Collaborative Focuses on Childhood Trauma

The Collaborative held its 2008 Spring Meeting in New Orleans, May 14-17, on the topic “Responding to Childhood Trauma: Lessons Learned.” Approximately 200 participants representing 53 member school districts participated in the meeting, which included keynote addresses from Drs. Robert Anda and Carl Bell, and concurrent sessions on a variety of subjects related to childhood trauma. In addition, Paul Vallas, Superintendent of Recovery School District (RSD), and Margaret Lang, Director of Intervention Services for RSD, welcomed meeting participants to New Orleans and spoke about some of the specific challenges and opportunities experienced by RSD students, families, and staff in the aftermath of Hurricane Katrina. The meeting concluded with a tour of those sections of the city most affected by the hurricane and a discussion of the rebuilding process that is going on throughout the historic city.

Results from the Adverse Childhood Experiences (ACE) Study, of which Dr. Anda is a Co-Principal Investigator, suggest that approximately one in five children experiences some form of trauma, including abuse, neglect, and household dysfunction (e.g., substance abuse, family violence, separation/divorce, mental illness, criminal behavior). These events have actually been shown to alter children’s neurobiological development and can contribute to emotional and behavioral disabilities as well as deficits in attention and learning. A history of experiencing trauma also correlates with increased risks for post-traumatic stress disorder (PTSD), depression, chemical dependency, poor health, re-victimization, and other negative consequences later in life.

Dr. Anda presented these compelling findings from the ACE study during his keynote address. Many key issues were explored in greater detail during the concurrent sessions. The topics and presenters were:

- What Happens When “Trauma” Goes to School? – Northside Independent School District, TX
- Responding to School-Aged Children after Hurricane Katrina – LSU Health Services Center, LA
- Building Capacity to Manage Social, Emotional, and Behavioral Issues: A Clinical Consultation

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Scott Reynolds  
Clark County School District, NV

Much has been written lately regarding challenges associated with the implementation of the Response to Intervention (RtI) model. The Clark County School District (the fifth largest school district in the nation), which includes Las Vegas, Nevada, has identified RtI as a means to increase academic achievement for all students in a rapidly growing and increasingly diverse student population.

The Clark County School District is comprised of five Regions with a Region Superintendent providing oversight for each one. Superintendent Schools also exist that are comprised of select schools (previously identified as magnet schools), schools with high needs that have been in needs improvement status for multiple years, and schools where empowerment is featured in their school governance (a small number of schools were chosen to exercise site-based decision-making). An Associate Superintendent has oversight for those schools. While the school district moved out of the needs improvement status last year (one of the only large urban school districts to do so), increased requirements to meet No Child Left Behind benchmarks in the upcoming school year have necessitated expanded efforts to improve academic achievement. The RtI process provided the district a tiered level of intervention system that could address both academic and behavioral needs at all grade levels, as well as replace an antiquated discrepancy model for the identification of learning disabilities.

The Clark County School District engaged in a very different type of process for the implementation of RtI services. The practice of systems change in the district would frequently involve a division or department being responsible for leading the implementation of an initiative. Fortunately, the district viewed RtI as a core structural change that required shared responsibility across stakeholders. RtI is seen as a district-wide initiative that requires heightened collaboration and leadership across regions, divisions, and departments.

The district’s Curriculum and Professional Development Division took responsibility to facilitate an RtI workgroup, which ultimately established a common language around RtI and agreed upon district supports for a narrower range of options at each of the three tier levels of intervention and a recommitment to focus on instructional skills versus packaged programs. With measured steps, the district began to make real progress by aligning functions, clarifying roles, and creating a safe environment so that participants could speak freely, which enhanced communication among key stakeholders.

Deep and meaningful discussions between elementary and secondary Math and Literacy Departments within the Curriculum and Instruction Division began to take place. This new model of collaboration included involvement from staff that supported special education, Title I, and English Language Learners, as well as state regional professional development. The roles of central office administration (Deputy Superintendents for Instruction and Student support services; Assistant Superintendent for Curriculum and Instruction) and Region Superintendents soon became better defined. Issues surrounding RtI decision-making (determination of what was and was not negotiable at the region and school site levels), was specifically clarified.

Prior to the focus on RtI, each region, and schools within those regions, had great latitude to engage in the implementation of a wide array of intervention programs. Through recommendations made by the RtI workgroup, divisions and region administrations were able to narrow the focus on what would be allowed and supported across the school district. The era of experimentation without a focus on school improvement plans and continuity of services across the school district was coming to an end. The Nevada Department of Education was also able to clarify its technical assistance role and provided meaningful resources and assistance in the
change process based on system needs.
In reviewing school district data, it was clear that early intervention through positive behavioral supports also needed to be integrated into the RtI model. Referrals for disciplinary action were increasing and a disproportionate number of minority students were being referred for alternative education. The local parent resource center was a key stakeholder invited into the process that targeted both instructional and behavioral needs. The parent resource center provided important feedback and monitoring of the implementation of RtI within the schools. The resource center staff received training along with district staff, monitored outcome data (instructional and behavioral), and made recommendations for enhancements of RtI services. Through discussions with the parent community, it became increasingly obvious that the district would also need to expand its efforts to include the articulation of a Systems of Care philosophy that espouses family-driven, youth-guided, and strength-based services.

Narrowing the focus of instructional programs became particularly important, given the transciency rate within the district (around 40% for a large number of schools). By utilizing a backward mapping assessment model which begins with the goal in mind, the district was able to target higher levels of student achievement through a coordinated and focused system of student supports on various levels of intensity. The school district was able to move from a level of district-wide experimentation with a variety of instructional programs, to a more focused coordinated delivery of educational programs and services that supports student achievement through stakeholder co-planning and structured vendor protocols. The RtI workgroup identified the long-standing systems need for more effective district professional development planning based on state, district, region and school improvement plans. Silo planning with limited connections to school improvement planning could no longer be acceptable if intended outcomes for students were to be achieved. The Cabinet agreed to co-planning across regions and divisions for the development of a district-wide professional development blueprint and action planning so that resources and services could also be more coordinated at the school level.

Prior to such changes, each division and region developed their own professional development plans in isolation and then reported out to each other. By creating a joint planning process, the supports for the three tiers of intervention could be more focused, and both programs and enhanced instructional skill development could be furthered.

The Cabinet also agreed to the exploration of a vendor protocol that would eventually disallow vendors to randomly approach schools, regions, and divisions with products that did not fit into a district-wide professional development plan. There was also an increased emphasis and support for the use of action research conducted by classroom teachers and by the Research and Innovation Department, in order to inform instructional decision-making. The need to utilize universal screening and progress monitoring across the district was also recognized. Ultimately, a common language evolved resulting in better communication among district and community stakeholders. The identification rate for special education began to drop slightly (at 10%), and disproportionality for African American males in the areas of mental retardation and learning disabilities was reduced (under the 2.5 risk ratio level).

While the RtI experience is clearly a work in progress in the Clark County School District, the gains made in implementation have come through the unfolding of a model of shared leadership in Southern Nevada. This change evolved through a new set of needs across stakeholders. The sharing of responsibility, while keeping an eye continually on the target, has been the difference. No one person was left to champion systems change. All stakeholders were responsible to lead and be held accountable. At the end of the day, district leadership must mirror the kinds of interactions we would like to see in our schools, classrooms, and communities at large—a sharing of responsibility for outcomes that affect us all, and the assurance that everyone with a stake in the future is given an opportunity to contribute.

For more information please visit Clark County’s website at: http://ccsd.net
Early Intervening Monitoring System

Jack Jorgensen
Madison Metropolitan School District, WI

As of April 17, 2008, school computer desktops in the Madison Metropolitan School District (MMSD) have a new icon that provides access to the Student Intervention Monitoring System (SIMS). SIMS is an interactive software program created by the MMSD with funding from the Wisconsin Department of Public Instruction that allows staff to record early intervening services, monitor progress, and share information about students’ learning.

SIMS is intended to support the increased use of early intervening services to remove barriers to learning and prevent student frustration and failure. Students’ progress in response to the interventions provided is carefully monitored to determine whether the intervention is successful and should be continued or whether something new should be tried. This information is automatically available to staff when a student changes MMSD schools.

Principals and teachers have tried various strategies to monitor the progress of students who are performing below their same age peers or are making slower than expected progress.

The original paper-pencil method was replaced by several versions of an Excel spreadsheet called the Student Achievement Form. Teachers and principals disliked both of these systems because information did not move with a student when he/she transferred from school to school or transitioned from grade to grade.

Information about strategies that had been tried and that described what seemed to work best was lost. Teachers were frustrated with the inefficiency of entering the same data on report cards and on the Student Achievement Form.

SIMS draws upon information in the district’s student information system to identify students who need additional support in engagement, learning, or relationships. The open source web-based tool includes initial suggestions for interventions, which staff can select, and also allows school staff to design something unique for the student. SIMS also includes the “Checklist for Culturally Responsive Practices in Schools,” which encourages inquiry and reflection to ensure that intervention strategies are implemented with consideration for the student’s background and strengths. This is a great tool to help staff reflect on culturally responsive practices and reduce the disproportionate representation of linguistically, culturally, and racially diverse students in special education.

SIMS is one of numerous efforts under way in the MMSD to eliminate race as a predictor of a child of color being labeled as having a disability and placed in special education. Other activities aimed at achieving this goal include a Centrally Coordinated IEP System that uses non-biased, multi-cultural assessment practices to complete initial IEP evaluations; providing a comprehensive array of professional development activities targeted at promoting culturally responsive classroom practices; maintaining a partnership with the National Institute for Urban School Improvement (NIUSI) that focuses on eliminating special education disproportionality; using data to continuously monitor and respond to areas of over representation; and maintaining district-wide courageous conversations regarding race and equity.

For more information: A demo of SIMS can be accessed by linking to the following demo site https://wwwprod.madison.k12.wi.us/mmsdDemo/ This site contains versions for Windows, Mac, and Linux. It does not have any real student, staff, parent, or school data, but rather it has been designed to be shared with the general public.
Miami-Dade Partners to Increase School Completion Rate

Sandra Covington Smith
National Dropout Prevention Center for Students with Disabilities

Miami-Dade County Public School (M-DCPS) Teams completed Dropout Prevention Capacity Building Training this school year. The training was conducted by the National Dropout Prevention Center for Students with Disabilities (NDPC-SD) at Clemson University. A total of 55 school teams consisting of administrators, special and general educators, and behavior specialists attended the trainings. Alternatively, elementary, middle, and high schools were represented. Specifically, NDPC-SD Staff trained 35 teams from the North and South regions and 20 teams presently implementing School-wide Positive Behavior Support (S-WPBS) on the use of the NDPC-SD Framework for Dropout Prevention.

M-DCPS continues to leverage the success in their Positive Behavior Support (PBS) schools as a foundational strategy in dropout prevention for students with disabilities. Given the high numbers of students who leave school as a result of deficits in prosocial behaviors that often result in excessive suspensions and expulsions, a focus on dropout prevention within this context was a logical next step for the school district. During the three-day training session, PBS schools were introduced to the causes and ramifications of dropout; information about specific data that can be used to identify dropout issues at the school-building level and dropout risk at the student level; descriptions of interventions that can be applied to address identified needs; and details about planning for and implementing a data-driven process for identifying and addressing dropout and school completion needs. Similarly, schools from the North and South regions are continuing their efforts as part of the State of Florida Dropout Prevention Initiative. The district is planning additional training in the coming year and the identification of model demonstration sites.

M-DCPS is the fourth largest school district in the United States and has a culturally and linguistically diverse student population, with approximately 156 different languages spoken within the district and 52 languages spoken in the special education programs.

HARVARD GRADUATE SCHOOL OF EDUCATION

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Improving Outcomes for Middle and High School Students with Disabilities
July 14-18, 2008
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Members Invited!
Collaborative Dinner at the Harvard Faculty Club
Date: July 15, 2008
For his keynote address, Dr. Bell delivered a more optimistic message related to childhood trauma in his talk entitled "Risk Factors are not Predictive Factors Due to Protective Factors." This presentation focused on individual and environmental factors that educators can engage to reduce the incidence of childhood trauma and to protect children from the effects of trauma when it does occur. In the closing session on Saturday, one participant summarized the lessons learned about protective factors by stating three important, recurring principles: self-care, resilience, and flourishing.

Self-care refers to the ways in which individuals and communities deal with the effects of trauma and recover from traumatic events. Based on his work and research in psychiatry and public health, Dr. Bell suggests that this recovery process should include the reestablishment of safety and stability for affected individuals, and the verbalization of grief, anger, and other emotions resulting from the trauma. People also benefit from opportunities to feel helpful, rather than helpless, in the aftermath of a traumatic event. By immediately addressing the psychological needs of individuals who experience trauma ("psychological first aid"), educators and health professionals can actually reduce risk factors for many of those correlated negative consequences identified in the ACE Study.

However, meeting participants learned that self-care is more challenging when trauma impacts an entire community, as it did in New York City with the events of September 11, 2001, or in New Orleans with Hurricane Katrina. In these cases, social and medical services may be stretched too thin, making it difficult to help children receive appropriate counseling and treatment. Furthermore, educators and other adults in these situations may be personally affected by the tragic event or disaster, and so it can be difficult for them to provide adequate support for their students when they themselves are dealing with loss and grief. Presenters from both New York and New Orleans noted that teachers’ stress and fears also directly impacted the learning environment in many classrooms because children are often highly attuned to adults’ emotions. For these reasons, educators and parents need to attend to their own emotional needs following a traumatic event both for their own benefit and so that they can effectively help children with the healing process.

Dr. Bell maintained that not only can educators minimize the impact of trauma on children by providing...
appropriate care, but they can also do things proactively to foster resilience within individuals, schools, and the community. Dr. Bell suggested that educators can increase their students’ resilience by helping to create “connectedness” with others. A school or community can also become more resilient as a whole with careful planning and preparation for how to deal with trauma. This may include such things as building capacity to deliver psychological first aid, developing a common understanding and vocabulary around issues of trauma, and strengthening connections with social services, law enforcement, and health care providers.

An individual’s resilience to the effects of trauma is also largely dependent on internal factors, especially his or her self-esteem and sense of control. Dr. Bell suggested that schools and communities can actually maximize these protective factors for children by creating opportunities for flourishing. In New Orleans, it was evident that RSD is trying to do just that. Over the past three years since Hurricane Katrina, the school district has made a number of changes intended to increase students’ academic gains and sense of empowerment. The district has adopted several research-based instructional programs and has a strong focus on early childhood education. Next school year, it will be implementing structural changes to increase instructional time for students, increase planning time for teachers, and reduce student-teacher ratios throughout the district. Additionally, RSD is working to give students a stronger voice in the district by including them in school improvement and leadership teams.

The Collaborative’s Spring Meeting highlighted the importance of schools and communities understanding childhood trauma and being prepared to deal with it effectively. As Dr. Anda pointed out in his presentation, the costs of trauma extend far beyond the individual, impacting public health and safety. Given these costs, Dr. Bell argued that educators actually have an ethical obligation to address childhood trauma proactively, enhancing protective factors and building resilience in children, schools, and communities to minimize the effects of trauma on both individuals and society.

For more information: Collaborative Members and Associates may download copies of the Keynote and District Presentations online by logging into the Members Only section of the website at: www.urbancollaborative.com.

Paul Vallas
Superintendent of Recovery School District
Welcomes Collaborative Meeting Participants

SAVE THE DATES
2008 Fall Meeting
October 29th - November 1st, 2008
Identifying & Meeting the Needs of English Language Learners
Sheraton Denver, Colorado
www.urbancollaborative.org
The Collaborative currently links 112 school districts from 32 states plus the District of Columbia. Five school districts have joined since October 2007.

**Saint Paul Public Schools, MN**
**Durham Public Schools, NC**
**Compton Unified School District, CA**
**Marlborough Public Schools, MA**
**US Virgin Islands Department of Education, VI**

For a complete list of Collaborative members and enrollment information, please visit our Web site at [www.urbancollaborative.org](http://www.urbancollaborative.org).

The Inclusive Schools Network is a year-round, web-based resource for families, schools, and communities interested in the topic of inclusive education. While establishing an international network and resource center focusing on inclusive schooling around the world, ISN will offer new products, online events, conferences, and opportunities for social networking.

Look for upcoming news, including information about membership opportunities for districts, schools, and individuals at [www.inclusiveschools.org](http://www.inclusiveschools.org), or email Thomas Beer at TBeer@edc.org

**NEW COLLABORATIVE MEMBERS**

Urban Special Education Leadership Collaborative
Education Development Center, Inc.
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