ourselves about our belief systems." We agree.

This work at its most fundamental level is about replacing belief systems with an understanding of current science, and informing what we think with a growing literature about what works. The initial task is to create exposure to information and then to form ongoing discussions about how to apply the information. As we stated in the September deliverable, any expectation that we superimpose a new set of expectations about a new "thing" onto an already overworked group of school personnel would not only be unwise, it simply is not workable. Once personnel see and evaluate the information against their experience with students, they will have to evaluate its utility to enhance their efforts in working with children. This will require targeted discussion and consultation over time to identify and adopt agreed strategies for application to practice. Use of those strategies will have to be supported through the collection of information to be analyzed and fed back for consideration by the practitioner group. The strategies and practices are then recalibrated to the experience. This cycle must be ongoing and cannot evolve effectively without involvement and participation at all levels. It is through this process that new strategies and practices are adopted and others replaced.

**4. *Parts of the Compassionate Schools initiative that could be implemented in schools to provide a benefit to students and families at no or low cost***

The "no cost" caveat within this question substantially limits response. It is our view that in the current environment any change will have cost implications.

Embedded in this question is an assumption that schools understand or are aware of the meaning, relevance, and potential applications associated with the term "Compassionate Schools," and that is not the case. Where sectors within the K–12 system have become aware and have embraced interest in learning more, they have been exposed to a process of orientation and ongoing discussion related to the materials and curriculum identified earlier in this report. Further, building and district administrators have taken a leadership role to ensure personnel have been systematically oriented to specific information and understand the power of its application within a structured, or restructured, environment. These activities cannot take place without an associated cost. As we heard repeatedly during this phase of work, "time is money, and money buys time."

Once staff groups have been oriented to the information, they invariably want to find ways to apply what they have learned and to integrate it into their building and district systems in order to support changes in classroom practice, building behavior management practices, school culture and climate, and inevitably, the creation of tiered or pyramidal approaches to intervention that are consistent with RTI and PBIS frameworks. These activities require some level of external consultation with partnering subject matter experts and careful, systematic internal development. If the overall goal is to increase academic success and improve school adjustment on behalf of students who experience the greatest challenges in those areas, targeted resource investment will be required.

It must be noted that virtually all participating districts and buildings have already invested significant staff time and resources into this effort. Whether they have purchased materials, paid salaries for staff to be trained on Saturdays, devoted Learning Improvement Days to the effort, or set aside significant time after the end of the regular school day to participate in training, all have made investment of increasingly scarce resources based on the importance they place on this agenda.

Having made the point that a "no cost" expectation is unrealistic, one idea has surfaced which could materially support this work at very little cost. The literature associated with ACEs, Complex Trauma, neurodevelopment, attachment, self regulation, and competency is not accessible to most practitioners. OSPI could perform a major service to the work by making this information accessible on its Web site. The review of literature completed during the previous phase of this work could be catalogued and loaded and additional information added as the research literature continues to develop. Many relevant journal articles are available only through subscription or to institutions of higher education. Making this information accessible and easily available to teachers, counselors, administrators, and others could be an important step and could be accomplished at nearly no cost.

One final thought which has profound implications for a system as vast as K–12 is that the core of this agenda is about creating something as simple as a comprehensive approach to providing kindness to children, their families, and among staff. Providing kindness requires a "presence" and "mindfulness" and, oddly, may require the development of great skill. But kindness costs nothing.

### **Conclusion**

Pierce and Spokane Counties are grateful to the OSPI and the MHTG for the opportunity to pilot this work.

It is very clear that educators and their partners in both communities understand the vital importance of social, emotional, and behavioral learning in the context of academic achievement. This is especially true as these issues relate to a large fraction of students who bring chronic or acute traumatic event reactions with them into the classroom on a daily basis. There is increased awareness of the absolute necessity to learn more about these issues among those who have received the training and engaged the work in the pilot communities, and among a rapidly growing body of educators who have been exposed to the information throughout the state. The science associated with complex trauma is integrative across all learning domains and a growing body of literature is becoming increasingly clear about the need to develop and apply a continuum of response for struggling students. Recent adaptations of tiered or pyramidal approaches to intervention provide a framework for learning how to improve school climate, culture, and practice consistent with school improvement activities. The growing recognition about the relevance of this information to improve academic and health outcomes for all students, especially those who struggle, creates the opportunity to more fully develop this work, and to do it from the ground up.

It has been our great privilege to pilot this work and develop this report of our experiences.