



All Over the Map

A Baseline Analysis of the Incidence of
Childhood Trauma and the Implementation of
Trauma-Informed Care in Florida

UF | Lastinger Center for Learning
UNIVERSITY of FLORIDA

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EXECUTIVE SUMMARY

The University of Florida Lastinger Center was engaged by the Florida Legislature through Specific Appropriation 143 to conduct a study on the current trauma-informed care training available in the State of Florida. This research is highly pertinent in light of recent school shootings and crisis situations,¹ alongside the recognition that nearly half (45%) of America's students come to school having had at least one adverse childhood experience² and the estimation of the direct and indirect costs of child abuse and neglect totaling over \$80 billion annually across the United States. It is of the utmost importance to reflect on current practices and to identify opportunities for improvement as Florida schools currently have an opportunity to play a critical role in supporting social and emotional wellbeing in their students in addition to academic instruction.³

The scope of work executed by the Lastinger Center included surveying school districts, conducting in-depth analyses, and developing a set of recommendations for the State. The purpose of this study is to inform the development and delivery of improved systems, processes, and resources designed to identify and treat children who have experienced trauma and abuse. This study protocol included identifying prevention and intervention strategies currently being implemented in Florida's 67 school districts with educators, staff, and/or students to support children that have been subject to trauma. The report advises the development and delivery of evidence-based, preventive strategies that result in decreased occurrences of school violence, bullying, truancy, academic issues, school dropouts, and teacher turnover.

To this end, the Lastinger Center received survey responses from 29 school districts, representing more than half of the students attending public schools in the state of Florida, shedding light on the trauma-informed care programs currently utilized. Responses revealed that:

1. the most prevalent trauma-informed care related resources utilized in Florida school districts are created or housed by the state-funded group SEDNET, the Multiagency Network for Students with Emotional/Behavioral Disabilities;
2. Many school districts are developing their own trauma-informed care trainings as well as bullying prevention programs; and
3. 45% of the responding school districts require some form of trauma-informed care training for district personnel, school administrators, teachers, and/or staff members.

To better understand the prevalence of incidents that may result in trauma for students attending Florida's public schools, the Lastinger Center created a graphical representation of risk factors associated with adverse experiences, which can be accessed at <https://lastinger.center.ufl.edu/tic-map/>. The purpose of the visual guide is to gain and share a deeper understanding of the incidence of trauma specific to each school district in the state. Engaging with the data displays provides insight to the specific risks factors that are prevalent in a

1 Harper, K. & Temkin, D. (2019). Responding to trauma through policies to create supportive learning environments. Bethesda, MD: Child Trends. Publication 2019-15.

2 Sacks, V., & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity.

3 Estimated Cost of Child Abuse and Neglect, Prevent Child Abuse America. <https://preventchildabuse.org/resource/estimated-cost-of-child-abuse-and-neglect/>

community, recognizing that students across the state are exposed to a significant range of experiences. The interactive maps displaying frequency of reported events that are associated with trauma invite deeper conversation of critical risk factors and whether schools currently have the resources necessary to adequately address and prevent the most prevalent risk factors in the community.

Incorporated with the interactive maps, a Risk Factor Rating Score (RFRS) was developed to portray the prevalence of risk factors, referred to as trauma indicators, in every district in the state. A high RFRS indicates that students in the community have a high probability of experiencing a traumatic event. This is an informative lens for education leaders to consider as they are identifying priorities and resource allocation for their schools.

Investing time, effort, and funds to address trauma is critical for the success of today's students. Research indicates that significant negative life outcomes are associated with adverse experiences during the developmental years, including mental health disorders,⁴ school dropout,⁵ teenage pregnancy,⁶ substance abuse,⁷ and juvenile crime.⁸ Children exposed directly or indirectly to trauma may have higher rates of anxiety and depression, regressive behaviors, attachment issues, conduct problems, and aggression.⁹ Notably, research shows that the accumulation of risks appears to have a multiplicative instead of an additive effect, where the detrimental impact on development from multiple incidents of trauma are dramatically more influential than the effect of any single risk.¹⁰

Keierleber¹¹ conducted a nationwide analysis regarding current public-school policies designed to fully address student needs. When examining healthy school environments, ten key components were considered, including health education, nutrition services, counseling, schools' physical environments, employee wellness, and family engagement. These services form a "whole school approach" that support the physical and mental wellbeing of a student, or the "whole child".¹² The purpose of a whole-school, whole-child approach is to address disparate student backgrounds by taking care of their fundamental needs, enabling students to find success academically and socially.¹³ While Florida is one of ten states that has "deep" coverage of the policy area, which was defined as having policies on at least six of the ten areas, this may still be insufficient when examining the needs of Floridian students.¹⁴

4 U.S. Department of Health and Human Services, *Achieving the Promise: Transforming Mental Health Care in America*. Retrieved from: <https://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/toc.html>

5 The Annie E. Casey Foundation, KIDS COUNT Data Center, <https://datacenter.kidscount.org>.

6 Ibid.

7 Substance Abuse & Mental Health Data Archive, National Household Survey on Drug Abuse, 2017. Retrieved from: <https://www.datafiles.samhsa.gov/study/national-survey-drug-use-and-health-nsduh-2017-nid17938>

8 Stahl, A., Finnegan, T., & Kang, W. (2002). *Easy Access To Juvenile Court Statistics: 1985-2000* (Online) Washington Dc: US Department Of Justice. Office Of Juvenile Justice And Delinquency Prevention.

9 Finkelhor, D., Ormond, R., Turner, H., & Hamby, S. (2009). *Children's exposure to violence: A comprehensive National Survey*. Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice.

10 Sacks, V., & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity.

11 Keierleber, Mark. "Despite Prevalent Trauma, From School Shootings to the Opioid Epidemic, Few States Have Policies to Fully Address Student Needs, Study Finds." *The Problem With Homework Not Much Evidence on Whether It Works Comments, The 74*, 31 Jan. 2019, www.the74million.org/despite-prevalent-trauma-from-school-shootings-to-the-opioid-epidemic-few-states-have-policies-to-fully-address-student-needs-study-finds/.

12 Lewallen, T. C., Hunt, H., Potts-Datema, W., Zaza, S., & Giles, W. (2015). The Whole School, Whole Community, Whole Child model: a new approach for improving educational attainment and healthy development for students. *Journal of School Health*, 85(11), 729-739.

13 Lewallen et al., *The Whole School*

14 Keierleber, *Despite Prevalent Trauma*

The prevalence and severity of these risks faced by children in all Florida counties, coupled with the short- and long-term social costs, necessitate a shift in policy that incorporates both effective interventions and preventive strategies, cultivating resilience in children.¹⁵ It is critical that educators have knowledge of both prevention and intervention strategies to mitigate the effects of trauma. In order to ensure that all students receive adequate and appropriate supports regardless of their address or the schools they attend, **the Lastinger Center recommends that the State of Florida:**

- 1. Creates and offers a cohesive, research-based, developmentally appropriate TIC program** to all schools across the state. If schools elect to develop or select a different Trauma-Informed Care curriculum than the one the state provides, schools must utilize the same research backed criteria.
- 2. Requires professional developmental programs** that are created specifically for teachers at each level, i.e. elementary, middle and high school, in order to have age-appropriate responses to students' trauma.
- 3. Promotes a data-driven whole school approach to whole child care** to integrate trauma-informed practices into ongoing school culture design and Multi-Tiered Systems of Support (MTSS), applying evidence-based procedures and monitoring to assess the efficacy.
- 4. Develops a statewide system to assess the efficacy** of TIC student curricula and staff professional development programs, examining indicators of trauma demonstrated to negatively impact short-term and long-term outcomes for students by collecting and analyzing comprehensive longitudinal data.



¹⁵ Brooks, J. E. (2006). Strengthening resilience in children and youths: Maximizing opportunities through the schools. *Children & Schools*, 28(2), 69-76.

TRAUMA

What is Trauma?

Trauma can measurably compromise a student's ability to find academic and social success in school.¹⁶ It can be broadly defined **as a persistent psychological and emotional response to a deeply distressing experience that has a significant negative effect on daily life.**¹⁷ The Childhood Adolescent Health Measurement Initiative reports that approximately 45% of children under the age of 18 years have experience trauma.¹⁸ These experiences may result in damaging stress reactions for children, including feelings of intense fear, terror, and helplessness. Cole et al.¹⁹ explain that "trauma is not an event itself, but rather a response to a stressful experience in which a person's ability to cope is dramatically undermined." If experienced repeatedly or over a prolonged period of time, high levels of stress hormones can interrupt normal physical and mental development. Research indicates that if a child's exposure to trauma causes him or her to live in a persistent state of fear, it can alter a child's brain chemistry and result in the child exhibiting prolonged "survival responses that may be fully appropriate in danger-laden situations (e.g., shutting down, constantly surveying the room for danger, expecting to fight or run away at a moment's notice) [that] can become a regular mode of functioning."²⁰ Reactions to trauma may also manifest as symptoms of depression or anxiety, inability to form relationships, ongoing emotional upset, loss of skills, and physical illness in addition to compromised academic performance.²¹ Childhood trauma has been linked to immediate adverse effects as well as numerous negative outcomes that span into adulthood.²²

The Adverse Childhood Experiences (ACEs) Study,²³ one of the largest investigations of childhood trauma, identified types of trauma that have long term health implications. The ten ACEs include emotional, physical and sexual abuse, exposure to violence, exposure to substance abuse, mental illness in the home, having a family member that has been incarcerated, parental divorce, or separation and neglect. More recent research confirms the impact of ACEs and other traumatic experiences that are correlated with immediate and long-term negative outcomes.²⁴ Traumatic triggers can be pervasive; according to the Childhood Domestic Violence Association,²⁵ "5 million children in the US alone grow up living in homes with violence every year", which is just one of many sources of trauma. Fifty percent of children who

16 Harper & Temkin, Responding to trauma

17 American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington DC.

18 Sacks & Murphey, Prevalence of Adverse Childhood Experiences

19 Cole, S., O'Brien, J., Gadd, M., Ristucca, J., Wallace, D., & Gregory, M. (2005). Helping traumatized children learn: Supportive school environments for children traumatized by family violence. Boston, MA: Massachusetts Advocates for Children.

20 Ibid.

21 The National Child Traumatic Stress Network. What is Child Traumatic Stress? Retrieved from https://www.nctsn.org/sites/default/files/resources/what_is_child_traumatic_stress.pdf

22 Hodas, Gordon R. "Responding to childhood trauma: The promise and practice of trauma informed care." Pennsylvania Office of Mental Health and Substance Abuse Services (2006).

23 Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine, 14(4), 245-258.

24 Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2013). Improving the adverse childhood experiences study scale. JAMA pediatrics, 167(1), 70-75.

25 Childhood Domestic Violence Association (2014), 5 Million children are impacted in the US by Childhood Domestic Violence. Yet, why is nobody talking about? Retrieved from: <https://cdv.org/2014/02/5-million-children-are-impacted-in-the-us-by-childhood-domestic-violence-yet-why-is-nobody-talking-about/>

experience trauma in their homes will develop long-term debilitating after-effects of the trauma, including learning problems in school.²⁶

Mitigating adverse childhood experiences is critical in the context of education as trauma may result in negative social and academic behaviors due to a child's inability to process information, form trusting relationships with adults and peers, and modulate emotions throughout the school day. This can be debilitating for a child in school as "learning to read, write, take part in discussion, and solve mathematical problems requires attention, organization, comprehension, memory, and the abilities to trust and to self-regulate attention, emotions, and behavior," all of which are undermined by the effect of trauma on the brain.²⁷ Further, experiencing trauma can negatively impact social behaviors at school. As a coping mechanism designed to "avoid reminders of trauma or the emotions associated with it, children may adopt strategies such as social withdrawal, aggressiveness, impulsivity, or substance abuse."²⁸

According to Prevent Child Abuse America,²⁹ the total annual cost of child abuse and neglect to the U.S. is estimated to be over \$80 billion. Direct costs associated with neglect and abuse were approximately \$24.4 billion, used to pay for hospitalization, chronic health problems, mental health, child welfare, law enforcement, and judicial systems costs. An estimated \$69.7 billion can be attributed to the indirect costs of early intervention programs, emergency/transitional housing, special education, juvenile delinquency, adult mental health care, and adult criminality.³⁰ In addition, an estimated \$258 million is attributed to the daily cost for childhood abuse and neglect.³¹

What are Trauma-Informed Practices?

The Multiagency Network for Students with Emotional/Behavioral Disabilities³² (SEDNET) defines trauma-informed care as "an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives." The term trauma-informed care encompasses much more than a social-emotional curriculum; it involves creating a whole environment that, when well designed and implemented, can moderate the effects of trauma and ensure that a child's chances for educational success are not undermined by these external factors.

Child-developmental psychologists Masten and Coatsworth³³ explain that "poverty, chronic stress, domestic violence, natural disasters, and other high-risk contexts may have lasting effects," but by creating environments that (1) emphasize strong relationships between children and adults, (2) foster good cognitive skills, and (3) promote the development of self-regulation skills, schools can realistically help children be successful.

There is no one-size-fits-all approach for creating an effective trauma-informed school

26 Ziegler, D. (2011). Optimum learning environments for traumatized children. How abused children learn best in school.

27 Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American psychologist*, 53(2), 205.

28 (Lubit, R., Rovine, D., Defrancisci, L., & Eth, S. (2003). Impact of trauma on children. *Journal of Psychiatric Practice*, 9(2), 128-138.

29 Prevent Child Abuse America. Estimated Cost of Child Abuse and Neglect. Retrieved from: <https://preventchildabuse.org/resource/estimated-cost-of-child-abuse-and-neglect/>

30 Pelletier, M. (2001). Total annual costs of child abuse and neglect in the United States. Prevent Child Abuse America. Retrieved from <http://www.preventchildabuseamerica.org>

31 Gelles, Richard J., & Perlman, Staci (2012). Estimated Annual Cost of Child Abuse and Neglect. Chicago IL: Prevent Child Abuse America.

32 SEDNET, (2018). Characteristics of Trauma-Informed School Environments. Retrieved from <http://www.sednetfl.info/TIC.aspx>

33 Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American psychologist*, 53(2), 205.

environment. Rather, trauma-sensitive perspectives should be intentionally woven into a school's culture, including academic and nonacademic individualized supports. A school striving to create a trauma-sensitive institutional structure should consider six key elements: (1) the current school-wide infrastructure and culture systems; (2) a program for staff training; (3) opportunities for collaboration with mental health professionals; (4) appropriate strategies for academic scaffolding for traumatized children; (5) non-academic support strategies; and (6) current school policies.³⁴ Examining a school's existing systems, structures, and culture using a trauma-informed lens will allow a school's leadership team to develop an appropriate plan that compliments the school's current context and that creates a significant shift for students who have experienced trauma.

Florida's SEDNET's Characteristics of Trauma-Informed School Environments are aligned with this research, and give more concrete guidance on the important elements for a school's culture:

- Provide predictable and safe environments that are attentive to transitions and sensory needs
- Develop and implement discipline policies that balance accountability with an understanding of trauma
- Maintain classroom expectations that are communicated in clear, concise, and positive ways
- Create opportunities to learn and practice the regulation of emotions, modulation of behaviors, and working effectively with others
- Teach the importance of following through on assignments
- Help students transition back to school from other placements
- Provide linkages to mental health supports for students and families
- Develop positive working relationships with students and families
- Conduct Functional Behavioral Assessments (FBAs) and implement Individualized Behavior Intervention Plans to address individual student needs.

The education system must devote resources to trauma prevention and intervention as maltreatment, victimization, and trauma have a significant impact on the education of children and have been linked to lower cognitive functioning and academic achievement in children and adolescents. Children with trauma are significantly more likely to exhibit a wide range of problem behaviors, including aggression, poor peer relations, and emotional dysregulation.³⁵

³⁴ Cole et. al., Helping traumatized children learn

³⁵ Brooks, Strengthening resilience in children

Why is TIC important?

According to the National Child Traumatic Stress Network,³⁶ research shows that schools can positively impact the effects of childhood trauma. Trauma-sensitive schools ensure that the mental health, academic, and nonacademic supports are in place to meet the individual needs of traumatized children. This approach is often referred to as a “whole school” or “whole child” approach, and is deemed an effective strategy for appropriately supporting students in school by wrapping supports around the student, taking care of their basic needs as well as their academic development.^{37 38} Schools that implement evidence-based social-emotional programs with fidelity as part of a whole-child approach show improved academic outcomes for students, demonstrate more positive social behavior between students, and report fewer student behavior incidents.^{39 40} As an added bonus, a safe and supportive school environment for students impacted by traumatic experiences also enhances the learning environment for all students. When trauma-sensitive communities are created, the benefits to all children are significant, regardless of exposure to trauma.⁴¹ Notably, schools that only apply punitive measures for students that are not able to find success socially or academically as a result of the traumatic experience may actually cause further harm to the student.⁴²



36 National Child Traumatic Stress Network, Trauma-Informed Schools for Children in K-12: A system Framework. Retrieved from: https://www.nctsn.org/sites/default/files/resources/fact-sheet/trauma_informed_schools_for_children_in_k-12_a_systems_framework.pdf

37 Keierleber, Despite Prevalent Trauma

38 Lewallen et al., The Whole School

39 Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child development*, 405-432.

40 Ashdown, D. M., & Bernard, M. E. (2012). Can explicit instruction in social and emotional learning skills benefit the social-emotional development, well-being, and academic achievement of young children?. *Early Childhood Education Journal*, 39(6), 397-405.

41 Rossin, E., & Hull, R. (2013). *Supporting and educating traumatized children: A guide for school-based professionals*. New York, NY: Oxford University Press.

42 Harper & Temkin, Responding to trauma

Schools have the opportunity to promote resilience within children and adolescents. Recent studies in this field focus on teacher training as an effective way to mitigate the effects of trauma, especially when specific efforts are made to promote resilience in their students.⁴³ Psychological resilience has been characterized by the ability to cope or “bounce back” and thrive in the face of negative events, challenges or adversity by utilizing effective adaptation strategies.⁴⁴ The training of teachers in building resilience can effectively lower students’ distress and anxiety that have been triggered by a traumatic event; the “empowerment of teachers by building upon their expertise and experience is crucial for creating sustainability in school-based interventions.”⁴⁵

As schools incorporate research-based, trauma-informed practices in professional development programming, a whole-school approach can be adopted. A whole-school approach integrates trauma-informed practices through an array of strategies, including targeted teacher professional development, networking with community groups, enhancing relationships with mental health professionals, and promoting positive student-teacher relationships and a sense of connectedness to the school, all of which are associated with positive health, academic, and behavioral outcomes.⁴⁶ This system ultimately results in a trauma-informed whole-school approach that creates a caring environment in which students can heal and thrive.



43 Baum, N. L., Cardozo, B. L., Pat-Horenczyk, R., Ziv, Y., Blanton, C., Reza, A., ... & Brom, D. (2013, August). Training teachers to build resilience in children in the aftermath of war: A cluster randomized trial. In *Child & Youth Care Forum* (Vol. 42, No. 4, pp. 339-350). Springer US.

44 Tugade, M. M., & Fredrickson, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of personality and social psychology*, 86(2), 320.

45 Baum et. al., Training teachers to build resilience

46 Centers for Disease Control and Prevention. (2009). *School connectedness: Strategies for increasing protective factors among youth*. Atlanta, GA: US Department of Health and Human Services.

METHODOLOGY: SURVEY

Procedure

The Trauma-Informed Care survey, created and disseminated by the Lastinger Center, was designed to identify the current trauma-informed intervention and prevention practices made available by Florida public school districts today. These baseline data serve as an important first step in creating an accurate understanding of how school districts are responding to the needs of students, the specific programs that are currently in place to address the trauma that students face, and the personnel that are being trained in trauma-informed practices. The following questions were included in the survey:

Question 1: What Trauma-Informed Care Training do you offer for school personnel?

Respondents could skip the question or include the name and author of a program. Respondents also indicated whether or not the training is mandatory and identified who participates in the training (district personnel, school administrators, school counselors, non-instructional personnel, school resources officers, or elementary, middle, or high school teachers). Upon completion of the question, the survey prompted “Would you like to add another program?” and respondents could continue adding information about all of the programs utilized in their district.

- Purpose: Conduct a landscape analysis of what **trauma interventions** are currently available.

Question 2: What student prevention programs are being implemented in your school district?

Survey respondents could select all that apply from: Sandy Hook Promise, Trauma-Informed Schools, Safer Smarter Kids/Teens, and Child Safety Matters. They could also enter the name of a bullying prevention program they utilize or select “Other” to enter the name of a program not listed.

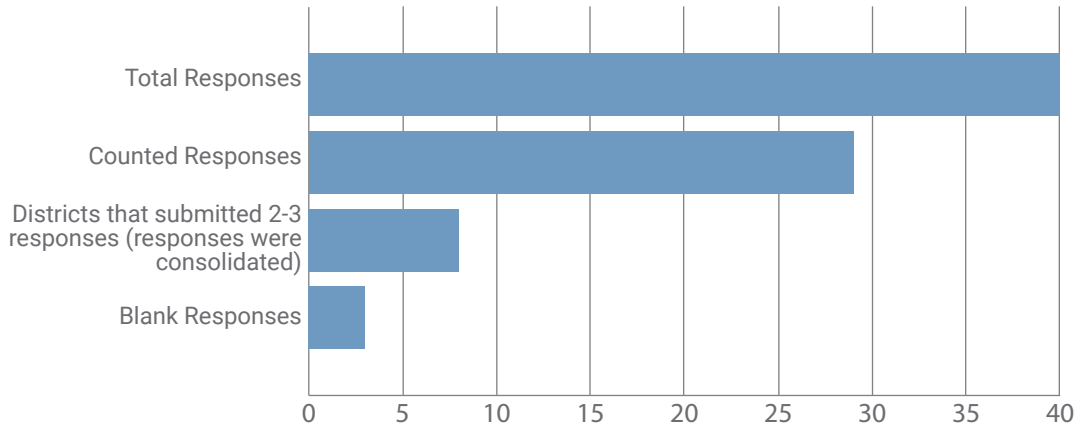
- Purpose: Conduct a landscape analysis of what **trauma prevention strategies** are currently available. For example, bullying may occur on school grounds and cause trauma, but a preventative program may help reduce the incidence risk.

The full survey instrument can be found in Appendix B. The Student Services contact for each school district, as provided by the Florida Department of Education (DOE), was emailed an invitation to participate in the survey. The email included a link to access the survey via Qualtrics, an online survey software platform. The initial invitation to participate in the survey was disseminated on November 16, 2018. Four follow-up requests to complete the survey were sent to districts who had not yet participated on November 27, December 11, December 17, and January 13, 2019. More information on the results can be found in Appendix C.

Results

Twenty-nine out of 67 school districts in Florida responded to the survey. Seven districts submitted 2-3 responses to the survey from different staff members; these responses were consolidated and weighed as one submission in this analysis. An additional three districts submitted blank surveys; these were omitted from the analysis. The 29 unique school districts represent 51.9% of students, 51.3% of teachers, 52.8% of school administrators, and 46.7% of district administrators of public schools in Florida.

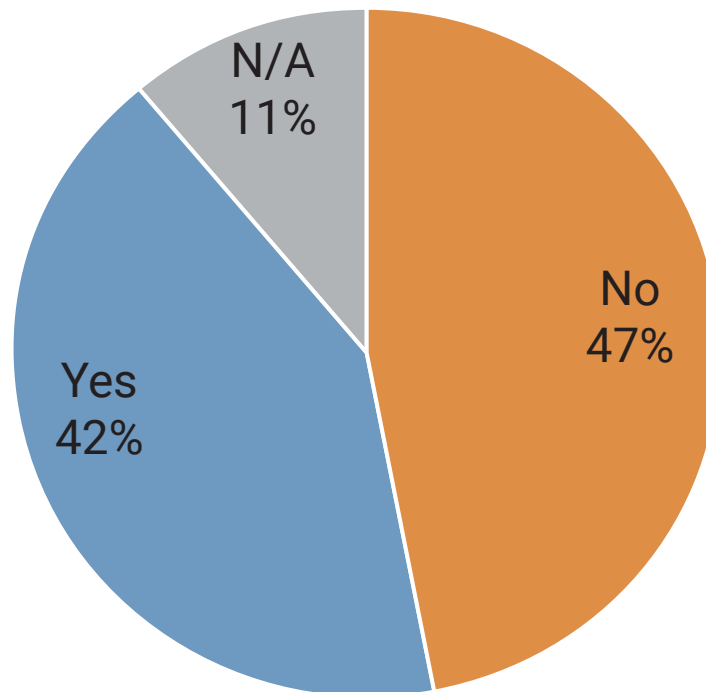
RESPONSES



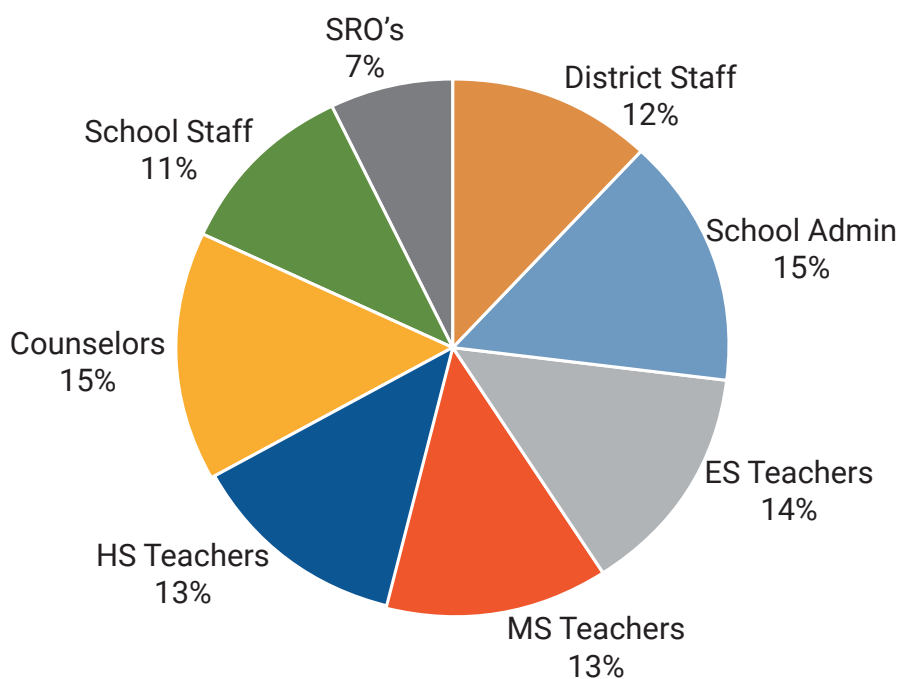
Responses Analysis to Question 1: “What Trauma-Informed Care Training do you offer for school personnel?”

In response to Question 1, the 29 school districts reported using **33 trauma intervention programs**. One district offers 4 different programs, 7 districts offer 2 different programs, and 19 districts offer 1 program. Four districts reported that they do not offer any programs. Approximately 42% reported that TIC intervention training programs are required for administrators, teachers, school staff, or other district personnel.

IS THE TIC TRAINING REQUIRED



REQUIRED TRAINING PARTICIPANTS



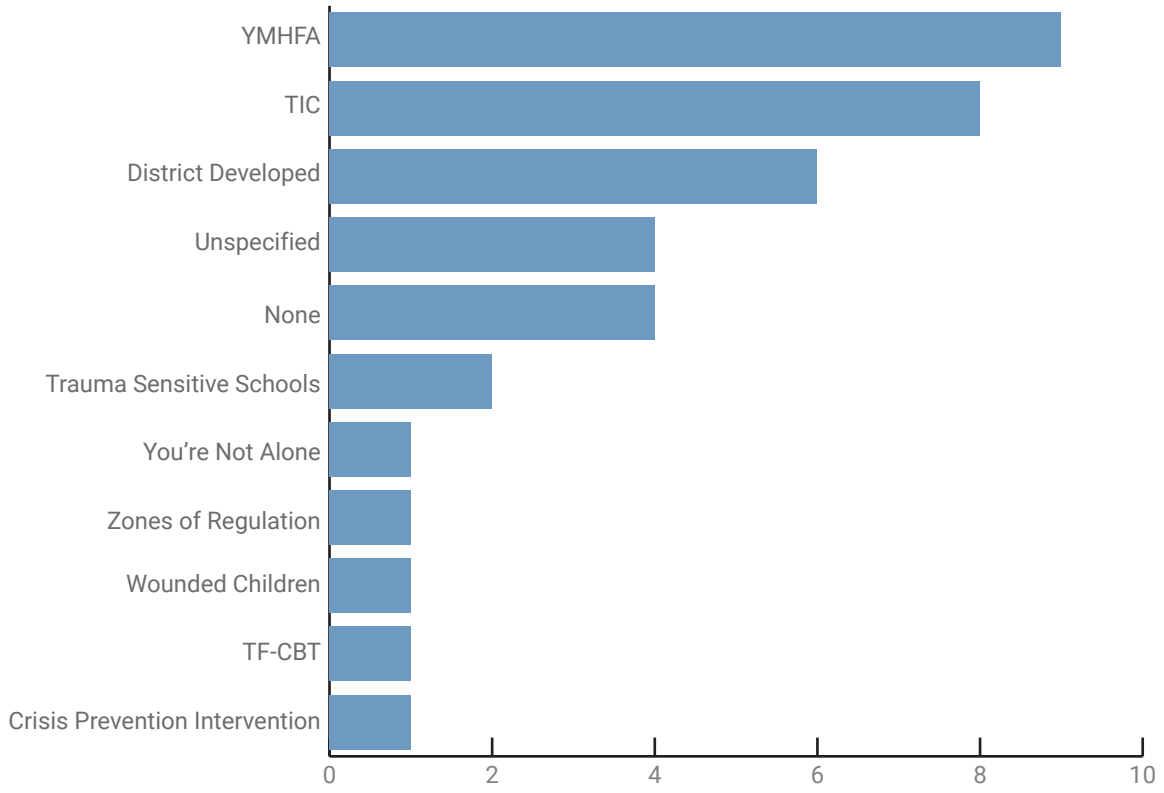
Descriptions of popular TIC programs

The most frequently reported trauma **intervention** programs include Youth Mental Health First Aid (9 districts), Trauma-Informed Care (8 districts), and district-developed programs (6 districts).

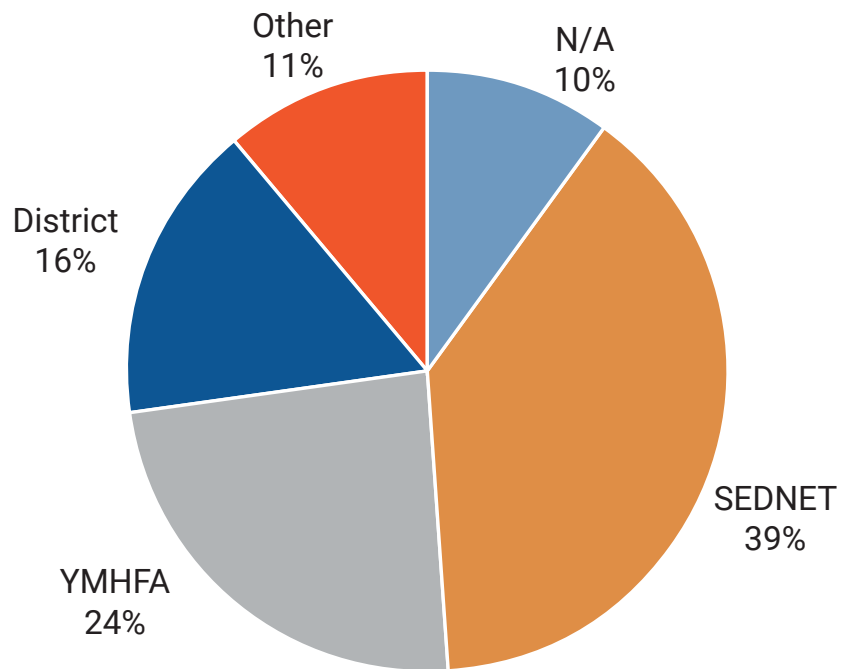
- **Youth Mental Health First Aid (YMHFA):**⁴⁷ Youth Mental Health First Aid USA is an 8-hour public education program that introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or to assist an adolescent experiencing a mental health challenge. The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, attention-deficit/hyperactivity disorder (ADHD), disruptive behavior disorders, and substance use disorder. The course is designed for adults who regularly interact with adolescents (teachers, school staff, coaches, youth group leaders, parents, etc.), but is being tested for appropriateness within older adolescent groups (16 years and older) so as to encourage youth peer-to-peer interaction.
- **Trauma-Informed Care published by SEDNET:** The state funded Multi-agency Network for Students with Emotional/Behavioral Disabilities, SEDNET, houses an array of resources for schools. Overall, SEDNET is the most frequently reported resource platform accessed for TIC intervention training resources, which has resulted in districts piecing together information to provide trainings on Trauma-Informed Schools and Trauma-Sensitive Schools.
- **District-developed content:** Many districts reported creating their own programs. The survey did not probe further regarding the content, target audience.

⁴⁷ Youth Mental Health First Aid. Retrieved from: <https://www.mentalhealthfirstaid.org/cs/wp-content/uploads/2014/05/Youth-Mental-Health-First-Aid-Overview.pdf>

COMMONLY UTILIZED TIC INTERVENTION CURRICULA



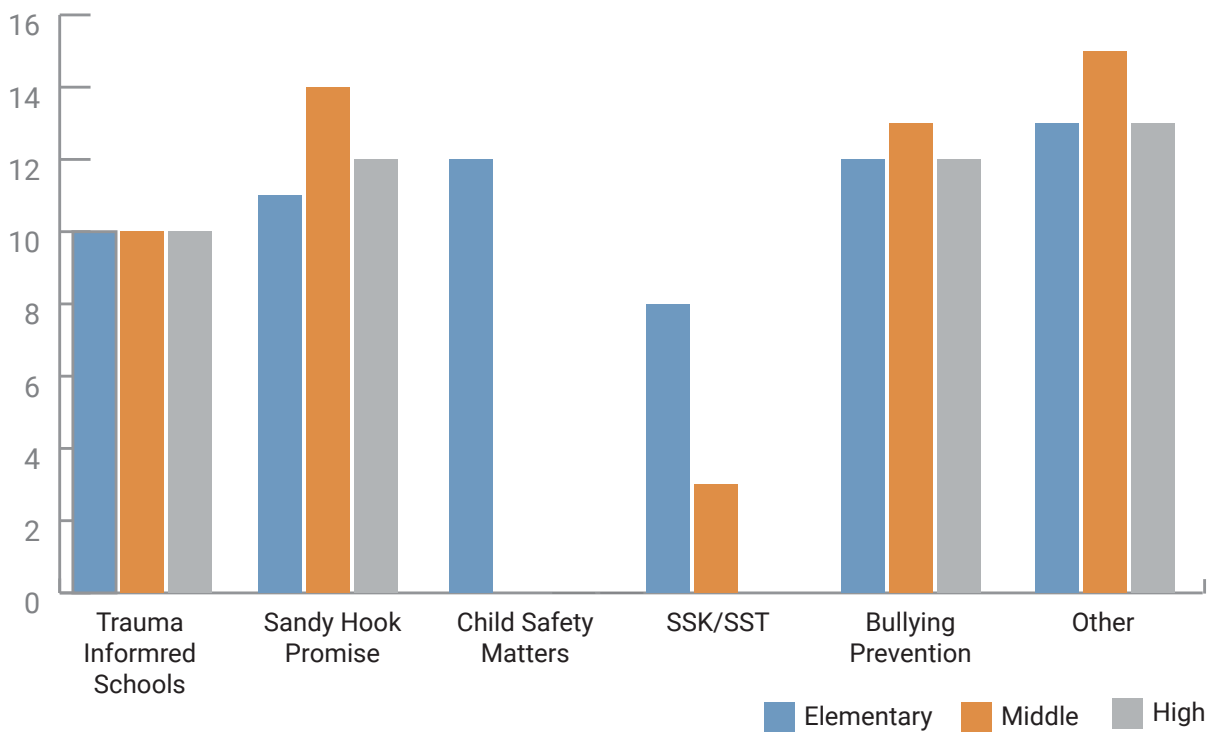
TIC CURRICULUM AUTHOR FREQUENCY



Responses Analysis to Question 2: “What student prevention programs are being implemented in our school district?”

In response to Question 2, the 29 school districts reported using a broad spectrum of trauma prevention programs. In addition to the four provided options (Sandy Hook Promise, Trauma-Informed Schools, Child Safety Matters, Safer Smarter Kids/Teens), 13 districts listed 17 available bullying prevention curricula, and 11 districts listed 26 “other prevention” curricula. The most frequently reported trauma prevention programs include Trauma-Informed Schools (14 districts), Sandy Hook Promise (14 districts), and Child Safety Matters (12 districts). While some programs can be used at the elementary, middle, and high school levels, some programs, such as Child Safety Matters, are targeted at a specific age group.

COMMONLY UTILIZED TIC PREVENTION CURRICULA



- **Trauma-Informed Schools:** Trauma-Informed Schools is a term developed by Florida school districts that encompasses approaches to trauma within school climate. Resources are knitted together through SEDNET and free or low-cost programs to create an environment of safety and well-being, increase school sensitivity to trauma, and mediate student stress.
- **Sandy Hook:**⁴⁸ Sandy Hook Promise is a national non-profit organization founded and led by several family members whose loved ones were killed at Sandy Hook Elementary School on December 14, 2012. The Sandy Hook Promise organization makes several programs available to schools including: (1) Signs of Suicide teacher education program, (2) Say Something training for children and teens on how to recognize the signs of an individual who may be a threat to themselves or others and say something to a trusted adult to get them help, (3) Say Something Assessment and Intervention Training for schools and community

⁴⁸ Sandy Hook Promise. Retrieved from: www.sandyhookpromise.org

organizations on how to identify, assess, and respond to threatening behaviors before they escalate to violence, and Start with Hello Teaches which children, teens and young adults how to be more socially inclusive and connected to one another. All training is paid for by Sandy Hook Promise.

- **Child Safety Matters:**⁴⁹ Monique Burr Foundation's Child Safety Matters® is a comprehensive, evidence-based curriculum for elementary school students in grades K-5. The program educates and empowers children and all relevant adults with information and strategies to prevent, recognize, and respond appropriately to bullying, cyberbullying, all types of abuse, digital abuse, and other digital dangers. It is presented in two comprehensive lessons ranging from 35-55 minutes (or in four shorter lessons) by trained facilitators in classrooms. Facilitators present turnkey scripts along with engaging, interactive PowerPoints with lecture, group discussion, skills-practice activities, videos, and games. Two independent research studies have examined the effectiveness of the program with positive results for both student knowledge gains and facilitator implementation fidelity.
- **Safer, Smarter Kids/ Safer, Smarter Teens:**⁵⁰ The Lauren's Kids Foundation Safer, Smarter Kids/ Teens® is a personal safety curriculum program for students grades prek-12. Safer, Smarter Kids and Safer, Smarter Teens are evidence-based, pedagogically sound, spiraled curriculum programs based on developmental milestones; to meet a student's increasing safety needs as their world expands. The Safer, Smarter Schools program empowers children with tools that are not only protective from abuse, but also important esteem and safety issues such as bullying, Internet safety and empowerment. Throughout the curriculum lessons, students are armed with protective principles and vocabulary to express their feelings and the vocabulary needed to talk to a trusted adult. Each grade level contains five to eight lessons that are aligned with state education standards for easy integration into the classroom through benchmarks in academic areas including social sciences, reading and health. The curriculum enables all children to effectively learn these critical strategies, no matter their learning style. Effectiveness testing has showed a 77% learning gain children's knowledge of critical personal safety information after completing the program.



49 The Monique Burr Foundation for Children: Prevention Education Programs. Retrieved from: <https://www.mbfpreventioneducation.org/>

50 Safer Smart Kids & Safer Smarter Teens. Retrieved from: <https://safersmarterschools.org/>

School districts also reported the titles of any trauma prevention programs made available to their schools; the complete list is found in the table below:

Reported Bullying Curricula	Reported "Other Prevention Programs"	
Conflict Resolution	Above the Influence	Mental Health Awareness
District Developed (5 districts)	Alcohol Literacy Challenge (2 districts)	Natural High
Green Dot Program	Botvin Life Skills (2 districts)	PBIS
Office of Safe Schools Bullying Resources	Capturing Kids Hearts	Project Wisdom
Olweus Bully Prevention Program	Character Counts	Riding the Waves
Restorative Strategies	District developed Health Curriculum	Ripple Effects
Safe School Ambassadors	ECHO	RISE
Second Step (2 districts)	Get Real About Violence	Second Step
The ABC's of Bullying Prevention	Hanley Foundation	SS Grin
	Helping Every Living Person	The Jason Foundation
	Hope Squad	Yellow Brick Road
	Look Listen Link	

Limitations

This survey succeeded in gathering a baseline understanding of commonly utilized tools in school districts across Florida. However, there are inherent limitations to the resulting data set. The collected data are all self-reported and did not provide implementation fidelity information. Furthermore, Lastinger did not solicit evaluation or efficacy data. The districts were not asked to share detailed information about any tracking of the impact of their programs.

Additionally, there were seven districts from which multiple survey responses were submitted by different district employees. While their effort and eagerness to respond are commended, it is notable that in every case, each responder provided differing information. For example, in one district, one survey respondent replied to the question "What Trauma-Informed Care Training do you offer for school personnel?" listing multiple curricula, while the other respondent wrote "none that I know of." For another district, they listed the same primary TIC intervention program, but one respondent reported that it is mandatory while the other one reported that it is not a required training. Thus, it appears that there is varying understanding of available programs and implementation within districts. Another example of perception discrepancy surfaced when the same program was being utilized in multiple districts, but some considered it an intervention at the secondary or tertiary level while others considered it a primary prevention program. This suggests an opportunity to promote a more consistent strategy at every level in the district, from statewide resources to coherence within schools.

METHODOLOGY: SEARCH OF DISTRICT WEBSITES

To supplement the results obtained with the survey instrument, an in-depth website search was performed to uncover any other TIC program offered by the school districts. Google Advanced Search was used to compile content that is publicly available using a search string containing keywords related to trauma-informed programs. The results obtained through the systematic search of district websites and the survey instrument are reflected in the maps, described in the following section. The purpose of including this information is to demonstrate the prevention and intervention measures available in juxtaposition with the local trauma indicators. A complete list of the programs and a brief description of each are provided in Appendix E.

METHODOLOGY: CREATING THE MAPS

Background

While administering the survey and conducting systematic searches to better understand the Trauma-Informed Care practices available in each district, it became apparent that data on the available programs alone does not tell the full story. Conducting a landscape analysis became imperative to develop a comprehensive understanding of the types and prevalence of trauma within Floridian communities today. It is clear that every county in Florida has children who have experienced ACEs or other sources of trauma, and schools are working to support their students. By gathering data on both the risks of experiencing trauma and the resources currently available within a school district, a better analysis of whether the school systems in each district are addressing the needs of the student populations becomes possible.

The maps provide a clear visual of which risk factors are most prevalent in each district. This data set is intended to inform district and school priorities in supporting the most prevalent needs in each specific community. This deeper understanding allows for the development of more accurate recommendations that will empower school districts to best address the unique student populations they serve.

Trauma Indicators

Creating the maps began with a thorough investigation of sources of trauma that are measurable events reported in public records. This landscape analysis is rooted in the popular research conducted by Kaiser Permanente that first defined sources of trauma experienced during childhood that are associated with negative health outcomes in adulthood as Adverse Childhood Experiences (ACEs).⁵¹ However, there is no single agreed-upon list of experiences that qualify as “adverse childhood experiences.” Accordingly, the search for sources of trauma was expanded beyond the list established by Felitti et al.⁵² to better reflect the diverse experiences of children from differing backgrounds. The other risk factors included in this analysis are aligned with suggested additions to the original ACEs, such as bullying, physical

⁵¹ Felitti et al., The Adverse Childhood Experiences (ACE) Study

⁵² Ibid.

health, school performance, and socioeconomic status, as they are strongly associated with mental health symptoms.⁵³ Thirty-four indicators associated with risk factors for trauma were identified in total.

LIST OF TRAUMA RISK FACTOR INDICATORS

Adverse Childhood Experience (ACE)		
	Category	Indicator
1	Physical Abuse	Children Experiencing Child Abuse Ages 5-11
2	Sexual Abuse	Children Experiencing Sexual Abuse Ages 5- 11
3	Household substance abuse	Middle school students reporting binge drinking
4		High school students reporting binge drinking
5		Middle school students using alcohol
6		High school students using alcohol
7		Middle School Students smoking cigarettes
8		High school students smoking cigarettes
9		Middle school students using marijuana/hashish
10		High school students using marijuana/hashish
11	Parental Separation or Divorce	Children in Single-Parent Households
12		Percentage of Families with Female Householder (No Husband Present) with Related Children Under 18 Years Below Poverty Level
13	Mother treated violently	Domestic Violence Offenses
14	Household mental illness	Suicide ages 12-18
14		Adults who have ever been told they had a depressive disorder
16		Emotionally handicapped students grades K-12

Additional Victimization and Adversity Items Not Included in ACE Study		
	Category	Indicator
17	Below-average grades, Repeated a grade	Elementary students not promoted to the next grade
18		Middle school students not promoted to the next grade
19		High school graduation rates
20		Absent 21+ days from school, K-12
21		Fourth Grade Language Arts Proficiency
22	Family Separation	Children in foster care, 12-17

⁵³ Finkelhor, Shattuck, Turner, & Hamby, *Improving the ACES scale*

23		Children in foster care, 5-11
24		Father acknowledged on Birth Certificate
25	Peer victimization	High school students feeling safe at school
26		Middle school students feeling safe at school
27		Safety incidents at school
28	Physical health	Eating disorder resulting in hospitalizations, 12-18
29		Self-injury resulting in hospitalizations, 12-18
30		HIV Infection cases ages 13-19
31		Repeat births to teens ages 15-19

Additional Indicators correlated with academic success		
	Category	Indicator
32	Poverty	Family income is below the poverty threshold
33	Risk Behaviors	Out of school suspensions, K-12
34		Arrests, all offenses by county ages 10-17

For the purpose of this analysis, publicly available data sources that represent the manifestation of each indicator listed above were collected, compiled, analyzed, and converted into the interactive map displays. For a complete list of the source and descriptions of each indicator, please see Appendix D.

Map Creation

The interactive map can be found at <https://lastinger.center.ufl.edu/tic-map/>. The maps display the reported frequency of each indicator in each district in Florida.

The maps were created with the combined data regarding exposure to adverse childhood experiences and the results from the survey. Tableau,⁵⁴ a specialized data visualization software, was used to create the map visualizations. The service was selected for its interactive web-based platform which facilitates the display of geographic data at the school district level. Data pertaining to the geographic location of each district were combined with each ACE indicator. Maps were also used to display all trauma-informed and prevention programs within each district along with the Risk Factor Score.

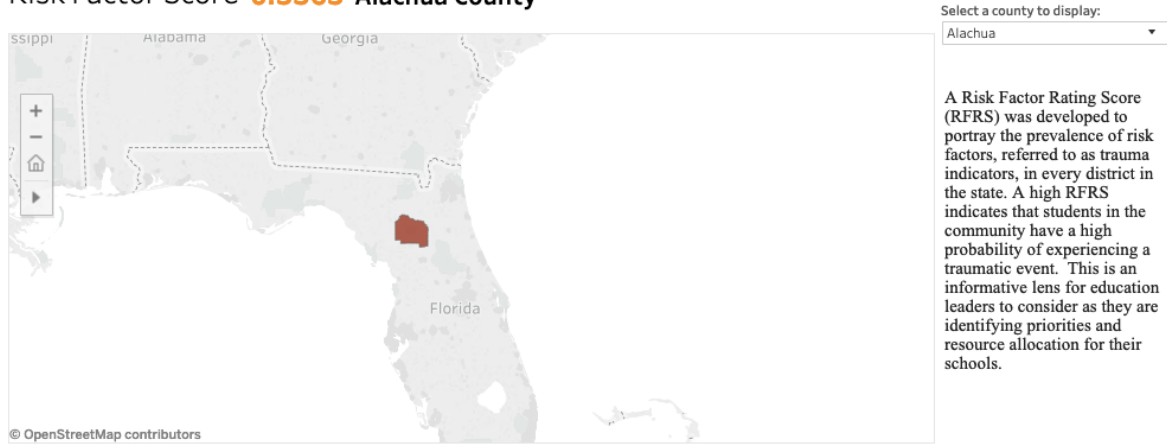
Risk Factor Rating Score

The Risk Factor Rating Score (RFRS) represents the prevalence of indicators associated with Adverse Childhood Experiences within a county/school district. The RFRS is a composite measure of the current levels of trauma indicators for each school district. All trauma indicators were aggregated, adjusted for population, and scaled to a range from 0 to 1, where higher values represent a higher risk of student exposure to trauma. The RFRS is a snapshot of publicly reported trauma indicators up to 2018; historical values should not be used to predict future rates of adverse events.

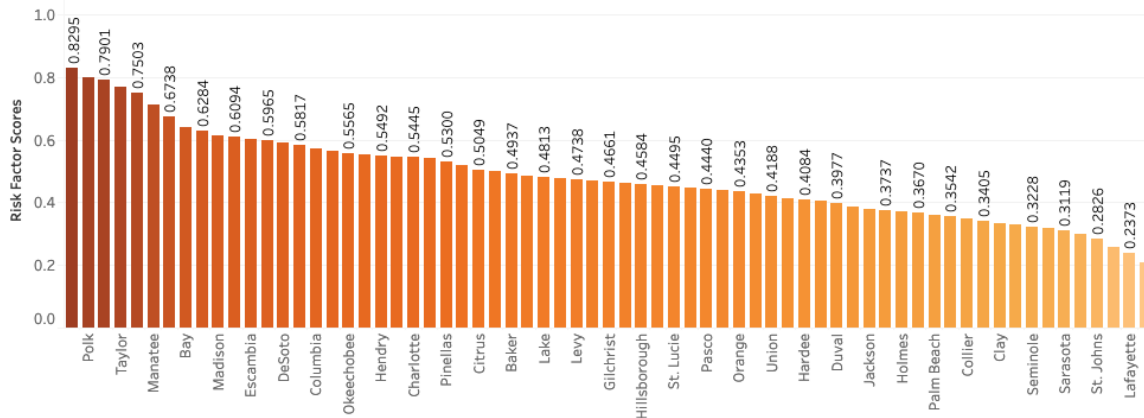
⁵⁴ Tableau Software. Retrieved from: <https://www.tableau.com/>

A RFRS high score can be interpreted to mean that students within the district have an increased risk of experiencing trauma, as trauma indicators are frequently reported in that area. A lower score should not be interpreted as an absence of risk; trauma affects students in every school district to some degree. Instead, the RFRS should be used as a hook to further investigate the types of trauma more prevalent in any community. The RFRS provides a useful summary for a school community. A randomly selected RFRS is provided here:

Risk Factor Score **0.5565** Alachua County




Risk Factor Score Bar Graph:



Results

Mapping the data allows the viewer to better understand and interpret the specific risks factors that are common in a community. The goal is to encourage viewers to think deeply and critically about whether school districts have adequate resources to address the most prevalent risk factors. The data set is graphically represented in an interactive map, therefore providing schools with a user-friendly resource that can provide a quantifiable/measurable baseline of the incidence of risk factors associated with negative outcomes among children, and allow school districts to evaluate if TIC programs are associated with fewer incidents of risk factors and long-term negative outcomes.



It is strongly recommended that district representatives, educators, and school community members to delve deeper into the data as these data sets can be a powerful tool for education leaders to consider as they are identifying priorities and resource allocation for their schools. This process would provide greater continuity in approach, but still account for local variances and prioritization of resources based on the community reported incidents associated with each of the trauma indicators. That is, stakeholders in a school district might consider which trauma indicators are most common in their region and use these data to inform the creation of a comprehensive Trauma-Informed Care support strategy tailored for the unique needs of the student population.

RECOMMENDATIONS

In order ensure that all students receive adequate and appropriate supports regardless of their address or the schools they attend, **the Lastinger Center recommends that the State of Florida:**

- 1. Creates and offers a cohesive, research-based, developmentally appropriate TIC program** to all schools across the state. If schools elect to develop or select a different Trauma-Informed Care curriculum than the one the state provides, schools must utilize the same research backed criteria.
- 2. Requires professional developmental programs** that are created specifically for teachers at each level, i.e. elementary, middle and high school, in order to have age-appropriate responses to students' trauma.
- 3. Promotes a data-driven, whole school approach to whole child care** to integrate trauma-informed practices into ongoing school culture design and Multi-Tiered Systems of Support (MTSS), applying evidence-based procedures and monitoring to assess the efficacy.
- 4. Develops a statewide system to assess the efficacy** of TIC student curricula and staff professional development programs, examining indicators of trauma demonstrated to negatively impact short-term and long-term outcomes for students by collecting and analyzing comprehensive longitudinal data.

In order to support the pursuit of these recommendations, detailed information on each recommendation is provided below.

Recommendation 1:

Create and offer a cohesive, research-based, developmentally appropriate TIC program to all schools across the state. If schools elect to develop or select a different Trauma-Informed Care curriculum than the one the state provides, schools must utilize the same research backed criteria.

Research-Based Criteria & Elements of a Strong TIC Program

According to the research literature, an effective Trauma-Informed Care program:

- **Focuses on the culture in the school:** creates a climate where students can build healthy relationships with peers, teacher and school staff.
- **Trains all staff regarding trauma and how it impacts students:** involves professional development that covers the adverse life experiences, the impact of trauma on behavior, identifying trauma reactions, trauma-informed practices, how to develop trusting relationships with students, how to de-escalate disruptive behavior, and staff self-care.
- **Ensures discipline policies are both compassionate and effective, i.e. restorative practice:** compassionate strategies into school policies.
- **Provides tiered support for all students based on individual need, i.e. specific traumatic experiences and age:** uses flexible accommodations for students to learn skills that help them cope with current trauma and how to respond to future trauma that is developmentally appropriate.

- **Uses data and evidence-based approaches to identify vulnerable students and determine outcomes and strategies for continuous improvement:** Plan for evaluation of the efficacy for the program within a specific school or district context (Short-term and long-term indicators of success).

Developmentally Appropriate TIC

According to the National Association of School Psychologists, there are best practices for addressing trauma that apply to all ages. Adults working in schools of all levels should make efforts to make time to talk about trauma, observe children’s emotional states after talking about or experiencing trauma, and reaffirm safety through a review of safety procedures and maintaining a normal routine.⁵⁵ However, a critical component to establishing a sense of security when talking about traumatic events is to ensure the discussion is developmentally appropriate.

The conversation will look different depending on if the student audience is in early elementary, upper elementary to early middle school, or upper middle school through high school. In **early elementary**, the information about traumatic events that have happened or are at risk for happening in the community should be kept simple and balanced by assurances of safety and discussions of their preparedness created through ongoing safety practices. Examples of safety practices may include pointing out locked doors, any security specialists at the schools, and reminders of emergency drills they have participated in. In **late elementary school and early middle school**, it is likely that students will be more curious and want to ask questions about potentially traumatic events. Adults in school settings should answer questions and emphasize reality in their community. This age group can also benefit from highlighting the protective efforts the school and community are providing. Students in **upper middle and high school** will likely develop their own strong opinions about causes of violence in schools and society as well as how to prevent these events from occurring in the future. They are more likely to hear about potentially traumatic events around the world through the news or social media than students in younger grades, and have developed opinions based on a wide range of sources. When working with this age group, adults should emphasize the role that students play in maintaining a safe school setting, including highlighting the importance of reporting strangers on campus, reporting threats to the school made by students or community members, and talking to adults about any personal safety concerns. In addition, these older students should be taught and reminded of how to access support for any emotional needs. Moving forward, schools should select and implement evidence-based curriculum that are developmentally appropriate.

A developmentally appropriate TIC approach should also consider children’s individual stage of development as well as any impairment or disability that could negatively impact their process of coping with traumatic events.^{56 57} Individual variation in patterns of development and timing of developmental milestones are often not aligned at the same chronological age and special attention should be given to children below the average development of their peers when addressing potentially traumatic situations. Additionally, because multiple areas of development

⁵⁵ Talking to Children About Violence: Tips for Parents and Teachers. (2016). Retrieved from <https://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/talking-to-children-about-violence-tips-for-parents-and-teachers>

⁵⁶ National Association for the Education of Young Children (2009). Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8. Retrieved from <https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/PSDAP.pdf>

⁵⁷ National Association for the Education of Young Children (2015). Creating Trauma-Sensitive Classrooms. Retrieved from <https://www.naeyc.org/resources/pubs/yc/may2015/trauma-sensitive-classrooms>

and trauma are interrelated, it is important to take into consideration other cultural and social factors (e.g. family, community, and society as a whole) that can also influence how children process and cope with trauma.

Recommendation 2:

Require professional developmental programs that are created specifically for teachers at each level, i.e. elementary, middle and high school, in order to have age-appropriate responses to students' trauma.

TIC Professional Development Programs

Cole and colleagues⁵⁸ authored "Helping Traumatized Children Learn," a collaborative project created by the Massachusetts Advocates for Children and Harvard Law School, which supports research for these TIC guidelines. Their research indicates that professional development training aimed at improving a school-wide support strategy for childhood trauma should emphasize: (1) the role of the staff in diminishing trauma symptoms, (2) strategies that assist children in self-regulating (modulation activities), (3) strategies for creating predictable and safe classroom environments using consistent routines and rituals, and (4) research regarding the connection between childhood trauma and inappropriate behaviors.

Furthermore, the role of relationships between students and adults in the school cannot be undervalued. It is important to provide training on strategies to effectively strengthen these relationships, emphasizing that school staff can play the role of caring adult in the life of a traumatized child.

Recommendation 3:

Promote a data-driven, whole-school approach to whole-child care to integrate trauma-informed practices into ongoing school culture design and Multi-Tiered Systems of Support (MTSS), applying evidence-based procedures for ongoing data collection and monitoring to assess the efficacy.

Positive Behavioral Interventions and Supports

Positive Behavioral Interventions and Supports (PBIS) is an evidence-based framework that can facilitate improvements in the way a school responds to students with trauma. PBIS promotes a nurturing whole-school climate and aims to reduce problem behaviors in order maximize instructional time, ultimately improving student outcomes.⁵⁹ PBIS systems and structures require a multi-tiered framework implemented through a data-driven, whole-school approach.

A key element in PBIS and MTSS systems and structures is a focus on data collection; using data both as a way to identify a student need for additional supports and as a way to assess the efficacy of a targeted intervention.⁶⁰ In a school that implements PBIS, all educators regularly collect and reflect on data as part of their practice; this data guides educators in their selection appropriate supports and evidence-based practices for students demonstrating decreased academic achievement and/or increased behaviors that elicit concerns from the teachers. Once sufficient data is collected to provide evidence that a student needs additional support, a team of staff members typically designs a comprehensive intervention plan. As the intervention is implemented, more data is collected to allow for an evidence-based assessment of the efficacy

⁵⁸ Cole et. al., Helping traumatized children learn.

⁵⁹ Positive Behavior Interventions and Supports: OSEP Technical Assistance Center. Retrieved from: <https://www.pbis.org/>

⁶⁰ Ibid.

of the intervention and to guide further interventions. A sample Multi-Tiered System of Support (MTSS) structure integrating the principles of PBIS is provided:⁶¹

- **Tier 1 - Systems for Positive Development & Systems of Prevention:** Implementation of teacher professional development focusing on trauma-informed practices and a whole-school prevention curriculum. The school should establish school culture indicators that may be impacted by these efforts and develop a specific tracking mechanism (ex. school culture survey, bullying incidents). This level of support requires schools to identify and teach positively stated school-wide behavioral expectations, reinforce students for demonstrating expected behavior, have a clear and consistent consequence system in place for behavior incidents, and make data-based decisions to continually improve the effectiveness of Tier 1 supports and identify students who have experienced trauma that require additional Tier 2 supports.
- **Tier 2 - Systems of Early Intervention:** Implementation of targeted supports for students who have experienced trauma (ex. individual counseling, family counseling, development of an Individualized Education Program (IEP) when appropriate). Tier 2 interventions require additional resources with regard to time and material; they are typically implemented in small groups targeting student specific trauma, and should be individualized to each child's level of functioning. Schools often use office discipline referral (ODR) data to inform the identification for students requiring Tier 2 supports. This method of identification typically recognizes students with disruptive behavior and serious externalizing behaviors such as physical aggression, ODR data can be used with other data to identify students requiring Tier 2 supports because trauma can be expressed in other forms such as severe anxiety and depression that are not likely to warrant an ODR.
- **Tier 3 - Systems of Care:** Immediate implementation of crisis treatment during or immediately after a student experiences trauma. Tier 3 interventions require individualized, function-based intensive behavioral intervention for students with histories of intensive, frequent behavior problems. School staff should be trained on how to identify and recruit supports for a child incapable of coping with a trauma they have experienced. This is an opportunity for professional development learning for all school staff that result in continuous improved response to student trauma.

Recommendation 4:

Develop a statewide system to assess the efficacy of TIC student curricula and staff professional development programs, examining indicators of trauma demonstrated to negatively impact short-term and long-term outcomes for students by collecting and analyzing comprehensive longitudinal data.

Future research and analysis:

Although there is an increasing base of evidence supporting the effectiveness of some interventions for trauma, more research is needed, particularly on interventions that can be delivered in the early aftermath, as well as on interventions that address a broad range of adjustment difficulties that commonly manifest in children with trauma.⁶²

61 Center for Mental Health in Schools at UCLA. (2011). Moving beyond the three tier intervention pyramid toward a comprehensive framework for student and learning supports. Retrieved from <http://smhp.psych.ucla.edu/pdfdocs/briefs/threetier.pdf>

62 Grolnick et al., *Improving adjustment and resilience in children*

Beyond the baseline data that has been compiled, additional work is needed to expand the data sources collected for the data display maps as well as review the existing data sources to validate them as relevant and accurate representations of adverse childhood experiences. Moving forward, researchers could expand the scope of data collection beyond school-age children to children birth to age 18. Additionally, the Risk Factor Rating Score (RFRS) is the first attempt in our knowledge to quantify childhood trauma exposure geographically and further research is needed to refine and validate this measure as well as explore further policy implications. Researchers could explore the co-occurrence of risk factors and experiment with the weighting of factors that are more strongly correlated with challenges in school and preventive strategies.



CONCLUSION

In summary, the State of Florida is at an inflection point. “All over the map” is a phrase that comes to mind in describing the disparate picture across counties both in the incidence of adverse childhood events as well as the implementation of trauma-informed care programming. The analysis and recommendations within this report were developed to inform discussions on effective policy and practice considerations that will ultimately reduce the incidence of these traumatic events for children and bolster students’ academic performance and overall health and well-being. This presents an opportunity to drive policy and practice in alignment with pressing needs that have been identified and positions Florida to serve as a national leader in implementing measures that support stronger student outcomes.



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APPENDIX B - SURVEY INSTRUMENT

Introduction

Trauma Informed Practices Survey

During the 2018 Legislative session, the Florida Legislature instructed the University of Florida Lastinger Center to produce a report for the legislature regarding current trauma informed care training available in the State of Florida. From this report, the University of Florida will develop a set of recommendations around the development and delivery of a comprehensive training program aimed to identify and treat children who have been subject to trauma and abuse, as well as to implement techniques and preventative measures that result in a decrease in violent situations, bullying, truancy, academic issues, school drop outs, and teacher turnover. Results from this research will be made available to the Governor, President of the Senate and Speaker of the House of Representatives no later than February 28, 2019.

As such, the University of Florida Lastinger Center needs your help identifying programs that are currently being implemented in school districts throughout the State of Florida. Please complete the following brief survey; we want to make sure that we adequately capture all of the great work that is being done to protect and meet the needs of Florida's students.

If you have any questions regarding the survey please contact: Christine Salama by phone (352-294-3300) or email (csalama@coe.ufl.edu).

We request that all surveys be completed by: December 15, 2018.

First and last name

School District:

Position:

E-mail address:

Phone Number:

Program 1

1. What Trauma Informed Care training does your district offer for school personnel?

If you are using more than one program, you will have the opportunity to enter each one individually.

Name of the program/curriculum:

Training Developer/Author:

Is it mandatory?

Yes

No

Who participates in the training? Please check all that apply:

- District Personnel
- School Administrators
- Elementary school teachers
- Middle school teachers
- High school teachers
- School Counselors
- Non-instructional Personnel
- School Resource Officers

Would you like to add another program?

- Yes
- No

Program 2

Program 2

Name of the program/curriculum:

Training Developer/Author:

Is it mandatory?

- Yes
- No

Who participates in the training? Please check all that apply:

- District Personnel
- School Administrators
- Elementary school teachers
- Middle school teachers
- High school teachers
- School Counselors
- Non-instructional Personnel
- School Resource Officers

Would you like to add another program?

- Yes
- No

Program 3

Program 3

Name of the program/curriculum:

Training Developer/Author:

Is it mandatory?

- Yes
- No

Who participates in the training? Please check all that apply:

- District Personnel
- School Administrators
- Elementary school teachers
- Middle school teachers
- High school teachers
- School Counselors
- Non-instructional Personnel
- School Resource Officers

Would you like to add another program?

- Yes
- No

Program 4

Program 4

Name of the program/curriculum:

Training Developer/Author:

Is it mandatory?

- Yes
- No

Who participates in the training? Please check all that apply:

- District Personnel
- School Administrators
- Elementary school teachers
- Middle school teachers
- High school teachers
- School Counselors
- Non-instructional Personnel
- School Resource Officers

Would you like to add another program?

- Yes
- No

Program 5

Program 5

Name of the program/curriculum:

Training Developer/Author:

Is it mandatory?

- Yes
- No

Who participates in the training? Please check all that apply:

- District Personnel
- School Administrators
- Elementary school teachers
- Middle school teachers
- High school teachers
- School Counselors
- Non-instructional Personnel
- School Resource Officers

Would you like to add another program?

- Yes
- No

Program 6

Program 6

Name of the program/curriculum:

Training Developer/Author:

Is it mandatory?

- Yes
- No

Who participates in the training? Please check all that apply:

- District Personnel
- School Administrators
- Elementary school teachers
- Middle school teachers
- High school teachers
- School Counselors
- Non-instructional Personnel
- School Resource Officers

Would you like to add another program?

- Yes
- No

Program 7

Program 7

Name of the program/curriculum:

Training Developer/Author:

Is it mandatory?

- Yes
- No

Who participates in the training? Please check all that apply:

- District Personnel
- School Administrators
- Elementary school teachers
- Middle school teachers
- High school teachers
- School Counselors
- Non-instructional Personnel
- School Resource Officers

Student Prevention

2. What student prevention programs are being implemented in your school district?

- Sandy Hook Promise
- Trauma Informed Schools
- Safer Smarter Kids/Teens
- Child Safety Matters
- Bullying Prevention Program (Enter name of program):
- Other:
- Other:
- None that I'm aware of

The "Sandy Hook Promise" program is being implemented in: (select all that apply)

- Elementary school
- Middle school
- High school

The "Trauma Informed Schools" program is being implemented in: (select all that apply)

- Elementary school
- Middle school
- High school

The "Safer Smarter Kids/Teens" program is being implemented in: (select all that apply)

- Elementary school
- Middle school
- High school

The $\{q://QID17/ChoiceTextEntryValue/5\}$ program is being implemented in: (select all that apply)

- Elementary school
- Middle school
- High school

The $\{q://QID17/ChoiceTextEntryValue/8\}$ program is being implemented in: (select all that apply)

- Elementary school
- Middle school
- High school

The $\{q://QID17/ChoiceTextEntryValue/9\}$ program is being implemented in: (select all that apply)

- Elementary school
- Middle school
- High school

Copy of the report

Are you interested in receiving an electronic copy of the final report?

Yes

No

We will need your Email to send you a copy of the final report:

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Gainesville, FL 32611
[Terms of Use](#)

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APPENDIX C - DE-IDENTIFIED RESPONSES TO THE SURVEY

A. List of TIC intervention programs used

All Reported Intervention Programs

Crisis Prevention Intervention
district developed
district developed
district developed
district developed
district developed
district developed
N/A
N/A
None
none
TFCBT
TIC,
Trauma Informed Care
Trauma Informed Care
Trauma Informed Care
Trauma Informed Care
Trauma Informed Care
Trauma Informed Care,
Trauma Informed Care,
Trauma Sensitive Schools
Trauma Sensitive Schools Training
unspecified
Unspecified
unspecified
unspecified
You're not alone
YMHFA
Youth Mental Health
Youth Mental Health
Youth Mental Health First Aid
Youth Mental Health First Aid
Youth Mental Health First Aid
Youth Mental Health First Aid
Youth Mental Health First Aid (YMHFA)
Youth Mental health first Aid,
Wounded Children
Zones of Regulation

B. List of prevention programs used

All Reported Prevention Programs

Bullying Curricula
Conflict Resolution
District Developed
District Developed
District Developed
District Developed
District Developed
District Developed
Green Dot Program
Office of Safe Schools Bullying Resources
Olweus
Restorative Strategies
Safe School Ambassadors
Second Step
Second Step
The ABC's of Bullying Prevention

"Other"

Above the Influence
Alcohol Literacy Challenge
Alcohol Literacy Challenge
Botvin Life Skills
Botvin Life Skills
Capturing Kids Hearts
Character Counts
District Health Curriculum
ECHO
Get Real About Violence
Hanley Foundation
Helping Every Living Person
Hope Squad
Look Listen Link
Mental Health Awareness
Natural High
PBIS
Project Wisdom
Riding the Waves
Ripple Effects
RISE
Second Step
SS Grin
The Jason Foundation
Yellow Brick Road

C. Position titles of respondents to the survey

Respondent Position Title (Self-reported)

Assistant Superintendent
Assistant Superintendent
Assistant Superintendent for Special Services
Asst Director- SSPS
Asst. Supt. for Instruction
coordinator of psychological services
Coordinator of Student Services
Coordinator of Student Supports and Behavior
Coordinator of Student Supports and Behavior
Director
Director ESE/SSS
Director of ESE and Student Services
Director of ESE and Student Services
Director of ESE and Student Services
Director of ESE and Student Services
Director of ESE/SS
Director of Special Programs
Director of Student and Family Services
Director of Student Services
Director of Student Services
Director of Student Services
Director of Student Services
Director, Exceptional Education and Student Services
Director, Psychological and Social Work Services
Director, School and Mental Health Services
Director, Support Services
District Coordinator, Crisis Team
ESE and Student Services Director
ESE Director
ESE Director
ESE Director
Executive director PSS
Licensed Mental Health Counselor
Safe School Coordinator
School Psychologist, Prevention Team
School Safety Specialist
SEDNET coordinator
Student & Family Support Liaison
Student Services - Program Director
Student Services Supervisor
Superintendent

APPENDIX D - DETAILED DESCRIPTION OF RISK INDICATORS USED IN THE DATA DISPLAY AND RFRS

INDICATOR	TITLE	SOURCE	DEFINITION	WHY DO WE MEASURE THIS?
Criminality	Arrests, all offenses by county ages 10-17	Florida Department of Juvenile Justice	In this report, arrests are unduplicated by individual. Therefore within a fiscal year, if the same person is arrested more than once, only one arrest is reported.	Research has shown that risks associated with juvenile arrests are cognitive deficits, low school involvement, living in poverty, or being runaway or homeless. Monitoring arrest rates can help increase public safety and reduce juvenile delinquency through effective prevention, intervention and treatment services that strengthen families and turn around the lives of troubled youth.
Childhood Risk Behaviors	Births to teens ages 15-19	Florida Department of Health, Bureau of Vital Statistics	The amount of teenagers aged 15-19 who have given birth.	This measure is important because teenage mothers are less likely to complete high school and often do not meet educational requirements for well-paying jobs.
Child Abuse	Children Experiencing Child Abuse Ages 5-11	Department of Children and Families, Florida Safe Families Network Data Mart	Children aged 5-11 that are victims of at least one verified emotional or physical maltreatment.	Child abuse is detrimental to academic achievement and mental health. Negative effects of child abuse, such as withdrawal and aggression, can be misinterpreted as acting out, making the children subject to punishment.
Child Abuse	Children Experiencing Sexual Violence Ages 5-11	Department of Children and Families, Florida Safe Families Network Data Mart	Children aged 5-11 that are victims of at least one verified sexual abuse maltreatment.	Sexual abuse has many adverse outcomes on children's academics and mental health. Negative effects of sexual abuse include, but are not limited to, withdrawal, delinquency, and running away. These effects can be misinterpreted and can lead to discipline in schools.

Foster Care	Children in foster care ages 12-17	Department of Children and Families, Florida Safe Families Network Data Repository	Number of children in Out of Home Care (OHC) excluding relative and non-relative care.	Foster care can be an indicator of trauma. A child can be taken from a home due to traumatic home environments, such as environments where abuse was received or witnessed, and being taken from a home is traumatic in itself.
Foster Care	Children in foster care ages 5-11	Department of Children and Families, Florida Safe Families Network Data Repository	Number of children in Out of Home Care (OHC) excluding relative and non-relative care.	Foster care can be an indicator of trauma. A child can be taken from a home due to traumatic home environments, such as environments where abuse was received or witnessed, and being taken from a home is traumatic in itself.
Academic Achievement	Elementary School Students not promoted, Percent, 2017	Florida Department of Education, Education Information and Accountability Services (EIAS)	Non-promotion refers to remaining in the same grade level.	Non-promotion rates are an indicator of below average academic achievement.
Mental Health and Disabilities	Emotionally handicapped students grades K-12	Florida Department of Education, Education Information and Accountability Services (EIAS)	Percent of of K-12 children with an emotional or behavioral disability.	Emotional and/or behavioral responses characterized by emotional and behavioral disabilities can adversely affect performance in the educational environment.
Poverty Data	Families under 100% of poverty with children under age 18	US Census Bureau	The percentage of families with children under 18 whose combined income from all family members age 15 or older is below poverty.	Families below the poverty level cannot provide the same opportunities for their children that more affluent families can afford. Children from families below the poverty level have many obstacles to overcome to break the cycle of poverty in their generation.
Academic Achievement	Fourth Grade Language Arts Proficiency	Florida Department of Education, Florida Standards Assessments – Spring	Percent of fourth grade students with a passing grade on the FSA English language Arts.	This measure is an indication of education gains and progress.

Academic Achievement	High school graduation rate	Florida Department of Education, Education Information and Accountability Services (EIAS)	Florida's graduation rate is a cohort graduation rate. A cohort is defined as a group of students on the same schedule to graduate. The graduation rate measures the percentage of students who graduate within four years of their first enrollment in ninth grade. Federal regulations require states to calculate a four-year adjusted cohort graduation rate, which includes standard diplomas but excludes GEDs, both regular and adult, and special diplomas. The U.S. Department of Education (USED) adopted this calculation method to assure uniform, accurate, and comparable graduation rates across all states beginning in 2010-11.	Graduation rates provide information about performance of schools and future employability of students. Higher salaries are typically available to high school graduates, as most employers consider a high school graduate as someone who remained committed to finishing school and pursuing his/her education. Receiving a high school diploma enables someone to pursue a higher education, albeit it vocational school, trade programs, a certified work-program and/or college. A high school diploma is simply the doorway to even more available long-term career opportunities.
School Safety	High school students feeling safe at school	Florida Department of Health, Florida Youth Tobacco Survey (FYTS)	Students who did not report skipping school because they felt unsafe at school or on their way to school.	This measure is important for monitoring priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth, which contribute to patterns in adulthood. It also allows for assessing changes in behavior and planning health messaging

Substance Abuse	High school students reporting binge drinking	Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS)	Percent of students reporting that they have had 5 or more alcoholic drinks in a row in the past two weeks.	This measure is important for monitoring priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth, which contribute to patterns in adulthood. It also allows for assessing changes in behavior and planning health messaging.
Substance Abuse	High school students smoking cigarettes in the past 30 days	Florida Department of Health, Florida Youth Tobacco Survey (FYTS)	Defined as percent of high school students that have smoked 1 or more cigarettes during the past 30 days.	This measure is important for monitoring priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth, which contribute to patterns in adulthood. It also allows for assessing changes in behavior and planning health messaging.
Substance Abuse	High school students using marijuana/ hashish in past 30 days	Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS)	Defined as percentage of high school students that reported any use of marijuana in past 30 days.	This measure is important for monitoring priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth, which contribute to patterns in adulthood. It also allows for assessing changes in behavior and planning health messaging.
Substance Abuse	High school students who used alcohol in past 30 days	Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS)	Percent of students that reported any use of alcohol in past 30 days.	This measure is important for monitoring priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth, which contribute to patterns in adulthood. It also allows for assessing changes in behavior and planning health messaging.
Physical Health	HIV Infection cases ages 13-19	Florida Department of Health, HIV/AIDS Section	Number of HIV infections cases for children aged 13-19.	This measure is an important indicator for physical health, which is commonly intertwined with mental health.

Mental Health & Disabilities	Hospitalizations for eating disorders ages 12-18	Florida Agency for Health Care Administration (AHCA)	The number of adolescents aged 12-18 who have been hospitalized for an eating disorder.	Adolescent eating disorders can be an indicator of poor physical and mental health. Knowing the amount of adolescents impacted establishes a reason for providing services and resources.
Mental Health & Disabilities	Hospitalizations for self-inflicted injuries ages 12-18	Florida Agency for Health Care Administration (AHCA)	The number of adolescents aged 12-18 who have been hospitalized for self-inflicted injuries.	Knowing the prevalence can help with mobilizing prevention and intervention services and resources.
School Safety	Middle school students feeling safe at school	Florida Department of Health, Florida Youth Tobacco Survey (FYTS)	Percent of students who did not report skipping school because they felt unsafe at school or on their way to school.	This measure is important for monitoring priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth, which contribute to patterns in adulthood. It also allows for assessing changes in behavior and planning health messaging
Academic Achievement	Middle school students not promoted	Florida Department of Education, Education Information and Accountability Services (EIAS)	Non-promotion refers to remaining in the same grade level.	Non-promotion rates are an indicator of below average academic achievement.
Substance Abuse	Middle school students reporting binge drinking	Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS)	Percent of students reporting that they have had 5 or more alcoholic drinks in a row in the past two weeks.	This measure is important for monitoring priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth, which contribute to patterns in adulthood. It also allows for assessing changes in behavior and planning health messaging.

Substance Abuse	Middle school students smoking cigarettes in the past 30 days	Florida Department of Health, Florida Youth Tobacco Survey (FYTS)	Percentage of middle school students that reported smoking 1 or more cigarettes during the past 30 days.	This measure is important for monitoring priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth, which contribute to patterns in adulthood. It also allows for assessing changes in behavior and planning health messaging.
Substance Abuse	Middle school students using marijuana/ hashish in past 30 days	Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS)	Percentage of middle school students that reported any use of marijuana in past 30 days.	This measure is important for monitoring priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth, which contribute to patterns in adulthood. It also allows for assessing changes in behavior and planning health messaging.
Substance Abuse	Middle school students who used alcohol in past 30 days	Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS)	Percentage of middle school students that reported using alcohol in the last 30 days.	This measure is important for monitoring priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth, which contribute to patterns in adulthood. It also allows for assessing changes in behavior and planning health messaging.
Childhood Risk Behaviors	Out of school suspensions K-12	Florida Department of Education, Education Information and Accountability Services (EIAS)	The number of students with out-of-school suspensions divided by the total number of enrolled students, expressed as a percent.	Suspensions are an indication of discipline and misbehavior in schools.
Childhood Risk Behaviors	Percent of K-12 Students Absent 21+ Days From School, 2017	Florida Department of Education, Florida School Indicators Report (FSIR)	The number of K-12 students absent 21 or more days divided by the total number of enrolled K-12 students, expressed as a percent.	Chronic absenteeism impacts students in all parts of the country and is prevalent among all races, as well as students with disabilities. Missing school leads to low academic achievement and triggers drop outs.

Poverty Data	Percent with Father Acknowledged on Birth Certificate, 2017	Florida Department of Health, Bureau of Vital Statistics	Percent of births where the father is named on the birth certificate.	Having a father acknowledged on a birth certificate is an indication of greater social and economic support for the infant
Childhood Risk Behaviors	Repeat births to teens ages 15-19	Florida Department of Health, Bureau of Vital Statistics	Adolescents aged 15-19 that have had more than one child.	This measure is important because teenage mothers are less likely to complete high school and often do not meet educational requirements for well-paying jobs.
School Safety	School Environmental Safety Incidents, Rate per 1,000 persons, 2017	Florida Department of Education, Office of Safe Schools	The total number of School Environmental Safety Incidents reported, including incidents considered severe enough to require the involvement of a School Resource Officer and incidents reported to law enforcement. The rate is the total number of incidents divided by the number of enrolled students, expressed as a percent.	This measure is one of the ways safety in schools is monitored.
Mental Health & Disabilities	Suicide ages 12-18	Florida Department of Health, Bureau of Vital Statistics	Amount of suicide deaths in adolescents aged 12-18.	This measure is important for recognizing the need for suicide prevention and intervention services and resources in early childhood.
Mental Health & Disabilities	Adults who have ever been told they had a depressive disorder	Florida Department of Health, Bureau of Vital Statistics	Percent of adults who have been told they have a depressive disorder, overall, 2016.	This measure is important because adults struggling with a depressive disorder that are parents may be a risk factor for child development.

Intimate Partner Violence	Domestic Violence Offenses	Florida Department of Health, Bureau of Vital Statistics	Number of domestic violence incidents	Growing up in an environment where domestic violence and abuse (DVA) occurs is likely to be a traumatic and stressful negative experience. Children growing up in these environments can experience feelings of blame and responsibility, and negative impact on their social development and relationships that can lead to lasting harms such as the uptake of risk taking behaviours (e.g. smoking and alcohol use)
Parental separation or Divorce	Children in Single-Parent Households	American Community Survey (ACS)	Percentage of children that live in a household headed by single parent.	Adults and children in single-parent households are at risk for adverse health outcomes, including mental illness (e.g. substance abuse, depression, suicide) and unhealthy behaviors (e.g. smoking, excessive alcohol use).
Parental Separation or Divorce	Percentage of Families with Female Householder (No Husband Present) with Related Children Under 18 Years Below Poverty Level	Florida Department of Health, Bureau of Vital Statistics	Number of families with female householder (no husband present) with related children under 18 years of age below poverty level divided by number of families with female householder (no husband present) with related children under 18 years of age, expressed as a percentage.	Adults and children in single-parent households are at risk for adverse health outcomes, including mental illness (e.g. substance abuse, depression, suicide) and unhealthy behaviors (e.g. smoking, excessive alcohol use).

APPENDIX E - RESULTS OF THE SYSTEMATIC DISTRICT WEBSITE INVESTIGATION

As the survey did not yield responses from all school districts, the University of Florida Lastinger Center team conducted a thorough investigation of the website for each school district. Every mention of trauma-informed prevention or intervention program was recorded. The name and a brief description of each program is included here.

Above the Influence

Every teen's life is filled with pressure, some of it good, some of it bad. Our goal is to help teens stand up to negative pressures, or influences. The more aware you are of the influences around you, the better prepared you will be to face them, including the pressure to use drugs and alcohol.

Academic Interventions Response to Intervention for Admin & Teachers

Professional development program.

AIMS - Professional Development

The Bay District Schools Office of Staff Development coordinates a system of professional development for all employees to enable the school community to meet state and local achievement standards and goals and to succeed in school improvement.

Alcohol Literacy Challenge

Based on 40 years of research reported in nearly 1,000 published studies, the Alcohol Literacy Challenge™ provides prevention lessons students love. Using cutting edge brain science & media literacy education about alcohol marketing and social media, the ALC is the 1st classroom-based alcohol prevention program provide to reduce underage and binge drinking in a single 50-90 minute lesson.

APPLES program (Accomplished Professional Practices for Lee County Education System)

Professional development to retain beginning teachers in Lee County via a multi-tiered system of support.

Bay Base Program

The Bay Base Program is an after school program designed to enrich children's lives educationally, socially, culturally, emotionally, and physically in a safe and familiar setting. The program is open on regular school days, early release days, most holidays, and school vacation days.

Beacon Educator

Beacon Educator is an online professional development provider which offers a wide range of learning opportunities written by and for educators. The facilitated courses and self-paced modules deliver content tailored to assist educators in improving their professional practice. Beacon Educator's catalogue offers a variety of options for professional development, such as adding new endorsements, renewing an educator's certificate, or improving classroom effectiveness.

Behavioral and Academic Support Information System (BASIS)

BASIS is the comprehensive District electronic tool providing ALL the data needed to drive decision-making and instruction in schools. BASIS enhances our continuing efforts to standardize student achievement and Response to Intervention (RtI) district-wide, and the Florida Continuous Improvement Model. Student assessment, academic, behavior, and demographic information are centrally located. Data is continually updated and current; enabling school administrators, teachers and staff the opportunity to gain a full grasp of their school and their students. By tracking and monitoring school-wide and individual student performance data, BASIS ensures fully informed decision-making and promotes high quality instruction to help all students succeed.

Botvin Life Skills

Botvin LifeSkills Training (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive and exciting program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations.

Bully-Proofing Your School

Professional development for teachers that includes lesson plans to help prevent bullying in schools. Bully-Proofing Your School (BPYS) is a nationally recognized school safety program, implemented in school districts throughout the United States and Canada, with a scientifically proven track record since its inception in 1992. BPYS is a critical element in the creation of safe, civil and caring school culture that, in turn, promotes student attachment to school, attendance at school and achievement in school.

Bullying and Harassment Prevention program

A guide and resource for Hernando County School administrators, certified school counselors, teachers and staff on bullying and harassment prevention.

Bullying Multi Tiered System Support (MTSS)

Broward County Public Schools' (BCPS) Bullying MTSS

Caring School Community

Caring School Community builds classroom and schoolwide community while developing students' social and emotional learning (SEL) skills and competencies. It is designed to help students become caring, responsible members of their school communities and, ultimately, to grow into humane, principled, and skilled citizens of a democratic society. From the first day of Kindergarten through the last day of grade 8, the lessons in the program help teachers create warm, safe, and disciplined classroom environments where students can develop the skills and dispositions they need to interact constructively with others.

Child Abuse Prevention Professional development/learning

Participants will become familiar with signs and symptoms of child abuse and the requirements for reporting suspected cases to authorities for investigation. To earn credit, participants must complete a minimum of one initial professional learning activity and one implementation activity.

Child Safety Matters

MBF Child Safety Matters® is a comprehensive, evidence-based curriculum for elementary school students in grades K-5. The program educates and empowers children and all relevant adults with information and strategies to prevent, recognize, and respond appropriately to bullying, cyberbullying, all types of abuse, digital abuse, and other digital dangers.

Counseling Services

Desoto county public schools are expanding counseling opportunities for their students. If a parent/guardian has any concerns, about their child, they're now able to submit a counseling referral form and their child will be assessed by a professional to determine need.

Crisis Prevention Intervention (CPI)

CPI & Mental Health First Aid USA

CRISS Training

Project CRISS (Creating Independence through Student-owned Strategies) is a professional development program designed to provide teachers with a variety of strategies to enhance student learning.

Dating Matters Online Course

The 60 minute, Dating Matters Understanding Teen Dating Violence Prevention online course is a free, online course available to educators, school personnel, youth mentors, and others dedicated to improving teen health. Follow a school administrator throughout his day as he highlights what teen dating violence is and how to prevent it through graphic novel scenarios, interactive exercises, and information gathered from leading experts.

Dating Violence Prevention

Relational violence is a major social problem that touches the lives of men, women, and children of all social, economic, and racial backgrounds. Join BCPS in combating dating violence and promoting healthy relationships. Click on the icons below to access resources now.

Dorothy M. Wallace COPE Center

A Teenage Parent Program provides an enriched learning environment that promotes a holistic pre/postnatal educational program in order to develop responsible, caring mothers/fathers while simultaneously assisting the young mother in achieving her academic and post-secondary goals.

ECHO

Understanding the effects of environmental exposures on child health and development is a priority for the National Institutes of Health. To advance knowledge in this area, NIH has launched a new seven-year initiative called the Environmental influences on Child Health Outcomes (ECHO) program. While the goals of ECHO are consistent with those of the former National Children's Study, the approach is different. ECHO is designed to capitalize on existing participant populations, and support approaches that can evolve with the science and take advantage of the growing number of clinical research networks and technological advances.

Exceptional Student Support Services

Students who exhibit behavioral and emotional problems are referred to the Student Support Team. A problem solving approach is modeled by teachers to help the students learn to cope with the stressors they encounter at school, home and community.

FDLRS—Professional Development Alternatives

Independent Study Modules Effective Teaching Practices for Students with Disabilities.

Get Real About Violence

K-12 anti-violence curriculum designed for participation by the entire school community. Targets a wide range of violent behavior: bullying, teasing, spreading rumors among younger children and threats and assaults in later years. Students are taught to identify alternative attitudes and behaviors in response to cues, prevent or avoid violent situations, and resolve conflicts peacefully. Lessons can be integrated into core curriculum areas. Includes a parental component. At the website search for "Get Real About Violence". See Discovery Education Website for purchase of materials & training.

Green Dot program

The Green Dot etc. strategy aims to shift campus culture and increase proactive preventative behavior by targeting influential members from across a community with basic education, skill practice, and reactive interventions to high-risk situations.

Hanley Foundation

Hanley Foundation's mission is to provide substance abuse prevention and education programs for parents, caregivers and school-age children. In addition, the foundation provides financial aid scholarships for patients who could not otherwise afford addiction treatment.

Head Start Program

Head Start is an early childhood development program that provides comprehensive developmental services for America's low-income, preschool children ages 3 to 5.

Helping Every Living Person (HELP)

Depression and Suicide Prevention Curriculum (HELP) educates students about depression and suicide prevention. HELP consists of four 45-minute lesson plans on the following topics: (1) Stress and depression; (2) risk factors and warning signs of suicidal behavior; (3) Suicide intervention skills; (4) practice of intervention skills and problem-solving skills (for overcoming obstacles).

Homeless Education Program (HEP)

This program is dedicated to removing barriers for school enrollment and providing support for students whose families are experiencing homelessness or housing transition.

Hope Squad

The Hope Squad program is a school-based peer support team that partners with local mental health agencies. Peers select students who are trustworthy and caring individuals to join the Hope Squad. Squad members are trained to watch for at-risk students, provide friendship, identify suicide-warning signs, and seek help from adults. HOPE Squad members are NOT taught to act as counselors, but are educated on recognizing suicide warning signs and how to properly and respectfully report concerns to an adult. Once invited to be a HOPE Squad member, students must get a permission form signed by their parents and go through training.

Human Trafficking Prevention BCPS

Human Trafficking Prevention. DPI works to prevent all forms of violence including human trafficking. We do that by using a multi-tiered prevention and intervention framework as seen in this BCPS Human Trafficking Services form. Did you know sex trafficking victims, on average, are first exploited by the age of 13? Did you know that Florida ranks in the top three in terms of numbers of people enslaved? Download and watch this video then share it with your students to learn more. Look below the surface and recognize victims of human trafficking are among the people you see everyday - maids, factory workers, construction, farming, landscaping, hotel/tourist industries, panhandling, janitorial services, restaurant service - everywhere!

Jason Foundation: Teen Suicide and Crisis Prevention

The Jason Foundation, Inc. (JFI) is dedicated to the prevention of youth suicide through educational and awareness programs that equip young people, educators/youth workers and parents with the resources to help identify and assist at-risk youth.

Kiva

KiVa is an evidence-based program to prevent bullying and to tackle the cases of bullying effectively. The former is crucial but also the latter is important, as no prevention efforts will make bullying disappear once and for all; there need to be tools to be utilized when a case of bullying comes to light. The third aspect of KiVa is constant monitoring of the situation in one's school and the changes taking place over time; this is enabled by the online tools included in KiVa. These tools produce annual feedback for each school about their implementation of the program as well as the outcomes obtained.

LGBTQ Critical Support Guide

BCPS supports educators with the tools and resources necessary to address lesbian, gay, bisexual, transgender and questioning (LGBTQ) topics in a school setting. Our goal is to create a safer learning environment for all students, including LGBTQ youth and their families. For more information contact DPI's LGBTQ+ Coordinator, Kezia Gilyard M.Ed., at 754-321-1634 or kezia.gilyard@browardschools.com.

Life Management Skills

The purpose of this course is to assist students with the development of essential life management skills to enhance the quality of personal and family life. The content includes, positive emotional, social, physical, and intellectual development of the individual.

Look Listen Link

LOOK LISTEN LINK is a curriculum designed for middle school-aged youth. It consists of four 45-minute lessons that focus on identifying causes of stress along with healthy ways of coping with stress and anxiety. Another significant focus of the program is teaching youth how to recognize friends who are depressed and how to link them to resources.

MBF Child Safety Matters Program

MBF Child Safety Matters, a primary prevention program for bullying, cyberbullying, digital abuse and all types of child abuse.

Migrant Education Program

The Title I Migrant Education program is a compensatory education program designed to address the unique needs of migratory children in preschool through grade twelve.

Multi-Tiered System of Supports (MTSS)

The objective is to successfully implement a multi-tiered system of student supports in every school; Accelerate and maximize student academic and social-emotional outcomes through the application of data-based problem solving utilized by effective leadership at all levels of the educational system; Inform the development, implementation, and ongoing evaluation of an integrated, aligned, and sustainable system of service delivery that prepares all students for post-secondary education and/or successful employment within our global society.

Multi-Tiered System of Supports (MTSS)

Designed to explore methods to enhance the learning process for students who have demonstrated a need for assistance with academics, attendance, or behavior skills. This team develops intervention strategies for implementation at school and/or home.

Multi-tiered System of Supports/ Response to Intervention

Response to Intervention (RtI) is a general education imperative and rests upon the premise that ALL children can learn. It is one arm of the Multi-Tiered System of Supports, which seeks to provide adequate and effective support to all students. RtI encompasses the foundational principles of research-based effective instruction, ongoing progress monitoring, and modification of instruction based upon the progress monitoring data.

Multi-Tiered System of Supports/Response to Intervention (MTSS/RtI)

The Multi-Tiered System of Supports/Response to Intervention (MTSS/RtI) model has as its fundamental goal the assurance of success of every student by differentiating instruction and providing successively more intensive assistance based on student need. View our Multi-Tiered System of Support/Response to Intervention (MTSS/RtI) Manual comprehensive to find out more.

National Bullying Prevention Month

Escambia County, Florida recognizes October 2017 for National Bullying Prevention Month. They encourage students, parents and staff to engage in a variety of awareness and prevention activities designed to their schools and community safer for all children and adolescents.

Natural High

We engage influencers, educators, and peer groups to help young people discover those core activities in their lives that uplift, inspire, and motivate them – to find their ‘Natural High’ rather than use alcohol or drugs. We believe that once young people get to know the stories and examples of those who have found their own Natural High, they are inspired to do the same.

Personnel Development Portal

A collection of independent study courses designed to provide high-quality professional development to Florida educators to increase their ability to respond to the needs of students with disabilities.

Positive Behavioral Interventions & Support (PBIS)

This course will provide an overview of the 4-step problem-solving process that is used in the context of tiered systems of service delivery to ensure responsive instructional practices that meet the needs of all students. It will illustrate the importance of utilizing a data-based problem-solving process to make adjustments to the critical classroom PBIS practices that ensure responsive behavioral systems that are unique to the needs of staff and students within each classroom.

Positive Behavioral Interventions & Support (PBIS)

The broad purpose of PBIS is to improve the effectiveness, efficiency and equity of schools and other agencies. PBIS improves social, emotional and academic outcomes for all students, including students with disabilities and students from underrepresented groups.

Program on Adolescent Traumatic Stress (PATS)

The Program on Adolescent Traumatic Stress (PATS) aims to further adapt, develop, evaluate, and disseminate evidence-based, culturally relevant, trauma-informed interventions and resources for traumatized adolescents. By doing so, PATS hopes to increase access and build national capacity for the delivery of these interventions and services to this population.

Project CATCH (COLUMBIA ACTING TOGETHER FOR CHILDREN)

Project CATCH takes referrals for counseling services from all Columbia County’s schools Pre-K thru high school. Referrals can cover a wide range of issues including behavior problems, depression, anxiety, adjustment issues, and family concerns. Project CATCH refers to community counseling agencies. After meeting with parents or guardians, referrals are made based on needs, insurance status and convenience.

Project Impact - After School Program

Offers students additional services and programs, such as youth development activities, drug and violence prevention programs, counseling programs, art, music, and recreation programs, that are designed to complement the regular academic program of participating students.

Project Wisdom

Project Wisdom encourages students to reflect upon the meaning of civic and personal values and the application of those values in their daily lives. Our data indicate reductions in discipline referrals as well as strong improvements in teacher morale, school climate, and social-emotional competencies. Current evidence suggests that good character education raises student grades and test scores.

PROMISE Program

The PROMISE (Preventing Recidivism through Opportunities, Mentoring, Interventions, Supports & Education) program represents the most comprehensive thinking available to address socially unacceptable or illegal behavior, targeting both short and long term academic success, aligning best practice models and Restorative Justice principles, and developing prosocial and resiliency skills. PROMISE, while addressing the behavior specific to the youth, is committed to addressing family and community circumstances that serve as both strengths and challenges for the youth's resiliency.

Restorative Strategies

Promotes inclusiveness, relationship-building and problem-solving, through conflict resolution that brings victims, offenders and their supporters together to address wrongdoing. Instead of punishment, students can take responsibility for their actions and come up with plans to repair harm.

Restorative Practices

Restorative practices is a social science that studies how to build social capital and achieve social discipline through participatory learning and decision making. The use of restorative practices helps to reduce crime, violence and bullying, improve human behavior, strengthen civil society, provide effective leadership, restore relationships, and repair harm.

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Riding the Waves

Riding the waves, geared toward 5th graders, is a resilience-building program that takes an upstream approach. Look listen link teaches middle school student through role play, interactive exercises about anxiety, depression, stress and how to manage them in their own lives and assist others who may be experiencing the same issues. They are also introduced to suicide prevention and how to assist a friend. H.E.L.P. (Helping Every Living Person) is appropriate for grades 9-11. It teaches coping skills for stress and anxiety as well as suicide intervention skills to assist a friend who may be thinking about suicide.

Ripple Effects

Ripple Effects makes it real by providing affordable, trauma-informed, culturally responsive, personalized, evidence-based, digital tools for delivery of social-emotional-behavioral supports and training for both students and staff. Each user can enter through the door of their most pressing concern. A highly accomplished, multi-disciplinary Advisory Board and widely diverse group of Student Contributors help us figure out what to do, and how, and when.

Safe School Ambassadors (MS/HS)

The nation's most effective bystander education program harnesses the power of students to prevent and stop bullying and violence. Since 2000, this field-tested and evidence-based model has equipped over 70,000 4-12th grade students in over 1,500 schools in 38 states, 3 Canadian provinces, Guam and Puerto Rico with the communication and intervention skills to prevent and stop emotional and physical bullying and improve school climate.

Safe Schools / FortifyFL

FortifyFL is a suspicious activity reporting tool that allows you to instantly relay information to appropriate law enforcement agencies and school officials.

Safer Smarter Kids/Teens

Safer, Smarter Kids is an abuse prevention education curriculum designed for PreK and elementary-aged children. The education program uses developmentally appropriate information to arm children with the tools and language they need to better protect themselves from abuse.

Sandy Hook Promise

Sandy Hook Promise is a national non-profit organization founded and led by several family members whose loved ones were killed at Sandy Hook Elementary School on December 14, 2012. Based in Newtown, Connecticut, our intent is to honor all victims of gun violence by turning our tragedy into a moment of transformation by providing programs and practices that protect children and prevent the senseless, tragic loss of life.

School Health and Safety Professional development/learning

The purpose of this component is to provide teachers and staff with the knowledge, skills and dispositions necessary to effectively maintain a safe and orderly school environment. Some objectives include (1) Demonstrating knowledge of the overall issue of school safety and violence prevention from a national, statewide, regional and local perspective and (2) Demonstrating familiarity with the signs of trouble, abuse and unrest in students.

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Second Step Program

Second Step is a universal, classroom-based, social and emotional learning program designed to teach children how to understand and manage their emotions, control their reactions, be aware of others' feelings, and have the skills to problem-solve and make responsible decisions.

SS Grin (Game)

At Centervention®, we provide online games to help students in grades K-8 improve social and emotional skills. These games are fun for students, automatically gather data so educators can monitor progress, and include supplemental lessons to reinforce learning.

Steps to Respect Program

Designed to decrease bullying in schools by teaching social-emotional skills to counter bullying and promote healthy relationships.

Student Support and Academic Enrichment

The purpose is to improve student academic achievement by providing all students access to a well-rounded education; improving school conditions to support safe and healthy students, and; improving the use of technology in order to advance digital literacy of all students.

Students with Emotional/Behavioral Disabilities (SEDNET)

The Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET) creates and facilitates a network of key stakeholders committed to assisting in the provision of a quality system of care for students with or at-risk of emotional and/or behavioral challenges.

Suicide Prevention and Assessment

Professional Development.

Suicide Prevention Month

September is National Suicide Prevention Month. Franklin County Schools are taking an active role in educating their faculty, students, parents and staff on the signs and symptoms of not only suicide but mental health conditions as well.

Suicide Prevention Training

Professional Development.

The ABC's of Bullying Prevention

The program targets 6-12 year-old kids and involves Globetrotter players discussing the three key words in the ABCs and tools that kids can use on a daily basis to reduce bullying. The Globetrotters equate what it means to be part of a team to how kids can offer support to one another to help stop bullying.

The Jason Foundation

The Jason Foundation, Inc. (JFI) is dedicated to the prevention of the "Silent Epidemic" of youth suicide through educational and awareness programs that equip young people, educators/youth workers and parents with the tools and resources to help identify and assist at-risk youth.

Title 1 Schools

Title I, Part A, is intended to help ensure that all children have the opportunity to obtain a high-quality education and reach proficiency on challenging state academic standards and assessments. Title I focuses on promoting school wide reform in high-poverty schools and ensuring students' access to scientifically based instructional strategies and challenging academic content.

Too Good for Drugs Program

Substance abuse prevention program

Trauma Focused Cognitive Behavioral Theory

Trauma focused cognitive behavioral therapy is an evidence-based psychotherapy or counselling that aims at addressing the needs of children and adolescents with post-traumatic stress disorder and other difficulties related to traumatic life events.

Trauma Informed Care

Trauma-informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma-Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

Trauma-Informed Care Professional Development

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Trauma-Informed Schools

The National Child Traumatic Stress Network (NCTSN) defines all trauma-informed child-and family -service systems as “one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, staff, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery or adjustment of the child and family, and support their ability to thrive.”

Trauma Sensitive Schools

District developed

Wings After School Program

Offer students free services, such as youth development activities, drug and violence prevention programs, counseling programs, art, music, and recreation programs, technology education programs and character education programs.

Wounded Children

SEDNET

Yellow Brick Road (MS)

Specialized Assessment & Treatment for Adolescents, Emerging Young Adults and their Families. Yellowbrick's mission is to serve as the national leader in psychiatric healthcare for adolescents, emerging young adults and their families. Yellowbrick provides integrated, intensive outpatient treatments based on the frontiers of neuroscience, psychotherapy, life skills and wellness research and practice. Yellowbrick's naturalistic, real-time, sober, open therapeutic community model offers an immersion in expert, collaborative, healing relationships.

You Are Not Alone

YOU ARE NOT ALONE is a youth led suicide prevention training and outreach program. Our goal is to empower youth to appropriately care for and educate each other about suicide prevention. YANA's focus is on early intervention and creating hope through positive action.

Youth Mental Health First Aid (YMHFA)

Youth Mental Health First Aid is a 6 hour course mandated for all school personnel by Senate Bill 7026 that encompasses suicide awareness and prevention. This course does not teach to diagnose and treat, but to be aware of signs and symptoms, how to assist students in getting help, and how to intervene if a student is in crisis.

Youth Motivator Mentor Program

A Youth Motivator is paired with a potential dropout student to get his/her life (academically, socially, mentally, and physically) back together. The role of the Youth Motivator is multi-faceted. A Youth Motivator is a role model, and most of all, a friend to the student.

Zones of Regulation

The Zones of Regulation is a framework for thinking and a treatment approach that is based on immense evidence in the fields of autism spectrum disorders (ASD), attention deficit disorders (ADD/HD) and social-emotional theories. Cited as a "promising practice" by Attention Magazine (October, 2012), The Zones integrates Systemizing Theory, Central Coherence Theory and Cognitive Behavior Management. It ties in Social Thinking®, Visual Supports and is a Self-Management approach.



The University of Florida Lastinger Center for Learning is an education innovation hub that blends cutting-edge academic research and practice to transform education and accelerate learning. We work to create equitable educational systems where every child and educator, regardless of circumstances, experiences high-quality learning every day to support the achievement of critical milestones in children's trajectory through school that are predictive of success in life. Our innovations include Algebra Nation and Early Learning Florida and serve more than 500,000 students and 50,000 teachers across ten states in the nation each year.



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